National Institute for Health and Care Excellence

Final

Intrapartum care for women with existing medical conditions or obstetric complications and their babies

[B] Evidence review for antenatal care planning involving a multidisciplinary team for women with existing medical conditions

NICE guideline NG121

Evidence reviews for women at high risk of adverse outcomes for themselves and/or their baby because of existing maternal medical conditions

March 2019

Final

Developed by the National Guideline Alliance hosted by the Royal College of Obstetricians and Gynaecologists

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The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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Review question

Does antenatal care planning for birth involving an expanded multidisciplinary team compared with routine antenatal care planning improve intrapartum outcomes for women with existing medical conditions?

Introduction

This review aims to determine if antenatal planning involving healthcare professionals from a range of disciplines including those responsible for the care of the woman's existing medical condition, have impact on labour outcomes for the woman and baby.

Summary of the protocol

See Table 1 for a summary of the population, intervention, comparison and outcomes (PICO) characteristics of this review.

Table 1: Summary of the protocol (PICO) table

Population	Women at high risk of adverse outcomes for themselves and/or their baby during labour and birth because of the following existing maternal medical conditions: • cardiac disease • asthma • long-term steroid medication • haemostatic disorders • a history of intracranial haemorrhage or a cerebrovascular malformation • acute kidney injury or have chronic kidney disease • obesity
Intervention	Antenatal care planning involving an expanded multidisciplinary team (MDT)
Comparison	• Antenatal care planning in the absence of a multidisciplinary team • Different models of MDT working (virtual or physical)
Outcomes	For the woman: • mortality • major morbidity • intended and actual/unintended mode of birth or women with change of plan • women's experiences of labour and birth • rate of transfer from low- to high-risk setting For the baby: • mortality • major morbidity

MDT: multidisciplinary team

For further details see the full review protocol in Appendix A. The search strategies are presented in Appendix B.

Clinical evidence

Included studies

One retrospective cohort study among women with class III obesity (40kg/m^2) was included in this review (see 'Summary of clinical studies included in the evidence review'). The study compared specialised multidisciplinary antenatal care to standard antenatal care (Denison 2017).

Evidence from the studies included in the review is summarised below (see 'Quality assessment of clinical studies included in the evidence review').

Data was reported on the critical outcomes, major morbidity for the woman and stillbirth for the baby, and the important outcome emergency caesarean section for the woman. There was no evidence identified for the following outcomes for the woman: mortality (critical outcome), women's experiences of labour and birth (important outcome), and rates of transfer from low risk to high risk settings (outcome of limited importance); and for the baby: mortality (other than stillbirth) and major morbidity (critical outcomes). There was no evidence identified for any other population of interest (women with cardiac disease, asthma, long-term steroid medication, haemostatic disorders, a history of intracranial haemorrhage or a cerebrovascular malformation, or acute kidney injury or chronic kidney disease).

See also the study selection flow chart in Appendix C.

Excluded studies

Studies not included in this review with reasons for their exclusions are provided in Appendix D.

Summary of clinical studies included in the evidence review

Table 2 provides a brief summary of the included study.

Table 2: Summary of included studies

Study	Population	Intervention/Comparison	Outcomes
Denison 2017 Retrospective cohort study UK	N=1013 pregnant women with class III obesity (>40kg/m^2) with a singleton pregnancy who had booked antenatal care and delivered in either one of the 2 study hospitals	• Specialised multidisciplinary antenatal care (n=511) • Standard antenatal care (n=502) As part of the multidisciplinary antenatal care, the women received a personalised delivery plan and an anaesthetic review during the third trimester to discuss and plan the pain management in the	For the woman: • Pre-eclampsia • Emergency caesarean section For the baby: • Stillbirth

Study	Population	Intervention/Comparison	Outcomes
		intrapartum period including specific consideration to obesity-related comorbidities and their possible implications on analgesia and anaesthesia. More details about the multidisciplinary antenatal care is provided in Evidence tables in Appendix E.	

See also the study evidence tables in Appendix E. No meta-analysis was undertaken for this review (and so there are no forest plots in Appendix F).

Quality assessment of clinical studies included in the evidence review

The clinical evidence profile for this review question is presented in Appendix G.

Economic evidence

Included studies

No economic evidence was identified for this review.

See the study selection flow chart in Supplement 2 (Health economics).

Excluded studies

No full-text copies of articles were requested for this review and so there is no excluded studies list (see Supplement 2 (Health economics)).

Summary of studies included in the economic evidence review

No economic evidence was identified for this review (and so there are no economic evidence tables in Supplement 2 (Health economics)).

Economic model

An original health economic cost utility analysis was developed to evaluate the cost effectiveness of antenatal care planning involving an expanded multidisciplinary team (MDT) for women with existing medical conditions compared to routine antenatal care. A summary of the model is presented below, with full details provided in Supplement 2 (Health economics).

The time horizon of the model was from the start of antenatal planning through to birth, although a lifetime perspective was used to assess the impact of stillbirth on the loss of quality adjusted life years (QALYs). The setting was for the NHS and the population was pregnant women at high risk of adverse outcomes because of an existing medical condition.

Probabilistic and deterministic sensitivity analysis was undertaken to assess the impact of parameter uncertainty on the model results.

The model's clinical outcomes were stillbirth, emergency caesarean section and pre-eclampsia reflecting the outcomes reported in the 1 included study for this review (Denison 2017). The baseline risks were based on either published evidence or population level data from UK national statistics. Estimates of the treatment effect size of an expanded MDT were based on the odds ratios and risk ratios reported in that study.

QALY losses from a stillbirth were based on UK life expectancy reported in national statistics, published evidence on EQ5D population norms (Kind 1999) and a discount rate of 3.5%. The QALY loss from pre-eclampsia was estimated from a published source. The analysis took a NHS and Personal Social Services (PSS) perspective for costs, and costs were based on 2016/17 prices. As the recommendations do not specify a precise configuration of an expanded MDT the probabilistic sensitivity analysis (PSA) was run on a 'what-if' basis for 10 scenarios of MDT cost. For the deterministic analysis a hypothetical MDT configuration was assumed. 'Downstream' costs were also assigned to the model's clinical outcomes.

The PSA suggested than an expanded MDT would be cost effective up to an expanded MDT cost of at least £4,500 per woman based on the model's estimated treatment effect size. At an expanded MDT cost of £100 the mean incremental net monetary benefit (iNMB) of an expanded MDT relative to routine antenatal care was £5,474 with a 96% chance of being cost effective. When the cost of an expanded MDT was increased to £4,500 the iNMB relative to routine antenatal care was £1,074 with a 67% probability of being cost effective.

It is important to note that the model does not provide cost effectiveness evidence to support a particular configuration of the expanded MDT. This is because demonstrating the cost effective of a somewhat resource-intensive expanded MDT relative to routine antenatal care does not imply that a resource-intensive expanded MDT would be cost effective relative to a less resource-intensive expanded MDT.

It is also important that the limitations in the clinical data are taken into account when interpreting the model results. The study only included a small subset of the population relevant to this guideline and therefore the results may not be generalisable to other relevant groups. The retrospective study design means there is a high risk of bias and there may have been systematic differences between women in the intervention and control groups. Furthermore, the included study focused on a multi-component intervention and it is not possible to know to what extent the differences in outcomes reflected the additional interventions rather than MDT involvement antenatal care planning.

Subject to the substantial limitations in the clinical data underpinning the model, this analysis provides support for involving an expanded MDT in antenatal care planning for women with existing medical conditions. While the model suggests that an expanded MDT is likely to be cost effective relative to routine antenatal care planning, it does not provide evidence on the optimal way to configure an MDT service.

Evidence statements

Specialised multidisciplinary antenatal care versus standard antenatal care

Outcomes for the woman

Major morbidity: Pre-eclampsia

Very low quality evidence from 1 retrospective cohort study among women with class III obesity (N=1013) showed no clinically important difference in risk of pre-eclampsia in women who received specialised multidisciplinary antenatal care compared to women who received standard antenatal care.

Emergency caesarean section

Very low quality evidence from 1 retrospective cohort study among women with class III obesity (N=1013) showed no clinically important difference in risk of emergency caesarean section in women who received specialised multidisciplinary antenatal care compared to women who received standard antenatal care.

Outcomes for the baby

Stillbirth

Very low quality evidence from 1 retrospective cohort study among women with class III obesity (N=1013) showed no clinically important difference in odds of stillbirth in women who received specialised multidisciplinary antenatal care compared to women who received standard antenatal care when adjusted for age and BMI.

Economic evidence

Evidence from the guideline economic analysis suggested that involving an expanded MDT in antenatal care planning for women with existing medical conditions was cost effective compared to routine antenatal care planning up to an MDT cost of £4,500 per woman. The economic analysis is directly applicable to the NICE decision-making context, although it is characterised by major limitations.

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

Outcomes for the woman and for the baby were prioritised, as the committee considered these both to be important, and likely to be altered by multidisciplinary team management.

The committee prioritised maternal and neonatal/perinatal mortality and major morbidity as outcomes critical for decision making because these events are life altering and long term.

