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1 CLINICAL EVIDENCE PROFILES

1.1 PSYCHOSOCIAL INTERVENTIONS: PREVENTION (RISK FACTORS IDENTIFIED)

1.1.1 Depression: post-miscarriage self-help versus TAU

Quality assessment								Summary of findings					
Participants (studies)	Risk of bias	Inconsistency	Indirectness	Imprecision		Overall quality of	Study e	Study event rates (%)		Anticipated absolute effects			
Follow-up						evidence	With control	With depression: post-miscarriage self-help versus TAU	(95% CI)	Risk with control	Risk difference with depression: post-miscarriage self-help versus TAU (95% CI)		
Depression mean symptoms post-treatment – ITT analysis (at-risk populations) (measured with: Brief Symptom Inventory (BSI): Depression; better indicated by lower values)													
228 (1 study) 5 weeks	serious ¹	no serious inconsistency	no serious indirectness	serious ²	undetected	⊕⊕⊖⊖ LOW ^{1,2} due to risk of bias, imprecision	113	115	-		The mean depression mean symptoms post-treatment – ITT analysis (at-risk populations) in the intervention groups was 0.64 standard deviations lower (0.91 to 0.37 lower)		

¹ Risk of bias due to statistically significant group differences at baseline

² Total population size is less than 400 (a threshold rule-of-thumb)

1.1.2 Depression: social support versus TAU

			Quality assess	ment	Summary of findings						
Participants (studies)	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study event rates (%)		Relative effect	Anticipated absolute effects	
Follow-up							With control	With depression: social support versus TAU	(95% CI)	Risk with control	Risk difference with depression: social support versus TAU (95% CI)
Depress (SCAN))	Depression diagnosis post-treatment – ITT analysis (at-risk populations) (assessed with: schedules for Clinical Assessment in Neuropsychiatry (SCAN))										
117 (1 study)	serious ¹			very serious ^{2,3}	undetected	$ \bigoplus \ominus \ominus \ominus \\ \mathbf{VERY} \ \mathbf{LOW}^{1,2,3} $	40/56 (71.4%)	37/61 (60.7%)	RR 0.85 (0.65 to	Study population	
12 weeks				Serious-		due to risk of bias, imprecision	(71.470)		1.1)	714 per 1000	107 fewer per 1000 (from 250 fewer to 71 more)
										Moderate	
										714 per 1000	107 fewer per 1000 (from 250 fewer to 71 more)
Depress Neuropsychi		u	-treatment	- availab	le case an	alysis (at-ri	sk pop	ulations) (assessed	ed with: sch	edules for (Clinical Assessment in
65 (1 study)	serious ¹	no serious inconsistency		very serious ²	undetected	$ \bigoplus \ominus \ominus \ominus \\ \mathbf{VERY} \ \mathbf{LOW}^{1,2} $	19/35 (54.3%)	6/30 (20%)	RR 0.37 (0.17 to	Study po	pulation
12 weeks						due to risk of		()	0.8)	543 per 1000	342 fewer per 1000 (from 109 fewer to 451 fewer)

			bias, imprecision		Moderate	
			Ĩ		1000	342 fewer per 1000 (from 109 fewer to 451 fewer)

¹ Risk of bias due to non-blind outcome assessment

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.3 Depression: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU

		Q	uality assessi	nent				Su	mmary of	finding	s			
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study e With control	vent rates (%) With depression: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU	Relative effect (95% CI)	Anticipa Risk with control	Risk difference with depression: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU (95% CI)			
(SCAN) or St 360 (3 studies)	no serious	no serious inconsistency			,	or Childhood I ⊕⊕⊝⊝ LOW ^{1,2}	-		RR 0.69 (0.45 to	Study po	sessment in Neuropsychiatry opulation			
27 weeks	risk of bias					due to imprecision			1.05)	229 per 1000	71 fewer per 1000 (from 126 fewer to 11 more)			
									Moderate					
										333 per 1000	103 fewer per 1000 (from 183 fewer to 17 more)			

-		•				5	•	k populations) (asse Idhood Diagnoses (KID-SC		schedules	s for Clinical Assessment in
320 (3 studies)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	21/159 (13.2%)	•	RR 0.48 (0.23 to	Study po	opulation
27 weeks	risk of bias	inconsistency	indirecticess	Scribus		due to imprecision	(13.270)		1.01)	132 per 1000	69 fewer per 1000 (from 102 fewer to 1 more)
										Moderat	e
										227 per 1000	118 fewer per 1000 (from 175 fewer to 2 more)
Depress ≥11/12)	ion sy	mptomatol	ogy post-l	reatment	– ITT an	alysis (at	-risk p	opulations) (assessed	l with: Edii	nburgh po	stnatal Depression Scale (EPDS)
254 (2 studies)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus \bigoplus \ominus \ominus \\ \mathbf{LOW}^{1,2} $	38/127 (29.9%)		RR 0.85 (0.58 to	Study po	opulation
27 weeks	risk of bias					due to imprecision			1.25)	299 per 1000	45 fewer per 1000 (from 126 fewer to 75 more)
										Moderat	e
										370 per 1000	55 fewer per 1000 (from 155 fewer to 93 more)
Depress Depression S	5	-	ogy post-	treatment	- availal	ole case ai	nalysis	s (at-risk populatio	ons) (ass	essed with	n: Edinburgh postnatal
221 (2 studies)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus \bigoplus \ominus \ominus \\ \mathbf{LOW}^{1,2} $		18/112 (16.1%)	RR 0.88 (0.49 to	Study po	opulation
27 weeks	risk of bias					due to imprecision		()	1.57)	183 per 1000	22 fewer per 1000 (from 94 fewer to 105 more)
										Moderat	e

										171 per 1000	21 fewer per 1000 (from 87 fewer to 97 more)
-		ean scores	L.	nent – av	ailable ca	ise analys	is (at-r	isk populations) (measured	with: Edir	burgh postnatal Depression
33 (1 study)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	undetected	⊕⊕⊖⊖ LOW ¹ due to imprecision	15	18	-		The mean depression mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.06 standard deviations lower (0.75 lower to 0.62 higher)
-		agnosis int cal Interview (SC		e follow-1	undetected	weeks po		rvention) – ITT ar	RR 0.77	1	k populations) (assessed
(1 study)	serious	inconsistency	indirectness	serious ^{1,2}		LOW ^{1,2}		(29.2%)	(0.33 to		-
20 weeks	risk of bias					due to imprecision			1.75)	381 per 1000	88 fewer per 1000 (from 255 fewer to 286 more)
										Moderat	te
										381 per 1000	88 fewer per 1000 (from 255 fewer to 286 more)
-		agnosis int			- •	weeks pos	st-inter	rvention) – availa	ble case	1000	(from 255 fewer to 286 more)
popula	no (a	no serious	uctured Clinica	l Interview (S	- •	- -	4/17	3/20	RR 0.64	1000 e analy	(from 255 fewer to 286 more)
-	tions) (a	assessed with: str	uctured Clinica	l Interview (S	SCID))	-	4/17	·	T	1000 e analy	(from 255 fewer to 286 more) 7 sis (at-risk

										235 per	85 fewer per 1000		
										1000	(from 195 fewer to 343 more)		
-	5	mptomatol urgh postnatal De	0,		ollow-up	(17-24 we	eeks p	ost-intervention) -	ITT a	nalysis	(at-risk populations)		
							a (#4						
45 (1 study)													
20 weeks	risk of bias	liconolocency	manceiness	serious		_	(12.5 %)	(00,0)	2.2)	429 per 1000	73 more per 1000 (from 163 fewer to 514 more)		
										Moderat	ie		
										429 per 1000	73 more per 1000 (from 163 fewer to 515 more)		
Depress	ion sy	mptomatol	ogy interr	nediate f	ollow-up	(17-24 we	eks p	ost-intervention) -	· availa	ble cas	se analysis (at-risk		
-		ssessed with: Edi	0.		-	•	-	,					
30	no	no serious	no serious	very	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	3/15	3/15	RR 1	Study p	opulation		
(1 study) 20 weeks	serious risk of bias	inconsistency	indirectness	serious ^{1,2}		due to imprecision	(20%)	(20%)	(0.24 to 4.18)	200 per 1000	0 fewer per 1000 (from 152 fewer to 636 more)		
										Moderat	re		
										200 per 1000	0 fewer per 1000 (from 152 fewer to 636 more)		
Depress	ion me	ean scores i	ntermedia	ate follow	v-up (17-2	24 weeks	post-i	ntervention) – avai	ilable c	ase an	alysis (at-risk		
populati	ions) (m	neasured with: Eo	linburgh postr	atal Depressio	on Scale (EPD	5); better indica	ated by lo	ower values)					
30 (1 study) 20 weeks	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊝⊝ LOW ^{1,2}	17	13	-		The mean depression mean scores intermediate follow-up (17-24 weeks post-intervention) – available case analysis (at-risk		

isk of vias			due to imprecision		populations) in the intervention groups was 0.02 standard deviations lower (0.74 lower to 0.7 higher)
					(0.74 lower to 0.7 higher)

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.4 Depression: psychoeducational booklet versus TAU or enhanced TAU

		, 	Quality asses	sment				Sum	mary of f	indings	
Participants (studies)	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study ev	vent rates (%)	Relative effect	Anticipa	ated absolute effects
Follow-up							With control	With depression: psychoeducational booklet versus TAU or enhanced TAU	(95% CI)	Risk with control	Risk difference with depression: psychoeducational booklet versus TAU or enhanced TAU (95% CI)
≥10/12) 1140	ion syr	no serious	no serious	no serious	- ITT ana	lysis (at-ris ⊕⊕⊕⊝ MODERATE ¹	239/571	216/569	h: Edinbur RR 0.9 (0.79 to		tal Depression Scale (EPDS)
(2 studies) 3 weeks		inconsistency	indirectness	imprecision		due to risk of bias	(41.9%)	(38%)	1.03)	419 per 1000	42 fewer per 1000 (from 88 fewer to 13 more)
										Modera	te
										409 per 1000	41 fewer per 1000 (from 86 fewer to 12 more)
Depression S	5	-	ogy post-t	reatment ·	- availabl	le case anal	ysis (a	t-risk populations	6) (assessed	l with: Ed	linburgh postnatal

838 (2 studies)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	87/419 (20.8%)	66/419 (15.8%)	RR 0.73 (0.51 to	Study po	opulation
3 weeks		inconsistency	indifectiless	Serious #		due to risk of bias, imprecision	(20.8%)	(15.5%)	1.06)	208 per 1000	56 fewer per 1000 (from 102 fewer to 12 more)
										Moderat	re .
										218 per 1000	59 fewer per 1000 (from 107 fewer to 13 more)
-	•	nptomatole atal Depression S	•••	-	(9-16 we	eks post-in	terven	tion) – ITT analys	sis (at-r	isk poj	pulations) (assessed
540 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	60/270 (22.2%)	53/270 (19.6%)	RR 0.88 (0.64 to	Study po	opulation
13 weeks	risk of bias					due to imprecision		· · /	1.23)	222 per 27 fewer per 1000 1000 (from 80 fewer to 51 m)	
										Moderat	re
										222 per 1000	27 fewer per 1000 (from 80 fewer to 51 more)
=	-	nptomatole		_		_	terven	tion) – available c	ase ana	alysis (at-risk
479 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{2,3} \end{array}$	32/242 (13.2%)	20/237 (8.4%)	RR 0.64 (0.38 to	Study po	opulation
13 weeks	risk of bias					due to imprecision	`		1.08)	132 per 1000	48 fewer per 1000 (from 82 fewer to 11 more)
									N	Moderat	re
										132 per 1000	48 fewer per 1000 (from 82 fewer to 11 more)

-	5	nptomatolo rgh postnatal De	0.		llow-up ((17-24 week	s post-	intervention) – IT	T anal	ysis (a	t-risk populations)
540	no	no serious	no serious	very	undetected	$ \bigoplus \bigoplus \ominus \ominus \\ LOW^{2,3} $	90/270	75/270	RR 0.83	Study p	opulation
(1 study) 26 weeks	serious risk of bias	inconsistency	indirectness	serious ^{2,3}		due to imprecision	(33.3%)	(27.8%)	(0.65 to 1.08)	333 per 1000	57 fewer per 1000 (from 117 fewer to 27 more)
										Moderat	te
										333 per 1000	57 fewer per 1000 (from 117 fewer to 27 more)
-		nptomatolo	0.		-	•	s post-	intervention) – av	vailable	e case a	analysis (at-risk
423 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	$ \bigoplus \bigoplus \ominus \ominus \\ LOW^{2,3} $	29/209 (13.9%)	19/214 (8.9%)	RR 0.64 (0.37 to	Study p	opulation
26 weeks	risk of bias					due to imprecision		< ,	1.1)	139 per 1000	50 fewer per 1000 (from 87 fewer to 14 more)
										Moderat	te
										139 per 1000	50 fewer per 1000 (from 88 fewer to 14 more)

¹ Risk of bias due to statistically significant group differences at baseline

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.5 Depression: non-mental health-focused education and support versus TAU or enhanced TAU

Quality assessment	Summary of findings

Participants (studies)	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study e	vent rates (%)	Relative effect	Anticipa	ited absolute effects
Follow-up							With control	With depression: non-mental health- focused education and support versus TAU or enhanced TAU	(95% CI)	Risk with control	Risk difference with depression: non-mental health-focused education and support versus TAU or enhanced TAU (95% CI)
Depress >12)	ion sy	mptomatol	ogy post-t	reatment	– ITT ana	lysis (at-risk	x popu	llations) (assessed v	vith: Edinb	urgh post	natal Depression Scale (EPDS)
306 (2 studies)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	49/153 (32%)	34/153 (22.2%)	RR 0.7 (0.44 to	Study p	opulation
6-13 weeks	risk of bias	liconolocency				due to imprecision	(0270)	(/)	1.14)	320 per 1000	96 fewer per 1000 (from 179 fewer to 45 more)
										Modera	te
										316 per 1000	95 fewer per 1000 (from 177 fewer to 44 more)
Depression S	Scale (EPD	S) >12)		1		-	T	-risk populatio	T	1	
261 (2 studies)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \mathbf{LOW}^{1,2} \end{array}$		14/133 (10.5%)	RR 0.57 (0.31 to	Study p	opulation
6-13 weeks	risk of bias					due to imprecision			1.05)	188 per 1000	81 fewer per 1000 (from 129 fewer to 9 more)
										Modera	te
										188 per 1000	81 fewer per 1000 (from 130 fewer to 9 more)

Depression mean scores post-treatment – ITT analysis (at-risk populations) (measured with: Center for Epidemiologic Studies Depression Scale (CES-D); better indicated by lower values)

275	no	no serious	no serious	serious ³	reporting bias	$\oplus \oplus \ominus \ominus$	137	138	-	The mean depression mean
(1 study)	serious	inconsistency	indirectness		strongly	LOW ^{3,4}				scores post-treatment - ITT
28 weeks	risk of				suspected ⁴	due to				analysis (at-risk populations)
	bias					imprecision,				in the intervention groups
						publication bias				was
										0.13 standard deviations
										lower
										(0.37 lower to 0.1 higher)

Depression mean scores post-treatment – available case analysis (at-risk populations) (measured with: Beck Depression Inventory (BDI) or Edinburgh postnatal Depression Scale (EPDS); better indicated by lower values)

370	no	no serious	no serious	serious ³	undetected	$\oplus \oplus \oplus \ominus$	169	201	-	The mean depression mean
(2 studies)	serious	inconsistency	indirectness			MODERATE ³				scores post-treatment -
	risk of					due to				available case analysis (at-risk
	bias					imprecision				populations) in the
										intervention groups was
										0.14 standard deviations
										lower
										(0.34 lower to 0.07 higher)

Depression symptomatology short follow-up (9-16 weeks post-intervention) – ITT analysis (at-risk populations) (assessed

with: Edinburgh postnatal Depression Scale (EPDS) >12)

162 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus \bigoplus \ominus \ominus \\ LOW^{1,2} $	33/82 (40.2%)	22/80 (27.5%)	RR 0.68 (0.44 to	Study po	pulation
6 weeks	risk of bias					due to imprecision			1.06)	-	129 fewer per 1000 (from 225 fewer to 24 more)
										Moderat	e
										-	129 fewer per 1000 (from 225 fewer to 24 more)

Depression symptomatology short follow-up (9-16 weeks post-intervention) – available case analysis (at-risk populations) – non-mental health-focused education and support (assessed with: Edinburgh postnatal Depression Scale (EPDS) >12)

128 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	14/63 (22.2%)	7/65 (10.8%)	RR 0.48 (0.21 to	Study p	opulation
12 weeks	risk of bias					due to imprecision			1.12)	222 per 1000	116 fewer per 1000 (from 176 fewer to 27 more)
										Modera	te
										222 per 1000	115 fewer per 1000 (from 175 fewer to 27 more)

Depression mean scores short follow-up (9-16 weeks post-intervention) – available case analysis (at-risk populations)

(measured with: Edinburgh postnatal Depression Scale (EPDS); better indicated by lower values)

128 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{2,3}	63	65	-	The mean depression mean scores short follow-up (9-16
12 weeks	risk of					due to				weeks post-intervention) -
	bias					imprecision				available case analysis (at-risk
										populations) in the
										intervention groups was
										0.21 standard deviations
										lower
										(0.56 lower to 0.13 higher)

Depression symptomatology intermediate follow-up (17-24 weeks post-intervention) – ITT analysis (at-risk populations)

(assessed with: Edinburgh postnatal Depression Scale (EPDS) >12)

306 (2 studies)	no serious	5	no serious indirectness	very serious ^{1,2}	undetected		45/153 (29.4%)	- /	RR 0.91 (0.44 to	Study po	opulation
20-24 weeks						due to inconsistency, imprecision	(1.89)	-	26 fewer per 1000 (from 165 fewer to 262 more)
						r				Moderat	e

									290 per 1000	26 fewer per 1000 (from 162 fewer to 258 more)
-		mptomatol ssessed with: Edi	0,				post-intervention) –	availat	ole case	e analysis (at-risk
254	no	very serious ⁵	no serious	very	undetected	, 0000	18/126 15/128	RR 0.84	Study p	opulation
(2 studies) 20-24 weeks	serious risk of bias		indirectness	serious ^{1,2}		VERY LOW ^{1,2,5} due to inconsistency, imprecision	(14.3%) (11.7%)	(0.27 to 2.63)	143 per 1000	23 fewer per 1000 (from 104 fewer to 233 more)
						imprecision			Moderat	te
									142 per 1000	23 fewer per 1000 (from 104 fewer to 231 more)
Depress	ion me	ean scores i	ntermedia	ate follov	v-up (17-24	weeks post	-intervention) – avai	lable ca	se ana	lysis (at-risk
populati	ions) (n	neasured with: E	dinburgh postr	atal Depressi	on Scale (EPDS)	; better indicated b	y lower values)			
133 (1 study) 24 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊕⊖⊖ LOW ^{2,3} due to imprecision	65 68	-		The mean depression mean scores intermediate follow-up (17-24 weeks post- intervention) – available case analysis (at-risk populations) in the intervention groups was 0.3 standard deviations lower (0.64 lower to 0.04 higher)
-	5	mptomatol atal Depression	0, 0	-	o (25-103 w	veeks post-ir	itervention) – ITT an	alysis (a	at-risk	populations) (assessed
									Study p	opulation

162	no .						24/02	20 /00	RR 0.84	415 per 1000	66 fewer per 1000 (from 178 fewer to 104 more)		
(1 study) 52 weeks	serious risk of	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	LOW ^{1,2} due to	34/82 (41.5%)	28/80 (35%)	(0.57 to 1.25)	Moderat	te		
	bias					imprecision				415 per 1000	66 fewer per 1000 (from 178 fewer to 104 more)		
Depres	sion sy	mptomatol	ogy long f	follow-up	o (25-103 w	veeks post-i	interve	ntion) – ava	ailable case	analys	sis (at-risk		
populat	tions) (as	ssessed with: Edi	inburgh postna	tal Depression	n Scale (EPDS) >	>12)							
123 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array} $	12/60 (20%)	11/63 (17.5%)	RR 0.87 (0.42 to	Study p	opulation		
52 weeks	risk of bias					due to imprecision		()	1.83)	200 per 1000	26 fewer per 1000 (from 116 fewer to 166 more)		
										Moderat	erate		
										200 per 1000	26 fewer per 1000 (from 116 fewer to 166 more)		
-			0	- ·		-	vention	ı) – availab	le case anal	ysis (a	t-risk populations)		
(measured v	with: Edinb	ourgh postnatal I	Depression Scal	e (EPDS); bett	ter indicated by	lower values)							
123 (1 study) 52 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ³	undetected	⊕⊕⊖⊖ LOW ³ due to imprecision	60	63	-		The mean depression mean scores long follow-up (25-103 weeks post-intervention) – available case analysis (at-risk populations) in the intervention groups was 0.08 standard deviations lower		

¹ Total number of events is less than 300 (a threshold rule-of-thumb) ² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25) ³ Total population size is less than 400 (a threshold rule-of-thumb)

⁴ Paper omits data

⁵ There is evidence of substantial heterogeneity of study effect sizes

1.1.6 Depression: home visits versus TAU

			Quality ass	sessment					Summa	ry of fin	dings
Participants (studies)	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study e	vent rates (%)	Relative effect	Anticipa	ated absolute effects
Follow-up							With control	With depression: home visits versus TAU	(95% CI)	Risk with control	Risk difference with depression: home visits versus TAU (95% CI)
_	-	mptomatol Iospital Anxiety a			-	· · –	pulat	ions) (assessed	l with: Cen	ter for Epi	demiological Studies Depression
204 (2 studies)	very serious ¹	5		very serious ^{3,4}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4,5}	43/99 (43.4%)	42/105 (40%)	RR 0.94 (0.45 to	Study p	opulation
52-117 weeks	scribus		inclicences	Scribus	suspected ⁵	due to risk of bias, inconsistency, imprecision,	(13.170)	(4070)	(0.45 to 1.96)	434 per 1000	26 fewer per 1000 (from 239 fewer to 417 more)
						publication bias				Moderat	te
										429 per 1000	26 fewer per 1000 (from 236 fewer to 412 more)
-		-	0, 1			case analysis Depression (HADS >	•	sk populati	ons) (ass	essed with	n: Center for Epidemiological
684 (3 studies)	very serious ¹	serious ⁶	no serious indirectness	very serious ^{3,4}	undetected	$ \bigoplus \ominus \ominus \ominus \\ \mathbf{VERY} \mathbf{LOW}^{1,3,4,6} $	97/292	103/392 (26.3%)	RR 0.78 (0.44 to		opulation
(5 studies)	Serious		intercentess	Scribus		due to risk of bias,	(33.270)	(20.070)	1.41)	332 per 1000	73 fewer per 1000 (from 186 fewer to 136 more)

52-117 weeks						inconsistency, imprecision			Moderat	te
						in precision			256 per 1000	56 fewer per 1000 (from 143 fewer to 105 more)
-		-	•			analysis (at-r		ns) (measured	with: Cent	ter for Epidemiologic Studies
621 (2 studies) 52 weeks	very serious ¹	very serious ⁷	no serious indirectness	no serious imprecision	undetected	⊕⊖⊖⊖ VERY LOW ^{1,7} due to risk of bias, inconsistency	260 361	-		The mean depression mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.38 standard deviations lower (0.75 to 0.01 lower)
(assessed wi	5	mptomatol al Anxiety and E no serious	00	0		I weeks post-i ⊕⊝⊝⊝	ntervention) -			-risk populations)
(1 study) s		indirectness	2	1 0		, ,	RR 0.90	Study p	opulation	
(1 study) 104 weeks	serious ¹	inconsistency	indirectness	serious ^{3,4}	suspected ⁵	VERY LOW ^{1,3,4,5} due to risk of bias, imprecision,	(45.8%) (41%)	(0.59 to 1.35)	458 per 1000	46 fewer per 1000 (from 188 fewer to 160 more)
()/	serious ¹	inconsistency	indirectness	2	strongly	VERY LOW ^{1,3,4,5} due to risk of bias,	, ,	(0.59 to	458 per	46 fewer per 1000 (from 188 fewer to 160 more)
()/	serious ¹	inconsistency	indirectness	2	strongly	VERY LOW ^{1,3,4,5} due to risk of bias, imprecision,	, ,	(0.59 to	458 per 1000	46 fewer per 1000 (from 188 fewer to 160 more)
104 weeks Depress	sion sy		ogy Very	serious ^{3,4}	strongly suspected⁵ w-up (>104	VERY LOW ^{1,3,4,5} due to risk of bias, imprecision, publication bias	(45.8%) (41%)	(0.59 to 1.35)	458 per 1000 Moderat 158 per 1000	46 fewer per 1000 (from 188 fewer to 160 more) te 16 fewer per 1000
104 weeks	sion sy	mptomatol	ogy Very	serious ^{3,4}	strongly suspected⁵ w-up (>104	VERY LOW ^{1,3,4,5} due to risk of bias, imprecision, publication bias	(45.8%) (41%)	(0.59 to 1.35)	458 per 1000 Moderat 158 per 1000 Case a	46 fewer per 1000 (from 188 fewer to 160 more) te 16 fewer per 1000 (from 65 fewer to 55 more)

						imprecision, publication bias				Moderat	e
						F achteriori chae				158 per 1000	81 fewer per 1000 (from 137 fewer to 128 more)
-			• •			eks post-interv ssion; better indicated			ole case	analys	is (at-risk
77	very	no serious	no serious	very	reporting bias	000	38	39	-		The mean depression mean
(1 study) 104 weeks	serious ¹	inconsistency	indirectness	serious ^{4,8}	suspected ⁵	VERY LOW ^{1,4,5,8} due to risk of bias, imprecision,					scores very long follow-up (>104 weeks post-intervention – available case analysis (at-ris
						publication bias					populations) in the intervention groups was 0.37 standard deviations lowe

² There is evidence of considerable heterogeneity of study effect sizes

 $^{\rm 3}$ Total number of events is less than 300 (a threshold rule-of-thumb)

⁴ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁵ Paper omits data

⁶ There is evidence of moderate heterogeneity of study effect sizes

⁷ There is evidence of substantial heterogeneity of study effect sizes

⁸ Total population size is less than 400 (a threshold rule-of-thumb)

1.1.7 Depression: post-delivery discussion versus enhanced TAU

		(Quality assess	sment				Summary	v of find	ings
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Study ev With control	vent rates (%) With depression: post-delivery	Relative effect (95% CI)	Anticipa Risk with control	nted absolute effects Risk difference with depression: post-delivery

								discussion versus enhanced TAU			discussion versus enhanced TAU (95% CI)
Depress ≥13)	sion syı	nptomatolo	ogy post-ti	eatment –	ITT ana	lysis (at-risl	c popu	lations) (assesse	d with: Edi	inburgh p	ostnatal Depression Scale (EPDS)
1041 (1 study)	no serious	no serious inconsistency	no serious indirectness	serious1	undetected	$\oplus \oplus \oplus \ominus$ MODERATE ¹	137/521 (26.3%)	134/520 (25.8%)	RR 0.98 (0.8 to	Study p	opulation
26 weeks	risk of bias	inconsistency	muneciness			due to imprecision	(20.3 %)	(23.6%)	1.2)	263 per 1000	5 fewer per 1000 (from 53 fewer to 53 more)
										Moderat	te
										263 per 1000	5 fewer per 1000 (from 53 fewer to 53 more)
Depression 916 (1 study)	Scale (EPD no serious	S) ≥13) no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊝⊝ LOW ^{1,2}	65/449 (14.5%)	81/467 (17.3%)	RR 1.2 (0.89 to	Study po	opulation
26 weeks	risk of bias					due to imprecision	(1.62)	145 per 1000	29 more per 1000 (from 16 fewer to 90 more)
										Moderat	te
										145 per 1000	29 more per 1000 (from 16 fewer to 90 more)
		ean scores p		ient – avai	lable case	e analysis (a	at-risk	populations)	(measured	with: Edi	nburgh postnatal Depression
916 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	⊕⊕⊕⊕ HIGH	449	467	-		The mean depression mean scores post-treatment – available case analysis (at-risk populations) in the intervention

											groups was 0.08 standard deviations higher (0.05 lower to 0.21 higher)
-	5	nptomatol rgh postnatal De	0, ,	0	w-up (>10	4 weeks p	ost-inte	ervention) – 1	ITT anal	lysis (a	t-risk populations)
1041	no	no serious	no serious	no serious	undetected	⊕⊕⊕⊕ HIGH	296/521	,	RR 1.01	Study p	opulation
(1 study) 208-312 weeks	serious risk of bias	inconsistency	indirectness	imprecision		nign	(56.8%)	(57.3%)	(0.91 to 1.12)	568 per 1000	6 more per 1000 (from 51 fewer to 68 more)
										Modera	te
										568 per 1000	6 more per 1000 (from 51 fewer to 68 more)
534 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected		45/270 (16.7%)	42/264 (15.9%)	RR 0.95 (0.65 to	Study p	opulation
208-312 weeks	risk of bias					due to imprecision	()	()	1.4)	167 per 1000	8 fewer per 1000 (from 58 fewer to 67 more)
										Moderat	te
										167 per 1000	8 fewer per 1000 (from 58 fewer to 67 more)
-		ean scores \ easured with: Ec	• •	-	•	-		tion) – avail a ^{ralues)}	able case	e analy	sis (at-risk
534 (1 study)	no serious	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	⊕⊕⊕⊕ HIGH	270	264	-		The mean depression mean scores very long follow-up (>104 weeks post-intervention) –

(0.25 lower to 0.09 higher)	208-312 weeks	risk of bias								available case analysis (at-risk populations) in the intervention groups was 0.08 standard deviations lower (0.25 lower to 0.09 higher)
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¹ Total number of events is less than 300 (a threshold rule-of-thumb) ² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.1.8 Depression: mother-infant relationship interventions versus TAU

			Quality asses	sment				S	Summary	of findiı	ngs
Participants studies)	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study e	vent rates (%)	Relative effect	Anticipa	ted absolute effects
Follow-up							With control	With depression: mother-infant relationship interventions versus TAU	(95% CI)	Risk with control	Risk difference with depression: mother-infant relationship interventions versus TAU (95% CI)
Depressi	ion dia	ignosis pos	t-treatmen	it – ITT an	alysis (at	-risk popul	ations	(assessed with: struc	tured Clini	cal Interv	iew (SCID))
-	no	no serious	no serious	very serious ^{1,2}	undetected		74/229	71/220	RR 1	1	opulation
(1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	000	74/229	, ``		1	· //
1 study) 26 weeks	serious risk of			5	undetected		74/229	71/220	RR 1 (0.76 to	Study po 323 per	0 fewer per 1000 (from 78 fewer to 100 more)

354 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus \bigoplus \ominus \ominus \\ \mathbf{LOW}^{1,2} $		21/170 (12.4%)	RR 0.78 (0.47 to	Study p	opulation
26 weeks	risk of bias	liconsistency	indirectitess	scribus		due to imprecision	(10.070)	(12.17)	1.32)	158 per 1000	35 fewer per 1000 (from 84 fewer to 50 more)
										Moderat	ie
										158 per 1000	35 fewer per 1000 (from 84 fewer to 51 more)
Depress Scale (CES-D	5	nptomatolo	ogy post-ti	eatment -	ITT ana	lysis (at-risl	c popu	llations) (assessed	with: Cent	ter for Epi	demiologic Studies Depression
106 (1 study)	serious ³	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	10/50 (20%)	17/56 (30.4%)	RR 1.52 (0.77 to	Study po	opulation
27 weeks			sistency indirectness serious ^{1,2} VEKTLOW ^{1,4,2} (20%) (30.4%) due to risk of bias, imprecision	(00170)	3)	200 per 1000	104 more per 1000 (from 46 fewer to 400 more)				
						imprecision				Moderat	ie
										200 per 1000	104 more per 1000 (from 46 fewer to 400 more)
-	5	nptomatolo le (CES-D) ≥16)	ogy post-ti	eatment -	- availabl	e case analy	rsis (at	-risk populatio	ons) (asse	essed with	: Center for Epidemiologic
87 (1 study)	serious ³	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus \ominus \ominus \ominus \\ \mathbf{VERY } \mathbf{LOW}^{1,2,3} $	2/42 (4.8%)	6/45 (13.3%)	RR 2.8 (0.6 to	Study p	opulation
27 weeks						due to risk of bias, imprecision	(13.11)	48 per 1000	86 more per 1000 (from 19 fewer to 577 more)
						imprecision				Moderat	ie
										48 per	86 more per 1000

417 (2 studies) 15-26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	⊕⊕⊕ HIGH	215	202	-		The mean depression mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.22 standard deviations lowe (0.41 to 0.02 lower)
-		an scores s urgh postnatal D			-		ention)	- available	case analy	ysis (at-	risk populations)
63 (1 study) 28 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{2,4}	undetected	⊕⊕⊝⊝ LOW ^{2,4} due to imprecision	31	32	-		The mean depression mean scores short follow-up (9-16 weeks post-intervention) – available case analysis (at-risk populations) in the intervention groups was 0.3 standard deviations lower (0.8 lower to 0.19 higher)
-		rview (SCID))	g follow-u no serious	up (25-103	weeks po	st-interver ⊕⊕⊝⊝	ntion) –		sis (at-risk		ations) (assessed with:
(1 study) 52 weeks	serious risk of bias	inconsistency	indirectness	serious ^{1,2}		LOW ^{1,2} due to imprecision		(33.2%)	(0.77 to 1.3)	332 per 1000	0 fewer per 1000 (from 76 fewer to 100 more)
										Moderat	e
										332 per 1000	0 fewer per 1000 (from 76 fewer to 100 more)

-		gnosis long red Clinical Interv		p (25-103 ·	weeks po	ost-interven	tion) –	- available case	analys	is (at-r	isk populations)		
346 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus \bigoplus \ominus \ominus \\ \mathbf{LOW}^{1,2} $		18/165 (10.9%)	RR 0.71 (0.41 to	Study po	opulation		
52 weeks	risk of bias					due to imprecision	(1010 %)		1.23)	155 per 1000	45 fewer per 1000 (from 91 fewer to 36 more)		
										Moderat	e		
										155 per 1000	45 fewer per 1000 (from 91 fewer to 36 more)		
-	5	nptomatolo niologic Studies I	0, 0	-	25-103 w	eeks post-ir	nterve	ntion) – ITT an	alysis	(at-risk	populations) (assessed		
(1 study)	serious ³	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus \ominus \ominus \ominus \\ \mathbf{VERY } \mathbf{LOW}^{1,2,3} $	18/50 (36%)	19/56 (33.9%)	RR 0.94 (0.56 to	Study po	opulation		
53 weeks						due to risk of bias, imprecision		、 <i>'</i> ,	1.58)	360 per 1000	22 fewer per 1000 (from 158 fewer to 209 more)		
										Moderat	rate		
										360 per 1000	22 fewer per 1000 (from 158 fewer to 209 more)		
-		nptomatolo	0, 0	-	•	-	nterve	ntion) – availal	ole case	e analy	sis (at-risk		
80 (1 study)	serious ³	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	6/38 (15.8%)	5/42 (11.9%)	RR 0.75 (0.25 to	Study po	opulation		
53 weeks		nconsistency	indirectiless	Scribus /		due to risk of bias, imprecision	(13.5%)	(11.270)	2.27)	158 per 1000	39 fewer per 1000 (from 118 fewer to 201 more)		
										Moderat	e		

										158 per 1000	40 fewer per 1000 (from 119 fewer to 201 more)
-		an scores l e urgh postnatal D	0	- ·		-	entio	n) – available	e case ana	lysis (a	at-risk populations)
354 (1 study) 52 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ⁴	undetected	⊕⊕⊕⊖ MODERATE ⁴ due to imprecision	184	170	-		The mean depression mean scores long follow-up (25-103 weeks post-intervention) – available case analysis (at-risk populations) in the intervention groups was 0.14 standard deviations lower (0.35 lower to 0.06 higher)

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Risk of bias due to statistically significant group differences at baseline

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

1.1.9 Depression: case management and individualised treatment

		Q	uality assessi	nent			Summary of findings				
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study e With control	vent rates (%) With depression: case management and individualised treatment versus TAU	Relative effect (95% CI)	Anticipa Risk with control	Risk difference with depression: case management and individualised treatment versus TAU (95% CI)
Depress	ion sy	nptomatolo	ogy post-tr	eatment ·	– ITT ana	risk populations) (assessed with:			1	n Inventory (BDI) ≥9) opulation	

34 (1 study) 5 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	$\begin{array}{c} \bigoplus \ominus \ominus \ominus \\ \textbf{VERY} \\ \textbf{LOW}^{1,2,3} \\ \text{due to risk of} \end{array}$	7/16 (43.8%)	2/18 (11.1%)	RR 0.25 (0.06 to	438 per 1000 Moderate	328 fewer per 1000 (from 411 fewer to 22 more)
5 weeks						bias, imprecision			1.05)	438 per 1000	329 fewer per 1000 (from 412 fewer to 22 more)
Depress (BDI) ≥9)	ion sy	nptomatolo	ogy post-tr	eatment -	– availab	le case ana	lysis (a	at-risk populatior	ns) (assess	ed with: B	eck Depression Inventory

34 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY	7/16 (43.8%)	2/18 (11.1%)	RR 0.25 (0.06 to	Study po	pulation
5 weeks						LOW ^{1,2,3} due to risk of bias, imprecision	()	()	`	-	328 fewer per 1000 (from 411 fewer to 22 more)
										-	329 fewer per 1000 (from 412 fewer to 22 more)

¹ Risk of bias due to statistically significant group differences at baseline

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.10 Anxiety: post-miscarriage self-help versus TAU

		Ç	Juality assessi	nent			Summary of findings				
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	1	Publication bias	quality of evidence		with Anxiety: post-	Relative effect (95% CI)	Anticipa Risk with control	ted absolute effects Risk difference with Anxiety: post-miscarriage self-help versus TAU (95% CI)

Anxiety mean scores post-treatment – ITT analysis (at-risk populations) (measured with: Brief Symptom Inventory (BSI): Anxiety; better indicated by lower values)

228	$serious^1$	no serious	no serious	serious ²	undetected	$\oplus \oplus \ominus \ominus$	113	115	-	The mean anxiety mean scores
(1 study)		inconsistency	indirectness			LOW ^{1,2}				post-treatment – ITT analysis
5 weeks						due to risk of				(at-risk populations) in the
						bias,				intervention groups was
						imprecision				0.47 standard deviations lower
										(0.73 to 0.2 lower)

¹ Risk of bias due to statistically significant group differences at baseline

² Total population size is less than 400 (a threshold rule-of-thumb)

1.1.11 Anxiety: non-mental health-focused education and support versus TAU or enhanced TAU

			Quality asses	ssment			Summary of findings						
()	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study e	vent rates (%)	Relative effect	Anticipa	ted absolute effects		
Follow-up							With control	With Anxiety: non- mental health- focused education and support versus TAU or enhanced TAU	(95% CI)	Risk with control	Risk difference with Anxiety: non-mental health-focused education and support versus TAU or enhanced TAU (95% CI)		
5	Anxiety symptomatology post-treatment – ITT analysis (at-risk populations) (assessed with: Hospital Anxiety and Depression Scale – Anxiety above unspecified threshold))												
162 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	$ \bigoplus \ominus \ominus \ominus \\ \mathbf{VERY} \ \mathbf{LOW}^{1,2,3} $	25/82 (30.5%)	18/80 (22.5%)	RR 0.74 (0.44 to	Study po	opulation		
6 weeks	risk of bias	licolobiciticy			suspected ³	due to imprecision, publication bias	(00.070)	()	1.24)	305 per 1000	79 fewer per 1000 (from 171 fewer to 73 more)		
						P astreation blus				Moderat	e		

										305 per 1000	79 fewer per 1000 (from 171 fewer to 73 more)
5	J	tomatology e unspecified thre	-	tment – a	vailable cas	se analysis (at-risl	k populatio	o ns) (assessed	with: Hosj	pital Anxiety and Depression
131 (1 study) 6 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to imprecision, publication bias	6/63 (9.5%)	6/68 (8.8%)	RR 0.93 (0.32 to 2.72)	Study population	
										95 per 1000	7 fewer per 1000 (from 65 fewer to 164 more)
										Moderate	
										95 per 1000	7 fewer per 1000 (from 65 fewer to 163 more)
-		-			ble case an d by lower values	•	sk pop	pulations) (r	neasured with:	state-Trait	Anxiety Inventory (STAI)-State
•		-				•	sk pop	pulations) (r	neasured with: :	state-Trait	Anxiety Inventory (STAI)-State The mean anxiety mean scores post-treatment – available case analysis (at-risk populations)
or Hospital 370 (2 studies)	Anxiety an no serious	nd Depression Sc	ale – Anxiety; b	petter indicated	d by lower values	⊕⊕⊕⊝ MODERATE ⁴		· ·	neasured with: :	state-Trait	The mean anxiety mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was
or Hospital 370 (2 studies) 6 weeks Anxiety Hospital Ar	Anxiety an no serious risk of bias 7 sympt nxiety and	nd Depression Sc no serious inconsistency tomatology Depression Scale	ale – Anxiety; b no serious indirectness short foll	serious ⁴ serious ⁴ owe unspecified	d by lower values undetected -16 weeks j d threshold))	s) (Definition of the second state of the sec	168 ntion)	202) – ITT anal	ysis (at-ris	sk pop	The mean anxiety mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.1 standard deviations lower (0.3 lower to 0.11 higher) ulations) (assessed with:
or Hospital 370 (2 studies) 6 weeks Anxiety Hospital Ar	Anxiety an no serious risk of bias	nd Depression Sc no serious inconsistency tomatology	ale – Anxiety; b no serious indirectness	serious ⁴	d by lower values undetected	s) ⊕⊕⊕⊝ MODERATE ⁴ due to imprecision	168	202	-	sk pop	The mean anxiety mean scores post-treatment – available cass analysis (at-risk populations) in the intervention groups wa 0.1 standard deviations lower (0.3 lower to 0.11 higher)
or Hospital 370 (2 studies) 6 weeks Anxiety	Anxiety an no serious risk of bias 7 sympt nxiety and no	nd Depression Sc no serious inconsistency tomatology Depression Scale	ale – Anxiety; b no serious indirectness short foll - Anxiety (abo	serious ⁴ serious ⁴ low-up (9 ove unspecified very	d by lower values undetected -16 weeks j d threshold)) reporting bias	s) ⊕⊕⊕⊝ MODERATE ⁴ due to imprecision post-interve ⊕⊖⊝⊝	168 ntion) 23/82	202) – ITT anal 15/80	- ysis (at-ris 	sk pop	The mean anxiety mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.1 standard deviations lower (0.3 lower to 0.11 higher) ulations) (assessed with:

										281 per 1000	93 fewer per 1000 (from 174 fewer to 53 more)
	· · ·	tomatology al Anxiety and D		± `	-	L	ntion)	– available ca	ise anal	ysis (a	t-risk populations)
128	no	no serious	no serious	very	reporting bias	000	4/63	0/65	RR 0.11	Study p	opulation
(1 study) 12 weeks	serious risk of bias	inconsistency	indirectness	serious ^{1,2}	strongly suspected ³	VERY LOW ^{1,2,3} due to imprecision, publication bias	(6.3%)	(0%)	(0.01 to 1.96)	63 per 1000	57 fewer per 1000 (from 63 fewer to 61 more)
						publication bias				Modera	te
										64 per 1000	57 fewer per 1000 (from 63 fewer to 61 more)
128 (1 study) 12 weeks	no serious risk of	no serious inconsistency	no serious indirectness	very serious ^{2,4}	reporting bias strongly suspected ³	⊕⊖⊝⊖ VERY LOW ^{2,3,4} due to	63	65	-		The mean anxiety mean score short follow-up (9-16 weeks post-intervention) – available
(1 study) 12 weeks		inconsistency	indirectness	serious ^{2,4}	0.						post-intervention) – available case analysis (at-risk populations) in the
						publication blus					intervention groups was 0.2 standard deviations lower (0.54 lower to 0.15 higher)
		t omatology al Anxiety and D			± `	-	t-inter	rvention) – IT	Г analy	sis (at-	risk populations)
162 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	23/82 (28%)	17/80 (21.3%)	RR 0.76	Study p	opulation
	isenous	inconsistency	manectiless	serious.	subligiy		(20 /0)	(21.370)	(0.44 to 1.31)		

	risk of bias					imprecision, publication bias				Modera	te
	bias					publication bias				281 per 1000	67 fewer per 1000 (from 157 fewer to 87 more)
-						4 weeks pos y (above unspecifie			- available (case ar	alysis (at-risk
.30 1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	4/63 (6.3%)	4/67 (6%)	RR 0.94 (0.25 to	Study p	opulation
24 weeks	risk of bias				suspected ³	due to imprecision, publication bias	(0.070)	(0,0)	3.6)	63 per 1000	4 fewer per 1000 (from 48 fewer to 165 more)
						publication bias				Modera	te
											4 fewer per 1000 (from 48 fewer to 166 more)
-				-	•	eks post-int		·	ilable case a	analys	is (at-risk
130 (1 study) 24 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{2,4}	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{2,3,4} due to imprecision, publication bias	63	67	-		The mean anxiety mean score intermediate follow-up (17-22 weeks post-intervention) – available case analysis (at-rish populations) in the intervention groups was 0.26 standard deviations lower

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

1.1.12Anxiety: home visits versus TAU

			Quality asse	ssment					Sum	mary of f	indings
Participants (studies)	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study ev	vent rates (%)	Relative effect	Anticipa	ited absolute effects
Follow-up							With control	With Anxiety: home visits versus TAU	(95% CI)	Risk with control	Risk difference with Anxiety: home visits versus TAU (95% CI)
Anxiety (HADS >7))	sympt	omatology	post-treat	ment – IT	T analysis	(at-risk popu	ulation	1S) (assessed t	with: Hosp	ital Anxie	ty and Depression Scale - Anxiety
120 (1 study)	very serious ¹	no serious inconsistency	no serious indirectness	very serious ²	reporting bias strongly	$ \bigoplus \ominus \ominus \ominus \\ \mathbf{VERY} \ \mathbf{LOW}^{1,2,3} $	37/59 (62.7%)	24/61 (39.3%)	RR 0.63 (0.43 to	Study p	opulation
52 weeks	serious	inconsistency	indirectices	serious	suspected ³	due to risk of bias, imprecision, publication bias	(02.770)	(07.070)	0.91)	627 per 1000	232 fewer per 1000 (from 56 fewer to 357 fewer)
						publication blub				Moderat	te
										627 per 1000	232 fewer per 1000 (from 56 fewer to 357 fewer)
Scale – Anxie		5>7))	post-treat	ment – av	ſ					T	Hospital Anxiety and Depression
90 (1 study)	very serious ¹	no serious inconsistency	no serious indirectness	very serious ²	reporting bias strongly	$ \bigoplus \ominus \ominus \ominus \\ \mathbf{VERY} \ \mathbf{LOW}^{1,2,3} $	21/43 (48.8%)	10/47 (21.3%)	RR 0.44 (0.23 to	Study p	opulation
52 weeks					suspected ³	due to risk of bias, imprecision, publication bias	((,	0.82)	488 per 1000	273 fewer per 1000 (from 88 fewer to 376 fewer)
						Publication blas				Moderat	te
										488 per 1000	273 fewer per 1000 (from 88 fewer to 376 fewer)

90 (1 study) 52 weeks	very serious ¹	no serious inconsistency	no serious indirectness	very serious ⁴	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{1,3,4} due to risk of bias, imprecision, publication bias	43	47	-		The mean anxiety mean scores post-treatment – available case analysis (at-risk populations) in th intervention groups was 0.89 standard deviations lower (1.33 to 0.46 lower)		
	-	omatology	0	- ·	5-103 weeks	post-interve	ntion)	– ITT a	nalysis (a	at-risk	populations) (assessed with:		
120 (1 study)	very serious ¹	no serious inconsistency	no serious indirectness	very serious ²	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	42/59 (71.2%)	32/61 (52.5%)	RR 0.74 (0.55 to	Study po	opulation		
1 study) 104 weeks	senous	inconsistency	indirectness	senous	suspected ³	due to risk of bias, imprecision,	(71.270)	(32.3%)	0.98)	712 per 1000	185 fewer per 1000 (from 14 fewer to 320 fewer)		
						publication bias				Moderat	e		
										712 per 1000	185 fewer per 1000 (from 14 fewer to 320 fewer)		
		al Anxiety and E	Depression Scale	e – Anxiety (F very	IADS ≥8)) reporting bias	0000	21/38	10/39	RR 0.46	-	is (at-risk populations)		
77	very		indirectness	serious ²	strongly	VERY LOW ^{1,2,3}	(55.3%)	(25.6%)	(0.25 to 0.85)	(0.25 to	(0.25 to	553 per	298 fewer per 1000
7 1 study)	very serious ¹	inconsistency	munectiess		suspected ³	due to risk of bias, imprecision,				1000	(from 83 fewer to 414 fewer)		
77 (1 study) 104 weeks	5	inconsistency	indirectiless		suspected ³					_	(from 83 fewer to 414 fewer)		

5					weeks post		n) – a	vailable	e case analy	vsis (at-risk populations)
77 (1 study) 104 weeks	5	no serious inconsistency	no serious indirectness	very serious ⁴	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{1,3,4} due to risk of bias, imprecision, publication bias	38	39	-	The mean anxiety mean scores long follow-up (25-103 weeks post- intervention) – available case analysis (at-risk populations) in the intervention groups was 0.61 standard deviations lower (1.06 to 0.15 lower)

¹ Risk of bias due to statistcially significant group differences at baseline

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ Paper omits data

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

1.1.13PTSD: post-miscarriage self-help versus TAU

		Ç	Quality assessi	nent					Summary	of findi	ngs		
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study ev With control	vent rates (%) With PTSD: post- miscarriage self- help versus TAU	Relative effect (95% CI)	Anticipa Risk with control	ted absolute effects Risk difference with PTSD: post-miscarriage self-help versus TAU (95% CI)		
PTSD sy	2TSD symptomatology post-treatment – ITT analysis (at-risk populations) (assessed with: Impact of Events Scale-Revised (IES-R) ≥35)												

228 (1 study)	-)		very serious ²	undetected	$\begin{array}{c} \bigoplus \ominus \ominus \ominus \\ \mathbf{VERY} \ \mathbf{LOW}^{1,2} \end{array}$	35/113 (31%)	12/115 (10.4%)	RR 0.34 (0.18 to	Study pop	pulation
5 weeks					due to risk of bias, imprecision			,	310 per 1000	204 fewer per 1000 (from 118 fewer to 254 fewer)
					I				Moderate	

									310 per 1000	205 fewer per 1000 (from 118 fewer to 254 fewer)
PTSD r		ores post-tr	eatment –	ITT analy	ysis (at-ris	sk populati	ONS) (measured with:	Impact of Event	s Scale-Revi	sed (IES-R); better indicated by
228 (1 study) 5 weeks	very serious ¹	no serious inconsistency	no serious indirectness	serious ³	undetected	$\begin{array}{c} \bigoplus \ominus \ominus \ominus \\ \hline \textbf{VERY LOW}^{1,3} \\ \text{due to risk of} \\ \text{bias,} \\ \text{imprecision} \end{array}$	113 115	-		The mean ptsd mean scores post-treatment – ITT analysis (at-risk populations) in the intervention groups was 0.88 standard deviations lower (1.15 to 0.61 lower)

¹ Risk of bias due to statistically significant group differences at baseline

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ Total population size is less than 400 (a threshold rule-of-thumb)

1.1.14General mental health: post-miscarriage self-help versus TAU

		Q	Quality assess	ment			Summary of findings				
1	Risk of bias	Inconsistency	Indirectness	Imprecision	bias	Overall quality of evidence	With	()	effect (95% CI)	-	ted absolute effects Risk difference with General mental health: post- miscarriage self-help versus TAU (95% CI)

General mental health mean scores post-treatment – ITT analysis (at-risk populations) (measured with: Brief Symptom Inventory (BSI): Global severity index (Mental health); better indicated by lower values)

228 (1 study) 5 weeks	serious ¹ no ser incons	rious no serious indirectness	serious ² u		⊕⊕⊖⊖ LOW ^{1,2} due to risk of bias, imprecision	113	115	-		The mean general mental health mean scores post-treatment – ITT analysis (at-risk populations) in the intervention groups was 0.61 standard deviations lower (0.87 to 0.34 lower)
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¹ High risk of selection bias due to unclear allocation concealment and statistically significant difference in baseline intrusion subscale of the IES-R (19.2 in control group and 17.4 in intervention group)

² Total population size is less than 400 (a threshold rule-of-thumb)

1.1.15General mental health: home visits versus TAU

			Quality ass	essment					Summa	ry of fin	dings		
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	With	vent rates (%) With General	effect	Risk	ted absolute effects Risk difference with General		
-							control	mental health: home visits versus TAU	````	with control	mental health: home visits versus TAU (95% CI)		
	General mental health mean scores post-treatment – available case analysis (at-risk populations) (measured with: General Health Questionnaire (GHQ); better indicated by lower values)												

207 (2 studies) 78 weeks	no serious risk of bias	very serious ¹	no serious indirectness	serious ^{2,3}	reporting bias strongly suspected ⁴	$\oplus \ominus \ominus \ominus$ VERY LOW ^{1,2,3,4} due to inconsistency, imprecision, publication bias	101	106	-	The mean general mental health mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.18 standard deviations lower (0.7 lower to 0.33 higher)

¹ There is evidence of substantial heterogeneity of study effect sizes

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Total population size is less than 400 (a threshold rule-of-thumb)

⁴ Paper omits data

1.1.16General mental health: post-delivery discussion versus enhanced TAU

		Qı	ality assessm	ient					Summar	y of fin	lings
Participants		Inconsistency	Indirectness	Imprecision	Publication		Study e	(<i>)</i>		Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With General mental health: post-delivery discussion versus enhanced TAU	(95% CI)	Risk with control	Risk difference with General mental health: post-delivery discussion versus enhanced TAU (95% CI)

General mental health mean scores post-treatment – available case analysis (at-risk populations) (measured with: sF-36 – Mental health; better indicated by lower values)

917 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	⊕⊕⊕⊕ HIGH	450	467	-	The mean general mental health mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.08 standard deviations lower (0.21 lower to 0.05 higher)
		l health me easured with: sF- no serious inconsistency				- ·	270	264	ention) – : -	available case analysis (at-risk The mean general mental health mean scores very long follow-up (>104 weeks post-intervention) – available case analysis (at-risk populations) in the intervention groups was 0.17 standard deviations higher (0 to 0.34 higher)

1.1.17General mental health: mother-infant relationship interventions versus TAU

		Q	uality assessr	nent				S	Summary	of findi	ngs
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study e	vent rates (%)	Relative	Anticipa	ited absolute effects
(studies) Follow-up	bias					quality of evidence	With control	With General mental health: mother-infant relationship interventions versus TAU	effect (95% CI)	Risk with control	Risk difference with General mental health: mother-infant relationship interventions versus TAU (95% CI)
		l health me 8); better indicate		-	tment – a	vailable c	ase an	alysis (at-risk po	opulati	ons) (m	easured with: General Health
125 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision	61	64	-		The mean general mental health mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was

										0.18 standard deviations higher (0.17 lower to 0.53 higher)
		l health me leasured with: Ge		-		-		on) – availa	ble ca	se analysis (at-risk
88 (1 study) 104 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision	39	49	-		The mean general mental health mean scores long follow-up (25- 104 weeks post-intervention) – available case analysis (at-risk populations) in the intervention groups was 0.09 standard deviations lower (0.52 lower to 0.33 higher)

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.18Mother-infant attachment: non-mental health-focused education and support versus TAU or enhanced TAU

		(Quality assess	sment				Sun	nmary of	findings	3
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study e	vent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With Mother-infant attachment: non-mental health-focused education and support versus TAU or enhanced TAU	effect (95% CI)	Risk with control	Risk difference with Mother-infant attachment: non-mental health-focused education and support versus TAU or enhanced TAU (95% CI)
		attachmen above unspecifie		s post-tre	atment – I	TT analysi	s (at-r	isk populations) (assessed w	rith: Green	n scale: mother-infant
162 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly		41/82 (50%)	36/80 (45%)	RR 0.9 (0.65 to	Study po	opulation
6 weeks	risk of bias				suspected ³	due to imprecision, publication bias		、 <i>/</i>		500 per 1000 Moderat	50 fewer per 1000 (from 175 fewer to 125 more)

										500 per 1000	50 fewer per 1000 (from 175 fewer to 125 more)
		attachmen			eatment – a	vailable ca	se analysis	(at-risk popul	latior	1S) (asses	ssed with: Green scale:
133 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	23/64 25/69 (35.9%) (36.2%)		R 1.01 0.64 to	Study po	opulation
6 weeks	risk of bias	inconsistency	interfectivess	Scribus	suspected ³	due to imprecision, publication	(30.2%)		59)	359 per 1000	4 more per 1000 (from 129 fewer to 212 more)
						bias				Moderat	e
										359 per 1000	4 more per 1000 (from 129 fewer to 212 more)
211 (1 study)	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ⁴	reporting bias strongly suspected ³	⊕⊕⊖⊖ LOW ^{3,4} due to imprecision, publication bias	95 116	-			The mean positive mother- infant interaction mean scores post-treatment – available case analysis (at- risk populations) in the intervention groups was 0.57 standard deviations higher (0.29 to 0.85 higher)
		tivity mean sensitivity to nee					nalysis (at-	risk populatio	ons) (1	neasured	with: Index of Parental
199 (1 study)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ⁴	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{3,4} due to imprecision, publication bias	87 112	-			The mean maternal sensitivity mean scores post- treatment – available case analysis (at-risk populations in the intervention groups was 0.3 standard deviations higher (0.02 to 0.58 higher)

241 (1 study)	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ⁴	reporting bias strongly suspected ³	⊕⊕⊖⊖ LOW ^{3,4} due to imprecision, publication bias	107	134	-		The mean maternal confidence mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.15 standard deviations higher (0.1 lower to 0.41 higher)	
		scale: mother-inf					post-i	ntervention) – ITT analy	ysis (at	-risk populations)	
162 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖ VERY LOW ^{1,2,3}	38/82 (46.3%)	40/80 (50%)	RR 1.08 (0.78 to	Study p	opulation	
12 weeks	risk of bias				suspected ³	due to imprecision, publication	()		1.49)	463 per 1000	37 more per 1000 (from 102 fewer to 227 more)	
						bias				Moderate		
										463 per 1000	37 more per 1000 (from 102 fewer to 227 more)	
		ssessed with: Green no serious	-		- ·	(above unspecif	-) – available RR 1.29	1	nalysis (at-risk	
(1 study) 12 weeks	serious risk of	inconsistency	indirectness	serious ^{1,2}	suspected ³	VERY LOW ^{1,2,3} due to	(29%)	(37.5%)	(0.78 to 2.13)	290 per	- 84 more per 1000	
12	bias				Juspecteu	imprecision, publication			,	1000	(from 64 fewer to 328 more)	
						bias				Moderat	te	
										290 per 1000	84 more per 1000 (from 64 fewer to 328 more)	

162 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly		48/82 (58.5%)	40/80 (50%)	RR 0.85 (0.64 to	Study po	opulation
24 weeks	risk of bias				suspected ³	due to imprecision, publication	(*****)		1.14)	585 per 1000	88 fewer per 1000 (from 211 fewer to 82 more)
						bias				Moderat	e
										585 per 1000	88 fewer per 1000 (from 211 fewer to 82 more)
Mother	-infant	attachmen	t problem	s interme	ediate follo	w-up (17-2	4 wee	ks post-intervent	tion) – a	availab	ole case analysis (at-
risk pop	no	ns) (assessed windows no serious	ith: Green scale	: mother-infar very	nt attachment pro	oblems (above un $\oplus \ominus \ominus \ominus$	nspecified 27/61	d threshold)) 26/66	RR 0.89	1	opulation
risk pop	oulatio	ns) (assessed w	ith: Green scale	: mother-infar	nt attachment pr	oblems (above un $\oplus \ominus \ominus \ominus$	nspecified 27/61	d threshold))	,	1	Σ 、
risk pop 127 (1 study)	no serious risk of	ns) (assessed windows no serious	ith: Green scale	: mother-infar very	nt attachment pro- reporting bias strongly	oblems (above un $\oplus \ominus \ominus \ominus$ VERY LOW ^{1,2,3} due to imprecision,	nspecified 27/61	d threshold)) 26/66	RR 0.89 (0.59 to	Study po	49 fewer per 1000 (from 181 fewer to 150 more)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

1.1.19Mother-infant attachment: home visits versus TAU

			Quality asses	sment					Summary	⁷ of findi	ngs
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	With	With Mother-	effect	Anticipa Risk with control	ted absolute effects Risk difference with Mother- infant attachment: home visits versus TAU (95% CI)
			•				· .				•

Maternal sensitivity mean scores post-treatment – available case analysis (at-risk populations) (measured with: CARE Index scale – Maternal sensitivity; better indicated by lower values)

										Moderat	
52 weeks	risk of bias				suspected ³	due to imprecision, publication bias		· /	1.25)	381 per 1000	88 fewer per 1000 (from 198 fewer to 95 more)
131 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{2,4}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{2,3,4}	24/63 (38.1%)	20/68 (29.4%)	RR 0.77 (0.48 to	Study po	pulation
Discon	tinued l	breastfeedi	ng <6 mon	ths – ITT	analysis (a	at-risk popu	lation	IS) (assessed wi	th: Breastfeedii	ng – discor	tinued before 6 months)
121 (1 study) 78 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{1,3} due to imprecision, publication bias	59	62	-		The mean infant involvement mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.42 standard deviations higher (0.06 to 0.78 higher)
		ment mean ; better indicated			ent – availa	ble case ana	lysis	(at-risk po	pulations)	(measure	d with: CARE Index scale -
(1 study) 78 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to imprecision, publication bias	59	62			The mean maternal sensitivity mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.36 standard deviations higher (0 to 0.72 higher)

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

⁴ Total number of events is less than 300 (a threshold rule-of-thumb)

1.1.20 Mother-infant attachment: mother-infant relationship interventions versus TAU

Quality assessment

Summary of findings

Participants		Inconsistency	Indirectness	-		Overall quality	Study ev	· · ·		Anticipate	ed absolute effects
(studies) Follow-up	bias				bias		With control	With Mother- infant attachment: mother-infant relationship	· · ·	Risk with control	Risk difference with Mother- infant attachment: mother- infant relationship interventions versus TAU (95% CI)
								interventions versus TAU			

Mother-infant attachment problems post-treatment – ITT analysis (at-risk populations) (assessed with: Ainsworth Strange Situation: Insecure)

449 (1 study)	no serious	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \bigoplus \bigoplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	127/229 (55.5%)	104/220 (47.3%)	RR 0.85 (0.71 to	Study po	pulation
78 weeks	risk of bias				due to imprecision			1.02)	555 per 1000	83 fewer per 1000 (from 161 fewer to 11 more)
									Moderate	2
									555 per	83 fewer per 1000

Mother-infant attachment problems post-treatment – available case analysis (at-risk populations) (assessed with: Ainsworth Strange Situation: Insecure)

318 (1 study)		no serious indirectness	very serious ¹	undetected	$ \bigoplus_{\mathbf{LOW}^1} \ominus \ominus $	60/162 (37%)	40/156 (25.6%)	RR 0.69 (0.5 to	Study pop	pulation
78 weeks	risk of bias				due to imprecision		`	0.97)	-	115 fewer per 1000 (from 11 fewer to 185 fewer)
									Moderate	
										115 fewer per 1000 (from 11 fewer to 185 fewer)

Positive mother-infant interaction mean scores post-treatment - available case analysis (at-risk populations) (measured with:

infant and Caregiver Engagement Phases (ICEP): maternal positive engagement (% of time during behavioural observation) or Synchrony Scale (Milgrom & Meitz, 1988): Reciprocity/Synchrony; better indicated by lower values)

175 (2 studies) 15-26 weeks	serious		no serious indirectness	very serious ³	undetected	⊕⊕⊖⊖ LOW ³ due to imprecision	86	89	-		The mean positive mother-infant interaction mean scores post- treatment – available case analysis (at-risk populations) in the intervention groups was
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											0.46 standard deviations higher (0.16 to 0.76 higher)
								vsis (at-risk p l Respond ; better in			ured with: maternal Sensitivity)
172 (2 studies) 15-26 weeks	no serious risk of bias	very serious ⁴	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{2,3,4} due to inconsistency, imprecision	87	85	-		The mean maternal sensitivity mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.62 standard deviations higher (0.11 lower to 1.35 higher)
						available ca		alysis (at-risl	k popula	tions) (1	neasured with: maternal
109 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊕⊖⊖ LOW ^{2,3} due to imprecision	56	53	-		The mean maternal intrusiveness mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.32 standard deviations lower (0.7 lower to 0.06 higher)
	ver Engage:										ations) (measured with: infant ral observation); better indicated by
112 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ³	undetected	$\begin{array}{c} \bigoplus \bigoplus \bigoplus \bigoplus \bigoplus \\ \textbf{LOW}^3 \\ \text{due to} \\ \text{imprecision} \end{array}$	55	57	-	See comment	See comment
								sis (at-risk po indicated by lower v		1S) (measu	red with: infant and Caregiver
112 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊕⊖⊖ LOW ^{2,3} due to imprecision	55	57	-		The mean infant involvement mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was

											0.31 standard deviations lower (0.69 lower to 0.06 higher)
	Phases (IC	CEP): infant resp									red with: infant and Caregiver Aeitz, 1988): Attending to mother ;
175 (2 studies) 15-26 weeks	no serious risk of bias	very serious ⁴	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{2,3,4} due to inconsistency, imprecision	86	89	-		The mean infant responsivity mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.52 standard deviations higher (0.63 lower to 1.68 higher)
	ions) (rr	neasured with: in	-	-		-		tment – availa ement (behaviour pro		2	sis (at-risk ing behavioural observation);
12 1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊕⊝⊖ LOW ^{2,3} due to imprecision	55	57	-		The mean infant negative engagement/behaviour problem mean score post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.16 standard deviations higher (0.21 lower to 0.53 higher)
Disconti	inued l	breastfeedi	ng <6 mo	nths – IT	T analysis	s (at-risk po	pulat	i ons) (assessed wit	h: infant fe	eding-breas	st feeding stopped by 26 weeks)
106 (1 study)	serious ⁵	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,5,6}	22/50 (44%)	22/56 (39.3%)	RR 0.89 (0.57 to	Study pop	pulation
27 weeks					suspected ⁶	due to risk of bias, imprecision,	()		1.4)	440 per 1000	48 fewer per 1000 (from 189 fewer to 176 more)
						publication bias				Moderate	
										440 per 1000	48 fewer per 1000 (from 189 fewer to 176 more)
Disconti by 26 weeks)		breastfeedi	ng <6 mo	nths – av	ailable ca	se analysis (at-ris	k populations	5) (assessed	l with: infa	nt feeding-breast feeding stopped

88 (1 study)	serious ⁵	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,5,6}	16/44 (36.4%)	10/44 (22.7%)	RR 0.62 (0.32 to	Study pop	pulation
27 weeks					suspected ⁶	due to risk of bias, imprecision,		· · ·	1.22)	364 per 1000	138 fewer per 1000 (from 247 fewer to 80 more)
						publication bias				Moderate	
										364 per 1000	138 fewer per 1000 (from 248 fewer to 80 more)
Disconti	inued l	oreastfeedi	ng <9 mo	nths – IT	T analysis	s (at-risk po	pulati	ons) (assessed with	n: infant fe	eding-breas	t feeding stopped by 39 weeks)
106 (1 study)	serious ⁵	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,5,6}	34/50 (68%)	29/56 (51.8%)	RR 0.76 (0.56 to	Study pop	pulation
40 weeks					suspected ⁶	due to risk of bias, imprecision,	()		1.04)	680 per 1000	163 fewer per 1000 (from 299 fewer to 27 more)
						publication bias				Moderate	
										680 per 1000	163 fewer per 1000 (from 299 fewer to 27 more)
Disconti by 39 weeks)		oreastfeedi	ng <9 mo	nths – av	ailable ca	se analysis ((at-risl	k populations) (assessed	l with: infar	nt feeding-breast feeding stopped
81 (1 study)	serious ⁵	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,5,6}	24/40 (60%)	14/41 (34.1%)	RR 0.57 (0.35 to	Study pop	pulation
40 weeks					suspected ⁶	due to risk of bias, imprecision,	()		0.93)	600 per 1000	258 fewer per 1000 (from 42 fewer to 390 fewer)
						publication bias				Moderate	
									600 per 1000	258 fewer per 1000 (from 42 fewer to 390 fewer)	
Disconti	inued l	oreastfeedi	ng <12 m	onths – I	ГТ analys	is (at-risk p	opulat	t ions) (assessed wi	th: infant i	eeding-brea	ast feeding stopped by 52 weeks)
106 (1 study)	serious ⁵	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,5,6}	42/50 (84%)	40/56 (71.4%)	RR 0.85 (0.69 to	Study pop	pulation
53 weeks					suspected ⁶	due to risk of bias,		84%) (71.4%)	1.04)	840 per 1000	126 fewer per 1000 (from 260 fewer to 34 more)

						imprecision, publication bias				Moderate	:
						p				840 per 1000	126 fewer per 1000 (from 260 fewer to 34 more)
Disconti by 52 weeks)		oreastfeedi	ng <12 m	onths – a	vailable ca	ase analysis	(at-ri	sk population	S) (assesse	ed with: inf	fant feeding-breast feeding stopped
82 (1 study)	serious ⁵	no serious inconsistency	no serious indirectness	2	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,5,6}	32/40 (80%)	26/42 (61.9%)	RR 0.77 (0.58 to	Study pop	pulation
53 weeks					suspected ⁶	due to risk of bias, imprecision,	(00,1)	()	1.03)	800 per 1000	184 fewer per 1000 (from 336 fewer to 24 more)
						publication bias				Moderate	
										800 per 1000	184 fewer per 1000 (from 336 fewer to 24 more)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Total population size is less than 400 (a threshold rule-of-thumb)