Rates of transfer from low- to high-risk settings, intended and actual (unintended) mode of birth or women with a change of birth plan, and women's experiences of labour and birth were considered as outcomes that were important for decision making because these were

expected to be proxies for treatment during birth and ability to make informed decisions and modifications to the birth plan.

The quality of the evidence

The available evidence was of very low quality and came from one retrospective cohort study from the UK among women with class III obesity (>40 kg/m^2). Because the study was non-randomised, important participant characteristics might have differed between the intervention (exposed) group and the control group and might have had an influence on the outcomes. Even when multivariate analysis was performed the study did not account for many of these characteristics. Furthermore, the exposure to the intervention was based on the women signing up for antenatal care and giving birth in one hospital whereas the women who signed up for antenatal care and gave birth in another hospital were the control group. The two hospitals were different at least in terms of size (one had more than 6500 births per year while the other had around 2600 births per year) and location (one was in Edinburgh and one was in a smaller town nearby) which could have an influence on the population and even more so on the clinical outcomes. Therefore, there is high uncertainty regarding the findings from this study.

In addition to an intrapartum care plan, the specialist multidisciplinary antenatal care (intervention group) described in the study included interventions such as tailored advice about healthy eating and weight management, early screening for gestational diabetes and prescription of aspirin if the woman had additional risk factors for pre-eclampsia. Limited information was provided about the standard antenatal care (control group) but the committee recognised that it is difficult to know whether the outcomes would be influenced by those possibly additional interventions rather than by the expertise of a multidisciplinary team.

Despite the very low quality of evidence, the committee did not prioritise this question for a research recommendation. They described how clinical consensus was so strongly in favour of multidisciplinary team working that a hypothetical trial would likely be unethical, and would almost certainly struggle to recruit participants due to lack of clinical equipoise. The committee added that they thought it was unlikely that the relative effect of multidisciplinary team working would be significantly different in the intrapartum care of women at low- and high-risk, and therefore if a trial were appropriate, it would be more appropriate to conduct in a low-risk setting first before making a research recommendation for a high-risk setting.

Benefits and harms

The committee described how women require an individualised intrapartum care plan for a variety of reasons. Most critical is to prevent clinically contradictory actions being undertaken on the woman's behalf, which would carry a risk of maternal and neonatal death. However almost equally important is to ensure that the woman is able to give birth in the way she wishes, even if the circumstances of that birth prevent her from making decisions at the time (for example, if she requires an anaesthetic). The committee found some very low quality evidence suggesting that using a multidisciplinary team to create the plan had no clinically important effect among women with class III obesity, but they were aware of evidence from national databases that this was a limited perspective – for example the MBRRACE-UK collaboration 2017 report suggests that the absence of a well-functioning multidisciplinary team can result in poor outcomes, including death.

The committee shared their experiences of different ways in which multidisciplinary teams work in practice. It was recognised that there are many different models for multidisciplinary team working, and the committee did not have any evidence on which to recommend a

particular model, but recognised that this could be a virtual team. However they discussed how the role of the team was to have an active part in planning and coordinating care, and not just discussing the condition of the woman. Consequently the team needed to be led by a single named clinician, who would be responsible for making decisions with and on behalf of the multidisciplinary team and (often) communicating these decisions to the woman. This was also important because it meant that the woman would know whom to contact if she had questions about her care. The committee agreed that the strong recommendation was justified since the cost of having a named clinician to lead the team was small, the consequences of a failure of leadership potentially significant, and the benefit to the woman was highly likely.

The committee described how meeting the whole multidisciplinary team regularly might be intimidating for the woman, and it might be impractical and inefficient. However they concluded that the opportunity to discuss care with the multidisciplinary team might be helpful (either directly, through the named clinician coordinating the team or by discussing specialist aspects of care with appropriate members of the team). Without the opportunity to discuss care with appropriate specialists, a woman would not be able to make a properly informed decision about giving or withholding consent.

The committee did not find any evidence on how to create a care plan for a woman. However they were aware of existing NICE guideline on patient experience in adult NHS services that they believed would be suitable, and so cross-referred to it.

The committee recommended reviewing information in the care plan prior to birth and updating the plan if the woman's condition changes. This was because they agreed that if the woman's clinical situation changes then it is possible that her care plan might be inappropriate. Prior to birth is the last opportunity that the multidisciplinary team may have to discuss or confirm details of the plan and therefore it is an important opportunity to review the impact if the woman's clinical condition has changed. Sharing these care plans with all teams involved in the woman's care, including her GP, was agreed to be important to ensure all were aware of any changes to the woman's condition.

The committee agreed not to be over-prescriptive in terms of defining the composition of the multidisciplinary team since there are many needs and conditions that a woman might have. They highlighted some job roles that they agreed were core to the smooth functioning of the team, including a midwife, obstetrician and obstetric anaesthetist to provide general obstetric care for the woman, an obstetric physician or clinician with expertise in caring for pregnant women and a clinician with expertise in the woman's medical condition to provide advice on specific intrapartum aspects of the condition, and a surgeon, neonatologist, critical care specialist, the woman's GP and allied health professionals, as appropriate. The committee agreed that it was extremely important that the woman, and her birth companion(s) if appropriate and with the consent of the woman, be regarded as key members of the multidisciplinary team making decisions, since they would have significant and unique insights on the woman's goals and experience of the intrapartum period.

Cost effectiveness and resource use

A health economic analysis produced for this guideline provided some evidence to suggest that involving an expanded MDT in antenatal care planning for women with existing medical conditions could be cost effective, although the committee noted that the analysis had serious limitations.

The committee also noted that a lack of multidisciplinary working has often been cited in confidential enquiries as contributing to maternal deaths and therefore they considered that

such expanded multidisciplinary teams were likely to be cost effective provided they contributed to lower maternal mortality in women with medical conditions that have a higher risk of adverse outcomes.

The committee considered that there was variation in practice and that multidisciplinary teams are not currently in place in all settings, including settings where care is provided for women at high risk because of medical conditions. However, multidisciplinary working with other medical or surgical specialties is currently expected within the intermediate and intensive pathways for more complex pregnancies. The committee did not think that the recommendations would be expensive to implement because most modern MDTs are 'virtual' (involving communication by telephone or email rather than face to face). Obstetric teams and other specialists will be seeing the same women that they would care for anyway, but multidisciplinary working will give them the opportunity to provide a more holistic model of care. However, establishing relationships and ways of working may involve extra organisation and increase the antenatal involvement of obstetric anaesthetists. Nonetheless, the committee considered it unlikely that implementing the recommendations would have a significant resource impact for the NHS.

Other factors the committee took into account

The committee made a general observation that medical conditions that are first recognised during pregnancy and those that were diagnosed before pregnancy are equally important in developing recommendations for effective care during labour and birth. The recommendations that relate to women with medical conditions are, therefore, aimed equally at women whose conditions are recognised before pregnancy and those whose conditions are identified during pregnancy. However, the committee emphasised that medical conditions that are first identified during pregnancy would present additional challenges because it would often be difficult to conduct all the tests that would usually be performed at diagnosis of the particular medical condition.

Despite the low quality of the evidence, the committee decided to prioritise other areas addressed by the guideline for future research and therefore made no research recommendations regarding MDTs.

References

Denison 2017

Denison, F. C., Macgregor, H., Stirrat, L. I., Stevenson, K., Norman, J. E., Reynolds, R. M., Does attendance at a specialist antenatal clinic improve clinical outcomes in women with class III obesity compared with standard care A retrospective case-note analysis, BMJ Open, 7, e015218, 2017

Kind 1999

Kind, P., Hardman, G. & Macran, S., Centre for Health Economics Discussion Paper 172: UK population norms for EQ-5D, Centre for Health Economics, University of York, UK, 1999

Appendices

Appendix A – Review protocol

Antenatal care planning involving a multidisciplinary team

Item	Details	Working notes
Area in the scope	Women at high risk of adverse outcomes for themselves and/or their baby because of existing maternal medical conditions – antenatal care planning involving a multidisciplinary team	
Review question in the scope	Does antenatal care planning involving a multidisciplinary team compared with routine antenatal care planning improve intrapartum outcomes for women with existing medical conditions?	
Review question for the guideline	Does antenatal care planning for birth involving an expanded multidisciplinary team compared with routine antenatal care planning improve intrapartum outcomes for women with existing medical conditions?	
Objective	This review aims to determine if antenatal planning involving healthcare professionals from a range of disciplines, including those responsible for the care of the woman's existing medical condition, has an impact on birth outcomes for the woman and baby.	
Population and directness	Women at high risk of adverse outcomes for themselves and/or their baby during labour and birth because of the following existing maternal medical conditions: • cardiac disease • asthma • long-term steroid medication • haemostatic disorders • a history of intracranial haemorrhage or a cerebrovascular malformation • acute kidney injury or have chronic kidney disease • obesity	
Intervention	<u>Intervention 1</u> Antenatal care planning involving an expanded multidisciplinary team (MDT), such as an obstetric anaesthetist, condition-specific professional, obstetrician, neonatologist, specialist midwife, obstetric physician. Studies describing the team as an MDT without specifically listing job roles/expertise (or listing roles slightly different to those described above) will be included	
Comparison	<u>Comparison 1</u> Antenatal care planning in the absence of an expanded multidisciplinary team (usually a midwife and obstetrician only) <u>Comparison 2</u> Different models of MDT working (virtual or physical)	

Item	Details	Working notes

Outcomes	Critical outcomes:
	• for the woman:
	  ○ mortality
	  ○ major morbidity
	• for the baby:
	  ○ mortality
	  ○ major morbidity
	
	Important outcomes:
	• for the woman:
	  ○ intended and actual/unintended mode of birth or women with change of plan
	  ○ women's experiences of labour and birth
	
	Outcomes of limited importance:
	• for the woman:
	  ○ rate of transfer from low- to high-risk setting	

Importance of outcomes	Preliminary classification of the outcomes for decision making: • critical (up to 3 outcomes) • important but not critical (up to 3 outcomes) • of limited importance (1 outcome)	
Setting	All settings	
Stratified, subgroup and adjusted analyses	Groups that will be reviewed and analysed separately: • for condition–specific information, women with different medical conditions will be analysed separately Results will be stratified by: • configuration of multidisciplinary team • level of multidisciplinary team involvement In the presence of heterogeneity, the following subgroups will be considered for sensitivity analysis: • different medical conditions • different interventions for individual medical conditions Potential confounders: • maternal age • parity	
Language	English	
Study design	• Published full-text papers only • Systematic reviews • RCTs • Only if RCTs unavailable or there is limited data to inform decision making: ○ prospective or retrospective comparative cohort studies	

Item	Details	Working notes
	• Prospective study designs will be prioritised over retrospective study designs • Conference abstracts will not be considered	
Search strategy	Sources to be searched: Medline, Medline In-Process, CCTR, CDSR, DARE, HTA and Embase. Limits (e.g. date, study design): All study designs. Apply standard animal/non-English language filters. No date limit. Supplementary search techniques: No supplementary search techniques were used. See appendix B for full strategies	
Review strategy	Appraisal of methodological quality: • the methodological quality of each study will be assessed using checklists recommended in the NICE guidelines manual 2014 (for example, AMSTAR or ROBIS for systematic reviews, and Cochrane RoB tool for RCTs) and the quality of the evidence for each outcome (that is, across studies) will be assessed using GRADE • if studies report only p-values, this information will be recorded in GRADE tables without an assessment of imprecision Synthesis of data: • meta-analysis will be conducted where appropriate • default MIDs will be used; 0.8 and 1.25 for dichotomous outcomes; 0.5 times the SD of the measurement in the control arm (or median score across control arms if multiple studies are included) for continuous outcomes • for continuous data, change scores will be used in preference to final scores for data from non-RCT studies; final and change scores will not be pooled; if any study reports both, the method used in the majority of studies will be adopted	Review questions selected as high priorities for health economic analysis (and those selected as medium priorities and where health economic analysis could influence recommendations) will be subject to dual weeding and study selection; any discrepancies will be resolved through discussion between the first and second reviewers or by reference to a third person. This review question was prioritised for health economic analysis and so formal dual weeding will be undertaken. Additionally, internal (NGA) quality assurance processes will include consideration of the outcomes of weeding, study selection and data extraction and the committee will review the results of study selection and data extraction
Equalities	Equalities considerations will be considered systematically in relation to the available evidence and draft recommendations.	

Item	Details	Working notes
	The guideline scope includes women with cognitive or physical disability as populations for whom there may be equalities issues. Women who have received no antenatal care will be considered as a subgroup for all systematic reviews performed within the medical conditions work stream and a specific question has been included in the obstetric complications work stream for this population	
Notes/additional information	None	
Key papers	Management of pregnant and postnatal women with pre-existing diabetes or cardiac disease using multi-disciplinary team models of care: a systematic review : http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-014-0428-5 Multidisciplinary Approach to Management of Maternal Asthma (MAMMA) http://publications.chestnet.org/data/Journals/CHEST/930063/chest_145_5_1046.pdf Healthy Pregnancy 4 All – study ongoing: https://www.ncbi.nlm.nih.gov/pubmed/25559202	

AMSTAR: Assessing the Methodological Quality of Systematic Reviews; CCTR: Cochrane Central Register of Controlled Trials; CDSR: Cochrane Database of Systematic Reviews; DARE: Database of Abstracts of Reviews of Effects; GRADE: Grading of Recommendations Assessment, Development and Evaluation; HTA: Health Technology Assessment; MAMMA: Multidisciplinary Approach to Management of Maternal Asthma; MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK; MDT: multidisciplinary team; MID: minimally important difference; NGA: National Guideline Alliance; NICE: National Institute for Health and Care Excellence; RCT: randomised controlled trial; RoB: risk of bias; ROBIS: Risk of Bias in Systematic Reviews; SD: standard deviation

Appendix B – Literature search strategies

Antenatal care planning involving a multidisciplinary team

Database: Medline; Medline EPub Ahead of Print; and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	PREGNANCY/
2	PERIPARTUM PERIOD/
3	PARTURITION/
4	exp LABOR, OBSTETRIC/
5	OBSTETRIC LABOR, PREMATURE/
6	pregnan$.ti,ab.
7	(labo?r or childbirth or partu$ or intra?part$ or peri?part$).ti,ab.
8	((during or giving or give) adj3 birth?).ti,ab.
9	or/1-8
10	*OBESITY/ or *OBESITY, ABDOMINAL/ or *OBESITY, MORBID/
11	*BODY MASS INDEX/ or *BODY SIZE/ or *OVERWEIGHT/ or *WAIST CIRCUMFERENCE/ or *WAIST-HIP RATIO/
12	body mass index.ti.
13	(obesity or obese or heavy or heavier or overweight or fat$ or BMI).ti.
14	*ADIPOSE TISSUE/ or *ADIPOSE TISSUE, WHITE/
15	or/10-14
16	exp ASTHMA/
17	asthma$.ti,ab.
18	BRONCHIAL SPASM/
19	(Bronchospasm? or bronch$ spasm?).ti,ab.
20	BRONCHOCONSTRICTION/
21	(Bronchoconstrict$ or bronch$ constrict$).ti,ab.
22	or/16-21
23	INTRACRANIAL HEMORRHAGES/
24	SUBARACHNOID HEMORRHAGE/
25	(h?emorrhag$ adj3 (subarachnoid or intracranial$)).ab,ti.
26	SAH?.ab,ti.
27	INTRACRANIAL ARTERIOVENOUS MALFORMATIONS/
28	((Intracranial$ or cerebr$ or brain?) adj5 (arteriovenous or arterio-venous) adj3 malform$).ab,ti.
29	(cerebr$ adj3 malform$).ab,ti.
30	AVM?.ab,ti.
31	(recurr$ adj3 h?emorrhag$).ti,ab.
32	(Cerebr$ adj3 accident?).ti,ab.
33	cva.ti,ab.
34	HEMIPLEGIA/
35	hemiplegia?.ti,ab.
36	cavernoma?.ti,ab.
37	or/23-36
38	exp STEROIDS/
39	exp ADRENAL CORTEX HORMONES/
40	PREDNISONE/
41	exp PREDNISOLONE/
42	exp HYDROCORTISONE/
43	exp DEXAMETHASONE/
44	or/38-43

#	Searches
45	((stress or rescue or maintenance or increment$ or boost$ or supplement$ or additional$ or added$ or increas$) adj3 (dose? or dosag$)).ti,ab.
46	((Temporar$ or short term or physiological$) adj3 increase$).ti,ab.
47	or/45-46
48	44 and 47
49	((steroid$ or corticosteroid? or prednisone or fluprednisolone or methylprednisolone or prednimustine or Hydrocortisone or fludrocortisone or Dexamethasone) adj3 (stress or rescue or maintenance or increment$ or boost$ or supplement$ or additional$ or added$ or increas$ or replace$ or regimen$ or long term)).mp.
50	((steroid$ or corticosteroid? or prednisone or fluprednisolone or methylprednisolone or prednimustine or Hydrocortisone or fludrocortisone or Dexamethasone) adj3 (high$ adj2 (dose? or level?))).mp.
51	or/48-50
52	exp RENAL INSUFFICIENCY, CHRONIC/
53	((Renal$ or kidney?) adj5 (disease? or insuffic$ or fail$) adj5 (chronic$ or end-stage?)).ab,ti.
54	CKD.ab,ti.
55	ESRD.ab,ti.
56	Frasier syndrome.ti,ab.
57	exp ACUTE KIDNEY INJURY/
58	((Renal$ or kidney?) adj5 (injur$ or insuffic$ or fail$) adj5 acute$).ab,ti.
59	(Kidney adj5 tubular necrosis adj5 acute$).ab,ti.
60	(Nephrosis adj5 nephron adj5 lower).ab,ti.
61	AKI.ab,ti.
62	KIDNEY TRANSPLANTATION/
63	((kidney? or renal$) adj3 (transplant$ or graft$)).ti,ab.
64	or/52-63
65	PULMONARY VALVE STENOSIS/
66	(pulmonary adj2 stenos$).ti,ab.
67	DUCTUS ARTERIOSUS, PATENT/
68	(Paten$ adj2 ductus arteriosus).ti,ab.
69	MITRAL VALVE PROLAPSE/
70	(mitral valve? adj2 (prolapse? or floppy)).ti,ab.
71	click murmur syndrome?.ti,ab.
72	(Repair$ adj3 lesion? adj3 (heart? or cardiac)).ti,ab.
73	HEART SEPTAL DEFECTS, ATRIAL/
74	HEART SEPTAL DEFECTS, VENTRICULAR/
75	((atrial or ventricul$ or intraventricul$) adj2 septal adj2 defect$).ti,ab.
76	(persist$ adj2 ostium primum).ti,ab.
77	anomal$ pulmonary venous drain$.ti,ab.
78	exp CARDIAC COMPLEXES, PREMATURE/
79	((Atrial or ventricular or supraventricular) adj2 (ectopic or premature) adj2 (beat? or complex$ or complice?)).ti,ab.
80	((Atrial or ventricular) adj2 extrasystole?).ti,ab.
81	"TETRALOGY OF FALLOT"/su [Surgery]
82	(tetralogy adj2 Fallot$ adj10 (repair$ or surgery)).ti,ab.
83	exp *ARRHYTHMIAS, CARDIAC/
84	(arrhythmia? or dysrhythmia?).ti,ab.
85	(Atrial adj2 (Fibrillation or Flutter)).ti,ab.
86	(Bradycardia? or bradyarrhythmia?).ti,ab.
87	Brugada Syndrome.ti,ab.
88	(premature adj2 (atrial or ventricular) adj2 contraction?).ti,ab.
89	Heart Block.ti,ab.