⁴ There is evidence of considerable heterogeneity of study effect sizes

⁵ High risk of selection bias due to statistically significant baseline difference with the intervention group having more mothers with earlier preterm birth and non-Norwegian origin

⁶ Paper omits data

1.1.21 Mother-infant attachment: case management and individualised treatment

		Q	uality assess	ment				Sun	nmary of f	findings	
-		of Inconsistency Indirectness Imprecision Publication Overall Study event rates (%)			Relative effect	Anticipa	ted absolute effects				
(studies) Follow-up	bias				bias	quality of evidence	With control	With With Mother-infant		Risk with control	Risk difference with Mother-infant attachment: case management and individualised treatment versus TAU (95% CI)
Materna	l sensi	itivity post-	treatment	– ITT an	alysis (at-	-risk popu	lation	S) (assessed with: Behaviou	ıral observa	tion: mate	ernal sensitivity)
30 (1 study)			no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY	10/15 (66.7%)	14/15 (93.3%)	RR 1.4 (0.95 to	Study po	pulation
5 weeks				LOW ^{1,2,3} due to risk of		· · /	2.05)	667 per 1000	267 more per 1000 (from 33 fewer to 700 more)		

						bias, imprecision				Moderat	e
						imprecision				667 per 1000	267 more per 1000 (from 33 fewer to 700 more)
Materna sensitivity)	l sensi	tivity post-	treatment	– availat	ole case a	nalysis (at-	-risk p	opulations) (assessed	with: Beha	avioural o	bservation: maternal
30 (1 study)			no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ Very	10/15 (66.7%)	14/15 (93.3%)	RR 1.4 (0.95 to	Study po	opulation
5 weeks		inconsistency	indirectiless	serious #		LOW ^{1,2,3} due to risk of bias,	(00.7 %)	(55.5%)	`	667 per 1000	267 more per 1000 (from 33 fewer to 700 more)
						imprecision				Moderat	e
										667 per 1000	267 more per 1000 (from 33 fewer to 700 more)

¹ High risk of selection bias due to unclear allocation concealment and statistically significant baseline difference in maternal age (29.7 in intervention group and 25.9 in control group) ² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.22Quality of life: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU

		Q	uality assessr	nent				Sum	mary of f	indings	
Participants		Inconsistency	Indirectness	Imprecision			Study e	、 /	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias					quality of evidence	With control	With Quality of life: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU	effect (95% CI)	Risk with control	Risk difference with Quality of life: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU (95% CI)
Poor soc	cial sup	port post-t	reatment ·	- ITT ana	lysis (at-	risk popu	lation	s) (assessed with: poor social	support (i	nterview))
209 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \bigoplus \bigoplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$,	21/103 (20.4%)	RR 1.08 (0.62 to	Study po	opulation
27 weeks	risk of bias					due to imprecision			1.87)	189 per 1000	15 more per 1000 (from 72 fewer to 164 more)

									Moderat	e
									189 per 1000	15 more per 1000 (from 72 fewer to 164 more)
Poor so	cial sup	port post-l	reatment	– availab	le case (at	t-risk pop	ulations) (assess	sed with: poor social suppor	t (intervie	w))
190 (1 study)	no serious	no no serious no seriou	no serious indirectness	very serious ^{1,2}	undetected		10/96 12/94 (10.4%) (12.8%)	RR 1.23 (0.56 to	Study po	opulation
27 weeks	risk of bias					due to imprecision		2.7)	104 per 1000	24 more per 1000 (from 46 fewer to 177 more)
									Moderate	
									104 per 1000	24 more per 1000 (from 46 fewer to 177 more)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.23 Quality of life: non-mental health-focused education and support versus TAU or enhanced TAU

		Ģ	Quality assess	sment			Summary of findings					
Participants F (studies) b Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence		With Quality of life:		-	Risk difference with Quality of life: non-mental health- focused education and support versus TAU or enhanced TAU (95% CI)	

Parental stress mean scores post-treatment – available case analysis (at-risk populations) (measured with: parental Stressor Scale-Neonatal Intensive Care (PSS-NICU) or Parenting Stress Index (PSI); better indicated by lower values)

369 (2 studies) 0.4-24 weeks	no no serious serious inconsistency risk of bias	no serious indirectness		reporting bias strongly suspected ²	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision, publication bias	168	201	-			The mean parental stress mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was
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									0.44 standard deviations lower (0.72 to 0.16 lower)
		mean score		atment –	available o	case analys	is (at-risk	populations) (measure	d with: satisfaction with Motherhood
133 (1 study) 6 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,3}	reporting bias strongly suspected ²	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to imprecision, publication bias	64 69	-	The mean social support mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.22 standard deviations higher (0.12 lower to 0.57 higher)
		mean score						available case ana	lysis (at-risk populations)
127 (1 study) 12 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias strongly suspected ²	⊕⊖⊖⊖ VERY LOW ^{1,2} due to imprecision, publication bias	63 64	-	The mean social support mean scores short follow-up (9-16 weeks post-intervention) – available case analysis (at-risk populations) in the interventior groups was 0.39 standard deviations higher (0.04 to 0.74 higher)
Social s	support	mean score	es interme	diate foll	low-up (17	-24 weeks j	ost-interv	ention) – available	case analysis (at-risk
popula	tions) (m	neasured with: sa	tisfaction with I	Motherhood s	cale: social supp	ort; better indica	ted by lower va	lues)	
129 (1 study) 24 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias strongly suspected ²	⊕⊖⊖⊖ VERY LOW ^{1,2} due to imprecision, publication bias	63 66	-	The mean social support mean scores intermediate follow-up (17-24 weeks post-intervention) – available case analysis (at-risk populations) in the intervention groups was 0.52 standard deviations higher (0.17 to 0.87 higher)

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² Papers omit data

³ 95^{*} CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.24Quality of life: home visits versus TAU

			Quality asses	sment					Summ	ary of fir	ıdings
Participants		Inconsistency	Indirectness	Imprecision		Overall quality	Study ev	vent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With Quality of life: home visits versus TAU	effect (95% CI)	Risk with control	Risk difference with Quality of life: home visits versus TAU (95% CI)
		mean score	s post-trea	tment – a	vailable ca	se analysis (at-risk	populatio	ns) (mea	sured with	n: social Support Questionnaire
29 (1 study) 78 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to imprecision, publication bias	12	17	-		The mean social support mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.58 standard deviations higher (0.17 lower to 1.34 higher)
Self-este			ost-treatm	ent – avai	lable case a	analysis (at-	risk po	opulations) (measure	d with: Ro	senberg Self-Esteem Scale (SES);
114 (1 study) 78 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{1,3} due to imprecision, publication bias	55	59	-		The mean self-esteem mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.04 standard deviations lower (0.41 lower to 0.33 higher)

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

		Ç	Quality assess	ment				9	Summary	of findi	ngs
Participants		Inconsistency	Indirectness	Imprecision		Overall quality	Study e	vent rates (%)	Relative	Anticipa	ated absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With Quality of life: mother-infant relationship interventions versus TAU	effect (95% CI)	Risk with control	Risk difference with Quality of life: mother-infant relationship interventions versus TAU (95% CI)
		mean score				case analys	sis (at	risk population	1S) (meas	ured with	: Nijmeegse Ouderlijke Stress
244 (3 studies) 15-52 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	undetected	⊕⊕⊕⊖ MODERATE ¹ due to imprecision	112	132	-		The mean parental stress mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.16 standard deviations higher (0.09 lower to 0.41 higher)
			0	- ·		-		ntion) – availab			is (at-risk
183 (2 studies) 53-104 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	undetected	⊕⊕⊖⊖ LOW ¹ due to imprecision	82	101	-		The mean parental stress mean scores long follow-up (25-104 weeks post-intervention) – available case analysis (at-risk populations) in the intervention groups was 0.02 standard deviations lower (0.33 lower to 0.29 higher)

1.1.25Quality of life: mother-infant relationship interventions versus TAU

¹ Total population size is less than 400 (a threshold rule-of-thumb)

1.1.26Quality of life: case management and individualised treatment versus TAU

	Quality assess	ment	S	Summary	of findings
Inconsistence	Indirectness	Imprecision	Study event rates (%)		Anticipated absolute effects

Participants (studies) Follow-up	Risk of bias				Publication bias	Overall quality of evidence	With control	With Quality of life: case management and individualised treatment versus TAU	Relative effect (95% CI)	Risk with control	Risk difference with Quality of life: case management and individualised treatment versus TAU (95% CI)
		mean scor licated by lower		atment –	ITT anal	ysis (at-ri	sk pop	oulations) (measure	d with: pai	ental Stre	ssor Scale-Neonatal Intensive Care
34 (1 study) 5 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to risk of bias, imprecision	16	18	-		The mean parental stress mean scores post-treatment – ITT analysis (at-risk populations) in the intervention groups was 0.43 standard deviations lower (1.11 lower to 0.25 higher)
			-				2 (at-risk population SS-NICU); better indicat	,		anagement and
34 (1 study) 5 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to risk of bias, imprecision	16	18	-		The mean parental stress mean scores post-treatment – available case analysis (at-risk populations) – case management and individualised treatment in the intervention groups was 0.43 standard deviations lower (1.11 lower to 0.25 higher)
Self-este			post-treati	nent – IT	T analys	is (at-risk	popul	ations) (measured wi	th: matern	al Self-Rej	port Inventory (MSRI); better
34 (1 study) 5 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to risk of bias, imprecision	16	18	-		The mean self-esteem mean scores post-treatment – ITT analysis (at- risk populations) in the intervention groups was 0.3 standard deviations lower (0.97 lower to 0.38 higher)
		ean scores		nent – av	ailable ca	ase analys	is (at-1	risk populations) (measure	ed with: n	aternal Self-Report Inventory
34 (1 study) 5 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	16	18	-		The mean self-esteem mean scores post-treatment – available case analysis (at-risk populations) in

			due to risk of bias, imprecision		the intervention groups was 0.3 standard deviations lower (0.97 lower to 0.38 higher)

¹ High risk of selection bias due to unclear allocation concealment and statistically significant baseline difference in maternal age (29.7 in intervention group and 25.9 in control group) ² Total population size is less than 400 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.27 Service utilisation: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU

		Q	uality assessi	nent				Sum	mary of f	indings		
		Inconsistency	Indirectness	Imprecision			Study ev	vent rates (%)		Anticipa	ted absolute effects	
(studies) Follow-up	bias				bias	quality of evidence	With control	With service utilisation: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU	effect (95% CI)	Risk with control	Risk difference with service utilisation: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU (95% CI)	
	-	rimary and	-	dary care	post-trea	tment – I	ГТ ana	ilysis (at-risk popu	lations)	(assessed	d with: primary and secondary	
209 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus \bigoplus \ominus \ominus \\ LOW^{1,2} $	11/106 (10.4%)	,	RR 1.22 (0.57 to	Study po	opulation	
27 weeks	risk of bias					due to imprecision	()		2.59)	104 per 1000	23 more per 1000 (from 45 fewer to 165 more)	
										Moderate		
										104 per 1000	23 more per 1000 (from 45 fewer to 165 more)	
		rimary and service contact sin			post-trea	tment – av	vailab	le case analysis (at-	risk po	pulati	ONS) (assessed with: primary	
190 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \bigoplus \bigoplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	11/96 (11.5%)	13/94 (13.8%)	RR 1.21 (0.57 to	Study population		
27 weeks	risk of bias					due to imprecision		. /	2.56)	115 per 1000	24 more per 1000 (from 49 fewer to 179 more)	

		Γ	Мос	erate
			115 j 1000	24 more per 1000 (from 49 fewer to 179 more)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.28Service utilisation: home visits versus TAU

l			Quality assess	sment					Summar	y of find	ings
Participants		Inconsistency	Indirectness	Imprecision		Overall quality	Study ev	vent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With service utilisation: home visits versus TAU	effect (95% CI)	Risk with control	Risk difference with service utilisation: home visits versus TAU (95% CI)
		t with prin			ry care pos	st-treatment	- ITT	analysis (at	-risk po	opulati	ONS) (assessed with: Linkage
84 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	$\begin{array}{c} \bigoplus \ominus \ominus \ominus \\ \textbf{VERY LOW}^{1,2,3} \end{array}$	15/40 (37.5%)	19/44 (43.2%)	RR 1.15 (0.68 to	Study po	pulation
117 weeks		y				due to risk of bias, imprecision		()	1.95)	375 per 1000	56 more per 1000 (from 120 fewer to 356 more)
										Moderate	e
										375 per 1000	56 more per 1000 (from 120 fewer to 356 more)
		e t with prin ary care (Has a r				st-treatment	- ava	ilable case a	nalysis	(at-ris	k populations) (assessed
63 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	$\begin{array}{c} \bigoplus \ominus \ominus \ominus \\ \textbf{VERY LOW}^{1,2,3} \end{array}$	15/32 (46.9%)	19/31 (61.3%)	RR 1.31 (0.82 to	Study po	pulation
117 weeks						due to risk of bias, imprecision			2.08)	469 per 1000	145 more per 1000 (from 84 fewer to 506 more)
										Moderate	e

										469 per 1000	145 more per 1000 (from 84 fewer to 507 more)
		ons to hosp since birth)	ital mid-tr	eatment	(at 6 month	s) – I'I''I' ana	lysis (at-risk p	opulations	5) (assesse	d with: infant service use:
131 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{2,3,4}	8/63 (12.7%)	5/68 (7.4%)	RR 0.58 (0.2 to	Study po	pulation
52 weeks	risk of bias				suspected ⁴	due to imprecision, publication bias			1.68)	127 per 1000	53 fewer per 1000 (from 102 fewer to 86 more)
										Moderat	e
										127 per 1000	53 fewer per 1000 (from 102 fewer to 86 more)
		f stay in ho hospital; better in			nt (at 6 mon	iths) – ITT a	nalysi	is (at-risk	c populatio	ons) (mea	sured with: infant service use:
131 (1 study) 52 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{3,5}	reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{3,4,5} due to imprecision, publication bias	63	68	-		The mean infant length of stay in hospital mid-treatment (at 6 months) – ITT analysis (at-risk populations) in the interventior groups was 0.16 standard deviations lower (0.5 lower to 0.19 higher)

¹ High risk of selection bias due to unclear randomisation method and allocation concealment and statistically significant group difference at baseline (intervention group scored higher on measure of parenting attitudes and beliefs)

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁴ Paper omits data

⁵ Total population size is less than 400 (a threshold rule-of-thumb)

1.1.29Experience of care: non-mental health-focused education and support versus TAU or enhanced TAU

			Quality asses	sment				Sun	mary of t	findings	
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study e	vent rates (%)	Relative	Anticipa	ited absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With experience of care: non-mental health-focused education and support versus TAU or enhanced TAU	effect (95% CI)	Risk with control	Risk difference with experience of care: non- mental health-focused education and support versus TAU or enhanced TAU (95% CI)
Materna	l dissa	tisfaction w	vith care p	ost-treatr	nent – ITT	analysis (a	t-risk	populations) (asses	sed with: s	self-report	;)
162 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	52/82 (63.4%)	40/80 (50%)	RR 0.79 (0.6 to	Study p	opulation
6 weeks	risk of bias				suspected ³	due to imprecision, publication			1.04)	634 per 1000	133 fewer per 1000 (from 254 fewer to 25 more)
						bias				Moderat	ie
										634 per 1000	133 fewer per 1000 (from 254 fewer to 25 more)
Materna	l dissa	tisfaction w	vith care p	ost-treatr	nent – avai	lable case a	analys	is (at-risk popula	tions)	assessed '	with: self-report)
141 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖ VERY LOW ^{1,2,3}	39/69 (56.5%)	32/72 (44.4%)	RR 0.79 (0.56 to	Study p	opulation
6 weeks	risk of bias	inconsistency	interfectitess	schous	suspected ³	due to imprecision, publication	(50.570)	(11.170)	1.09)	565 per 1000	119 fewer per 1000 (from 249 fewer to 51 more)
						bias				Moderat	ie
										565 per 1000	119 fewer per 1000 (from 249 fewer to 51 more)

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

		(Quality assess	ment				Su	mmary of	findings	
Participants		Inconsistency	Indirectness	Imprecision		Overall quality	Study ev	()	Relative	Anticipat	ed absolute effects
(studies) Follow-up	bias				bias	of evidence	With control		effect (95% CI)	Risk with control	Risk difference with attrition: post-miscarriage self-help versus TAU (95% CI)
Dropout	t (assessed	with: incomplete	data at endpoin	t)							
228 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	13/113 (11.5%)	,	RR 1.21 (0.61 to	Study pop	oulation
5 weeks						due to risk of bias, imprecision	()	()	2.4)	115 per 1000	24 more per 1000 (from 45 fewer to 161 more)
										Moderate	
										115 per 1000	24 more per 1000 (from 45 fewer to 161 more)

1.1.30 Attrition: post-miscarriage self-help versus TAU

¹ High risk of selection bias due to unclear allocation concealment and statistically significant group differences at baseline

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.31 Attrition: social support versus TAU

		Q	uality assessm	ient				S	ummary o	of findings
Participants		Inconsistency	Indirectness	Imprecision		1 2	Study ev	vent rates (%)	Relative	Anticipated absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With attrition: social support versus TAU	effect (95% CI)	Risk with Risk difference with attrition: social support versus TAU (95% CI)
Dropout	(assessed w	ith: incomplete da	ta at endpoint)							
					undetected					Study population

117 (1 study)	no serious		no serious	very		21/56	31/61	RR 1.36 (0.89 to	375 per 1000 Moderate	135 more per 1000 (from 41 fewer to 397 more)
12 weeks	risk of bias	inconsistency	indirectness	serious ^{1,2}	due to imprecision	(37.5%)	(50.8%)	2.06)	375 per 1000	135 more per 1000 (from 41 fewer to 397 more)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.32 Attrition: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU

		Q	uality assessr	nent				Sum	mary of f	findings	
Participants		Inconsistency	Indirectness	Imprecision			Study e	vent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With attrition: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU	effect (95% CI)	Risk with control	Risk difference with attrition: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU (95% CI)
Dropout	t (assessed	with: incomplet	e data at endpo	vint)							
360 (3 studies)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	12/179 (6.7%)	19/181 (10.5%)	RR 1.63 (0.5 to	Study po	opulation
26-27 weeks						due to imprecision			`	67 per 1000	42 more per 1000 (from 34 fewer to 287 more)
										Moderat	e
										94 per 1000	59 more per 1000 (from 47 fewer to 402 more)

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.33 Attrition: psychoeducational booklet versus TAU or enhanced TAU

		Q	uality assess	ment				Sum	mary of f	indings	
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study ev	ent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With attrition: psychoeducational booklet versus TAU or enhanced TAU	effect (95% CI)	Risk with control	Risk difference with attrition: psychoeducational booklet versus TAU or enhanced TAU (95% CI)
Dropout	(assessed	l with: incomplet	e data at endpo	pint)							
600 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY	122/301 (40.5%)	107/299 (35.8%)	RR 0.88 (0.72 to	Study po	opulation
(LOW ^{1,2,3} due to risk of bias,	(,		1.08)	405 per 1000	49 fewer per 1000 (from 113 fewer to 32 more)
						imprecision				Moderat	e
										405 per 1000	49 fewer per 1000 (from 113 fewer to 32 more)

¹ High risk of selection bias due to statistically significant group differences at baseline

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.34 Attrition: non-mental health-focused education and support versus TAU or enhanced TAU

		Q	Quality assess	ment				Sui	nmary of	findings	3
	Risk of bias	Inconsistency	Indirectness	Imprecision		Overall quality of evidence	With	Study event rates (%) With With attrition: non- control mental health-focused education and support versus TAU or enhanced TAU		Anticipa Risk with control	Risk difference with attrition: non-mental health- focused education and support versus TAU or enhanced TAU (95% CI)
Dropout	(assessed	with: incomplete	e data at endpoi	nt)							
	serious ¹ undetected					Stuc		opulation			

504				⊕⊖⊝⊖ VERY			-	58 fewer per 1000 (from 104 fewer to 4 more)
584 (3 studies) 6-28 weeks	no serious inconsistency	no serious indirectness	very serious ^{2,3}		61/292 44/292 (20.9%) (15.1%)	RR 0.72 (0.5 to 1.02)	Moderate	2
0-20 weeks				bias, imprecision			-	58 fewer per 1000 (from 104 fewer to 4 more)

¹ High risk of selection bias due to a statistically significant group difference at baseline

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.35 Attrition: home visits versus TAU

			Quality assess	ment				ç	Summary o	of findings	
Participants		Inconsistency	Indirectness	Imprecision		Overall quality	Study ev	vent rates (%)	Relative	Anticipate	d absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With attrition: home visits versus TAU	effect (95% CI)	Risk with control	Risk difference with attrition: home visits versus TAU (95% CI)
Dropout	(assessed	with: incomplete	data at endpoint)								
215 (2 studies)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	13/103 (12.6%)	17/112 (15.2%)	RR 1.23 (0.64 to	Study pop	ulation
78-117 weeks						due to risk of bias, imprecision	()		2.37)	126 per 1000	29 more per 1000 (from 45 fewer to 173 more)
										Moderate	Ļ
										140 per 1000	32 more per 1000 (from 50 fewer to 192 more)

¹ High risk of selection bias due to unclear randomisation method and statistically significant group difference at baseline

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

		Q	uality assessn	nent				Su	mmary of	findings	
Participants		Inconsistency	Indirectness	Imprecision			Study ev	vent rates (%)	Relative	Anticipat	ed absolute effects
(studies) Follow-up	bias				bias	evidence	With control	With attrition: post- delivery discussion versus enhanced TAU	effect (95% CI)	Risk with control	Risk difference with attrition: post-delivery discussion versus enhanced TAU (95% CI)
Dropout	(assessed v	with: incomplete c	lata at endpoint)								
1041 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	71/521 (13.6%)	53/520 (10.2%)	RR 0.75 (0.54 to	Study pop	pulation
26 weeks	risk of bias					due to imprecision	()		1.04)	136 per 1000	34 fewer per 1000 (from 63 fewer to 5 more)
										Moderate	2
										136 per 1000	34 fewer per 1000 (from 63 fewer to 5 more)

1.1.36 Attrition: post-delivery discussion versus enhanced TAU

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.37 Attrition: mother-infant relationship interventions versus TAU

		Q	uality assessn	nent				Sur	nmary of	findings	
Participants		Inconsistency	Indirectness	Imprecision			5	()	Relative	-	ted absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With attrition: mother- infant relationship interventions versus TAU	effect (95% CI)	Risk with control	Risk difference with attrition: mother-infant relationship interventions versus TAU (95% CI)
Dropout	(assessed	with: incomplete	data at endpoin	t)							
772 (4 studies)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	78/389 (20.1%)	/	RR 1.04 (0.76 to	Study po	pulation
15-26 weeks	risk of bias					due to imprecision			1.43)	201 per 1000	8 more per 1000 (from 48 fewer to 86 more)

Moderate				
168 per 7 more per 10 1000 (from 40 fewer)				

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.38Infant physical health: home visits versus TAU

		Q	uality assessm	ient				St	ammary o	f findings	3
Participants		Inconsistency	Indirectness	Imprecision		Overall quality	Study ev	vent rates (%)	Relative	Anticipate	ed absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With infant physical health: home visits versus TAU	effect (95% CI)	Risk with control	Risk difference with infant physical health: home visits versus TAU (95% CI)
Congen with a disabi		ormations (measured a	at 6 mont	hs) – avai	lable case a	nalysis	s (at-risk popu	lations	(assessed	with: number of infants
131 (1 study)		no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus \bigoplus \ominus \ominus \\ \mathbf{LOW}^{1,2} $	1/63 (1.6%)	6/68 (8.8%)	RR 5.56 (0.69 to	Study pop	pulation
52 weeks						due to imprecision	()	()	44.9)	16 per 1000	72 more per 1000 (from 5 fewer to 697 more)
										Moderate	
										16 per 1000	73 more per 1000 (from 5 fewer to 702 more)
Normal	weight p	oost-treatme	ent – availa	ble case a	nalysis (a	at-risk popu	lation	S) (assessed with: nu	mber of inf	ants of a no	ormal weight)
79 (1 study)	serious ³	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus \ominus \ominus \ominus \\ \mathbf{VERY} \ \mathbf{LOW}^{1,2,3} $	17/38 (44.7%)	20/41 (48.8%)	RR 1.09 (0.68 to	Study pop	pulation
						due to risk of bias, imprecision			1.75)	447 per 1000	40 more per 1000 (from 143 fewer to 336 more)
										Moderate	

										447 per 1000	40 more per 1000 (from 143 fewer to 335 more)
Underw	eight po	st-treatmen	t – availab	le case an	alysis (at	-risk popula	tions)	(assessed with: num	ber of infan	ts who are	underweight)
79 (1 study)	serious ³	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \oplus \ominus \ominus \ominus \\ \textbf{VERY LOW}^{1,2,3} \end{array}$	6/38 (15.8%)	4/41 (9.8%)	RR 0.62 (0.19 to	Study po	pulation
(1 study)		inconsistency		serious		due to risk of bias, imprecision	(10.0 %)	(5.576)	2.02)	158 per 1000	60 fewer per 1000 (from 128 fewer to 161 more)
										Moderate	e
										158 per 1000	60 fewer per 1000 (from 128 fewer to 161 more)
Overwe	ight pos	t-treatment	– available	case ana	lysis (at-r	isk populat	ions) (a	ssessed with: numbe	er of infants	who are ov	/erweight)
79 (1 study)	serious ³	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \oplus \ominus \ominus \ominus \\ \mathbf{VERY } \mathbf{LOW}^{1,2,3} \end{array}$	15/38 (39.5%)	17/41 (41.5%)	RR 1.05 (0.61 to	Study po	pulation
(1 study)		inconsistency		scribus		due to risk of bias, imprecision	(05.070)	(11.0 %)	1.8)	395 per 1000	20 more per 1000 (from 154 fewer to 316 more)
										Moderate	2
										395 per 1000	20 more per 1000 (from 154 fewer to 316 more)
Incidend (without del		ere diarrho	ea post-trea	atment – a	available	case analysi	s (at-ri	isk population	ns) (assess	ed with: in	fant illness: severe diarrhoea
87 (1 study)	serious ³	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	4/42 (9.5%)	5/45 (11.1%)	RR 1.17 (0.34 to	Study po	pulation
(i study)		liconsistency	marcettess	Schous -		due to risk of bias, imprecision	(3.570)	(****/*)	4.05)	95 per 1000	16 more per 1000 (from 63 fewer to 290 more)

				Moderate	
					16 more per 1000 (from 63 fewer to 290 more)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Unclear risk of selection bias due to insufficient detail reported with regards to randomisation method and allocation concealment and unclear risk of detection bias as blinding of outcome assessor not reported

1.1.39Infant regulatory problems: mother-infant relationship interventions versus TAU

Quality assessment							Summary of findings				
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	bias	quality of evidence	5		Relative	Anticipated absolute effects	
							With control	With infant regulatory problems: mother-infant relationship interventions versus TAU	effect (95% CI)	Risk with control	Risk difference with infant regulatory problems: mother- infant relationship interventions versus TAU (95% CI)
Infant colic mean scores post-treatment – available case analysis (at-risk populations) (measured with: short Temperament Scale for Infants (STSI): Colic; better indicated by lower values)											
63 (1 study) 15 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias strongly suspected ²	⊕⊖⊖⊖ VERY LOW ^{1,2} due to imprecision, publication bias	31	32	-		The mean infant colic mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 1.08 standard deviations lower (1.61 to 0.55 lower)
Infant sleep problems mean score post-treatment – available case analysis (at-risk populations) (measured with: short Temperament Scale for Infants (STSI): sleep problems; better indicated by lower values)											
63 (1 study) 15 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias strongly suspected ²	⊕⊖⊖⊖ VERY LOW ^{1,2} due to imprecision,	31	32	-		The mean infant sleep problems mean score post- treatment – available case analysis (at-risk populations) in the intervention groups was

					publication bias				5.27 standard deviations lower (6.34 to 4.2 lower)
					vailable ca	se an	alysis (at-risk	populatio	ns) (measured with: short Temperamen
no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias strongly suspected ²	⊕⊖⊖⊖ VERY LOW ^{1,2} due to imprecision, publication bias	31	32	-	The mean infant excessive crying mean scores post- treatment – available case analysis (at-risk populations) in the intervention groups was 1.13 standard deviations lowe (1.67 to 0.6 lower)
						ntio	n) – available	case analy	sis (at-risk populations)
no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias strongly suspected ²	⊕⊖⊖⊖ VERY LOW ^{1,2} due to imprecision, publication bias	31	32	-	The mean infant colic mean scores short follow-up (9-16 weeks post-intervention) – available case analysis (at-risk populations) in the intervention groups was 1.72 standard deviations lowe (2.31 to 1.14 lower)
					-		,		ase analysis (at-risk
no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	1	1	31	32	-	The mean infant sleep problems mean score short follow-up (9-16 weeks post- intervention) – available case analysis (at-risk populations) i the intervention groups was 0.6 standard deviations lower (1.1 to 0.09 lower)
	ants (STSI) no serious risk of bias colic me with: short no serious risk of bias	Ino no serious inconsistency inconsistency risk of inconsistency bias inconsistency colic mean scores s with: short Temperament Sc no no serious inconsistency isserious risk of bias no serious risk of bias leep problems means tions) no serious inconsistency	fants (STSI): Excessive crying; better indica no no serious inconsistency no serious inconsistency indirectness rolic mean scores short follo with: short Temperament Scale for Infants no no serious inconsistency no serious indirectness no serious inconsistency no serious indirectness indirectness serious no serious inconsistency no serious indirectness indirectness eleep problems mean score setions) (measured with: short Temperam no no serious inconsistency no serious inconsistency no serious indirectness indirectness	fants (STSI): Excessive crying; better indicated by lower visits of serious inconsistency indirectness no serious inconsistency indirectness very serious ¹ rolic mean scores short follow-up (9-1) with: short Temperament Scale for Infants (STSI): Colic; I no serious risk of bias no serious risk of bias no serious serious risk of bias no serious risk of serious risk of serious risk of no serious risk of serious risk of no serious risk of	tants (STSI): Excessive crying; better indicated by lower values) no no serious inconsistency no serious indirectness reporting bias strongly suspected ² colic mean scores short follow-up (9-16 weeks p with: short Temperament Scale for Infants (STSI): Colic; better indicated I no serious inconsistency no serious indirectness reporting bias strongly suspected ² no serious risk of bias no serious inconsistency no serious indirectness reporting bias strongly serious ¹ eleep problems mean score short follow-up (9-16 tions) (measured with: short Temperament Scale for Infants (STSI): Colic; better indirectness no serious risk of bias no serious inconsistency no serious indirectness reporting bias strongly suspected ² no serious risk of no serious inconsistency no serious indirectness reporting bias strongly suspected ²	Image: serious risk of bias no serious inconsistency no serious indirectness very serious ¹ reporting bias strongly suspected ² ⊕⊖⊖⊖ VERY LOW ^{1,2} due to imprecision, publication bias colic mean scores short follow-up (9-16 weeks post-interve with: short Temperament Scale for Infants (STSI): Colic; better indicated by lower values) ⊕⊖⊖⊖ no serious risk of bias no serious inconsistency indirectness very serious ¹ reporting bias strongly suspected ² etclic mean scores short follow-up (9-16 weeks post-interve with: short Temperament Scale for Infants (STSI): Colic; better indicated by lower values) ⊕⊖⊖⊖ no serious risk of bias no serious indirectness very serious ¹ reporting bias strongly suspected ² No serious risk of bias no serious indirectness very serious ¹ reporting bias strongly suspected ² VERY LOW ^{1,2} due to imprecision, publication bias serious risk of bias no serious indirectness very serious ¹ reporting bias strongly suspected ² VERY LOW ^{1,2} due to imprecision, publication bias etcleep problems mean score short follow-up (9-16 weeks pooting indirectness indirectness inconsistency indirectness serious ¹ reporting bias strongly suspected ² VERY LOW ^{1,2} due to imprecision, publication bias no serious risk of bias no serious inconsistency indirectness indirectness very serious ¹ reporting bias strongly suspect	Image: constraint of the second se	excessive crying mean scores post-treatment - available case analysis (at-risk fants (STSI): Excessive crying; better indicated by lower values)no serious risk of biasno serious inconsistencyno serious indirectnessreporting bias strongly suspected2 $\Theta \ominus \ominus \ominus$ VERY LOWL2 due to impression, publication bias3132no biasno serious inconsistencyno serious indirectnessreporting bias serious1 $\Theta \ominus \ominus \ominus$ VERY LOWL2 due to impression, publication bias3132rolic mean scores short follow-up (9-16 weeks post-intervention) - available with: short Temperament Scale for Infants (STSI): Colic; better indicated by lower values)3132no serious risk of biasno serious indirectnessvery serious1reporting bias strongly suspected2 $\Theta \ominus \ominus \ominus$ werv sulues)3132no serious risk of biasno serious indirectnessvery serious1reporting bias strongly suspected2 $\Theta \ominus \ominus \ominus$ werv sulues)3132Recep problems mean score short follow-up (9-16 weeks post-intervention) - tions) (measured with: short Temperament Scale for Infants (STSI): sleep problems; better indicated by lower value sits of biasno serious indirectnessa132no biasno serious indirectnessvery serious1reporting bias strongly suspected2 $\Theta \ominus \ominus$ WERY LOWL2 due to imprecision, publication bias3132Recep problems mean score short follow-up (P-16 weeks post-intervention) - indirectness3132Recep pr	Image: constraint of the second se

63 (1 study) 28 weeks			no serious indirectness	very serious ^{1,3}	reporting bias strongly suspected ²	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to imprecision, publication bias	31	32		-		The mean infant excessive crying mean scores short follow-up (9-16 weeks post- intervention) – available case analysis (at-risk populations) in the intervention groups was 0.43 standard deviations lower (0.93 lower to 0.07 higher)
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¹ Total population size is less than 400 (a threshold rule-of-thumb)

² Paper omits data

 3 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.1.40Infant physical development: home visits versus TAU

			Quality asses	ssment					Summar	y of find	ings
		Inconsistency	Indirectness	Imprecision		Overall quality	Study e	vent rates (%)	Relative	Anticipa	ited absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With infant physical development: home visits versus TAU	effect (95% CI)	Risk with control	Risk difference with infant physical development: home visits versus TAU (95% CI)
		evelopmen fotor (scores<70))	· 2	l or impai	ired) post-	treatment –	ITT a	nalysis (at-risl	k popu	lations	5) (assessed with: Bayley Scales of
120 (1 study)	serious ¹			very serious ^{2,3}	reporting bias strongly	VERY LOW ^{1,2,3,4}	9/59 (15.3%)	8/61 (13.1%)	RR 0.86 (0.36 to	Study p	opulation
104 weeks					suspected ⁴	due to risk of bias, imprecision,	(2.08)	153 per 1000	21 fewer per 1000 (from 98 fewer to 165 more)
						publication bias				Moderat	te
										153 per 1000	21 fewer per 1000 (from 98 fewer to 165 more)
	nfant motor development (delayed or impaired) post-treatment – available case analysis (at-risk populations) (assessed with: sychomotor Development Scale – General Development (at risk or delayed) or Bayley Scales of Infant Development-Motor (scores<70))										
	serious ¹									Study p	opulation

194 (2 studies)		no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias	\bigcirc \bigcirc \bigcirc \bigcirc VERY LOW ^{1,2,3,4} due to risk of bias,	8/95 (8.4%)	6/99 (6.1%)	RR 0.73 (0.27 to	84 per 1000 Moderat	23 fewer per 1000 (from 61 fewer to 84 more) e
104 weeks					suspected ⁴	imprecision, publication bias			2)	75 per 1000	20 fewer per 1000 (from 55 fewer to 75 more)
						- available Motor; better indi			k popu	lation	S) (measured with: psychomotor
194 (2 studies) 104 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁵	reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,4,5} due to risk of bias, imprecision, publication bias	95	99	-		The mean infant motor development mean scores post- treatment – available case analysis (at-risk populations) in the intervention groups was 0.02 standard deviations higher (0.26 lower to 0.3 higher)
		-	· 2	-	, 0			weeks post-in =<15th percentile))	nterven	tion) -	- ITT analysis (at-risk
120 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	22/59 (37.3%)	24/61 (39.3%)	RR 1.06 (0.67 to	Study po	opulation
208 weeks					suspected ⁴	due to risk of bias, imprecision,	(01.07.7)		1.66)	373 per 1000	22 more per 1000 (from 123 fewer to 246 more)
						publication bias				Moderat	e
										373 per 1000	22 more per 1000 (from 123 fewer to 246 more)
		-	· 2	-	, 0	± `		weeks post-in			- available case e))
96 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	10/47	12/49 (24.5%)	RR 1.15 (0.55 to	Study po	opulation
208 weeks					suspected ⁴	due to risk of bias, imprecision,	(22:070)	()	2.41)	213 per 1000	32 more per 1000 (from 96 fewer to 300 more)
						imprecision, publication bias				Moderat	e

								213 p 1000	er 32 more per 1000 (from 96 fewer to 300 more)
	-		-	-	•	-	-intervention)		ole case analysis (at-risk
96 (1 study) 208 weeks	no serious inconsistency	no serious indirectness	very serious ⁵	reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,4,5} due to risk of bias, imprecision, publication bias	47 49	-		The mean infant motor development mean scores long follow-up (25-103 weeks post- intervention) – available case analysis (at-risk populations) in the intervention groups was 0.03 standard deviations lower (0.43 lower to 0.37 higher)

¹ High risk of selection bias due to statistically significant baseline difference between groups with twice the number of participants showing depression symptomatology (EPDS \geq 13) in the control group (N=10/17%) relative to the intervention group (N=5/8%)

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁴ Paper omits data

⁵ Total population size is less than 400 (a threshold rule-of-thumb)

1.1.41 Infant cognitive development: home visits versus TAU

			Quality asses	ssment					Summar	y of find	ings
-		Inconsistency	Indirectness	Imprecision		1 2	Study e	()	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	of evidence	With With infant control cognitive development: home visits versus TAU		effect (95% CI)	Risk with control	Risk difference with infant cognitive development: home visits versus TAU (95% CI)
		ve developr tive (scores<70))	nent (imp	airment)	post-treatr	nent – ITT a	analys	is (at-risk pop	ulatior	1S) (asses	sed with: Bayley Scales of Infant
120 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly		9/59 (15.3%)	/	RR 0.97 (0.41 to	Study po	opulation
104 weeks					05	due to risk of bias,		· · ·	2.27)	153 per 1000	5 fewer per 1000 (from 90 fewer to 194 more)

						imprecision, publication bias				Moderat	e
						1				153 per 1000	5 fewer per 1000 (from 90 fewer to 194 more)
		7 e developi opment – Cogniti			post-treat	nent – avail	able c	ase analysis	(at-risk	popula	tions) (assessed with: Bayley
115 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	7/57	6/58 (10.3%)	RR 0.84 (0.3 to	Study p	opulation
104 weeks		inconsistency	manecilless	serious-*	suspected ⁴	due to risk of bias, imprecision,	(12.3 %)	(10.5%)	2.35)	123 per 1000	20 fewer per 1000 (from 86 fewer to 166 more)
						publication bias				Moderat	re
										123 per 1000	20 fewer per 1000 (from 86 fewer to 166 more)
Scales of Inf 115 (1 study) 104 weeks	1	ppment – Cogniti no serious inconsistency	ve; better indic no serious indirectness	ated by lower very serious ^{3,5}	,	⊕⊖⊖⊖ VERY LOW ^{1,3,4,5} due to risk of bias, imprecision, publication bias	57	58	-		The mean infant cognitive development mean scores post- treatment – available case analysis (at-risk populations) in the intervention groups was 0.27 standard deviations higher (0.1 lower to 0.63 higher)
		developmen age (scores<70))	nt (impair	ment) po	st-treatmer	nt – ITT ana	lysis (at-risk popul	lations)	(assessed	with: Bayley Scales of Infant
120 (1 study)	1	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	14/59	15/61 (24.6%)	RR 1.04 (0.55 to	Study po	opulation
104 weeks		liconsistency	indirectitess	Serious	suspected ⁴	due to risk of bias, imprecision,	(20.770)	(21070)	(0.55 to 1.95) 237 p 1000	237 per 1000	9 more per 1000 (from 107 fewer to 225 more)
						publication bias				Moderat	re
									237 per 1000	9 more per 1000 (from 107 fewer to 225 more)	

Infant verbal development (impairment) post-treatment – available case analysis (at-risk populations) (assessed with: Bayley Scales of Infant Development – Language (scores<70))

111 (1 study)	serious ¹	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	11/54 (20.4%)	11/57 (19.3%)	RR 0.95 (0.45 to	Study po	opulation
104 weeks				suspected ⁴	due to risk of bias, imprecision, publication bias	· · ·		2)	1000	10 fewer per 1000 (from 112 fewer to 204 more)
					1				-	e 10 fewer per 1000 (from 112 fewer to 204 more)
									1000	(ITOIN 112 lewer to 204 more)

Infant verbal development mean scores post-treatment – available case analysis (at-risk populations) (measured with: Bayley Scales of Infant Development – Language; better indicated by lower values)

111 (1 study) 104 weeks	serious ¹		no serious indirectness	2	suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,4,5} due to risk of bias, imprecision, publication bias	54	57	-		The mean infant verbal development mean scores post- treatment – available case analysis (at-risk populations) in the intervention groups was 0.09 standard deviations lower (0.47 lower to 0.28 higher)
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Infant nonverbal development (impairment) post-treatment – ITT analysis (at-risk populations) (assessed with: Differential Abilities Scale: nonverbal Reasoning composite (scores >1 SD below test mean))

120 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly		14/59 (23.7%)	18/61 (29.5%)	RR 1.24 (0.68 to	Study po	opulation
208 weeks					suspected ⁴	due to risk of bias, imprecision,		`	2.27)	237 per 1000	57 more per 1000 (from 76 fewer to 301 more)
						publication bias				Moderat	te
										237 per 1000	57 more per 1000 (from 76 fewer to 301 more)
		bal develop cale: nonverbal F					lable	case analysis ((at-risk	popul	lations) (assessed with:
	serious ¹									Study po	opulation

						⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}				82 per 1000	91 more per 1000 (from 24 fewer to 444 more)
101 (1 study)		no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	due to risk of bias,	4/49 (8.2%)	9/52 (17.3%)	RR 2.12 (0.7 to	Moderat	e
208 weeks					suspected ⁴	imprecision, publication bias			6.44)	82 per 1000	92 more per 1000 (from 25 fewer to 446 more)
		oal develop cale: nonverbal F					able c	ase analysis (a	at-risk j	popula	tions) (measured with:
101 (1 study) 208 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{3,5}	reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,3,4,5} due to risk of bias, imprecision, publication bias	49	52	-		The mean infant nonverbal development mean scores post- treatment – available case analysis (at-risk populations) in the intervention groups was 0.2 standard deviations lower (0.6 lower to 0.19 higher)
		reasoning c Reasoning comp no serious				st-treatmen ⊕⊝⊝⊝	t – IT 18/59	T analysis (at-	risk po	-	DNS) (assessed with: Differential opulation
(1 study) 208 weeks		inconsistency	indirectness	serious ^{2,3}	strongly suspected ⁴	VERY LOW ^{1,2,3,4} due to risk of bias, imprecision,	(30.5%)	(31.1%)	(0.6 to 1.75)	305 per 1000	6 more per 1000 (from 122 fewer to 229 more)
						publication bias				Moderat	e
										305 per 1000	6 more per 1000 (from 122 fewer to 229 more)
		r easoning c ities Scale: spatia					t – ava	ailable case ar	alysis	(at-risk	c populations) (assessed
with: Differe	intia i ion						1		1	Ct 1	
99	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	8/49 (16.3%)	8/50 (16%)	RR 0.98 (0.4 to	Study po	opulation
	1	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4} due to risk of bias, imprecision, publication bias	8/49 (16.3%)		RR 0.98 (0.4 to 2.4)	163 per 1000	3 fewer per 1000 (from 98 fewer to 229 more)

										163 per 1000	3 fewer per 1000 (from 98 fewer to 228 more)
		easoning c ities Scale: spatia					– avai	lable case ana	lysis (a	t-risk	populations) (measured
99 (1 study) 208 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{3,5}	reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,3,4,5} due to risk of bias, imprecision, publication bias	49	50	-		The mean infant spatial reasoning development mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.14 standard deviations higher (0.26 lower to 0.53 higher)
	0	-	` -	,	0	w-up (25-10 Ability (scores >1		-	ention)	– ITT	analysis (at-risk
120 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	$ \bigoplus \Theta \Theta \Theta \\ \mathbf{VERY} \mathbf{LOW}^{1,2,3,4} $	16/59 (27.1%)	18/61 (29.5%)	RR 1.09 (0.62 to	Study po	opulation
208 weeks					suspected ⁴	due to risk of bias, imprecision,			1.92)	271 per 1000	24 more per 1000 (from 103 fewer to 249 more)
						publication bias	15			Moderat	e
										271 per 1000	24 more per 1000 (from 103 fewer to 249 more)
	0	-	` -	,	0	- `		ks post-interv >1 SD below test mea		– avai	lable case analysis
103 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	8/51 (15.7%)	9/52 (17.3%)	RR 1.1 (0.46 to	Study po	opulation
208 weeks		,			suspected ⁴	due to risk of bias, imprecision,			2.64)	157 per 1000	16 more per 1000 (from 85 fewer to 257 more)
						publication bias				Moderat	e
										157 per 1000	16 more per 1000 (from 85 fewer to 257 more)

	0	-			0	- `	weeks post-interve	,	- avail	able case analysis (at-
103 (1 study) 208 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁵	reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,4,5} due to risk of bias, imprecision, publication bias	51 52	-		The mean infant cognitive development mean scores long follow-up (25-103 weeks post- intervention) – available case analysis (at-risk populations) in the intervention groups was 0.09 standard deviations higher (0.3 lower to 0.48 higher)
		-	· -		0	up (25-103 w ores >1 SD below	veeks post-interven test mean))	tion) – 1	ITT an	alysis (at-risk
120 (1 study)	serious ¹	no serious	no serious	very	reporting bias	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	16/59 13/61 (27.1%) (21.3%)	RR 0.79 (0.42 to	Study po	opulation
208 weeks		inconsistency indirectness serious ^{2,3} strongly VERY suspected ⁴ due to r bias, imprecision	due to risk of bias, imprecision,		1.49)	271 per 1000	57 fewer per 1000 (from 157 fewer to 133 more)			
						publication bias			Moderat	te
									271 per 1000	57 fewer per 1000 (from 157 fewer to 133 more)
		-	· -	•	0		veeks post-interven	tion) – a	availat	ole case analysis (at-
104 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}		⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	9/52 4/52 (17.3%) (7.7%)	RR 0.44 (0.15 to	Study po	opulation
208 weeks			indirectness serious ^{2,3} strongly suspected ⁴ VERY LOW ^{1,2,3,4} (17.3%) (7.7%) (1 due to risk of bias, imprecision,	1.35)	173 per 1000	97 fewer per 1000 (from 147 fewer to 61 more)				
				publication bias			Moderat	te		
									173 per 1000	97 fewer per 1000 (from 147 fewer to 61 more)
		-		<u>ر</u>	· ·	p (25-103 we petter indicated by	-	ion) – av	vailabl	e case analysis (at-risk

104 (1 study) 208 weeks	serious ¹ no serious inconsistency		serious ^{3,5}	suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,3,4,5} due to risk of bias, imprecision, publication bias	52	52	-	The mean infant verbal development mean scores long follow-up (25-103 weeks post- intervention) – available case analysis (at-risk populations) in the intervention groups was 0.28 standard deviations higher (0.1 lower to 0.67 higher)
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¹ High risk of selection bias due to statistically significant baseline difference between groups with twice the number of participants showing depression symptomatology (EPDS \geq 13) in the control group (N=10/17%) relative to the intervention group (N=5/8%)

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

⁴ Paper omits data

⁵ Total population size is less than 400 (a threshold rule-of-thumb)

1.1.42Infant emotional development: home visits versus TAU

			Quality asses	ssment					Summary	y of find	ings
		Inconsistency	Indirectness	Imprecision		Overall quality	Study e	vent rates (%)		Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With infant emotional development: home visits versus TAU	effect (95% CI)	Risk with control	Risk difference with infant emotional development: home visits versus TAU (95% CI)
Emotional As	ssessment	: Competence (m)th percentile) very		1	23/59 (39%)	at-risk popula 19/61 (31.1%)	tions) (a	1	rith: infant Toddler Social and
104 weeks		meonsistency	interfectives	Scribus #	suspected ⁴	due to risk of bias, imprecision,	(3770)	(31.176)	1.31)	390 per 1000	78 fewer per 1000 (from 199 fewer to 121 more)
						publication bias				Moderat	e
										390 per 1000	78 fewer per 1000 (from 199 fewer to 121 more)

		e behaviou					e case	analysis (at-ri	sk pop	ulatio	1S) (assessed with: infant
97 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	15/49 (30.6%)	7/48 (14.6%)	RR 0.48 (0.21 to	Study p	opulation
104 weeks					suspected ⁴	due to risk of bias, imprecision,	(*****)	(2200)	1.06)	306 per 1000	159 fewer per 1000 (from 242 fewer to 18 more)
						publication bias				Moderat	e
										306 per 1000	159 fewer per 1000 (from 242 fewer to 18 more)
		e behaviou				- available	case a	nalysis (at-ris	k popu	lations	6) (measured with: infant Toddler
99 (1 study) 104 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁵	reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,4,5} due to risk of bias, imprecision, publication bias	51	48	-		The mean infant adaptive behaviour mean scores post- treatment – available case analysis (at-risk populations) in the intervention groups was 0.49 standard deviations higher (0.09 to 0.89 higher)
		nal develop ment: Impairmer		pairment) post-treat	ment – ITT	analy	sis (at-risk poj	pulatio	ns) (asse	essed with: infant Toddler Social
120 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	reporting bias strongly	$ \bigoplus \ominus \ominus \ominus \\ \mathbf{VERY } \mathbf{LOW}^{1,2,4} $	33/59 (55.9%)	22/61 (36.1%)	RR 0.64 (0.43 to	Study p	opulation
104 weeks		liconolociency			suspected ⁴	due to risk of bias, imprecision,	(000070)	(00170)	0.97)	559 per 1000	201 fewer per 1000 (from 17 fewer to 319 fewer)
						publication bias				Moderat	te
										559 per 1000	201 fewer per 1000 (from 17 fewer to 319 fewer)
		nal develop notional Assessm) post-treat	ment – avai	lable	case analysis (at-risk	popul	ations) (assessed with: infant
	serious ¹									Study po	opulation

98					reporting bias	⊕⊖⊝⊖ VERY LOW ^{1,2,4}			RR 0.42	500 per 1000	290 fewer per 1000 (from 115 fewer to 390 fewer)
(1 study)		no serious inconsistency	no serious indirectness	very serious ²	strongly	due to risk of bias,	25/50 (50%)	10/48 (20.8%)	(0.22 to 0.77)	Moderat	e
104 weeks					suspected ⁴	imprecision, publication bias			0.77)	500 per 1000	290 fewer per 1000 (from 115 fewer to 390 fewer)
		lizing (imp zing (mean score			ment – ITT	l analysis (a	t-risk	populations)	(assessed w	ith: infant Toddler Social and Emotional	
120 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	16/59 (27.1%)	14/61	RR 0.85 (0.45 to	Study po	opulation
104 weeks		liconsistency	indirectitess	scribus	suspected ⁴	due to risk of bias, imprecision,	(27.170)	(2070)	1.58)	271 per 1000	41 fewer per 1000 (from 149 fewer to 157 more)
						publication bias				Moderat	e
										271 per 1000	41 fewer per 1000 (from 149 fewer to 157 more)
		lizing (imp ment: Externalizi				ilable case a	analys	sis (at-risk pop	oulation	ns) (asses	sed with: infant Toddler Social
and Emotion 100	nal Assessi	ment: Externalizi no serious	ng (mean score no serious	s ≥90th percer very	ntile)) reporting bias	ilable case a ⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	8/51	2/49	RR 0.26	· -	sed with: infant Toddler Social
and Emotion	nal Assessi	ment: Externalizi	ng (mean score	s ≥90th percer	ntile))	$\bigcirc \bigcirc \bigcirc$ VERY LOW ^{1,2,3,4} due to risk of bias,	-	2/49	1	· -	
and Emotion 100 (1 study)	nal Assessi	ment: Externalizi no serious	ng (mean score no serious	s ≥90th percer very	ntile)) reporting bias strongly	$\begin{array}{c} \bigoplus \ominus \ominus \ominus \\ \textbf{VERY LOW}^{1,2,3,4} \\ \text{due to risk of} \end{array}$	8/51	2/49	RR 0.26 (0.06 to	Study po 157 per	116 fewer per 1000 (from 147 fewer to 27 more)
and Emotion 100 (1 study)	nal Assessi	ment: Externalizi no serious	ng (mean score no serious	s ≥90th percer very	ntile)) reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4} due to risk of bias, imprecision,	8/51	2/49	RR 0.26 (0.06 to	Study po 157 per 1000	116 fewer per 1000 (from 147 fewer to 27 more)
and Emotion 100 (1 study) 104 weeks Infant ex	serious ¹	ment: Externalizi no serious inconsistency	ng (mean score no serious indirectness	s ≥90th percer very serious ^{2,3}	ntile)) reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4} due to risk of bias, imprecision, publication bias	8/51 (15.7%)	2/49 (4.1%)	RR 0.26 (0.06 to 1.17)	Study po 157 per 1000 Moderat 157 per 1000	ppulation 116 fewer per 1000 (from 147 fewer to 27 more) e 116 fewer per 1000

											0.43 standard deviations lower (0.83 to 0.03 lower)
		izing (imp ing (mean scores			ment – ITT	analysis (a	t-risk	populations) (assessed w	ith: infan	t Toddler Social and Emotional
120 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	12/59 (20.3%)	14/61 (23%)	RR 1.13 (0.57 to	Study p	opulation
104 weeks		licensistency			suspected ⁴	due to risk of bias, imprecision,	(2010 /0)	()	2.23)	203 per 1000	26 more per 1000 (from 87 fewer to 250 more)
						publication bias				Moderat	e
										203 per 1000	26 more per 1000 (from 87 fewer to 250 more)
		izing (imp nent: Internalizi				ilable case a	analys	is (at-risk pop	ulatior	1S) (asses	sed with: infant Toddler Social
100 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	4/51 (7.8%)	2/49 (4.1%)	RR 0.52 (0.1 to	Study p	opulation
104 weeks					suspected ⁴	due to risk of bias, imprecision,			2.71)	78 per 38 fewer per 1000	38 fewer per 1000 (from 71 fewer to 134 more)
						publication bias				Moderat	e
										78 per 1000	37 fewer per 1000 (from 70 fewer to 133 more)
		izing mear nent: Internalizi				lable case ar	nalysi	s (at-risk popu	lations	5) (measu	red with: infant Toddler Social
100 (1 study) 104 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{3,5}	reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,3,4,5} due to risk of bias, imprecision, publication bias	51	49	-		The mean infant internalizing mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.15 standard deviations lower (0.54 lower to 0.24 higher)
		lation (imp ation (mean score		±	tment – IT	T analysis (a	at-risk	populations)	(assessed	with: infa	nt Toddler Social and Emotional

120 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	20/59 12/61 (33.9%) (19.7%)	RR 0.58 (0.31 to	Study po	opulation	
104 weeks		licensistency			suspected ⁴	due to risk of bias, imprecision,		1.08)	339 per 1000	142 fewer per 1000 (from 234 fewer to 27 more)	
						publication bias			Moderat	e	
									339 per 1000	142 fewer per 1000 (from 234 fewer to 27 more)	
		lation (imp nent: Dysregulat				ailable case	analysis (at-1	isk populatio	ns) (asse	essed with: infant Toddler Social	
100 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	reporting bias strongly	$ \bigoplus \Theta \Theta \Theta $ VERY LOW ^{1,2,4}	12/51 0/49 (23.5%) (0%)	RR 0.04 (0 to	Study po	opulation	
104 weeks		y			suspected ⁴	due to risk of bias, imprecision,		0.68)	235 per 1000	226 fewer per 1000 (from 75 fewer to 235 fewer)	
						publication bias			Moderate		
									235 per 1000	226 fewer per 1000 (from 75 fewer to 235 fewer)	
		lation mea nent: Dysregulat				ilable case a	nalysis (at-ri	sk populatior	1 S) (meas	ured with: infant Toddler Social	
100 (1 study) 104 weeks		no serious inconsistency	no serious indirectness	very serious ⁵	reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,4,5} due to risk of bias, imprecision, publication bias	51 49	-		The mean infant dysregulation mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.8 standard deviations lower (1.21 to 0.39 lower)	
Infant ac	daptiv	e behaviou	r (impairr	nent) lon	g follow-u	p (25-103 w	3 weeks post-intervention	ervention) – I	ГT ana	lysis (at-risk	
populati	l ons) (as	ssessed with: Beł	avioral Assess	ment Screener	for Children: A	daptive skills (sco	res >1 SD below test	mean))			
120 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	26/59 22/61 (44.1%) (36.1%)	RR 0.82 (0.53 to	Study po	pulation	
208 weeks		,			suspected ⁴	due to risk of bias,	. , , , ,	1.27)	441 per 1000	79 fewer per 1000 (from 207 fewer to 119 more)	

						imprecision, publication bias				Moderat	e
						1				441 per 1000	79 fewer per 1000 (from 207 fewer to 119 more)
	-		• -	•	•	- '	-	ost-interventi s >1 SD below test me		vailabl	e case analysis (at-
89 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	9/42 (21.4%)	8/47 (17%)	RR 0.79 (0.34 to	Study po	pulation
208 weeks		licenciaterey			suspected ⁴	due to risk of bias, imprecision,	()		1.87)	214 per 1000	45 fewer per 1000 (from 141 fewer to 186 more)
						publication bias				Moderat	e
										214 per 1000	45 fewer per 1000 (from 141 fewer to 186 more)
	ions) (n			0	er for Children: A	Adaptive skills; be $\oplus \Theta \Theta \Theta$	-	est-interventio	,	ailable	case analysis (at-risk The mean infant adaptive
(1 study) 208 weeks		inconsistency	indirectness	serious ^{3,5}	strongly suspected ⁴	VERY LOW ^{1,3,4,5} due to risk of bias, imprecision, publication bias					behaviour mean scores long follow-up (25-103 weeks post- intervention) – available case analysis (at-risk populations) in the intervention groups was 0.2 standard deviations higher (0.22 lower to 0.62 higher)
Infant e						.03 weeks p >1 SD above test n		tervention) – I	TT ana	lysis (a	at-risk populations)
(assessed wi	th: Behavi	014171350351110111			0.						
(assessed wi 120 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	24/59 (40.7%)	25/61 (41%)	RR 1.01 (0.65 to	Study po	pulation
120	1	no serious	no serious	very	5,						4 more per 1000 (from 142 fewer to 224 more)

										407 per 1000	4 more per 1000 (from 142 fewer to 224 more)
			,	0	- ·	03 weeks p			availab	le case	analysis (at-risk
 89 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊝⊖ VERY LOW ^{1,2,3,4}	7/42 (16.7%)	11/47 (23.4%)	RR 1.4 (0.6 to	Study po	opulation
208 weeks		liconolociency		Serious	suspected ⁴	due to risk of bias, imprecision,	(1011 /0)		3.29)	167 per 1000	67 more per 1000 (from 67 fewer to 382 more)
						publication bias				Moderat	e
										167 per 1000	67 more per 1000 (from 67 fewer to 382 more)
populat	tions) (n	neasured with: B	ehavioral Asses	ssment Screen	er for Children:	Externalizing; bett	er indicat	ed by lower values)			nalysis (at-risk
89 (1 study) 208 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁵	reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,4,5} due to risk of bias, imprecision, publication bias	42	47	-		The mean infant externalizing mean scores long follow-up (25- 103 weeks post-intervention) – available case analysis (at-risk populations) in the intervention groups was 0.05 standard deviations lower (0.47 lower to 0.36 higher)
						1 SD above test m		ervention) – 1			at-risk populations)
120 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	24/59 (40.7%)	21/61 (34.4%)	RR 0.85 (0.53 to	Study po	opulation
208 weeks					suspected ⁴	due to risk of bias, imprecision,			1.35)	407 per 1000	61 fewer per 1000 (from 191 fewer to 142 more)
						publication bias				Moderat	e
										407 per 1000	61 fewer per 1000 (from 191 fewer to 142 more)

		0.1		0		.03 weeks penternalizing (score			availab	le case	analysis (at-risk
88 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4}	7/42 (16.7%)	6/46 (13%)	RR 0.78 (0.29 to	Study po	opulation
208 weeks					suspected ⁴	due to risk of bias, imprecision,			2.14)	167 per 1000	37 fewer per 1000 (from 118 fewer to 190 more)
						publication bias				Moderat	e
										167 per 1000	37 fewer per 1000 (from 119 fewer to 190 more)
		0		0	- ·	-		ervention) – av ted by lower values)	vailable	e case a	nalysis (at-risk
88 (1 study) 208 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ⁵	reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,4,5} due to risk of bias, imprecision, publication bias	42	46	-		The mean infant internalizing mean scores long follow-up (25- 103 weeks post-intervention) – available case analysis (at-risk populations) in the intervention groups was 0.5 standard deviations lower (0.93 to 0.08 lower)

¹ High risk of selection bias due to statistically significant baseline difference between groups with twice the number of participants showing depression symptomatology (EPDS \geq 13) in the control group (N=10/17%) relative to the intervention group (N=5/8%)

 $^{\rm 2}$ Total number of events is less than 300 (a threshold rule-of-thumb)

 3 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

⁴ Paper omits data

⁵ Total population size is less than 400 (a threshold rule-of-thumb)

1.1.43Infant emotional development: mother-infant relationship interventions versus TAU

		(Quality asses	sment			Si	ummary o	of findir	ıgs
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	Overall quality of evidence	With	With infant	effect	Anticipa Risk with control	ated absolute effects Risk difference with infant emotional development: mother-infant relationship

								mother-infant relationship interventions versus TAU		interventions versus TAU (95% CI)
		ommunicat al Infant Commu					ment	- available case	analysi	s (at-risk populations)
82 (1 study) 53 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2} due to risk of bias, imprecision	40	42	-	The mean infant social- communication development mean scores post-treatment – available case analysis (at-risk populations) in the intervention groups was 0.03 standard deviations higher (0.4 lower to 0.47 higher)
		ithdrawal 1 Infants (STSI): A				available c	ase ar	nalysis (at-risk p	opulati	ONS) (measured with: short
63 (1 study) 15 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{2,3} due to imprecision, publication bias	31	32	-	The mean infant social withdrawal mean scores post- treatment – available case analysis (at-risk populations) in the intervention groups was 1.52 standard deviations higher (0.95 to 2.08 higher)
					-	•	-		availab	le case analysis (at-risk
63 (1 study) 28 weeks	serious ¹ (m	easured with: sh	ort Temperame no serious indirectness	ent Scale for Ir very serious ^{2,4}	ffants (STSI): Ag reporting bias strongly suspected ³	pproach; better in $\oplus \ominus \ominus \ominus$ VERY LOW ^{1,2,3,4} due to risk of bias, imprecision, publication bias	licated b	y lower values) 32	-	The mean infant social withdrawal mean scores short follow-up (9-16 weeks post- intervention) – available case analysis (at-risk populations) in the intervention groups was 0.14 standard deviations higher (0.36 lower to 0.63 higher)

¹ High risk of selection bias due to statistically significant baseline difference with the intervention group having more mothers with earlier preterm birth and non-Norwegian origin

² Total population size is less than 400 (a threshold rule-of-thumb)

³ Paper omits data

⁴ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.1.44 Prevention of neglect or abuse of the infant: home visits versus TAU

i.		Q	uality assessn	nent				Sı	ammary of	findings		
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study e	vent rates (%)	Relative	Anticipate	d absolute effects	
(studies) Follow-up	bias				bias	quality of evidence	With control	With Prevention of neglect or abuse of the infant: home visits versus TAU	effect (95% CI)	Risk with control	Risk difference with Prevention of neglect or abuse of the infant: home visits versus TAU (95% CI)	
Child pr	otection	n issues pos	st-treatmer	nt – ITT a	nalysis (a	t-risk pop	ulation	ns)				
131 (1 study)	no serious risk of	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	9/63 (14.3%)	12/68 (17.6%)	RR 1.24 (0.56 to	Study pop	ulation	
78 weeks	bias	inconsistency	interfectitess	senous		due to imprecision	(11.5 %)	(11.070)	2.73)	143 per 1000	34 more per 1000 (from 63 fewer to 247 more)	
										Moderate		
										143 per 1000	34 more per 1000 (from 63 fewer to 247 more)	
Child re	moved	from home	post-treat	ment – IT	T analysi	s (at-risk	popula	itions)		<u> </u>		
131 (1 study)	no serious risk of	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected		0/63	4/68 (5.9%)	RR 8.35 (0.46 to	Study pop	ulation	
78 weeks	bias	inconsistency	munectiess	serious.		due to imprecision	(0 %)	(3.9%)	(0.46 to 152)	0 per 1000	-	
						imprecision				Moderate	Į	
										0 per 1000	-	
Infant m	ortality	post-treatr	nent – ITT	analysis	(at-risk p	opulation	s)			1		

131 (1 study)	no serious risk of	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \bigoplus \bigoplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	1/63 (1.6%)	0/68 (0%)	RR 0.31 (0.01 to	Study pop	ulation
78 weeks	bias					due to imprecision		· /	7.45)	16 per 1000	11 fewer per 1000 (from 16 fewer to 102 more)
										Moderate	
										16 per 1000	11 fewer per 1000 (from 16 fewer to 103 more)
Infant a	buse or	neglect pos	t-treatmen	it – availa	ble case a	analysis (a	t-risk	populations)			
79 (1 study)	serious ³	no serious inconsistency	no serious indirectness		undetected	See comment	0/38 (0%)	0/41 (0%)	not pooled	See comment	See comment

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

³ Unclear risk of selection bias due to insufficient detail reported with regards to randomisation method and allocation concealment and unclear risk of detection bias due to unclear blinding of outcome assessment

1.2 PSYCHOSOCIAL INTERVENTIONS: PREVENTION (NO RISK FACTORS IDENTIFIED)

1.2.1 Depression: structured psychological interventions (CBT or IPT) versus TAU

			Quality ass	sessment			No of patients			Effect	0.1	
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: structured psychological interventions (CBT or IPT) versus TAU	Control	Relative (95% CI)	Absolute	Quality	Importance

	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias ¹	402/1152 (34.9%)	408/1172 (34.8%)	RR 1 (0.9 to 1.12)	0 fewer per 1000 (from 35 fewer to 42 more)	
								34.8%		0 fewer per 1000 (from 35 fewer to 42 more)	
res	sion symptom	atology p	ost-treatment – a	vailable case a	nalysis (no-risl	< populations) (fo	llow-up mean 26 week	s; assessed wi	th: Edinbu	rgh postnatal De	pression Scal
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ²	reporting bias ¹	98/848 (11.6%)	150/914 (16.4%)	RR 0.7 (0.56 to 0.89)	49 fewer per 1000 (from 18 fewer to 72 fewer)	⊕⊕OO LOW
								16.4%		49 fewer per 1000 (from 18 fewer to 72 fewer)	
	sion mean sco indicated by lo	-		ble case analys	sis (no-risk pop	pulations) (follow	-up mean 26 weeks; me	easured with:	Edinburgh	postnatal Depre	ssion Scale (E
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias ¹	848	914	-	SMD 0.22 lower (0.31 to 0.13 lower)	⊕⊕⊕O MODERATE