#	Searches
90	Long QT Syndrome.ti,ab.
91	Parasystole.ti,ab.
92	Pre-Excitation Syndrome?.ti,ab.
93	Tachycardia?.ti,ab.
94	(Ventricular adj2 (Fibrillation or Flutter)).ti,ab.
95	exp CARDIOMYOPATHY, HYPERTROPHIC/
96	(Hypertrophic adj2 cardiomyopath$).ti,ab.
97	AORTIC VALVE INSUFFICIENCY/
98	MITRAL VALVE INSUFFICIENCY/
99	((mitral or aort$) adj2 (regurg$ or incompeten$)).ti,ab.
100	((mitral or aort$) adj2 valv$ adj2 insufficien$).ti,ab.
101	MARFAN SYNDROME/
102	(Marfan$ adj2 syndrome).ti,ab.
103	exp AORTIC DISEASES/
104	(aort$ adj2 (disease? or aneurysm? or ruptur$)).ti,ab.
105	Aortitis.ti,ab.
106	Loeys-Dietz Syndrome.ti,ab.
107	Leriche Syndrome.ti,ab.
108	AORTIC COARCTATION/su [Surgery]
109	(Coarctation? adj10 (repair$ or surgery)).ti,ab.
110	HEART VALVE PROSTHESIS/
111	((heart or cardiac) adj3 valve? adj5 (prosthe$ or mechanical or replace$)).ti,ab.
112	"TRANSPOSITION OF GREAT VESSELS"/
113	(Transpos$ adj2 great adj2 (vessels or arteries)).ti,ab.
114	FONTAN PROCEDURE/
115	(Fontan$ adj2 (circulat$ or procedure?)).ti,ab.
116	exp CORONARY DISEASE/
117	(Coronary adj2 (disease? or aneurysm? or arterioscleros?s or occlusion? or stenos?s or restenos?s or thrombos?s or vasospasm?)).ti,ab.
118	*HEART DEFECTS, CONGENITAL/
119	Cyanotic heart disease?.ti,ab.
120	(complex$ adj10 congenital$ heart disease?).ti,ab.
121	*PULMONARY HYPERTENSION/
122	(Pulmonary adj2 arter$ adj2 hypertens$).ti,ab.
123	exp VENTRICULAR DYSFUNCTION/
124	((left or right) adj2 ventric$ adj2 (impair$ or systemic$ or dysfuncti$)).ti,ab.
125	(systemic$ adj2 ventric$ adj2 dysfuncti$).ti,ab.
126	exp *CARDIOMYOPATHIES/ and TIME FACTORS/
127	(previous$ adj5 cardiomyopath$).ti,ab.
128	MITRAL VALVE STENOSIS/
129	(mitral adj2 stenos?s).ti,ab.
130	exp AORTIC VALVE STENOSIS/
131	(aort$ adj2 stenos?s).ti,ab.
132	AORTIC COARCTATION/
133	(Coarctation? adj3 aort$).ti,ab.
134	or/65-133
135	exp CARDIOMYOPATHIES/
136	cardiomyopath$.ti,ab.
137	myocardiopath$.ti,ab.
138	myocardial disease?.ti,ab.
139	PPCM.ti,ab.
140	Arrhythmogenic Right Ventricular Dysplasia.ti,ab.
141	Endocardial Fibroelastos?s.ti,ab.

#	Searches
142	(Isolated Noncompaction adj3 Ventricular Myocardium).ti,ab.
143	Endomyocardial Fibros?s.ti,ab.
144	(Glycogen Storage Disease adj3 (Type IIb or type 2b)).ti,ab.
145	((antopol or danon) adj2 disease?).ti,ab.
146	(Kearn$ adj3 Syndrome).ti,ab.
147	Myocardial Reperfusion Injur$.ti,ab.
148	Myocarditi$.ti,ab.
149	Carditis.ti,ab.
150	Sarcoglycanopath$.ti,ab.
151	or/135-150
152	exp BLOOD PLATELET DISORDERS/
153	(Blood Platelet Disorder? or Bernard-Soulier Syndrome or Gray Platelet Syndrome or Platelet Storage Pool Deficien$ or Hermanski-Pudlak Syndrome or Thrombasthenia or Thrombocytopeni$ or Jacobsen Distal 11q Deletion Syndrome or Kasabach-Merritt Syndrome or Thrombotic Microangiopath$ or Hemolytic-Uremic Syndrome or (Purpura adj3 Thrombocytopeni$) or Glanzmann$ thrombastenia).ti,ab.
154	HELLP SYNDROME/
155	HELLP.ti,ab.
156	HEMOLYTIC-UREMIC SYNDROME/
157	hemolytic uremic syndrome.ti,ab.
158	LUPUS ERYTHEMATOSUS, SYSTEMIC/
159	systemic lupus erythematosus.ti,ab.
160	ANTIPHOSPHOLIPID SYNDROME/
161	((antiphospholipid or anti-phospholipid) adj3 syndrome?).ti,ab.
162	Evans syndrome.ti,ab.
163	(Platelet adj3 (Disorder? or dysfunction$) adj10 (infect$ or human immunodeficiency virus$ or HIV or parvovirus or (Drug adj3 (relat$ or due or induced)) or Liver disease?)).ti,ab.
164	(Bone marrow suppression or myelotoxic$ or myelosuppression).ti,ab.
165	exp HEMORRHAGIC DISORDERS/
166	(Hemorrhagic Disorder? or Afibrinogenemia or Bernard-Soulier Syndrome or Disseminated Intravascular Coagulation or Factor V Deficien$ or Factor VII Deficien$ or Factor X Deficien$ or Factor XI Deficien$ or Factor XII Deficien$ or Factor XIII Deficien$ or H?emophilia? or Hemostatic Disorder? or Cryoglobulinemia or Ehlers-Danlos Syndrome or (Hemangioma? adj3 Cavernous) or Multiple Myeloma or Pseudoxanthoma Elasticum or (Purpura adj3 Hyperglobulinemic) or (Purpura adj3 Schoenlein-Henoch) or Scurvy or Shwartzman Phenomenon or (Telangiectasia adj3 Heredit$) or Waldenstrom Macroglobulinemia or Hypoprothrombinemia? or (Prothrombin adj3 Deficien$) or Platelet Storage Pool Deficien$ or Hermanski-Pudlak Syndrome or (Purpura adj3 Thrombocytopeni$) or Thrombasthenia or Thrombocythemia or Vitamin K Deficien$ or von Willebrand Disease? or Waterhouse-Friderichsen Syndrome or Wiskott-Aldrich Syndrome or (Fibrinogen adj3 Deficien$) or Dysfibrinogenemia or Hypofibrinogenemia).ti,ab.
167	exp BLOOD COAGULATION DISORDERS, INHERITED/
168	((Blood Coagulation Disorder? adj3 Inherit$) or Activated Protein C Resistan$ or Antithrombin III Deficien$ or Protein C Deficien$).ti,ab.
169	PREGNANCY COMPLICATIONS, HEMATOLOGIC/
170	or/152-169
171	15 or 22 or 37 or 51 or 64 or 134 or 151 or 170
172	9 and 171
173	PREGNANCY, HIGH-RISK/
174	(pregnan$ adj3 high$ adj3 risk$).ab,ti.
175	(pregnan$ adj10 (exist$ or preexist$) adj5 condition?).ab,ti.
176	or/173-175
177	PREGNANCY COMPLICATIONS, CARDIOVASCULAR/
178	PREGNANCY COMPLICATIONS, HEMATOLOGIC/