¹ Paper omits data ² Total number of events is less than 300 (a threshold rule-of-thumb)

1.2.2 Depression: listening visits versus TAU

			Quality ass	sessment			No of patier	nts		Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: listening visits versus TAU		Relative (95% CI)	Absolute	Quality	Importance
Depressi	on symptoma	itology post	t-treatment – ITT	analysis (no-ris	sk populations)	(follow-up mean	26 weeks; assessed	l with: Edi	nburgh pos	tnatal Depression S	Scale (EPDS)	≥12)
1		no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias ¹	335/1125 (29.8%)	408/1172 (34.8%)	RR 0.86 (0.76 to 0.96)	49 fewer per 1000 (from 14 fewer to 84 fewer)	⊕⊕⊕O MODERATE	
								34.8%		49 fewer per 1000 (from 14 fewer to 84 fewer)		
Depressi ≥12)	on symptoma	itology post	-treatment – ava	ilable case analy	ysis (no-risk po	pulations) (follov	v-up mean 26 week	s; assessed	with: Edin	burgh postnatal De	pression Sca	le (EPDS)
1		no serious risk of bias	no serious inconsistency	no serious indirectness	serious ²	reporting bias ¹	107/897 (11.9%)	150/914 (16.4%)	RR 0.73 (0.58 to 0.92)	44 fewer per 1000 (from 13 fewer to 69 fewer)	⊕⊕OO LOW	
								16.4%		44 fewer per 1000 (from 13 fewer to 69 fewer)		
-	on mean scor dicated by lov	-	tment – availabl	e case analysis (no-risk popula	tions) (follow-up	mean 26 weeks; me	easured wi	th: Edinbur	gh postnatal Depre	ssion Scale (l	EPDS);
1		no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias ¹	897	914	-	SMD 0.2 lower (0.3 to 0.11 lower)	⊕⊕⊕O MODERATE	

¹ Paper omits data

² Total number of events is less than 300 (a threshold rule-of-thumb)

1.2.3 Depression: psychologically (CBT/IPT)-informed psychoeducation versus enhanced TAU

			Quality asso	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: psychologically (CBT/IPT)-informed psychoeducation versus enhanced TAU	Control	Relative (95% CI)	Absolute	Quality	Importance
-	on symptoma naire (LQ; El	051		T analysis (no-	risk populat	ions) (follow-up	4-17 weeks; assessed with: Edinl	burgh pos	tnatal Depr	ession Scale (EPI	DS) ≥10	or Leverton
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	90/879 (10.2%)	110/1099 (10%)	RR 1 (0.77 to 1.31)	0 fewer per 1000 (from 23 fewer to 31 more)	⊕⊕OO LOW	
								10.8%		0 fewer per 1000 (from 25 fewer to 33 more)		
Depressi ≥10)	on symptom	atology po	st-treatment – av	vailable case an	alysis (no-ris	k populations) (f	ollow-up mean 4 weeks; assesse	ed with: Ec	linburgh p	ostnatal Depress	ion Scale	e (EPDS)
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	15/249 (6%)	14/251 (5.6%)	RR 1.08 (0.53 to 2.19)	4 more per 1000 (from 26 fewer to 66 more)	⊕⊕OO LOW	
								5.6%		4 more per 1000 (from 26 fewer to 67 more)		
-	on symptoma on Scale (EPI	05	ort follow-up (9-	16 weeks post-	intervention)	– ITT analysis (1	no-risk populations) (follow-up	mean 12 w	veeks; asses	sed with: Edinbu	ırgh pos	tnatal
1	randomised trials	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	47/270 (17.4%)	53/270 (19.6%)		22 fewer per 1000 (from 75	⊕⊕OO LOW	

	risk of bias							RR 0.89 (0.62 to 1.26)	fewer to 51 more) 22 fewer per		
							19.6%		1000 (from 74 fewer to 51 more)		
ion symptom al Depression			-16 weeks post	-intervention) – available case	analysis (no-risk populations)	(follow-up	mean 12 we	eeks; assessed wi	th: Edinbu	urgh
randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	12/235 (5.1%)	15/232 (6.5%)	RR 0.79 (0.38 to 1.65)	14 fewer per 1000 (from 40 fewer to 42 more)	⊕⊕OO LOW	
							6.5%		14 fewer per 1000 (from 40 fewer to 42 more)		
ion symptom al Depression			w-up (17-24 we	eks post-inte	rvention) – ITT a	nalysis (no-risk populations) (f	follow-up n	iean 25 wee	eks; assessed wit	h: Edinbu	rgh
randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	48/270 (17.8%)	43/270 (15.9%)	RR 1.12 (0.77 to 1.62)	19 more per 1000 (from 37 fewer to 99 more)	⊕⊕OO LOW	
							15.9%		19 more per 1000 (from 37 fewer to 99		
									more)		
		termediate follo n Scale (EPDS) ≥		eeks post-inte	rvention) – availa	able case analysis (no-risk popu	ulations) (fo	llow-up m	,	sessed with	h:
				very serious ^{1,2}	rvention) – availa	able case analysis (no-risk popu 8/230 (3.5%)	11/238 (4.6%)	llow-up me	,	⊕⊕OO LOW	h:

risk of				RR 0.75	fewer to 39	
bias				(0.31 to	more)	
				1.84)		
					12 fewer per	
			1.60/		1000 (from 32	
			4.6%		fewer to 39	
					more)	
					,	

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.2.4 Depression: home visits versus TAU

			Quality as	sessment			No of patient	s		Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: home visits versus TAU	Control	Relative (95% CI)	Absolute	Quality	Importance
-		-	atment – available	e case analysis (n	o-risk populati	ons) (follow-up m	ean 6 weeks; measur	ed with	Edinbur	gh postnatal Depres	sion Scale (E	PDS); better
indicated	ndicated by lower values)											
	randomised trials		no serious inconsistency		no serious imprecision	none	276	266	-	SMD 0.13 higher (0.04 lower to 0.3 higher)	⊕⊕⊕O MODERATE	
-			- ·	-	,	available case and	alysis (no-risk popul	ations) (follow-uj	o mean 26 weeks; me	easured with:	Edinburgh
postnatal	Depression S	cale (EPD	S); better indicate	d by lower valu	es)							
	randomised trials				no serious imprecision	none	252	229	-	SMD 0.02 lower (0.2 lower to 0.16 higher)	⊕⊕⊕O MODERATE	

¹ Risk of bias due to statistically significant group differences at baseline

1.2.5 Depression: post-delivery discussion versus TAU

			Quality asses	ssment			No of patients			Effect	Quality	Importance		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: post- delivery discussion versus TAU	Control	Relative (95% CI)	Absolute	~ ,			
-	epression symptomatology post-treatment – available case analysis (no-risk populations) (follow-up mean 3 weeks; assessed with: Hospital Anxiety and Depression Scale epression (HADS ≥11))													
			no serious inconsistency	no serious indirectness	very serious ¹	none	5/58 (8.6%)	31/56 (55.4%)	RR 0.16 (0.07 to 0.37)	465 fewer per 1000 (from 349 fewer to 515 fewer)	⊕⊕OO LOW			
								55.4%		465 fewer per 1000 (from 349 fewer to 515 fewer)				

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

1.2.6 Depression: mother-infant relationship interventions versus enhanced TAU

			Quality asse	ssment			No of patients			Effect		
No of studies	Design I Inconsistency Indirectness Imprecision						Depression: mother-infant relationship interventions versus enhanced TAU			Absolute	Quality	Importance
Depressio values)	on mean score	es post-trea	tment – ITT analy	ysis (no-risk poj	pulations) (fo	llow-up mean 26	weeks; measured with: Beck D)epressio	n Invent	ory (BDI); better i	ndicated	by lower

	no serious risk of bias		no serious indirectness	very serious ^{1,2}	none	26	28	-	SMD 0.27 lower (0.81 lower to 0.26 higher)		
Depressi by lower	es post-treat	tment – available	case analysis (1	no-risk popu	lations) (follow-u	p mean 26 weeks; measured wit	h: Beck	Depressi	on Inventory (BD)	i); better	indicated
	no serious risk of bias		no serious indirectness	very serious ^{1,2}	none	26	28	-	SMD 0.27 lower (0.81 lower to 0.26 higher)		

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.2.7 Depression: mindfulness training versus TAU

			Quality asses	sment			No of patients Effect Depression: Relative				Quality	Importance	
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: mindfulness training versus TAU	Control	Relative (95% CI)		~ ,	Ĩ	
-	Depression mean scores post-treatment – available case analysis (no-risk populations) (follow-up mean 11 weeks; measured with: Depression, Anxiety, and Stress Scale (DASS-21): Depression; better indicated by lower values)												
1		no serious risk of bias		no serious indirectness	very serious ^{1,2}	none	13	8	-	SMD 0.36 lower (1.25 lower to 0.53 higher)	⊕⊕OO LOW		

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.2.8 Anxiety: structured psychological interventions (CBT or IPT) versus TAU

			Quality ass	sessment			No of patients			Effect		T	
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: structured psychological interventions (CBT or IPT) versus TAU ean 26 weeks; measured with: state-		Relative (95% CI)	Absolute	Quality	Importance	
-	ty mean scores post-treatment – available case analysis (no-risk populations) (follow-up mean 26 weeks; measured with: state-Trait Anxiety Inventory (STAI) ted by lower values)												
	trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias ¹	795	858	-	SMD 0.13 lower (0.23 to 0.04 lower)	⊕⊕⊕O MODERATE		
	rait anxiety mean scores post-treatment – available case analysis (no-risk populations) (follow-up mean 26 weeks; measured with: state-Trait Anxiety Inventory (STAI) – Trait; better ndicated by lower values)												
	trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias ¹	779	839	-	SMD 0.12 lower (0.22 to 0.02 lower)	⊕⊕⊕O MODERATE		

¹ Paper omits data

1.2.9 Anxiety: listening visits versus TAU

Quality assessment							No of patients Anxiety: listening			Effect	Quality	Importance	
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: listening visits versus TAU	Control	Relative (95% CI)	Absolute			

nxiety mean scores post-treatment – available case analysis (no-risk populations) (follow-up mean 26 weeks; measured with: state-Trait Anxiety Inventory (STAI)-State; better dicated by lower values)													
			no serious inconsistency		no serious imprecision	reporting bias ¹	839	858	-	SMD 0.1 lower (0.19 lower to 0 higher)	⊕⊕⊕O MODERATE		
ait anxiety mean scores post-treatment – available case analysis (no-risk populations) (follow-up mean 26 weeks; measured with: state-Trait Anxiety Inventory (STAI) – Trait; better dicated by lower values)													
			no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias ¹	856	839	-	SMD 0.11 lower (0.2 to 0.01 lower)	⊕⊕⊕O MODERATE		

¹ Paper omits data

1.2.10 Anxiety: post-delivery discussion versus TAU

			Quality asses	sment			No of patients	5		Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: post- delivery discussion versus TAU	Control	Relative (95% CI)	Absolute		-
Anxiety s (HADS ≥	<i>.</i>	gy post-treat	ment – available	case analysis (n	o-risk popula	ations) (follow-up	o mean 3 weeks; assess	ed with:	Hospital An	ixiety and Depressior	Scale -	Anxiety
	randomised trials			no serious indirectness	very serious ¹	none	4/58 (6.9%)	28/56 (50%)	RR 0.14 (0.05 to 0.37)	430 fewer per 1000 (from 315 fewer to 475 fewer)	⊕⊕OO LOW	
								50%		430 fewer per 1000 (from 315 fewer to 475 fewer)		

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

1.2.11 Anxiety: music therapy versus TAU

			Quality asse	ssment			No of patien	ts		Effect	Quality	Importance	
No of studies	Design	Design Risk of bias Inconsistency Indirectness Imprecision Other considerations TAU Control						Relative (95% CI)		2 mining	F 0		
5	Anxiety mean scores post-treatment – available case analysis (no-risk populations) (follow-up mean 2 weeks; measured with: state-Trait Anxiety Inventory (STAI)-State; better Indicated by lower values)												
mulcateu	by lower value	-5)											
1	randomised	serious ¹	no serious	no serious	very	none	37	40	-	SMD 0.42 higher (0.04	⊕000		
	trials		inconsistency	indirectness	serious ^{2,3}					lower to 0.87 higher)	VERY		
											LOW		
												1	

¹ Risk of bias due to statistically significant group differences at baseline

² Total population size is less than 400 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.2.12 Anxiety: mindfulness training versus TAU

			Quality assess	sment			No of patients			Effect	Ouality	Importance		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: mindfulness training versus TAU	Control	Relative (95% CI)		2			
-	Anxiety; better indicated by lower values)													
				no serious indirectness	very serious ¹	none	13	8	-	SMD 1.21 lower (2.18 to 0.24 lower)	⊕⊕OO LOW			

¹ Total population size is less than 400 (a threshold rule-of-thumb)

1.2.13 General mental health: structured psychological interventions (CBT or IPT) versus TAU

			Quality asses	ssment				Sur	nmary of	finding	S
Participants		Inconsistency	Indirectness	Imprecision	Publication	Overall quality	Study e	vent rates (%)	Relative	Anticipa	ated absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With General mental health: structured psychological interventions (CBT or IPT) versus TAU	effect (95% CI)	Risk with control	Risk difference with General mental health: structured psychological interventions (CBT or IPT) versus TAU (95% CI)
		l health me SF-MCS); better i			ment – ava	ailable case	analy	sis (no-risk popu	ulation	S) (measu	ured with: sF-12 mental
1700 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly suspected ¹	⊕⊕⊕⊖ MODERATE ¹ due to publication bias		815	-		The mean general mental health mean scores post- treatment – available case analysis (no-risk populations) in the intervention groups was 0.15 standard deviations higher (0.06 to 0.25 higher)
						l e case anal d by lower values		no-risk populatio) (mea	sured wit	th: Clinical Outcomes in
1749 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly suspected ¹	⊕⊕⊕⊖ MODERATE ¹ due to publication bias	906	843	-		The mean risk of self-harm mean scores post-treatment – available case analysis (no-risk populations) in the intervention groups was 0.66 standard deviations lower (0.75 to 0.56 lower)

¹ Paper omits data

1.2.14General mental health: listening visits versus TAU

Quality assessment	Summary of findings
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Participants (studies) Follow-up	bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	With control	vent rates (%) With General mental health: listening visits versus TAU	Relative effect (95% CI)	Risk with control	ted absolute effects Risk difference with General mental health: listening visits versus TAU (95% CI)
		l health me SF-MCS); better in			nent – avai	lable case a	nalysi	s (no-risk po	opulati	0 ns) (me	easured with: sF-12 mental
1764 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly suspected ¹	⊕⊕⊕⊝ MODERATE ¹ due to publication bias	885	879	-		The mean general mental health mean scores post- treatment – available case analysis (no-risk populations) in the intervention groups was 0.15 standard deviations higher (0.06 to 0.25 higher)
		rm mean sc itcome Measure (is (no	-risk popula	tions) (measured	with: Clinical Outcomes in
1799 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly suspected ¹	⊕⊕⊕⊝ MODERATE ¹ due to publication bias	906	893	-		The mean risk of self-harm mean scores post-treatment – available case analysis (no-risk populations) in the intervention groups was 0.57 standard deviations higher (0.47 to 0.66 higher)

¹ Paper omits data

1.2.15General mental health: home visits versus TAU

		(Quality asses	sment					Sum	nary of t	indings
-		Inconsistency	Indirectness	Imprecision		Overall quality	Study e	()		Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With General mental health: home visits versus TAU	effect (95% CI)	Risk with control	Risk difference with General mental health: home visits versus TAU (95% CI)

General mental health mean scores post-treatment – available case analysis (no-risk populations) (measured with: sF-36 – Mental health; better indicated by lower values)

General mental health mean scores Intermediate follow-up (17-24 weeks post-intervention) - available case analysis (no-

risk populations) (measured with: sF-36 – Mental health; better indicated by lower values)

481 (1 study) 26 weeks			no serious indirectness	no serious imprecision		⊕⊕⊕⊖ MODERATE ¹ due to risk of bias	227	254	-		The mean general mental health mean scores intermediate follow-up (17-24 weeks post-intervention) – available case analysis (no-risk populations) in the intervention groups was 0.07 standard deviations lower (0.25 lower to 0.11 higher)
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¹ High risk of selection bias due to statistically significant baseline group differences for incidence of twins, use of TENS during labour, and adults living with the mother

1.2.16General mental health: mindfulness training versus TAU

		Q	uality assessn	nent				9	Summary	of findi	ngs
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision		quality of evidence	With	With Conoral	effect (95% CI)	Anticipa Risk with control	ted absolute effects Risk difference with General mental health: mindfulness training versus TAU (95% CI)
		listress mea le (DASS-21): psy					e anal		opulati	ons) (m	easured with: Depression,
21 (1 study) 11 weeks	no serious		no serious indirectness	very serious ¹	undetected	$\oplus \oplus \ominus \ominus$ LOW ¹	8	13	-		The mean psychological distress mean scores post-treatment – available case analysis (no-risk

		n mean sco d by lower value		eatment -	• availabl	due to imprecision e case anal	lysis	(no-risk popula	tions) (m	populations) in the intervention groups was 1.15 standard deviations lower (2.11 to 0.19 lower) easured with: satisfaction With Life Scale
21 (1 study) 11 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision	8	13	-	The mean life satisfaction mean scores post-treatment – available case analysis (no-risk populations) in the intervention groups was 0.43 standard deviations higher (0.46 lower to 1.32 higher)
Happin indicated by			ost-treatme	ent – avail	lable case	e analysis (no-r	isk populations	(measured	with: subjective Happiness Scale; better
21 (1 study) 11 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊝⊝ LOW ^{1,2} due to imprecision	8	13	-	The mean happiness mean scores post-treatment – available case analysis (no-risk populations) in the intervention groups was 0.24 standard deviations higher (0.65 lower to 1.12 higher)

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.2.17 Mother-infant attachment: home visits versus TAU

			Quality asses	sment			Summary of findings				
-	Risk of bias	Inconsistency	Indirectness	-		Overall quality of evidence	~			-	ted absolute effects
Follow-up	DIAS				Dias		With control	With Mother-infant attachment: home	effect (95% CI)	Risk with	Risk difference with Mother-infant
								visits versus TAU		control	attachment: home visits versus TAU (95% CI)
Disconti	inued l	oreastfeedir	ng by 6 we	eks – avail	able case	analysis (no	o-risk j	populations)			

548 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	$\oplus \oplus \oplus \ominus$ MODERATE ¹	155/268 (57.8%)	154/280 (55%)	RR 0.95 (0.82 to	Study pop	pulation	
6 weeks						due to risk of bias			1.1)	578 per 1000	29 fewer per 1000 (from 104 fewer to 58 more)	
										Moderate		
										578 per 1000	29 fewer per 1000 (from 104 fewer to 58 more)	
Discont	inued l	oreastfeedin	ng by 26 w	eeks – avai	ilable cas	e analysis (n	o-risk	populations)				
493 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	$\oplus \oplus \oplus \ominus$ MODERATE ¹	185/233 (79.4%)	208/260 (80%)	RR 1.01 (0.92 to	Study population		
26 weeks				r		due to risk of bias			1.1)	794 per 1000	8 more per 1000 (from 64 fewer to 79 more)	
										Moderate		
										794 per 1000	8 more per 1000 (from 64 fewer to 79 more)	

¹ High risk of selection bias due to statistically significant baseline group differences for incidence of twins, use of TENS during labour, and adults living with the mother

1.2.18 Mother-infant attachment: mother-infant relationship interventions versus enhanced TAU

	Quality assessment							Summary of findings				
Participants F		Inconsistency	Indirectness	1			Study e	· · ·		Anticip	ated absolute effects	
(studies) b Follow-up	bias					quality of evidence	With control	With Mother-infant attachment: mother- infant relationship interventions versus enhanced TAU	(95% CI)	Risk with control	Risk difference with Mother- infant attachment: mother-infant relationship interventions versus enhanced TAU (95% CI)	

Maternal sensitivity mean scores post-treatment – ITT analysis (no-risk populations) (measured with: Ainsworth Strange Situation: Total; better indicated by lower values)

54 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	undetected	$\begin{array}{c} \bigoplus \bigoplus \ominus \ominus \\ \textbf{LOW}^1 \\ \text{due to} \\ \text{imprecision} \end{array}$	28	26	-	The mean maternal sensitivity mean scores post-treatment – ITT analysis (no-risk populations) in the intervention groups was 0.77 standard deviations higher (0.21 to 1.32 higher)
		itivity mean indicated by low		ost-treatr	nent – av	ailable ca	se ana	ılysis (no-ri	sk population	S) (measured with: Ainsworth Strange
54 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	undetected	$\oplus \oplus \ominus \ominus$ LOW ¹ due to imprecision	28	26	-	The mean maternal sensitivity mean scores post-treatment – available case analysis (no-risk populations) in the intervention groups was 0.77 standard deviations higher (0.21 to 1.32 higher)
Child a better indic			y mean sco	ores post-	-treatmen	it – ITT an	alysi	s (no-risk p	opulations) (mo	easured with: Waters' Attachment Q-set;
54 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision	28	26	-	The mean child attachment security mean scores post-treatment – ITT analysis (no-risk populations) in the intervention groups was 0 standard deviations higher
										(0.53 lower to 0.53 higher)
		ent security		ores post	-treatmen	t – availal	ble ca	se analysis	(no-risk popu	(0.53 lower to 0.53 higher) lations) (measured with: Waters'

		no serious inconsistency dence/com tionnaire ; better				⊕⊕⊝⊖ LOW ^{1,2} due to imprecision	28 • avai	26 lable case analy	- sis (no-	The mean maternal confidence/competence mean scores post-treatment – ITT analysis (no-risk populations) in the intervention groups was 0.3 standard deviations higher (0.24 lower to 0.84 higher) Opulations) (measured with:
54 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision	28	26	-	The mean maternal confidence/competence mean scores post-treatment – available case analysis (no-risk populations) in the intervention groups was 0.3 standard deviations higher (0.24 lower to 0.84 higher)

¹ Total population size is less than 400 (a threshold rule-of-thumb) ² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.2.19 Mother-infant attachment: mindfulness training versus TAU

		Q	uality assessr	nent					Summ	ary of fi	ndings
Participants		Inconsistency	Indirectness	Imprecision			Study e	vent rates (%)	Relative	Anticipa	ited absolute effects
(studies) Follow-up	bias					quality of evidence	With control	With Mother- infant attachment: mindfulness training versus TAU	effect (95% CI)	Risk with control	Risk difference with Mother-infant attachment: mindfulness training versus TAU (95% CI)
		dence/com ale: maternal self					availa	able case analy	ysis (no	o-risk j	populations) (measured with:
21 (1 study) 11 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	undetected	⊕⊕⊖⊖ LOW ¹ due to imprecision	8	13	-		The mean maternal confidence/competence mean scores post-treatment – available case analysis (no-risk populations) in the intervention groups was

ſ						1.59 standard deviations higher (0.56 to 2.62 higher)

¹ Total population size is less than 400 (a threshold rule-of-thumb)

1.2.20Quality of life: structured psychological interventions (CBT or IPT) versus TAU

			Quality asse	ssment				Su	mmary of	finding	S
Participants		Inconsistency	Indirectness	Imprecision	Publication	Overall quality	Study e	vent rates (%)		Anticipa	ited absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With Quality of life: structured psychological interventions (CBT or IPT) versus TAU	effect (95% CI)	Risk with control	Risk difference with Quality of life: structured psychological interventions (CBT or IPT) versus TAU (95% CI)
Parenta better indica			es post-tre	atment – a	available c	ase analysis	5 (no-1	risk populations) (measure	ed with: pa	arenting Stress Index (PSI);
1299 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly suspected ¹	⊕⊕⊕⊖ MODERATE ¹ due to publication bias	698	601	-		The mean parental stress mean scores post-treatment – available case analysis (no- risk populations) in the intervention groups was 0.12 standard deviations higher (0.01 to 0.23 higher)
						ilable case a ted by lower valu		sis (no-risk popu	lations) (measu	red with: Clinical Outcomes
1747 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly suspected ¹	⊕⊕⊕⊖ MODERATE ¹ due to publication bias	905	842	-		The mean impaired functioning mean scores post-treatment – available case analysis (no-risk populations) in the intervention groups was 0.09 standard deviations lower (0.18 lower to 0.01 higher)

	0	n scores po Ieasure (CORE-C				2 (-risk	populat	tions) (mea	sured with	: Clinical	Outcomes in Routine
1749 (1 study) 26 weeks	-		no serious indirectness	no serious imprecision	reporting bias strongly suspected ¹	⊕⊕⊕⊖ MODERATE ¹ due to publication bias	907	842		-		The mean wellbeing mean scores post-treatment – available case analysis (no- risk populations) in the intervention groups was 0.15 standard deviations lower (0.25 to 0.06 lower)

¹ Paper omits data

1.2.21 Quality of life: listening visits versus TAU

			Quality asse	ssment					Summa	ry of fin	dings
Participants		Inconsistency	Indirectness	Imprecision	Publication	Overall quality	Study e	vent rates (%)		Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With Quality of life: listening visits versus TAU	effect (95% CI)	Risk with control	Risk difference with Quality of life: listening visits versus TAU (95% CI)
Parental better indica			s post-trea	tment – av	vailable cas	se analysis (no-ris	k populatio	o ns) (mea	sured witl	h: parenting Stress Index (PSI);
1407 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly suspected ¹	⊕⊕⊕⊖ MODERATE ¹ due to publication bias	698	709	-		The mean parental stress mean scores post-treatment – available case analysis (no-risk populations) in the intervention groups was 0.17 standard deviations higher (0.06 to 0.27 higher)
						able case an by lower values)	alysis	(no-risk po	pulatio	ons) (me	asured with: Clinical Outcomes
1798 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly suspected ¹	$ \begin{array}{c} \bigoplus \bigoplus \bigoplus \bigoplus \\ \textbf{MODERATE}^1 \\ \text{due to} \\ \text{publication bias} \end{array} $	905	893	-		The mean impaired functioning mean scores post-treatment – available case analysis (no-risk populations) in the intervention

										groups was 0.08 standard deviations lower (0.18 lower to 0.01 higher)
		n scores po easure (CORE-Ol				isk po	pulations)	measured v	with: Clin	ical Outcomes in Routine
1800 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency		reporting bias strongly suspected ¹	⊕⊕⊕⊖ MODERATE ¹ due to publication bias	907	893	-		The mean wellbeing mean scores post-treatment – available case analysis (no-risk populations) in the intervention groups was 0.15 standard deviations lower (0.24 to 0.05 lower)

¹ Paper omits data

1.2.22Quality of life: home visits versus TAU

			Quality asses	sment					Sum	mary of :	findings
Participants		Inconsistency	Indirectness	Imprecision	Publication	Overall quality	Study e	vent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With Quality of life: home visits versus TAU	effect (95% CI)	Risk with control	Risk difference with Quality of life: home visits versus TAU (95% CI)
		mean score		atment – a	vailable o	case analysi	s (no-1	risk popul	ations)	(measured	l with: Duke Functional Social
513 (1 study) 6 weeks	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	⊕⊕⊕⊖ MODERATE ¹ due to risk of bias	253	260	-		The mean social support mean scores post-treatment – available case analysis (no-risk populations) in the intervention groups was 0.01 standard deviations higher (0.16 lower to 0.19 higher)
						-24 weeks p ed by lower values		terventior	l) – avai	ilable o	ase analysis (no-risk

465 (1 study) 26 weeks		no serious no serious indirectness imprecision	undetected ⊕⊕⊕⊖ MODERATE ¹ due to risk of bias	225	240	-	The mean social support mean scores intermediate follow-up (17-24 weeks post-intervention) – available case analysis (no-risk populations) in the intervention groups was 0.06 standard deviations higher (0.13 lower to 0.24 higher)
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¹ High risk of selection bias due to statistically significant baseline group differences for incidence of twins, use of TENS during labour, and adults living with the mother

1.2.23 Quality of life: mother-infant relationship interventions versus enhanced TAU

		Q	uality assessr	nent				Su	mmary of	finding	S
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study e	vent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With Quality of life: mother-infant relationship interventions versus enhanced TAU	effect (95% CI)	Risk with control	Risk difference with Quality of life: mother-infant relationship interventions versus enhanced TAU (95% CI)
Parental by lower val		mean score	s post-trea	itment – I	TT analy	vsis (no-ris	sk pop	ulations) (measured	with: Daily	Hassles S	cale: Intensity ; better indicated
54 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision	28	26	-		The mean parental stress mean scores post-treatment – ITT analysis (no-risk populations) in the intervention groups was 0.4 standard deviations lower (0.94 lower to 0.14 higher)
Parental better indica			s post-trea	itment – a	available	case analy	vsis (n	o-risk populatior	IS) (measu	red with:	Daily Hassles Scale: Intensity ;
54 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision	28	26	-		The mean parental stress mean scores post-treatment – available case analysis (no-risk populations) in the intervention groups was

0.4 standard deviation (0.94 lower to 0.14 hig	'										
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¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.2.24Quality of life: music therapy versus TAU

		Ģ	Quality assess	ment			Summary of findings				
Participants	bias quality of h	Study e	vent rates (%)	Relative	Anticipated absolute effects						
(studies) Follow-up	bias				bias	quality of evidence	With control	With Quality of life: music therapy versus TAU	effect (95% CI)	Risk with control	Risk difference with Quality of life: music therapy versus TAU (95% CI)
Parental indicated by			es post-trea	itment – a	vailable	case analys	is (no-	-risk popula	tions) (measured	with: perceived Stress Scale; better
77 (1 study) 2 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to risk of bias, imprecision	40	37	-		The mean parental stress mean scores post-treatment – available case analysis (no-risk populations) in the intervention groups was 0.15 standard deviations higher (0.3 lower to 0.6 higher)

¹ High risk of selection bias due to unclear allocation concealment and statistically significant group difference at baseline in education (intervention group were more highly educated than control group)

² Total population size is less than 400 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.2.25Quality of life: mindfulness training versus TAU

		Q	uality assessn	nent					Summary	of findi	ngs
Participants (studies)	Risk of bias	Inconsistency	Indirectness	-	Publication bias	Overall quality of	Study ev	vent rates (%)	Relative effect	Anticipa	ted absolute effects
Follow-up	DIAS					evidence	With control	With Quality of life: mindfulness training versus TAU	(95% CI)	Risk with control	Risk difference with Quality of life: mindfulness training versus TAU (95% CI)

Parental stress mean scores post-treatment – available case analysis (no-risk populations) (measured with: Depression, Anxiety, and Stress Scale (DASS-21): stress; better indicated by lower values)

(/ /	 	,						
21 (1 study) 11 weeks		no serious indirectness	very serious ¹	undetected	⊕⊕⊖⊖ LOW ¹ due to imprecision	8	13	-	The mean parental stress mean scores post-treatment – available case analysis (no-risk populations) in the intervention groups was 1.14 standard deviations lower (2.1 to 0.18 lower)

¹ Total population size is less than 400 (a threshold rule-of-thumb)

1.2.26 Attrition: structured psychological interventions (CBT or IPT) versus TAU

			Quality asses	ssment				Sum	mary of f	indings	
Participants		Inconsistency	Indirectness	Imprecision	Publication	Overall quality	Study eve	ent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With attrition: structured psychological interventions (CBT or IPT) versus TAU	effect (95% CI)	Risk with control	Risk difference with attrition: structured psychological interventions (CBT or IPT) versus TAU (95% CI)
Dropout	(assessed	with: incomplete	e data at endpoi	int)							
2324 (1 study)	no serious	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly	$\oplus \oplus \oplus \ominus$ MODERATE ¹	177/1172 (15.1%)	227/1152 (19.7%)	RR 1.3 (1.09 to	Study po	opulation
	risk of bias			1	suspected ¹	due to publication bias			1.56)	151 per 1000	45 more per 1000 (from 14 more to 85 more)
										Moderat	e
										151 per 1000	45 more per 1000 (from 14 more to 85 more)

¹ Paper omits data

			Quality asse	essment				Su	mmary of	findings	
Participants		Inconsistency	Indirectness	Imprecision	Publication bias	1 5	Study eve	nt rates (%)	Relative	Anticipat	ed absolute effects
(studies) Follow-up	bias					of evidence	With control	With attrition: listening visits versus TAU	effect (95% CI)	Risk with control	Risk difference with attrition: listening visits versus TAU (95% CI)
Dropout	t (assessed v	vith: incomplete c	lata at endpoint)								
2297 r (1 study) r	no serious risk of	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly	$\oplus \oplus \oplus \ominus$ MODERATE ¹	177/1172 (15.1%)	170/1125 (15.1%)	RR 1 (0.82 to	Study pop	oulation
26 weeks	bias				suspected ¹	due to publication bias			(0.82 to 1.21) 15	151 per 1000	0 fewer per 1000 (from 27 fewer to 32 more)
										Moderate	
										151 per 1000	0 fewer per 1000 (from 27 fewer to 32 more)

1.2.27 Attrition: listening visits versus TAU

¹ Paper omits data

1.2.28 Attrition: psychologically (CBT/IPT)-informed psychoeducation versus enhanced TAU

		Ç	Quality assess	ment				Sum	mary of f	indings	
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness			Overall quality of evidence	With	With attrition:	Relative effect (95% CI)	Anticipa Risk with control	Ated absolute effects Risk difference with attrition: psychologically (CBT/IPT)-informed psychoeducation versus enhanced TAU (95% CI)
Dropout	(assessed	with: incomplete	e data at endpo	int)							
				serious ¹	undetected					Study p	opulation

	40	no			$\oplus \oplus \oplus \ominus$			DD 4 44	-	8 more per 1000 (from 27 fewer to 71 more)
(study)		no serious indirectness			19/270 21 (7%) (7	1/270 7.8%)	RR 1.11 (0.61 to 2.01)	Moderate	e
4	WEEKS	bias			imprecision			2.01)	-	8 more per 1000 (from 27 fewer to 71 more)

¹95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.2.29 Attrition: home visits versus TAU

			Quality assess	ment				S	Summary o	of findings	
Participants		Inconsistency	Indirectness	Imprecision		Overall quality	Study ev	vent rates (%)	Relative	Anticipate	d absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With attrition: home visits versus TAU	effect (95% CI)	Risk with control	Risk difference with attrition: home visits versus TAU (95% CI)
Dropout	t (assessed	with: incomplete	data at endpoint)				•				
623 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	43/312 (13.8%)	29/311 (9.3%)	RR 0.68 (0.43 to	Study population	ulation
6 weeks		y				due to risk of bias, imprecision	()	()	1.05)	138 per 1000	44 fewer per 1000 (from 79 fewer to 7 more)
										Moderate	
										138 per 1000	44 fewer per 1000 (from 79 fewer to 7 more)

¹ High risk of selection bias due to statistically significant baseline group differences for incidence of twins, use of TENS during labour, and adults living with the mother

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.2.30 Attrition: mindfulness training versus TAU

	Q	uality assessn	nent	Su	mmary of	findings
	Inconsistency	Indirectness	Imprecision	Study event rates (%)		Anticipated absolute effects

Participants (studies) Follow-up	Risk of bias				Publication	Overall quality of evidence	With control	With attrition: mindfulness training versus TAU	Relative	Risk with control	Risk difference with attrition: mindfulness training versus TAU (95% Cl)
Dropout	t (assessed v	vith: incomplete d	ata at endpoint)								
26 (1 study)		no serious inconsistency	no serious indirectness	very serious ^{1,2}		$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	0/13 (0%)	5/13 (38.5%)	RR 11 (0.67 to	Study pop	pulation
11 weeks	bias					due to imprecision		`	180.65)	0 per 1000	-
										Moderate	
										0 per 1000	-

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3 PSYCHOSOCIAL INTERVENTIONS: TREATMENT

1.3.1 Depression: structured psychological interventions (CBT or IPT) versus TAU or enhanced TAU

			Quality ass	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	Quality	Importance
Depressi	ion diagnosis	post-treat	ment – ITT anal	ysis (follow-up	12-44 weeks;	assessed with: st	ructured Clinical Interview (SCID) or	Clinical I	nterview Schedu	ıle – Revised	(CIS-R))
6	randomised	no	no serious	no serious	no serious	none	220/663	420/644	RR 0.48	339 fewer per	$\oplus \oplus \oplus \oplus$	
		serious risk of bias	inconsistency	indirectness	imprecision		(33.2%)	(65.2%)	(0.39 to 0.6)	1000 (from 261 fewer to 398 fewer)	HIGH	

								68.7%	(0000)	357 fewer per 1000 (from 275 fewer to 419 fewer)		
epress [IS-R)]	-	s post-trea	tment – availabl	e case analysis	(follow-up 12-	44 weeks; assesse	d with: structured Clinical	Interview	(SCID) or	Clinical Intervie	w Schedule -	- Revised
	randomised trials	no serious risk of bias	very serious ¹	no serious indirectness	no serious imprecision	none	135/543 (24.9%)	315/523 (60.2%)	RR 0.38 (0.24 to 0.58)	373 fewer per 1000 (from 253 fewer to 458 fewer)	⊕⊕OO LOW	
								61.5%		381 fewer per 1000 (from 258 fewer to 467 fewer)		
epress	sion symptom	atology p	ost-treatment – I'	TT analysis (fo	llow-up 6-44 w	veeks; assessed w	ith: Edinburgh postnatal De	pression	Scale (EPI	OS) ≥10/EPDS ≥12	2/Treatment r	ion-
spons	e (baseline-er ·II) ≥14)	ndpoint de		• •	-		6 improvement) or Beck De	-			Depression	Inventor
espons (BDI-		-		• •	-		• •	-			⊕⊕OO LOW	Inventor
espons [(BDI-	II) ≥14) randomised	no serious risk of	crease<4 points	and EPDS >13)/Treatment no	on-response (<50%	6 improvement) or Beck Dep 251/512	pression I 294/457	nventory (RR 0.69 (0.56 to	BDI) ≥16 or Beck 199 fewer per 1000 (from 96 fewer to 283	⊕⊕OO	Inventor
o Bepress	II) ≥14) randomised trials sion symptom	no serious risk of bias hatology p	serious ²	and EPDS >13 no serious indirectness vailable case a	no serious imprecision nalysis (follow	reporting bias ³	6 improvement) or Beck Dep 251/512	294/457 (64.3%) 62.6%	RR 0.69 (0.56 to 0.85)	 BDI) ≥16 or Beck 199 fewer per 1000 (from 96 fewer to 283 fewer) 194 fewer per 1000 (from 94 fewer to 275 fewer) Scale (EPDS) ≥10 	⊕⊕OO LOW	

)enre	ssion mean sco	res post-tr	reatment – ITT a	nalysis (follow	-up 6-44 weeks	r measured with	: Edinburgh postnatal De	58.8%	le (EPDS)	223 fewer per 1000 (from 159 fewer to 276 fewer)	ion Inventory	(BDI-II)
	indicated by lo				up • 11	,, <u></u> ,	, Latino angin pooniaan 20	F10001011.000		01 2000 20pros		(2211)
	randomised trials	no serious risk of bias	very serious ¹	no serious indirectness	serious ⁴	none	164	142	-	SMD 1.31 lower (2.36 to 0.26 lower)	⊕OOO VERY LOW	
-		-			· -		ured with: Edinburgh po)); better indicated by lov	-	ession Sca	le (EPDS) or Bec	k Depression	Invento
0	randomised trials	no serious risk of bias	serious ²	no serious indirectness	no serious imprecision	none	763	745	-	SMD 0.6 lower (0.8 to 0.4 lower)	⊕⊕⊕O MODERATE	
epres	ssion diagnosis	s short fol	low-up (9-16 wee	eks post-intervo	ention) – ITT a	nalysis (follow-u	ip mean 28 weeks; assesse	ed with: stru	ctured Clin	nical Interview (SCID))	
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ⁵	none	8/47 (17%)	20/46 (43.5%)	RR 0.39 (0.19 to 0.8)	265 fewer per 1000 (from 87 fewer to 352 fewer)	⊕⊕OO LOW	
								43.5%		265 fewer per 1000 (from 87 fewer to 352 fewer)		
epres	ssion symptom	atology sl	hort follow-up (9	-16 weeks post	-intervention)	– ITT analysis (f	ollow-up mean 29 weeks;	assessed wi	th: Beck D	epression Inven	tory-II (BDI-I	I) ≥14)
	randomised trials	no serious	no serious inconsistency	no serious indirectness	very serious ^{5,6}	none	15/30 (50%)	14/25 (56%)		62 fewer per 1000 (from 258	⊕⊕OO LOW	

		risk of bias							RR 0.89 (0.54 to 1.47)	fewer to 263 more)		
								56%		62 fewer per 1000 (from 258 fewer to 263 more)		
epress 14)	ion symptom	atology sh	ort follow-up (9	-16 weeks post	-intervention)	– available case a	nalysis (follow-up mean 29	weeks; as	ssessed wi	,	ion Inventory	-II (BDI
	trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ⁵	none	8/21 (38.1%)	14/21 (66.7%)	RR 0.57 (0.31 to 1.07)	287 fewer per 1000 (from 460 fewer to 47 more)	⊕⊕OO LOW	
								66.7%		287 fewer per 1000 (from 460 fewer to 47 more)		
-			ollow-up (9-16 w better indicated	-		Tanalysis (follow	7-up 28-29 weeks; measured	with: Edi	nburgh po	stnatal Depressi	on Scale (EPD	9S) or Be
	randomised trials	no serious risk of bias	very serious ¹	no serious indirectness	very serious ^{4,6}	none	77	71	-	SMD 1.84 lower (4.31 lower to 0.64 higher)	⊕OOO VERY LOW	
			ollow-up (9-16 w entory (BDI-II);				sis (follow-up 21-29 weeks; 1	neasured	l with: Edi	nburgh postnata	l Depression S	Scale
		no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ⁴	none	43	46	-	SMD 0.66 lower (1.14 to 0.18 lower)	⊕⊕OO LOW	

	ion diagnosis tured Clinical			17-24 weeks po	st-intervention	n) – ITT analysis	(follow-up mean 33 weeks; a	ssessed v	vith: Clinio	cal Interview Sch	nedule – Revis	ed (CIS-R)
2	randomised trials	no serious risk of bias	serious ⁷	no serious indirectness	very serious ^{5,6}	none	21/68 (30.9%)	33/70 (47.1%) 57.2%	RR 0.59 (0.24 to 1.41)	193 fewer per 1000 (from 358 fewer to 193 more) 235 fewer per 1000 (from 435	⊕OOO VERY LOW	
-	0		ate follow-up (1 linical Interviev	-	st-intervention	ı) – available case	e analysis (follow-up mean 33		assessed w	fewer to 235 more)	erview Schedt	1le -
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{5,6}	none	12/59 (20.3%)	22/59 (37.3%) 47.4%	RR 0.5 (0.23 to 1.08)	186 fewer per 1000 (from 287 fewer to 30 more) 237 fewer per 1000 (from 365 fewer to 38 more)	⊕⊕OO LOW	
-	-		ores intermediat indicated by lo		7-24 weeks pos	st-intervention) –	available case analysis (follo	ow-up mo	ean 33 wee	ks; measured wi	th: Edinburgl	ı postnatal
2	randomised trials	no serious risk of bias	very serious ¹	no serious indirectness	very serious ^{4,6}	none	59	59	-	SMD 0.51 lower (1.72 lower to 0.7 higher)	⊕OOO VERY LOW	
Depress	ion diagnosis	long follo	w-up (25-103 wo	eeks post-inter	·		-up mean 78 weeks; assessed	with: str	uctured Cl	inical Interview	(SCID))	
1	randomised trials	no serious	no serious inconsistency	no serious indirectness	very serious ^{5,6}	none	21/50 (42%)	13/52 (25%)		170 more per 1000 (from 13	⊕⊕OO LOW	

		risk of bias							RR 1.68 (0.95 to 2.98)	fewer to 495 more)		
								25%		170 more per 1000 (from 13 fewer to 495 more)		
epress	ion diagnosis	long follo	ow-up (25-103 wo	eeks post-inter	vention) – avai	lable case analys	is (follow-up mean 78 weeks	s; assesse	d with: stru	uctured Clinical	Interview (SC	2 ID))
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{5,6}	none	12/41 (29.3%)	9/48 (18.8%)	RR 1.56 (0.73 to 3.33)	105 more per 1000 (from 51 fewer to 437 more)	⊕⊕OO LOW	
								18.8%		105 more per 1000 (from 51 fewer to 438 more)		
enress	•••••••••											
-	ion symptom	atology lo	ng follow-up (25	-103 weeks po	st-intervention) – ITT analysis (follow-up mean 32 weeks; a	ssessed v	vith: Edinb	ourgh postnatal l	Depression Sc	ale (EPD
10)	randomised trials		ng follow-up (25 no serious inconsistency	no serious indirectness	st-intervention		follow-up mean 32 weeks; a 3/17 (17.6%)	5/20 (25%)	vith: Edinb RR 0.71 (0.2 to 2.53)	73 fewer per 1000 (from 200 fewer to 382 more)	⊕000 VERY LOW	ale (EPD
10)	randomised		no serious	no serious			3/17	5/20	RR 0.71 (0.2 to	73 fewer per 1000 (from 200 fewer to 382	⊕000	ale (EPD
l0)	randomised trials	serious ⁸	no serious inconsistency	no serious indirectness	very serious ^{5,6}	none	3/17	5/20 (25%) 25%	RR 0.71 (0.2 to 2.53)	73 fewer per 1000 (from 200 fewer to 382 more) 73 fewer per 1000 (from 200 fewer to 382 more)	⊕OOO VERY LOW	

									RR 0.4 (0.05 to 3.46)	fewer to 410 more) 100 fewer per		
								16.7%		100 fewer per 1000 (from 159 fewer to 411 more)		
			l llow-up (25-103 entory (BDI); be				lysis (follow-up 32-78 week	s; measure	ed with: Ec	linburgh postnat	al Depression	1 Scale
		no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{4,6}	none	68	74	-	SMD 0.28 lower (0.8 lower to 0.23 higher)	⊕⊕OO LOW	
essio	on diagnosis	Very long	g follow-up (>10	4 weeks post-i	ntervention) -	ITT analysis (fol	low-up mean 260 weeks; ass	essed wit	h: structur	ed Clinical Interv	view (SCID))	
	rials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ⁵	none	24/50 (48%)	13/52 (25%)	RR 1.92 (1.11 to 3.33)	230 more per 1000 (from 28 more to 582 more)	⊕⊕OO LOW	
								25%		230 more per 1000 (from 28 more to 582 more)		
essio	on diagnosis	Very long	g follow-up (>10	4 weeks post-i	ntervention) –	available case an	alysis (follow-up mean 260	weeks; as	sessed wit	h: structured Clir	ical Interview	w (SCI
	rials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{5,6}	none	7/33 (21.2%)	9/37 (24.3%)	RR 0.87 (0.37 to 2.08)	32 fewer per 1000 (from 153 fewer to 263 more)	⊕⊕OO LOW	
								24.3%		32 fewer per 1000 (from 153 fewer to 262		

-	-		ores Very long f r indicated by lo	- `	l weeks post-ir	itervention) – ava	ailable case analysis (follow	-up mean	260 weeks	; measured with	: Edinburgh p	ostnatal
1	randomised	no	no serious	no serious	very serious4,6	none	28	34	-	SMD 0.17 lower	$\oplus \oplus OO$	
	trials	serious	inconsistency	indirectness	-					(0.67 lower to	LOW	
		risk of								0.33 higher)		
		bias										
Negativ	e thoughts/m	ood mean	scores – availab	le case analysis	(follow-up me	ean 4 weeks; mea	sured with: Automatic Thou	ight Ques	tionnaire	(ATQ); better inc	licated by low	ver values)
L	randomised	serious ⁸	no serious	no serious	very serious ⁴	none	10	12	-	SMD 0.94 lower	⊕000	
	trials		inconsistency	indirectness						(1.83 to 0.04	VERY LOW	
										lower)		

¹ There was evidence of considerable heterogeneity between effect sizes

² There was evidence of moderate to substantial heterogeneity between effect sizes

³ Papers omit data

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

⁵ Total number of events is less than 300 (a threshold rule-of-thumb)

⁶ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁷ There was evidence of substantial heterogeneity between effect sizes

⁸ Risk of bias due to statistically significant group differences at baseline

1.3.2 Depression: CBT versus listening visits

			Quality assess	sment			No of patients			Effect	0	T
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: CBT versus listening visits	Control	Relative (95% CI)		Quanty	Importance
-	n mean scores DS); better ind	-		e analysis (follow	w-up mean 26	ó weeks; measure	d with: Beck Depressio	n Invent	tory (BDI) or Edinburgh postn	atal Dep	ression

2	randomised	no serious	no serious	no serious	serious	reporting bias ¹	157	144	-	SMD 0.06 lower (0.33	$\oplus \oplus OO$	
	trials	risk of bias	inconsistency	indirectness						lower to 0.22 higher)	LOW	

¹ Papers omit data

1.3.3 Depression: CBT versus relational constructivist therapy

			Quality asses	sment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: CBT versus relational constructivist therapy	Control	Relative (95% CI)			
Depressio	on mean score	s post-treatr	nent – available c	ase analysis (me	asured with:	Beck Depression	Inventory (BDI); better inc	licated by	y lower v	alues)		
	randomised trials			no serious indirectness	very serious ¹	reporting bias ²	32	28	-	SMD 0.53 higher (0.01 to 1.05 higher)	⊕OOO VERY LOW	

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² Paper omits data

1.3.4 Depression: IPT versus support group

			Quality asse	essment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: IPT versus support group	Control	Relative (95% CI)			

-	on mean scores by lower valu	-	tment – available	case analysis (fol	low-up mean	12 weeks; measur	red with: Center for Epi	idemiolo	ogic Stud	ies Depression Scale (CES-D); b	etter
1	randomised	serious ¹	no serious	no serious	very	none	22	22	-	SMD 0.49 lower (1.09	⊕000	
	trials		inconsistency	indirectness	serious ^{2,3}					lower to 0.11 higher)	VERY	
											LOW	

¹ Risk of bias due to statistically significant group differences at baseline

² Total population size is less than 400 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.5 Depression: facilitated self-help versus TAU

			Quality ass	essment			No of patients	5		Effect	Ouality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: facilitated self-help versus TAU	Control	Relative (95% CI)	Absolute	~ ,	
Depressi Scale (EP		tology post-	treatment – ITT .	Analysis (follow	v-up 15-20 week	cs; assessed with:	Beck Depression Invo	entory-II	(BDI-II) ≥14	4 or Edinburgh postn	atal Dep	ression
3		no serious risk of bias	5	no serious indirectness	no serious imprecision	reporting bias ²	399/574 (69.5%)	459/562 (81.7%) 76.2%	RR 0.73 (0.53 to 0.99)	221 fewer per 1000 (from 8 fewer to 384 fewer) 206 fewer per 1000 (from 8 fewer to 358 fewer)	⊕OOO VERY LOW	
-	on symptoma on Scale (EPD		treatment – avail	able case analys	sis (follow-up 1	5-20 weeks; asses	sed with: Beck Depre	ssion Inv	ventory-II (B	DI-II) ≥14 or Edinbu	rgh posti	natal
3		no serious risk of bias		no serious indirectness	serious ³	reporting bias ²	90/265 (34%)	135/238 (56.7%)	RR 0.58 (0.44 to 0.77)	238 fewer per 1000 (from 130 fewer to 318 fewer)	⊕⊕OO LOW	

								58.6%		246 fewer per 1000 (from 135 fewer to 328 fewer)		
Depressi values)	on mean score	es post-treat	tment – available	e case analysis (f	ollow-up 15-17	weeks; measured	with: Edinburgh post	natal De	epression Sc	ale (EPDS); better in	dicated by	y lower
2		no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	218	196	-	SMD 0.56 lower (0.76 to 0.37 lower)	⊕⊕⊕⊕ HIGH	

 $^{\rm 1}$ There was evidence of considerable heterogeneity between effect sizes

² Papers omit data

³ Total number of events is less than 300 (a threshold rule-of-thumb)

1.3.6 Depression: post-miscarriage self-help versus TAU

			Quality asse	ssment			No of patients			Effect	Orralita	T	
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: post- miscarriage self-help versus TAU	Control	Relative (95% CI)	Absolute	Quanty	Importance	
-	ression symptomatology post-treatment – ITT analysis (follow-up mean 5 weeks; assessed with: Brief Symptom Inventory (BSI): Depression (Treatment non-response age index))												
1		no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	22/45 (48.9%)	25/33 (75.8%)	RR 0.65 (0.45 to 0.92)	265 fewer per 1000 (from 61 fewer to 417 fewer)	⊕⊕OO LOW		
								75.8%		265 fewer per 1000 (from 61 fewer to 417 fewer)			
-	on symptoma (hange index))	0, 1	treatment – avail	able case analys	sis (follow-up) mean 5 weeks; a	ssessed with: Brief Syn	nptom In	ventory (BS] I): Depression (Treat	ment nor	n-response	

1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	10/33 (30.3%)	18/26 (69.2%) 69.2%	RR 0.44 (0.25 to 0.78)	388 fewer per 1000 (from 152 fewer to 519 fewer) 388 fewer per 1000 (from 152 fewer to 519 fewer)	⊕⊕OO LOW	
Depress	ion mean score	es post-treat	ment – ITT anal	ysis (follow-up s	5-12 weeks; n	neasured with: Br	ief Symptom Inventory	(BSI): De	epression of	Center for Epidemic	logical St	udies
Depress	ion Scale (CES	5-D); better i	ndicated by low	er values)								
2	randomised trials	no serious risk of bias	very serious ²	no serious indirectness	serious ³	none	131	119	-	SMD 0.3 lower (1.19 lower to 0.6 higher)	⊕OOO VERY LOW	
Depress	ion mean score	es long follo	w-up (25-103 we	eks post-interve	ention) – ITT	analysis (follow-	up mean 46 weeks; mea	sured wi	th: Center f	or Epidemiological St	udies De	oression
-	ES-D); better i	•			,	• •						
1		no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ³	none	86	86	-	SMD 0.15 lower (0.45 lower to 0.15 higher)	⊕⊕OO LOW	

² There was evidence of considerable heterogeneity between effect sizes

³ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.7 Depression: post-miscarriage facilitated self-help versus TAU

	Quality assessment						No of patients		Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: post- miscarriage facilitated self- help versus TAU	Relative (95% CI)	Absolute		

Depressie lower val		es post-treati	ment – ITT analy	sis (follow-up m	ean 12 week	s; measured with:	Center for Epidemiological	Studies	Depress	ion Scale (CES-D); b	etter ind	icated by
lower val	luesj											
1	randomised	no serious	no serious	no serious	very	none	85	86	-	SMD 0.13 higher	$\oplus \oplus OO$	
	trials	risk of bias	inconsistency	indirectness	serious ¹					(0.17 lower to 0.43	LOW	
										higher)		
	<u> </u>		(2= 402									
-		0	w-up (25-103 wee lower values)	eks podt-interve	ntion) – ITT a	analysis (follow-u	p mean 46 weeks; measured	with: C	enter for	Epidemiological St	udies De	pression
Scale (CI	13-D), better in		lower values)									
1	randomised	no serious	no serious	no serious	very	none	85	86	-	SMD 0.1 lower (0.4	$\oplus \oplus OO$	
	trials	risk of bias	inconsistency	indirectness	serious ¹					lower to 0.2 higher)	LOW	

¹ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.8 Depression: listening visits versus TAU

		Quality ass	sessment			No of patier	nts		Effect	Quality	Turnorston co
Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: listening visits versus TAU	Control	Relative (95% CI)	Absolute	Quanty	Importance
n diagnosis j	post-treatm	lent – ITT analys	is (follow-up mo	ean 20 weeks; a	ssessed with: stru	ctured Clinical Int	erview (S	CID))			
rials	risk of		no serious indirectness	very serious ^{1,2}	none	22/48 (45.8%)	32/52 (61.5%)	RR 0.74 (0.51 to 1.08)	160 fewer per 1000 (from 302 fewer to 49 more)	⊕⊕OO LOW	
							61.5%		160 fewer per 1000 (from 301 fewer to 49 more)		
aı	diagnosis p ndomised als	Design bias diagnosis post-treatm ndomised no serious	Design Risk of bias Inconsistency diagnosis post-treatment - ITT analys ndomised no serious risk of	Design bias Inconsistency Indirectness a diagnosis post-treatment - ITT analysis (follow-up me ndomised no serious no serious ials no serious no serious indirectness no serious indirectness	Design Risk of bias Inconsistency Indirectness Imprecision a diagnosis post-treatment - ITT analysis (follow-up mean 20 weeks; a ndomised no serious risk of inconsistency no serious no serious inconsistency no serious inconsistency no serious indirectness	Design Risk of bias Inconsistency Indirectness Imprecision Other considerations a diagnosis post-treatment - ITT analysis (follow-up mean 20 weeks; assessed with: strundomised no serious inconsistency no serious no serious indirectness very serious ^{1,2} none	Design Risk of bias Inconsistency Indirectness Imprecision Other considerations Depression: listening visits versus TAU a diagnosis post-treatment - ITT analysis (follow-up mean 20 weeks; assessed with: structured Clinical International inconsistency no serious no serious inconsistency no serious very serious ^{1,2} none 22/48 (45.8%)	Design Risk of bias Inconsistency Indirectness Imprecision Other considerations Depression: listening visits versus TAU Control o diagnosis post-treatment - ITT analysis (follow-up mean 20 weeks; assessed with: structured Clinical Interview (Sono serious indirectness indirectness indirectness No serious ^{1,2} None 22/48 32/52 32/52 (61.5%) indomised ials no serious post-treatment inconsistency indirectness very serious ^{1,2} none 22/48 32/52 (61.5%)	Design Risk of bias Inconsistency Indirectness Imprecision Other considerations Depression: listening visits versus TAU Control (95% CI) a diagnosis post-treatment - ITT analysis (follow-up mean 20 weeks; assessed with: structured Clinical Interview (SCID)) none 22/48 (45.8%) 32/52 (61.5%) RR 0.74 (0.51 to 1.08)	Design Risk of bias Inconsistency Indirectness Imprecision Other considerations Depression: listening visits versus TAU Control Relative (95% CI) Absolute a diagnosis post-treatment - ITT analysis (follow-up mean 20 weeks; assessed with: structured Clinical Interview (SCID)) no serious no serious	Design Risk of bias Inconsistency Indirectness Imprecision Other considerations Depression: listening visits versus TAU Control Relative (95% CI) Absolute Quality a diagnosis post-treatment - ITT analysis (follow-up mean 20 weeks; assessed with: structured Clinical Interview (SCID) none 22/48 32/52 RR 0.74 160 fewer per 1000 \$\Phi \Phi \OV ndomised ials no serious inconsistency no serious indirectness very serious ^{1,2} none 22/48 32/52 RR 0.74 160 fewer per 1000 \$\Phi \Phi \OV 1.08) inconsistency indirectness very serious ^{1,2} none 22/48 31/252 160 fewer per 1000 \$\Phi \Phi \OV 1.08) indirectness indirectness indirectness very serious ^{1,2} none 21/45.8% 160 fewer per 1000 \$\Phi \OV

	randomised trials	no serious risk of bias	serious ³	no serious indirectness	very serious ¹	reporting bias ⁴	33/89 (37.1%)	57/90 (63.3%)	See comment	317 fewer per 1000 (from 82 fewer to 551 fewer)	⊕OOO VERY LOW
								62.5%		312 fewer per 1000 (from 81 fewer to 544 fewer)	
press	ion symptoma	itology post	t-treatment – ITT	analysis (follo	w-up 26-52 wee	ks; assessed with: 1	Edinburgh postr	natal Depre	ssion Scale	(EPDS) ≥12)	<u> </u>
	randomised	no serious	no serious	no serious	no serious	reporting bias ⁴	176/372	334/739	RR 0.96	18 fewer per 1000	⊕⊕⊕O
	trials	risk of bias	inconsistency	indirectness	imprecision		(47.3%)	(45.2%)	(0.84 to 1.09)	(from 72 fewer to 41 more)	MODERATE
								49.4%		20 fewer per 1000 (from 79 fewer to 44 more)	
press	ion symptoma	itology post	-treatment – ava	ilable case anal	ysis (follow-up	26-52 weeks; asses	sed with: Edinb	urgh postna	atal Depress	ion Scale (EPDS) ≥	12)
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ^{1,2}	reporting bias ⁴	84/280 (30%)	200/605 (33.1%)	RR 0.82 (0.66 to 1.01)	60 fewer per 1000 (from 112 fewer to 3 more)	⊕⊕OO LOW
								37.3%		67 fewer per 1000 (from 127 fewer to 4 more)	
press ues)	ion mean scor	es post-trea	tment – availabl	e case analysis	(follow-up 20-26	6 weeks; measured	with: Edinburg		Depression	(from 127 fewer to 4 more)	er indicated by lower

1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	17/48 (35.4%)	19/52 (36.5%)	RR 0.97 (0.57 to 1.64)	11 fewer per 1000 (from 157 fewer to 234 more)	⊕⊕OO LOW	
								36.5%		11 fewer per 1000 (from 157 fewer to 234 more)		
Depressi (SCID))	on diagnosis	intermedia	e follow-up (17-	24 weeks post-in	ntervention) – a	vailable case ana	ysis (follow-up me	an 20 we	eks; assessed	d with: structured (Clinical Interv	iew
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	16/47 (34%)	15/48 (31.3%)	RR 1.09 (0.61 to 1.94)	28 more per 1000 (from 122 fewer to 294 more)	⊕⊕OO LOW	
								31.3%		28 more per 1000 (from 122 fewer to 294 more)		
-				-		 by intervention ndicated by lowe 	(follow-up 4-12 we r values)	eks; mea	sured with:	Edinburgh postnat	al Depression	Scale
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ⁵	none	99	98	-	SMD 0.07 lower (0.35 lower to 0.21 higher)	⊕⊕⊕O MODERATE	
-			liate follow-up (1 lower values)	7-24 weeks pos	t-intervention)	- available case a	nalysis (follow-up i	mean 20 ·	weeks; meas	ured with: Edinbu	rgh postnatal 1	Depression
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ⁵	none	46	48	-	SMD 0.07 higher (0.33 lower to 0.48 higher)	⊕⊕OO LOW	
Depressi	on diagnosis	long follow	-up (25-103 weeł	s post-interven	tion) – ITT ana	lysis (follow-up n	nean 20 weeks; asse	ssed wit	h: structured	Clinical Interview	(SCID))	
1	randomised trials	no serious risk of bias		no serious indirectness	very serious ^{1,2}	none	17/48 (35.4%)	13/52 (25%)	RR 1.42 (0.77 to 2.6)	105 more per 1000 (from 58 fewer to 400 more)	⊕⊕OO LOW	

								25%		105 more per 1000 (from 58 fewer to 400 more)		
ression	n diagnosis l	long follow	-up (25-103 weel	ks post-interven	ition) – availabl	e case analysis (fo	ollow-up mean 20	weeks; as	sessed with:	structured Clinical	Interview (SC	CID))
		no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	14/45 (31.1%)	9/48 (18.8%)	RR 1.66 (0.8 to 3.45)	124 more per 1000 (from 37 fewer to 459 more)	⊕⊕OO LOW	
								18.8%		124 more per 1000 (from 38 fewer to 461 more)		
ression	n symptoma	tology long	; follow-up (25-1	03 weeks post-i	ntervention) – I	TT analysis (follo	w-up mean 78 we	eks; asses	sed with: Ge	neral Health Quest	ionnaire (GH	Q) ≥12
	ials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias ⁴	117/183 (63.9%)	357/548 (65.1%)	RR 0.98 (0.87 to 1.11)	13 fewer per 1000 (from 85 fewer to 72 more)	⊕⊕⊕O MODERATE	
								65.2%		13 fewer per 1000 (from 85 fewer to 72 more)		
		tology long	; follow-up (25-1	03 weeks post-i	ntervention) – a	vailable case ana	lysis (follow-up n		eks; assessed	(from 85 fewer to	alth Question	naire
(Q) ≥12	andomised	no serious		03 weeks post-i no serious indirectness	ntervention) – a	wailable case ana reporting bias ⁴	lysis (follow-up n 70/136 (51.5%)		eks; assessed RR 0.96 (0.79 to 1.15)	(from 85 fewer to 72 more)	⊕⊕00	naire

1	trials	bias	inconsistency	no serious indirectness	5		44	48	-	SMD 0.14 higher (0.26 lower to 0.55 higher)	⊕⊕OO LOW	
Depress	ion diagnosis	Very long f	ollow-up (>104 v	weeks post-inter	rvention) – ITT	analysis (follow-	up mean 260 weeks	; assessed	l with: struc	tured Clinical Interv	view (SCID))	
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	22/48 (45.8%)	13/52 (25%)	RR 1.83 (1.04 to 3.22)	208 more per 1000 (from 10 more to 555 more)	⊕⊕OO LOW	
								25%		208 more per 1000 (from 10 more to 555 more)		
Depress	ion diagnosis	Very long f	follow-up (>104 v	veeks post-inter	rvention) – avai	lable case analysi	s (follow-up mean	260 week	s; assessed	with: structured Clin	nical Interview	v (SCID))
L	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	7/33 (21.2%)	9/37 (24.3%)	RR 0.87 (0.37 to 2.08)	32 fewer per 1000 (from 153 fewer to 263 more)	⊕⊕OO LOW	
								24.3%		32 fewer per 1000 (from 153 fewer to 262 more)		
-	ion mean score PDS); better in	-		4 weeks post-in	tervention) – av	vailable case anal	ysis (follow-up mea	an 260 we	eks; measu	red with: Edinburgh	postnatal De	pression
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{2,5}	none	33	34	-	SMD 0.19 lower (0.67 lower to 0.29	⊕⊕OO LOW	

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25) ³ There was evidence of moderate to substantial heterogeneity between effect sizes

⁴ Papers omit data

⁵ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.9 Depression: directive counselling versus TAU

			Quality asse	ssment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: directive counselling versus TAU	Control	Relative (95% CI)	Absolute	Quanty	Importance
Depressi	on symptoma	tology post-	treatment – ITT a	nalysis (follow-	up mean 12 v	veeks; assessed w	ith: Beck Depression I	nventory	(BDI) ≥16)			
L	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	69/113 (61.1%)	28/33 (84.8%)	RR 0.72 (0.59 to 0.88)	238 fewer per 1000 (from 102 fewer to 348 fewer)	⊕⊕OO LOW	
								84.9%		238 fewer per 1000 (from 102 fewer to 348 fewer)		
Depressi	on symptoma	tology post-	treatment – avail	able case analys	is (follow-up	mean 12 weeks; a	ssessed with: Beck De	pression	Inventory (BDI) ≥16)		
L	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	28/72 (38.9%)	13/18 (72.2%)	RR 0.54 (0.36 to 0.81)	332 fewer per 1000 (from 137 fewer to 462 fewer)	⊕⊕OO LOW	
								72.2%		332 fewer per 1000 (from 137 fewer to 462 fewer)	-	
Depressi	on mean score	es post-treat	ment – available	case analysis (fo	llow-up mea	n 12 weeks; meas	ured with: Beck Depres	sion Inv	entory (BDI); better indicated by	lower va	alues)
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ^{2,3}	none	72	18	-	SMD 0.42 lower (0.95 lower to 0.1 higher)		
	on mean score l by lower val		w-up (25-103 wee	ks post-interve	ntion) – availa	able case analysis	(follow-up mean 52 wo	eeks; me	asured with	: Beck Depression In	ventory ((BDI); better

F	1	randomised	no serious	no serious	no serious	very	none	37	8	-	SMD 1.46 lower (2.29	$\oplus \oplus OO$	
		trials	risk of bias	inconsistency	indirectness	serious ²					to 0.63 lower)	LOW	

² Total population size is less than 400 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.3.10 Depression: post-miscarriage counselling versus TAU

			Quality asses	sment			No of patients			Effect	Ouality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: post- miscarriage counselling versus TAU		Relative (95% CI)	Absolute	~ ,	Ĩ
-		-	nent – ITT analys cated by lower va	· •	2 weeks; mea	sured with: Cent	er for Epidemiological Stu	dies De	pression §	Scale (CES-D) or Ha	milton R	ating Scale
2	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	94	95	-	SMD 0.17 higher (0.12 lower to 0.46 higher)	⊕⊕OO LOW	
-		-	nent – available c ter indicated by l	• •	low-up 2-7 we	eeks; measured w	ith: hamilton Rating Scale	for Dep	pression (l	HRSD) or Hospital A	Anxiety a	and
2	randomised trials		no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	41	40	-	SMD 0.14 higher (0.29 lower to 0.58 higher)	⊕⊕OO LOW	
-			ate follow-up (17- ter indicated by l	-	ntervention) -	available case an	alysis (follow-up mean 17	weeks;	measured	l with: Hospital Anx	iety and	
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	33	33	-	SMD 0.23 lower (0.71 lower to 0.26 higher)	⊕⊕OO LOW	

-	on mean score ES-D); better ir	0	- `	cs post-intervent	tion) – ITT an	alysis (follow-up	mean 46 weeks; measured	with: C	enter for	Epidemiological Stu	idies Dej	pression
1	randomised	no serious	no serious	no serious	very serious ¹	none	84	86	-	SMD 0.08 lower	$\oplus \oplus OO$	
	trials	risk of bias	inconsistency	indirectness						(0.38 lower to 0.22	LOW	
										higher)		

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.3.11 Depression: post-traumatic birth counselling versus TAU

		Quality asses	sment			No of patients			Effect	Ouality	Importance
Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: post- traumatic birth counselling versus TAU	Control	Relative (95% CI)	Absolute	~ ,	
n symptomat	ology post-	treatment – ITT a	inalysis (follow	-up mean 13	weeks; assessed	with: Edinburgh postnata	l Depres	sion Scale (l	EPDS) ≥12)	<u> </u>	
andomised a	no serious	no serious	no serious	very	none	4/50	17/53	RR 0.25	241 fewer per 1000	$\oplus \oplus OO$	
rials	risk of bias	inconsistency	indirectness	serious ¹		(8%)	(32.1%)	(0.09 to	(from 99 fewer to	LOW	
								0.69)	292 fewer)		
									241 fewer per 1000		
							32.1%		(from 100 fewer to		
									292 fewer)		
n symptomat	ology post-	treatment – avail	able case analys	is (follow-up	o mean 13 weeks;	assessed with: Edinburgh	n postnat	al Depressi	on Scale (EPDS) ≥12)	
andomised	no serious	no serious	no serious	very	none	4/50	17/53	RR 0.25	241 fewer per 1000	$\oplus \oplus OO$	
rials	risk of bias	inconsistency	indirectness	serious ¹		(8%)	(32.1%)	(0.09 to	(from 99 fewer to	LOW	
		-						0.69)	292 fewer)		
n	symptomat ndomised ials symptomat	Design bias symptomatology post- ndomised no serious ials risk of bias symptomatology post- ndomised no serious	Design Risk of bias Inconsistency symptomatology post-treatment - ITT a andomised no serious no serious ndomised no serious no serious inconsistency ials risk of bias inconsistency symptomatology post-treatment - avail andomised no serious ndomised no serious no serious ndomised no serious no serious	Design bias Inconsistency Indirectness symptomatology post-treatment - ITT analysis (follow- ndomised no serious no serious ials no serious no serious no serious isids symptomatology post-treatment - ITT analysis (follow- indirectness symptomatology post-treatment - available case analyse ndomised no serious no serious ndomised no serious no serious	DesignRisk of biasInconsistencyIndirectnessImprecisiona symptomatology post-treatment - ITT analysis (follow-up mean 13ndomisedno seriousno seriousno seriousialsno seriousno seriousno seriousserious1a symptomatology post-treatment - available case analysis (follow-upserious1a symptomatology post-treatment - available case analysis (follow-upndomisedno seriousno serious	DesignRisk of biasInconsistencyIndirectnessImprecisionOther considerationsa symptomatology post-treatment - ITT analysis (follow-up mean 13 weeks; assessed to ndomised ialsno serious no serious inconsistencyno serious indirectnessvery serious1nonea symptomatology post-treatment - available case analysis (follow-up mean 13 weeks; andomised no serious in consistencyno serious no serious1none	Design Risk of bias Inconsistency Indirectness Imprecision Other considerations Depression: post-traumatic birth counselling versus TAU symptomatology post-treatment - ITT analysis (follow-up mean 13 weeks; assessed with: Edinburgh postnatal ndomised ials no serious no serious in o serious indirectness very serious ¹ none 4/50 (8%) symptomatology post-treatment - available case analysis (follow-up mean 13 weeks; assessed with: Edinburgh postnatal indirectness none 4/50 (8%) symptomatology post-treatment - available case analysis (follow-up mean 13 weeks; assessed with: Edinburgh none 4/50 (8%)	Design Risk of bias Inconsistency Indirectness Imprecision Other considerations Depression: post-traumatic birth counselling versus TAU Control a symptomatology post-treatment – ITT analysis (follow-up mean 13 weeks; assessed with: Edinburgh postnatal Depressions indirectness no serious no serious no serious no serious 17/53 ials no serious no serious indirectness very none 4/50 17/53 usymptomatology post-treatment – available case analysis (follow-up mean 13 weeks; assessed with: Edinburgh postnatal Depressions) 32.1% a symptomatology post-treatment – available case analysis (follow-up mean 13 weeks; assessed with: Edinburgh postnatal Depressions) 32.1% ndomised no serious no serious very none 4/50 17/53 a symptomatology post-treatment – available case analysis (follow-up mean 13 weeks; assessed with: Edinburgh postnatal 32.1%	Design Risk of bias Inconsistency Indirectness Imprecision Other considerations Depression: post-traumatic birth counselling versus TAU Control Relative (95% CI) symptomatology post-treatment - ITT analysis (follow-up mean 13 weeks; assessed with: Edinburgh postnatal Depression Scale (1) no serious no serious no serious no serious no serious indirectness very none 4/50 17/53 RR 0.25 (0.09 to 0.69) 0.69) symptomatology post-treatment - available case analysis (follow-up mean 13 weeks; assessed with: Edinburgh postnatal Depression Scale (1) 32.1% 32.1% RR 0.25 (0.09 to 0.69) 0.69) symptomatology post-treatment - available case analysis (follow-up mean 13 weeks; assessed with: Edinburgh postnatal Depression Scale (1) 32.1% RR 0.25 (0.09 to 0.69) 0.69)	Design Risk of bias Inconsistency Indirectness Imprecision Other considerations Depression: post-traumatic birth counselling versus TAU Control Relative (95% CI) Absolute asymptomatology post-treatment - ITT analysis (follow-up mean 13 weeks; assessed with: Edinburgh postnatal Depression Scale (EPDS) ≥12) ndomised ials no serious inconsistency no serious indirectness no serious' serious indirectness no serious' serious' no serious' indirectness none 4/50 (8%) 17/53 (32.1%) RR 0.25 (0.09 to 0.69) 241 fewer per 1000 (from 99 fewer to 292 fewer) asymptomatology post-treatment - available case analysis (follow-up mean 13 weeks; assessed with: Edinburgh postnatal Depression Scale (EPDS) ≥12 241 fewer per 1000 (from 100 fewer to 292 fewer) asymptomatology post-treatment - available case analysis (follow-up mean 13 weeks; assessed with: Edinburgh postnatal Depression Scale (EPDS) ≥12 ndomised ials no serious in o serious indirectness no serious indirectness none 4/50 (8%) 17/53 (32.1%) RR 0.25 (241 fewer per 1000 (from 99 fewer to 292 fewer) als no serious indirectness no serious indirectness none 4/50 (8%) 17/53 (32.1%) RR 0.25 (0.09 to 292 fewer) 241 fewer per 1000 (from 99 fewer to 292 fewer)	Design Risk of bias Inconsistency Indirectness Imprecision Other considerations Depression: post-traumatic birth counselling versus TAU Control Relative (95% CI) Absolute Absolute Quality asymptomatology post-treatment - ITT analysis (follow-up mean 13 weeks; assessed with: Edinburgh postnatal Depression Scale (EPDS) ≥12) Indirectness very none 4/50 17/53 RR 0.25 241 fewer per 1000 000 000 000 100000 1000000 1000000 1000000 1000000 1000000 10000000 10000000 10000000 1000000000 1000000000 1000000000000 10000000000000000 100000000000000000000000000000 1000000000000000000000000000000000000

						32.1%		241 fewer per 1000 (from 100 fewer to 292 fewer)			
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1.3.12Depression: social support versus TAU

			Quality ass	essment			No of patien	ıts		Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: social support versus TAU	Control	Relative (95% CI)	Absolute		
Depressi	on diagnosis	post-treatm	ent – ITT analys	is (follow-up m	ean 12 weeks; a	ssessed with: str	uctured Clinical Int	erview (S	CID))		L	
1		no serious risk of bias		no serious indirectness	very serious ^{1,2}	reporting bias ³	66/349 (18.9%)	60/352 (17%)	RR 1.11 (0.81 to 1.52)	19 more per 1000 (from 32 fewer to 89 more)	⊕OOO VERY LOW	
								17.1%		19 more per 1000 (from 32 fewer to 89 more)		
Depressi	on diagnosis	post-treatm	ent – available ca	ase analysis (fol	low-up mean 1	2 weeks; assesse	d with: structured C	linical In	terview (SC	ID))	I	I
1		no serious risk of bias		no serious indirectness	very serious ¹	reporting bias ³	14/297 (4.7%)	23/315 (7.3%)	See comment	26 fewer per 1000 (from 60 fewer to 10 more)	⊕OOO VERY LOW	
								7.3%		26 fewer per 1000 (from 60 fewer to 10 more)		

Depression symptomatology post-treatment – ITT analysis (follow-up 8-14 weeks; assessed with: Beck Depression Inventory (BDI) ≥10 or Edinburgh postnatal Depression Scale (EPDS) ≥12)

						1						
random			no serious	no serious	very serious ^{1,2}	none	109/403	145/404	RR 0.69	111 fewer per 1000	⊕⊕OO	
trials	risk of	bias	inconsistency	indirectness			(27%)	(35.9%)	(0.47 to	(from 190 fewer to	LOW	
									1.01)	4 more)		
										169 fewer per 1000		
								54.6%		(from 289 fewer to		
										5 more)		
										,		
pression sym ale (EPDS) ≥12	0,	post-	-treatment – ava	ilable case anal	ysis (follow-up	8-14 weeks; asses	sed with: Beck De	epression I	nventory (B	DI) ≥10 or Edinburg	h postnatal D	epress
random	ised no serie	0115	no serious	no serious	serious ¹	none	53/347	107/366	RR 0.52	140 fewer per 1000	⊕⊕⊕O	
trials			inconsistency	indirectness	serious	none	(15.3%)		(0.39 to 0.7)	(from 88 fewer to		
	11511 01	o luo .					(2010/0)	(_>/)	(0.05 to 0.17)	178 fewer)		
										252 fewer per 1000		
								52.4%		(from 157 fewer to		
										320 fewer)		
										,		
pression mean	scores post-	treat	ment – availabl	e case analysis ((follow-up 12-14	1 weeks: measure	d with: Beck Deni	ression Inv	entory (BDI) or Edinburgh post	natal Depress	ion Sc
PDS); better in	dicated by lo	wer	values)	-		1			rentory (BDI) or Edinburgh post	-	ion Sc
PDS); better in	dicated by lo	wer		no serious	(follow-up 12-1 4) serious ²	4 weeks; measure none	d with: Beck Depr 350	ression Inv	rentory (BDI	SMD 0.12 lower	⊕000	ion Sc
'DS); better ir	dicated by lo	wer	values)	-		1			rentory (BDI	SMD 0.12 lower (0.68 lower to 0.45	⊕000	ion So
PDS); better in	dicated by lo	wer	values)	no serious		1			rentory (BDI	SMD 0.12 lower	⊕000	ion S
PDS); better in random trials	dicated by lo	wer ous bias	values) very serious ⁴	no serious indirectness	serious ²	none	350	373	-	SMD 0.12 lower (0.68 lower to 0.45	⊕000 VERY LOW	
PDS); better ir random trials	dicated by lo ised no seri- risk of otomatology	wer bus bias	values) very serious ⁴	no serious indirectness	serious ² tervention) – IT	none	350 v-up mean 24 wee	373 ks; assesse	-	SMD 0.12 lower (0.68 lower to 0.45 higher) nburgh postnatal De	⊕000 VERY LOW	
PDS); better ir random trials pression sym; 2) random	dicated by lo ised no seri- risk of otomatology ised no seri-	wer bias shor	values) very serious ⁴ t follow-up (9-16 no serious	no serious indirectness weeks post-in no serious	serious ² tervention) – IT	none T analysis (follov	350 v-up mean 24 wee 93/349	373 ks; assesse 84/352	- ed with: Edir RR 1.12	SMD 0.12 lower (0.68 lower to 0.45 higher) hurgh postnatal De 29 more per 1000	⊕000 VERY LOW epression Scal	
PDS); better ir random trials pression symp 2)	dicated by lo ised no seri- risk of otomatology ised no seri-	wer bias shor	values) very serious ⁴ t follow-up (9-16	no serious indirectness weeks post-in	serious ² tervention) – IT	none T analysis (follov	350 v-up mean 24 wee	373 ks; assesse	ed with: Edir	SMD 0.12 lower (0.68 lower to 0.45 higher) nburgh postnatal De	⊕000 VERY LOW	
PDS); better ir random trials pression sym; 2) random	dicated by lo ised no seri- risk of otomatology ised no seri-	wer bias shor	values) very serious ⁴ t follow-up (9-16 no serious	no serious indirectness weeks post-in no serious	serious ² tervention) – IT	none T analysis (follov	350 v-up mean 24 wee 93/349	373 ks; assesse 84/352	ed with: Edir RR 1.12 (0.87 to	SMD 0.12 lower (0.68 lower to 0.45 higher) 1burgh postnatal De 29 more per 1000 (from 31 fewer to	⊕000 VERY LOW epression Scal	
PDS); better ir random trials pression sym; 2) random	dicated by lo ised no seri- risk of otomatology ised no seri-	wer bias shor	values) very serious ⁴ t follow-up (9-16 no serious	no serious indirectness weeks post-in no serious	serious ² tervention) – IT	none T analysis (follov	350 v-up mean 24 wee 93/349	373 ks; assesse 84/352	ed with: Edir RR 1.12 (0.87 to	SMD 0.12 lower (0.68 lower to 0.45 higher) nburgh postnatal De 29 more per 1000 (from 31 fewer to 105 more)	⊕000 VERY LOW epression Scal	
PDS); better ir random trials pression sym; 2) random	dicated by lo ised no seri- risk of otomatology ised no seri-	wer bias shor	values) very serious ⁴ t follow-up (9-16 no serious	no serious indirectness weeks post-in no serious	serious ² tervention) – IT	none T analysis (follov	350 v-up mean 24 wee 93/349	373 ks; assesse 84/352 (23.9%)	ed with: Edir RR 1.12 (0.87 to	SMD 0.12 lower (0.68 lower to 0.45 higher) nburgh postnatal De 29 more per 1000 (from 31 fewer to 105 more) 29 more per 1000	⊕000 VERY LOW epression Scal	

Depression symptomatology short follow-up (9-16 weeks post-intervention) – available case analysis (follow-up mean 24 weeks; assessed with: Edinburgh postnatal Depression Scale (EPDS) ≥12)

	randomised	no serious	no serious	no serious	very serious ^{1,2}	none	33/289	43/311	RR 0.83	24 fewer per 1000	$\oplus \oplus OO$	
	trials	risk of bias	inconsistency	indirectness			(11.4%)	(13.8%)	(0.54 to	(from 64 fewer to	LOW	
									1.26)	36 more)		
										23 fewer per 1000		
								13.8%		(from 63 fewer to		
										36 more)		
										/		
			- ·	ks post-interve	ntion) – availab	le case analysis (i	follow-up mean 24	weeks; m	easured wit	h: Edinburgh postna	atal Depressi	on Sca
	on mean scor oetter indicate		- ·	ks post-interve	ntion) – availab	le case analysis (follow-up mean 24	weeks; m	easured wit	,	atal Depressi	on Sca
DS); 1		ed by lower	- ·	ks post-interve	,	le case analysis (: none	follow-up mean 24	311	easured wit	,	atal Depressio ⊕⊕⊕⊕	on Sca
DS); 1	oetter indicate	ed by lower	values)	•	,	, , , , , , , , , , , , , , , , , , ,				h: Edinburgh postna	•	on Sca

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

³ Papers omit data

⁴ There was evidence of considerable heterogeneity between effect sizes

1.3.13Depression: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU

			Quality ass	essment			No of patients		I	Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other	Depression: psychologically (CBT/IPT)-informed psychoeducation versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	Quality	Importance
-	•	-		• • •	•		ini International Neuropsych ew (SCID) or Longitudinal In					Disorders

t	andomised rials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias ³	69/556 (12.4%)	70/429 (16.3%)	RR 0.67 (0.41 to 1.08)	54 fewer per 1000 (from 96 fewer to 13 more)	⊕OOO VERY LOW	
								23.9%		79 fewer per 1000 (from 141 fewer to 19 more)		
							d with: schedule for Affect Examination (LIFE))	ive Disorde	ers and Sch	izophrenia (SA)	DS) or Matern	al Moo
	randomised rials	no serious risk of bias	very serious ⁴	no serious indirectness	very serious ^{1,2}	reporting bias ³	22/240 (9.2%)	38/224 (17%)	See comment	98 fewer per 1000 (from 200 fewer to 10 more)	⊕OOO VERY LOW	
								21.9%		127 fewer per 1000 (from 258 fewer to 13 more)		
- pressi		DS) ≥13 o					vith: hopkins Symptom Ch Inventory of Depressive S					
epressio eatmer	on Scale (EP	DS) ≥13 o nse)										

10	andomised	no	no serious	no serious	serious ¹	none	132/494	161/503	RR 0.82	58 fewer per	$\oplus \oplus \oplus O$	
tı	rials	serious	inconsistency	indirectness			(26.7%)	(32%)	(0.68 to	1000 (from 6	MODERATE	
		risk of							0.98)	fewer to 102		
		bias								fewer)		
										82 fewer per		
										1000 (from 9		
								45.8%		fewer to 147		
										fewer)		
										lewer)		
					7-up 4-31 week	cs; measured with	n: Edinburgh postnatal De	pression Sca	le (EPDS) o	or Center for Ep	idemiological S	Studie
pressio	on Scale (CE	S-D); bett	er indicated by	lower values)								
ra	andomised	no	serious ⁴	no serious	no serious	none	218	218	-	SMD 0.25	⊕⊕⊕O	
tı	rials	serious		indirectness	imprecision					lower (0.58	MODERATE	
		risk of			-					lower to 0.08		
		IISK OI										
		bias								higher)		
		bias res post-ti					sured with: Beck Depress ssion Scale (CES-D); better				ion Inventory ((BDI) o
linburg		bias res post-tr Depressio								or Beck Depress	⊕⊕⊕O	BDI) o
linburg ra	candomised	bias res post-tr Depression no serious	n Scale (EPDS)	or Center for E	pidemiologica	al Studies Depres	ssion Scale (CES-D); better	r indicated b		r Beck Depress ues) SMD 0.26 lower (0.48 to	⊕⊕⊕O	BDI) o
linburg ra tı	th postnatal randomised rials	bias res post-tr Depression no serious risk of bias	no serious inconsistency	or Center for F	serious ⁵	none	ssion Scale (CES-D); better	r indicated by	y lower val	SMD 0.26 lower (0.48 to 0.05 lower)	⊕⊕⊕O MODERATE	
inburg ra ti	th postnatal randomised rials	bias res post-tr Depression serious risk of bias res short f	no serious inconsistency	or Center for F	serious ⁵	none	ssion Scale (CES-D); better	r indicated by	y lower val	SMD 0.26 lower (0.48 to 0.05 lower)	⊕⊕⊕O MODERATE	
epressio dicated	th postnatal randomised rials on mean sco by lower va	bias res post-tr Depression serious risk of bias res short f ilues)	no serious inconsistency	or Center for F	serious ⁵	none T analysis (follow	ssion Scale (CES-D); better	r indicated by	y lower val	SMD 0.26 lower (0.48 to 0.05 lower)	⊕⊕⊕O MODERATE ion Scale (EPDS	
epressio dicated	th postnatal randomised rials on mean sco by lower va	bias res post-tr Depression serious risk of bias res short f ilues) no	no serious inconsistency collow-up (9-16 v	or Center for F no serious indirectness weeks post-into	serious ⁵	none	ssion Scale (CES-D); bette: 185 w-up 13-27 weeks; measur	r indicated by	y lower val	stnatal Depress	⊕⊕⊕O MODERATE ion Scale (EPDS	
epressio dicated	th postnatal randomised rials on mean sco by lower va	bias res post-tr Depression serious risk of bias res short f ilues)	no serious inconsistency	or Center for F	serious ⁵	none T analysis (follow	ssion Scale (CES-D); bette: 185 w-up 13-27 weeks; measur	r indicated by	y lower val	r Beck Depress ues) SMD 0.26 lower (0.48 to 0.05 lower) stnatal Depress	⊕⊕⊕O MODERATE ion Scale (EPDS	
epressio dicated	th postnatal randomised rials on mean sco by lower va randomised rials	bias res post-tr Depression serious risk of bias res short f tlues) no serious risk of bias	no serious inconsistency follow-up (9-16 m no serious inconsistency	or Center for F	serious ⁵ ervention) – IT	al Studies Depres	ssion Scale (CES-D); bette: 185 w-up 13-27 weeks; measur	r indicated by 166 red with: Edi	y lower val	stratal Depress SMD 0.26 lower (0.48 to 0.05 lower) stratal Depress SMD 0.37 lower (0.63 to 0.11 lower)	⊕⊕⊕O MODERATE ion Scale (EPDS ⊕⊕⊕O MODERATE	S); bett

	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ⁵	reporting bias ³	53	47	-	SMD 0.42 lower (0.82 to 0.02 lower)	⊕OOO VERY LOW	
-	0		- ·	-		n) – ITT analysis laternal Mood Sc	(follow-up 6-36 weeks; ass reener (MMS))	essed with:	mini Inter	national Neuroj	psychiatric Inte	erview
	randomised trials	serious ⁶	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias ³	62/425 (14.6%)	35/309 (11.3%)	RR 1.1 (0.75 to 1.6)	11 more per 1000 (from 28 fewer to 68 more)	⊕OOO VERY LOW	
								8.6%		9 more per 1000 (from 22 fewer to 52 more)		
	ion diagnosi	• • •									· · · · · ·	
			liate follow-up (rnal Mood Scree		ost-intervention	n) – available cas	e analysis (follow-up 26-36	weeks; asso	essed with	schedule for A	ffective Disord	lers an
	phrenia (SADS randomised trials				_	n) – available cas reporting bias ³	e analysis (follow-up 26-36 17/116 (14.7%)	weeks; asso 15/117 (12.8%)	RR 1.1 (0.58 to 2.09)	13 more per 1000 (from 54 fewer to 140 more)	⊕000 VERY LOW	lers an
	phrenia (SADS randomised trials	5) or Mate no serious risk of	no serious	no serious	_		17/116	15/117	RR 1.1 (0.58 to	13 more per 1000 (from 54 fewer to 140	⊕000	ders and
chizop	randomised trials	5) or Mate no serious risk of bias res interm	no serious inconsistency ediate follow-u	no serious indirectness	very serious ^{1,2}	reporting bias ³	17/116	15/117 (12.8%) 7.7%	RR 1.1 (0.58 to 2.09)	13 more per 1000 (from 54 fewer to 140 more) 8 more per 1000 (from 32 fewer to 84 more)	⊕OOO VERY LOW	

	randomised trials	serious ⁶	no serious inconsistency	no serious indirectness	very serious ^{2,5}	reporting bias ³	21	20	-	SMD 0.28 lower (0.89 lower to 0.34 higher)	⊕OOO VERY LOW
-	0	0	- ·	-	· ·	· ·	-up 32-75 weeks; assesse AS) or Structured Clinica			al Neuropsychi	atric Interview
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias ³	83/466 (17.8%)	75/346 (21.7%)	RR 0.8 (0.56 to 1.13)	43 fewer per 1000 (from 95 fewer to 28 more)	⊕OOO VERY LOW
								25%		50 fewer per 1000 (from 110 fewer to 32 more)	
						ilable case analys nical Interview (S	is (follow-up 32-75 weel SCID))	ks; assessed w	ith: schedı	ale for Affective	Disorders and
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias ³	19/138 (13.8%)	29/128 (22.7%)	RR 0.6 (0.36 to 1.03)	91 fewer per 1000 (from 145 fewer to 7 more)	⊕OOO VERY LOW
								25%		100 fewer per 1000 (from 160 fewer to 7	

2		no serious risk of	no serious inconsistency	no serious indirectness	very serious ⁵	none	44	42	-	SMD 0.43 lower (0.86 lower to 0	⊕⊕OO LOW	
		bias								higher)		
(EPDS)	or Beck Depr	ession Inv	ollow-up (25-103 rentory (BDI-II);	better indicate	ed by lower val	lues)	ılysis (follow-up 32-75 weeks,	Γ	ed with: Edi		tal Depressior	I Scale
3	randomised trials	no serious	no serious inconsistency	no serious indirectness	very serious ⁵	reporting bias ³	85	76	-	SMD 0.44 lower (0.75 to	⊕OOO VERY LOW	

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Papers omit data

⁴ There was evidence of substantial heterogeneity between effect sizes

⁵ Total population size is less than 400 (a threshold rule-of-thumb)

⁶ Risk of bias due to statistically significant group differences at baseline

1.3.14Depression: IPT-informed psychoeducation versus non-mental health-focused education and support

			Quality asso	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: IPT-informed psychoeducation versus non- mental health-focused education and support	Control	Relative (95% CI)	Absolute	Quality	Importance
Depress	ion symptom	atology po	st-treatment – II	T Analysis (fo	llow-up mea	n 16 weeks; asses	ssed with: Edinburgh postnatal De	pression	Scale (EPI	DS))	<u> </u>	
	randomised trials			no serious indirectness	very serious ^{1,2}	none	14/21 (66.7%)	15/17 (88.2%)		212 fewer per 1000 (from 415	⊕⊕OO LOW	

1	risk of				RR 0.76	fewer to 62	
1	bias				(0.53 to	more)	
					1.07)		
						212 fewer per	
				88.2%		1000 (from 415	
				00.2%		fewer to 62	
						more)	

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.15 Depression: non-mental health-focused education and support versus TAU

			Quality asse	essment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: non-mental health-focused education and support versus TAU	Control	Relative (95% CI)	Absolute		
Depressi	ion symptoma	itology pos	it-treatment – IT	T analysis (foll	ow-up mean	12 weeks; assesse	ed with: hopkins Symptom	Checkli	st-25 (HSCI	L-25): >1.06)		I
1	randomised	no serious	no serious	no serious	serious ¹	none	129/168	138/163	RR 0.91	76 fewer per 1000	$\oplus \oplus \oplus O$	
	trials	risk of	inconsistency	indirectness			(76.8%)	(84.7%)	(0.82 to	(from 152 fewer	MODERATE	
		bias							1.01)	to 8 more)		
										76 fewer per 1000		
								84.7%		(from 152 fewer		
										to 8 more)		
Depressi	ion symptoma	itology pos	st-treatment – ava	ailable case ana	lysis (follow	-up mean 12 wee	ks; assessed with: hopkins	Sympton	m Checklis	t-25 (HSCL-25): >1	.06)	
1	randomised	no serious	no serious	no serious	very	none	58/97	66/91	RR 0.82	131 fewer per	$\oplus \oplus OO$	
	trials	risk of	inconsistency	indirectness	serious ^{1,2}		(59.8%)	(72.5%)	(0.67 to	1000 (from 239	LOW	
		bias							1.01)	fewer to 7 more)		

¹ Total number of events is less than 300 (a threshold rule-of-thumb) ² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.3.16 Depression: home visits versus TAU or enhanced TAU

			Quality ass	essment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: home visits versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute		
Depressi	on diagnosis	post-treatn	nent – ITT analys	sis (follow-up n	nean 6 weeks;	assessed with: str	cuctured Clinical Interv	iew (SCI	D))	I		<u> </u>
1	randomised trials	serious ¹		no serious indirectness	very serious ^{2,3}	none	4/9 (44.4%)	6/9 (66.7%) 66.7%	RR 0.67 (0.28 to 1.58)	220 fewer per 1000 (from 480 fewer to 387 more) 220 fewer per 1000 (from 480 fewer to 387 more)	⊕000 VERY LOW	
Depressi	on diagnosis	post-treatn	nent – available o	case analysis (fo	ollow-up mean	6 weeks; assesse	d with: structured Clini	ical Inter	view (SCID))		
1	randomised trials	serious ¹		no serious indirectness	very serious ²	none	2/7 (28.6%)	6/9 (66.7%)	See comment	380 fewer per 1000 (from 840 fewer to 73 more)	⊕OOO VERY LOW	

,	randomised	no serious	no serious	no serious	no serious	reporting bias ⁴	203/491	223/101	RR 0.92 (0.8	36 fewer per 1000	⊕⊕⊕O
			inconsistency	indirectness	imprecision	reporting bias-	(41.3%)	(45.1%)	to 1.06)	(from 90 fewer to 27 more)	
						-		47.7%		38 fewer per 1000 (from 95 fewer to 29 more)	
		its Depitss	ion Scale (CES-	·D) 224)							
1	randomised	no serious		no serious indirectness	very serious ^{2,3}	reporting bias ⁴	90/378 (23.8%)	105/376 (27.9%)		36 fewer per 1000 (from 87 fewer to 28 more)	⊕OOO VERY LOW

¹ Risk of bias due to unclear blinding of outcome assessment ² Total number of events is less than 300 (a threshold rule-of-thumb) ³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

⁴ Papers omit data

			Quality as	sessment			No of patients			Effect	Quality	Importanc
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: mother-infant relationship interventions versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	Quanty	Importanc
Depressi	on diagnosis	post-treat	ment – ITT analy	ysis (follow-up	mean 20 weeks	s; assessed with:	structured Clinical Interview	(SCID))			<u> </u>	<u> </u>
	randomised trials		no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	19/43 (44.2%)	32/52 (61.5%)	RR 0.72 (0.48 to 1.07)	172 fewer per 1000 (from 320 fewer to 43 more)	⊕⊕OO LOW	
								61.5%		172 fewer per 1000 (from 320 fewer to 43 more)		
Depressi	on diagnosis	post-treat	ment – available	case analysis (i	follow-up mean	n 20 weeks; asses	sed with: structured Clinical l	Interview	(SCID))		1	
	randomised trials		no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	18/42 (42.9%)	30/50 (60%)	See comment	174 fewer per 1000 (from 372 fewer to 30 more)	⊕⊕OO LOW	
								60%		174 fewer per 1000 (from 372 fewer to 30		

	randomised	no serious	no serious	no serious	very serious1,2	none	98/196	113/200	RR 0.87	73 fewer per 1000	⊕⊕OO	
ł	trials	risk of bias	inconsistency	indirectness			(50%)	(56.5%)		(from 175 fewer to 57 more)	LOW	
								71.7%		93 fewer per 1000 (from 222 fewer to 72 more)		
-					•	-	sessed with: Edinburgh pos ssion Scale (CES-D) ≥16)	tnatal Dep	ression Scal	e (EPDS): Treatmo	ent non-res	pons
			no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	50/148 (33.8%)	53/140 (37.9%)	RR 0.85 (0.58 to 1.25)	57 fewer per 1000 (from 159 fewer to 95 more)	⊕⊕OO LOW	
								47.2%		71 fewer per 1000 (from 198 fewer		
										to 118 more)		
							Edinburgh postnatal Depre S-D); better indicated by lov			,	Inventory ((BDI)
eck Dep	pression Inve	entory (BD								,		(BDI)
eck Dep	pression Inve randomised trials	no serious risk of bias	I-II) or Center fo	no serious indirectness	ic Studies Depr	ression Scale (CE	S-D); better indicated by low	283	-	Beck Depression SMD 0.02 higher (0.38 lower to 0.41 higher)	⊕⊕OO LOW	(BDI)
eck Dep	pression Inve randomised trials	no serious risk of bias intermedi no serious	I-II) or Center fo very serious ³ ate follow-up (1	no serious indirectness	ic Studies Depr	none - ITT analysis (f	S-D); better indicated by lov	283) - h: structured	Beck Depression SMD 0.02 higher (0.38 lower to 0.41 higher)	⊕⊕00 LOW w (SCID))	(BDI)

			no serious	no serious	very serious ^{1,2}	none	10/40	15/48		62 fewer per 1000	
t	trials	risk of bias	inconsistency	indirectness			(25%)	(31.3%)	to 1.58)	(from 188 fewer to 181 more)	LOW
								31.3%		63 fewer per 1000 (from 188 fewer to 182 more)	
oressio DS) ≥		atology inf	termediate follo	w-up (17-24 we	eks post-interv	ention) – ITT ana	lysis (follow-up mean 25 w	eeks; asses	sed with: Ec	linburgh postnata	l Depression S
1	randomised	no serious	no serious	no serious	very serious1,2	none	20/60	16/61	RR 1.27	71 more per 1000	
1	trials	risk of	inconsistency	indirectness			(33.3%)	(26.2%)	(0.73 to	(from 71 fewer to	LOW
		bias							2.21)	317 more)	
										71 more per 1000	
								26.2%		(from 71 fewer to	
										317 more)	
			termediate follo	w-up (17-24 we	eks post-interv	ention) – availab	le case analysis (follow-up 1	nean 25 we	eks; assesse	,	h postnatal
pressio	on Scale (EP)	DS) ≥12)	termediate follor sno serious inconsistency	w-up (17-24 we no serious indirectness	eks post-intervo		le case analysis (follow-up n 6/46 (13%)	4/50 (8%)	RR 1.63 (0.49 to 5.41)	,	⊕⊕00
pressio	on Scale (EP)	DS) ≥12) no serious risk of	sno serious	no serious	-		6/46	4/50	RR 1.63 (0.49 to	50 more per 1000 (from 41 fewer to 353 more)	⊕⊕OO LOW
pressio	on Scale (EP)	DS) ≥12) no serious risk of	sno serious	no serious	-		6/46	4/50	RR 1.63 (0.49 to	50 more per 1000 (from 41 fewer to 353 more) 50 more per 1000	⊕⊕00 LOW
epressio	on Scale (EP)	DS) ≥12) no serious risk of	sno serious	no serious	-		6/46	4/50 (8%)	RR 1.63 (0.49 to	50 more per 1000 (from 41 fewer to 353 more)	⊕⊕00 LOW
pression t pression t	on Scale (EP) randomised trials on mean score	DS) ≥12) no serious risk of bias res interme	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	6/46	4/50 (8%) 8%	RR 1.63 (0.49 to 5.41)	50 more per 1000 (from 41 fewer to 353 more) 50 more per 1000 (from 41 fewer to 353 more)	⊕⊕00 LOW
pression t pression ale (EP	on Scale (EP) randomised trials on mean scor 'DS); better in	DS) ≥12) no serious risk of bias res interme ndicated b	no serious inconsistency ediate follow-up	no serious indirectness	very serious ^{1,2}	none n) – available cas	6/46 (13%)	4/50 (8%) 8%	RR 1.63 (0.49 to 5.41)	50 more per 1000 (from 41 fewer to 353 more) 50 more per 1000 (from 41 fewer to 353 more)	⊕⊕00 LOW
epressio epressio ale (EP	on Scale (EP) randomised trials on mean scor 'DS); better in	DS) ≥12) no serious risk of bias res interme ndicated b	no serious inconsistency ediate follow-up y lower values)	no serious indirectness	very serious ^{1,2}	none n) – available cas	6/46 (13%) se analysis (follow-up mear	4/50 (8%) 8% 39 weeks;	RR 1.63 (0.49 to 5.41)	ed with: Edinburg 50 more per 1000 (from 41 fewer to 353 more) 50 more per 1000 (from 41 fewer to 353 more) vith: Edinburgh po	⊕⊕00 LOW

	randomised	no serious	no serious	no serious	very serious1,2	none	13/43	13/52	RR 1.21	53 more per 1000	⊕⊕OO	
	trials	risk of	inconsistency	indirectness			(30.2%)	(25%)	(0.63 to	(from 93 fewer to	LOW	
		bias	-						2.33)	332 more)		
										53 more per 1000		
								25%		(from 93 fewer to		
										332 more)		
	an diamania	1000 60110		also most intern	(in the second s	h1	o (follow we were 70 mode			und Climital Inter		
pressi	ion diagnosis	long tollo	w-up (25-105 we	eks post-interv	ention) – avalia	able case analysi	s (follow-up mean 78 week	s; assessed v	vitn: structi	ired Clinical Inter	view (SC	.ID))
	randomised	no serious	no serious	no serious	very serious ^{1,2}	none	12/42	9/48	RR 1.52	97 more per 1000	⊕⊕OO	
	trials	risk of	inconsistency	indirectness			(28.6%)	(18.8%)	(0.71 to	(from 54 fewer to	LOW	
		bias						. ,	3.25)	422 more)		
										98 more per 1000		
								18.8%		(from 55 fewer to		
										423 more)		
										425 more)		
		1	11							,		61.
							ysis (follow-up 57-78 weeks	; measured	with: Edint	,	pressior	Scale
			llow-up (25-103 entory (BDI); be				ysis (follow-up 57-78 weeks	; measured	with: Edint	,	epressior	Scale
PDS) o	or Beck Depre	ession Inve	entory (BDI); be	tter indicated b	y lower values)	-			with: Edint	burgh postnatal De	-	Scale
PDS) o	or Beck Depre	no serious	entory (BDI); be	no serious	y lower values)		ysis (follow-up 57-78 weeks	; measured	with: Edint	burgh postnatal De	⊕⊕00	I Scale
DS) o	or Beck Depre	no serious risk of	entory (BDI); be	tter indicated b	y lower values)	-			with: Edint	SMD 0.08 higher (0.23 lower to	-	Scale
DS) o	or Beck Depre	no serious	entory (BDI); be	no serious	y lower values)	-			with: Edint	burgh postnatal De	⊕⊕00	Scale
PDS) o	or Beck Depre randomised trials	no serious risk of bias	entory (BDI); bet	no serious indirectness	y lower values)	none	77	84	-	SMD 0.08 higher (0.23 lower to 0.39 higher)	⊕⊕OO LOW	Scale
DS) o	or Beck Depre randomised trials	no serious risk of bias	entory (BDI); bet	no serious indirectness	y lower values) very serious ⁴ ttervention) – IT	none IT analysis (follo		84	-	SMD 0.08 higher (0.23 lower to 0.39 higher)	⊕⊕OO LOW	Scale
PDS) o	or Beck Depre randomised trials ion diagnosis	no serious risk of bias Very long	entory (BDI); bet	no serious indirectness	y lower values)	none IT analysis (follo	77	84	-	SMD 0.08 higher (0.23 lower to 0.39 higher)	⊕⊕00 LOW (SCID))	Scale
PDS) o	or Beck Depre randomised trials ion diagnosis	no serious risk of bias Very long	entory (BDI); bet no serious inconsistency ; follow-up (≥104	no serious indirectness weeks post-in	y lower values) very serious ⁴ ttervention) – IT	none IT analysis (follo	77 ow-up mean 260 weeks; ass	84 essed with: s	- structured (SMD 0.08 higher (0.23 lower to 0.39 higher)	⊕⊕OO LOW (SCID))	Scale
PDS) o	or Beck Depre randomised trials ion diagnosis randomised	no serious risk of bias Very long	entory (BDI); bet no serious inconsistency ; follow-up (≥10 no serious	no serious indirectness weeks post-in	y lower values) very serious ⁴ ttervention) – IT	none IT analysis (follo	77 pw-up mean 260 weeks; ass 13/43	84 essed with: : 13/52	- structured (RR 1.21	SMD 0.08 higher (0.23 lower to 0.39 higher) Clinical Interview 53 more per 1000	⊕⊕OO LOW (SCID))	ı Scale
PDS) o	or Beck Depre randomised trials ion diagnosis randomised	no serious risk of bias Very long risk of	entory (BDI); bet no serious inconsistency ; follow-up (≥10 no serious	no serious indirectness weeks post-in	y lower values) very serious ⁴ ttervention) – IT	none IT analysis (follo	77 pw-up mean 260 weeks; ass 13/43	84 essed with: : 13/52	- structured (RR 1.21 (0.63 to	SMD 0.08 higher (0.23 lower to 0.39 higher) Clinical Interview 53 more per 1000 (from 93 fewer to	⊕⊕OO LOW (SCID))	ı Scale
PDS) o	or Beck Depre randomised trials ion diagnosis randomised	no serious risk of bias Very long risk of	entory (BDI); bet no serious inconsistency ; follow-up (≥10 no serious	no serious indirectness weeks post-in	y lower values) very serious ⁴ ttervention) – IT	none IT analysis (follo	77 pw-up mean 260 weeks; ass 13/43	84 essed with: : 13/52	- structured (RR 1.21 (0.63 to	SMD 0.08 higher (0.23 lower to 0.39 higher) Clinical Interview 53 more per 1000 (from 93 fewer to	 ⊕⊕00 LOW (SCID)) ⊕⊕00 LOW 	ı Scale
PDS) o	or Beck Depre randomised trials ion diagnosis randomised	no serious risk of bias Very long risk of	entory (BDI); bet no serious inconsistency ; follow-up (≥10 no serious	no serious indirectness weeks post-in	y lower values) very serious ⁴ ttervention) – IT	none IT analysis (follo	77 pw-up mean 260 weeks; ass 13/43	84 essed with: : 13/52	- structured (RR 1.21 (0.63 to	SMD 0.08 higher (0.23 lower to 0.39 higher) Clinical Interview 53 more per 1000 (from 93 fewer to 332 more)	⊕⊕00 LOW (SCID)) ⊕⊕00 LOW	ı Scale
PDS) o	or Beck Depre randomised trials ion diagnosis randomised	no serious risk of bias Very long risk of	entory (BDI); bet no serious inconsistency ; follow-up (≥10 no serious	no serious indirectness weeks post-in	y lower values) very serious ⁴ ttervention) – IT	none IT analysis (follo	77 pw-up mean 260 weeks; ass 13/43	84 essed with: s 13/52 (25%)	- structured (RR 1.21 (0.63 to	SMD 0.08 higher (0.23 lower to 0.39 higher) Clinical Interview 53 more per 1000 (from 93 fewer to 332 more) 53 more per 1000	⊕⊕00 LOW (SCID)) ⊕⊕00 LOW	ı Scale

1	randomised	no serious	no serious	no serious	very serious ^{1,2}	none	6/36	9/37	RR 0.69	75 fewer per 1000	$\oplus \oplus OO$	
	trials	risk of	inconsistency	indirectness			(16.7%)	(24.3%)	(0.27 to	(from 178 fewer	LOW	
		bias							1.73)	to 178 more)		
										75 fewer per 1000		
								24.3%		(from 177 fewer		
										to 177 more)		
Dommosoi		Vorra lo	ng fallow up (N	04 weels most	intomontion)	available case a	nalizzia (fallozz un maan 260 zz		acurad with		matal Da	massion
-		5	0 1	104 weeks post-	intervention) -	available case al	nalysis (follow-up mean 260 w	eeks; me	asured with	h: Edinburgh post	natal De	pression
scale (EF	D5); better fi	indicated by	y lower values)									
	randomised	no serious	no serious	no serious	very serious ^{2,4}	none	31	34	-	SMD 0.17 lower	AAOO	
				indirectness	very serious	none	51	54		(0.66 lower to	LOW	
			inconsistency	mairectness						· ·	LOW	
		bias								0.32 higher)		

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ There was evidence of considerable heterogeneity between effect sizes

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.18Depression: mother-infant relationship intervention with video feedback versus mother-infant relationship intervention with verbal feedback

			Quality asso	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	considerations	Depression: mother-infant relationship intervention with video feedback versus mother-infant relationship intervention with verbal feedback	Control	Relative (95% CI)	Absolute	Quality	Importance
Depress values)	Depression mean scores post-treatment – available case analysis (follow-up mean 3 weeks; measured with: Edinburgh postnatal Depression Scale (EPDS); better indicated by lower values)											
1	randomised trials	no serious	no serious inconsistency		very serious ^{1,2}	none	17	20	-	SMD 0.29 higher (0.36	⊕⊕OO LOW	

	1	risk of				lower to 0.94	
	1	bias				higher)	

¹ Total population size is less than 400 (a threshold rule-of-thumb) ² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.3.19Depression: co-parenting intervention versus enhanced TAU

			Quality ass	essment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: co-parenting intervention versus enhanced TAU	Control	Relative (95% CI)	Absolute		
Depressi	on diagnosis	post-treat	ment - ITT analy	sis (follow-up r	nean 6 weeks	; assessed with: 1	nini International Neurop	sychiatri	c Interview ((MINI))		
	randomised trials			no serious indirectness	very serious ^{2,3}	none	5/16 (31.3%)	8/13 (61.5%)	RR 0.51 (0.22 to 1.18)	302 fewer per 1000 (from 480 fewer to 111 more)	⊕000 VERY LOW	
								61.5%		301 fewer per 1000 (from 480 fewer to 111 more)		
Depressi	on diagnosis	post-treat	ment – available	case analysis (fo	ollow-up mea	an 6 weeks; assess	sed with: mini Internation	al Neuro	psychiatric I	nterview (MINI))		
	randomised trials			no serious indirectness	very serious ^{2,3}	none	5/16 (31.3%)	8/13 (61.5%)	See comment	302 fewer per 1000 (from 652 fewer to 49 more)	⊕OOO VERY LOW	
								61.5%		301 fewer per 1000 (from 652 fewer to 49 more)		

Depress values)	ion mean score	es post-tro	eatment – availab	le case analysis	(follow-up n	1ean 6 weeks; me	asured with: Edinburgh po	stnatal]	Depression S	cale (EPDS); better i	ndicated	by lower
1	randomised	serious ¹	no serious	no serious	very	none	15	13	-	SMD 0.47 lower	⊕000	
	trials		inconsistency	indirectness	serious ^{3,4}					(1.22 lower to 0.29	VERY	
										higher)	LOW	

¹ Risk of bias as blinding of outcome assessment was unclear

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.20 Depression: infant sleep training (controlled crying) versus TAU or enhanced TAU

			Quality asse	essment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: infant sleep training (controlled crying) versus TAU/enhanced TAU		Relative (95% CI)	Absolute	Quanty	Importance
Depressi	on symptom	atology po	st-treatment – av	vailable case an	alysis (follow	w-up mean 74 we	eeks; assessed with: Edinburg	gh postna	atal Depres	sion Scale (EPDS) >9)	
1	randomised	no	no serious	no serious	very	none	22/143	34/129	RR 0.58	111 fewer per	⊕⊕OO	
		serious risk of bias	inconsistency	indirectness	serious ¹		(15.4%)	(26.4%)	(0.36 to 0.94)	1000 (from 16 fewer to 169 fewer)	LOW	
								26.4%		111 fewer per 1000 (from 16 fewer to 169 fewer)		
-	on mean scor t; better indic	-		ble case analys	is (follow-up	9-13 weeks; mea	sured with: Edinburgh postn	atal Dep	ression Sca	fewer)	e score or sco	re at

	randomised trials	serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	96	93	-	SMD 0.47 lower (0.76 to 0.18 lower)	⊕⊕OO LOW	
-	change score	or score at	ollow-up (9-16 w endpoint; better	-	,		lysis (follow-up 17-22 weeks		ed with: Ed	inburgh postnata	Depression S	Scale
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious²	none	96	88	-	SMD 0.4 lower (0.7 to 0.11 lower)	⊕⊕OO LOW	
-	sion mean sco better indicat	0	- ·	weeks post-int	ervention) –	available case an	alysis (follow-up mean 74 w	eeks; me	asured with	h: Edinburgh post	natal Depress	ion Scale
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ²	none	143	129	-	SMD 0.26 lower (0.5 to 0.02 lower)	⊕⊕⊕O MODERATE	

¹ Total number of events is less than 300 (a threshold rule-of-thumb) ² Total population size is less than 400 (a threshold rule-of-thumb)

1.3.21 Depression: music therapy during birth versus TAU

			Quality asses	ssment			No of patients			Effect	Ouality	Importance
No of studies	Design	Risk of bias	Risk of Inconsistency Indirectness Imprecision Other Other Depression: music Relative Absolute									
Depression symptomatology post-treatment – ITT analysis (follow-up mean 3 weeks; assessed with: Edinburgh postnatal Depression Scale (EPDS) ≥13)												

	randomised trials		no serious	no serious indirectness	very serious ^{1,2}	none	13/80	$\frac{23}{81}$	RR 0.57	122 fewer per 1000	⊕⊕OO LOW	
	trials	risk of dias	inconsistency	indirectness	serious ^{1,2}		(16.3%)	(28.4%)	(0.31 to 1.05)	(from 196 fewer to 14 more)	LOW	
										122 (1000		
								28.4%		122 fewer per 1000 (from 196 fewer to		
										14 more)		
epressi	ion symptoma	tology post-	treatment – avai	lable case analy	sis (follow-up	mean 3 weeks; a	ssessed with: Edinburgl	n postnata	l Depressio	on Scale (EPDS) ≥13)	I I	
_												
	randomised		no serious	no serious	very	none	4/71	12/70	RR 0.33	115 fewer per 1000	$\oplus \oplus OO$	
	trials	risk of bias	inconsistency	indirectness	serious ¹		(5.6%)	(17.1%)	(0.11 to	(from 5 fewer to 153	LOW	
									0.97)	fewer)		
										115 fewer per 1000		
										110 letter per 1000		
								17.1%		(from 5 fewer to 152		
								17.1%		*		
Depressi	ion mean scor	es post-treati	ment – available	case analysis (fe	ollow-up mea	in 3 weeks; measu	rred with: Edinburgh po		epression S	(from 5 fewer to 152 fewer)		by low
Depressi values)	on mean scor	es post-treat	ment – available	case analysis (fo	ollow-up mea	n 3 weeks; measu	red with: Edinburgh po		epression S	(from 5 fewer to 152 fewer)		by low
-	on mean scor	es post-treat	ment – available	case analysis (f	ollow-up mea	n 3 weeks; measu			epression S	(from 5 fewer to 152 fewer)	ndicated I	by low
-	on mean scor randomised trials	no serious	1	no serious	ollow-up mea	none	rred with: Edinburgh po		epression S -	(from 5 fewer to 152 fewer)		by low

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.22Depression: psychosomatic intervention versus TAU

		Quality asso	essment		No of patients			Effect	Quality	Importance		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	considerations	Depression: psychosomatic intervention versus TAU	Control	Relative (95% CI)	Absolute		•

Depressi	on symptoma	tology po	st-treatment – IT	T analysis (follo	ow-up mean 3	34 weeks; assessed	l with: Edinburgh postnal	al Depre	ssion Scale (EPDS) ≥12)		
1	randomised	serious ¹	no serious	no serious	very	none	47/92	61/92	RR 0.77 (0.6	152 fewer per 1000	⊕000	
	trials		inconsistency	indirectness	serious ²		(51.1%)	(66.3%)	to 0.99)	(from 7 fewer to 265	VERY	
										fewer)	LOW	
										152 fewer per 1000		
								66.3%		(from 7 fewer to 265		
										fewer)		
Depressi	on symptomat	tology po	st-treatment – av	ailable case ana	lysis (follow-	up mean 34 week	s; assessed with: Edinbur	gh postn	atal Depress	ion Scale (EPDS) ≥12	2)	
1	randomised	serious ¹	no serious	no serious	very	none	24/69	27/58	RR 0.75	116 fewer per 1000	$\oplus 0000$	
	trials		inconsistency	indirectness	serious ^{2,3}		(34.8%)	(46.6%)	(0.49 to	(from 237 fewer to	VERY	
									1.14)	65 more)	LOW	
										116 fewer per 1000		
								46.6%		(from 238 fewer to		
										65 more)		
Depressi	on mean score	es post-tre	eatment – availat	ole case analysis	(follow-up 3	4-52 weeks; meası	ured with: Hospital Anxie	ty and D	epression Sc	ale - Depression or	Edinburg	h postnatal
Depressi	on Scale (EPD	S); better	r indicated by low	ver values)								
2	randomised	serious ¹	no serious	no serious	very	none	90	81	-	SMD 0.21 lower	⊕000	
	trials		inconsistency	indirectness	serious ^{3,4}					(0.54 lower to 0.13	VERY	
										higher)	LOW	

¹ Risk of attrition bias due to statistically significant higher drop-out in the control group

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.23 Depression: mindfulness training versus enhanced TAU

Quality assessment	No of patients	Effect	Quality	Importance	
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No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Depression: mindfulness training versus enhanced TAU		Relative (95% CI)	Absolute		
Depressio	on mean score	s post-treat	nent – available o	case analysis (fo	llow-up mear	10 weeks; measu	ared with: Center for Epide	miologi	cal Studie	es Depression Scale	(CES-D); b	etter
indicated	by lower value	1es)										
	trials	risk of bias			serious ^{1,2}	reporting bias ³ nean 10 weeks; m	13 easured with: positive and	18 Negativ	- e Affect S	SMD 0.13 lower (0.85 lower to 0.58 higher) Schedule-Extended	⊕000 VERY LOW (PANAS-X)):
negative a	affect; better i	ndicated by	lower values)									
1	randomised	no serious	no serious	no serious	very	reporting bias ³	13	18	-	SMD 0.32 lower	⊕000	
	trials	risk of bias	inconsistency	indirectness	serious ^{1,2}					(1.04 lower to 0.4	VERY	
										higher)	LOW	

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

1.3.24 Anxiety: structured psychological interventions versus TAU or enhanced TAU

			Quality asse	ssment			No of patients			Effect	Oualitv	Importance
No of studies	Design	bias		Indirectness	Imprecision	Other considerations	Anxiety: structured psychological interventions versus TAU/enhanced TAU	Control	Relative (95% CI)		~~~~	1
Anxiety r	nean scores p	ost-treatmei	nt – ITT analysis	(follow-up mea	n 44 weeks; r	neasured with: B	eck Anxiety Inventory (BAI); bet	tter indic	cated by 1	ower values)		
1	randomised	no serious	no serious	no serious	very	none	25	28	-	SMD 1.34 lower	$\oplus \oplus OO$	
	trials	risk of bias	inconsistency	indirectness	serious ¹					(1.94 to 0.74	LOW	
										lower)		

•	mean scores p dicated by low		nt – available cas	e analysis (follo	ow-up 12-26 v	veeks; measured	with: Beck Anxiety Inventory (BA	AI) or Sta	nte-Trait	Anxiety Inventor	ry (STAI)-State;
2	randomised	no serious	no serious	no serious	serious ¹	reporting bias ²	161	154	-	SMD 0.35 lower	$\oplus \oplus OO$	
	trials	risk of bias	inconsistency	indirectness						(0.58 to 0.13	LOW	
										lower)		
'rait anx	iety mean sco	res post-trea	atment – availab	le case analysis	(follow-up m	ean 26 weeks; me	asured with: state-Trait Anxiety	Inventor	y (STAI)	– Trait; better in	dicated	by lower
alues)												
		1			1						-	
	randomised	no serious	no serious	no serious	serious ¹	reporting bias ²	133	130	-	SMD 0.38 lower	$\oplus \oplus OO$	
	trials	risk of bias	inconsistency	indirectness						(0.62 to 0.13	LOW	
										lower)		

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² Papers omit data

1.3.25 Anxiety: CBT versus relational constructivist therapy

			Quality asses	ssment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: CBT versus relational constructivist therapy		Relative (95% CI)			
Anxiety n	nean scores p	ost-treatmen	it – available case	analysis (measu	red with: Beo	ck Anxiety Inven	tory (BAI); better indicated	l by low	er values)			
		no serious risk of bias			very serious ^{1,2}	reporting bias ³	32	28	-	SMD 0.26 higher (0.25 lower to 0.77 higher)	⊕000 VERY LOW	

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

³ Papers omit data

1.3.26 Anxiety: IPT versus support group

			Quality asse	essment			No of patien	ts		Effect	Ouality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: IPT versus support group	Control	Relative (95% CI)		2	
Anxiety m	nean scores pos	st-treatmen	nt – available case	(follow-up mean	12 weeks; me	easured with: state	-Trait Anxiety Inve	ntory (ST	FAI)-State	e; better indicated by lo	wer value	es)
	randomised trials			no serious indirectness	very serious ^{2,3}	none	22	22	-	SMD 0.48 lower (1.09 lower to 0.12 higher)	⊕OOO VERY LOW	

¹ Risk of bias as statistically significant group differences at baseline

² Total population size is less than 400 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.27 Anxiety: facilitated self-help versus TAU

			Quality asses	sment			No of patient	s		Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: facilitated self-help versus TAU	Control	Relative (95% CI)	Absolute	~ ,	
Anxiety s	ymptomatolo	gy post-treat	tment – ITT analy	sis (follow-up n	nean 20 week	s; assessed with:	Depression Anxiety	Stress Sc	ale (DASS):	Anxiety ≥8)		
1	randomised	no serious	no serious	no serious	very serious ¹	reporting bias ²	27/71	41/72	RR 0.67	188 fewer per 1000	$\oplus 000$	
	trials	risk of bias	inconsistency	indirectness			(38%)	(56.9%)	(0.47 to	(from 23 fewer to 302	VERY	
									0.96)	fewer)	LOW	

Anxiety s	symptomatolo	gy post-treat	tment – available	case analysis (fo	ollow-up mea	n 20 weeks; asses	sed with: Depression	56.9% n Anxiety	7 Stress Scal	188 fewer per 1000 (from 23 fewer to 302 fewer) e (DASS): Anxiety ≥8)		
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	reporting bias ²	3/47 (6.4%)	11/42 (26.2%) 26.2%	RR 0.24 (0.07 to 0.81)	199 fewer per 1000 (from 50 fewer to 244 fewer) 199 fewer per 1000 (from 50 fewer to 244 fewer)	⊕OOO VERY LOW	
Anxiety 1 lower val	-	ost-treatmen	t – available case	analysis (follow	r-up mean 17	weeks; measured	with: Generalised A	anxiety D	isorder Ass	essment (GAD-7); bett	er indicat	ed by
	randomised trials		no serious inconsistency		very serious ^{3,4}	reporting bias ²	31	28	-	SMD 0.5 lower (1.02 lower to 0.02 higher)	⊕OOO VERY LOW	

² Paper omits data

³ Total population size is less than 400 (a threshold rule-of-thumb)

⁴ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.28 Anxiety: post-miscarriage self-help versus TAU

			Quality asses	ssment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: post- miscarriage self-help versus TAU	Control	Relative (95% CI)	Absolute		

Anxiety symptomatology post-treatment - ITT analysis (follow-up mean 5 weeks; assessed with: Brief Symptom Inventory (BSI): Anxiety (Treatment non-response: reliable change index))

	randomised	no serious	no serious	no serious	very	none	31/45	24/33	RR 0.95	36 fewer per 1000	$\oplus \oplus OO$	
	trials	risk of bias	inconsistency	indirectness	serious ^{1,2}		(68.9%)	(72.7%)	(0.71 to	(from 211 fewer to	LOW	
									1.26)	189 more)		
										36 fewer per 1000		
								72.7%		(from 211 fewer to		
								,		189 more)		
ange i	ndex))											
		1 .		· ·	1	<u>т т</u>	10.100		DD 0.07		Lagar	
	randomised	no serious		no serious	very	none	19/33	18/26	RR 0.83	118 fewer per 1000 (from 305 fewer to	⊕⊕OO LOW	
	randomised trials		no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	19/33 (57.6%)	18/26 (69.2%)	(0.56 to	(from 305 fewer to	⊕⊕OO LOW	
					5	none		-		-		
					5	none		(69.2%)	(0.56 to	(from 305 fewer to 159 more) 118 fewer per 1000		
					5	none		-	(0.56 to	(from 305 fewer to 159 more) 118 fewer per 1000 (from 304 fewer to		
					5	none		(69.2%)	(0.56 to	(from 305 fewer to 159 more) 118 fewer per 1000		
nxiety	trials	risk of bias	inconsistency	indirectness	serious ^{1,2}		(57.6%)	(69.2%)	(0.56 to 1.23)	(from 305 fewer to 159 more) 118 fewer per 1000 (from 304 fewer to	LOW	
nxiety	trials	risk of bias	inconsistency	indirectness	serious ^{1,2}		(57.6%)	(69.2%)	(0.56 to 1.23)	(from 305 fewer to 159 more) 118 fewer per 1000 (from 304 fewer to 159 more)	LOW	
nxiety	trials	risk of bias	inconsistency nt – ITT analysis	indirectness	serious ^{1,2}		(57.6%)	(69.2%)	(0.56 to 1.23)	(from 305 fewer to 159 more) 118 fewer per 1000 (from 304 fewer to 159 more)	LOW alues)	

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.29 Anxiety: listening visits versus TAU

Quality assessment	No of patients	Effect	Quality	Importance	
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No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: listening visits versus TAU	Control	Relative (95% CI)	Absolute		
Anxiety n	nean scores pos	st-treatment –	available case ana	lysis (follow-up r	nean 26 weel	cs; measured with	state-Trait Anxiety I	nventor	y (STAI)-	State; better indicate	d by low	ver values)
1	randomised	no serious	no serious	no serious	serious ¹	reporting bias ²	124	136	-	SMD 0.29 lower	⊕⊕OO	
	trials	risk of bias	inconsistency	indirectness						(0.53 to 0.04 lower)	LOW	
Trait anxi values)	ety mean score	s post-treatme	ent – available case	analysis (follow	-up mean 26	weeks; measured	with: state-Trait Anxi	ety Inve	entory (ST	TAI) – Trait; better ir	dicated	by lower
	trials	risk of bias	no serious inconsistency	no serious indirectness	serious ¹	reporting bias ²	124	130	-	SMD 0.26 lower (0.51 to 0.02 lower)	⊕⊕OO LOW	

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² Paper omits data

1.3.30 Anxiety: directive counselling versus TAU

			Quality assess	sment			No of patients			Effect	Ouality	Importance
No of studies	udies Design Risk of bias Inconsistency Indirectness Imprecis					Other considerations	Anxiety: directive counselling versus TAU	Control	Relative (95% CI)		~ ,	Ĩ
Anxiety n	nean scores po	st-treatment ·	- available case an	alysis (follow-up	mean 12 we	eks; measured wi	th: Beck Anxiety Invente	ory (BAI)	; better i	ndicated by lower v	alues)	
1	randomised trials				very serious ¹	none	72	18	-	SMD 0.56 lower (1.09 to 0.04 lower)	⊕⊕OO LOW	

¹ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.31 Anxiety: post-miscarriage counselling versus enhanced TAU

			Quality asse	ssment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: post-miscarriage counselling versus enhanced TAU	Control	Relative (95% CI)	Absolute	Quanty	Importance
Anxiety r values)	nean scores p	ost-treatmen	t – available case	analysis (follow	v-up mean 2 v	veeks; measured	with: Hospital Anxiety and	Depress	ion Scale	- Anxiety; better in	ndicated	by lower
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	33	33	-	SMD 0.11 higher (0.38 lower to 0.59 higher)	⊕⊕OO LOW	
5			follow-up (17-24 v 7 lower values)	weeks post-inter	rvention) – av	ailable case analy	ysis (follow-up mean 17 wee	eks; mea	sured wit	th: Hospital Anxiety	y and De	pression
1	randomised trials	no serious risk of bias		no serious indirectness	very serious ^{1,2}	none	33	33	-	SMD 0.31 lower (0.8 lower to 0.17 higher)	⊕⊕OO LOW	

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.32 Anxiety: post-traumatic birth counselling versus TAU

			Quality asses	ssment			No of patients		Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other	Anxiety: post-traumatic birth counselling versus TAU	Relative (95% CI)	Absolute		

rand	lomised no	o serious	no serious	no serious	very	none	1/50	6/53	RR 0.18	93 fewer per 1000	$\oplus \oplus OO$
trial	s ris	sk of bias	inconsistency	indirectness	serious ^{1,2}		(2%)	(11.3%)	(0.02 to	(from 111 fewer to	LOW
			-						1.42)	48 more)	
										93 fewer per 1000	
								11.3%		(from 111 fewer to	
										47 more)	
ciety symp	otomatology	v post-trea	tment – availab	le case analysis	(follow-up me	ean 13 weeks: asse	essed with: Depression	Anxiety St	ress Scale (DASS): Anxiety >9)	<u> </u>
		y post-trea o serious		le case analysis no serious	(follow-up mo	ean 13 weeks; asse	essed with: Depression	Anxiety St	ress Scale (RR 0.18	DASS): Anxiety >9) 93 fewer per 1000	⊕⊕ОО
	lomised no	o serious	no serious			1	1/50	-	RR 0.18	T	
rand	lomised no	o serious		no serious	very	1	-	6/53	RR 0.18	93 fewer per 1000	
rand	lomised no	o serious	no serious	no serious	very	1	1/50	6/53	RR 0.18 (0.02 to	93 fewer per 1000 (from 111 fewer to	
rand	lomised no	o serious	no serious	no serious	very	1	1/50	6/53	RR 0.18 (0.02 to	93 fewer per 1000 (from 111 fewer to 48 more)	

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.33 Anxiety: social support versus TAU

			Quality ass	essment			No of patie	nts		Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: social support versus TAU		(95% CI)	Absolute		
Anxiety s	ymptomatolo	gy post-trea	tment – ITT anal	ysis (follow-up	mean 12 weeks;	assessed with: st	ate-Trait Anxiety	Invento	ry (STAI)-St	ate >44)		1
1			no serious inconsistency	no serious indirectness	serious ¹	reporting bias ²	113/349 (32.4%)	123/352 (34.9%)	RR 0.93 (0.75 to 1.14)	24 fewer per 1000 (from 87 fewer to 49 more)	⊕⊕OO LOW	

								34.9%		24 fewer per 1000 (from 87 fewer to 49 more)		
Anxiety s	symptomatolo	gy post-trea	itment – available	e case analysis (i	follow-up mean	12 weeks; assess	ed with: state-Tra	it Anxie	ty Inventory	(STAI)-State >44)		
1	randomised trials	no serious risk of bias		no serious indirectness	very serious ¹	reporting bias ²	61/297 (20.5%)	86/315 (27.3%)	RR 0.75 (0.56 to 1)	68 fewer per 1000 (from 120 fewer to 0 more)	⊕OOO VERY LOW	
								27.3%		68 fewer per 1000 (from 120 fewer to 0 more)		
Anxiety	mean scores p	ost-treatmer	nt – available case	e analysis (follo	w-up mean 12 v	veeks; measured v	vith: state-Trait A	nxiety I	nventory (ST	AI)-State; better inc	licated by lov	ver values)
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias ²	297	315	-	SMD 0.14 lower (0.3 lower to 0.02 higher)	⊕⊕⊕O MODERATE	
-	mean scores sl dicated by low		up (9-16 weeks p	ost-intervention) – available cas	se analysis (follow	v-up mean 24 wee	eks; meas	sured with: s	state-Trait Anxiety In	nventory (ST	AI)-State;
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias ²	289	311	-	SMD 0.07 lower (0.23 lower to 0.09 higher)	⊕⊕⊕O MODERATE	

² Paper omits data

1.3.34 Anxiety: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: psychologically (CBT/IPT)-informed psychoeducation versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute		
	diagnosis pos hrenia (SADS		tt – ITT analysis	(follow-up 9-52	2 weeks; asse	ssed with: mini I	nternational Neuropsychiatric	Interview	(MINI) or S	Schedule for Affe	ctive Dis	orders ar
	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias ⁴	43/292 (14.7%)	25/184 (13.6%)	RR 0.97 (0.61 to 1.54)	4 fewer per 1000 (from 53 fewer to 73 more)	⊕OOO VERY LOW	
								13.8%		4 fewer per 1000 (from 54 fewer to 75 more)		
nxiety	diagnosis pos	st-treatmen	it – available case	e analysis (follo	ow-up mean	9 weeks; assessed	with: schedule for Affective D	Disorders a	nd Schizor	ohrenia (SADS))		
	trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias ⁴	8/101 (7.9%)	10/98 (10.2%)	RR 0.78 (0.32 to 1.88)	22 fewer per 1000 (from 69 fewer to 90 more)	⊕OOO VERY LOW	
								10.2%		22 fewer per 1000 (from 69 fewer to 90 more)		
nxiety	diagnosis lon	g follow-u	p (25-103 weeks	post-intervent	ion) – ITT ana	alysis (assessed w	rith: mini International Neurop	osychiatric	Interview	(MINI))		
	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias ⁴	31/191 (16.2%)	14/86 (16.3%)	RR 1 (0.56 to 1.78)	0 fewer per 1000 (from 72 fewer to 127 more)	⊕OOO VERY LOW	
								16.3%		0 fewer per 1000 (from 72 fewer to 127 more)		