#	Searches
179	172 or 176 or 177 or 178
180	PRENATAL CARE/
181	PRENATAL EDUCATION/
182	PERINATAL CARE/
183	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj5 care).ti,ab.
184	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj7 plan$).ti,ab.
185	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj5 educat$).ti,ab.
186	PATIENT CARE PLANNING/
187	(care adj3 plan$).ti,ab.
188	((patient? or mother? or women) adj5 (manag$ or plan$)).ti,ab.
189	CRITICAL PATHWAY/
190	CLINICAL PROTOCOLS/
191	pathway?.ti,ab.
192	protocol?.ti,ab.
193	or/180-192
194	PATIENT CARE TEAM/
195	((patient? or medical or health) adj1 care team).ab,ti.
196	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).ab,ti.
197	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).ab,ti.
198	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).ab,ti.
199	mdt?.ab,ti.
200	network meeting?.ti,ab.
201	or/194-200
202	INTERDISCIPLINARY COMMUNICATION/
203	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
204	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
205	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
206	or/202-205
207	COOPERATIVE BEHAVIOR/
208	((co-operat$ or cooperat$) adj3 (care or service? or practice?)).ab,ti.
209	((co-ordinat$ or coordinat$ or network$) adj3 (care or service? or practice?)).ab,ti.
210	or/207-209
211	MODELS, ORGANIZATIONAL/
212	DELIVERY OF HEALTH CARE/
213	"DELIVERY OF HEALTH CARE, INTEGRATED"/
214	((care or healthcare or organiz$ or organis$) adj3 model?).ti,ab.
215	(service? adj3 (deliver$ or configure$)).ti,ab.
216	or/211-215
217	(special$ adj2 (team? or approach$ or program$ or care or manag$ or service? or package?)).ti,ab.
218	((obstetric$ adj2 an?esthetist$) or cardiologist? or h?ematologist? or obstetrician? or neonatologist? or (speciali$ adj2 midwi$) or (obstetric$ adj2 physician?)).ti.

#	Searches
219	((obstetric$ adj2 an?esthetist$) or cardiologist? or h?ematologist? or obstetrician? or neonatologist? or (speciali$ adj2 midwi$) or (obstetric$ adj2 physician?)).ab. /freq=2
220	((cardiac or cardio$ or heart or asthma$ or steroid? or h?emo$ or renal or kidney or obes) adj3 (speciali$ or professional?)).ti,ab.
221	or/217-220
222	CONTINUITY OF PATIENT CARE/
223	(care adj3 continu$).ti,ab.
224	or/222-223
225	179 and 193 and 201
226	179 and 193 and 206
227	179 and 193 and 210
228	179 and 193 and 216
229	179 and 193 and 221
230	179 and 224
231	or/225-230
232	limit 231 to english language
233	LETTER/
234	EDITORIAL/
235	NEWS/
236	exp HISTORICAL ARTICLE/
237	ANECDOTES AS TOPIC/
238	COMMENT/
239	CASE REPORT/
240	(letter or comment*).ti.
241	or/233-240
242	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
243	241 not 242
244	ANIMALS/ not HUMANS/
245	exp ANIMALS, LABORATORY/
246	exp ANIMAL EXPERIMENTATION/
247	exp MODELS, ANIMAL/
248	exp RODENTIA/
249	(rat or rats or mouse or mice).ti.
250	or/243-249
251	232 not 250

Database: Cochrane Central Register of Controlled Trials

#	Searches
1	PREGNANCY/
2	PERIPARTUM PERIOD/
3	PARTURITION/
4	exp LABOR, OBSTETRIC/
5	OBSTETRIC LABOR, PREMATURE/
6	pregnan$.ti,ab,kw.
7	(labo?r or childbirth or partu$ or intra?part$ or peri?part$).ti,ab,kw.
8	((during or giving or give) adj3 birth?).ti,ab.
9	or/1-8
10	*OBESITY/ or *OBESITY, ABDOMINAL/ or *OBESITY, MORBID/
11	*BODY MASS INDEX/ or *BODY SIZE/ or *OVERWEIGHT/ or *WAIST CIRCUMFERENCE/ or *WAIST-HIP RATIO/
12	body mass index.ti.
13	(obesity or obese or heavy or heavier or overweight or fat$ or BMI).ti.
14	*ADIPOSE TISSUE/ or *ADIPOSE TISSUE, WHITE/

#	Searches
15	or/10-14
16	exp ASTHMA/
17	asthma$.ti,ab,kw.
18	BRONCHIAL SPASM/
19	(Bronchospasm? or bronch$ spasm?).ti,ab,kw.
20	BRONCHOCONSTRICTION/
21	(Bronchoconstrict$ or bronch$ constrict$).ti,ab,kw.
22	or/16-21
23	INTRACRANIAL HEMORRHAGES/
24	SUBARACHNOID HEMORRHAGE/
25	(h?emorrhag$ adj3 (subarachnoid or intracranial$)).ab,ti.
26	SAH?.ab,ti.
27	INTRACRANIAL ARTERIOVENOUS MALFORMATIONS/
28	((Intracranial$ or cerebr$ or brain?) adj5 (arteriovenous or arterio-venous) adj3 malform$).ab,ti.
29	(cerebr$ adj3 malform$).ab,ti.
30	AVM?.ab,ti.
31	(recurr$ adj3 h?emorrhag$).ti,ab.
32	(Cerebr$ adj3 accident?).ti,ab.
33	cva.ti,ab.
34	HEMIPLEGIA/
35	hemiplegia?.ti,ab,kw.
36	cavernoma?.ti,ab,kw.
37	or/23-36
38	exp STEROIDS/
39	exp ADRENAL CORTEX HORMONES/
40	PREDNISONE/
41	exp PREDNISOLONE/
42	exp HYDROCORTISONE/
43	exp DEXAMETHASONE/
44	or/38-43
45	((stress or rescue or maintenance or increment$ or boost$ or supplement$ or additional$ or added$ or increas$) adj3 (dose? or dosag$)).ti,ab.
46	((Temporar$ or short term or physiological$) adj3 increase$).ti,ab.
47	or/45-46
48	44 and 47
49	((steroid$ or corticosteroid? or prednisone or fluprednisolone or methylprednisolone or prednimustine or Hydrocortisone or fludrocortisone or Dexamethasone) adj3 (stress or rescue or maintenance or increment$ or boost$ or supplement$ or additional$ or added$ or increas$ or replace$ or regimen$ or long term)).mp.
50	((steroid$ or corticosteroid? or prednisone or fluprednisolone or methylprednisolone or prednimustine or Hydrocortisone or fludrocortisone or Dexamethasone) adj3 (high$ adj2 (dose? or level?))).mp.
51	or/48-50
52	exp RENAL INSUFFICIENCY, CHRONIC/
53	((Renal$ or kidney?) adj5 (disease? or insuffic$ or fail$) adj5 (chronic$ or end-stage?)).ab,ti.
54	CKD.ab,ti.
55	ESRD.ab,ti.
56	Frasier syndrome.ti,ab,kw.
57	exp ACUTE KIDNEY INJURY/
58	((Renal$ or kidney?) adj5 (injur$ or insuffic$ or fail$) adj5 acute$).ab,ti.
59	(Kidney adj5 tubular necrosis adj5 acute$).ab,ti.
60	(Nephrosis adj5 nephron adj5 lower).ab,ti.

#	Searches
61	AKI.ab,ti.
62	KIDNEY TRANSPLANTATION/
63	((kidney? or renal$) adj3 (transplant$ or graft$)).ti,ab.
64	or/52-63
65	PULMONARY VALVE STENOSIS/
66	(pulmonary adj2 stenos$).ti,ab.
67	DUCTUS ARTERIOSUS, PATENT/
68	(Paten$ adj2 ductus arteriosus).ti,ab.
69	MITRAL VALVE PROLAPSE/
70	(mitral valve? adj2 (prolapse? or floppy)).ti,ab.
71	click murmur syndrome?.ti,ab,kw.
72	(Repair$ adj3 lesion? adj3 (heart? or cardiac)).ti,ab.
73	HEART SEPTAL DEFECTS, ATRIAL/
74	HEART SEPTAL DEFECTS, VENTRICULAR/
75	((atrial or ventricul$ or intraventricul$) adj2 septal adj2 defect$).ti,ab.
76	(persist$ adj2 ostium primum).ti,ab.
77	anomal$ pulmonary venous drain$.ti,ab,kw.
78	exp CARDIAC COMPLEXES, PREMATURE/
79	((Atrial or ventricular or supraventricular) adj2 (ectopic or premature) adj2 (beat? or complex$ or complice?)).ti,ab.
80	((Atrial or ventricular) adj2 extrasystole?).ti,ab.
81	"TETRALOGY OF FALLOT"/su [Surgery]
82	(tetralogy adj2 Fallot$ adj10 (repair$ or surgery)).ti,ab.
83	exp *ARRHYTHMIAS, CARDIAC/
84	(arrhythmia? or dysrhythmia?).ti,ab,kw.
85	(Atrial adj2 (Fibrillation or Flutter)).ti,ab.
86	(Bradycardia? or bradyarrhythmia?).ti,ab,kw.
87	Brugada Syndrome.ti,ab,kw.
88	(premature adj2 (atrial or ventricular) adj2 contraction?).ti,ab.
89	Heart Block.ti,ab,kw.
90	Long QT Syndrome.ti,ab,kw.
91	Parasystole.ti,ab,kw.
92	Pre-Excitation Syndrome?.ti,ab,kw.
93	Tachycardia?.ti,ab,kw.
94	(Ventricular adj2 (Fibrillation or Flutter)).ti,ab.
95	exp CARDIOMYOPATHY, HYPERTROPHIC/
96	(Hypertrophic adj2 cardiomyopath$).ti,ab.
97	AORTIC VALVE INSUFFICIENCY/
98	MITRAL VALVE INSUFFICIENCY/
99	((mitral or aort$) adj2 (regurg$ or incompeten$)).ti,ab.
100	((mitral or aort$) adj2 valv$ adj2 insufficien$).ti,ab.
101	MARFAN SYNDROME/
102	(Marfan$ adj2 syndrome).ti,ab.
103	exp AORTIC DISEASES/
104	(aort$ adj2 (disease? or aneurysm? or ruptur$)).ti,ab.
105	Aortitis.ti,ab,kw.
106	Loeys-Dietz Syndrome.ti,ab,kw.
107	Leriche Syndrome.ti,ab,kw.
108	AORTIC COARCTATION/su [Surgery]
109	(Coarctation? adj10 (repair$ or surgery)).ti,ab.
110	HEART VALVE PROSTHESIS/
111	((heart or cardiac) adj3 valve? adj5 (prosthe$ or mechanical or replace$)).ti,ab.
112	"TRANSPOSITION OF GREAT VESSELS"/