¹ Risk of bias as statistically significant group differences at baseline ² Total number of events is less than 300 (a threshold rule-of-thumb)

 3 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25) 4 Papers omit data

1.3.35 Anxiety: mother-infant relationship interventions versus TAU or enhanced TAU

			Quality asse	essment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: mother-infant relationship interventions versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	Quanty	Importance
Anxiety s	symptomatolo	ogy post-tro	eatment – ITT an	alysis (follow-	up mean 7 we	eks; assessed wi	th: state-Trait Anxiety Invento	ry (STAI)-State >40)		<u> </u>	Į
	trials	no serious risk of bias		no serious indirectness	very serious ^{1,2}	none	12/60 (20%)	13/61 (21.3%)	RR 0.94 (0.47 to 1.89)	13 fewer per 1000 (from 113 fewer to 190 more)	⊕⊕OO LOW	
								21.3%		13 fewer per 1000 (from 113 fewer to 190 more)	-	
Anxiety s	symptomatol	ogy post-tro	eatment – availal	ble case analysi	s (follow-up	mean 7 weeks; as	ssessed with: state-Trait Anxie	ty Invent	ory (STAI)	-State >40)	<u> </u>	Į
	trials	no serious risk of bias		no serious indirectness	very serious ^{1,2}	none	0/48 (0%)	2/50 (4%)	RR 0.21 (0.01 to 4.23)	32 fewer per 1000 (from 40 fewer to 129 more)		
								4%		32 fewer per 1000 (from 40 fewer to 129 more)		
Anxiety 1	mean scores p	ost-treatm	ent – available ca	ase analysis (fo	llow-up mear	n 7 weeks; measu	red with: state-Trait Anxiety I	nventory	(STAI)-Sta	te; better indicated	l by low	er values)
	trials	no serious risk of bias		no serious indirectness	very serious ^{2,3}	none	48	50	-	SMD 0.16 lower (0.55 lower to 0.24 higher)		

5			te follow-up (17- lower values)	24 weeks post-i	ntervention)	- available case a	nalysis (follow-up mean 25 we	eks; mea	asured with	: state-Trait Anxie	ty Inven	tory
1	randomised	no serious	no serious	no serious	very	none	46	50	-	SMD 0.3 lower	$\oplus \oplus OO$	
	trials	risk of	inconsistency	indirectness	serious ^{2,3}					(0.7 lower to 0.11	LOW	
		bias								higher)		

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.36 Anxiety: music therapy during birth versus TAU

			Quality assess	sment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: music therapy during birth versus TAU	Control	Relative (95% CI)		~ ,	
Anxiety n	nean scores po	st-treatment -	- available case an	alysis (follow-uj	o mean 3 wee	ks; measured wit	h: Visual Analogue Scale	(VAS) A	Anxiety; b	petter indicated by	lower va	lues)
				no serious indirectness	very serious ¹	none	71	70	-	SMD 2.16 lower (2.58 to 1.74 lower)	⊕⊕OO LOW	

¹ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.37 Anxiety: psychosomatic intervention versus TAU

			Quality asses	sment			No of patients		Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: psychosomatic intervention versus TAU	Relative (95% CI)	Absolute		

Anxiety n values)	nean scores po	ost-treatmen	t – available case	analysis (follow	-up mean 52 v	weeks; measured	with: Hospital Anxiety and	l Depres	sion Scal	e – Anxiety; better i	ndicated b	by lower	
1	randomised	no serious	no serious	no serious	verv	none	21	23	-	SMD 0 17 lower	$\oplus \oplus OO$		

1	randomised	no senous	no serious	no serious	very	none	21	25	-	SMD 0.17 lower	##00	
	trials	risk of bias	inconsistency	indirectness	serious ^{1,2}					(0.76 lower to 0.42	LOW	
										higher)		

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.38 Anxiety: mindfulness training versus enhanced TAU

			Quality asse	ssment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anxiety: mindfulness training versus enhanced TAU		Relative (95% CI)	Absolute		
Anxiety 1	nean scores po	ost-treatmen	t – ITT analysis (i	follow-up mean	6 weeks; mea	sured with: state	-Trait Anxiety Inventory (STAI)-S	tate; bette	er indicated by lowe	r values)	
1			no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	24	23	-	SMD 0.23 higher (0.35 lower to 0.8 higher)	⊕⊕OO LOW	
Anxiety 1	mean scores po	ost-treatmen	t – available case	analysis (follow	v-up mean 10	weeks; measured	with: state-Trait Anxiety	Inventor	y (STAI)-	-State; better indica	ted by lov	ver values)
1			no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias ³	13	18	-	SMD 0.02 lower (0.74 lower to 0.69 higher)	⊕000 VERY LOW	

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

1.3.39Adjustment disorder: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU

			Quality ass	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Adjustment disorder: psychologically (CBT/IPT)- informed psychoeducation versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	Quality	Importance
Adjustm	ent disorders	diagnosis	s post-treatment	– ITT analysis	(follow-up m	lean 52 weeks; as	ssessed with: schedule for Affective	e Disorde	ers and Sch	izophrenia (SAI	DS))	<u> </u>
		no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	13/101 (12.9%)	14/98 (14.3%)	RR 0.9 (0.45 to 1.82)	14 fewer per 1000 (from 79 fewer to 117 more)	⊕⊕OO LOW	
								14.3%		14 fewer per 1000 (from 79 fewer to 117 more)		
Adjustm	ent disorders	diagnosis	s post-treatment	– available cas	e analysis (fo	llow-up mean 52	veeks; assessed with: schedule fo	r Affecti	ve Disorde	rs and Schizoph	renia (SA	ADS))
		no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	13/101 (12.9%)	14/98 (14.3%)	RR 0.9 (0.45 to 1.82)	14 fewer per 1000 (from 79 fewer to 117 more)	⊕⊕OO LOW	
								14.3%		14 fewer per 1000 (from 79 fewer to 117 more)		

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.40PTSD: post-miscarriage self-help versus TAU

			Quality asse	ssment			No of patients			Effect	Ouality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PTSD: post- miscarriage self-help versus TAU	Control	Relative (95% CI)	Absolute	~ ,	
PTSD syr	nptomatology	y post-treatm	ient – ITT analys	is (follow-up me	ean 5 weeks; a	assessed with: Im	pact of Events Scale (II	ES): Trea	atment non-r	esponse (reliable cha	nge inde	x))
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	17/45 (37.8%)	21/33 (63.6%)	RR 0.59 (0.38 to 0.94)	261 fewer per 1000 (from 38 fewer to 395 fewer)	⊕⊕OO LOW	
								63.6%		261 fewer per 1000 (from 38 fewer to 394 fewer)		
PTSD syr index))	nptomatology	7 post-treatm	nent – available ca	ase analysis (fol	low-up mean	5 weeks; assesse	d with: Impact of Even	ts Scale	(IES): Treatm	ent non-response (re	liable ch	ange
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious¹	none	6/33 (18.2%)	15/26 (57.7%)	RR 0.32 (0.14 to 0.7)	392 fewer per 1000 (from 173 fewer to 496 fewer)	⊕⊕OO LOW	
								57.7%		392 fewer per 1000 (from 173 fewer to 496 fewer)		
PTSD me	an scores pos	t-treatment -	- ITT analysis (fo	llow-up mean 5	weeks; meas	ured with: Impac	t of Events Scale (IES):	Trauma	itic stress; be	tter indicated by lowe	er values)
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	45	33	-	SMD 0.84 lower (1.31 to 0.37 lower)	⊕⊕OO LOW	

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² Total population size is less than 400 (a threshold rule-of-thumb)

1.3.41PTSD: post-traumatic birth counselling versus TAU

			Quality asse	ssment			No of patients			Effect	Ouality	Importanc
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PTSD: post-traumatic birth counselling versus TAU	Control	Relative (95% CI)	Absolute	~~~~	
PTSD dia	agnosis post-t	reatment – I	TT analysis (foll	ow-up mean 13 v	weeks; assess	ed with: mini-PT	SD Diagnosis Interview)			I	<u> </u>
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	3/50 (6%)	9/53 (17%)	RR 0.35 (0.1 to 1.23)	110 fewer per 1000 (from 153 fewer to 39 more)	⊕⊕OO LOW	
								17%		111 fewer per 1000 (from 153 fewer to 39 more)		
PTSD dia	agnosis post-t	reatment – a	vailable case ana	lysis (follow-up	mean 13 wee	ks; assessed with	: mini-PTSD Diagnosis	Intervie	w)			
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	3/50 (6%)	9/53 (17%)	RR 0.35 (0.1 to 1.23)	110 fewer per 1000 (from 153 fewer to 39 more)	⊕⊕OO LOW	
								17%		111 fewer per 1000 (from 153 fewer to 39 more)		
	ean scores pos l by lower val		– ITT analysis (f	ollow-up mean 1	3 weeks; mea	sured with: mini	-PTSD Diagnosis Interv	iew: 'Tra	auma sympto	oms', rating scale und	clear ; be	etter
	randomised trials		no serious inconsistency	no serious indirectness	very serious ³	none	50	53	-	SMD 0.41 lower (0.81 to 0.02 lower)	⊕⊕OO LOW	
	ean scores pos dicated by low		- available case a	nalysis (follow-	up mean 13 w	veeks; measured v	vith: mini-PTSD Diagno	osis Inte	rview: 'Trau	ma symptoms', ratin	g scale u	inclear ;

F	1	randomised	no serious	no serious	no serious	very	none	50	53	-	SMD 0.41 lower	$\oplus \oplus OO$	
		trials	risk of bias	inconsistency	indirectness	serious ³					(0.81 to 0.02 lower)	LOW	

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.42PTSD: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU

			Quality asse	essment			No of patients			Effect	0.11	
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PTSD: psychologically (CBT/IPT)-informed psychoeducation versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	Quality	Importance
PTSD di	agnosis post-	treatment ·	- ITT analysis (fo	ollow-up mean	13 weeks; as	sessed with: Lon	gitudinal Interval Follow-up Ex	aminatio	n (LIFE))			
	randomised trials			no serious indirectness	very serious ^{2,3}	reporting bias ⁴	4/28 (14.3%)	5/26 (19.2%) 19.2%	RR 0.74 (0.22 to 2.47)	50 fewer per 1000 (from 150 fewer to 283 more) 50 fewer per 1000 (from 150 fewer to 282 more)	⊕000 VERY LOW	
PTSD di	agnosis post-	treatment ·	- available case a	nalysis (follov	v-up mean 13	weeks; assessed	with: Longitudinal Interval Fol	low-up E	xamination	ı (LIFE))		
	randomised trials			no serious indirectness	very serious ^{2,3}	reporting bias ⁴	1/25 (4%)	0/21 (0%) 0%	RR 2.54 (0.11 to 59.23)	-	⊕OOO VERY LOW	

	-		nt – available cas) mean PTSD sc	2 (-		with: Davidson Trauma Scale or	Longitu	dinal Interv	val Follow-up Exa	mination	n (LIFE):
2	randomised	no serious	no serious	no serious	very	reporting bias ⁴	50	46	-	SMD 0.4 lower	⊕000	
	trials	risk of	inconsistency	indirectness	serious ⁵					(0.81 lower to 0	VERY	
		bias								higher)	LOW	

¹ Risk of bias due to unclear blinding of outcome assessment

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁴ Papers omit data

⁵ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.43PTSD: mother-infant relationship interventions versus TAU or enhanced TAU

			Quality asso	essment			No of patients			Effect	Ouality	Importanc
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PTSD: mother-infant relationship interventions versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	~~~~	I T
'TSD sy	mptomatolog	y post-trea	tment – ITT anal	ysis (follow-up	mean 7 weel	ks; assessed with	perinatal PTSD Questionnair	e (PPQ):	scores in cl	inical range (no fu	irther de	tail))
Ĺ	randomised	no serious	no serious	no serious	very	none	22/60	19/61	RR 1.18	56 more per 1000	$\oplus \oplus OO$	
	trials	risk of	inconsistency	indirectness	serious ^{1,2}		(36.7%)	(31.1%)	(0.71 to	(from 90 fewer to	LOW	
		bias							1.94)	293 more)		
										56 more per 1000	-	
								31.2%		(from 90 fewer to		
										293 more)		
TSD sy	mptomatolog	y post-trea	tment – availabl	e case analysis (follow-up m	ean 7 weeks; asse	ssed with: perinatal PTSD Qu	estionna	ire (PPQ): s	cores in clinical ra	nge (no :	further

randomised trials SD symptomatolo clinical range (no randomised trials	1 no seriou risk of bias ogy Interme further det	s no serious inconsistency ediate follow-up	no serious indirectness	very serious ^{2,3}	none	sured with: perinatal PTSD Q 48 lysis (follow-up mean 25 wee 22/60 (36.7%)	50	- vith: perina RR 1.02	SMD 0.1 lower (0.5 lower to 0.29 higher) ttal PTSD Question 7 more per 1000 (from 133 fewer to 227 more)	⊕⊕OO LOW naire (PP	
randomised trials SD symptomatolo clinical range (no randomised trials SD symptomatolo 'Q): scores in clin randomised	1 no seriou risk of bias ogy Interme further det 1 no seriou risk of risk of	s no serious inconsistency ediate follow-up ail)) s no serious	no serious indirectness (17-24 weeks po no serious	very serious ^{2,3} ost-intervent very	none tion) - ITT anal	48 lysis (follow-up mean 25 wee 22/60	Questionnaire 50 ks; assessed w 22/61	- vith: perina RR 1.02 (0.63 to	323 more) ter indicated by low SMD 0.1 lower (0.5 lower to 0.29 higher) ttal PTSD Question 7 more per 1000 (from 133 fewer to 227 more)	⊕⊕OO LOW naire (PP	
randomised trials SD symptomatolo clinical range (no randomised trials SD symptomatolo 'Q): scores in clin randomised	1 no seriou risk of bias ogy Interme further det 1 no seriou risk of risk of	s no serious inconsistency ediate follow-up ail)) s no serious	no serious indirectness (17-24 weeks po no serious	very serious ^{2,3} ost-intervent very	none tion) - ITT anal	48 lysis (follow-up mean 25 wee 22/60	50 ks; assessed v 22/61	- vith: perina RR 1.02 (0.63 to	SMD 0.1 lower (0.5 lower to 0.29 higher) ttal PTSD Question 7 more per 1000 (from 133 fewer to 227 more)	⊕⊕OO LOW naire (PP	
trials SD symptomatolo clinical range (no randomisec trials SD symptomatolo Q): scores in clin randomisec	risk of bias ogy Interme further det 1 no seriou risk of	inconsistency ediate follow-up ail)) s no serious	indirectness (17-24 weeks po	serious ^{2,3}	tion) – ITT anal	lysis (follow-up mean 25 wee 22/60	ks; assessed v	RR 1.02 (0.63 to	(0.5 lower to 0.29 higher) ttal PTSD Question 7 more per 1000 (from 133 fewer to 227 more)	LOW naire (PP ⊕⊕OO	Q): sco
SD symptomatolo clinical range (no randomisec trials SD symptomatolo 'Q): scores in clin randomisec	risk of bias ogy Interme further det 1 no seriou risk of	inconsistency ediate follow-up ail)) s no serious	(17-24 weeks po	ost-intervent		22/60	22/61	RR 1.02 (0.63 to	higher) Ital PTSD Question 7 more per 1000 (from 133 fewer to 227 more)	LOW naire (PP ⊕⊕OO	Q): sco
clinical range (no randomisec trials SD symptomatolo 'Q): scores in clin randomisec	ogy Interme further det 1 no seriou risk of	ail))	no serious	very		22/60	22/61	RR 1.02 (0.63 to	7 more per 1000 (from 133 fewer to 227 more)	⊕⊕00	Q): sco
clinical range (no randomisec trials SD symptomatolo 'Q): scores in clin randomisec	further det	ail))	no serious	very		22/60	22/61	RR 1.02 (0.63 to	7 more per 1000 (from 133 fewer to 227 more)	⊕⊕00	Q): sco
clinical range (no randomisec trials SD symptomatolo 'Q): scores in clin randomisec	further det	ail))	no serious	very		22/60	22/61	RR 1.02 (0.63 to	7 more per 1000 (from 133 fewer to 227 more)	⊕⊕00	
trials SD symptomatolo 'Q): scores in clin randomised	risk of			5	none		,	(0.63 to	(from 133 fewer to 227 more)		
SD symptomatolo 'Q): scores in clin randomised		inconsistency	indirectness	serious ^{1,2}		(36.7%)	(36.1%)		227 more)	LOW	
PQ): scores in clin											
PQ): scores in clin								1	7 more per 1000		
PQ): scores in clin							36.1%		(from 134 fewer to		
PQ): scores in clin									227 more)		
randomised		-	· -	ost-intervent	tion) – available	e case analysis (follow-up me	an 25 weeks;	assessed w	ith: perinatal PTSD	Question	nnaire
	ical range (10 further detail)									
trials	1 no seriou	s no serious	no serious	very	none	8/46	11/50	RR 0.79	46 fewer per 1000	⊕⊕OO	
	risk of	inconsistency	indirectness	serious ^{1,2}		(17.4%)	(22%)	(0.35 to	(from 143 fewer to	LOW	
	bias							1.79)	174 more)		
									46 fewer per 1000		
							22%		(from 143 fewer to		
									174 more)		
SD mean scores I					1				1		
ter indicated by l	ntermediate	follow-up (17-24	4 weeks post-in	tervention)	- available case	e analysis (follow-up mean 2	weeks; meas	ured with:	perinatal PTSD Qu	estionna	ire (PF

1	randomised	no serious	no serious	no serious	very	none	46	50	-	SMD 0.25 lower	$\oplus \oplus OO$	
	trials	risk of	inconsistency	indirectness	serious ^{2,3}					(0.66 lower to 0.15	LOW	1
		bias								higher)		1
												1

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

³ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.44OCD: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU

			Quality asso	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	OCD: psychologically (CBT/IPT)-informed psychoeducation versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	Quality	Importance
OCD me values)	ean scores pos	t-treatment	t – available case	analysis (follo	w-up mean 4	weeks; measured	d with: Yale-Brown Obsessive Co	mpulsiv	e Scale (Y	(BOCS); better in	dicated l	y lower
1	trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias ³	33	25	-	SMD 0.41 lower (0.94 lower to 0.11 higher)	⊕OOO VERY LOW	
	ons mean scor d by lower va	-	atment – availab	le case analysis	follow-up n	nean 4 weeks; me	easured with: Yale-Brown Obsess	ive Com	pulsive S	cale (YBOCS): O	bsession	s; better
1	trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias ³	33	25	-	SMD 0.39 lower (0.92 lower to 0.13 higher)	⊕OOO VERY LOW	
-	sions mean so d by lower va	-	reatment – availa	able case analys	sis (follow-up	o mean 4 weeks; r	neasured with: Yale-Brown Obse	ssive Co	mpulsive	Scale (YBOCS):	Compuls	sions; better

	randomised	no serious	no serious	no serious	very	reporting bias ³	33	25	-	SMD 0.31 lower	⊕000	
	trials	risk of	inconsistency	indirectness	serious ^{1,2}	reporting blub	00	20		(0.83 lower to	VERY	
	tituis	bias	inconsistency	mancethess	5011043					0.21 higher)	LOW	
		Dias								0.21 higher)	LOW	
CD m	iean scores Int	ermediate f	follow-up (17-24	weeks post-int	ervention) –	available case ana	lysis (follow-up mean 19 weeks;	measure	d with: Y	ale-Brown Obses	sive Com	pulsive
			by lower values	-	,		-) (,					1
	1 1 1 1	· ·		· ·		. 1. 2	01	10		0.00.071.1		
			no serious	no serious	very	reporting bias ³	31	19	-	SMD 0.71 lower	⊕000	
	trials	risk of	inconsistency	indirectness	serious ¹					(1.29 to 0.12	VERY	
		bias								lower)	LOW	
bsess	ions mean scor	res Interme	diate follow-up	(17-24 weeks p	ost-intervent	tion) – available ca	ise analysis (follow-up mean 19 w	veeks; me	easured v	vith: Yale-Brown	Obsessiv	e
ompu	lsive Scale (YE	BOCS): Obs	sessions; better i	indicated by low	ver values)							
	randomised	no serious	no serious	no serious	very	reporting bias ³	31	19	-	SMD 0.65 lower	⊕000	
	trials	risk of	inconsistency	indirectness	serious ¹	reporting onto	01			(1.24 to 0.07	VERY	
	ulais	bias	inconsistency	indirectiless	senous					(1.24 to 0.07 lower)	LOW	
		Dias								lower)	LOW	
ompu	lsions mean so	ores Intern	nediate follow-1	1p (17-24 weeks	post-interve	ntion) – available	case analysis (follow-up mean 19	weeks: 1	neasured	l with: Yale-Brow	n Obsess	ive
-			npulsions; bette		-	•	, , , , , , , , , , , , , , , , , , ,					
			•									
	randomised	no serious	no serious	no serious	verv		31	19	_	SMD 0.7 lower	⊕000	
			no serious	no serious	very serious ¹	reporting bias ³	31	19	-	SMD 0.7 lower (1.29 to 0.11	⊕OOO VERY	
	randomised trials	risk of	no serious inconsistency	no serious indirectness	very serious ¹		31	19	-	(1.29 to 0.11	VERY	
					5		31	19	-			
CD m	trials	risk of bias	inconsistency	indirectness	serious ¹	reporting bias ³	31 ollow-up mean 32 weeks; measur		- Yale-Bro	(1.29 to 0.11 lower)	VERY LOW	e Scale
	trials	risk of bias g follow-u	inconsistency p (25-103 weeks	indirectness	serious ¹	reporting bias ³			- Yale-Bro	(1.29 to 0.11 lower)	VERY LOW	e Scale
	trials nean scores lon S); better indic	risk of bias g follow-u ated by lov	inconsistency p (25-103 weeks ver values)	indirectness post-interventi	serious ¹ on) – availab	reporting bias ³		ed with:	- Yale-Bro	(1.29 to 0.11 lower) wm Obsessive Co	VERY LOW	Scale
	trials nean scores lon S); better indic randomised	risk of bias g follow-u ated by lov	inconsistency p (25-103 weeks ver values) no serious	indirectness post-interventi no serious	serious ¹ on) – availab very	reporting bias ³	ollow-up mean 32 weeks; measur		- Yale-Bro	(1.29 to 0.11 lower) wm Obsessive Co	VERY LOW mpulsive ⊕OOO	e Scale
	trials nean scores lon S); better indic	risk of bias g follow-u ated by lov no serious risk of	inconsistency p (25-103 weeks ver values)	indirectness post-interventi	serious ¹ on) – availab	reporting bias ³	ollow-up mean 32 weeks; measur	ed with:	- Yale-Bro	(1.29 to 0.11 lower) wm Obsessive Co SMD 0.76 lower (1.35 to 0.17	VERY LOW mpulsive ⊕OOO VERY	e Scale
	trials nean scores lon S); better indic randomised	risk of bias g follow-u ated by lov	inconsistency p (25-103 weeks ver values) no serious	indirectness post-interventi no serious	serious ¹ on) – availab very	reporting bias ³	ollow-up mean 32 weeks; measur	ed with:	- Yale-Bro	(1.29 to 0.11 lower) wm Obsessive Co	VERY LOW mpulsive ⊕OOO	Scale
BOC	trials nean scores lon S); better indic randomised trials	risk of bias g follow-u ated by lov no serious risk of bias	inconsistency p (25-103 weeks ver values) no serious inconsistency	indirectness post-interventi no serious indirectness	serious ¹ on) – availab very serious ¹	reporting bias ³ ole case analysis (for reporting bias ³	ollow-up mean 32 weeks; measur	ed with:	-	(1.29 to 0.11 lower) wm Obsessive Co SMD 0.76 lower (1.35 to 0.17 lower)	UERY LOW mpulsive ⊕000 VERY LOW	
BOC	trials nean scores lon S); better indic randomised trials ions mean score	risk of bias g follow-u ated by lov no serious risk of bias res long fol	inconsistency p (25-103 weeks ver values) no serious inconsistency	indirectness post-interventi no serious indirectness weeks post-inter	serious ¹ on) – availab very serious ¹	reporting bias ³ ole case analysis (for reporting bias ³	ollow-up mean 32 weeks; measur 29	ed with:	-	(1.29 to 0.11 lower) wm Obsessive Co SMD 0.76 lower (1.35 to 0.17 lower)	UERY LOW mpulsive ⊕000 VERY LOW	
(BOC	trials nean scores lon S); better indic randomised trials ions mean scor YBOCS): Obser	risk of bias g follow-u ated by low no serious risk of bias res long fol ssions; bett	inconsistency p (25-103 weeks wer values) no serious inconsistency low-up (25-103 yer indicated by	indirectness post-interventi no serious indirectness weeks post-inte lower values)	serious ¹ on) - availab very serious ¹ rvention) - a	reporting bias ³ Ple case analysis (f reporting bias ³ wailable case anal	ollow-up mean 32 weeks; measur 29	ed with:	-	(1.29 to 0.11 lower) wm Obsessive Co SMD 0.76 lower (1.35 to 0.17 lower) le-Brown Obsess	VERY LOW mpulsive ⊕OOO VERY LOW ive Comp	
(BOC	trials tr	risk of bias g follow-u ated by low no serious risk of bias res long fol ssions; bett no serious	inconsistency p (25-103 weeks ver values) no serious inconsistency low-up (25-103 yer indicated by no serious	indirectness post-interventi no serious indirectness weeks post-inte lower values) no serious	serious ¹ on) – availab very serious ¹ rvention) – a	reporting bias ³ ole case analysis (for reporting bias ³	ollow-up mean 32 weeks; measur 29 ysis (follow-up mean 32 weeks; n	ed with: 20 neasured	-	(1.29 to 0.11 lower) wm Obsessive Co SMD 0.76 lower (1.35 to 0.17 lower) le-Brown Obsess SMD 0.73 lower	VERY LOW mpulsive ⊕OOO VERY LOW ive Comp ⊕OOO	
BOC	trials nean scores lon S); better indic randomised trials ions mean scor YBOCS): Obser	risk of bias g follow-u ated by low no serious risk of bias res long fol ssions; bett no serious risk of	inconsistency p (25-103 weeks wer values) no serious inconsistency low-up (25-103 yer indicated by	indirectness post-interventi no serious indirectness weeks post-inte lower values)	serious ¹ on) - availab very serious ¹ rvention) - a	reporting bias ³ Ple case analysis (f reporting bias ³ wailable case anal	ollow-up mean 32 weeks; measur 29 ysis (follow-up mean 32 weeks; n	ed with: 20 neasured	-	(1.29 to 0.11 lower) wm Obsessive Co SMD 0.76 lower (1.35 to 0.17 lower) Ie-Brown Obsess SMD 0.73 lower (1.32 to 0.14	UERY LOW mpulsive ⊕OOO VERY LOW ive Comp ⊕OOO VERY	
BOC	trials tr	risk of bias g follow-u ated by low no serious risk of bias res long fol ssions; bett no serious	inconsistency p (25-103 weeks ver values) no serious inconsistency low-up (25-103 yer indicated by no serious	indirectness post-interventi no serious indirectness weeks post-inte lower values) no serious	serious ¹ on) – availab very serious ¹ rvention) – a	reporting bias ³ Ple case analysis (f reporting bias ³ wailable case anal	ollow-up mean 32 weeks; measur 29 ysis (follow-up mean 32 weeks; n	ed with: 20 neasured	-	(1.29 to 0.11 lower) wm Obsessive Co SMD 0.76 lower (1.35 to 0.17 lower) le-Brown Obsess SMD 0.73 lower	VERY LOW mpulsive ⊕OOO VERY LOW ive Comp ⊕OOO	

-	Compulsions mean scores long follow-up (25-103 weeks post-intervention) – available case analysis (follow-up mean 32 weeks; measured with: Yale-Brown Obsessive Compulsive Scale (YBOCS): Compulsions; better indicated by lower values)												
1	randomised	no serious	no serious	no serious	very	none	29	20	-	SMD 0.72 lower	$\oplus \oplus OO$		
	trials	risk of	inconsistency	indirectness	serious ¹					(1.31 to 0.13	LOW		
		bias								lower)			

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25) ³ Paper omits data

1.3.45 Fear of childbirth: pre-delivery discussion/psychoeducation versus TAU

Quality assessment							No of patients	I	Effect	Quality	Importance		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Fear of childbirth: pre-delivery discussion/psychoeducation versus TAU	Control	Relative (95% CI)	Absolute			
	Elective caesarean post-treatment – ITT analysis (follow-up 0-16 weeks; assessed with: mode of delivery: number of women delivering via elective caesarean or caesarean for psychosocial reasons)												
2	randomised	no	no serious	no serious	very	none	23/175	39/286	RR 0.93	10 fewer per	$\oplus \oplus OO$		
		serious risk of bias	inconsistency	indirectness	serious ^{1,2}		(13.1%)	(13.6%)	(0.57 to 1.51)	1000 (from 59 fewer to 70 more)	LOW		
								15.2%		11 fewer per 1000 (from 65 fewer to 78 more)			
Choosin	Choosing vaginal delivery post-treatment – ITT analysis (follow-up mean 16 weeks; assessed with: Delivery preference: number of women choosing vaginal delivery)												
1	randomised	no	no serious	no serious	very	reporting bias ³	35/44	35/46		38 more per	$\oplus OOO$		
	trials	serious	inconsistency	indirectness	serious ^{1,2}		(79.5%)	(76.1%)		1000 (from 122	VERY LOW		

		risk of bias							RR 1.05 (0.84 to 1.3)	fewer to 228 more)		
								76.1%		38 more per 1000 (from 122 fewer to 228 more)		
ıginal	delivery pos	t-treatme	nt – ITT analysi	is (follow-up 0	-16 weeks; as	sessed with: moo	de of delivery: spontaneous vagin	al delivery	/vaginal c	lelivery)		
	randomised	no	serious ⁴	no serious	very	none	108/175	141/287	RR 1.2	98 more per	⊕000	
	trials	serious		indirectness	serious ^{1,2}		(61.7%)	(49.1%)	(0.9 to	1000 (from 49	VERY LOW	
		risk of						` '	1.59)	fewer to 290		
		bias							,	more)		
										105 more per		
								52.5%		1000 (from 53		
								52.5 %		fewer to 310		
				ent (36 weeks	gestation) – I	TT analysis (foll	ow-up mean 12 weeks; measured	with: preg	nancy An	more) xiety Scale: Fea	r of pain in la	bour;
	pain in labou ndicated by lo randomised trials	ower valu		ent (36 weeks no serious indirectness	gestation) – I very serious ⁵	TT analysis (follo	ow-up mean 12 weeks; measured 85	91	nancy An -	SMD 0.09 lower (0.39 lower to 0.2	⊕000 VERY LOW	bour;
etter ir	randomised trials	no serious risk of bias unfriend riendly b	es) no serious inconsistency	no serious indirectness ean scores Mid	very serious ⁵	reporting bias ³ 36 weeks gestatio	-	91	-	SMD 0.09 lower (0.39 lower to 0.2 higher)	⊕000 VERY LOW	

	randomised	no	no serious	no serious	serious ⁵	none	96	158	-	SMD 0.19	⊕⊕⊕O	
	trials	serious	inconsistency	indirectness							MODERATE	
		risk of								lower to 0.44		
		bias								higher)		
		Dius								ingrici)		
atisfac	tion with chi	ldbirth m	ean scores post	-treatment – IT	T analysis (follow-up mean 2	9 weeks; measured with: study-spe	cific scal	le: satisfa	ction with child	birth; better in	ndicated
wer v	alues)											
		1	T			T		1		1		
	randomised		no serious	no serious	very	reporting bias ³	85	91	-	SMD 0.22	⊕000	
	trials	serious	inconsistency	indirectness	serious ^{2,5}					lower (0.52	VERY LOW	
		risk of								lower to 0.08		
		bias								higher)		
eeling	safe during o	hildbirth	mean scores po	ost-treatment -	ITT analysi	s (follow-up mea	n 29 weeks; measured with: satisfac	tion wit	h childbir	th: Feeling safe	(study-specifi	ic scale)
etter iı	ndicated by lo	ower valu	es)									
	randomised	no	no serious	no serious	very	reporting bias ³	85	91	-	SMD 0.39	$\oplus OOO$	
	trials	serious	inconsistency	indirectness	serious ⁵					lower (0.69 to	VERY LOW	
		risk of	-							0.09 lower)		
		bias								,		
xperie	nce of fear du	iring chil	dbirth mean sco	ores post-treatr	nent – ITT a	nalysis (follow-u	p mean 13 weeks; measured with: V	Vijma De	elivery Ex	perience Quest	ionnaire (W-D	EQ-B);
-	ndicated by lo	•		•			•	,	2	•		
	randomised	no	no serious	no serious	serious ⁵	none	131	240	-	SMD 0.35	$\oplus \oplus \oplus O$	
	trials	serious	inconsistency	indirectness						lower (0.57 to	MODERATE	
		risk of	-							0.14 lower)		
		bias								,		
laterna	al attitude to	motherho	od mean scores	post-treatmen	nt – available	case analysis (fo	llow-up mean 25 weeks; measured	with: mo	otherhood	and parenting	(based on Kur	nar,
			indicated by lo	-			1			18		,
	,	,,	, , , , , , , , , , , , , , , , , , ,	,								
	randomised	no	no serious	no serious	serious ⁵	none	92	160	-	SMD 0.3	⊕⊕⊕O	
	trials	serious	inconsistency	indirectness						higher (0.04 to		
	unui5	risk of	inconsistency	maneeticss						0.56 higher)		
		bias								0.00 ingrier)		
		Dias										
	1	1	1			1						

¹ Total number of events is less than 300 (a threshold rule-of-thumb) ² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

⁴ There was evidence of moderate heterogeneity between effect sizes

⁵ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.46Eating disorder: mother-infant relationship interventions (and guided self-help) versus listening visits (and guided self-help)

			Quality asso	essment			No of patients			Effect	o. 11	
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Eating disorder: mother-infant relationship interventions (and guided self-help) versus listening visits (and guided self-help)	Control	Relative (95% CI)	Absolute	Quality	Importance
Eating d	isorder diagn	osis post-	treatment – ITT	analysis (follow	w-up mean 3	5 weeks; assessed	d with: psychiatric interview: DSM	-IV Eatir	ng Disorde	r)		
	trials	no serious risk of bias			very serious ^{1,2}	reporting bias ³	14/40 (35%)	13/40 (32.5%) 32.5%	RR 1.08 (0.58 to 1.99)	26 more per 1000 (from 137 fewer to 322 more) 26 more per 1000 (from 137 fewer to 322 more)	⊕000 VERY LOW	
Eating d	isorder diagn	osis post-l	treatment – avai	lable case analy	ysis (follow-1	1p mean 35 week	s; assessed with: psychiatric interv	iew: DSI	M-IV Eatin	g Disorder)		
1	trials				very serious ^{1,2}	reporting bias ³	11/37 (29.7%)	12/39 (30.8%) 30.8%	RR 0.97 (0.49 to 1.91)	9 fewer per 1000 (from 157 fewer to 280 more) 9 fewer per 1000 (from 157	⊕OOO VERY LOW	

					fewer to 280	
					more)	
						ļ

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

1.3.47General mental health: structured psychological interventions (CBT or IPT) versus TAU or enhanced TAU

			Quality asse	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	General mental health: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	Quality	Importance
	mental health ndicated by lo		-	nt – ITT analysi	is (follow-up	mean 15 weeks;	measured with: Brief Symptom Inv	ventory ((BSI): Glo	bal severity inde	ex (Menta	al health);
1	trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	47	46	-	SMD 0.76 lower (1.19 to 0.34 lower)	⊕⊕OO LOW	
	mental healtl idicated by lo			es post-treatmer	nt – available	case analysis (fo	llow-up 15-26 weeks; measured wi	th: sF-12	2 Mental (Component Sum	mary (SI	-MCS);
2		no serious risk of bias	very serious ²	no serious indirectness	very serious ^{1,3}	reporting bias ⁴	150	155	-	SMD 0.68 higher (0.08 lower to 1.44 higher)	⊕OOO VERY LOW	
		-	bst-treatment – a		5 .	w-up mean 26 we	eeks; measured with: Clinical Outco	omes in	Routine	Evaluation-Outco	ome Mea	sure

	randomised	no serious	no serious	no serious	serious ¹	reporting bias ⁴	138	145	-	SMD 0.31 lower	$\oplus \oplus OO$	
	trials	risk of	inconsistency	indirectness						(0.55 to 0.08	LOW	
		bias								lower)		
General	mental healtl	h mean scor	es short follow-	up (9-16 weeks	post-interve	ntion) – ITT analy	ysis (follow-up mean 28 weeks; mea	asured v	vith: Brie	ef Symptom Inve	ntory (BS	I): G10
everity	index (Menta	l health); b	etter indicated b	v lower values	, ,		• • •				2 .	ĺ.
5	,	,,										
1	randomised	no serious	no serious	no serious	very	none	47	46	-	SMD 0.73 lower	⊕⊕OO	
	trials	risk of	inconsistency	indirectness	serious ¹					(1.15 to 0.31	LOW	
		bias								lower)		
										,		
General	mental healtl	h mean scor	es Intermediate	follow-up (17-2	24 weeks pos	t-intervention) -	available case analysis (follow-up i	nean 33	weeks; r	neasured with: sl	F-12 Ment	al
Compon	ent Summary	(SF-MCS)	; better indicate	d by lower valu	es)							
•				2	,							
L	randomised	serious ⁵	no serious	no serious	very	none	15	11	-	SMD 0.78 higher	⊕000	
	trials		inconsistency	indirectness	serious ^{1,3}					(0.03 lower to	VERY	
			5							1.59 higher)	LOW	
										0 /		
Total m	I mulation size		400 (a threshold		1	1				1		

² There was evidence of substantial heterogeneity between effect sizes

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

⁴ Papers omit data

⁵ Risk of bias due to statistically significant group differences at baseline

1.3.48 General mental health: IPT versus support group

			Quality asse	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other	General mental health: IPT versus support group	Control	Relative (95% CI)	Absolute	Quality	Importance
Anger mea	an scores post	-treatment	t – available case a	nalysis (follow-	up mean 12 w	eeks; measured v	vith: state Anger Invento	ory (STA	XI); bette	r indicated by lower	values)	

1	L	randomised	serious ¹	no serious	no serious	very	none	22	22	-	SMD 0.09 lower (0.68	⊕000	
		trials		inconsistency	indirectness	serious ^{2,3}					lower to 0.5 higher)	VERY	
												LOW	

¹ Risk of bias due to statistically significant group differences at baseline

² Total population size is less than 400 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.3.49General mental health: post-miscarriage self-help versus TAU

			Quality asse	ssment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	General mental health: post-miscarriage self- help versus TAU	Control	Relative (95% CI)	Absolute		
General	mental health	symptomat	ology/treatment	non-response p	ost-treatment	- - ITT analysis (f	ollow-up mean 5 weeks; a	ssessed v	with: Brief S	Symptom Inventory	(BSI): G	lobal
		-	ponse: reliable ch			ý (•			, , , , , , , , , , , , , , , , , , ,	. ,	
1	randomised	no serious	no serious	no serious	very	none	22/45	23/33	RR 0.7	209 fewer per 1000	⊕⊕00	
	trials	risk of bias	inconsistency	indirectness	serious ^{1,2}		(48.9%)	(69.7%)	(0.48 to 1.02)	(from 362 fewer to 14 more)	LOW	
								69.7%		209 fewer per 1000 (from 362 fewer to 14 more)		
			on-response pos liable change inc		ailable case a	unalysis (follow-u	p mean 5 weeks; assessed	with: Br	ief Symptor	m Inventory (BSI): C	Global se	everity
				· ·			10/00				1	
1		no serious risk of bias		no serious indirectness	very serious ¹	none	10/33 (30.3%)	16/26 (61.5%)	RR 0.49 (0.27 to 0.9)	314 fewer per 1000 (from 62 fewer to 449 fewer)	⊕⊕OO LOW	

								61.5%		314 fewer per 1000 (from 62 fewer to 449 fewer)		
	mental health dicated by lov		s post-treatment	- ITT analysis ((follow-up mo	ean 5 weeks; mea	sured with: Brief Sympton	n Invent	ory (BSI): G	lobal severity index	(Mental	health);
1	randomised	no serious	no serious	no serious	very	none	45	33	-	SMD 0.67 lower	⊕⊕OO	
	trials	risk of bias	inconsistency	indirectness	serious ³					(1.13 to 0.21 lower)	LOW	

 $^{\rm 1}$ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.50General mental health: listening visits versus TAU

			Quality asses	sment			No of patients			Effect		_
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	General mental health: listening visits versus TAU	Control	Relative (95% CI)	Absolute	Quality	Importance
	nental health 1 licated by low		higher better) pos	t-treatment – ava	nilable case an	nalysis (follow-up	o mean 26 weeks; measur	ed with:	sF-12 Me	ntal Component S	ummary	(SF-MCS);
			no serious inconsistency	no serious indirectness	serious ¹	reporting bias ²	129	142	-	SMD 0.42 higher (0.18 to 0.66 higher)	⊕⊕OO LOW	
		-	eatment – availab ated by lower valu	· · ·	follow-up me	ean 26 weeks; mea	asured with: Clinical Out	comes ir	n Routine	Evaluation-Outcor	ne Meas	ure (CORE-
	trials	risk of bias	no serious inconsistency (a threshold rule-	no serious indirectness	serious ¹	reporting bias ²	131	145	-	SMD 0.31 lower (0.55 to 0.07 lower)	⊕⊕OO LOW	

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² Paper omits data

1.3.51 General mental health: post-miscarriage counselling versus TAU

			Quality asse	ssment			No of patients			Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	General mental health: post-miscarriage counselling versus TAU	Control	Relative (95% CI)	Absolute		
Self-blan	ne mean score	post-treatm	ent – available ca	ise analysis (foll	low-up mean	2 weeks; measure	d with: study-specific meas	ure: self-	blame; b	etter indicated by le	ower val	ues)
	randomised trials		no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	33	33	-	SMD 0.15 higher (0.34 lower to 0.63 higher)	⊕⊕OO LOW	
	ne mean score etter indicated		- ·	24 weeks post-ir	ntervention) –	available case an	alysis (follow-up mean 17 w	veeks; me	easured w	vith: study-specific	measure	: self-
	randomised trials		no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	33	33	-	SMD 0.03 higher (0.45 lower to 0.51 higher)	⊕⊕OO LOW	

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.3.52General mental health: post-traumatic birth counselling versus TAU

Quality assessment	No of patients	Effect	Quality	Importance
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No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	()ther	General mental health: post- traumatic birth counselling versus TAU		Relative (95% CI)	Absolute		
Self-blan	ne mean score	s post-treatn	nent – ITT analysi	is (follow-up me	ean 13 weeks	; measured with:	study-specific measure: self-b	lame; be	etter indic	cated by lower val	ues)	
1 Self-blan		risk of bias	inconsistency	indirectness	serious ¹	none 13 weeks; measu	50 rred with: study-specific meas	53 ure: self		SMD 2.37 higher (1.86 to 2.88 higher)	⊕⊕OO LOW	alues)
1	randomised trials	no serious risk of bias			very serious ¹	none	50	53	-	SMD 2.37 higher (1.86 to 2.88 higher)	⊕⊕OO LOW	

1.3.53General mental health: psychologically (CBT/IPT)-informed psychoeducation versus TAU or enhanced TAU

			Quality asse	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	General mental health: psychologically (CBT/IPT)- informed psychoeducation versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	Quality	Importance
515	chopathology athology)	v diagnosis	s post-treatment	– ITT analysis	(follow-up n	nean 52 weeks; a	ssessed with: schedule for Affectiv	e Disord	lers and Scl	hizophrenia (SA)	DS): any	
	randomised	no	no serious	no serious	very	reporting bias ³	38/101	36/98		7 more per 1000		
	trials	serious	inconsistency	indirectness	serious ^{1,2}		(37.6%)	(36.7%)	`	(from 107 fewer	VERY	
									1.47)	to 173 more)	LOW	

	risk of bias						36.7%		7 more per 1000 (from 106 fewer to 172 more)		
ychopathology)	y diagnos	is post-treatmen	t – avallable ca	se analysis (i	ollow-up mean 52	weeks; assessed with: schedu	lle for Affect	ive Disord	ers and Schizopr	irenia (SA	1D5): a
randomised	no	no serious	no serious	very	reporting bias ³	38/101	36/98	RR 1.02	7 more per 1000	⊕000	
trials	serious	inconsistency	indirectness	serious ^{1,2}		(37.6%)	(36.7%)	(0.71 to	(from 107 fewer	VERY	
	risk of bias							1.47)	to 173 more)	LOW	
									7 more per 1000		
							36.7%		(from 106 fewer to 172 more)		
1	-	-	-		-	measured with: General Heal	th Questionn	•	to 172 more)); better indicate	-	er valu
randomised	no	no serious	no serious	very	up mean 6 weeks; 1 none	measured with: General Heal		aire (GHQ -	to 172 more) (); better indicate SMD 0.48 lower	⊕⊕OO	er valu
	-	-	-		-		th Questionn	•	to 172 more)); better indicate	-	er valu
randomised trials	no serious risk of bias h mean so	no serious inconsistency ores short follow	no serious indirectness	very serious ⁴	none		98	-	to 172 more) better indicate SMD 0.48 lower (0.76 to 0.19 lower)	⊕⊕OO LOW	
randomised trials eneral mental heal	no serious risk of bias h mean sc ower value	no serious inconsistency ores short follow	no serious indirectness	very serious ⁴	none	96	98	-	to 172 more) better indicate SMD 0.48 lower (0.76 to 0.19 lower)	⊕⊕OO LOW	

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.54General mental health: home visits versus TAU/enhanced TAU

			1
			1
			1
			1
			1
			1

			Quality ass	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	General mental health: home visits versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	Quality	Importanc
General	mental health	sympton	natology/treatme	nt non-response	e post-treatm	ent – ITT analysis	(follow-up mean 104 week	s; assesse	d with: me	ntal Health Index (N	4HI-5)<67	7)
1	randomised trials		no serious inconsistency	no serious indirectness	serious ²	none	91/179 (50.8%)	101/185 (54.6%)	RR 0.93 (0.77 to 1.13)	38 fewer per 1000 (from 126 fewer to 71 more)	⊕⊕OO LOW	
								54.6%		38 fewer per 1000 (from 126 fewer to 71 more)		
General	mental health	sympton	natology/treatme	nt non-response	e post-treatm	ent – available cas	se analysis (follow-up mean	104 week	cs; assessed	with: mental Healt	h Index (MHI-5)<67
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ^{2,3}	none	38/126 (30.2%)	39/123 (31.7%)	RR 0.95 (0.66 to	16 fewer per 1000 (from 108 fewer to	⊕OOO VERY	
					Serrous		(30.270)	(31.7 %)	1.38)	120 more)	LOW	
							(30.276)	31.7%	•	`		
Alcohol	or drug use sy					ıp mean 104 week	(30.276)	31.7%	1.38)	120 more) 16 fewer per 1000 (from 108 fewer to 120 more)		
Alcohol		7 mptomat				1p mean 104 week none		31.7%	1.38)	120 more) 16 fewer per 1000 (from 108 fewer to 120 more)		

1	randomised	serious ¹	no serious	no serious	very	none	35/126	41/123	RR 0.83	57 fewer per 1000	⊕000	
	trials		inconsistency	indirectness	serious ^{2,3}		(27.8%)	(33.3%)	(0.57 to	(from 143 fewer to	VERY	
									1.21)	70 more)	LOW	
										57 fewer per 1000		
								33.3%		(from 143 fewer to		
										70 more)		
										,		1

¹ Risk of bias due to statistically significant group differences at baseline

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.55 General mental health: mother-infant relationship interventions versus TAU or enhanced TAU

			Quality ass	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	General mental health: mother- infant relationship interventions versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	Quality	Importance
			nt non-response 1provement-relia			is (follow-up me	an 26 weeks; assessed with: symp	ptom Cho	ecklist-90 (S	SCL-90): Global Se	everity In	idex (GSI):
	randomised trials			no serious indirectness	very serious ^{2,3}	none	23/40 (57.5%)	20/40 (50%)	RR 1.15 (0.76 to 1.73)	75 more per 1000 (from 120 fewer to 365 more)	⊕OOO VERY LOW	
								50%		75 more per 1000 (from 120 fewer to 365 more)		
			nt non-response sponse (no impro	-		• •	ow-up mean 26 weeks; assessed v	with: syn	nptom Che	cklist-90 (SCL-90):	Global S	Severity

1	randomised	serious ¹	no serious	no serious	very	none	21/38	17/37	RR 1.2	92 more per 1000	⊕000	
	trials		inconsistency	indirectness	serious ^{2,3}		(55.3%)	(45.9%)	(0.77 to	(from 106 fewer	VERY	
									1.89)	to 409 more)	LOW	
										92 more per 1000		
								46%		(from 106 fewer		
										to 409 more)		
General	mental health	n mean sc	ores (lower bett	er) post-treatme	nt – availabl	e case analysis (fo	ollow-up mean 26 weeks; measu	ed with:	symptom (Checklist-90 (SCL	.90): Glob	al Severity
			v lower values)	ci) post tieutille	iit uvuiiuoi	e cube unuryous (it	onon up mean 20 meens, measa	cu mun	symptom		<i>yoy.</i> Gloc	ui sevenity
			, 101101 (111100)									
1	randomised	serious ¹	no serious	no serious	very	none	38	37	-	SMD 0.24 lower	⊕000	
	trials		inconsistency	indirectness	serious ^{3,4}					(0.7 lower to 0.21	VERY	
										higher)	LOW	

¹ Risk of bias due to statistically significant group differences at baseline

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.56 General mental health: co-parenting intervention versus enhanced TAU

			Quality asse	ssment			No of patients			Effect	Ouality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	General mental health: co- parenting intervention versus enhanced TAU	Control	Relative (95% CI)		~ ,	ľ
5	gical distress l by lower val		s post-treatment -	- available case	analysis (foll	ow-up mean 6 we	eeks; measured with: Kellner S	Sympton	n Questio	nnaire: psychologi	ical distr	ess; better
		no serious risk of bias			very serious ^{1,2}	none	15	13	-	SMD 0.65 lower (1.42 lower to 0.11 higher)	⊕⊕OO LOW	

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.57Mother-infant attachment: structured psychological interventions (CBT or IPT) versus TAU or enhanced TAU

			Quality ass	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mother-infant attachment: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	Quality	Importance
Mother-	infant attachı	ment probl	lems post-treatm	ent – ITT anal	ysis (follow-uj	o mean 20 weeks;	assessed with: maternal report:	mother-	infant relat	ionship problem	ns)	I
	randomised trials		no serious inconsistency	no serious indirectness	very serious ¹	none	27/50 (54%)	43/52 (82.7%)	RR 0.65 (0.49 to 0.87)	289 fewer per 1000 (from 107 fewer to 422 fewer)	⊕⊕OO LOW	
								82.7%		289 fewer per 1000 (from 108 fewer to 422 fewer)		
Mother-	infant attachı	ment probl	lems post-treatm	ent – available	e case analysis	(follow-up mean	20 weeks; assessed with: matern	nal repor	t: mother–i	nfant relationshi	p proble	ms)
	trials		no serious inconsistency	no serious indirectness	very serious ¹	none	20/43 (46.5%)	26/35 (74.3%)	RR 0.63 (0.43 to 0.91)	275 fewer per 1000 (from 67 fewer to 423 fewer)	⊕⊕OO LOW	
								74.3%		275 fewer per 1000 (from 67 fewer to 424 fewer)		

	randomised	no serious	very serious ²	no serious	very serious ^{3,4}	none	39	37	-	SMD 2.28	⊕000
	trials	risk of	-)	indirectness	-)			_		higher (1.17	VERY
		bias								lower to 5.73	LOW
										higher)	
			oost-treatment -	- ITT analysis (i	follow-up mea	n 52 weeks; asse	ssed with: mother-infant int	eraction: play	frequency	r (Events were mo	other play
fant o	nce or more e	very day))									
	randomised	no serious	no serious	no serious	no serious	none	247/463	149/440	RR 1.58	196 more per	$\oplus \oplus \oplus \oplus$
	trials	risk of	inconsistency	indirectness	imprecision		(53.3%)	(33.9%)	(1.35 to	1000 (from 119	HIGH
		bias							1.84)	more to 284 more)	
										197 more per	
										1000 (from 119	
								33.9%		more to 285	
										more)	
	-infant play f with infant or			- available case	analysis (follo	w-up mean 52 w	eeks; assessed with: mother-	-infant interac	ction: play	frequency (Even	ts were m
	randomised	no serious	no serious	no serious	no serious	none	247/360	149/345	RR 1.59	255 more per	⊕⊕⊕⊕
	trials		inconsistency	indirectness	imprecision	none	(68.6%)	(43.2%)	(1.38 to	1000 (from 164	HIGH
	unais	bias	inconsistency	mancemess	imprecision		(00.0 %)	(43.270)	(1.83)	more to 358	THOIT
		0103							1.00)	more)	
										255 more per	
										1000 (from 164	
								43.2%		more to 359	
		1	1	1	1	1		1 1			

ranc trial	ndomised s als		no serious inconsistency	no serious indirectness	very serious ^{3,4}	reporting bias ⁶	10	7	-	SMD 0.86 higher (0.16	⊕OOO VERY
										lower to 1.88 higher)	LOW
her–infa	ant behavi	our mana	gement problen	ns post-treatme	nt – ITT analy	sis (follow-up me	an 20 weeks; assessed with: m	aternal rep	ort: Behavi	iour managemen	t problems)
ranc	ndomised	no serious	no serious	no serious	very serious ^{1,4}	none	26/50	30/52	RR 0.9	58 fewer per	⊕⊕OO
trial	als 1	risk of	inconsistency	indirectness	-		(52%)	(57.7%)	(0.63 to	1000 (from 213	LOW
	1	bias							1.28)	fewer to 162	
										more)	
										58 fewer per	
								57.7%		1000 (from 213	
										fewer to 162	
										more)	
other-infa oblems)				-	1		-				
oblems)	ndomised 1		no serious inconsistency	no serious indirectness	very serious ^{1,4}		19/43 (44.2%)	13/35 (37.1%)	RR 1.19 (0.69 to	71 more per 1000 (from 115	⊕⊕OO LOW
o blems) rand	ndomised 1 als 1	no serious	no serious	no serious			19/43	13/35	RR 1.19	71 more per	
o blems) rand	ndomised 1 als 1	no serious risk of	no serious	no serious			19/43	13/35	RR 1.19 (0.69 to	71 more per 1000 (from 115 fewer to 390 more)	
o blems) rand	ndomised 1 als 1	no serious risk of	no serious	no serious			19/43	13/35 (37.1%)	RR 1.19 (0.69 to	71 more per 1000 (from 115 fewer to 390 more) 70 more per	
o blems) rand	ndomised 1 als 1	no serious risk of	no serious	no serious			19/43	13/35	RR 1.19 (0.69 to	71 more per 1000 (from 115 fewer to 390 more) 70 more per 1000 (from 115	
o blems) rand	ndomised 1 als 1	no serious risk of	no serious	no serious			19/43	13/35 (37.1%)	RR 1.19 (0.69 to	71 more per 1000 (from 115 fewer to 390 more) 70 more per	
oblems) ranc trial	ndomised i als i I	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,4}	none	19/43	13/35 (37.1%) 37.1%	RR 1.19 (0.69 to 2.05)	71 more per 1000 (from 115 fewer to 390 more) 70 more per 1000 (from 115 fewer to 390 more)	LOW
scontinue	ndomised n als n ed (exclusion ndomised n	no serious risk of bias ve) breast no serious	no serious inconsistency feeding <6 mon no serious	no serious indirectness ths – ITT analy no serious	very serious ^{1,4} z sis (follow-up no serious	none	19/43 (44.2%) sseessed with: infant feeding-1 400/463	13/35 (37.1%) 37.1% area longer end 400/440	RR 1.19 (0.69 to 2.05) xclusively RR 0.95	71 more per 1000 (from 115 fewer to 390 more) 70 more per 1000 (from 115 fewer to 390 more) breastfeeding by 45 fewer per	LOW 26 weeks)
scontinued	ndomised n als n ed (exclusion ndomised n als n	no serious risk of bias ve) breast no serious risk of	no serious inconsistency feeding <6 mon	no serious indirectness ths – ITT analy	very serious ^{1,4}	none mean 52 weeks; a	19/43 (44.2%)	13/35 (37.1%) 37.1% area longer end 400/440	RR 1.19 (0.69 to 2.05) xclusively RR 0.95 (0.91 to 1)	71 more per 1000 (from 115 fewer to 390 more) 70 more per 1000 (from 115 fewer to 390 more) breastfeeding by 45 fewer per 1000 (from 82	LOW
scontinue	ndomised n als n ed (exclusion ndomised n als n	no serious risk of bias ve) breast no serious	no serious inconsistency feeding <6 mon no serious	no serious indirectness ths – ITT analy no serious	very serious ^{1,4} z sis (follow-up no serious	none mean 52 weeks; a	19/43 (44.2%) sseessed with: infant feeding-1 400/463	13/35 (37.1%) 37.1% area longer end 400/440	RR 1.19 (0.69 to 2.05) xclusively RR 0.95 (0.91 to 1)	71 more per 1000 (from 115 fewer to 390 more) 70 more per 1000 (from 115 fewer to 390 more) breastfeeding by 45 fewer per	LOW 26 weeks)
scontinue	ndomised n als n ed (exclusion ndomised n als n	no serious risk of bias ve) breast no serious risk of	no serious inconsistency feeding <6 mon no serious	no serious indirectness ths – ITT analy no serious	very serious ^{1,4} z sis (follow-up no serious	none mean 52 weeks; a	19/43 (44.2%) sseessed with: infant feeding-1 400/463	13/35 (37.1%) 37.1% ao longer ex 400/440 (90.9%)	RR 1.19 (0.69 to 2.05) xclusively RR 0.95 (0.91 to 1)	71 more per 1000 (from 115 fewer to 390 more) 70 more per 1000 (from 115 fewer to 390 more) breastfeeding by 45 fewer per 1000 (from 82 fewer to 0 more) 45 fewer per	LOW 26 weeks)
scontinue	ndomised n als n ed (exclusion ndomised n als n	no serious risk of bias ve) breast no serious risk of	no serious inconsistency feeding <6 mon no serious	no serious indirectness ths – ITT analy no serious	very serious ^{1,4} z sis (follow-up no serious	none mean 52 weeks; a	19/43 (44.2%) sseessed with: infant feeding-1 400/463	13/35 (37.1%) 37.1% area longer end 400/440	RR 1.19 (0.69 to 2.05) xclusively RR 0.95 (0.91 to 1)	71 more per 1000 (from 115 fewer to 390 more) 70 more per 1000 (from 115 fewer to 390 more) breastfeeding by 45 fewer per 1000 (from 82 fewer to 0 more)	LOW 26 weeks)

randomised	no serious	s no serious	no serious	no serious	none	305/368	319/359	RR 0.93	62 fewer per	$\oplus \oplus \oplus \oplus$
trials	risk of	inconsistency	indirectness	imprecision		(82.9%)	(88.9%)	(0.88 to	1000 (from 9	HIGH
	bias	5		1			` '	0.99)	fewer to 107	
								,	fewer)	
									62 fewer per	
							88.9%		1000 (from 9	
							00.970		fewer to 107	
									fewer)	
randomised			no serious	very serious ^{3,4}	none	22	23	-	SMD 0.32	⊕⊕00 L 200
				very serious ^{3,4}	none	22	23	-		
trials	risk of	inconsistency	indirectness						higher (0.27	LOW
	bias								lower to 0.91	
									higher)	
				aales nast inter	vontion) - ITT	analysis (follow-up mean 78	woolco: accord	d with m	stormal romants m	
ship problem	ls)	no serious	w-up (25-103 w no serious indirectness	very serious ^{1,4}		31/50 (62%)	25/52 (48.1%)	RR 1.29 (0.9 to 1.84)	139 more per 1000 (from 48 fewer to 404 more)	⊕⊕OO LOW

1 randomis	d no serious	no serious	no serious	very serious ^{1,4}	none	21/40	20/47	RR 1.23	98 more per	$\oplus \oplus OO$	
trials	risk of	inconsistency	indirectness			(52.5%)	(42.6%)	(0.79 to	1000 (from 89	LOW	
	bias							1.92)	fewer to 391		
									more)		
							42.6%		98 more per 1000 (from 89 fewer to 392 more)		

² There is evidence of considerable heterogeneity of study effect sizes

³ Total population size is less than 400 (a threshold rule-of-thumb)

⁴ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁵ Risk of bias due to unclear blinding of outcome assessment

⁶ Paper omits data

1.3.58 Mother-infant attachment: facilitated self-help versus TAU

			Quality asse	ssment			No of patients			Effect	01"	T
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mother–infant attachment: facilitated self-help versus TAU	Control	Relative (95% CI)		Quanty	Importance
	attitude towa licated by low		nood mean scores	post-treatment	- available ca	se analysis (follo	w-up mean 17 weeks; mea	sured wi	th: postna	atal Bonding Questi	onnaire ((PBQ);
				no serious indirectness	very serious ^{1,2}	reporting bias ³	31	28	-	SMD 0.41 higher (0.11 lower to 0.92 higher)	⊕OOO VERY LOW	

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

1.3.59Mother-infant attachment: listening visits versus TAU

			Quality asse	ssment			No of patients			Effect	Ouality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mother-infant attachment: listening visits versus TAU	Control	Relative (95% CI)	Absolute	~ ,	•
Mother-	infant attachn	nent probler	ns post-treatmen	t – ITT analysis	(follow-up m	lean 20 weeks; ass	sessed with: maternal rep	port: mot	her-infant r	elationship problem	s)	
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	28/48 (58.3%)	43/52 (82.7%)	RR 0.71 (0.54 to 0.92)	240 fewer per 1000 (from 66 fewer to 380 fewer)	⊕⊕OO LOW	
								82.7%		240 fewer per 1000 (from 66 fewer to 380 fewer)		
Mother-	infant attachn	nent probler	ns post-treatmen	t - available cas	e analysis (fo	llow-up mean 20	weeks; assessed with: m	aternal re	eport: mothe	er-infant relationshi	p proble	ms)
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	23/43 (53.5%)	26/35 (74.3%)	RR 0.72 (0.51 to 1.01)	208 fewer per 1000 (from 364 fewer to 7 more)		
								74.3%		208 fewer per 1000 (from 364 fewer to 7 more)		
Mother-	infant behavi	our manage	ment problems p	ost-treatment –	ITT analysis	(follow-up mean	20 weeks; assessed with:	materna	l report: Beł	naviour management	probler	ns)
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	20/48 (41.7%)	30/52 (57.7%)	RR 0.72 (0.48 to 1.09)	162 fewer per 1000 (from 300 fewer to 52 more)	⊕⊕OO LOW	
								57.7%		162 fewer per 1000 (from 300 fewer to 52 more)		

Mother-i	infant behavio	our managei	ment problems p	ost-treatment -	available case	e analysis (follow-	-up mean 20 weeks; asse	ssed witl	n: maternal r	eport: Behaviour ma	nagemer	at
problems	5)											
1		no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	15/43 (34.9%)	13/35 (37.1%)	RR 0.94 (0.52 to 1.7)	22 fewer per 1000 (from 178 fewer to 260 more)	⊕⊕OO LOW	
								37.1%		22 fewer per 1000 (from 178 fewer to 260 more)		l
Disconti	nued breastfee	eding <6 mo	onths – ITT analy	sis (follow-up n	nean 52 week	s; assessed with: i	infant feeding-breast fee	ding sto	pped by 26 w	veeks)		
1		no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	77/183 (42.1%)	210/548 (38.3%)	RR 1.1 (0.9 to 1.34)	38 more per 1000 (from 38 fewer to 130 more)	⊕⊕OO LOW	
								38.3%		38 more per 1000 (from 38 fewer to 130 more)		
Disconti	nued breastfee	eding <6 mo	onths post-treatm	ent – available o	case analysis	(follow-up mean	52 weeks; assessed with:	infant fo	eding-breas	t feeding stopped by	y 26 weel	cs)
1		no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	77/140 (55%)	210/417 (50.4%)	RR 1.09 (0.91 to 1.3)	45 more per 1000 (from 45 fewer to 151 more)	⊕⊕OO LOW	
								50.4%		45 more per 1000 (from 45 fewer to 151 more)		l
	infant attachm hip problems)	-	ns long follow-uj	ρ (25-103 weeks	post-interver	ntion) – ITT analy	sis (follow-up mean 78 v	veeks; as	sessed with:	maternal report: mo	ther-inf	ant
1		no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	25/48 (52.1%)	25/52 (48.1%)	RR 1.08 (0.73 to 1.6)	38 more per 1000 (from 130 fewer to 288 more)	⊕⊕OO LOW	

								48.1%		38 more per 1000 (from 130 fewer to 289 more)		
Mother-i	infant attachm	ent problen	ns long follow-u	p (25-103 weeks	post-interve	ntion) – available	case analysis (follow-up	mean 78	weeks; asse	ssed with: maternal	report: n	nother-
nfant rel	lationship pro	blems)										
-	randomised	no serious	no serious	no serious	very	none	16/39	20/47	RR 0.96	17 fewer per 1000	⊕⊕OO	
	trials	risk of bias	inconsistency	indirectness	serious ^{1,2}		(41%)	(42.6%)	(0.58 to 1.59)	(from 179 fewer to 251 more)	LOW	
								42.6%		17 fewer per 1000 (from 179 fewer to 251 more)		

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.60 Mother-infant attachment: social support versus TAU

			Quality asses	sment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mother-infant attachment: social support versus TAU	Control	Relative (95% CI)		Quality	Importance
	•		mean scores post- by lower values)		lable case ana	alysis (follow-up :	mean 12 weeks; measured	with: nu	ursing Ch	ild Assessment Sate	llite Tra	ining Scale
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	19	24	-	SMD 0.18 lower (0.79 lower to 0.42 higher)	⊕⊕OO LOW	
		-	mean scores post dicated by lower		ilable case an	alysis (follow-up	mean 12 weeks; measured	l with: n	ursing Cl	hild Assessment Sat	ellite Tra	aining

F	-	randomised	no serious	no serious	no serious	very	none	21	25	-	SMD 0.45 lower	$\oplus \oplus OO$	
		trials	risk of bias	inconsistency	indirectness	serious ^{1,2}					(1.04 lower to 0.13	LOW	
											higher)		

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.61 Mother-infant attachment: psychologically (CBT/IPT)-informed psychoeducation versus enhanced TAU

			Quality asse	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mother-infant attachment: psychologically (CBT/IPT)- informed psychoeducation versus enhanced TAU	Control	Relative (95% CI)	Absolute	Quality	Importance
	l competence/ better indica		-	st-treatment – a	available case	e analysis (follow	-up mean 6 weeks; measured with: p	arenting	g Sense of	f Competence S	cale (PS	CS):
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	96	98	-	SMD 0.57 higher (0.29 to 0.86 higher)	⊕⊕OO LOW	
			e mean scores sh acy; better indica	• ·	-	ost-intervention)	- available case analysis (follow-up	mean 13	weeks; n	neasured with:]	parentin	g Sense of
	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	96	98	-	SMD 0.35 higher (0.06 to 0.63 higher)	⊕⊕OO LOW	

¹ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.62Mother-infant attachment: home visits versus TAU or enhanced TAU

			Quality ass	essment			No of patients			Effect	Ouality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mother-infant attachment: home visits versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	~~~~	1
Mother-	infant attachn	nent prob	lems post-treatm	ent – ITT analy	sis (follow-u	p mean 104 week	s; assessed with: nursing Chi	ld Assess	sment Satel	lite Training Scale	(NCAST)	<=35)
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ^{2,3}	none	74/179 (41.3%)	88/185 (47.6%)	RR 0.87 (0.69 to 1.09)	62 fewer per 1000 (from 147 fewer to 43 more)	⊕000 VERY LOW	
								47.6%		62 fewer per 1000 (from 148 fewer to 43 more)		
Mother- (NCAST		nent prob	lems post-treatm	ent – available	case analysis	(follow-up mean	104 weeks; assessed with: nı	ursing Ch	nild Assessi	nent Satellite Train	uing Scale	2
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ^{2,3}	none	21/126 (16.7%)	26/123 (21.1%)	RR 0.79 (0.47 to 1.32)	44 fewer per 1000 (from 112 fewer to 68 more)	⊕OOO VERY LOW	
								21.1%		44 fewer per 1000 (from 112 fewer to 68 more)		

¹ Risk of bias due to statistically significant group differences at baseline
 ² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.63Mother-infant attachment: mother-infant relationship interventions versus TAU or enhanced TAU