#	Searches
113	(Transpos$ adj2 great adj2 (vessels or arteries)).ti,ab.
114	FONTAN PROCEDURE/
115	(Fontan$ adj2 (circulat$ or procedure?)).ti,ab.
116	exp CORONARY DISEASE/
117	(Coronary adj2 (disease? or aneurysm? or arterioscleros?s or occlusion? or stenos?s or restenos?s or thrombos?s or vasospasm?)).ti,ab.
118	*HEART DEFECTS, CONGENITAL/
119	Cyanotic heart disease?.ti,ab,kw.
120	(complex$ adj10 congenital$ heart disease?).ti,ab.
121	*PULMONARY HYPERTENSION/
122	(Pulmonary adj2 arter$ adj2 hypertens$).ti,ab.
123	exp VENTRICULAR DYSFUNCTION/
124	((left or right) adj2 ventric$ adj2 (impair$ or systemic$ or dysfuncti$)).ti,ab.
125	(systemic$ adj2 ventric$ adj2 dysfuncti$).ti,ab.
126	exp *CARDIOMYOPATHIES/ and TIME FACTORS/
127	(previous$ adj5 cardiomyopath$).ti,ab.
128	MITRAL VALVE STENOSIS/
129	(mitral adj2 stenos?s).ti,ab.
130	exp AORTIC VALVE STENOSIS/
131	(aort$ adj2 stenos?s).ti,ab.
132	AORTIC COARCTATION/
133	(Coarctation? adj3 aort$).ti,ab.
134	or/65-133
135	exp CARDIOMYOPATHIES/
136	cardiomyopath$.ti,ab,kw.
137	myocardiopath$.ti,ab,kw.
138	myocardial disease?.ti,ab,kw.
139	PPCM.ti,ab.
140	Arrhythmogenic Right Ventricular Dysplasia.ti,ab,kw.
141	Endocardial Fibroelastos?s.ti,ab,kw.
142	(Isolated Noncompaction adj3 Ventricular Myocardium).ti,ab.
143	Endomyocardial Fibros?s.ti,ab,kw.
144	(Glycogen Storage Disease adj3 (Type IIb or type 2b)).ti,ab.
145	((antopol or danon) adj2 disease?).ti,ab.
146	(Kearn$ adj3 Syndrome).ti,ab.
147	Myocardial Reperfusion Injur$.ti,ab,kw.
148	Myocarditi$.ti,ab,kw.
149	Carditis.ti,ab,kw.
150	Sarcoglycanopath$.ti,ab,kw.
151	or/135-150
152	exp BLOOD PLATELET DISORDERS/
153	(Blood Platelet Disorder? or Bernard-Soulier Syndrome or Gray Platelet Syndrome or Platelet Storage Pool Deficien$ or Hermanski-Pudlak Syndrome or Thrombasthenia or Thrombocytopeni$ or Jacobsen Distal 11q Deletion Syndrome or Kasabach-Merritt Syndrome or Thrombotic Microangiopath$ or Hemolytic-Uremic Syndrome or (Purpura adj3 Thrombocytopeni$) or Glanzmann$ thrombastenia).ti,ab,kw.
154	HELLP SYNDROME/
155	HELLP.ti,ab.
156	HEMOLYTIC-UREMIC SYNDROME/
157	hemolytic uremic syndrome.ti,ab,kw.
158	LUPUS ERYTHEMATOSUS, SYSTEMIC/
159	systemic lupus erythematosus.ti,ab,kw.
160	ANTIPHOSPHOLIPID SYNDROME/

#	Searches
161	((antiphospholipid or anti-phospholipid) adj3 syndrome?).ti,ab.
162	Evans syndrome.ti,ab,kw.
163	(Platelet adj3 (Disorder? or dysfunction$) adj10 (infect$ or human immunodeficiency virus$ or HIV or parvovirus or (Drug adj3 (relat$ or due or induced)) or Liver disease?)).ti,ab.
164	(Bone marrow suppression or myelotoxic$ or myelosuppression).ti,ab,kw.
165	exp HEMORRHAGIC DISORDERS/
166	(Hemorrhagic Disorder? or Afibrinogenemia or Bernard-Soulier Syndrome or Disseminated Intravascular Coagulation or Factor V Deficien$ or Factor VII Deficien$ or Factor X Deficien$ or Factor XI Deficien$ or Factor XII Deficien$ or Factor XIII Deficien$ or H?emophilia? or Hemostatic Disorder? or Cryoglobulinemia or Ehlers-Danlos Syndrome or (Hemangioma? adj3 Cavernous) or Multiple Myeloma or Pseudoxanthoma Elasticum or (Purpura adj3 Hyperglobulinemic) or (Purpura adj3 Schoenlein-Henoch) or Scurvy or Shwartzman Phenomenon or (Telangiectasia adj3 Heredit$) or Waldenstrom Macroglobulinemia or Hypoprothrombinemia? or (Prothrombin adj3 Deficien$) or Platelet Storage Pool Deficien$ or Hermanski-Pudlak Syndrome or (Purpura adj3 Thrombocytopeni$) or Thrombasthenia or Thrombocythemia or Vitamin K Deficien$ or von Willebrand Disease? or Waterhouse-Friderichsen Syndrome or Wiskott-Aldrich Syndrome or (Fibrinogen adj3 Deficien$) or Dysfibrinogenemia or Hypofibrinogenemia).ti,ab,kw.
167	exp BLOOD COAGULATION DISORDERS, INHERITED/
168	((Blood Coagulation Disorder? adj3 Inherit$) or Activated Protein C Resistan$ or Antithrombin III Deficien$ or Protein C Deficien$).ti,ab.
169	PREGNANCY COMPLICATIONS, HEMATOLOGIC/
170	or/152-169
171	15 or 22 or 37 or 51 or 64 or 134 or 151 or 170
172	9 and 171
173	PREGNANCY, HIGH-RISK/
174	(pregnan$ adj3 high$ adj3 risk$).ab,ti.
175	(pregnan$ adj10 (exist$ or preexist$) adj5 condition?).ab,ti.
176	or/173-175
177	PREGNANCY COMPLICATIONS, CARDIOVASCULAR/
178	PREGNANCY COMPLICATIONS, HEMATOLOGIC/
179	172 or 176 or 177 or 178
180	PRENATAL CARE/
181	PRENATAL EDUCATION/
182	PERINATAL CARE/
183	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj5 care).ti,ab.
184	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj7 plan$).ti,ab.
185	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj5 educat$).ti,ab.
186	PATIENT CARE PLANNING/
187	(care adj3 plan$).ti,ab.
188	((patient? or mother? or women) adj5 (manag$ or plan$)).ti,ab.
189	CRITICAL PATHWAY/
190	CLINICAL PROTOCOLS/
191	pathway?.ti,ab,kw.
192	protocol?.ti,ab,kw.
193	or/180-192
194	PATIENT CARE TEAM/
195	((patient? or medical or health) adj1 care team).ab,ti.
196	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).ab,ti.

#	Searches
197	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).ab,ti.
198	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).ab,ti.
199	mdt?.ab,ti,kw.
200	network meeting?.ti,ab,kw.
201	or/194-200
202	INTERDISCIPLINARY COMMUNICATION/
203	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
204	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
205	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
206	or/202-205
207	COOPERATIVE BEHAVIOR/
208	((co-operat$ or cooperat$) adj3 (care or service? or practice?)).ab,ti.
209	((co-ordinat$ or coordinat$ or network$) adj3 (care or service? or practice?)).ab,ti.
210	or/207-209
211	MODELS, ORGANIZATIONAL/
212	DELIVERY OF HEALTH CARE/
213	"DELIVERY OF HEALTH CARE, INTEGRATED"/
214	((care or healthcare or organiz$ or organis$) adj3 model?).ti,ab.
215	(service? adj3 (deliver$ or configure$)).ti,ab.
216	or/211-215
217	(special$ adj2 (team? or approach$ or program$ or care or manag$ or service? or package?)).ti,ab.
218	((obstetric$ adj2 an?esthetist$) or cardiologist? or h?ematologist? or obstetrician? or neonatologist? or (speciali$ adj2 midwi$) or (obstetric$ adj2 physician?)).ti.
219	((obstetric$ adj2 an?esthetist$) or cardiologist? or h?ematologist? or obstetrician? or neonatologist? or (speciali$ adj2 midwi$) or (obstetric$ adj2 physician?)).ab. /freq=2
220	((cardiac or cardio$ or heart or asthma$ or steroid? or h?emo$ or renal or kidney or obes) adj3 (speciali$ or professional?)).ti,ab.
221	or/217-220
222	CONTINUITY OF PATIENT CARE/
223	(care adj3 continu$).ti,ab.
224	or/222-223
225	179 and 193 and 201
226	179 and 193 and 206
227	179 and 193 and 210
228	179 and 193 and 216
229	179 and 193 and 221
230	179 and 224
231	or/225-230

Database: Cochrane Database of Systematic Reviews

#	Searches
1	PREGNANCY.kw.
2	PERIPARTUM PERIOD.kw.
3	PARTURITION.kw.
4	LABOR, OBSTETRIC.kw.

#	Searches
5	OBSTETRIC LABOR, PREMATURE.kw.
6	pregnan$.ti,ab.
7	(labo?r or childbirth or partu$ or intra?part$ or peri?part$).ti,ab.
8	((during or giving or give) adj3 birth?).ti,ab.
9	or/1-8
10	(OBESITY or OBESITY, ABDOMINAL or OBESITY, MORBID).kw.
11	(BODY MASS INDEX or BODY SIZE or OVERWEIGHT or WAIST CIRCUMFERENCE or WAIST-HIP RATIO).kw.
12	body mass index.ti.
13	(obesity or obese or heavy or heavier or overweight or fat$ or BMI).ti.
14	(ADIPOSE TISSUE or ADIPOSE TISSUE, WHITE).kw.
15	or/10-14
16	ASTHMA.kw.
17	asthma$.ti,ab.
18	BRONCHIAL SPASM.kw.
19	(Bronchospasm? or bronch$ spasm?).ti,ab.
20	BRONCHOCONSTRICTION.kw.
21	(Bronchoconstrict$ or bronch$ constrict$).ti,ab.
22	or/16-21
23	INTRACRANIAL HEMORRHAGES.kw.
24	SUBARACHNOID HEMORRHAGE.kw.
25	(h?emorrhag$ adj3 (subarachnoid or intracranial$)).ab,ti.
26	SAH?.ab,ti.
27	INTRACRANIAL ARTERIOVENOUS MALFORMATIONS.kw.
28	((Intracranial$ or cerebr$ or brain?) adj5 (arteriovenous or arterio-venous) adj3 malform$).ab,ti.
29	(cerebr$ adj3 malform$).ab,ti.
30	AVM?.ab,ti.
31	(recurr$ adj3 h?emorrhag$).ti,ab.
32	(Cerebr$ adj3 accident?).ti,ab.
33	cva.ti,ab.
34	HEMIPLEGIA.kw.
35	hemiplegia?.ti,ab.
36	cavernoma?.ti,ab.
37	or/23-36
38	STEROIDS.kw.
39	ADRENAL CORTEX HORMONES.kw.
40	PREDNISONE.kw.
41	PREDNISOLONE.kw.
42	HYDROCORTISONE.kw.
43	DEXAMETHASONE.kw.
44	or/38-43
45	((stress or rescue or maintenance or increment$ or boost$ or supplement$ or additional$ or added$ or increas$) adj3 (dose? or dosag$)).ti,ab.
46	((Temporar$ or short term or physiological$) adj3 increase$).ti,ab.
47	or/45-46
48	44 and 47
49	((steroid$ or corticosteroid? or prednisone or fluprednisolone or methylprednisolone or prednimustine or Hydrocortisone or fludrocortisone or Dexamethasone) adj3 (stress or rescue or maintenance or increment$ or boost$ or supplement$ or additional$ or added$ or increas$ or replace$ or regimen$ or long term)).mp.

#	Searches
50	((steroid$ or corticosteroid? or prednisone or fluprednisolone or methylprednisolone or prednimustine or Hydrocortisone or fludrocortisone or Dexamethasone) adj3 (high$ adj2 (dose? or level?))).mp.
51	or/48-50
52	RENAL INSUFFICIENCY, CHRONIC.kw.
53	((Renal$ or kidney?) adj5 (disease? or insuffic$ or fail$) adj5 (chronic$ or end-stage?)).ab,ti.
54	CKD.ab,ti.
55	ESRD.ab,ti.
56	Frasier syndrome.ti,ab.
57	ACUTE KIDNEY INJURY.kw.
58	((Renal$ or kidney?) adj5 (injur$ or insuffic$ or fail$) adj5 acute$).ab,ti.
59	(Kidney adj5 tubular necrosis adj5 acute$).ab,ti.
60	(Nephrosis adj5 nephron adj5 lower).ab,ti.
61	AKI.ab,ti.
62	KIDNEY TRANSPLANTATION.kw.
63	((kidney? or renal$) adj3 (transplant$ or graft$)).ti,ab.
64	or/52-63
65	PULMONARY VALVE STENOSIS.kw.
66	(pulmonary adj2 stenos$).ti,ab.
67	DUCTUS ARTERIOSUS, PATENT.kw.
68	(Paten$ adj2 ductus arteriosus).ti,ab.
69	MITRAL VALVE PROLAPSE.kw.
70	(mitral valve? adj2 (prolapse? or floppy)).ti,ab.
71	click murmur syndrome?.ti,ab.
72	(Repair$ adj3 lesion? adj3 (heart? or cardiac)).ti,ab.
73	HEART SEPTAL DEFECTS, ATRIAL.kw.
74	HEART SEPTAL DEFECTS, VENTRICULAR.kw.
75	((atrial or ventricul$ or intraventricul$) adj2 septal adj2 defect$).ti,ab.
76	(persist$ adj2 ostium primum).ti,ab.
77	anomal$ pulmonary venous drain$.ti,ab.
78	CARDIAC COMPLEXES, PREMATURE.kw.
79	((Atrial or ventricular or supraventricular) adj2 (ectopic or premature) adj2 (beat? or complex$ or complice?)).ti,ab.
80	((Atrial or ventricular) adj2 extrasystole?).ti,ab.
81	"TETRALOGY OF FALLOT".kw.
82	(tetralogy adj2 Fallot$ adj10 (repair$ or surgery)).ti,ab.
83	ARRHYTHMIAS, CARDIAC.kw.
84	(arrhythmia? or dysrhythmia?).ti,ab.
85	(Atrial adj2 (Fibrillation or Flutter)).ti,ab.
86	(Bradycardia? or bradyarrhythmia?).ti,ab.
87	Brugada Syndrome.ti,ab.
88	(premature adj2 (atrial or ventricular) adj2 contraction?).ti,ab.
89	Heart Block.ti,ab.
90	Long QT Syndrome.ti,ab.
91	Parasystole.ti,ab.
92	Pre-Excitation Syndrome?.ti,ab.
93	Tachycardia?.ti,ab.
94	(Ventricular adj2 (Fibrillation or Flutter)).ti,ab.
95	CARDIOMYOPATHY, HYPERTROPHIC.kw.
96	(Hypertrophic adj2 cardiomyopath$).ti,ab.
97	AORTIC VALVE INSUFFICIENCY.kw.
98	MITRAL VALVE INSUFFICIENCY.kw.
99	((mitral or aort$) adj2 (regurg$ or incompeten$)).ti,ab.