			Quality ass	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mother-infant attachment: mother-infant relationship interventions versus TAU/enhanced TAU	Control	Relative (95% CI)	Absolute	Quality	Importance
		-	-			-	ssessed with: maternal report st-reliable change index))	: mother	-infant rel	ationship proble	ems or Parent-	Infant
2		very serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	36/83 (43.4%)	73/92 (79.3%)	RR 0.55 (0.42 to 0.72)	357 fewer per 1000 (from 222 fewer to 460 fewer)	⊕OOO VERY LOW	
								78.9%		355 fewer per 1000 (from 221 fewer to 458 fewer)		
		-	-		-	· ·	6 weeks; assessed with: mater wement-reliable change inde	-	rt: mother-	infant relations	hip problems	or Parent-
2	randomised trials	2	no serious inconsistency	no serious indirectness	very serious ²	none	32/79 (40.5%)	53/72 (73.6%)	RR 0.55 (0.41 to 0.74)	331 fewer per 1000 (from 191 fewer to 434 fewer)	⊕OOO VERY LOW	
								73.6%		331 fewer per 1000 (from 191 fewer to 434 fewer)		

	randomised trials	no serious risk of bias	svery serious ³	no serious indirectness	very serious ^{4,5}	none	197	181	-	SMD 0.15 higher (0.26 lower to 0.56 higher)	⊕000 VERY LOW
	•		response post-tro e change index))		nalysis (foll	ow-up mean 26 wee	ks; assessed with: Emo	tional Availa	bility Scal	es (EAS): materr	al sensitivity:
	randomised trials	serious ⁶	no serious inconsistency	no serious indirectness	very serious ^{2,5}	reporting bias ⁷	5/40 (12.5%)	3/40 (7.5%)	RR 1.67 (0.43 to 6.51)	50 more per 1000 (from 43 fewer to 413 more)	⊕OOO VERY LOW
								7.5%		50 more per 1000 (from 43 fewer to 413 more)	
Aatern			response post-tro ent-reliable char		able case ana	alysis (follow-up me	ean 26 weeks; assessed w	with: Emotio	nal Availa	bility Scales (EA	S): maternal s
reatm		serious ⁶	no serious	no serious	very serious ^{2,5}	reporting bias ⁷	5/38 (13.2%)	3/37 (8.1%)	RR 1.62 (0.42 to	50 more per 1000 (from 47	⊕OOO VERY LOW
[reatm	randomised trials	Senous	inconsistency	indirectness	Serious-				6.31)	fewer to 431 more)	

randomised trials	no serious risk of bias	sserious ⁸	no serious indirectness	very serious ^{4,5}	none	172	160	-	SMD 0.23 higher (0.08 lower to 0.53 higher)	⊕000 VERY LOW
•		response post-tr ent-reliable chai		analysis (foll	ow-up mean 26 wee	eks; assessed with: Emot	ional Availa	ability Scal	es (EAS): mater	nal structuring:
randomised trials	serious ⁶	no serious inconsistency	no serious indirectness	very serious ^{2,5}	reporting bias ⁷	6/40 (15%)	4/40 (10%)	RR 1.5 (0.46 to 4.91)	50 more per 1000 (from 54 fewer to 391 more)	0000 VERY LOW
							10%		50 more per 1000 (from 54 fewer to 391 more)	
ent response (i	improvem	response post-tr ent-reliable chai	nge index))	lable case and		ean 26 weeks; assessed w				·
randomised trials	serious ⁶	no serious inconsistency	no serious indirectness	very serious ^{2,5}	reporting bias ⁷	6/38 (15.8%)	4/37 (10.8%)	RR 1.46 (0.45 to 4.76)	50 more per 1000 (from 59 fewer to 406	⊕OOO VERY LOW
									more)	
							10.8%		more) 50 more per 1000 (from 59 fewer to 406 more)	
al structuring d by lower va		es post-treatmer	ıt – available ca	se analysis (1	follow-up 26-28 wee	eks; measured with: Emo		lability Sca	50 more per 1000 (from 59 fewer to 406 more)	rnal structuring; bet

			ment response p sponse (improve		•	· ·	n 26 weeks; assessed with: Er	notional	Availabili	ty Scales (EAS):	maternal	
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ^{2,5}	reporting bias ⁷	6/40 (15%)	7/40 (17.5%)	RR 0.86 (0.32 to 2.33)	24 fewer per 1000 (from 119 fewer to 233 more)	⊕OOO VERY LOW	
								17.5%		24 fewer per 1000 (from 119 fewer to 233 more)		
			ment response p sponse (improve			•	w-up mean 26 weeks; assesse	d with: I	Emotional	Availability Sca	les (EAS): mat	ernal
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ^{2,5}	reporting bias ⁷	6/38 (15.8%)	7/37 (18.9%)	RR 0.83 (0.31 to 2.25)	32 fewer per 1000 (from 131 fewer to 236 more)	⊕OOO VERY LOW	
								18.9%		32 fewer per 1000 (from 130 fewer to 236 more)		
			ir mean scores p ed by lower valu		- available ca	se analysis (follow	v-up 26-28 weeks; measured	with: Em	otional Av	ailability Scales	(EAS): mater	nal
2	randomised trials	serious ⁶	no serious inconsistency	no serious indirectness	very serious ^{4,5}	reporting bias ⁷	73	73	-	SMD 0.24 higher (0.08 lower to 0.57 higher)	⊕OOO VERY LOW	
			ean scores post- etter indicated b			nalysis (follow-uj	o mean 7 weeks; measured w	ith: Glob	al Rating S	Scales of Mother	–Infant Intera	ction:

_	randomised	no serious	no serious	no serious	very	none	48	50	-	SMD 0.28	⊕⊕OO	
	trials	risk of	inconsistency	indirectness	serious4,5					higher (0.11	LOW	
		bias								lower to 0.68		
										higher)		
[]						(6-11	2 9	ation 1	A :1 - 1- :1 : 1			
	dicated by lo		-	nt – avallable c	ase analysis	(ronow-up mean	28 weeks; measured with: En	iotional A	Availabilit	y Scales (EAS): 1	naternal nonnos	stility;
	ultuiteu by lo	wei value	")									
	randomised	no serious	no serious	no serious	very	reporting bias ⁹	35	36	-	SMD 0.1 higher	⊕OOO	
	trials	risk of	inconsistency	indirectness	serious4,5					(0.37 lower to	VERY LOW	
		bias								0.57 higher)		
hild ros	noncivanace	trootmont	rosponso nost-t	rootmont - ITT	analysis (fol	low-up moon 26 y	veeks; assessed with: Emotion	nal Avail	ability See	los (FAS): child	responsivenes:	
	-		ent-reliable chai		allalysis (101	low-up mean 20 v	veeks, assessed with. Emotio	llai Avali	ability See	nes (EAS). china	responsiveness.	•
	1 (1		0 //								
	randomised	serious ⁶	no serious	no serious	very	reporting bias ⁷	3/40	4/40	RR 0.75	25 fewer per	⊕000	
	trials		inconsistency	indirectness	serious ^{2,5}		(7.5%)	(10%)	(0.18 to	1000 (from 82	VERY LOW	
									3.14)	fewer to 214		
										more)		
										25 fewer per		
										1000 (from 82		
								10%		fewer to 214		
										more)		
hild ros	noncivenece	treatment	response post-t	reatment - avai	ilable case an	alveis (follow-up	mean 26 weeks; assessed wit	h: Emoti	onal Avail	ability Scales (F	AS): child	
			onse (improvem			aiysis (10110W-up	incan 20 weeks, assessed wit	n. Enioti		ability States (E	Aoj. ciliu	
•		-	· -		0 //							
		serious ⁶	no serious	no serious	very	reporting bias ⁷	3/38	4/37	RR 0.73	29 fewer per	⊕000	
	trials		inconsistency	indirectness	serious ^{2,5}		(7.9%)	(10.8%)	(0.18 to	1000 (from 89	VERY LOW	
									3.04)	fewer to 221		
										more)		
										29 fewer per		
										1000 (from 89		
								10.8%		fewer to 220		
										more)		

	randomised trials	serious ⁶	very serious ³	no serious indirectness	very serious ^{4,5}	reporting bias ⁷	73	73	-	SMD 0.38 higher (0.15 lower to 0.92 higher)	⊕OOO VERY LOW
			esponse post-trea e change index))		nalysis (follo	w-up mean 26 weeks;	assessed with: Emot	ional Availab	ility Scales	s (EAS): child in	volvement: Tre
	randomised trials	serious ⁶	no serious inconsistency	no serious indirectness	very serious ^{2,5}	reporting bias ⁷	7/40 (17.5%)	7/40 (17.5%)	RR 1 (0.39 to 2.59)	0 fewer per 1000 (from 107 fewer to 278 more)	⊕OOO VERY LOW
								17.5%		0 fewer per 1000 (from 107 fewer to 278 more)	
			esponse post-trea		ble case anal	ysis (follow-up mean	26 weeks; assessed v	vith: Emotion	al Availab	ility Scales (EAS): child involve
L	randomised trials	serious ⁶	no serious inconsistency	no serious indirectness	very serious ^{2,5}	reporting bias ⁷	7/38 (18.4%)	7/37 (18.9%)	RR 0.97 (0.38 to 2.5)	6 fewer per 1000 (from 117 fewer to 284 more)	⊕OOO VERY LOW
								18.9%		6 fewer per 1000 (from 117 fewer to 283 more)	

	trials	risk of bias trity mean wer values)	no serious indirectness tment - availat no serious	serious ⁴	none sis (follow-up me none	172 ean 57 weeks; measured with 35	160 a: Attachn 36	- nent Q Set	SMD 0.14 higher (0.09 lower to 0.37 higher) (AQS III): child SMD 0.45	⊕⊕⊕O MODERATE Lattachment se ⊕⊕OO	curity;
1			inconsistency	indirectness	serious ^{4,5}	none	55	50	-	higher (0.02 lower to 0.93 higher)	LOW	
Mother-	-infant behavi	iour mana្	gement problem	s post-treatmer	nt – ITT analy	sis (follow-up m	ean 20 weeks; assessed with:	materna	l report: Be	haviour manag	ement problem	ıs)
1	randomised trials		no serious inconsistency	no serious indirectness	very serious ²	none	15/43 (34.9%)	30/52 (57.7%) 57.7%	RR 0.6 (0.38 to 0.97)	231 fewer per 1000 (from 17 fewer to 358 fewer) 231 fewer per 1000 (from 17 fewer to 358	⊕⊕OO LOW	
Mother- problem	ıs)		gement problem no serious	s post-treatmen	nt – available very	case analysis (fol none	llow-up mean 20 weeks; asse 13/41	ssed with	n: maternal	fewer)	our managemen ⊕⊕OO	nt
l	trials		inconsistency	indirectness	serious ^{2,5}		(31.7%)	(37.1%)	(0.46 to 1.59)	1000 (from 201 fewer to 219 more) 56 fewer per	LOW	
								37.1%		1000 (from 200 fewer to 219 more)		

	randomised	no serious	no serious	no serious	very	none	46	50	-	SMD 0.12	⊕⊕OO	
	trials	risk of	inconsistency	indirectness	serious ^{4,5}					lower (0.52	LOW	
		bias								lower to 0.28		
										higher)		
	-					-	tervention) – available case	analysis (f	ollow-up i	mean 25 weeks; n	neasured wi	th: Glo
ating	Scales of Mot	her-Infant	Interaction: Ove	erall mother-in	fant interacti	on; better indicat	ed by lower values)					
	randomised	no serious	no serious	no serious	very serious	⁴ none	46	50	-	SMD 0 higher	$\oplus \oplus OO$	
	trials	risk of	inconsistency	indirectness						(0.4 lower to 0.4	LOW	
		bias								higher)		
ater	nal sensitivity i	nean score	s Intermediate f	ollow-up (17-2	4 weeks nost	-intervention) - a	vailable case analysis (follo	w-11p meat	1 25 weeks	er measured with:	Global Rati	ing Sca
			ernal sensitive b		-		variable case analysis (10110	n up mea	120 Weeks	, incubulcu with	Giotai itati	ing ocu
	1 1 1 1	· ·	no serious	I .				50		0.00.015		T
	randomised	no serioiis	no serions	no serious	very	none						
					5	none	46	50	-	SMD 0.15	⊕⊕00	
	trials	risk of	inconsistency	indirectness	serious ^{4,5}	none	40	50	-	higher (0.25	LOW	
					5	none	40	50	-	higher (0.25 lower to 0.55		
		risk of			5	none	40	50	-	higher (0.25		
fater	trials	risk of bias	inconsistency	indirectness	serious ^{4,5}		40 Intion) – available case analy		- 7-up mean	higher (0.25 lower to 0.55 higher)	LOW	lobal R
	trials nal intrusive be	risk of bias haviour m	inconsistency ean scores Inter	indirectness mediate follow	serious ^{4,5}		ntion) – available case anal		- y-up mean	higher (0.25 lower to 0.55 higher)	LOW	lobal R
	trials nal intrusive be of Mother-Inf	risk of bias Phaviour m ant Interac	inconsistency ean scores Inter	indirectness mediate follow	serious ^{4,5}	eeks post-interve	ntion) – available case anal		- 7-up mean -	higher (0.25 lower to 0.55 higher)	LOW	lobal R
	trials nal intrusive be of Mother-Inf	risk of bias Phaviour m ant Interac	inconsistency ean scores Inter tion: maternal in	indirectness mediate follow ntrusive behavi	serious ^{4,5} 7-up (17-24 wo	eeks post-interve dicated by lower	ntion) – available case analy values)	zsis (follow	- 7-up mean -	higher (0.25 lower to 0.55 higher) 25 weeks; measu SMD 0.13	LOW	lobal R
	trials nal intrusive be of Mother-Inf randomised	risk of bias ehaviour m ant Interac	inconsistency ean scores Inter tion: maternal ir	indirectness mediate follow ntrusive behavi	serious ^{4,5} 7-up (17-24 wo iour; better in	eeks post-interve dicated by lower	ntion) – available case analy values)	zsis (follow	- 7-up mean -	higher (0.25 lower to 0.55 higher) 25 weeks; measu SMD 0.13 higher (0.27	LOW red with: G	lobal R
	trials nal intrusive be of Mother-Inf randomised	risk of bias ehaviour m ant Interac no serious risk of	inconsistency ean scores Inter tion: maternal in	indirectness mediate follow ntrusive behavi	serious ^{4,5} 7-up (17-24 wo iour; better in	eeks post-interve dicated by lower	ntion) – available case analy values)	zsis (follow	- 7-up mean -	higher (0.25 lower to 0.55 higher) 25 weeks; measu SMD 0.13	LOW red with: G	lobal R
cales	trials nal intrusive be of Mother-Inf randomised trials	risk of bias chaviour m ant Interac no serious risk of bias	inconsistency ean scores Inter tion: maternal in no serious inconsistency	indirectness mediate follow ntrusive behavi no serious indirectness	serious ^{4,5} 7- up (17-24 w to ur; better in very serious ^{4,5}	eeks post-interver idicated by lower	ntion) – available case analy values) 46	50		higher (0.25 lower to 0.55 higher) 25 weeks; measu SMD 0.13 higher (0.27 lower to 0.53 higher)	LOW red with: G ⊕⊕OO LOW	
cales 	trials nal intrusive be of Mother-Inf randomised trials r-infant attach	risk of bias chaviour m ant Interac no serious risk of bias ment prob	inconsistency ean scores Inter tion: maternal in no serious inconsistency	indirectness mediate follow ntrusive behavi no serious indirectness	serious ^{4,5} 7- up (17-24 w to ur; better in very serious ^{4,5}	eeks post-intervendicated by lower	ntion) – available case analy values)	50		higher (0.25 lower to 0.55 higher) 25 weeks; measu SMD 0.13 higher (0.27 lower to 0.53 higher)	LOW red with: G ⊕⊕OO LOW	
fothe	trials nal intrusive be of Mother-Inf randomised trials	risk of bias chaviour m ant Interac no serious risk of bias ment prob	inconsistency ean scores Inter tion: maternal in no serious inconsistency	indirectness mediate follow ntrusive behavi no serious indirectness	serious ^{4,5} 7- up (17-24 w to ur; better in very serious ^{4,5}	eeks post-intervendicated by lower	ntion) – available case analy values) 46	50		higher (0.25 lower to 0.55 higher) 25 weeks; measu SMD 0.13 higher (0.27 lower to 0.53 higher)	LOW red with: G ⊕⊕OO LOW	
fothe	trials nal intrusive be of Mother-Inf. randomised trials r-infant attach nship problem	risk of bias chaviour m ant Interac no serious risk of bias ment prob s) no serious	inconsistency ean scores Inter tion: maternal in no serious inconsistency lems long follov	indirectness mediate follow no serious indirectness v-up (25-103 wo	serious ^{4,5} /-up (17-24 ww iour; better in very serious ^{4,5}	eeks post-intervendicated by lower	ntion) – available case analy values) 46 nalysis (follow-up mean 78 24/43	50 weeks; as: 25/52	sessed wit	higher (0.25 lower to 0.55 higher) 25 weeks; measu SMD 0.13 higher (0.27 lower to 0.53 higher) h: maternal repor	LOW red with: G ⊕⊕OO LOW t: mother-in ⊕⊕OO	
icales	trials nal intrusive be of Mother-Inf. randomised trials r-infant attach nship problem	risk of bias chaviour m ant Interac no serious risk of bias ment prob s)	inconsistency ean scores Inter tion: maternal in no serious inconsistency lems long follov	indirectness mediate follow ntrusive behavi no serious indirectness v-up (25-103 wo	serious ^{4,5} 7-up (17-24 wo iour; better in very serious ^{4,5}	eeks post-intervendicated by lower	ntion) – available case analy values) 46 nalysis (follow-up mean 78	50 weeks; as	- sessed wit	higher (0.25 lower to 0.55 higher) 25 weeks; measu SMD 0.13 higher (0.27 lower to 0.53 higher) h: maternal repor	LOW red with: G	
Kothe	trials nal intrusive be of Mother-Inf randomised trials r-infant attach nship problem randomised	risk of bias chaviour m ant Interac no serious risk of bias ment prob s) no serious	inconsistency ean scores Inter tion: maternal in no serious inconsistency lems long follov	indirectness mediate follow no serious indirectness v-up (25-103 wo	serious ^{4,5} /-up (17-24 ww iour; better in very serious ^{4,5}	eeks post-intervendicated by lower	ntion) – available case analy values) 46 nalysis (follow-up mean 78 24/43	50 weeks; as: 25/52	sessed wit	higher (0.25 lower to 0.55 higher) 25 weeks; measu SMD 0.13 higher (0.27 lower to 0.53 higher) h: maternal repor	LOW red with: G ⊕⊕OO LOW t: mother-in ⊕⊕OO	

								48.1%		77 more per 1000 (from 101 fewer to 342 more)		
	-infant attach ship problem	-	lems long follov	v-up (25-103 we	eks post-inte	rvention) – availa	ble case (follow-up mea	n 78 weeks; a	ssessed w	ith: maternal repo	ort: mother-i	nfant
	randomised trials	no seriou: risk of bias	s no serious inconsistency	no serious indirectness	very serious ^{2,5}	none	22/41 (53.7%)	20/47 (42.6%)	RR 1.26 (0.81 to 1.95)	111 more per 1000 (from 81 fewer to 404 more)	⊕⊕OO LOW	
								42.6%		111 more per 1000 (from 81 fewer to 405 more)		
	•		es long follow-uj ter indicated by i		post-interver	ntion) – available	case analysis (follow-up	mean 57 we	eks; meası	red with: Emotio	onal Availabi	lity Sca
	randomised trials	no seriou: risk of bias	sno serious inconsistency	no serious indirectness	very serious ⁴	none	35	36	-	SMD 0.81 higher (0.33 to 1.3 higher)	⊕⊕OO LOW	
	1 structuring											
	•		es long follow-u tter indicated by		s post-interve	ention) – available	e case analysis (follow-uj	o mean 57 we	eks; meas	ured with: Emoti	onal Availab	ility Sc
	naternal struc	turing; bet	•		very serious ⁴	-	e case analysis (follow-uj 35	5 mean 57 we 36	eeks; meas -	ured with: Emoti SMD 0.56 higher (0.09 to 1.03 higher)	onal Availab ⊕⊕OO LOW	ility Sc
EAS): n Iaterna	randomised trials	turing; bet no seriou: risk of bias e behavio	tter indicated by	lower values) no serious indirectness ong follow-up	very serious ⁴ (25-103 weeks	none post-intervention		36	-	SMD 0.56 higher (0.09 to 1.03 higher)	⊕⊕OO LOW	

		1	1	1	1	T		1	1	r r		1
										lower to 0.81		
										higher)		
atern	al nonhostility	mean sco	res long follow-	up (25-103 wee	ks post-interv	vention) – availat	le case analysis (follow-up n	nean 57 v	veeks; mea	sured with: Emo	tional Availa	bility Sc
			etter indicated b		-	,	, , , , , , , , , , , , , , , , , , ,		,			5
,		57		,								
	randomised	no serious	no serious	no serious	very serious ⁴	none	35	36	_	SMD 0.02	⊕⊕00	
	trials			indirectness	very serious	none	35	50	-	lower (0.48	LOW	
	ullais		inconsistency	munectness						``	LOW	
		bias								lower to 0.45		
										higher)		
	-		•		ks post-interv	ention) – availab	le case analysis (follow-up m	nean 57 w	eeks; meas	sured with: Emot	ional Availal	oility Sca
EAS):	child responsi	veness; bet	ter indicated by	lower values)								
	randomised	no serious	no serious	no serious	very serious4	none	35	36	-	SMD 0.68	$\oplus \oplus OO$	
	trials	risk of	inconsistency	indirectness	2					higher (0.2 to	LOW	
		bias								1.16 higher)		
		C140								1.10 mgner)		
110).		-	r indicated by lo	,	Į	T				1		
	randomised			no serious	very serious ⁴	none	35	36	-	SMD 0.74	$\oplus \oplus OO$	
	trials	risk of	inconsistency	indirectness						higher (0.26 to	LOW	
		bias								1.23 higher)		
lother	-infant positiv	ve interacti	on mean scores	Very long follo	ow-up (>104 v	veeks post-interv	ention) – available case anal	vsis (foll	ow-up mea	n 271 weeks; me	asured with:	Behavior
	-		fant interaction;			-			•			
					,	,						
	randomised	no serious	no serious	no serious	very serious4	none	29	29	_	SMD 1.82	⊕⊕00	
	trials			indirectness	very serious	none	25	2)		lower (2.44 to	LOW	
	triais		inconsistency	indirectiess						,	LOW	
		bias								1.2 lower)		
					104 weeks po	st-intervention) –	available case analysis (foll	ow-up m	ean 271 we	eks; measured w	ith: Attatchm	ent Stor
omple	etion Task; bet	ter indicat	ed by lower valu	ues)								
	randomised	no serious	no serious	no serious	very	none	29	29	_	SMD 0.42	⊕⊕OO	
					serious ^{4,5}	1011C	27	27	_		LOW	
	trials		inconsistency	indirectness	serious*,5					higher (0.1	LOW	
		bias										

ſ						lower to 0.95	
			1			higher)	
			1				

¹Risk of bias due to statistically significant group differences at baseline and non-blind outcome assessment

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ There is evidence of substantial heterogeneity of study effect sizes

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

⁵ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁶ Risk of bias due to statistically significant group differences at baseline

⁷ Paper omits data

⁸ There is evidence of moderate heterogeneity of study effect sizes

⁹ Evidence of selective reporting for this outcome measure

1.3.64 Mother-infant attachment: mother-infant relationship intervention with video feedback versus mother-infant relationship intervention with verbal feedback

			Quality ass	essment			No of patients			Effect		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mother-infant attachment: mother- infant relationship intervention with video feedback versus mother-infant relationship intervention with verbal feedback	Control	Relative (95% CI)	Absolute	Quality	Importance
	l confidence/ d by lower va	-	ce mean scores j	post-treatment	- available ca	ase analysis (foll	ow-up mean 3 weeks; measured with: p	parentin	g Sense o	f Competence S	Scale (PS	CS); better
		no serious risk of bias			very serious ^{1,2}	reporting bias ³	20	17	-	SMD 0.48 lower (1.13 lower to 0.18 higher)	⊕OOO VERY LOW	
			behaviour mear behaviour; bette	-		-	ysis (follow-up mean 3 weeks; measure	d with:	neonatal	Perception Inve	entory (N	IPI):

1	randomised	no	no serious	no serious	very	reporting bias ³	20	20	-	SMD 0.17	⊕000	
	trials	serious	inconsistency	indirectness	serious ^{1,2}					higher (0.45	VERY	
		risk of								lower to 0.8	LOW	
		bias								higher)		

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

1.3.65 Mother-infant attachment: mother-infant relationship intervention (and guided self-help) versus listening visits (and guided self-help)

No of studiesDesignRisk of biasInconsistencyIndirectnessImprecisionOther considerationsmother-infant relationship intervention (and guided self- help) versus listening visits (and guided self-help)Relative (95% CI)AbsoluteMealtime conflict post-treatment - ITT analysis (follow-up mean 35 weeks; assessed with: Behavioural observation of mealtime: significant mealtime conflict (conflict was	Quality assessment							No of patients	:	Effect			
trials serious inconsistency indirectness serious ¹ $ \begin{array}{ccccccccccccccccccccccccccccccccccc$		Design		Inconsistency	Indirectness	Imprecision		mother-infant relationship intervention (and guided self- help) versus listening visits (and	Control		Absolute	Quality	Importanc
randomised trials no no serious inconsistency no serious indirectness very serious ¹ reporting bias ² 11/40 22/40 RR 0.5 275 fewer per #OOO 1000 (from 61 indirectness serious ¹ reporting bias ² 11/40 22/40 RR 0.5 275 fewer per 1000 (from 61 VERY 1000 bias indirectness serious ¹ reporting bias ² 11/40 22/40 RR 0.5 275 fewer per 1000 (from 61 VERY 1000 fewer to 396 fewer to 396 fewer to 396 1000 (from 61 fewer to 396 1000 (from 61		-		•	· -				•	icant mealt	ime conflict (co	nflict was	judged to
trials serious inconsistency indirectness serious ¹ $ \begin{array}{ccccccccccccccccccccccccccccccccccc$		uncu n a cor	milet was a	at a severe of fila		innear concer	in fracing of 1 of	2] for any 2-minute observational p	ciioujj				
risk of bias 0.89) fewer to 396 fewer) 275 fewer per 1000 (from 61 fewer to 396													
bias bias fewer) 55% 275 fewer per 1000 (from 61 fewer to 396	-	randomised	no	no serious	no serious	very	reporting bias ²	11/40	22/40	RR 0.5	275 fewer per	⊕000	
55% 275 fewer per 1000 (from 61 fewer to 396						5	reporting bias ²	•	-		-		
55% 1000 (from 61 fewer to 396			serious			5	reporting bias ²	•	-	(0.28 to	1000 (from 61	VERY	
55% 1000 (from 61 fewer to 396			serious risk of			5	reporting bias ²	•	-	(0.28 to	1000 (from 61 fewer to 396	VERY	
fewer to 396			serious risk of			5	reporting bias ²	•	-	(0.28 to	1000 (from 61 fewer to 396 fewer)	VERY	
fewer)			serious risk of			5	reporting bias ²	•	(55%)	(0.28 to	1000 (from 61 fewer to 396 fewer) 275 fewer per	VERY	
			serious risk of			5	reporting bias ²	•	(55%)	(0.28 to	1000 (from 61 fewer to 396 fewer) 275 fewer per 1000 (from 61	VERY	
Aealtime conflict post-treatment – available case analysis (follow-up mean 35 weeks; assessed with: Behavioural observation of mealtime: significant mealtime conflict (co			serious risk of			5	reporting bias ²	•	(55%)	(0.28 to	1000 (from 61 fewer to 396 fewer) 275 fewer per 1000 (from 61 fewer to 396	VERY	

random	ised no	no serious	no serious	very	reporting bias ²	9/38	21/39	RR 0.44	302 fewer per	$\oplus OOO$	
trials	serious	inconsistency	indirectness	serious ¹		(23.7%)	(53.8%)	(0.23 to	1000 (from 92	VERY	
	risk of							0.83)	fewer to 415	LOW	
	bias								fewer)		
									302 fewer per		
							53.9%		1000 (from 92		
							55.9 /0		fewer to 415		
									fewer)		
ternal inappi	opriate verbal	responses post-	treatment – ITT	analysis (fo	ollow-up mean 35	weeks; assessed with: Behaviou	ral observat	ion of mea	l time: maternal i	inappropri	ate v
ponses)											
random	ised no	no serious	no serious	very	reporting bias ²	19/40	27/40	RR 0.7	203 fewer per	⊕000	
trials	serious	inconsistency	indirectness	serious ^{1,3}		(47.5%)	(67.5%)	(0.48 to	1000 (from 351	VERY	
	risk of							1.04)	fewer to 27	LOW	
	bias								more)		
									203 fewer per		
							< 7 5 0 (1000 (from 351		
							67.5%		fewer to 27		
									more)		
			treatment – ava	ilable case a	nalysis (follow-up	p mean 35 weeks; assessed with:	Behavioura	l observat	ion of mealtime:	maternal	
	rbal response	5)									
ppropriate v	1041100p0100										
	ised no	no serious	no serious	very	reporting bias ²	17/38	26/39	RR 0.67	220 fewer per	$\oplus OOO$	
		no serious inconsistency	no serious indirectness	very serious ^{1,3}	reporting bias ²	17/38 (44.7%)	26/39 (66.7%)	RR 0.67 (0.44 to	220 fewer per 1000 (from 373	⊕OOO VERY	
random	ised no			2	reporting bias ²				<u>^</u>		
random	ised no serious			2	reporting bias ²			(0.44 to	1000 (from 373	VERY	
random	ised no serious risk of			2	reporting bias ²			(0.44 to	1000 (from 373 fewer to 13 more)	VERY	
random	ised no serious risk of			2	reporting bias ²		(66.7%)	(0.44 to	1000 (from 373 fewer to 13 more) 220 fewer per	VERY	
random	ised no serious risk of			2	reporting bias ²			(0.44 to	1000 (from 373 fewer to 13 more)	VERY	
	ised no serious risk of			2	reporting bias ²		(66.7%)	(0.44 to	1000 (from 373 fewer to 13 more) 220 fewer per 1000 (from 374	VERY	

randomised	no	no serious	no serious	very	reporting bias ²	13/40	16/40	RR 0.81	76 fewer per	⊕000
trials	serious	inconsistency	indirectness	serious ^{1,3}	reporting ones	(32.5%)	(40%)	(0.45 to	1000 (from 220	VERY
titulo	risk of	inconsistency	interrectitess	serious		(02.070)	(10 /0)	1.46)	fewer to 184	LOW
	bias							1110)	more)	2011
	0143								morej	
									76 fewer per	
							40.9/		1000 (from 220	
							40%		fewer to 184	
									more)	
ternal intrusions	post-treati	nent – available	case analysis (follow-up m	ean 35 weeks; ass	essed with: Behavioural observatio	n of mea	ltime: mate	ernal intrusions)	
randomised	no	no serious	no serious	very	reporting bias ²	11/38	15/39	RR 0.75	96 fewer per	⊕000
trials	serious	inconsistency	indirectness	serious ^{1,3}	1	(28.9%)	(38.5%)	(0.4 to	1000 (from 231	VERY
	risk of						(,	1.42)	fewer to 162	LOW
	bias								more)	
									/	
									96 fewer per	
									1000 (from 231	
							38.5%		fewer to 162	
							38.5%		fewer to 162 more)	
									more)	
ant autonomy pos	t-treatmer	nt – ITT analysis	(follow-up me	ean 35 weeks	; assessed with: B	ehavioural observation of mealtim		autonomy)	more)	
ant autonomy pos		nt – ITT analysis	(follow-up me	ean 35 weeks	; assessed with: B	ehavioural observation of mealtime 34/40		autonomy) RR 1.36	more)	€000
		-		T			e: infant		more)	©OOO VERY
randomised	no	no serious	no serious	very		34/40	e: infant 25/40	RR 1.36	more) 225 more per	
randomised	no serious	no serious	no serious	very		34/40	e: infant 25/40	RR 1.36 (1.04 to	more) 225 more per 1000 (from 25	VERY
randomised	no serious risk of	no serious	no serious	very		34/40	e: infant 25/40	RR 1.36 (1.04 to	more) 225 more per 1000 (from 25 more to 494 more)	VERY
randomised	no serious risk of	no serious	no serious	very		34/40	e: infant 25/40	RR 1.36 (1.04 to	more) 225 more per 1000 (from 25 more to 494 more) 225 more per	VERY
randomised	no serious risk of	no serious	no serious	very		34/40	e: infant 25/40	RR 1.36 (1.04 to	more) 225 more per 1000 (from 25 more to 494 more) 225 more per 1000 (from 25	VERY
randomised	no serious risk of	no serious	no serious	very		34/40	e: infant 25/40 (62.5%)	RR 1.36 (1.04 to	more) 225 more per 1000 (from 25 more to 494 more) 225 more per 1000 (from 25 more to 494	VERY
randomised	no serious risk of	no serious	no serious	very		34/40	e: infant 25/40 (62.5%)	RR 1.36 (1.04 to	more) 225 more per 1000 (from 25 more to 494 more) 225 more per 1000 (from 25	VERY
randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias ²	34/40	e: infant 25/40 (62.5%) 62.5%	RR 1.36 (1.04 to 1.79)	more) 225 more per 1000 (from 25 more to 494 more) 225 more per 1000 (from 25 more to 494 more)	VERY
randomised trials	no serious risk of bias t-treatme i	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias ²	34/40 (85%)	e: infant 25/40 (62.5%) 62.5%	RR 1.36 (1.04 to 1.79)	more) 225 more per 1000 (from 25 more to 494 more) 225 more per 1000 (from 25 more to 494 more) autonomy)	VERY
randomised trials	no serious risk of bias t-treatme i	no serious inconsistency nt – available cas	no serious indirectness	very serious ¹ ow-up mean	reporting bias ²	34/40 (85%) ed with: Behavioural observation o	e: infant 25/40 (62.5%) 62.5%	RR 1.36 (1.04 to 1.79)	more) 225 more per 1000 (from 25 more to 494 more) 225 more per 1000 (from 25 more to 494 more)	VERY

	risk of				RR 1.4	more to 519	⊕000	
	bias				(1.08 to	more)	VERY	
					1.81)		LOW	
						256 more per		
				(110/		1000 (from 51		
				64.1%		more to 519		
						more)		
								1

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² Paper omits data

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.66Quality of life: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU

			Quality asse	ssment				Sui	nmary of	finding	S
Participants		Inconsistency	Indirectness	Imprecision	Publication	Overall quality	Study e	vent rates (%)	Relative	Anticipa	ated absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With Quality of life: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU	effect (95% CI)	Risk with control	Risk difference with Quality of life: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU (95% CI)
		post-treatr better indicated			endpoint	or first mea	suren	nent) – ITT analy	'sis (meas	sured wit	h: Interpersonal Support
93 (1 study) 15 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision	46	47	-		The mean social support post-treatment (mean score at endpoint or first measurement) – ITT analysis in the intervention groups was 0.38 standard deviations higher (0.03 lower to 0.79 higher)
	vith: social							nent or change sc Multidimensional Scale fo			Die case analysis Support; better indicated by

897 (3 studies) 12-52 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	⊕⊕⊕ HIGH	431	466	-	The mean social support post-treatment (mean score at endpoint or first measurement or change score) – available case analysis in the intervention groups was 0.63 standard deviations higher (0.5 to 0.77 higher)
						nt or first m r indicated by low			lysis (measured w	vith: Global Assessment of
146 (2 studies) 15-44 weeks	no serious risk of bias	very serious ³	no serious indirectness	very serious ^{1,2}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to inconsistency, imprecision	74	72		The mean life functioning post-treatment (mean score at endpoint or first measurement) – ITT analysis in the intervention groups was 0.44 standard deviations lower (2.65 lower to 1.78 higher)
						nt or first m by lower values)	easur	ement) – availab	le case analys	is (measured with: social
897 (2 studies) 12-52 weeks	no serious	very serious ³	no serious indirectness	very serious ²		⊕⊖⊖⊖ VERY LOW ^{2,3} due to inconsistency, imprecision	437	460	-	The mean life functioning post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.1 standard deviations lower (1.92 lower to 1.72 higher)
						endpoint or ioning; better indi			vailable case	analysis (measured with:
284 (1 study) 26 weeks	no serious	no serious inconsistency	no serious indirectness	serious ¹	reporting bias strongly suspected ⁴	$ \begin{array}{c} \oplus \oplus \ominus \ominus \\ \mathbf{LOW}^{1,4} \\ \text{due to} \end{array} $	146	138	-	The mean functional impairment post-treatment

	risk of bias					imprecision, publication bias				(mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.4 standard deviations lower (0.63 to 0.16 lower)
		post-treatr				or first mea	suren	nent or change sc	ore) – ava	ilable case analysis
212 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	reporting bias strongly suspected ⁴	LOW ^{1,4} due to imprecision, publication bias	106		-	The mean parental stress post-treatment (mean score at endpoint or first measurement or change score) – available case analysis in the intervention groups was 0.53 standard deviations higher (0.26 to 0.81 higher)
		t-treatmen Outcome Measu					ement) – available case	analysis (measured with: Clinical Outcomes
284 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	reporting bias strongly suspected ⁴	$\oplus \oplus \ominus \ominus$ LOW ^{1,4} due to imprecision, publication bias	146	138	-	The mean wellbeing post- treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.42 standard deviations lower (0.65 to 0.18 lower)
		short follo I by lower values		an score a	t 9-16-wee	k follow-uj	9) – IT	T analysis (measure	ed with: Interpe	ersonal Support Evaluation List
93 (1 study) 28 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	undetected	$\oplus \oplus \ominus \ominus$ LOW ¹ due to imprecision	46	47	-	The mean social support short follow-up (mean score at 9-16-week follow-up) – ITT analysis in the

Social s	upport	short follo	ow-up (me	an score a	t 9-16-wee	ek follow-u	p) – a	vailable cas	e analysis (mea	intervention groups was 0.64 standard deviations higher (0.22 to 1.06 higher) soured with: Interpersonal Support
		better indicated					r / ·		j - (
45 (1 study) 21 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊝⊝ LOW ^{1,2} due to imprecision	23	22	-	The mean social support short follow-up (mean score at 9-16-week follow-up) – available case analysis in the intervention groups was 0.29 standard deviations higher (0.3 lower to 0.88 higher)
		ng short fol by lower values)		nean score	e at 9-16-w	eek follow	-up) ·	- ITT analys	is (measured with:	Global Assessment of Functioning
93 (1 study) 28 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	undetected	⊕⊕⊖⊖ LOW ¹ due to imprecision	46	47	-	The mean life functioning short follow-up (mean score at 9-16-week follow-up) – ITT analysis in the intervention groups was 0.6 standard deviations higher (0.18 to 1.02 higher)

¹ Total population size is less than 400 (a threshold rule-of-thumb) ² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

³ There was evidence of considerable heterogeneity between effect sizes

⁴ Paper omits data

1.3.67Quality of life: IPT versus support group

Quality assessment						Summary of findings			
	Inconsistency	Indirectness	Imprecision		Study event rates (%)		Anticipated absolute effects		

Participants (studies) Follow-up	Risk of bias				Publication	Overall quality of evidence	With control	of life IPT	Relative effect (95% CI)	Risk with control	Risk difference with Quality of life: IPT versus support group (95% CI)
		5 post-treatr idicated by lower	•	n score at	endpoin	t or first m	easure	ement) – ava	ailable	case ar	nalysis (measured with: maternal
44 (1 study) 12 weeks				very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to risk of bias, imprecision	22	22	-		The mean maternal stress post- treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.45 standard deviations lower (1.05 lower to 0.15 higher)

¹ High risk of selection bias due to unclear allocation concealment and statistically significant baseline differences with the control group showing a higher SES score/lower income and higher depression (CES-D) mean score

² Total population size is less than 400 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.68Quality of life: facilitated self-help versus TAU

			sment			Summary of findings					
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study e With control	~ ,		Anticipa Risk with control	ted absolute effects Risk difference with Quality of life: facilitated self-help versus TAU (95% CI)
		post-treatm Provision Scale (no serious inconsistency		port; better inc			28	ent or chang	e score	e) – ava	ilable case analysis The mean social support post- treatment (mean score at endpoint

Functional impairment post-treatment (mean score at endpoint or first measurement) – available analysis (measured with: Work and Social Adjustment Scale (WASAS): Functional impairment; better indicated by lower values)

Parental stress post-treatment (symptomatology at endpoint or first measurement) – ITT analysis (assessed with: parenting Stress Index (PSI) ≥260)

143 (1 study)	no serious	no serious indirectness	very serious ^{1,4}		⊕⊖⊖⊖ VERY LOW ^{1,3,4}	44/72 (61.1%)	29/71 (40.8%)	RR 0.67 (0.48 to	Study po	pulation
20 weeks	risk of bias			suspected ³	due to imprecision, publication bias		`	0.93)	611 per 1000 Moderat	202 fewer per 1000 (from 43 fewer to 318 fewer) e
									-	202 fewer per 1000 (from 43 fewer to 318 fewer)

Parental stress post-treatment (symptomatology at endpoint or first measurement) – available case analysis (assessed with: parenting Stress Index (PSI) ≥260)

84 (1 study)	no serious	no serious indirectness	very serious ⁴	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{3,4}	11/39 (28.2%)	3/45 (6.7%)	RR 0.24 (0.07 to	Study po	pulation
20 weeks	risk of bias			suspected ³	due to imprecision, publication bias			ò.79)	-	214 fewer per 1000 (from 59 fewer to 262 fewer) e
									-	214 fewer per 1000 (from 59 fewer to 262 fewer)

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

⁴ Total number of events is less than 300 (a threshold rule-of-thumb)

			Quality asses	sment					Sumn	nary of f	indings
Participants		Inconsistency	Indirectness	Imprecision		Overall quality	Study e	vent rates (%)	Relative	Anticipa	ited absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With Quality of life: listening visits versus TAU	effect (95% CI)	Risk with control	Risk difference with Quality of life: listening visits versus TAU (95% CI)
						ndpoint or f			t) – ava	ilable	case analysis (measured with
277 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	reporting bias strongly suspected ²	$\begin{array}{c} \bigoplus \bigoplus \bigoplus \bigoplus \\ \textbf{LOW}^{1,2} \\ \text{due to} \\ \text{imprecision,} \\ \text{publication} \\ \text{bias} \end{array}$	146	131	-		The mean functional impairment post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.37 standard deviations lower (0.61 to 0.14 lower)
		post-treatm ting Stress Index no serious inconsistency				The first mease $\oplus \oplus \ominus \ominus$ LOW ^{1,2} due to imprecision, publication bias	106	105	ge scor	e) – av	ailable case analysis The mean parental stress post- treatment (mean score at endpoint or first measurement or change score) – available case analysis in the intervention groups was 0.45 standard deviations higher (0.18 to 0.72 higher)
		-treatment vements in wellb		d wellbei	ng at endp	oint or first	meas	urement) –	availał	ole cas	e analysis (assessed with:
41 (1 study) 7 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{3,4}	reporting bias strongly suspected ²	⊕⊖⊖⊖ VERY LOW ^{2,3,4} due to imprecision, publication bias	12/21 (57.1%)	17/20 (85%)	RR 1.49 (0.98 to 2.25)	Study po 571 per 1000 Moderat	280 more per 1000 (from 11 fewer to 714 more)

1.3.69Quality of life: listening visits versus TAU

									571 per 1000	280 more per 1000 (from 11 fewer to 714 more)
		-treatment Dutcome Measure				nent)	- available	case an	nalysis	(measured with: Clinical Outcomes
(1 study)	no serious risk of bias		no serious indirectness	strongly suspected ²	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision, publication bias	146	131	-		The mean wellbeing post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.42 standard deviations lower (0.66 to 0.18 lower)

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² Paper omits data

³ Total number of events is less than 300 (a threshold rule-of-thumb)

⁴ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.70Quality of life: directive counselling versus TAU

		Q	uality assessn	nent			Summary of findings				
Participants		Inconsistency	Indirectness	Imprecision			Study e	vent rates (%)		Anticipa	ited absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With Quality of life: directive counselling versus TAU	effect (95% CI)	Risk with control	Risk difference with Quality of life: directive counselling versus TAU (95% CI)
		post-treatm Provision Scale (S					easure	ement or chan	ge scor	e) – av	ailable case analysis
90 (1 study) 12 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	undetected	⊕⊕⊖⊖ LOW ¹ due to imprecision	18	72	-		The mean social support post- treatment (mean score at endpoint or first measurement or change score) – available case analysis in the intervention groups was 0.53 standard deviations higher (0.01 to 1.06 higher)

¹ Total population size is less than 400 (a threshold rule-of-thumb)

		Ç	Quality assess	ment					Summa	ry of find	lings
Participants		of Inconsistency Indirectness Imprecision Publication duality of guality of with With Qua	vent rates (%)	Relative	Anticipa	ted absolute effects					
(studies) Follow-up	bias				bias	quality of evidence	With control	With Quality of life: post- miscarriage counselling versus TAU	effect (95% CI)	Risk with control	Risk difference with Quality of life: post-miscarriage counsellin versus TAU (95% CI)
								measurement les); better indicated b			SIS (measured with: short Form
19 (1 study) 7 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to risk of bias, imprecision	9	10	-		The mean functional impairment post-treatment (mean score at endpoint or first measurement) – ITT analysis in the intervention groups was 0.37 standard deviations lower (1.28 lower to 0.54 higher)
								measurement			case analysis (measured wi values)
15 (1 study) 7 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to risk of bias, imprecision	7	8	-		The mean functional impairment post-treatment (mean score at endpoint or first measurement) - available case analysis in the intervention groups was 0.68 standard deviations lower (1.73 lower to 0.37 higher)

1.3.71 Quality of life: post-miscarriage counselling versus TAU

² Total population size is less than 400 (a threshold rule-of-thumb) ³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.3.72Quality of life: post-traumatic birth counselling versus TAU

	Q	uality assessn	nent		Summary of findings			
	Inconsistency	Indirectness	Imprecision		Study event rates (%)		Anticipated absolute effects	

Participants (studies) Follow-up	Risk of bias				Publication bias	Overall quality of evidence	With control	With Quality of life: post-traumatic birth counselling versus TAU	Relative effect (95% CI)	Risk with control	Risk difference with Quality of life: post- traumatic birth counselling versus TAU (95% CI)
Parental Stress Scale (-	-	ent (sympt	omatolog	gy at endp	oint or fir	st mea	surement) – ITT	analys	is (assesse	ed with: Depression Anxiety
103 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ¹	undetected	$\oplus \oplus \ominus \ominus$ LOW ¹	17/53 (32.1%)	7/50 (14%)	RR 0.44 (0.2 to	Study po	pulation
13 weeks	risk of bias	inconsistency	indirectics5	scribus		due to imprecision	(52.170)	(1270)	0.96)	321 per 1000	180 fewer per 1000 (from 13 fewer to 257 fewer)
										Moderat	e
										321 per 1000	180 fewer per 1000 (from 13 fewer to 257 fewer)
		post-treatm ess Scale (DASS):		omatolog	gy at endp	oint or fir	st mea	surement) – ava	ilable c	ase ana	llysis (assessed with:
103 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ¹	undetected	$\oplus \oplus \ominus \ominus$ LOW ¹	17/53 (32.1%)	7/50 (14%)	RR 0.44 (0.2 to	Study po	opulation
13 weeks	risk of bias	inconsistency	indirectics5	scribus		due to imprecision	(52.170)	(1270)	0.96)	321 per 1000	180 fewer per 1000 (from 13 fewer to 257 fewer)
										Moderat	e
										321 per 1000	180 fewer per 1000 (from 13 fewer to 257 fewer)

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

1.3.73Quality of life: social support versus TAU

Quality assessment	Summary of findings
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	Risk of		Indirectness I	-	Publication bias	of evidence W		e With With Quality (9		Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	of evidence	-	With Quality of life: social support versus TAU	effect (95% CI)	Risk with control	Risk difference with Quality of life: social support versus TAU (95% CI)
						or first meas le (SPS): social sup					ailable case analysis
(/	no serious risk of bias	very serious ¹	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to inconsistency, imprecision	58	53	-		The mean social support post- treatment (mean score at endpoint or first measurement or change score) – available case analysis in the intervention groups was 0.04 standard deviations higher (0.87 lower to 0.96 higher)
						or first meas d by lower values)		ent or char	ige scoi	e) – av	ailable case analysis
		1							1	1	
(2 studies)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	undetected	⊕⊕⊖⊖ LOW ² due to imprecision	51	50	-		The mean parental stress post- treatment (mean score at endpoint or first measurement or change score) – available case analysis in the intervention groups was 0.43 standard deviations lower (0.83 to 0.04 lower)
(2 studies) 8-14 weeks	serious risk of bias 1 cortis	inconsistency sol levels pc	indirectness			LOW ² due to imprecision			- nt) – av	ailable	treatment (mean score at endpoint or first measurement or change score) – available case analysis in the intervention groups was 0.43 standard deviations lower

101 (2 studies) 8-14 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊕⊖⊖ LOW ^{2,3} due to imprecision	51	50	-	The mean self-esteem post- treatment (mean score at endpoint or first measurement or change score) – available case analysis in the intervention groups was 0.14 standard deviations higher (0.25 lower to 0.53 higher)
		t-treatment		ore at endp	point or f	irst measure	ement) – availa	ble case ar	alysis (measured with: UCLA Loneliness
653 (2 studies) 8-12 weeks	no serious risk of bias	serious ⁴	no serious indirectness	serious ³	undetected	⊕⊕⊖⊖ LOW ^{3,4} due to inconsistency, imprecision	336	317	-	The mean loneliness post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.26 standard deviations lower (0.74 lower to 0.22 higher)
Lonelin better indica			p (mean so	ore at 9-16	6-week fo	ollow-up) –	availa	ble case	analysis (me	asured with: UCLA Loneliness Scale (LS);
600 (1 study) 24 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	⊕⊕⊕⊕ HIGH	311	289	-	The mean loneliness short follow- up (mean score at 9-16-week follow- up) – available case analysis in the intervention groups was 0.11 standard deviations lower (0.27 lower to 0.05 higher)

 $^{\rm 1}$ There was evidence of considerable heterogeneity between effect sizes

² Total population size is less than 400 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁴ There was evidence of moderate heterogeneity between effect sizes

1.3.74Quality of life: psychologically (CBT/IPT)-informed psychoeducation versus TAU/enhanced TAU

		Quality asse	ssment		Sum	mary of	findings
Inconsistency Indirectness Imprecision					Study event rates (%)		Anticipated absolute effects

Participants (studies) Follow-up	Risk of bias				Publication bias	Overall quality of evidence	With control	With Quality of life: psychologically (CBT/IPT)-informed psychoeducation versus TAU/enhanced TAU	Relative effect (95% CI)	Risk with control	Risk difference with Quality of life: psychologically (CBT/IPT)- informed psychoeducation versus TAU/enhanced TAU (95% CI)
		post-treatm		n score a	t endpoin	t or first mea	suren	nent) – ITT analys	SiS (meas	ured with	: perceived Social Support
194 (1 study) 6 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	undetected	⊕⊕⊝⊖ LOW ¹ due to imprecision	98	96	-		The mean social support post-treatment (mean score at endpoint or first measurement) – ITT analysis in the intervention groups was 0.74 standard deviations higher (0.45 to 1.03 higher)
								neasurement) – av g Tool (LIFE-RIFT); better :			analysis (measured with: ralues)
128 (2 studies) 13 weeks	serious ²	no serious inconsistency	no serious indirectness	very serious ¹	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2} due to risk of bias, imprecision	63	65	-		The mean functional impairment post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.46 standard deviations lower (0.81 to 0.1 lower)
Parental better indicat			nent (mea	n score a	t endpoin	t or first mea	suren	nent) – ITT analys	SiS (meas	ured with	e: perceived Stress Scale ;
156 (1 study) 4 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,3}	undetected	⊕⊕⊖⊖ LOW ^{1,3} due to imprecision	78	78	-		The mean parental stress post-treatment (mean score at endpoint or first measurement) – ITT analysis in the intervention groups was 0.18 standard deviations

										lower (0.5 lower to 0.13 higher)
						t or first mea Scale; better indicate			ore) – av	vailable case analysis
95 (2 studies) 13-49 weeks	serious ⁴	very serious ⁵	no serious indirectness	very serious ^{1,3}	reporting bias strongly suspected ⁶	⊕⊖⊖⊖ VERY LOW ^{1,3,4,5,6} due to risk of bias, inconsistency, imprecision, publication bias	52	43	-	The mean parental stress post-treatment (mean score at endpoint or first measurement or change score) – available case analysis in the intervention groups was 0.13 standard deviations lower (1.33 lower to 1.07 higher)
		sol levels p g/evening) corti					first	measurement) – a	vailable	e case analysis (measured
53 (1 study) 49 weeks	serious ⁴	no serious inconsistency	no serious indirectness	very serious ^{1,3}	reporting bias strongly suspected ⁶	⊕⊖⊖⊖ VERY LOW ^{1,3,4,6} due to risk of bias, imprecision, publication bias	29	24	-	The mean maternal cortisol levels post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.37 standard deviations higher (0.17 lower to 0.92 higher)
Happine indicated by	-		t (mean sc	ore at en	dpoint or	first measure	emen	t) – ITT analysis (n	neasured w	ith: subjective Happiness Scale; better
156 (1 study) 4 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	undetected	⊕⊕⊖⊖ LOW ¹ due to imprecision	78	78	-	The mean happiness post- treatment (mean score at endpoint or first measurement) – ITT analysis in the intervention groups was 0.05 standard deviations higher (0.27 lower to 0.36 higher)

Social support short follow-up (mean score at 9-16-week follow-up) – ITT analysis (measured with: perceived Social Support Scale (PSSS); better indicated by lower values)

Functional impairment Intermediate follow-up (mean score at 17-24-week follow-up) – available case analysis (measured with: social Adjustment Scale (SAS); better indicated by lower values)

	1	1								
42	no	no serious	no serious	very	undetected	$\oplus \oplus \ominus \ominus$	21	21	-	The mean functional
(1 study)	serious	inconsistency	indirectness	serious ^{1,3}		LOW ^{1,3}				impairment intermediate
26 weeks	risk of					due to				follow-up (mean score at 17-
	bias					imprecision				24-week follow-up) -
										available case analysis in the
										intervention groups was
										0.43 standard deviations
										lower
										(1.05 lower to 0.18 higher)

Parental stress Intermediate follow-up (mean score at 17-24-week follow-up) – ITT analysis (measured with: perceived Stress Scale ; better indicated by lower values)

156 (1 study) 26 weeks			no serious indirectness	very serious ¹	undetected	⊕⊕⊖⊖ LOW ¹ due to imprecision	78	78	-		The mean parental stress intermediate follow-up (mean score at 17-24-week follow-up) – ITT analysis in the intervention groups was 0.09 standard deviations lower (0.4 lower to 0.23 higher)
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Parental stress Intermediate follow-up (mean score at 17-24-week follow-up) – available case analysis (measured with: perceived Stress Scale; better indicated by lower values)

42 (1 study) 26 weeks	no no serious serious inconsistency	no serious very indirectness serious ^{1,3}	undetected		21	21	-	The mean parental stress intermediate follow-up (mean score at 17-24-week
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	risk of bias					due to imprecision			follow-up) – available case analysis in the intervention groups was 0.16 standard deviations lower (0.77 lower to 0.45 higher)
Happin indicated by			follow-up	(mean so	ore at 17-2	24-week follo	ow-up) – ITT ana	lysis (measured with:	subjective Happiness Scale; better
156 (1 study) 26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,3}	undetected	⊕⊕⊖⊖ LOW ^{1,3} due to imprecision	78 78	-	The mean happiness intermediate follow-up (mean score at 17-24-week follow-up) – ITT analysis in the intervention groups was 0.18 standard deviations higher (0.13 lower to 0.5 higher)
		long follow			nt >24-wee	k follow-up)	– available case	analysis (measured	with: Visual Analogue Scale
46 (1 study) 101 weeks	serious ⁴	no serious inconsistency	no serious indirectness	very serious ^{1,3}	reporting bias strongly suspected ⁶	⊕⊖⊖⊖ VERY LOW ^{1,3,4,6} due to risk of bias, imprecision, publication bias	22 24	-	The mean parental stress long follow-up (mean score at >24-week follow-up) – available case analysis in the intervention groups was 0.12 standard deviations higher (0.46 lower to 0.7 higher)
		sol levels la rtisol (log scores)				t >24-week fo	ollow-up) – availa	able case analysi	S (measured with: Average
46 (1 study) 101 weeks	serious ⁴	no serious inconsistency	no serious indirectness	very serious ^{1,3}	reporting bias strongly suspected ⁶	⊕⊖⊖⊖ VERY LOW ^{1,3,4,6} due to risk of bias, imprecision, publication bias	22 24	-	The mean maternal cortisol levels long follow-up (mean score at >24-week follow- up) – available case analysis in the intervention groups was 0.52 standard deviations

				lower (1.11 lower to 0.07 h
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¹ Total population size is less than 400 (a threshold rule-of-thumb)

² Unclear risk of selection bias as insufficient detail reported with regards to randomisation method and allocation concealment and unclear risk of detection bias as blinding of outcome assessment is not reported

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁴ High risk of selection bias due to statistically significant baseline/mid-treatment difference in average maternal salivary cortisol levels (0.62 in intervention group and 0.75 in control group)

⁵ There was evidence of considerable heterogeneity between effect sizes

⁶ Papers omit data

1.3.75Quality of life: home visits versus TAU/enhanced TAU

i -			Quality asses	sment				S	ummary	of findiı	ngs					
Participants		Inconsistency	Indirectness	Imprecision	Publication	Overall quality	Study e	vent rates (%)		Anticipa	ted absolute effects					
(studies) Follow-up	bias				bias	of evidence	With control	With Quality of life: home visits versus TAU/enhanced TAU	effect (95% CI)	Risk with control	Risk difference with Quality of life: home visits versus TAU/enhanced TAU (95% CI)					
		post-treatmenting stress (as c			gy at endr	oint or firs	t meas	surement) – IT	Г analy	'SIS (asse	essed with: parenting Stress					
364 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	72/185 (38.9%)	61/179 (34.1%)	RR 0.88 (0.67 to	Study po	opulation					
104 weeks						due to risk of bias, imprecision	()	(* /-)	1.15)	389 per 1000	47 fewer per 1000 (from 128 fewer to 58 more)					
										Moderate						
										389 per 1000	47 fewer per 1000 (from 128 fewer to 58 more)					
		post-treatm (PSI): severe pare				point or firs	t meas	surement) – ava	ailable	case a	nalysis (assessed with:					
	serious ¹				undetected					Study po	opulation					

						@000				81 per 1000	18 fewer per 1000 (from 55 fewer to 74 more)	
249 (1 study)		no serious inconsistency	no serious indirectness	very serious ^{2,3}		VERY LOW ^{1,2,3} due to risk of	10/123 (8.1%)	8/126 (6.3%)	RR 0.78 (0.32 to	Moderate		
104 weeks						bias, imprecision		、 <i>/</i>	1.91)	81 per 1000	18 fewer per 1000 (from 55 fewer to 74 more)	
						o r first meas d by lower values		ent or change	score) -	availa	able case analysis	
595 (2 studies) 52 weeks	-	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly suspected ⁴	⊕⊕⊕⊖ MODERATE4 due to publication bias	299	296	-		The mean parental stress post- treatment (mean score at endpoint or first measurement or change score) – available case analysis in the intervention groups was 0.06 standard deviations lower (0.29 lower to 0.18 higher)	

¹ High risk of selection bias due to unclear allocation concealment and statistically significant baseline differences in poor psychological resources (37% intervention group versus 50% control) and in prenatal enrolment (41% intervention group and 53% control)

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁴ Paper omits data

1.3.76Quality of life: mother-infant relationship interventions versus TAU/enhanced TAU

		Qı	nent		Summary of findings						
Participants R: (studies) bi Follow-up	tisk of bias	Inconsistency	Indirectness	Imprecision	bias	quality of	With	vent rates (%) With Quality of life: mother-infant relationship interventions versus TAU/enhanced TAU	effect (95% CI)	Risk with	Risk difference with Quality of life: mother-infant relationship interventions versus TAU/enhanced TAU (95% CI)

Parental stress post-treatment (symptomatology at endpoint or first measurement) – ITT analysis (assessed with: parenting Stress Index (PSI): Treatment non-response (no improvement-reliable change index))

80 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very 1 serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY	33/40 27/40 (82.5%) (67.5%)	,	RR 0.82 (0.63 to	Study p	opulation
26 weeks						LOW ^{1,2,3} due to risk of bias,		· · ·	1.06)	825 per 1000	149 fewer per 1000 (from 305 fewer to 49 more)
						imprecision				Moderate	
										825 per 1000	149 fewer per 1000 (from 305 fewer to 49 more)
		post-treatm (PSI): Treatment :					first m	easurement) – av	vailable	e case a	nalysis (assessed with:
75 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY	30/37 (81.1%)	25/38 (65.8%)	RR 0.81 (0.62 to	Study p	opulation
26 weeks						LOW ^{1,2,3} due to risk of bias,		· · ·	1.07)	811 per 1000	154 fewer per 1000 (from 308 fewer to 57 more)
						imprecision			Moderat	e	
										811 per 1000	154 fewer per 1000 (from 308 fewer to 57 more)
								ement or change parental role restriction; b			able case analysis wer values)
173 (2 studies) 4-26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ⁴	undetected	⊕⊕⊖⊖ LOW₄ due to imprecision	87	86	-		The mean parental stress post- treatment (mean score at endpoint or first measurement or change score) – available case analysis in the intervention groups was 0.06 standard deviations lower (0.36 lower to 0.24 higher)

¹ High risk of selection bias due to a statistically significant baseline difference in the age of infants (4.4 months old in intervention group versus 5.9 months old in TAU group) ² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.77 Quality of life: psychosomatic intervention versus TAU

		Ç	Quality assess	ment				S	ummary o	of finding	gs
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study e	vent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	evidence control psychosomatic	intervention versus	effect (95% CI)	Risk with control	Risk difference with Quality of life: psychosomatic intervention versus TAU (95% CI)						
		port mean ndicated by lowe		st-treatme	ent – avail	lable case a	analys	is (measured with: Fund	ctional Soci	al Suppor	t Questionnaire (FSSQ): Lack of
127 (1 study) 34 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to risk of bias, imprecision	58	69	-		The mean poor social support mean scores post-treatment – available case analysis in the intervention groups was 0.18 standard deviations lower (0.53 lower to 0.17 higher)
Parental better indica			es post-trea	atment – a	available	case analy	Sis (mea	asured with: stress Event	s Scale (Ho	lmes & Ra	he, 1967): stress score value;
127 (1 study) 34 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ²	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2} due to risk of bias, imprecision	58	69	-		The mean parental stress mean scores post-treatment – available case analysis in the intervention groups was 0.11 standard deviations lower (0.46 lower to 0.24 higher)

¹ Risk of attrition bias due to statistically significant higher drop-out in the control group

² Total population size is less than 400 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.3.78Quality of life: mindfulness training versus TAU/enhanced TAU

	Quality asses	sment	Summary of findings				
Inconsistency	Indirectness	Imprecision	Study event rates (%)		Anticipated absolute effects		

Participants (studies) Follow-up	Risk of bias				Publication bias	Overall quality of evidence	With control	With Quality of life: mindfulness training versus TAU/enhanced TAU	Relative effect (95% CI)	Risk with control	Risk difference with Quality of life: mindfulness training versus TAU/enhanced TAU (95% CI)
Parental better indicat			nent (mear	n score at	endpoint	or first mea	asuren	nent) – ITT anal	ysis (me	asured w	ith: perceived Stress Scale (PSS);
47 (1 study) 6 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision	23	24	-		The mean parental stress post- treatment (mean score at endpoint or first measurement) – ITT analysis in the intervention groups was 0.22 standard deviations higher (0.36 lower to 0.79 higher)
		post-treatn r indicated by lo		n score at	endpoint	or first mea	asuren	nent) – available	e case a	nalysi	${f S}$ (measured with: perceived
31 (1 study) 10 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to imprecision, publication bias	18	13	-		The mean parental stress post- treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.19 standard deviations lower (0.91 lower to 0.52 higher)
		post-treatm ile-Extended (PA					isuren	nent) – available	e case a	nalysi	S (measured with: positive and
31 (1 study) 10 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to imprecision, publication bias	18	13	-		The mean positive affect post- treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.44 standard deviations higher (0.28 lower to 1.16 higher)

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

1.3.79 Service utilisation: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU

		Q	uality assessr	nent				Sum	mary of f	indings	
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study e	vent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With service utilisation: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU	effect (95% CI)	Risk with control	Risk difference with service utilisation: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU (95% CI)
Use of N mACH nurs		alth visitor	post-treat	tment (se	rvice util	isation at	endpo	oint or first measur	ement)	- ITT	analysis (assessed with:
57 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	15/28 (53.6%)	16/29 (55.2%)	RR 1.03 (0.64 to	Study po	opulation
21 weeks	risk of bias					due to imprecision	(2000)	()	1.66)	536 per 1000	16 more per 1000 (from 193 fewer to 354 more)
										Moderate	
										536 per 1000	16 more per 1000 (from 193 fewer to 354 more)
		alth visitor nurse advice)	post-treat	tment (se	rvice util	isation at	endpo	oint or first measur	ement)	– avai	lable case analysis
46 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus_{\mathbf{LOW}^{1,2}} \ominus $	10/23 (43.5%)	10/23 (43.5%)	RR 1 (0.52 to	Study po	opulation
21 weeks	risk of bias					due to imprecision		``'	1.93)	435 per 1000	0 fewer per 1000 (from 209 fewer to 404 more)
										Moderat	e

]			435 per 1000	0 fewer per 1000 (from 209 fewer to 405 more)
Antidep antidepressa		t medicatio	on post-tre	atment (n	nedicatio	n use at e	ndpoir	nt or first measure	ment) -	- ITT a	nalysis (assessed with:
57 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	18/28 (64.3%)	18/29 (62.1%)	RR 0.97 (0.65 to	Study po	opulation
21 weeks	risk of bias					due to imprecision	(0 - 10 / 1)	()	1.44)	643 per 1000	19 fewer per 1000 (from 225 fewer to 283 more)
										Moderat	e
										643 per 1000	19 fewer per 1000 (from 225 fewer to 283 more)
Antidep (assessed wi			on post-tre	atment (n	nedicatio	n use at e	ndpoir	nt or first measure	ment) -	- availa	ble case analysis
46 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \bigoplus \bigoplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	13/23 (56.5%)	12/23 (52.2%)	RR 0.92 (0.54 to	Study po	pulation
21 weeks	risk of bias					due to imprecision			1.57)	565 per 1000	45 fewer per 1000 (from 260 fewer to 322 more)
										Moderat	e
										565 per 1000	45 fewer per 1000 (from 260 fewer to 322 more)
Psychot	herapy	post-treatr	nent (serv	ice utilisa	ation at e	ndpoint o	r first	measurement) – I	rT anal	ysis	
57 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \bigoplus \bigoplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	13/28 (46.4%)	8/29 (27.6%)	RR 0.59 (0.29 to	Study po	opulation
21 weeks	risk of bias					due to imprecision			1.21)	464 per 1000	190 fewer per 1000 (from 330 fewer to 98 more)
										Moderat	e
										464 per 1000	190 fewer per 1000 (from 329 fewer to 97 more)
Psychot	herapy	post-treatr	nent (serv	ice utilisa	ation at e	ndpoint o	r first	measurement) – av	vailable	e case a	nalysis

46 (1 study) 21 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision			RR 0.25 (0.06 to 1.05)	348 per 1000 Moderat 348 per 1000	261 fewer per 1000 (from 327 fewer to 17 more) e 261 fewer per 1000 (from 327 fewer to 17 more)
57 (1 study) 21 weeks	no serious risk of bias	no serious inconsistency	nt (service no serious indirectness	very serious ^{1,2}	undetected	point or fi $\oplus \oplus \ominus \ominus$ LOW ^{1,2} due to imprecision	17/28	easurement) – ITT 11/29 (37.9%)	analysi RR 0.62 (0.36 to 1.09)	1	231 fewer per 1000 (from 389 fewer to 55 more) e 231 fewer per 1000 (from 388 fewer to 55 more)
Counsel 46 (1 study) 21 weeks	no serious risk of bias	no serious inconsistency	nt (service no serious indirectness	very serious ¹	undetected	point or f i $\oplus \oplus \ominus \ominus$ LOW ¹ due to imprecision	12/23 (52.2%)	easurement) – avai 5/23 (21.7%)	RR 0.42 (0.17 to 0.99)	1	303 fewer per 1000 (from 5 fewer to 433 fewer)
Self helj 57 (1 study) 21 weeks	p supp no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	ice utilis	ation at er $\oplus \oplus \ominus \ominus$ LOW ^{1,2} due to imprecision	11/28	nt or first measurer 11/29 (37.9%)	nent) – RR 0.97 (0.5 to 1.86)	1	nalysis opulation 12 fewer per 1000 (from 196 fewer to 338 more)

]			Moderate	e
										393 per 1000	12 fewer per 1000 (from 197 fewer to 338 more)
Self help	p supp	ort group p	ost-treatn	nent (serv	ice utilis	ation at er	ndpoin	t or first measuren	nent) –	availa	ble case analysis
46 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$		5/23 (21.7%)	RR 0.83 (0.3 to	Study po	pulation
21 weeks	risk of bias					due to imprecision			2.35)	261 per 1000	44 fewer per 1000 (from 183 fewer to 352 more)
										Moderat	e
										261 per 1000	44 fewer per 1000 (from 183 fewer to 352 more)
Alternat	ive the	rapies post	t-treatmen	t (service	utilisatio	on at endp	oint o	r first measuremer	nt) – IT	T analy	ysis
57 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \mathbf{LOW}^{1,2} \end{array}$	8/28 (28.6%)	11/29 (37.9%)	RR 1.33 (0.63 to	Study po	pulation
21 weeks	risk of bias					due to imprecision	()		2.81)	286 per 1000	94 more per 1000 (from 106 fewer to 517 more)
										Moderate	e
										286 per 1000	94 more per 1000 (from 106 fewer to 518 more)
Alternat	ive the	rapies post	t-treatmen	t (service	utilisatio	on at endp	oint o	r first measuremer	nt) – av	ailable	case analysis
46 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$		5/23 (21.7%)	RR 1.67 (0.45 to	Study po	pulation
21 weeks	risk of bias					due to imprecision			6.17)	130 per 1000	87 more per 1000 (from 72 fewer to 674 more)
										Moderate	e
										130 per 1000	87 more per 1000 (from 71 fewer to 672 more)

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.80 Service utilisation: facilitated self-help versus TAU

			Quality asses	sment					Summa	ry of findi	ings
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study e	vent rates (%)	Relative	Anticipate	d absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With service utilisation: facilitated self- help versus TAU	effect (95% CI)	Risk with control	Risk difference with service utilisation: facilitated self-help versus TAU (95% CI)
Use of cl SUS): childbi		-	post-treat	ment (sei	rvice utilis	ation at end	lpoint	:) – ITT analy	7SiS (asse	ssed with: A	dult Service Use Schedule (AD-
83 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	17/42 (40.5%)	12/41 (29.3%)	RR 0.72 (0.4 to	Study pop	ulation
17 weeks	risk of bias				suspected ³	due to imprecision, publication	()	、	1.32)	405 per 1000	113 fewer per 1000 (from 243 fewer to 130 more)
						bias				Moderate	1
										405 per	113 fewer per 1000
										1000	(from 243 fewer to 130 more)
		th hospital ildbirth hospital)		ment (ser	r	ation at end	-) – available	case ar	nalysis (a	ssessed with: Adult Service Use
Schedule (AI 57	D-SUS): ch no	ildbirth hospital) no serious	no serious	very serious ^{1,2}	reporting bias	ation at end	2/27	1/30	case an RR 0.45 (0.04 to		ssessed with: Adult Service Use
Schedule (AI	D-SUS): ch	ildbirth hospital)	-	very	r	000	-		RR 0.45	nalysis (a	ssessed with: Adult Service Use
Schedule (AI 57 (1 study)	D-SUS): ch no serious risk of	ildbirth hospital) no serious	no serious	very	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to imprecision,	2/27	1/30	RR 0.45 (0.04 to	nalysis (a Study pop 74 per	ulation 41 fewer per 1000

(1 study) 17 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{2,4}	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{2,3,4} due to imprecision, publication bias	27	30	-		The mean use of childbirth hospital post-treatment (service utilisation at endpoint) – available case analysis in the intervention groups was 0.24 standard deviations lower (0.77 lower to 0.28 higher)
		al general h 5): maternal gener			treatment	(service uti	lisatio	n at endpoir	nt) – IT	T analys	51S (assessed with: Adult Service
83 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	15/42 (35.7%)	11/41 (26.8%)	RR 0.75 (0.39 to	Study pop	ulation
17 weeks	risk of bias	inconsistency	interfectitess	serious	suspected ³	due to imprecision, publication	(00.170)	(20.070)	1.44)	357 per 1000	89 fewer per 1000 (from 218 fewer to 157 more)
						bias				Moderate	
										357 per 1000	89 fewer per 1000 (from 218 fewer to 157 more)
		al general h se Schedule (AD-S				(service uti	lisatio	on at endpoir	nt) – ava	ailable c	case analysis (assessed
	no	no serious	no serious		reporting bias	See comment	0/27	0/30	not	See	See comment
57 (1 study) 17 weeks	serious risk of bias	inconsistency	indirectness		strongly suspected ³		(0%)	(0%)	pooled	comment	See comment
(1 study) 17 weeks	serious risk of bias materna		ealth hosp		suspected ³		(0%) lisatio	· · ·	`	ļ	case analysis (measured
(1 study) 17 weeks	serious risk of bias materna	al general h	ealth hosp		suspected ³		(0%) lisatio	· · ·	`	ļ	
(1 study) 17 weeks Use of 1 with: Adult 57 (1 study) 17 weeks Use of 1	serious risk of bias materna t Service Us no serious risk of bias mental	al general h es Schedule (AD-5 no serious inconsistency	ealth hosp SUS): maternal g no serious indirectness	general health	suspected ³ treatment hospital; better i reporting bias strongly suspected ³	See comment	(0%) lisatic er values) 27	on at endpoin	nt) – ava	See comment	case analysis (measured

	no					⊕⊖⊖⊖ VERY LOW ^{1,2,3}			DD 0 7	381 per 1000	114 fewer per 1000 (from 240 fewer to 126 more)
83 (1 study)	serious risk of	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	due to imprecision,	16/42 (38.1%)	11/41 (26.8%)	RR 0.7 (0.37 to	Moderate	
17 weeks	bias				suspected ³	publication bias	· · ·	`	1.33)	381 per 1000	114 fewer per 1000 (from 240 fewer to 126 more)
		nealth hosp): mental health h		reatment	(service ut	ilisation at	endp	oint) – availa	ble cas	e analys	515 (assessed with: Adult Service
57 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	1/27 (3.7%)	0/30 (0%)	RR 0.3 (0.01 to	Study pop	ulation
17 weeks	risk of bias	inconsistency	munectness	senous	suspected ³	due to imprecision, publication	(3.7 %)	(0 %)	7.09)	37 per 1000	26 fewer per 1000 (from 37 fewer to 226 more)
						bias				Moderate	
										37 per 1000	26 fewer per 1000 (from 37 fewer to 225 more)
Use of m Service Use S	nental l Schedule (A	nealth hosp AD-SUS): mental	ital post-t	reatment	(service ut	ilisation at	endp	oint) – availa	ble cas	e analys	51S (measured with: Adult
57 (1 study) 17 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness		reporting bias strongly suspected ³	See comment	27	30	-	See comment	See comment
		nealth outp ental health out-p		t-treatme	nt (service	utilisation	at end	lpoint) – ITT	analys	is (assesse	d with: Adult Service Use
83 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	26/42 (61.9%)	25/41 (61%)	RR 0.98 (0.7 to	Study pop	ulation
17 weeks	risk of bias	y			suspected ³	due to imprecision, publication			1.39)	619 per 1000	12 fewer per 1000 (from 186 fewer to 241 more)
						bias				Moderate	
										619 per 1000	12 fewer per 1000 (from 186 fewer to 241 more)

Use of mental health outpatient post-treatment (service utilisation at endpoint) – available case analysis (assessed with: Adult Service Use Schedule (AD-SUS): mental health out-patient)

57 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	11/27 (40.7%)	14/30 (46.7%)	RR 1.15 (0.63 to	Study pop	pulation
17 weeks	risk of bias				suspected ³	due to imprecision, publication		` ,	2.08)	407 per 1000	61 more per 1000 (from 151 fewer to 440 more)
						bias				Moderate	
										407 per 1000	61 more per 1000 (from 151 fewer to 440 more)

Use of mental health outpatient post-treatment (service utilisation at endpoint) – available case analysis (measured with: Adult Service Use Schedule (AD-SUS): mental health out-patient; better indicated by lower values)

Use of health community service post-treatment (service utilisation at endpoint) – ITT analysis (assessed with: Adult Service Use Schedule (AD-SUS): health community service)

83 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias strongly	$\begin{array}{c} \bigoplus \ominus \ominus \\ \hline \mathbf{VERY } \mathbf{LOW}^{1,3} \end{array}$	40/42 (95.2%)	39/41 (95.1%)	RR 1 (0.91 to	Study pop	ulation
17 weeks	risk of bias				suspected ³	due to imprecision, publication bias			1.1)	952 per 1000 Moderate 952 per 1000	0 fewer per 1000 (from 86 fewer to 95 more) 0 fewer per 1000 (from 86 fewer to 95 more)
		ommunity AD-SUS): health	-		ent (servic	e utilisatio	n at er	idpoint) – av	ailable	case an	alysis (assessed with: Adult

				Study population

57	no	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias strongly			7 28/20	RR 1.01	926 per 1000	9 more per 1000 (from 120 fewer to 148 more)
57 (1 study)	serious risk of					due to imprecision,	25/27 (92.6%)	28/30 (93.3%)	(0.87 to	Moderate	
17 weeks	bias				suspected ³	publication bias	· · ·	< ,	1.16)	926 per 1000	9 more per 1000 (from 120 fewer to 148 more)
		ommunity AD-SUS): health					n at en	idpoint) – av	ailable	case an	alysis (measured with: Adult
57 (1 study) 17 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{2,4}	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{2,3,4} due to imprecision, publication bias	27	30	-		The mean use of health community service post- treatment (service utilisation at endpoint) – available case analysis in the intervention groups was 0.1 standard deviations higher (0.42 lower to 0.62 higher)
Adult Servi	ce Use Schenno	edule (AD-SUS): a no serious	antidepressant i no serious	medication)	reporting bias	-	31/42	33/41	RR 1.09	t) – ITT Study pop	analysis (assessed with:
(1 study) 17 weeks	serious risk of bias	inconsistency	indirectness	serious ^{1,2}	strongly suspected ³	VERY LOW ^{1,2,3} due to	(73.8%)	(80.5%)	(0.86 to 1.38)	738 per	66 more per 1000
	ciuo					imprecision, publication				1000	(from 103 fewer to 280 more)
											-
						publication				1000	-
	pressant	t medicatio				publication bias	point c	or first measu	ıremen	1000 Moderate 738 per 1000	(from 103 fewer to 280 more) 66 more per 1000
(assessed w	pressant ith: Adult 5 no	Service Use Sched	lule (AD-SUS): no serious	antidepressan very	t medication) reporting bias	publication bias	19/30	19/27	RR 1.11	1000 Moderate 738 per 1000	(from 103 fewer to 280 more) 66 more per 1000 (from 103 fewer to 280 more) 61 able case analysis
(assessed w	pressan ith: Adult S	Gervice Use Sched	lule (AD-SUS):	antidepressan	t medication)	publication bias use at endp ⊕⊝⊝⊖	[19/27	1	1000 Moderate 738 per 1000 t) - avai	(from 103 fewer to 280 more) 66 more per 1000 (from 103 fewer to 280 more) 61 able case analysis

										633 per 1000	70 more per 1000 (from 146 fewer to 380 more)			
	Antidepressant medication post-treatment (medication use at endpoint) – available case analysis (measured with: Adult Service Use Schedule (AD-SUS): antidepressant medication; better indicated by lower values)													
57 (1 study) 17 weeks	no serious risk of bias		no serious indirectness	serious ^{2,4}	e ner eenen	⊕⊖⊖⊖ VERY LOW ^{2,3,4} due to imprecision, publication bias	30	27	-		The mean antidepressant medication post-treatment (medication use at endpoint) – available case analysis in the intervention groups was 0.14 standard deviations lower (0.66 lower to 0.38 higher)			

¹ Total number of events is less than 300 (a threshold rule-of-thumb) ² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.81 Service utilisation: listening visits versus TAU

			Quality ass	essment				Sui	nmary of	findings	
Participants		Inconsistency	Indirectness	Imprecision	Publication	Overall quality	Study ev	ent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias			bias	of evidence	With control	With service utilisation: listening visits versus TAU	effect (95% CI)	Risk with control	Risk difference with service utilisation: listening visits versus TAU (95% CI)	
		l general he		ital post-tro	eatment (se	rvice utilisat	ion at e	endpoint) – IT	T anal	ysis (ass	essed with: health service
731 (1 study)	no serious	no serious inconsistency	s no serious	very serious ^{1,2}	reporting bias strongly suspected ³	General Content in the second sec	120/548 (21.9%)	38/183 (20.8%)	RR 0.95 (0.69 to	Study population	
52 weeks	risk of bias	Inconsistency						()	1.31)	219 per 1000	11 fewer per 1000 (from 68 fewer to 68 more)
										Moderate	
										219 per 1000	11 fewer per 1000 (from 68 fewer to 68 more)
		l general he - use of hospital			eatment (se	rvice utilisat	ion at e	endpoint) – av	ailable	case a	nalysis (assessed
657 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to imprecision, publication bias	64/492 (13%)	20/165 (12.1%)	RR 0.93 (0.58 to	Study population	
52 weeks	risk of bias							()	1.49)	130 per 1000	9 fewer per 1000 (from 55 fewer to 64 more)
										Moderate	
										Wiouciat	e

731 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	72/548 (13.1%)	31/183 (16.9%)	RR 1.29 (0.88 to	Study population		
52 weeks	risk of bias				suspected ³	ed ³ due to imprecision, publication bias			1.9)	131 per 1000	38 more per 1000 (from 16 fewer to 118 more)	
										Moderate		
										131 per 1000	38 more per 1000 (from 16 fewer to 118 more)	
		alth visitor ervice use – mate				on at endpoin	nt or fi	rst measurem	ient) – a	vailabl	e case analysis	
657 (1 study)	no serious	no serious inconsistency	no serious indirectness	2	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{1,3}	16/492 (3.3%)	13/165 (7.9%)	RR 2.42 (1.19 to	Study population		
52 weeks	risk of bias					due to imprecision, publication bias	(****)		4.93)	33 per 1000	46 more per 1000 (from 6 more to 128 more)	
										Moderat	e	
										33 per 1000	47 more per 1000 (from 6 more to 130 more)	
		elephone co Ith visitor telepho			(service ut	ilisation [in]	last mo	nth] at endpo	oint) – I	TT ana	lysis (assessed with:	
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	60/548 (10.9%)	29/183 (15.8%)	RR 1.45 (0.96 to	Study po	pulation	
52 weeks	risk of bias	inconsistency	inconsistency indirectness		suspected ³	due to imprecision, publication bias	(10.9%)	(10.0 %)	2.18)	109 per 1000	49 more per 1000 (from 4 fewer to 129 more)	
										Moderate	e	
										110 per 1000	50 more per 1000 (from 4 fewer to 130 more)	

(1 study) s 52 weeks 1	no .	no serious	no serious	very serious ¹	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,3}	4/492 (0.8%)	11/165	RR 8.2 (2.65 to	Study population		
	serious risk of bias	inconsistency	indirectness		suspected ³	due to imprecision, publication bias		(6.7%)	(2.65 to 25.4)	8 per 1000	59 more per 1000 (from 13 more to 198 more)	
										Moderate		
										8 per 1000	58 more per 1000 (from 13 more to 195 more)	
		f midwife p use of midwife in no serious		, I	e utilisation	n [in last mo	nth] at	- /	- ITT ana			
1 study)	serious	inconsistency	indirectness	very serious ^{1,2}	strongly	VERY LOW ^{1,2,3}	(24.6%)	(24%)	(0.73 to 1.31)	Study population		
78 weeks	risk of bias				suspected ³	due to imprecision, publication bias				246 per	5 fewer per 1000	
	bitto									1000	(from 67 fewer to 76 more)	
	Dius									1000 Moderat	more)	
											more)	
	al use of	f midwife p - maternal use of			e utilisatio	publication bias	nth] at	endpoint)	– availabl	Moderat 246 per 1000	more) e 5 fewer per 1000 (from 66 fewer to 76	
with: healtl 601	al use of n service use no	- maternal use of no serious	f midwife in last no serious	month)	reporting bias	publication bias n [in last mo ⊕⊝⊝⊝	43/456	6/145	RR 0.44	Moderat 246 per 1000	more) e 5 fewer per 1000 (from 66 fewer to 76 more) analysis (assessed	
vith: healtl	al use of service use	– maternal use of	f midwife in last	month)		publication bias	-	- /	T	Moderat 246 per 1000 e case a	<pre>more) e 5 fewer per 1000 (from 66 fewer to 76 more) analysis (assessed</pre>	

										94 per 1000	53 fewer per 1000 (from 76 fewer to 1 more)	
Use of (last month)	GP post	-treatment (service uti	lisation [ii	n last montl	n] at endpoin	t) – IT	T analysis (asse	ssed with:	health serv	ice use – use of GP in	
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly suspected ³	⊕⊕⊕⊖ MODERATE ³ due to publication bias	275/548	89/183 (48.6%)	RR 0.97 (0.82 to	Study population		
52 weeks	risk of bias	sk of						()	1.15)	502 per 1000	15 fewer per 1000 (from 90 fewer to 75 more)	
										Moderate		
										502 per 1000	15 fewer per 1000 (from 90 fewer to 75 more)	
	GP post-		service uti	lisation [in	n last montl	n] at endpoin	t) – ava		nalysis RR 0.97	(assessed v	vith: health service use	
(1 study) 52 weeks	serious risk of bias	inconsistency		ss s	strongly suspected ³	LOW ^{1,3} due to imprecision, publication bias	(44.5%)	(43%) (0.79 1.18)		445 per 1000	13 fewer per 1000 (from 93 fewer to 80 more)	
											2	
										445 per 1000	13 fewer per 1000 (from 93 fewer to 80 more)	

¹ Total number of events is less than 300 (a threshold rule-of-thumb) ² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25) ³ Paper omits data

1.3.82Service utilisation: social support versus TAU

		Ç	Quality assess	ment					Summa	ry of find	lings
Participants		Inconsistency	Indirectness	Imprecision	Publication	Overall	Study e	vent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With service utilisation: social support versus TAU	effect (95% CI)	Risk with control	Risk difference with service utilisation: social support versus TAU (95% CI)
		use post-tre re: health service				endpoint)	– avai	lable case an	alysis (1	neasured	with: health service utilisation and
612 (1 study) 12 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	⊕⊕⊕⊕ HIGH	315	297	-		The mean health service use post- treatment (service utilisation at endpoint) – available case analysis in the intervention groups was 0.08 standard deviations higher (0.08 lower to 0.23 higher)
health service	e utilisatio no	n and cost of care no serious	questionnaire: no serious		ressant use)	use at end ⊕⊕⊝⊝ LOW ^{1,2}	56/352	63/349	RR 1.13 (0.82 to	t) – IT Study po	F analysis (assessed with: pulation
(1 study) 12 weeks	serious risk of bias	inconsistency	indirectness			due to imprecision	(15.9%)	(18.1%)	1.58)	159 per 1000	21 more per 1000 (from 29 fewer to 92 more)
										Moderat	ę
										159 per 1000	21 more per 1000 (from 29 fewer to 92 more)
		medication					point	or first measu	ıremen	t) – ava	ilable case analysis
612 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus_{\mathbf{LOW}^{1,2}} \ominus \ominus $	19/315 (6%)	11/297 (3.7%)	RR 0.61 (0.3 to	Study po	pulation
12 weeks	risk of bias	,				due to imprecision	(***)	<u> </u>	1.27)	60 per 1000	24 fewer per 1000 (from 42 fewer to 16 more)

]			Modera	te
										60 per 1000	23 fewer per 1000 (from 42 fewer to 16 more)
		use short fo						ow-up) – ava	ailable ca	ase ana	alysis (measured with: health
600 (1 study) 24 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	⊕⊕⊕⊕ HIGH	311	289 k follow-ur	- - -	analysi	The mean health service use shor follow-up (service utilisation at 9 16-week follow-up) – available case analysis in the intervention groups was 0.02 standard deviations lower (0.18 lower to 0.14 higher) IS (assessed with: health service
		are questionnaire			1		1	76/349	RR 1.1	-	opulation
(1 study) 24 weeks	serious risk of bias	inconsistency	indirectness	very serious	undetected	LOW ^{1,2} due to imprecision		(21.8%)	(0.82 to 1.46)	199 per 1000	-
										Modera	te
										199 per 1000	20 more per 1000 (from 36 fewer to 92 more)
		t medication				use at 9-1	6-wee	k follow-up) – avail	able ca	ase analysis (assessed with:
600 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	,	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	29/311 (9.3%)	16/289 (5.5%)	RR 0.59 (0.33 to	Study p	opulation
24 weeks	risk of bias	liconsistency	muncentess			due to imprecision	(9.370)	(0.0 %)	1.07)	93 per 1000	38 fewer per 1000 (from 62 fewer to 7 more)
										Modera	te
										93 per 1000	38 fewer per 1000 (from 62 fewer to 7 more)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.83Experience of care: mother-infant relationship interventions versus TAU/enhanced TAU

		Q	uality assessr	nent				S	ummary o	of findin	ıgs
Participants		Inconsistency	Indirectness	Imprecision			Study e	vent rates (%)	Relative	Anticipa	ated absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With experience of care: mother-infant relationship interventions versus TAU/enhanced TAU	effect (95% CI)	Risk with control	Risk difference with experience of care: mother-infant relationship interventions versus TAU/enhanced TAU (95% CI)
		th interver			t (mean s	score at er	idpoir	t or first measure	ement)	– avai	lable case analysis
98 (1 study) 7 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊝⊝ LOW ^{1,2} due to imprecision	50	48	-		The mean satisfaction with intervention post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.25 standard deviations higher (0.14 lower to 0.65 higher)
		-		· -	· -		•	ean score at endp other felt understood); be			•
98 (1 study) 7 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	undetected	⊕⊕⊝⊝ LOW ¹ due to imprecision	50	48	-		The mean satisfaction with therapeutic alliance (empathetic) post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0 standard deviations higher (0.4 lower to 0.4 higher)

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

		Ç	Quality assess	ment				Sum	mary of f	indings	
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study ev With control	With attrition: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU	Relative effect (95% CI)	Anticipa Risk with control	Risk difference with attrition: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU (95% CI)
Dropout	(assessed	with: incomplete	e data at endpo	int)							
1983 (12 studies) 6-26 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	undetected	$\oplus \oplus \oplus \ominus$ MODERATE ¹ due to imprecision	148/951 (15.6%)	195/1032 (18.9%)	RR 1.14 (0.83 to 1.55)	Study po 156 per 1000	22 more per 1000 (from 26 fewer to 86 more)
										Moderat	re
										155 per 1000	22 more per 1000 (from 26 fewer to 85 more)

1.3.84 Attrition: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU

¹ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.3.85 Attrition: CBT versus relational constructivist therapy

		Q	uality assessn	nent				Su	nmary of	findings	
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	quality of evidence	Study ev With control	With attrition: CBT versus relational constructivist therapy	Relative effect (95% CI)	Anticipat Risk with control	Risk difference with attrition: CBT versus relational constructivist therapy (95% CI)
Dropou	t (assessed	with: incomplete	data at endpoint)		•				•	
60 (1 study)) no no serious no serious very undetected $\oplus \oplus \ominus \ominus$							2/32 (6.3%)	RR 0.88 (0.13 to	Study po	pulation
	risk of bias					due to imprecision	(7.1%)	· · ·	5.81)	71 per 1000	9 fewer per 1000 (from 62 fewer to 344 more)

			Moderate	
			71 per 1000	9 fewer per 1000 (from 62 fewer to 342 more)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.86 Attrition: IPT versus support group

			Quality assess	ment				S	ummary o	of findings	i de la companya de l
Participants		Inconsistency	Indirectness	Imprecision		Overall quality	Study ev	vent rates (%)	Relative	Anticipate	d absolute effects
(studies) Follow-up	bias				bias		With control	With attrition: IPT versus support group	effect (95% CI)	Risk with control	Risk difference with attrition: IPT versus support group (95% CI)
Dropout	(assessed	with: incomplete of	data at endpoint)								
48 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected		2/24 (8.3%)	2/24 (8.3%)	RR 1 (0.15 to	Study pop	ulation
12 weeks						due to risk of bias, imprecision		< <i>'</i>	6.53)	83 per 1000	0 fewer per 1000 (from 71 fewer to 461 more)
										Moderate	I
										83 per 1000	0 fewer per 1000 (from 71 fewer to 459 more)

¹ High risk of selection bias due to unclear allocation concealment and statistically significant baseline differences with the control group showing a higher SES score/lower income and higher depression (CES-D) mean score

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.87 Attrition: facilitated self-help versus TAU

Q	uality assessn	nent		Su	mmary of	findings
Inconsistency	Indirectness	Imprecision		Study event rates (%)		Anticipated absolute effects

Participants (studies) Follow-up	Risk of bias				Publication bias	Overall quality of evidence	With control	With attrition: facilitated self- help versus TAU	Relative effect (95% CI)	Risk with control	Risk difference with attrition: facilitated self- help versus TAU (95% CI)
Dropout	(assessed w	vith: incomplete da	ata at endpoint)								
1136 (3 studies)	no serious risk of		no serious indirectness	no serious imprecision	undetected	⊕⊕⊕⊕ HIGH	324/562 (57.7%)	309/574 (53.8%)	RR 0.94 (0.85 to	Study pop	pulation
15-20 weeks				1					1.00	577 per 1000	35 fewer per 1000 (from 86 fewer to 23 more)
										Moderate	
										417 per 1000	25 fewer per 1000 (from 63 fewer to 17 more)

1.3.88 Attrition: listening visits versus TAU

		Ç	Quality assessm	nent				S	ummary of	f findings	
Participants		Inconsistency	Indirectness	Imprecision		1 2	Study ev	ent rates (%)	Relative	Anticipate	d absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With attrition: listening visits versus TAU	effect (95% CI)	Risk with control	Risk difference with attrition: listening visits versus TAU (95% CI)
Dropout	(assessed w	rith: incomplete da	ita at endpoint)								
1211 (3 studies)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \bigoplus \bigoplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	104/791 (13.1%)	82/420 (19.5%)	RR 1.22 (0.93 to	Study pop	ulation
20-52 weeks						due to imprecision			1.6)	131 per 1000	29 more per 1000 (from 9 fewer to 79 more)
										Moderate	
										102 per 1000	22 more per 1000 (from 7 fewer to 61 more)

¹ Total number of events is less than 300 (a threshold rule-of-thumb) ² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.3.89 Attrition: directive counselling versus TAU

		Ç	Quality assessn	nent				Su	immary of	findings	
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study ev	vent rates (%)	Relative	Anticipat	ed absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With attrition: directive counselling versus TAU	effect (95% CI)	Risk with control	Risk difference with attrition: directive counselling versus TAU (95% CI)
Dropout	(assessed v	vith: incomplete d	ata at endpoint)	•	•	•	•		-	-	
146 (1 study)	no serious risk of	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus \bigoplus \ominus \ominus \\ LOW^{1,2} $	15/33 (45.5%)	41/113 (36.3%)	RR 0.8 (0.51 to	Study population	
12 weeks	bias					due to imprecision		(****)	1.25)	455 per 1000	91 fewer per 1000 (from 223 fewer to 114 more)
										Moderate	
										455 per 1000	91 fewer per 1000 (from 223 fewer to 114 more)

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.90 Attrition: post-miscarriage counselling versus TAU/enhanced TAU

		Q	uality assessr	nent			Sun	nmary of	findings	
Participants (studies)	Risk of bias	Inconsistency	Indirectness	Imprecision	Overall quality of	Study e		Relative effect	Anticipa	ted absolute effects
Follow-up	0103				avidanca	With control	With attrition, nost-	(05% CI)	Risk with control	Risk difference with attrition: post-miscarriage counselling versus TAU/enhanced TAU (95% CI)
Dropout	(assessed	with: incomplete	data at endpoir	nt)						

99 (2 studies)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	10/50 (20%)	8/49 (16.3%)	RR 0.81 (0.35 to	Study po	pulation
2-7 weeks	risk of bias	liconsistency		Serious		due to imprecision	(_0,0)	(10.070)	1.89)	200 per 1000	38 fewer per 1000 (from 130 fewer to 178 more)
										Moderat	e
										209 per 1000	40 fewer per 1000 (from 136 fewer to 186 more)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.91 Attrition: post-traumatic birth counselling versus TAU

		Qu	ality assessme	ent			Summary of findings						
Participants		Inconsistency	Indirectness	Imprecision			Study ev	()	Relative	Anticipated	l absolute effects		
(studies) Follow-up	bias				bias	quality of evidence	With control		effect (95% CI)	Risk with control	Risk difference with attrition: post-traumatic birth counselling versus TAU (95% CI)		
Dropout	Dropout (assessed with: incomplete data at endpoint)												
103 (1 study) 13 weeks	no serious risk of bias		no serious indirectness		undetected	See comment	0/53 (0%)	- /	not pooled	See comment	See comment		

1.3.92 Attrition: social support versus TAU

		Q	Quality assessm	ient				S	ummary o	of findings			
Participants		Inconsistency	Indirectness	1		Overall quality	Study ev	/ent rates (%)		Anticipate	d absolute effects		
(studies) Follow-up	bias				bias	of evidence	With control	With attrition: social support versus TAU	effect (95% CI)	control	Risk difference with attrition: social support versus TAU (95% CI)		
Dropout	ropout (assessed with: incomplete data at endpoint)												

807 (3 studies)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected		37/404 (9.2%)	56/403 (13.9%)	RR 1.49 (0.83 to	Study pop	pulation
8-14 weeks						due to imprecision	()))	(200 %)	2.68)	92 per 1000	45 more per 1000 (from 16 fewer to 154 more)
										Moderate	
										46 per 1000	23 more per 1000 (from 8 fewer to 77 more)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.93 Attrition: psychologically (CBT/IPT)-informed psychoeducation versus TAU/enhanced TAU

l.		Ç	Quality assess	ment				Sumi	nary of fi	ndings	
Participants		Inconsistency	Indirectness	Imprecision		Overall quality	Study evo	ent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With attrition: psychologically (CBT/IPT)-informed psychoeducation versus TAU/enhanced TAU	effect (95% CI)	Risk with control	Risk difference with attrition: psychologically (CBT/IPT)-informed psychoeducation versus TAU/enhanced TAU (95% CI)
Dropout	(assessed	l with: incomplet									
2375 (13 studies)			no serious indirectness	serious ¹	undetected		155/1125 (13.8%)	222/1250 (17.8%)	RR 1.17 (0.94 to	Study po	opulation
4-31 weeks	risk of bias					due to imprecision		< ,	1.45)	138 per 1000	23 more per 1000 (from 8 fewer to 62 more)
										Moderate	e
										80 per 1000	14 more per 1000 (from 5 fewer to 36 more)

¹95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

								-			
		Q	uality assessn	nent				Sui	nmary of	findings	
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study ev	vent rates (%)	Relative	Anticipat	ed absolute effects
(studies) Follow-up	bias				bias	quality of evidence			effect (95% CI)	Risk with control	Risk difference with attrition: non-mental health-focused education and support versus TAU (95% CI)
Dropout	(assessed	with: incomplete	data at endpoint	t)							
	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	72/163 (44.2%)	71/168 (42.3%)	RR 0.96 (0.75 to	Study po	pulation
12 weeks	risk of bias					due to imprecision	`	· · ·	1.22)	442 per 1000	18 fewer per 1000 (from 110 fewer to 97 more)
									Moderate	2	
										442 per 1000	18 fewer per 1000 (from 111 fewer to 97 more)

1.3.94 Attrition: non-mental health-focused education and support versus TAU

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.95 Attrition: home visits versus TAU

		Q	uality assessm	ient			Summary of findings			
Participants		Inconsistency	Indirectness	Imprecision		1 2	Study ev	ent rates (%)		Anticipated absolute effects
(studies) Follow-up	bias				bias				(95% CI)	Risk with Risk difference with control attrition: home visits versus TAU (95% CI)
Dropout	(assessed w	rith: incomplete da	ta at endpoint)							
					undetected					Study population

1050					$\oplus \oplus \ominus \ominus$			DD 1 07	1000	14 more per 1000 (from 29 fewer to 66 more)
(A studies)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	LOW ^{1,2}	129/624 (20.7%)	130/678	RR 1.07 (0.86 to 1.32)	Moderate	
0-52 WEEKS					imprecision				1000	14 more per 1000 (from 27 fewer to 63 more)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.96 Attrition: mother-infant relationship interventions versus TAU/enhanced TAU

		Q	uality assessr	nent				Sun	nmary of :	findings	
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study e	vent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With attrition: mother- infant relationship interventions versus TAU/enhanced TAU	effect (95% CI)	Risk with control	Risk difference with attrition: mother-infant relationship interventions versus TAU/enhanced TAU (95% CI)
Dropout	(assessed	with: incomplete	e data at endpoi	nt)							
576 (5 studies)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus_{\mathbf{LOW}^{1,2}} \ominus \ominus $	70/294 (23.8%)	58/282 (20.6%)	RR 0.84 (0.63 to	Study po	opulation
5-28 weeks	risk of bias					due to imprecision		· · · ·	1.12)	238 per 1000	38 fewer per 1000 (from 88 fewer to 29 more)
										Moderate	
										143 per 1000	23 fewer per 1000 (from 53 fewer to 17 more)

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.97 Attrition: mother-infant relationship intervention with video feedback versus mother-infant relationship intervention with verbal feedback

		Qı	uality assessr	nent				Sum	mary of f	indings			
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study e	vent rates (%)	Relative	Anticipa	ited absolute effects		
(studies) Follow-up	bias				bias	quality of evidence	With control	With attrition: mother- infant relationship intervention with video feedback versus mother- infant relationship intervention with verbal feedback	effect (95% CI)	Risk with control	Risk difference with attrition: mother-infant relationship intervention with video feedback versus mother-infant relationship intervention with verbal feedback (95% CI)		
Dropout	ropout (assessed with: incomplete data at endpoint)												
	no serious		no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus_{\mathbf{LOW}^{1,2}} \ominus \ominus $	6/26 (23.1%)	5/25 (20%)	RR 0.87 (0.3 to	Study po	opulation		
` 27	risk of bias	y				due to imprecision	()		2.48)	231 per 1000	30 fewer per 1000 (from 162 fewer to 342 more)		
										Moderat	re		
										231 per 1000	30 fewer per 1000 (from 162 fewer to 342 more)		

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.98 Attrition: mother-infant relationship intervention (and guided self-help) versus listening visits (and guided self-help)

		Q	uality assessr	nent				Sum	mary of f	indings	
-	Risk of bias	Inconsistency	Indirectness	Imprecision	bias	quality of evidence	With	With attrition: mother-	effect (95% CI)	Anticipa Risk with control	nted absolute effects Risk difference with attrition: mother-infant relationship intervention (and guided self-help) versus listening visits (and
								help)			guided self-help) (95% CI)

Dropou	Dropout (assessed with: incomplete data at endpoint)												
80 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	1/40 (2.5%)	2/40 (5%)	RR 2 (0.19 to	Study p	opulation		
35 weeks	risk of bias					due to imprecision		``'	21.18)	25 per 1000	25 more per 1000 (from 20 fewer to 505 more)		
										Moderate			
										25 per 1000	25 more per 1000 (from 20 fewer to 505 more)		

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.99 Attrition: co-parenting intervention versus enhanced TAU

		Qu	ality assessme	ent				Su	immary of	f findings	
Participants (studies)	Risk of bias	Inconsistency	Indirectness	Imprecision		Overall quality of		()	Relative effect	-	d absolute effects
Follow-up						evidence	With control	With attrition: co- parenting intervention versus enhanced TAU	(95% CI)	Risk with control	Risk difference with attrition: co-parenting intervention versus enhanced TAU (95% CI)
Dropout	(assessed	with: incomplete c	lata at endpoint)							
(1 study)	no serious risk of bias		no serious indirectness		undetected	See comment	0/13 (0%)	0/16 (0%)	not pooled	See comment	See comment

1.3.100 Attrition: music therapy during birth versus TAU

		Q	uality assessm	ient				Sı	ammary of	findings	
Participants		Inconsistency	Indirectness	Imprecision			Study ev	vent rates (%)		Anticipated a	absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With attrition: music therapy	effect (95% CI)		sk difference with trition: music therapy

								during birth versus TAU			during birth versus TAU (95% CI)
Dropou	1t (assessed v	with: incomplete c	lata at endpoint)								
141 (1 study)	no serious risk of	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	11/70 (15.7%)	9/71 (12.7%)	RR 0.81 (0.36 to	Study po	pulation
3 weeks	bias					due to imprecision	(1.83)	157 per 1000	30 fewer per 1000 (from 101 fewer to 130 more)
										Moderate	2
										157 per 1000	30 fewer per 1000 (from 100 fewer to 130 more)

¹ Total number of events is less than 300 (a threshold rule-of-thumb) ² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.3.101 Attrition: psychosomatic intervention versus TAU

			Quality asses	sment				Sui	mmary of	findings	
Participants		Inconsistency	Indirectness	Imprecision		Overall quality	Study ev	vent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With attrition: psychosomatic intervention versus TAU	effect (95% CI)	Risk with control	Risk difference with attrition: psychosomatic intervention versus TAU (95% CI)
Dropout	(assessed	with: incomplete	e data at endpoi	int)							
276 (2 studies)	no serious	serious ¹	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	57/138 (41.3%)	- /	RR 0.87 (0.54 to	Study po	opulation
34-52 weeks	risk of bias					due to inconsistency, imprecision				413 per 1000	54 fewer per 1000 (from 190 fewer to 161 more)
										Moderat	e

			4	435 per	57 fewer per 1000
			1	1000	(from 200 fewer to 170
					more)

¹ There was evidence of moderate to substantial heterogeneity between effect sizes

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.102 Attrition: mindfulness training versus enhanced TAU

		Q	uality assessm	nent				Su	mmary of	findings	
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study ev	vent rates (%)	Relative	Anticipat	ed absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With attrition: mindfulness training versus enhanced TAU	effect (95% CI)	Risk with control	Risk difference with attrition: mindfulness training versus enhanced TAU (95% CI)
Dropout	(assessed v	with: incomplete c	lata at endpoint))							
47 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	3/23 (13%)	4/24 (16.7%)	RR 1.28 (0.32 to	Study pop	pulation
6 weeks	risk of bias					due to imprecision		· · /	5.1)	130 per 1000	37 more per 1000 (from 89 fewer to 535 more)
										Moderate	2
										130 per 1000	36 more per 1000 (from 88 fewer to 533 more)

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.103 Infant service use: facilitated self-help versus TAU

		Quality asses	sment			Summary	of findings
In	nconsistency	Indirectness	Imprecision		Study event rates (%)		Anticipated absolute effects

Participants (studies) Follow-up	Risk of bias				Publication bias	Overall quality of evidence	With control	With infant service use: facilitated self- help versus TAU	Relative effect (95% CI)	Risk with control	Risk difference with infant service use: facilitated self- help versus TAU (95% Cl)
Infant hospital)	ospital	post-treatm	nent (servi	ce utilisa	tion at end	point) – ITT	analy	VSIS (assessed with	: Adult Ser	vice Use S	chedule (AD-SUS): infant
83 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	21/42 (50%)	15/41 (36.6%)	RR 0.73 (0.44 to	Study po	pulation
17 weeks	risk of bias	licensistency			suspected ³	due to imprecision, publication bias	(00,0)	(2010 %)	1.21)	500 per 1000	135 fewer per 1000 (from 280 fewer to 105 more)
										Moderat	e
										500 per 1000	135 fewer per 1000 (from 280 fewer to 105 more)
Infant h SUS): infant l		post-treatm	nent (servi	ce utilisa	tion at end	point) – ava	ilable	case analysis	6 (assessed	with: Adu	lt Service Use Schedule (AD-
57 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	$ \bigoplus \ominus \ominus \ominus \\ \mathbf{VERY} \mathbf{LOW}^{1,2,3} $	6/27 (22.2%)	4/30 (13.3%)	RR 0.6 (0.19 to	Study po	pulation
17 weeks	risk of bias				suspected ³	due to imprecision, publication bias		()	1.9)	222 per 1000	89 fewer per 1000 (from 180 fewer to 200 more)
						-				Moderat	e
										222 per 1000	89 fewer per 1000 (from 180 fewer to 200 more)
		post-treatm		ce utilisa	tion at end	point) – ava	ilable	case analysis	6 (measure	d with: Ac	lult Service Use Schedule (AD-
57 (1 study) 17 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{2,4}	reporting bias strongly suspected ³	⊕⊖⊖⊖ VERY LOW ^{2,3,4} due to imprecision, publication bias	27	30	-		The mean infant hospital post- treatment (service utilisation at endpoint) – available case analysis in the intervention groups was 0.12 standard deviations lower (0.64 lower to 0.4 higher)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.104 Infant service use: listening visits versus TAU

			Quality ass	essment				Su	mmary of	findings	
Participants (studies)	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	5	ent rates (%)	Relative effect		ed absolute effects
Follow-up	0143				Ulas	evidence	With control	With infant service use: listening visits versus TAU	(95% CI)	Risk with control	Risk difference with infant service use: listening visits versus TAU (95% CI)
Infant he	-	post-treatm	ent (servic	e utilisatio	on at endpo	int) – ITT ana	alysis (a	ssessed with: child	health serv	ice use – v	isits to hospital doctors
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	$ \bigoplus \Theta \Theta \Theta $ VERY LOW ^{1,2,3}	130/548 (23.7%)	40/183 (21.9%)	RR 0.92 (0.67 to	Study po	pulation
52 weeks	risk of bias	liconoistency			suspected ³	due to imprecision, publication bias		())	1.26)	237 per 1000	19 fewer per 1000 (from 78 fewer to 62 more)
										Moderate	2
										237 per 1000	19 fewer per 1000 (from 78 fewer to 62 more)
Infant hospital doct			ent (servic	e utilisatio	on at endpoi	int) – availab	le case	analysis (asses	sed with: c	hild health	n service use – visits to
653 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	70/488 (14.3%)	22/165 (13.3%)	RR 0.93 (0.6 to	Study po	pulation
52 weeks	risk of bias				suspected ³	due to imprecision, publication bias	()		1.45)	143 per 1000	10 fewer per 1000 (from 57 fewer to 65 more)
										Moderate	2

										143 per 1000	10 fewer per 1000 (from 57 fewer to 64 more)
Visit to . (previous mo	-	st-treatmen	t (service 1	utilisation	measured a	t endpoint) -	ITT a	nalysis (assessed	l with: chil	d health se	ervice use – visits to A&E
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	serious ¹	reporting bias strongly	$\oplus \oplus \ominus \ominus$ LOW ^{1,3}	209/548 (38.1%)	70/183 (38.3%)	RR 1 (0.81 to	Study po	pulation
52 weeks	risk of bias				suspected ³	due to imprecision, publication bias			1.24)	381 per 1000	0 fewer per 1000 (from 72 fewer to 92 more)
										Moderate	2
										381 per 1000	0 fewer per 1000 (from 72 fewer to 91 more)
- visits to A&	&E (previou	s month))	` 			- /			nalysis (assesse		child health service use
621 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	$\begin{array}{c} \bigoplus \ominus \ominus \ominus \\ \textbf{VERY LOW}^{1,2,3} \end{array}$	123/462 (26.6%)	46/159 (28.9%)	RR 1.09 (0.82 to	Study po	pulation
52 weeks	risk of bias				suspected ³	due to imprecision, publication bias			1.45)	266 per 1000	24 more per 1000 (from 48 fewer to 120 more)
										Moderate	2
										266 per 1000	24 more per 1000 (from 48 fewer to 120 more)
		ealth visitor e use – visits to N				utilisation [i	n past	month] at en	dpoint) – ITT	analysis (assessed
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	serious ¹	reporting bias strongly	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,3} \end{array}$	215/548 (39.2%)	70/183 (38.3%)	RR 0.97 (0.79 to	Study po	pulation
52 weeks	risk of bias	<u>-</u> ,			suspected ³	due to imprecision, publication bias	(· · · · /	1.2)	392 per 1000	12 fewer per 1000 (from 82 fewer to 78 more)

										Moderate	2
										392 per 1000	12 fewer per 1000 (from 82 fewer to 78 more)
			-		•	utilisation [i (previous month))	in past	month] at er	dpoint) – avai	lable case
653 (1. atra day)	no	no serious	no serious	serious ^{1,2}	reporting bias	$ \bigoplus \bigoplus \ominus \ominus \\ LOW^{1,2,3} $	155/488		RR 0.99 (0.77 to	Study po	pulation
(1 study) 52 weeks	serious risk of bias	inconsistency	indirectness		strongly suspected ³	due to imprecision, publication bias	(31.8%)	(31.5%)	(0.77 to 1.29)	318 per 1000	3 fewer per 1000 (from 73 fewer to 92 more)
										Moderate	2
										318 per 1000	3 fewer per 1000 (from 73 fewer to 92 more)
											/
(assessed w		5 health vis alth service use – no serious				month)) $\oplus \ominus \ominus \ominus$	n [in pa 77/548	29/183	RR 1.13	p int) – b Study po	y intervention
(assessed w 731 (1 study)	rith: child he	alth service use –	visits from NHS	health visitor at	t home (previous	month))		-	-	,	y intervention
	rith: child he no serious risk of	alth service use – no serious	visits from NHS	health visitor at	t home (previous reporting bias strongly	month)) $\oplus \bigcirc \bigcirc \bigcirc$ VERY LOW ^{1,2,3} due to imprecision,	77/548	29/183	RR 1.13 (0.76 to	Study po 141 per	pulation 18 more per 1000 (from 34 fewer to 94 more)
assessed w 731 1 study)	rith: child he no serious risk of	alth service use – no serious	visits from NHS	health visitor at	t home (previous reporting bias strongly	month)) $\oplus \bigcirc \bigcirc \bigcirc$ VERY LOW ^{1,2,3} due to imprecision,	77/548	29/183	RR 1.13 (0.76 to	Study po 141 per 1000	pulation 18 more per 1000 (from 34 fewer to 94 more)
assessed w '31 1 study) 12 weeks Visit fre	rith: child he no serious risk of bias	alth service use – no serious inconsistency	visits from NHS	very serious ^{1,2}	t home (previous reporting bias strongly suspected ³	month)) ⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to imprecision, publication bias vice utilisatio	77/548 (14.1%)	29/183 (15.8%)	RR 1.13 (0.76 to 1.67)	Study po 141 per 1000 Moderate 141 per 1000	by intervention pulation 18 more per 1000 (from 34 fewer to 94 more) 18 more per 1000 (from 34 fewer to 94

						000				35 per 1000	32 more per 1000 (from 3 fewer to 105 more)
653 (1 study)	no serious risk of	no serious inconsistency	no serious indirectness		reporting bias strongly	VERY LOW ^{1,2,3} due to	17/488 (3.5%)	11/165 (6.7%)	RR 1.91 (0.92 to 4)	Moderat	e
52 weeks	bias				suspected ³	imprecision, publication bias			,	35 per 1000	32 more per 1000 (from 3 fewer to 105 more)
Visit to GP (previou		t-treatment	(service u	tilisation [in past mon	th] at endpoi	nt) – I	FT analys i	is (assessed wit	h: child he	alth service use – visit t
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly	$ \bigoplus \bigoplus \bigoplus \ominus \\ \mathbf{MODERATE}^{3} $	299/548 (54.6%)	81/183 (44.3%)	RR 0.81 (0.68 to	Study po	opulation
52 weeks	risk of bias				suspected ³	due to publication bias	(011070)	(21070)	0.97)	546 per 1000	104 fewer per 1000 (from 16 fewer to 175 fewer)
										Moderat	e
										546 per 1000	104 fewer per 1000 (from 16 fewer to 175 fewer)
											/
service use	- visit to GP	(previous month	ı))	-	-	th] at endpoi	ŕ	-,			d with: child health
				no serious imprecision	in past mon reporting bias strongly suspected ³	th] at endpoin ⊕⊕⊕⊝ MODERATE ³ due to publication bias	nt) – av 239/488 (49%)	-,	ASE analysi (0.63 to 0.97)		,
service use 553 (1 study)	- visit to GP no serious risk of	r (previous month no serious	no serious	no serious	reporting bias strongly	⊕⊕⊕⊖ MODERATE ³ due to publication	239/488	63/165	RR 0.78 (0.63 to	Study po 490 per	d with: child health ppulation 108 fewer per 1000 (from 15 fewer to 181 fewer)

731 (1 study)	no serious	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly		366/548 (66.8%)	130/183 (71%)	RR 1.06 (0.95 to	Study po	pulation
52 weeks	risk of bias				suspected ³	due to publication bias	` '		1.19)	668 per 1000 Moderate	40 more per 1000 (from 33 fewer to 127 more)
										668 per 1000	40 more per 1000 (from 33 fewer to 127 more)

Any medication post-treatment (past medication use measured at endpoint) – by intervention (assessed with: child medication use: any medication (previous week))

657 (1 study)	no serious	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly		310/492 (63%)	,	RR 1.05 (0.92 to	Study po	pulation
52 weeks	risk of bias				suspected ³	due to publication bias		``` <i>`</i>	1.19)	630 per 1000	32 more per 1000 (from 50 fewer to 120 more)
										Moderate	2
										630 per 1000	31 more per 1000 (from 50 fewer to 120 more)

Antibiotics post-treatment (medication use [in past week] at endpoint) – ITT analysis (assessed with: child medication use: Antibiotics (previous week))

731 (1 study)		no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	$\begin{array}{c} \bigoplus \ominus \ominus \ominus \\ \textbf{VERY LOW}^{1,2,3} \end{array}$	106/548 (19.3%)	,	RR 0.99 (0.7 to	Study pop	pulation
52 weeks	risk of bias				suspected ³	due to imprecision, publication bias		`	1.39)	193 per 1000 Moderate	2 fewer per 1000 (from 58 fewer to 75 more)
										193 per 1000	2 fewer per 1000 (from 58 fewer to 75 more)

Antibiotics post-treatment (medication use [in past week] at endpoint) – available case analysis (assessed with: child medication use:
Antibiotics (previous week))

657 no (1 study) serious		no serious inconsistency		very serious ^{1,2}	strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	50/492 (10.2%)	17/165 (10.3%)	RR 1.01 (0.6 to	Study population		
	risk of bias				suspected ³	due to imprecision, publication bias			1.71)	102 per 1000	1 more per 1000 (from 41 fewer to 72 more)	
										Moderate	2	
										102 per 1000	1 more per 1000 (from 41 fewer to 72 more)	
		tion post-tr	eatment (n	nedication	use [in pas	t week] at end	dpoint) – ITT analy	sis (assess	sed with: c	hild medication use:	
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	$\begin{array}{c} \bigoplus \ominus \ominus \ominus \\ \textbf{VERY LOW}^{1,2,3} \end{array}$	76/548 (13.9%)	20/183 (10.9%)	RR 0.79 (0.5 to	Study po	udy population	
52 weeks	risk of bias		-		suspected ³	due to imprecision, publication bias			1.25)	139 per 1000	29 fewer per 1000 (from 69 fewer to 35 more)	
										Moderate	2	
										139 per 1000	29 fewer per 1000 (from 69 fewer to 35 more)	
		tion post-tr		nedication	use [in pas	t week] at end	dpoint) – available	case an	alysis (a	assessed with: child	
657 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	20/492 (4.1%)	2/165 (1.2%)	RR 0.3 Study populati	pulation		
52 weeks		isk of		suspected ³	due to imprecision, publication bias	(4.1%)	(4.1%) (1.2%)	1.26)	41 per 1000	28 fewer per 1000 (from 38 fewer to 11 more)		

Moderate

										41 per 1000	29 fewer per 1000 (from 38 fewer to 11 more)
Skin oir			ent (medic	ation use [in past wee	k] at endpoir	nt) – IT	T analysis (as	sessed wit	h: child me	dication use: skin
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	serious ¹	reporting bias strongly	$ \bigoplus \bigoplus \ominus \ominus \\ \mathbf{LOW}^{1,3} $	178/548 (32.5%)	41/183 (22.4%)	RR 0.69 (0.51 to	Study po	pulation
52 weeks	risk of bias	liconoisterey			suspected ³	due to imprecision, publication bias	(02.070)	(22.276)	0.93)	325 per 1000	101 fewer per 1000 (from 23 fewer to 159 fewer)
										Moderat	e
										325 per 1000	101 fewer per 1000 (from 23 fewer to 159 fewer)
Skin oir use: skin oin 657	itment (prev	vious week))	` 	-	- •		,		analysi		l with: child medication
(1 study)		no serious inconsistency	no serious indirectness	serious ¹	reporting bias strongly	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,3} \end{array}$	122/492 (24.8%)	(13.9%)	(0.37 to	Study po	pulation
52 weeks	risk of bias				suspected ³	due to imprecision, publication bias			0.85)	248 per 1000	109 fewer per 1000 (from 37 fewer to 156 fewer)
										Moderat	e
										248 per 1000	109 fewer per 1000 (from 37 fewer to 156 fewer)
		ng follow-u &E (previous mor		utilisation	i [in past m	onth] at >24-v	veek fo	ollow-up) – I	TT ana	lysis (as	sessed with: child health
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	serious ^{1,2}	reporting bias strongly	$ \bigoplus \bigoplus \ominus \ominus \\ LOW^{1,2,3} $	186/548 (33.9%)		RR 1.08 (0.86 to	Study po	pulation
78 weeks	risk of bias				suspected ³	due to imprecision, publication bias	(33.9%) (36.6%) as		1.35)	339 per 1000	27 more per 1000 (from 48 fewer to 119 more)

										Moderate	2
										339 per 1000	27 more per 1000 (from 47 fewer to 119 more)
		ng follow-u			[in past mo	onth] at >24-v	veek fo	ollow-up) – a	vailabl	e case a	nalysis (assessed
597 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	91/453 (20.1%)	28/144 (19.4%)	RR 0.97 (0.66 to	Study po	pulation
78 weeks	risk of bias				suspected ³	due to imprecision, publication bias		()	1.42)	201 per 1000	6 fewer per 1000 (from 68 fewer to 84 more)
										Moderate	2
										201 per 1000	6 fewer per 1000 (from 68 fewer to 84 more)
				-		utilisation [i	in past	month] at >2	24-weel	c follov	v-up) – ITT
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	serious ^{1,2}	reporting bias strongly	$\oplus \oplus \ominus \ominus$ LOW ^{1,2,3}	144/548 (26.3%)	61/183 (33.3%)	RR 1.27 (0.99 to	Study po	pulation
78 weeks	risk of bias				suspected ³	due to imprecision, publication bias			1.63)	263 per 1000	71 more per 1000 (from 3 fewer to 166 more)
										Moderate	2
										263 per 1000	71 more per 1000 (from 3 fewer to 166 more)
				•		utilisation	-	=	24-weel	c follov	v-up) –
				very serious ^{1,2}						Study po	pulation

	no					0000				114 per 1000	44 more per 1000 (from 14 fewer to 136 more)	
601 (1 study)	serious risk of	no serious inconsistency	no serious indirectness		reporting bias strongly	VERY LOW ^{1,2,3} due to	52/456 (11.4%)	23/145 (15.9%)	RR 1.39 (0.88 to	Moderate	e	
78 weeks	bias				suspected ³	imprecision, publication bias		< <i>'</i>	2.19)	114 per 1000	44 more per 1000 (from 14 fewer to 136 more)	
		g follow-up (previous month)		tilisation	in past mor	nth] at >24-we	ek fol	low-up) – IT	T analy	'sis (asses	sed with: child health	
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias strongly	$\oplus \oplus \oplus \ominus$ MODERATE ³	277/548 (50.5%)	91/183 (49.7%)	RR 0.98 (0.83 to	Study po	pulation	
78 weeks	risk of bias	nconsistency	interectitess	Imprecision	suspected ³	due to publication bias	(00.070)	(15.776)	1.16)	505 per 1000	10 fewer per 1000 (from 86 fewer to 81 more)	
										Moderat	e	
										506 per 1000	10 fewer per 1000 (from 86 fewer to 81 more)	
Visit to child health	GP long service use	g follow-up - visit to GP (prev	(service u	tilisation	in past mor	nth] at >24-we	ek fol	low-up) – av	ailable	case an	alysis (assessed with:	
601 (1 study)	no serious	no serious inconsistency	no serious indirectness	serious ^{1,2}	reporting bias strongly	$ \bigoplus \bigoplus \ominus \ominus \\ LOW^{1,2,3} $	185/456 (40.6%)	53/145 (36.6%)	RR 0.9 (0.71 to	Study po	pulation	
78 weeks	risk of bias	inconsistency			suspected ³	due to imprecision, publication bias	(10.0 %)	(000 %)	1.15)	406 per 1000	41 fewer per 1000 (from 118 fewer to 61 more)	
										Moderat	e	
											406 per 1000	41 fewer per 1000 (from 118 fewer to 61 more)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

1.3.105 Infant service use: home visits versus TAU

	Quality assessment							Summary of findings			
Participants		Inconsistency	Indirectness	Imprecision	Publication	Overall quality	Study ev	vent rates (%)	Relative	Anticipat	ted absolute effects
(studies) Follow-up	bias				bias	of evidence	With control	With infant service use: home visits versus TAU	effect (95% CI)	Risk with control	Risk difference with infant service use: home visits versus TAU (95% CI)
Infant h	ospital	post-treatm	nent (servic	e utilisatio	on at endp	point) – ITT a	nalysi	S (assessed with: m	edical recor	d: child ho	spitalisations)
364 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	serious ²	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	106/185 (57.3%)	83/179 (46.4%)	RR 0.81 (0.66 to	Study po	pulation
104 weeks						due to risk of bias, imprecision		× /	0.99)	573 per 1000	109 fewer per 1000 (from 6 fewer to 195 fewer)
										Moderate	2
										573 per 1000	109 fewer per 1000 (from 6 fewer to 195 fewer)
Infant h		post-treatm	nent (servic	e utilisatio	on at endr	point) – availa	able ca	se analysis (a	ssessed with	n: medical :	record: child
268 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	serious ²	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	58/137 (42.3%)	35/131 (26.7%)	RR 0.63 (0.45 to	Study po	pulation
104 weeks						due to risk of bias, imprecision	(,		0.89)	423 per 1000	157 fewer per 1000 (from 47 fewer to 233 fewer)
										Moderate	2
									4	423 per 1000	157 fewer per 1000 (from 47 fewer to 233 fewer)

Visit to A&E post-treatment (service utilisation measured at endpoint) – ITT analysis (assessed with: medical record: child seen in emergency department)

364 serious ¹ (1 study)			no serious imprecision	undetected	$\oplus \oplus \oplus \ominus$ MODERATE ¹	(0010/0)	,	RR 1.03 (0.94 to	Study pop	pulation	
104 weeks						due to risk of bias	, ,	、 /	1.12)	838 per 1000	25 more per 1000 (from 50 fewer to 101 more)
										Moderate	
										838 per 1000	25 more per 1000 (from 50 fewer to 101 more)
Visit to seen in emer			nt (service	utilisation	measured	l at endpoint) – avai	ilable case ar	alysis (a	assessed wi	th: medical record: child
268 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	$\oplus \oplus \oplus \ominus$ MODERATE ¹	107/137 (78.1%)	106/131 (80.9%)	RR 1.04 (0.92 to	Study pop	pulation
104 weeks						due to risk of bias			1.17)	781 per 1000	31 more per 1000 (from 62 fewer to 133 more)
										Moderate	1
									838 per 1000	34 more per 1000 (from 67 fewer to 142 more)	
		n post-treat aire: administratio					point)	- available ca	ase anal	ysis (assessed with: study-speci	
138 (1 study)	serious ³	no serious inconsistency	no serious indirectness	very serious ^{2,4}	undetected	⊕⊖⊖⊖ VERY LOW ^{2,3,4}	8/70 (11.4%)	14/68 (20.6%)	RR 1.8 (0.81 to	Study pop	pulation
52 weeks		inconsistency indirectness			due to risk of bias, imprecision	(11.4 %) (20.0%)		4.02)	114 per 1000	91 more per 1000 (from 22 fewer to 345 more)	

Moderate

	1000 (fr	1 more per 1000 rom 22 fewer to 344 nore)
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¹ High risk of selection bias due to unclear allocation concealment and statistically significant baseline differences in poor psychological resources (37% intervention group versus 50% control) and in prenatal enrolment (41% intervention group and 53% control)

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ High risk of selection bias due to statistically significant baseline group 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)

⁴ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.106 Infant service use: mother-infant relationship interventions versus TAU/enhanced TAU

		Q	uality assessn	nent				Summary of findings					
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study e	vent rates (%)	Relative	Anticipa	ted absolute effects		
(studies) Follow-up	bias				bias	quality of evidence	With control	With infant service use: mother-infant relationship interventions versus TAU/enhanced TAU	effect (95% CI)	Risk with control	Risk difference with infant service use: mother-infant relationship interventions versus TAU/enhanced TAU (95% CI)		
Infant h from NICU)	ospital	post-treatn	nent (servi	ice utilisa	ition at ei	ndpoint) –	ITT a	nalysis (assessed with: i	nfant servi	ce use: reł	nospitalised after discharge		
121 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$ \bigoplus \bigoplus \ominus \ominus \\ LOW^{1,2} $	26/61 (42.6%)	31/60 (51.7%)	RR 1.21 (0.83 to	Study population			
25 weeks	risk of bias	licensistency				due to imprecision	(121070)		1.77)	426 per 1000	90 more per 1000 (from 72 fewer to 328 more)		
										Moderat	e		
										426 per 1000	89 more per 1000 (from 72 fewer to 328 more)		
Infant h	-	±	nent (servi	ice utilisa	ntion at en	ndpoint) -	availa	able case analysis (assessed w	vith: infant	service use: rehospitalised		
					undetected					Study po	opulation		

95 no (1 study) serious					@@ @@				286 per 1000	83 more per 1000 (from 80 fewer to 374 more)			
(1 study)		no serious inconsistency	no serious indirectness	very serious ^{1,2}		LOW ^{1,2} due to	14/49 (28.6%)	17/46 (37%)	RR 1.29 (0.72 to 2.31)	Moderat	e		
25 weeks	bias		imprecision			· · ·	2.31)	286 per 1000	83 more per 1000 (from 80 fewer to 375 more)				
		pecialised heat			post-treat	ment (ser	vice u	tilisation at endpo	oint) – I	TT ana	lysis (assessed with: infant		
121 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	39/61	46/60 (76.7%)	RR 1.2 (0.95 to	Study po	pulation		
25 weeks	risk of bias	inconsistency	muneciness	senous		due to imprecision	(03.9%)	(70.778)	1.52)	639 per 1000	128 more per 1000 (from 32 fewer to 332 more)		
										Moderat	e		
										639 per 1000	128 more per 1000 (from 32 fewer to 332 more)		
Contact (assessed w	t with sp vith: infant s	pecialised l ervice use: conta	nealthcare	Services] sed health care	post-treat	ment (ser	vice u	tilisation at endpo	oint) – a	vailab	e case analysis		
95 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	27/49 (55.1%)	32/46 (69.6%)	RR 1.26 (0.92 to	Study po	dy population		
(1 study) 25 weeks	risk of bias	inconsistency	marrectness	senous		due to imprecision	(33.1 %)	(09.0%)	(0.92 to 1.73)	551 per 1000	143 more per 1000 (from 44 fewer to 402 more)		
										Moderat	e		
										551 per 1000	143 more per 1000 (from 44 fewer to 402 more)		
		evelopmen ervice use: conta					nent (service utilisation	at end	point) -	- ITT analysis		
121 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	42/61	44/60 (73.3%)	RR 1.07 (0.85 to	Study po	opulation		
(1 study) 25 weeks	risk of bias	meonsistency	munectness	Serious"-		due to imprecision	(00.9%)	(73.370)	(0.85 10 1.34)	689 per 1000	48 more per 1000 (from 103 fewer to 234 more)		

										Moderat	e
										689 per 1000	48 more per 1000 (from 103 fewer to 234 more)
		evelopmen with: infant serv	•			-	`	service utilisation	n at end	point) ·	- available case
95 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	30/49 (61.2%)	30/46 (65.2%)	RR 1.07 (0.78 to	Study po	opulation
25 weeks	risk of bias	liconoiotericy	interfectives	serious		due to imprecision	(01.270)	(00.270)	1.45)	612 per 1000	43 more per 1000 (from 135 fewer to 276 more)
										Moderat	e e
A ny mod										612 per 1000	43 more per 1000 (from 135 fewer to 275 more)
Any me	edicatio	n post-trea	tment (me	dication	use [in pa	st week] a	at end	point) – ITT anal	ysis (asses	sed with: i	nfant service use: medication)
121 (1 study)	no serious	no serious ous inconsistency i	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	45/61 (73.8%)	51/60 (85%)	RR 1.15 (0.96 to	Study po	opulation
25 weeks	risk of bias		y indirectness	Serious		due to imprecision	(, , , , , , , , , , , , , , , , , , ,		1.38)	738 per 1000	111 more per 1000 (from 30 fewer to 280 more)
										Moderat	re
										738 per 1000	111 more per 1000 (from 30 fewer to 280 more)
Any me use: medica		n post-trea	tment (pas	t medica	tion use r	neasured	at end	point) – available	e case ar	alysis	assessed with: infant service
95 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	33/49 (67.3%)	37/46 (80.4%)	RR 1.19 (0.94 to	Study po	opulation
25 weeks	57		nconsistency indirectness serious ^{1,2}			due to imprecision		(//)	1.52)	673 per 1000	128 more per 1000 (from 40 fewer to 350 more)
										Moderat	e

										674 per 1000	128 more per 1000 (from 40 fewer to 350 more)
Surgery	post-tr	eatment (se	ervice util	isation at	endpoin	t) – ITT ar	alysis	(assessed with: infant servi	ce use: sur	gery after	discharge from NICU)
109 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \bigoplus \bigoplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	19/49 (38.8%)	20/60 (33.3%)	RR 0.86 (0.52 to	Study po	opulation
25 weeks	risk of bias					due to imprecision	(200077)	()	1.42)	388 per 1000	54 fewer per 1000 (from 186 fewer to 163 more)
										Moderat	e
										388 per 1000	54 fewer per 1000 (from 186 fewer to 163 more)
Surgery NICU)	post-tr	eatment (se	ervice util	isation at	endpoin	t) – availa	ble cas	se analysis (assessed w	vith: infant	service us	e: surgery after discharge from
95 (1 study)	1 study) serious			very serious ^{1,2}	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	7/49 (14.3%)	6/46 (13%)	RR 0.91 (0.33 to	Study po	opulation
(1 study) serious 25 weeks risk of bias		,			due to imprecision			2.52)	143 per 1000	13 fewer per 1000 (from 96 fewer to 217 more)	
										Moderat	e
										143 per 1000	13 fewer per 1000 (from 96 fewer to 217 more)
Oxygen	therap	y post-treat	ment (ser	vice utilis	sation at e	endpoint)	– ITT	analysis (assessed with	: infant ser	vice use: c	oxygen therapy)
121 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	14/61 (23%)	16/60 (26.7%)	RR 1.16 (0.62 to	Study po	opulation
25 weeks	risk of bias	licencistency				due to imprecision	()	(2.17)	230 per 1000	37 more per 1000 (from 87 fewer to 269 more)
										Moderat	e
										230 per 1000	37 more per 1000 (from 87 fewer to 269 more)
Oxygen therapy)	therap	y post-treat	ment (ser	vice utilis	sation at e	endpoint)	– avai	lable case analysis	6 (assessed	with: infa	nt service use: oxygen

95 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	2/49 (4.1%)	2/46 (4.3%)	RR 1.07 (0.16 to	Study po	pulation
25 weeks	risk of bias			Serious		due to imprecision	(11170)	(10.0)	7.25)	41 per 1000	3 more per 1000 (from 34 fewer to 255 more)
										Moderat	e
										41 per 1000	3 more per 1000 (from 34 fewer to 256 more)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.107 Infant physical health: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU

		Q	uality assess	ment				Sum	imary of f	indings	
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study ev	vent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	quality of evidence	firet measurement) – ITT anal		effect (95% CI)	Risk with control	Risk difference with infant physical health: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU (95% CI)
underweight references) 903	if growth	is less than the a no serious	nthropometric	cut-off of – 2 S no serious			nd HAZ so 318/440	cores of the National Center 318/463		Statistics/	
(1 study) 52 weeks	serious risk of bias		indirectness	imprecision		IIIGII	(72.3%)	(68.7%)	1.03)	723 per 1000	36 fewer per 1000 (from 94 fewer to 22 more)
										Moderat	e
										723 per 1000	36 fewer per 1000 (from 94 fewer to 22 more)

Underweight post-treatment (underweight at endpoint or first measurement) – available case analysis (assessed with: child is considered underweight if growth is less than the anthropometric cut-off of – 2 SD below the median WAZ and HAZ scores of the National Center for Health Statistics/WHO international references)

705 (1 study)	no serious	no serious indirectness	no serious imprecision		223/345 (64.6%)	,	RR 0.92 (0.82 to	Study po	opulation
52 weeks	risk of bias				× ,		1.04)	-	52 fewer per 1000 (from 116 fewer to 26 more)
								Moderat	e
									52 fewer per 1000 (from 116 fewer to 26 more)

Weight-for-age post-treatment (mean *z* score at endpoint or first measurement) – available case analysis (measured with: weight-for-age *z* score; better indicated by lower values)

705 (1 study) 52 weeks	no serious risk of	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	⊕⊕⊕⊕ HIGH	345	360	-	The mean weight-for-age post-treatment (mean <i>z</i> score at endpoint or first
02	bias									measurement) – available
										case analysis in the
										intervention groups was
										0.13 standard deviations
										higher
										(0.02 lower to 0.28 higher)

Stunted height post-treatment (short-for-age at endpoint or first measurement) – ITT analysis (assessed with: child is considered

stunted if growth is less than the anthropometric cut-off of - 2 SD below the median WAZ and HAZ scores of the National Center for Health Statistics/WHO international references) 903 176/440 169/463 RR 0.91 Study population no undetected $\oplus \oplus \oplus \oplus$ no serious no serious no serious (1 study) serious inconsistency indirectness imprecision HIGH (40%)(36.5%) (0.77 to 52 weeks risk of 1.08) 400 per 36 fewer per 1000 bias 1000 (from 92 fewer to 32 more) Moderate 36 fewer per 1000 400 per 1000 (from 92 fewer to 32 more) Stunted height post-treatment (short-for-age at endpoint or first measurement) – available case analysis (assessed with: child is considered stunted if growth is less than the anthropometric cut-off of – 2 SD below the median WAZ and HAZ scores of the National Center for Health Statistics/WHO international references)

705 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{1,2} \end{array}$	81/345 (23.5%)	66/360 (18.3%)	RR 0.78 (0.58 to	Study po	opulation
52 weeks	risk of bias					due to imprecision		、 <i>、</i>	1.04)	-	52 fewer per 1000 (from 99 fewer to 9 more)
										Moderat	e
											52 fewer per 1000 (from 99 fewer to 9 more)

Height-for-age post-treatment (mean z score at endpoint or first measurement) – available case analysis (measured with: height-for-age Z score; better indicated by lower values)

705 (1 study)	no serious	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	⊕⊕⊕⊕ HIGH	345	360	-	The mean height-for-age post-treatment (mean <i>z</i> score
52 weeks	risk of									at endpoint or first
	bias									measurement) – available case analysis in the
										intervention groups was
										0.24 standard deviations
										higher
										(0.09 to 0.39 higher)

Diarrhoea post-treatment (≥1 diarrhoea episodes [in past 2 weeks] at endpoint or first measurement) – ITT analysis

(assessed with: Diarrhoea was defined as ≥3 unformed stools passed in 24h, and a diarrhoeal episode was defined as being separated from another episode by at least 3 diarrhoea-free days)

903 (1 study)			no serious imprecision		244/440 (55.5%)	,	RR 0.85 (0.75 to	Study po	opulation
52 weeks	risk of bias		1		`		0.97)	-	83 fewer per 1000 (from 17 fewer to 139 fewer)
								Moderat	e
									83 fewer per 1000 (from 17 fewer to 139 fewer)

Diarrhoea post-treatment (≥1 diarrhoea episodes [in past 2 weeks] at endpoint or first measurement) – available case

analysis (assessed with: Diarrhoea was defined as ≥3 unformed stools passed in 24*h*, and a diarrhoeal episode was defined as being separated from another episode by at least 3 diarrhoea-free days)

705 (1 study)	no serious	no serious inconsistency	no serious indirectness	no serious imprecision	⊕⊕⊕⊕ HIGH	,	116/360 (32.2%)	RR 0.75 (0.62 to	Study po	opulation
52 weeks	risk of bias							0.9)	-	108 fewer per 1000 (from 43 fewer to 164 fewer) e
									-	108 fewer per 1000 (from 43 fewer to 164 fewer)

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.108 Infant physical health: IPT versus support group

		Ç	Quality assess	ment					Summ	ary of fi	ndings
-		Inconsistency	Indirectness	Imprecision			Study e	· · ·		Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With infant		Risk with control	Risk difference with infant physical health: IPT versus support group (95% CI)

Gestational age post-treatment (mean score at endpoint or first measurement) – available case analysis (Better indicated by lower values)

44 (1 study) 12 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}		⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to risk of bias, imprecision	22	22	-	The mean gestational age post- treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.3 standard deviations lower (0.89 lower to 0.3 higher)
Birth weight post-treatment (mean score at endpoint or first measurement) – available case analysis (Better indicated by lower values)										

44 (1 study) 12 weeks			no serious indirectness	very serious ^{2,3}		⊕⊖⊖⊖ VERY LOW ^{1,2,3} due to risk of bias, imprecision	22	22	-	The mean birth weight post- treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.08 standard deviations lower (0.67 lower to 0.51 higher)
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¹ High risk of selection bias due to unclear allocation concealment and statistically significant baseline differences with the control group showing a higher SES score/lower income and higher depression (CES-D) mean score

² Total population size is less than 400 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.3.109 Infant physical health: listening visits versus TAU

Quality assessment							Summary of findings					
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study event rates (%)		Relative	Anticipated absolute effects		
							With control	With infant physical health: listening visits versus TAU	effect (95% CI)	Risk with control	Risk difference with infant physical health: listening visits versus TAU (95% CI)	
Ill health post-treatment (maternal concerns about child health at endpoint or first measurement) – ITT analysis (assessed with: child health and development concerns (maternal assessment): child's health)												
731 (1 study)	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ^{1,2}	reporting bias strongly suspected ³	⊕⊕⊖⊖ LOW ^{1,2,3} due to imprecision, publication bias	216/548 (39.4%)	60/183 (32.8%)	RR 0.83 (0.66 to 1.05)	Study population		
52 weeks										394 per 1000	67 fewer per 1000 (from 134 fewer to 20 more)	
										Moderate		
										394 per 1000	67 fewer per 1000 (from 134 fewer to 20 more)	
	Ill health post-treatment (maternal concerns about child health at endpoint or first measurement) – available case analysis (assessed with: child health and development concerns (maternal assessment): child's health)											

650 (1 study)	no serious	no serious inconsistency	no serious indirectness	serious ^{1,2}	reporting bias strongly		156/488 (32%)	39/162 (24.1%)	RR 0.75 (0.56 to	Study pop	pulation
52 weeks	risk of bias				suspected ³	due to imprecision, publication bias			1.02)	320 per 1000	80 fewer per 1000 (from 141 fewer to 6 more)
										Moderate	2
										320 per 1000	80 fewer per 1000 (from 141 fewer to 6 more)

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

1.3.110 Infant physical health: social support versus TAU

		Q	Quality assessi	nent			Summary of findings				
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study e With control	vent rates (%) With infant physical health: social support versus TAU	Relative effect (95% CI)	Anticipa Risk with control	ted absolute effects Risk difference with infant physical health: social support versus TAU (95% CI)
Infant c lower value		levels post-	treatment	(mean sco	ore at end	lpoint or fi	rst me	easurement)	– avail	able ca	ise analysis (Better indicated by

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.111 Infant physical health: psychologically (CBT/IPT)-informed psychoeducation versus TAU/enhanced TAU

			Quality asses	ssment				Sum	mary of f	findings	
		Inconsistency	Indirectness	Imprecision		Overall	Study e	vent rates (%)	Relative	Anticipa	ited absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With infant physical health: psychologically (CBT/IPT)-informed psychoeducation versus TAU/enhanced TAU	effect (95% CI)	Risk with control	Risk difference with infant physical health: psychologically (CBT/IPT)- informed psychoeducation versus TAU/enhanced TAU (95% CI)
		ost-treatme				or first mea	surem	ent) – available ca	se anal	ysis (m	easured with: Visual
46 (1 study) 101 weeks	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4} due to risk of bias, imprecision, publication bias	22	24	-		The mean infant stress post- treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.25 standard deviations higher (0.33 lower to 0.83 higher)
		levels post ening) cortisol (le				dpoint or f	irst m	easurement) – ava	ilable o	ase an	alysis (measured with:
53 (1 study) 49 weeks	.,,	no serious inconsistency	no serious indirectness	very	reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4} due to risk of bias, imprecision, publication bias	29	24	-		The mean infant cortisol levels post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.27 standard deviations lower (0.82 lower to 0.27 higher)

46 (1 study) 101 weeks			no serious indirectness		reporting bias strongly suspected ⁴	⊕⊖⊖⊖ VERY LOW ^{1,2,3,4} due to risk of bias, imprecision, publication bias	22	24	-	The mean infant cortisol levels long follow-up (mean score at >24-week follow-up) – available case analysis in the intervention groups was 0.11 standard deviations lower (0.69 lower to 0.47 higher)
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¹ High risk of selection bias due to statistically significant baseline/mid-treatment difference in average maternal salivary cortisol levels (0.62 in intervention group and 0.75 in control group)

² Total population size is less than 400 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁴ Paper omits data

1.3.112 Infant physical health: mother-infant relationship intervention (and guided self-help) versus listening visits (and guided self-help)

		Qı	uality assessr	nent				Sun	nmary of	findings	;
()	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of	Study e With	vent rates (%) With infant physical	Relative effect	Anticipa Risk	ted absolute effects Risk difference with infant
Follow-up						evidence	control	health: mother-infant relationship intervention (and guided self-help) versus listening visits (and guided self-help)	(95% CI)	with control	physical health: mother- infant relationship intervention (and guided self- help) versus listening visits (and guided self-help) (95% CI)
		post-treat		n z score	at endpo	oint or firs	st mea	surement) – availa	ble cas	e analy	/Sis (measured with: weight-
(1 study) 35 weeks	no serious risk of bias		no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision	39	38	-		The mean weight-for-age post- treatment (mean <i>z</i> score at endpoint or first measurement) – available case analysis in the intervention groups was 0.12 standard deviations lower (0.56 lower to 0.33 higher)

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.113 Infant physical development: CBT versus listening visits

	Quality assessment ipants Risk of Inconsistency Indirectness Imprecision Publication Over								Summary	y of find	ings			
		Inconsistency	Indirectness	Imprecision			Study e	vent rates (%)	Relative	Anticipa	ted absolute effects			
(studies) Follow-up	bias				bias	quality of evidence	with With infant physical control development: CBT versus listening visits		effect (95% CI)	Risk with control	Risk difference with infant physical development: CBT versus listening visits (95% CI)			
	nfant motor development post-treatment (mean score at endpoint or first measurement) – available case analysis (measured ith: Bayley Scales of Infant Development – Psychomotor development index; better indicated by lower values)													
34 (1 study)	no serious risk of bias		no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊖⊝ LOW ^{1,2} due to imprecision	14	20	-		The mean infant motor development post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.21 standard deviations higher (0.47 lower to 0.9 higher)			

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.114 Infant physical development: listening visits versus TAU

	Quality assessment ipants Risk of Inconsistency Indirectness Imprecision Publication Overall quali							Sun	nmary of :	findings		
-	Risk of bias	Inconsistency	Indirectness	Imprecision		Overall quality of evidence	Study ev With control	With infant physical development: listening visits versus TAU	effect (95% CI)	Anticipa Risk with control	Risk difference with infant physical development: listening visits versus TAU (95% CI)	
Infant ea	nfant eating habits post-treatment (maternal concerns at endpoint or first measurement) – ITT analysis (assessed with: child											

health and development concerns (maternal assessment): child's eating habits)

731 (1 study)	no serious	no serious inconsistency	no serious indirectness	serious ^{1,2}	reporting bias strongly	$ \bigoplus \bigoplus \ominus \ominus \\ LOW^{1,2,3} $	202/548 (36.9%)	61/183 (33.3%)	RR 0.9 (0.72 to	Study po	pulation
78 weeks	risk of bias				suspected ³	due to imprecision, publication bias			1.14)	369 per 1000	37 fewer per 1000 (from 103 fewer to 52 more)
										Moderat	e
										369 per 1000	37 fewer per 1000 (from 103 fewer to 52 more)
		abits post-t					or first	measurement)	– availa	ble cas	se analysis (assessed
591 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias strongly	$\begin{array}{c} \bigoplus \ominus \ominus \ominus \\ \textbf{VERY LOW}^{1,3} \end{array}$	102/448 (22.8%)	21/143 (14.7%)	RR 0.65 (0.42 to	Study po	pulation
78 weeks	risk of bias				suspected ³	due to imprecision, publication bias			0.99)	228 per 1000	80 fewer per 1000 (from 2 fewer to 132 fewer)
										Moderate	
										228 per 1000	80 fewer per 1000 (from 2 fewer to 132 fewer)
		habits pos at concerns (mater				s at endpoir	t or fi	rst measuremen	t) – ITT	analy	Sis (assessed with: child
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	serious ^{1,2}	reporting bias strongly	$ \bigoplus \bigoplus \ominus \ominus \\ LOW^{1,2,3} $	159/548 (29%)	56/183 (30.6%)	RR 1.05 (0.82 to	Study po	pulation
78 weeks	risk of bias	inconsistency			suspected ³	due to imprecision, publication bias	(22,70)	(50.070)	1.36)	290 per 1000	15 more per 1000 (from 52 fewer to 104 more)
										Moderat	2
										290 per 1000	14 more per 1000 (from 52 fewer to 104 more)

		oblems pos levelopment conc					or first	measurement) -	- availa	ble cas	e analysis (assessed
591 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	59/448 (13.2%)	16/143 (11.2%)	RR 0.85 (0.51 to	Study po	pulation
78 weeks	risk of bias				suspected ³	due to imprecision, publication bias			1.43)	132 per 1000	20 fewer per 1000 (from 65 fewer to 57 more)
										Moderate	2
										132 per 1000	20 fewer per 1000 (from 65 fewer to 57 more)

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

1.3.115 Infant physical development: home visits versus TAU

		Q	Quality assessi	nent			Summary of findings					
-		f Inconsistency Indirectness Imprecision Publication Overall Study event rates (%)			Anticipated absolute effects							
(studies) Follow-up	bias					quality of evidence	With control	With With infant		RiskRisk difference with infantwithphysical development: homecontrolvisits versus TAU (95% CI)		
	Infant motor development post-treatment (below threshold at endpoint or first measurement) – ITT analysis (assessed with: Bayley Scales of Infant Development – Psychomotor development index<85)											
364	serious ¹	no serious	no serious	very	undetected	$\oplus \Theta \Theta \Theta$	87/185	72/179	RR 0.86	Study population		

364 (1 study)	serious ¹	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ Very	87/185 (47%)	72/179 (40.2%)	RR 0.86 (0.68 to	Study po	pulation
104 weeks					LOW ^{1,2,3} due to risk of bias,		` ,	1.08)	-	66 fewer per 1000 (from 150 fewer to 38 more)
					imprecision				Moderate	2
									-	66 fewer per 1000 (from 150 fewer to 38 more)

Infant motor development post-treatment (below threshold at endpoint or first measurement) - available case analysis (assessed with: Bayley Scales of Infant Development - Psychomotor development index<85) 249 25/123 19/126 serious¹ no serious no serious verv undetected $\oplus \Theta \Theta \Theta$ RR 0.74 Study population VERY (0.43 to (1 study) inconsistency indirectness serious2,3 (20.3%) (15.1%) LOW1,2,3 104 weeks 1.28) 203 per 53 fewer per 1000 due to risk of 1000 (from 116 fewer to 57 more) bias. imprecision Moderate 203 per 53 fewer per 1000 1000 (from 116 fewer to 57 more) Infant feeding problems post-treatment (mean score at endpoint or first measurement) - available case analysis (measured with: study-specific child health questionnaire: Feeding problems; better indicated by lower values) 138 serious4 70 68 The mean infant feeding problems no serious no serious verv undetected $\oplus \Theta \Theta \Theta$ (1 study) indirectness serious3,5 VERY inconsistency post-treatment (mean score at LOW^{3,4,5} 52 weeks endpoint or first measurement) due to risk of available case analysis in the bias, intervention groups was imprecision 0.2 standard deviations higher (0.14 lower to 0.53 higher) Infant sleep problems post-treatment (mean score at endpoint or first measurement) - available case analysis (measured with: study-specific child health questionnaire: sleeping problems; better indicated by lower values) 138 70 68 The mean infant sleep problems serious4 no serious no serious undetected $\oplus \Theta \Theta \Theta$ verv serious3,5 VERY (1 study) inconsistency indirectness post-treatment (mean score at LOW^{3,4,5} 52 weeks endpoint or first measurement) due to risk of available case analysis in the bias, intervention groups was imprecision 0.18 standard deviations higher (0.15 lower to 0.52 higher)

¹ High risk of selection bias due to unclear allocation concealment and statistically significant baseline differences in poor psychological resources (37% intervention group versus 50% control) and in prenatal enrolment (41% intervention group and 53% control)

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁴ High risk of selection bias due to statistically significant baseline group 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) ⁵ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.116 Infant physical development: mother-infant relationship interventions versus TAU/enhanced TAU

		Q	uality assessi	nent				Su	nmary of	finding	s			
Participants		Inconsistency	Indirectness	Imprecision			Study e	vent rates (%)	Relative	Anticipa	ited absolute effects			
(studies) Follow-up	bias				bias	quality of evidence	With control	With infant physical development: mother- infant relationship interventions versus TAU/enhanced TAU	effect (95% CI)	Risk with control	Risk difference with infant physical development: mother-infant relationship interventions versus TAU/enhanced TAU (95% CI)			
with: Bayley	nfant motor development post-treatment (mean score at endpoint or first measurement) – available case analysis (measured rith: Bayley Scales of Infant Development-Motor; better indicated by lower values) 6 no no serious very undetected $\oplus \oplus \ominus \ominus$ 50 46 - The mean infant motor													
96 (1 study) 25 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊝⊝ LOW ^{1,2} due to imprecision	150	40	-		development post-treatment (mean score at endpoint or firs measurement) – available case analysis in the intervention groups was 0.12 standard deviations lowe (0.52 lower to 0.28 higher)			

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.117 Infant physical development: infant sleep training (controlled crying) versus TAU

		(Quality assess	sment		Summary of findings					
()	Risk of bias	Inconsistency	Indirectness	-	Overall quality of evidence	Study e With	()	effect	Anticipa Risk	tted absolute effects Risk difference with infant	
Follow-up						control	development: infant sleep training (controlled crying)		with control	physical development: infant sleep training (controlled crying) versus	
							versus TAU			TAU (95% CI)	

		oblems pos					t or fi	rst measurement)	- avail	able ca	ise analysis (assessed
189 (2 studies)	no serious	very serious ¹	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	63/93 (67.7%)	41/96 (42.7%)	RR 0.55 (0.25 to	Study po	opulation
9-13 weeks	risk of bias					due to inconsistency, imprecision			1.19)	677 per 1000	305 fewer per 1000 (from 508 fewer to 129 more)
										Moderat	e
										661 per 1000	297 fewer per 1000 (from 496 fewer to 126 more)
		oblems sho blem – Treatmen					eek fol	low-up) – availab	le case	analy	SiS (assessed with: maternal
184 (2 studies)	no serious	no serious inconsistency	no serious indirectness	very serious ²	undetected	$\oplus \oplus \ominus \ominus$ LOW ²	52/88 (59.1%)	41/96 (42.7%)	RR 0.73 (0.55 to	Study population	
17-22 weeks	risk of bias					due to imprecision			0.97)	591 per 1000	160 fewer per 1000 (from 18 fewer to 266 fewer)
										Moderat	e
										577 per 1000	156 fewer per 1000 (from 17 fewer to 260 fewer)
		oblems lon blem – Treatmen				t at >24-wee	ek foll	ow-up) – availabl	e case a	analysi	S (assessed with: maternal
272 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	$ \bigoplus_{LOW^{2,3}} \ominus \ominus$		39/143 (27.3%)	RR 0.84 (0.58 to	Study po	opulation
74 weeks	risk of bias					due to imprecision			1.21)	326 per 1000	52 fewer per 1000 (from 137 fewer to 68 more)
										Moderat	e
										326 per 1000	52 fewer per 1000 (from 137 fewer to 68 more)

¹ There was evidence of substantial to considerable heterogeneity between effect sizes

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.118 Infant cognitive development: CBT versus listening visits

		Q	uality assessn	nent			Summary of findings				ngs			
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study e	vent rates (%)	Relative	Anticipa	ted absolute effects			
(studies) Follow-up	bias				bias	quality of evidence	With control	With infant cognitive development: CBT versus listening visits	effect (95% CI)	Risk with control	Risk difference with infant cognitive development: CBT versus listening visits (95% CI)			
	Infant cognitive development post-treatment (mean score at endpoint or first measurement) – available case analysis measured with: Bayley Scales of Infant Development – Mental development index; better indicated by lower values)													
34 (1 study)	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision	14	20	-		The mean infant cognitive development post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.59 standard deviations higher (0.11 lower to 1.29 higher)			

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.119 Infant cognitive development: listening visits versus TAU

			Quality asses	sment	Summary of findings						
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision			Study ev With control	()	effect	Anticipa Risk with control	ted absolute effects Risk difference with infant cognitive development: listening visits versus TAU (95% CI)

	0	-	-		•	concerns/be ssessment): child's		reshold at endp	oint or	first m	easurement) –	
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	93/548 (17%)	29/183 (15.8%)	RR 0.93 (0.64 to	Study po	pulation	
52 weeks	risk of bias	niconsistency		scribus	suspected ³	due to imprecision, publication bias	(1770)	(10.070)	1.37)	170 per 1000	12 fewer per 1000 (from 61 fewer to 63 more)	
										Moderate		
										170 per 1000	12 fewer per 1000 (from 61 fewer to 63 more)	
	0	-	-		•	•		reshold at endp child's development)	oint or	first m	easurement) –	
640 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	23/478 (4.8%)	8/162 (4.9%)	RR 1.03 (0.47 to	Study population		
52 weeks	risk of bias				suspected ³	due to imprecision, publication bias			2.25)	48 per 1000	1 more per 1000 (from 26 fewer to 60 more)	
										Moderate		
										48 per 1000	1 more per 1000 (from 25 fewer to 60 more)	
		evelopmen pment concerns (cerns at enc	lpoint	or first measure	ement)	– ITT a	nalysis (assessed with:	
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	166/548 (30.3%)	49/183 (26.8%)	RR 0.88 (0.67 to	Study po	pulation	
78 weeks	risk of bias				suspected ³	due to imprecision, publication bias		`	1.16)	303 per 1000	36 fewer per 1000 (from 100 fewer to 48 more)	
										Moderate		

										303 per 1000	36 fewer per 1000 (from 100 fewer to 48 more)
		evelopment alth and develop:					lpoint	or first measure	ement) ·	- availa	able case analysis
591 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ¹	reporting bias strongly	$\begin{array}{c} \bigoplus \ominus \ominus \ominus \\ \textbf{VERY LOW}^{1,3} \end{array}$	66/448 (14.7%)	9/143 (6.3%)	RR 0.43 (0.22 to	Study po	pulation
78 weeks	risk of bias				suspected ³	due to imprecision, publication bias			0.84)	147 per 1000	84 fewer per 1000 (from 24 fewer to 115 fewer)
										Moderate	2
										147 per 1000	84 fewer per 1000 (from 24 fewer to 115 fewer)

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

1.3.120 Infant cognitive development: social support versus TAU

		Q	uality assessr	nent			Summary of findings							
Participants		Inconsistency	Indirectness	Imprecision			Study e	vent rates (%)	Relative effect	Anticipa	ted absolute effects			
(studies) Follow-up	bias				bias	quality of evidence	With control	Vith With infant ontrol cognitive development: social support versus TAU		Risk with control	Risk difference with infant cognitive development: social support versus TAU (95% CI)			
	nfant cognitive development post-treatment (mean score at endpoint or first measurement) – available case analysis neasured with: Bayley Scales of Infant Development – Mental development index; better indicated by lower values)													
48 (1 study) 12 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	$\begin{array}{c} \bigoplus \bigoplus \ominus \ominus \\ \textbf{LOW}^{1,2} \\ \text{due to} \\ \text{imprecision} \end{array}$	27	21	-		The mean infant cognitive development post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention			



¹ Total population size is less than 400 (a threshold rule-of-thumb) ² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

Infant cognitive development: home visits versus TAU 1.3.121

		Ç	Quality assess	ment			Summary of findings					
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study ev	vent rates (%)	Relative	Anticipat	ed absolute effects	
(studies) Follow-up	bias				bias	quality of evidence	With control	With infant cognitive development: home visits versus TAU	effect (95% CI)	Risk with control	Risk difference with infant cognitive development: home visits versus TAU (95% CI)	
Infant co	ognitiv	e developm	nent post-t	reatment	(materna	l concerns/	below	threshold at end	lpoint o	or first 1	neasurement) –	
ITT anal	l ysis (as	sessed with: Bayle	ey Scales of Infa	nt Developme	nt – Mental de	evelopment index	<85)		-		,	
364 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	serious ^{2,3}	undetected	$\begin{array}{c} \bigoplus \bigoplus \ominus \ominus \\ \textbf{LOW}^{1,2,3} \end{array}$	126/185 (68.1%)	106/179 (59.2%)	RR 0.87 (0.74 to	Study po	pulation	
104 weeks						due to risk of bias, imprecision		· · /	1.02)	681 per 1000	89 fewer per 1000 (from 177 fewer to 14 more)	
										Moderate		
									681 per 1000	89 fewer per 1000 (from 177 fewer to 14 more)		
	U	ve developm analysis _{(asse}	-		•	-		threshold at end index<85)	lpoint o	or first 1	neasurement) –	
249 (1 study)	serious ¹	no serious no serious		very serious ^{2,3}	undetected	⊕⊖⊖ VERY LOW ^{1,2,3}	64/123 (52%)	53/126 (42.1%)	RR 0.81 (0.62 to	Study po	pulation	
104 weeks						due to risk of bias, imprecision			1.05)	520 per 1000	99 fewer per 1000 (from 198 fewer to 26 more)	
										Moderate		

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¹ High risk of selection bias due to unclear allocation concealment and statistically significant baseline differences in poor psychological resources (37% intervention group versus 50% control) and in prenatal enrolment (41% intervention group and 53% control)

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

1.3.122 Infant cognitive development: mother-infant relationship interventions versus TAU/enhanced TAU

		Q	uality assessr	nent			Summary of findings				
Participants		Inconsistency	Indirectness	Imprecision	Publication		Study e	vent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	ovidonco	With control	With infant cognitive development: mother- infant relationship interventions versus TAU/enhanced TAU	effect (95% CI)	Risk with control	Risk difference with infant cognitive development: mother-infant relationship interventions versus TAU/enhanced TAU (95% CI)
		e developn y Scales of Infant						t or first measurer	nent) –	availa	ble case analysis
96 (1 study) 25 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	undetected	⊕⊕⊖⊖ LOW ¹ due to imprecision	50	46	-		The mean infant cognitive development post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.07 standard deviations higher (0.33 lower to 0.47 higher)
								r first measuremen Language; better indicated			e case analysis (measured
154 (2 studies) 25-271 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	undetected	⊕⊕⊖⊖ LOW ¹ due to imprecision	79	75	-		The mean infant verbal development post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was

¹ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.123 Infant emotional development: social support versus TAU

		Q	uality assessn	nent			Summary of findings							
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study ev	vent rates (%)		Anticipa	ted absolute effects			
(studies) Follow-up	bias				bias	quality of evidence	With control	With infant emotional development: social support versus TAU		Risk with control	Risk difference with infant emotional development: social support versus TAU (95% CI)			
	nfant 'difficult' temperament post-treatment (maternal-rated mean score at endpoint or first measurement) – available ase analysis (measured with: infant Characteristics Questionnaire; better indicated by lower values)													
(1 study) 12 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{1,2}	undetected	⊕⊕⊖⊖ LOW ^{1,2} due to imprecision	28	23	-		The mean infant 'difficult' temperament post-treatment (maternal-rated mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.33 standard deviations higher (0.23 lower to 0.88 higher)			

¹ Total population size is less than 400 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

1.3.124 Infant emotional development: home visits versus TAU

		Q	uality assessn	nent		Summary of findings					
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	bias	Overall quality of evidence	With	With infant	effect (95% CI)	Anticipa Risk with control	Risk difference with infant emotional development: home visits versus TAU (95% CI)

		zing post-t				- above th	reshol	d at endpoint	or first	measu	rement) – ITT analysis
364 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected			76/179 (42.5%)	RR 0.87 (0.7 to	Study po	opulation
104 weeks						LOW ^{1,2,3} due to risk of bias,	()		1.09)	486 per 1000	63 fewer per 1000 (from 146 fewer to 44 more)
						imprecision				Moderate	
										487 per 1000	63 fewer per 1000 (from 146 fewer to 44 more)
Infant ex	xternali	zing post-t	reatment	sympton	hatology ·	- above th	reshol	d at endpoint	or first	measu	rement) – available
case ana	lysis (ass	sessed with: child	l Behaviour Ch	ecklist (CBCL/	'1.5-5): Extern	alising)	1			1	
249 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ Very	28/123 (22.8%)	23/126 (18.3%)	RR 0.8 (0.49 to	Study po	opulation
104 weeks						LOW ^{1,2,3} due to risk of bias, imprecision		1.31)	228 per 1000	46 fewer per 1000 (from 116 fewer to 71 more)	
										Moderat	e
										228 per 1000	46 fewer per 1000 (from 116 fewer to 71 more)
		zing post-t haviour Checklis			atology -	- above th	reshol	d at endpoint	or first	measu	rement) – ITT analysis
364 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY		69/179 (38.5%)	RR 0.81 (0.64 to	Study po	opulation
104 weeks		inconsistency	indirectiless	Schous -		LOW ^{1,2,3} due to risk of bias,	(47.070)	(30.576)	1.03)	476 per 1000	90 fewer per 1000 (from 171 fewer to 14 more)
						imprecision				Moderat	e
										476 per 1000	90 fewer per 1000 (from 171 fewer to 14 more)
		zing post-t			0.		reshol	d at endpoint	or first	measu	rement) – available

249 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊝⊖ VERY	,	26/123 16/126 (21.1%) (12.7%)	RR 0.6 (0.34 to	Study po	opulation
104 weeks						LOW ^{1,2,3} due to risk of bias,	()	()	1.06)	211 per 1000	85 fewer per 1000 (from 140 fewer to 13 more)
						imprecision				Moderat	e
										211 per 1000	84 fewer per 1000 (from 139 fewer to 13 more)
Infant so	ocial wi	thdrawal p	ost-treatm	ent (sym	ptomatol	ogy – abov	ve thre	eshold at endpo	oint or	first m	easurement) – ITT
analysis	(assessed v	vith: Alarm Distr	ess Baby Scale ((ADBB) ≥5)							
440 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	$\begin{array}{c} \oplus \oplus \ominus \ominus \\ \textbf{LOW}^{2,3} \end{array}$	79/218 (36.2%)	69/222 (31.1%)	RR 0.86 (0.66 to	Study po	opulation
87 weeks	risk of bias					due to imprecision		· · ·	1.12)	362 per 1000	51 fewer per 1000 (from 123 fewer to 43 more)
										Moderat	e
										362 per 1000	51 fewer per 1000 (from 123 fewer to 43 more)
Infant so	ocial wi	thdrawal p	ost-treatm	ent (sym	ptomatol	ogy – abov	ve thre	shold at endpo	oint or i	first m	easurement) –
availabl	e case a	nalysis (asses	ssed with: Alarr	n Distress Bab	y Scale (ADBI	3) ≥5)					
367 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	$ \bigoplus \bigoplus \ominus \ominus \\ LOW^{2,3} $	44/183 (24%)	31/184 (16.8%)	RR 0.7 (0.46 to	Study po	opulation
87 weeks	risk of bias					due to imprecision		()	1.06)	240 per 1000	72 fewer per 1000 (from 130 fewer to 14 more)
										Moderat	e
										240 per 1000	72 fewer per 1000 (from 130 fewer to 14 more)
		thdrawal p by Scale (ADBB);				endpoint	or firs	st measuremen	t) – ava	ilable	case analysis (measured

(1 study)		no serious inconsistency	no serious indirectness	very serious ⁴		⊕⊕⊖⊖ LOW ⁴ due to imprecision	84	76	-	The mean infant social withdrawal post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0 standard deviations higher (0.31 lower to 0.31 higher)
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¹ High risk of selection bias due to unclear allocation concealment and statistically significant baseline differences in poor psychological resources (37% intervention group versus 50% control) and in prenatal enrolment (41% intervention group and 53% control)

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

⁴ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.125 Infant emotional development: mother-infant relationship interventions versus TAU/enhanced TAU

		Ç	Quality assess	sment			Summary of findings						
Participants		Inconsistency	Indirectness	Imprecision		Overall quality	Study e	vent rates (%)	Relative	Anticipa	ted absolute effects		
(studies) Follow-up	bias				bias	of evidence	With With infant emotional control development: mother- infant relationship interventions versus TAU/enhanced TAU		effect (95% CI)	Risk with control	Risk difference with infant emotional development: mother-infant relationship interventions versus TAU/enhanced TAU (95% CI)		
	Infant adaptive behaviour post-treatment (treatment response at endpoint or first measurement) – ITT analysis (assessed with: Ages and Stages Questionnaire: social-Emotional (ASQ:SE): Treatment response (improvement-reliable change index))												
80 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	$\begin{array}{c} \bigoplus \ominus \ominus \ominus \\ \textbf{VERY LOW}^{1,2,3} \end{array}$	7/40 (17.5%)	9/40 (22.5%)	RR 1.29 (0.53 to	Study po	opulation		
26 weeks						due to risk of bias, imprecision	. ,		3.12)	175 per 1000	51 more per 1000 (from 82 fewer to 371 more)		
	Moderate												
										175 per 1000	51 more per 1000 (from 82 fewer to 371 more)		

								int or first measu t-reliable change index))	rement	t) – ava	ilable case analysis
75 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,2,3}	7/37	9/38 (23.7%)	RR 1.25 (0.52 to	Study po	opulation
26 weeks						due to risk of bias, imprecision	()		3.01)	189 per 1000	47 more per 1000 (from 91 fewer to 380 more)
										Moderat	e
										189 per 1000	47 more per 1000 (from 91 fewer to 380 more)
								rst measurement) ssment: Competence; bette			ase analysis (measured values)
146 (2 studies) 26-57 weeks	serious ¹	very serious ⁴	no serious indirectness	very serious ^{3,5}	undetected	⊕⊖⊖⊖ VERY LOW ^{1,3,4,5} due to risk of bias, inconsistency, imprecision	73	73	-		The mean infant adaptive behaviour post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.21 standard deviations higher (0.59 lower to 1 higher)
		izing post- nd Emotional As					st mea	asurement) – avai	lable c	ase ana	alysis (measured with:
71 (1 study) 57 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{3,5}	undetected	⊕⊕⊖⊖ LOW ^{3,5} due to imprecision	36	35	-		The mean infant externalizing post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.09 standard deviations higher (0.38 lower to 0.55 higher)
		izing post-					st mea	asurement) – avai	lable c	ase ana	alysis (measured with:

71 (1 study) 57 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{3,5}	undetected	⊕⊕⊖⊖ LOW ^{3,5} due to imprecision	36	35	-	The mean infant internalizing post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.3 standard deviations higher (0.17 lower to 0.77 higher)
		lation post					rst m	easurement) – ava	ilable cas	se analysis (measured with:
71 (1 study) 57 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{3,5}	undetected	⊕⊕⊖⊖ LOW ^{3,5} due to imprecision	36	35	-	The mean infant dysregulation post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.08 standard deviations lower (0.54 lower to 0.39 higher)
Infant se Interview: ch	elf-este vild self-est	em post-tre	catment (r	nean scor values)	e at endp	oint or first	meas	surement) – availa	ble case a	analysis (measured with: puppet
58 (1 study) 271 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ⁵	undetected	⊕⊕⊖⊖ LOW ⁵ due to imprecision	29	29	-	The mean infant self-esteem post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 1.46 standard deviations higher (0.88 to 2.05 higher)
		izing Very BCL/1.5-5): Exte					ek fol	llow-up) – availab	le case an	alysis (measured with: child
58 (1 study) 271 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ^{3,5}	undetected	$\begin{array}{c} \bigoplus \bigoplus \bigcirc \\ \textbf{LOW}^{3,5} \\ \text{due to} \\ \text{imprecision} \end{array}$	29	29	-	The mean infant externalizing very long follow-up (mean score at

	>104-week follow-up) – available case analysis in the intervention groups was 0.14 standard deviations lower (0.65 lower to 0.38 higher)
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Infant internalizing Very long follow-up (mean score at >104-week follow-up) – available case analysis (measured with: child Behaviour Checklist (CBCL/1.5-5): Internalising; better indicated by lower values)

¹ High risk of selection bias due to statistically significant baseline difference in the age of infants (4.4 months old in intervention group versus 5.9 months old in TAU group) ² Total number of events is less than 300 (a threshold rule-of-thumb)

 3 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

⁴ There was evidence of substantial to considerable heterogeneity between effect sizes

⁵ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.126 Infant emotional development: infant sleep training (controlled crying) versus TAU

	Ç	Quality assess	ment	Summary of findings						
Participants Risk of (studies) bias Follow-up	Inconsistency	Indirectness	-			With	· · ·	effect (95% CI)	Anticipa Risk with control	ted absolute effects Risk difference with infant emotional development: infant sleep training (controlled crying) versus TAU (95% CI)

Infant externalizing post-treatment (mean score at endpoint or first measurement) – available case analysis (measured with: child Behaviour Check List (CBCL) - Externalising; better indicated by lower values)

268 (1 study) 74 weeks	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	undetected	⊕⊕⊕⊖ MODERATE ¹ due to imprecision	126	142	-	The mean infant externalizing post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.07 standard deviations higher (0.17 lower to 0.31 higher)
		List (CBCL) - In no serious inconsistency					126	easurement) – ava	-	case analysis (measured with: The mean infant internalizing post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.02 standard deviations higher (0.22 lower to 0.26 higher)

¹ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.127 Prevention of neglect or abuse of the infant: listening visits versus TAU

			Quality asses	sment	Summary of findings						
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision			Study ev With control		Relative effect (95% CI)	Anticipa Risk with control	Risk difference with Prevention of neglect or abuse of the infant: listening visits versus TAU (95% CI)
Child in with: child he	jury po ealth servio	st-treatmer ce use – Injury rec	nt (injury r quiring medical	equiring attention)	medical at	tention at e	ndpoi	nt or first measu	rement	t) – ITT	F analysis (assessed
				serious ^{1,2}						Study po	opulation

	no					000				234 per 1000	2 more per 1000 (from 61 fewer to 84 more)
731 (1 study)	serious risk of	no serious inconsistency	no serious indirectness		reporting bias strongly	LOW ^{1,2,3} due to	128/548 (23.4%)	43/183 (23.5%)	RR 1.01 (0.74 to	Moderat	e
52 weeks	bias				suspected ³	imprecision, publication bias	()		1.36)	234 per 1000	2 more per 1000 (from 61 fewer to 84 more)
		ost-treatmen with: child health					ndpoir	nt or first measu	rement	t) – ava	ilable case
651 (1 study)	no serious	no serious inconsistency	no serious indirectness	very serious ^{1,2}	reporting bias strongly	$\begin{array}{c} \bigoplus \ominus \ominus \ominus \\ \textbf{VERY LOW}^{1,2,3} \end{array}$	67/487 (13.8%)	24/164 (14.6%)	RR 1.06 (0.69 to	Study po	opulation
52 weeks	risk of bias				suspected ³	due to imprecision, publication bias	()	()	1.64)	138 per 1000	8 more per 1000 (from 43 fewer to 88 more)
										Moderat	e
										138 per 1000	8 more per 1000 (from 43 fewer to 88 more)
Child in service use -	jury lo : Injury requ	ng follow-u uiring medical at	1 p (injury 1 tention)	requiring	; medical at	tention at >	•24-we	ek follow-up) -	ITT an	alysis	assessed with: child health
731 (1 study)	no serious	no serious inconsistency	no serious indirectness	serious ^{1,2}	reporting bias strongly	$ \bigoplus \bigoplus \ominus \ominus \\ LOW^{1,2,3} $	138/548 (25.2%)	55/183 (30.1%)	RR 1.19 (0.92 to	Study po	opulation
78 weeks	risk of bias				suspected ³	due to imprecision, publication bias	()		1.55)	252 per 1000	48 more per 1000 (from 20 fewer to 139 more)
										Moderat	e
										252 per 1000	48 more per 1000 (from 20 fewer to 139 more)

Child injury long follow-up (injury requiring medical attention at >24-week follow-up) – by intervention (assessed with: child health service use – Injury requiring medical attention)

596 (1 study)	no serious	no serious inconsistency	no serious indirectness	reporting bias strongly		41/451 (9.1%)	12/145 (8.3%)	RR 0.91 (0.49 to	Study po	pulation
78 weeks	risk of bias			suspected ³	due to imprecision, publication bias			1.68)	91 per 1000	8 fewer per 1000 (from 46 fewer to 62 more)
									Moderate	2
									91 per 1000	8 fewer per 1000 (from 46 fewer to 62 more)

¹ Total number of events is less than 300 (a threshold rule-of-thumb)

² 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD - 0.5/0.5 or RR 0.75/1.25)

³ Paper omits data

1.3.128 Prevention of neglect or abuse of the infant: home visits versus TAU

		Q	uality assessi	nent					Summary	v of find	ings
1		Inconsistency	Indirectness	Imprecision			Study ev	· · ·		Anticipa	ted absolute effects
(studies) Follow-up	bias					quality of evidence	With control	With Prevention of neglect or abuse of the infant: home visits versus TAU		Risk with control	Risk difference with Prevention of neglect or abuse of the infant: home visits versus TAU (95% CI)
Child in	Child injury post-treatment (injury requiring medical attention							point or first n	neasure	ment)	- ITT analysis (assessed

with: medical record: child injuries requiring medical care)

364 (1 study)	serious ¹	no serious indirectness	serious ²		92/185 (49.7%)	86/179 (48%)	RR 0.97 (0.78 to	Study po	pulation
104 weeks				due to risk of bias, imprecision		< <i>,</i>	1.19)	-	15 fewer per 1000 (from 109 fewer to 94 more)
								Moderate	2
								497 per 1000	15 fewer per 1000 (from 109 fewer to 94 more)

	, <u>, ,</u>		. , ,	- `	<i>,</i>	attention	at end	point or first n	neasure	ement)	– available case
analysis	(assessed	with: medical re	cord: child inju	ries requiring 1	medical care)						
268 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY	44/137 (32.1%)	38/131 (29%)	RR 0.9 (0.63 to	Study po	pulation
104 weeks						LOW ^{1,2,3} due to risk of bias,		· ·	1.3)	321 per 1000	32 fewer per 1000 (from 119 fewer to 96 more)
						imprecision				Moderate	e
										321 per 1000	32 fewer per 1000 (from 119 fewer to 96 more)
0	-	vith: study-spec		•	0		ured at	t endpoint or f	irst mea	asurem	ent) – available case
138 (1 study)	serious4	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY	4/70 (5.7%)	0/68 (0%)	RR 0.11 (0.01 to	Study po	pulation
52 weeks						LOW ^{2,3,4} due to risk of bias,			2.08)	57 per 1000	51 fewer per 1000 (from 57 fewer to 62 more)
						imprecision				Moderate	e
										57 per 1000	51 fewer per 1000 (from 56 fewer to 62 more)
-						•		ed reports duri antiated reports of all	0	measu	red at endpoint or
364 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊖⊖ VERY	61/185 (33%)	56/179 (31.3%)	RR 0.95 (0.7 to	Study po	pulation
104 weeks						LOW ^{1,2,3} due to risk of bias,		、 <i>,</i>	1.28)	330 per 1000	16 fewer per 1000 (from 99 fewer to 92 more)
						imprecision				Moderate	e
										330 per 1000	17 fewer per 1000 (from 99 fewer to 92 more)

Child protective service reports (all types) post-treatment (substantiated reports during trial measured at endpoint or first measurement) – available case analysis (assessed with: Child Protective Services' reports: substantiated reports of all types)

		•									
297 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊝⊝ VERY	26/150 (17.3%)	24/147 (16.3%)	RR 0.94 (0.57 to	Study po	pulation
104 weeks						LOW ^{1,2,3} due to risk of bias,		. ,	1.56)	-	10 fewer per 1000 (from 75 fewer to 97 more)
						imprecision				Moderat	e
										-	10 fewer per 1000 (from 74 fewer to 97 more)

Child protective service reports (neglect) post-treatment (substantiated reports during trial measured at endpoint or first measurement) – ITT analysis (assessed with: Child Protective Services' reports: substantiated reports of neglect)

364 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected		55/185 (29.7%)	50/179 (27.9%)	RR 0.94 (0.68 to	Study po	pulation
104 weeks						LOW ^{1,2,3} due to risk of bias, imprecision			1.3)	297 per 1000 Moderate	18 fewer per 1000 (from 95 fewer to 89 more) e
										297 per 1000	18 fewer per 1000 (from 95 fewer to 89 more)

Child protective service reports (neglect) post-treatment (substantiated reports during trial measured at endpoint or first measurement) – available case analysis (assessed with: Child Protective Services' reports: substantiated reports of neglect)

297 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	undetected	⊕⊖⊝⊖ VERY	20/150 (13.3%)	18/147 (12.2%)	RR 0.92 (0.51 to	Study po	opulation
104 weeks						LOW ^{1,2,3} due to risk of bias, imprecision		````````````````````````````````````	1.66)	133 per 1000 Moderat	11 fewer per 1000 (from 65 fewer to 88 more)
										133 per 1000	11 fewer per 1000 (from 65 fewer to 88 more)

		-	-		· - ·	-		ent used anyti Conflict Tactics Scale	-		ek measured at rerbal punishment)
364 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	serious ²	undetected	$\oplus \oplus \ominus \ominus$ LOW ^{1,2}	146/185 (78.9%)	136/179 (76%)	RR 0.96 (0.86 to	Study po	pulation
104 weeks		liconolociticy				due to risk of bias, imprecision	(1012/0)	(10/0)	1.08)	789 per 1000	32 fewer per 1000 (from 110 fewer to 63 more)
										Moderat	e
										789 per 1000	32 fewer per 1000 (from 110 fewer to 63 more)
		-	-		· - ·	-		-	-		ek measured at PC): corporal/verbal punishment)
249 (1 study)	serious ¹	no serious inconsistency	no serious indirectness	serious ²	undetected	$ \bigoplus_{\mathbf{LOW}^{1,2}} \Theta $	84/123 (68.3%)	83/126 (65.9%)	RR 0.96 (0.81 to	Study po	pulation
104 weeks						due to risk of bias, imprecision		< ,	ì.15)	683 per 1000	27 fewer per 1000 (from 130 fewer to 102 more)
										Moderat	e
										683 per 1000	27 fewer per 1000 (from 130 fewer to 102 more)
		nild abuse				it endpoin	t or fir	st measuremen	nt) – ava	ailable	case analysis (measured
124 (1 study) 78 weeks	serious ⁴	no serious inconsistency	no serious indirectness	very serious ⁵	undetected	⊕⊖⊖⊖ VERY LOW ^{4,5} due to risk of bias, imprecision	63	61	-		The mean potential for child abuse post-treatment (mean score at endpoint or first measurement) – available case analysis in the intervention groups was 0.36 standard deviations lower (0.71 lower to 0 higher)

¹ High risk of selection bias due to unclear allocation concealment and statistically significant baseline differences in poor psychological resources (37% intervention group versus 50% control) and in prenatal enrolment (41% intervention group and 53% control)

² Total number of events is less than 300 (a threshold rule-of-thumb)

³ 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD – 0.5/0.5 or RR 0.75/1.25)

⁴ High risk of selection bias due to statistically significant baseline group 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)

⁵ Total population size is less than 400 (a threshold rule-of-thumb)

1.3.129 Optimal infant care: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU

		Qı	ality assessn	nent				Sum	mary of f	indings	
Participants		Inconsistency	Indirectness	Imprecision		Overall	Study ev	vent rates (%)	Relative	Anticipa	ted absolute effects
(studies) Follow-up	bias				bias	quality of evidence	With control	With optimal infant care: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU	effect (95% CI)	Risk with control	Risk difference with optimal infant care: structured psychological interventions (CBT or IPT) versus TAU/enhanced TAU (95% CI)
		post-treatm	nent (comp	olete imm	unisation	ı at endp	oint o	r first measuremen	t) – ITT	[analy	'SIS (assessed with: optimal
903 (1 study)	no serious	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	⊕⊕⊕⊕ HIGH	294/440 (66.8%)	339/463 (73.2%)	RR 1.1 (1.01 to	Study po	opulation
	risk of bias						(00007)	()	1.19)	668 per 1000	67 more per 1000 (from 7 more to 127 more)
										Moderat	e
										668 per 1000	67 more per 1000 (from 7 more to 127 more)
		post-treatm re: complete imm		olete imm	unisation	at endp	oint o	r first measuremen	t) – ava	ilable	case analysis (assessed
705 (1 study)	no serious	no serious inconsistency	no serious indirectness	no serious imprecision	undetected	⊕⊕⊕⊕ HIGH	294/345 (85.2%)	339/360 (94.2%)	RR 1.11 (1.05 to	Study po	opulation
52 weeks	risk of bias			Ţ			()		1.16)	852 per 1000	94 more per 1000 (from 43 more to 136 more)
										Moderat	e

			852 per 1000	94 more per 1000 (from 43 more to 136 m
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2 ECONOMIC EVIDENCE PROFILES

2.1 CASE IDENTIFICATION AND ASSESSMENT OF MENTAL HEALTH PROBLEMS IN PREGNANCY OR THE POSTNATAL PERIOD

2.1.1 PHQ-3 versus standard care case identification

Study & country	Limitations	Applicability	Other comments	Incremental cost (£) ¹	Incremental effect	ICER (£/effect)	Uncertainty
Campbell et al, 2008 New Zealand	Potentially serious limitations ²	Partially applicable ³	Cost-effectiveness and cost-utility Measure of outcome: cases of depression detected; cases of depression resolved; QALYs Time horizon: 12 months	£1,083,600	7,420 cases of depression detected 5,330 cases of depression resolved 616 QALYs	£146 per case of depression detected £203 per case of depression resolved £1,759/QALY	Results sensitive to proportion of women that were identified with depression and that accessed and initiated treatment

1. Costs converted to UK pounds using purchasing power parities (PPP) exchange rates (http://www.oecd.org/std/ppp); all costs uplifted to 2013/2014 UK pounds using the UK HCHS inflation index

2. Effectiveness based on published sources and authors' assumptions; resource use based on national recommendations, international guidance, other published sources, expert opinion and authors' assumptions; utility values for general depression population treated with antidepressant medication; assumes that GPs will identify all cases correctly (that is, false positive rate associated with GP assessment is assumed to be zero)

3. Study conducted in New Zealand with healthcare system sufficiently similar to UK NHS; model heavily relies on the previous *Antenatal and postnatal Mental Health* guideline (NICE, 2007; NCCMH, 2007); QALYs as one of the outcomes; however standard was not very well defined

Study & country	Limitations	Applicability	Other comments	Incremental cost (£) ¹	Incremental effect	ICER (£/effect)	Uncertainty
Hewitt et al, 2009; Paulden et al, 2009 UK	Potentially serious limitations ²	Directly applicable ³	 Cost-utility Time horizon: 12 months Incremental costs and outcomes are relative to the next more expensive strategy (after excluding dominated or extendedly dominated strategies) 	BDI (cut-off 10) £86 EPDS (cut- off 16-8) £29-197	BDI (cut-off 10) 0.0013 EPDS (cut-off 16-8) 0.0006- 0.0017	>£40,000 for all formal identification strategies	False positives correctly diagnosed with single GP consultation as opposed to receiving 'additional care', EPDS (cut-off 10) ICER of £34,616/QALY when compared with SC; using EPDS (cut-off 13) with confirmatory structured clinical interview, ICER of £40,060/QALY when compared with SC; Whooley questions as identification method ICER of £55,197/QALY when compared with EPDS (cut-off 16); women with major depression only, ICER EPDS (cut-off 16) £27,511/QALY

2.1.2 Formal case identification (BDI or EPDS) versus standard care case identification

1. All costs uplifted to 2013/2014 UK pounds using the UK HCHS inflation index

2. Effectiveness data based on meta-analysis of diagnostic studies and other published sources; resource use based on assumptions and other published sources; some unit costs derived from published studies; decision model doesn't adequately reflect the management of depression in the postnatal period in the UK (that is, no further assessment of positive cases considered, treatment of positives cases limited to intensive psychological therapy; assumption that no false positives were found following standard care case identification)

3. UK study; NHS and PSS perspective; QALYs as an outcome measure, however utility values are for general depression population treated with antidepressant medication

Study & country	Limitations	Applicability	Other comments	Incremental cost (£) ¹ versus standard care	Incremental QALY versus standard care	ICER (£/QALY)	Uncertainty
Guideline economic analysis UK	Potentially serious limitations ²	Directly applicable ³	 Cost-utility Time horizon: 12 months 	Per 1000 women Whooley and PHQ-9: - £35,915 Whooley and EPDS: $- £30,752$ EPDS only: - £4,918	Per 1000 women Whooley and PHQ-9: 2.82 Whooley and EPDS: 2.93 EPDS only: 1.60	Whooley and EPDS versus Whooley and PHQ-9 ICER £45,593/QALY; EPDS only and standard care dominated	EPDS only or standard care case identification were never the preferred options. <i>ICER of Whooley and EPDS versus Whooley and PHQ-9</i> ICER was sensitive to diagnostic characteristics associated with EPDS and PHQ-9; the model was robust to other inputs including prevalence of depression, proportion of moderate to severe depression, treatment relative risks, costs associated with false positives, treatment costs; whether assessment was performed by GP or HV; whether standard care case identification was performed by GP or HV.

2.1.3 Formal case identification (Whooley, EPDS or PHQ-9) versus standard care case identification

1. All costs uplifted to 2013/2014 UK pounds using the UK HCHS inflation index

2. Effectiveness data for EDPS taken from guideline meta-analysis of diagnostic studies, however for PHQ-9 and Whooley questions only single studies were available; PHQ-9 study reporting diagnostic characteristics was for antenatal population; sensitivity and specificity of first and second (that is, subsequent tool) was assumed to be independent of each other; resource use based on published data and GDG expert opinion; national unit costs used; deterministic sensitivity analysis, PSA not possible

3. NHS and PSS perspective, QALYs based on EQ-5D UK tariff; utility data taken from general population with depression and not from women with depression in postnatal period

2.2 PSYCHOLOGICAL AND PSYCHOSOCIAL INTERVENTIONS FOR THE PREVENTION OF DEVELOPING MENTAL HEALTH PROBLEMS IN PREGNANCY OR THE POSTNATAL PERIOD

2.2.1 Home visiting versus standard care

Study & country	Limitations	Applicability	Other comments	Increme ntal cost (£) ¹	Incremental effect	ICER (£/effect)	Uncertainty
Aracena et al, 2009 Chile	Potentially serious limitations ²	Partially applicable ³	 Cost-effectiveness Measure of outcome: Goldberg's depression scale score Time horizon: 15 months 	£30.9	-2.91	£10.4	None reported, but benefit significantly higher for intervention
Barlow et al, 2007; McIntos h et al, 2009 UK	Minor limitations ⁴	Partially applicable⁵	 Cost-effectiveness Measure of outcome: proportion of infants identified as being ill- treated; improvement in maternal sensitivity and infant cooperativeness CARE index scores; time exposed to abuse and neglect Time horizon: 18 months; 5 years when time exposed to abuse and neglect used as an outcome 	£3,110 from healthca re payer perspect ive	0.059 proportion of infants being ill treated 1.07 maternal sensitivity index 1.43 infant co- operativeness index -1.92 months	From healthcare payer perspective: $\pounds 52,718$ per infant identifed as being ill treated $\pounds 2,871$ per extra unit of improvement on maternal sensitivity index $\pounds 2,136$ per extra unit of improvement in infant co-operativeness index $\pounds 1,229$ for a reduction in infant exposure to abuse and neglect by one month	From healthcare payer perspective: at WTP of \pounds 18,320 per unit improvement on maternal sensitivity index probability of intervention being cost effective was 0.95; at WTP of \pounds 3,558 per unit improvement on infant cooperativeness index probability that intervention was cost effective was 0.95

1. In non-UK studies costs converted to UK pounds using purchasing power parities (PPP) exchange rates (http://www.oecd.org/std/ppp); all costs uplifted to 2013/2014 UK pounds using the UK HCHS inflation index

Effectiveness based on one RCT (n=90); not clear what type of healthcare costs were included; resource use estimates from registries of health centres; source of unit costs unclear; the use of Goldberg's depression scale as a primary outcome may mean that other important aspects of HRQoL may not be captured
 Study conducted in Chile; healthcare payer perspective; non-QALY outcome; standard care may not be representative of routine and best practice in the NHS

Effectiveness based on one RCT (n=131); some of the resource use from published sources; a mixture of national and local unit costs
 UK study; non-QALY outcome; base-case analysis from societal perspective but also reports costs from healthcare perspective; unclear if analysis from healthcare perspective includes all relevant costs to NHS and PSS

2.2.2 Infant sleep training intervention versus standard care

Study & country	Limitations	Applicability	Other comments	Incremental cost (£) ¹	Incremental effect	ICER (£/effect)	Uncertainty
Hiscock et al, 2007 Australia	Minor limitations ²	Partially applicable ³	Cost-effectiveness Measure of outcome: percent of mothers reporting infant sleep problem; depression symptoms (mesured using EPDS); SF-12 mental health domain scores Time horizon: 12 months	-£10.45	-16% per cent of mothers reporting infant sleep problem -1.7 reduction in EPDS score 3.9 point improvement on SF-12 mental health domain	Intervention dominant	Difference of – 16% of mothers reporting infant sleep problem (p = 0.004); difference of – 1.7 points in EPDS scores (p = 0.001); 3.9 point improvement on SF-12 mental health domain scores (p < 0.001); reduction in costs of £10.45 (p = 0.55)

1. Costs converted to UK pounds using purchasing power parities (PPP) exchange rates (http://www.oecd.org/std/ppp); all costs uplifted to 2013/2014 UK pounds using the UK HCHS inflation index

2. Source of unit costs unclear

3. Australian study with healthcare system sufficiently similar to UK NHS; non-QALY outcome however intervention was dominant; healthcare perspective plus informal care

1. All costs uplifted to 2013/2014 UK pounds using the UK HCHS inflation index

2. A mix of local and national unit costs

3. UK study; non-QALY outcome; includes cost categories not relevant to NHS and PSS perspective (that is, informal care); discount rate of 6% for costs and 1.5% for health effects

2.2.3 Listening visits versus standard care

Study & countryLimitationsApplicabilityOther comments	Incremental cost (£) ¹	Incremental effect	ICER (£/effect)	Uncertainty
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Petrou et al, 2006 UK	Minor Partially limitations ² applicable ³	 Cost-effectiveness Measure of outcome: number of months in depression avoided Time horizon: 18 months 	£179	0.49	£365	Community service utilisation increased by 10-30%, ICER ranged from £632-1,170; per diem cost for inpatient care ±20%, ICER ranged from £62-669; discount rate for cost and health effects ranged from 0- 10%, ICER ranged from £526-296; discount rate for costs and health effects 3%, ICER £453; at WTP of £1,000 and £2,000 per additional month of depression avoided, probability intervention being cost effective was 0.71 and 0.77, respectively.
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1. All costs uplifted to 2013/2014 UK pounds using the UK HCHS inflation index

2. A mix of local and national unit costs

3. UK study; non-QALY outcome; includes cost categories not relevant to NHS and PSS perspective (that is, informal care); discount rate of 6% for costs and 1.5% for health effects

2.3 PSYCHOLOGICAL AND PSYCHOSOCIAL INTERVENTIONS FOR THE TREATMENT OF MENTAL HEALTH PROBLEMS IN PREGNANCY OR THE POSTNATAL PERIOD

2.3.1 Social support versus standard care

Study & country	Limitations	Applicability	Other comments	Incremental cost (£) ¹	Incremental effect	ICER (£/effect)	Uncertainty
Dukhovny et al, 2013 Canada	Potentially serious limitations ²	Partially applicable ³	 Cost-effectiveness Measure of outcome: cases with EPDS score ≤12 Time horizon: 12 weeks 	£361 from healthcare payer perspective £658 from societal perspective	0.1116	£3,286 from healthcare payer perspective £5,892 from societal perspective	From societal perspective: as healthcare visits are varied between 50-400%, ICER ranges from £5,693 to £5,363; ICER sensitive to cost of running programme, volunteer time, family/friend and partner work absence; at WTP per case with EPDS score ≤12 of £11,889, probability intervention CE is 0.95

1. Costs converted to UK pounds using purchasing power parities (PPP) exchange rates (http://www.oecd.org/std/ppp); all costs uplifted to 2013/2014 UK pounds using the UK HCHS inflation index

2. Time horizon only 12 weeks which may not be sufficiently long to reflect all important differences in costs and outcomes; a mixture of national and local unit costs; sensitivity analysis only reported from societal perspective

3. Canadian study (healthcare system sufficiently similar to UK NHS); non-QALY outcome; main analysis conducted from societal perspective, but also analysis considering costs from a healthcare perspective included

Study & country	Limitations	Applicability	Other comments	Incremental cost (£) ¹	Incremental QALY	ICER (£/QALY)	Uncertainty
Hewitt et al, 2009; Paulden et al, 2009 UK	Minor limitations ²	Directly applicable ³	 Cost- utility Time horizon: 12 months 	Versus standard care: Structured psychological therapy: £939 Listening visits: £1,123 Listening visits versus structured psychological therapy: £154	Versus standard care: Structured psychological therapy: 0.05 Listening visits: 0.0477 Listening visits versus structured psychological therapy: 0.0024	<i>Versus standard care:</i> Structured psychological therapy: £20,732 Listening visits: £23,534 Listening visits versus structured psychological therapy £78,606	Structured psychological therapy versus standard care At cost per QALY of £20,000-£30,000 probability structured psychological therapy is CE is 0.504-0.549; however this probability comes from the comparison of 3 options. The probability would be higher if only two of the options were compared. <i>Listening visits versus standard care</i> The ICER was estimated based on the data reported in the publication. Sensitivity analysis was not relevant in this comparison because the intervention was not cost-effective. <i>Listening visits versus structured psychological therapy</i> At the cost per QALY of £20,000-£30,000 probability listening home visits CE is 0.276-0.414; however this probability comes from the comparison of 3 options. The probability would be expected to be higher if only two of the options were compared.

2.3.2 Structured psychological therapy, listening visits and standard care

1. All costs uplifted to 2013/2014 UK pounds using the UK HCHS inflation index

2. Some of resource use informed by expert opinion; costs associated with infant care excluded; the relative effect between listening visits and structured psychological therapy was based on indirect comparisons between treatments, using standard care as the baseline common comparator, due to lack of head-to-head comparisons between the two interventions

3. UK study; NHS and PSS perspective; QALYs used as an outcome; however utility scores are relevant to the general depression population treated with antidepressant medication

2.3.3 Listening visits versus structured psychological therapy; structured psychological therapy based on person-centred approach (PCA) versus cognitive behavioural approach (CBA)

Study & country	Limitations	Applicability	Other comments	Incremental cost (£) ¹	Incremental QALY	ICER (£/QALY)	Uncertainty
Morrell et al, 2009 UK	Minor limitations ²	Directly applicable ³	 Cost-utility Time horizon: 6 and 12 months 	Structured psychological therapy versus standard care: -£59 at 6 months -£127 at 12 months PCA versus CBA £32 at 6 months No difference at 12 months	Structured psychological therapy versus standard care: 0.004 at 6 months 0.025 at 12 months PCA versus CBA -0.002 at 6 months No difference at 12 months	Structured psychological therapy versus standard care: Intervention dominant at 6 and 12 months <i>PCA versus CBA</i> CBA dominant at 6 months No difference between CBA and PCA at 12 months	Structured psychological therapy versus standard care: At WTP of £20,000-£30,000/QALY probability of intervention being cost effective is >0.70 and >0.80 at 6 and 12 months, respectively. PCA versus CBA At WTP of £20,000-£30,000/QALY probability of CBA being cost effective was >0.70 at 6 months. However, PSA included SC (that is, three comparators); if only two comparators were included this probability would be expected to be higher.

1. All costs uplifted to 2013/2014 UK pounds using the UK HCHS inflation index

2. Some of resource use estimates informed by expert opinion and authors' assumptions; high attrition rate in RCT may have resulted in analysis being underpowered to detect differences between treatments

3. UK study; NHS and PSS perspective; QALYs used as an outcome (utility values derived using mapping technique)

Study & country	Limitations	Applicability	Other comments	Incremental cost (£) ¹	Incremental QALY	ICER (£/QALY)	Uncertainty
Stevenso n et al, 2010 (A); Stevenso n et al, 2010 (B) UK	Potentially serious limitations ²	Directly applicable ³	 Cost-utility Time horizon: 12 months 	£1,729	0.032	£53,563	Cost of intervention per woman decreased to £865 ICER of £26,781/QALY; increased to £2,306 ICER of £71,416/QALY; lower estimate of efficacy ICER of £65,280/QALY; upper estimate of efficacy ICER £45,515/QALY; linear decline in advantage of intervention extended to 18 months ICER of £39,637/QALY; additional QALY gain of 0.02 assumed, ICER of £33,255/QALY; when cost of intervention per woman decreased to £1,112, EPDS decrease of 4.3 assumed, and linear decline in advantage extended to 18 months ICER of £22,169/QALY.

2.3.4 CBT-informed psychoeducation versus standard care

1. All costs uplifted to 2013/2014 UK pounds using the UK HCHS inflation index

2. Effectiveness derived from a small RCT (n=45) and extrapolated to 12 months using conceptual model based on authors' assumptions; some of resource use estimates informed by expert opinion and authors' assumptions; hasn't included additional running costs associated with intervention (that is, room hire and crèche facilities); some unit costs derived from RCT

3. UK study; NHS and PSS perspective; QALYs used as an outcome (utility values derived using mapping technique)

Study & country	Limitations	Applicability	Other comments	Incremental cost (£) ¹ versus standard care	Incremental QALY versus standard care	ICER (£/QALY)	Uncertainty
Guideline economic analysis UK	Minor limitations ²	Directly applicable ³	 Cost- utility Time horizon: 12 months 	Per woman versus standard care Facilitated guided self- help: £179 Listening visits: £490 Facilitated guided self- help versus listening visits:-£311	Per woman versus standard care Facilitated guided self- help: 0.014 Listening visits: 0.0021 Facilitated guided self- help versus listening visits: 0.012	versus standard care ICER of facilitated guided self-help £12,675/QALY. ICER of listening visits £233,912/QALY. Facilitated guided self-help versus listening visits: facilitated guided self-help dominant	 Listening visits versus standard care were never the preferred treatment option ICER of facilitated guided self-help versus standard care Utility score associated with subthreshold/minor to moderate depression varied from 0.5 to 0.7 ICER £4,225-£9,506/QALY; cost of providing facilitated guided self-help varied from £100-£300 ICER £3,845-£17,982/QALY; absolute risk of no improvement varied from 0.5-0.8 ICER £16,158-£8,890/QALY. At WTP of £20,000-£30,000/QALY probability of facilitated guided self-help being cost effective was 0.59-0.72. For facilitated guided self-help versus listening visits: sensitivity analysis not undertaken for this specific comparison, as listening visits was not cost effective among the options assessed, and thus this comparison was not relevant.

2.3.5 Facilitated guided self-help, listening visits, and standard care

1. All costs uplifted to 2013/2014 UK pounds using the UK HCHS inflation index

2. Effectiveness data taken from guideline meta-analysis; resource use based on published data and GDG expert opinion; national unit costs used; probabilistic and deterministic sensitivity analysis

3. NHS and PSS perspective, QALYs based on EQ-5D UK tariff