#	Searches
100	((mitral or aort$) adj2 valv$ adj2 insufficien$).ti,ab.
101	MARFAN SYNDROME.kw.
102	(Marfan$ adj2 syndrome).ti,ab.
103	AORTIC DISEASES.kw.
104	(aort$ adj2 (disease? or aneurysm? or ruptur$)).ti,ab.
105	Aortitis.ti,ab.
106	Loeys-Dietz Syndrome.ti,ab.
107	Leriche Syndrome.ti,ab.
108	AORTIC COARCTATION.kw.
109	(Coarctation? adj10 (repair$ or surgery)).ti,ab.
110	HEART VALVE PROSTHESIS.kw.
111	((heart or cardiac) adj3 valve? adj5 (prosthe$ or mechanical or replace$)).ti,ab.
112	"TRANSPOSITION OF GREAT VESSELS".kw.
113	(Transpos$ adj2 great adj2 (vessels or arteries)).ti,ab.
114	FONTAN PROCEDURE.kw.
115	(Fontan$ adj2 (circulat$ or procedure?)).ti,ab.
116	CORONARY DISEASE.kw.
117	(Coronary adj2 (disease? or aneurysm? or arterioscleros?s or occlusion? or stenos?s or restenos?s or thrombos?s or vasospasm?)).ti,ab.
118	HEART DEFECTS, CONGENITAL.kw.
119	Cyanotic heart disease?.ti,ab.
120	(complex$ adj10 congenital$ heart disease?).ti,ab.
121	PULMONARY HYPERTENSION.kw.
122	(Pulmonary adj2 arter$ adj2 hypertens$).ti,ab.
123	VENTRICULAR DYSFUNCTION.kw.
124	((left or right) adj2 ventric$ adj2 (impair$ or systemic$ or dysfuncti$)).ti,ab.
125	(systemic$ adj2 ventric$ adj2 dysfuncti$).ti,ab.
126	(CARDIOMYOPATHIES and TIME FACTORS).kw.
127	(previous$ adj5 cardiomyopath$).ti,ab.
128	MITRAL VALVE STENOSIS.kw.
129	(mitral adj2 stenos?s).ti,ab.
130	AORTIC VALVE STENOSIS.kw.
131	(aort$ adj2 stenos?s).ti,ab.
132	AORTIC COARCTATION.kw.
133	(Coarctation? adj3 aort$).ti,ab.
134	or/65-133
135	CARDIOMYOPATHIES.kw.
136	cardiomyopath$.ti,ab.
137	myocardiopath$.ti,ab.
138	myocardial disease?.ti,ab.
139	PPCM.ti,ab.
140	Arrhythmogenic Right Ventricular Dysplasia.ti,ab.
141	Endocardial Fibroelastos?s.ti,ab.
142	(Isolated Noncompaction adj3 Ventricular Myocardium).ti,ab.
143	Endomyocardial Fibros?s.ti,ab.
144	(Glycogen Storage Disease adj3 (Type IIb or type 2b)).ti,ab.
145	((antopol or danon) adj2 disease?).ti,ab.
146	(Kearn$ adj3 Syndrome).ti,ab.
147	Myocardial Reperfusion Injur$.ti,ab.
148	Myocarditi$.ti,ab.
149	Carditis.ti,ab.
150	Sarcoglycanopath$.ti,ab.
151	or/135-150

#	Searches
152	BLOOD PLATELET DISORDERS.kw.
153	(Blood Platelet Disorder? or Bernard-Soulier Syndrome or Gray Platelet Syndrome or Platelet Storage Pool Deficien$ or Hermanski-Pudlak Syndrome or Thrombasthenia or Thrombocytopeni$ or Jacobsen Distal 11q Deletion Syndrome or Kasabach-Merritt Syndrome or Thrombotic Microangiopath$ or Hemolytic-Uremic Syndrome or (Purpura adj3 Thrombocytopeni$) or Glanzmann$ thrombastenia).ti,ab.
154	HELLP SYNDROME.kw.
155	HELLP.ti,ab.
156	HEMOLYTIC-UREMIC SYNDROME.kw.
157	hemolytic uremic syndrome.ti,ab.
158	LUPUS ERYTHEMATOSUS, SYSTEMIC.kw.
159	systemic lupus erythematosus.ti,ab.
160	ANTIPHOSPHOLIPID SYNDROME.kw.
161	((antiphospholipid or anti-phospholipid) adj3 syndrome?).ti,ab.
162	Evans syndrome.ti,ab.
163	(Platelet adj3 (Disorder? or dysfunction$) adj10 (infect$ or human immunodeficiency virus$ or HIV or parvovirus or (Drug adj3 (relat$ or due or induced)) or Liver disease?)).ti,ab.
164	(Bone marrow suppression or myelotoxic$ or myelosuppression).ti,ab.
165	HEMORRHAGIC DISORDERS.kw.
166	(Hemorrhagic Disorder? or Afibrinogenemia or Bernard-Soulier Syndrome or Disseminated Intravascular Coagulation or Factor V Deficien$ or Factor VII Deficien$ or Factor X Deficien$ or Factor XI Deficien$ or Factor XII Deficien$ or Factor XIII Deficien$ or H?emophilia? or Hemostatic Disorder? or Cryoglobulinemia or Ehlers-Danlos Syndrome or (Hemangioma? adj3 Cavernous) or Multiple Myeloma or Pseudoxanthoma Elasticum or (Purpura adj3 Hyperglobulinemic) or (Purpura adj3 Schoenlein-Henoch) or Scurvy or Shwartzman Phenomenon or (Telangiectasia adj3 Heredit$) or Waldenstrom Macroglobulinemia or Hypoprothrombinemia? or (Prothrombin adj3 Deficien$) or Platelet Storage Pool Deficien$ or Hermanski-Pudlak Syndrome or (Purpura adj3 Thrombocytopeni$) or Thrombasthenia or Thrombocythemia or Vitamin K Deficien$ or von Willebrand Disease? or Waterhouse-Friderichsen Syndrome or Wiskott-Aldrich Syndrome or (Fibrinogen adj3 Deficien$) or Dysfibrinogenemia or Hypofibrinogenemia).ti,ab.
167	BLOOD COAGULATION DISORDERS, INHERITED.kw.
168	((Blood Coagulation Disorder? adj3 Inherit$) or Activated Protein C Resistan$ or Antithrombin III Deficien$ or Protein C Deficien$).ti,ab.
169	PREGNANCY COMPLICATIONS, HEMATOLOGIC.kw.
170	or/152-169
171	15 or 22 or 37 or 51 or 64 or 134 or 151 or 170
172	9 and 171
173	PREGNANCY, HIGH-RISK.kw.
174	(pregnan$ adj3 high$ adj3 risk$).ab,ti.
175	(pregnan$ adj10 (exist$ or preexist$) adj5 condition?).ab,ti.
176	or/173-175
177	PREGNANCY COMPLICATIONS, CARDIOVASCULAR.kw.
178	PREGNANCY COMPLICATIONS, HEMATOLOGIC.kw.
179	172 or 176 or 177 or 178
180	PRENATAL CARE.kw.
181	PRENATAL EDUCATION.kw.
182	PERINATAL CARE.kw.
183	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj5 care).ti,ab.
184	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj7 plan$).ti,ab.
185	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj5 educat$).ti,ab.

#	Searches
186	PATIENT CARE PLANNING.kw.
187	(care adj3 plan$).ti,ab.
188	((patient? or mother? or women) adj5 (manag$ or plan$)).ti,ab.
189	CRITICAL PATHWAY.kw.
190	CLINICAL PROTOCOLS.kw.
191	pathway?.ti,ab.
192	protocol?.ti,ab.
193	or/180-192
194	PATIENT CARE TEAM.kw.
195	((patient? or medical or health) adj1 care team).ab,ti.
196	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).ab,ti.
197	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).ab,ti.
198	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).ab,ti.
199	mdt?.ab,ti.
200	network meeting?.ti,ab.
201	or/194-200
202	INTERDISCIPLINARY COMMUNICATION.kw.
203	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
204	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
205	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
206	or/202-205
207	COOPERATIVE BEHAVIOR.kw.
208	((co-operat$ or cooperat$) adj3 (care or service? or practice?)).ab,ti.
209	((co-ordinat$ or coordinat$ or network$) adj3 (care or service? or practice?)).ab,ti.
210	or/207-209
211	MODELS, ORGANIZATIONAL.kw.
212	DELIVERY OF HEALTH CARE.kw.
213	"DELIVERY OF HEALTH CARE, INTEGRATED".kw.
214	((care or healthcare or organiz$ or organis$) adj3 model?).ti,ab.
215	(service? adj3 (deliver$ or configure$)).ti,ab.
216	or/211-215
217	(special$ adj2 (team? or approach$ or program$ or care or manag$ or service? or package?)).ti,ab.
218	((obstetric$ adj2 an?esthetist$) or cardiologist? or h?ematologist? or obstetrician? or neonatologist? or (speciali$ adj2 midwi$) or (obstetric$ adj2 physician?)).ti.
219	((obstetric$ adj2 an?esthetist$) or cardiologist? or h?ematologist? or obstetrician? or neonatologist? or (speciali$ adj2 midwi$) or (obstetric$ adj2 physician?)).ab. /freq=2
220	((cardiac or cardio$ or heart or asthma$ or steroid? or h?emo$ or renal or kidney or obes) adj3 (speciali$ or professional?)).ti,ab.
221	or/217-220
222	CONTINUITY OF PATIENT CARE.kw.
223	(care adj3 continu$).ti,ab.
224	or/222-223
225	179 and 193 and 201

#	Searches
226	179 and 193 and 206
227	179 and 193 and 210
228	179 and 193 and 216
229	179 and 193 and 221
230	179 and 224
231	or/225-230

Database: Database of Abstracts of Reviews of Effects

#	Searches
1	PREGNANCY.kw.
2	PERIPARTUM PERIOD.kw.
3	PARTURITION.kw.
4	LABOR, OBSTETRIC.kw.
5	OBSTETRIC LABOR, PREMATURE.kw.
6	pregnan$.tw,tx.
7	(labo?r or childbirth or partu$ or intra?part$ or peri?part$).tw,tx.
8	((during or giving or give) adj3 birth?).tw,tx.
9	or/1-8
10	(OBESITY or OBESITY, ABDOMINAL or OBESITY, MORBID).kw.
11	(BODY MASS INDEX or BODY SIZE or OVERWEIGHT or WAIST CIRCUMFERENCE or WAIST-HIP RATIO).kw.
12	body mass index.tw,tx.
13	(obesity or obese or heavy or heavier or overweight or fat$ or BMI).tw,tx.
14	(ADIPOSE TISSUE or ADIPOSE TISSUE, WHITE).kw.
15	or/10-14
16	ASTHMA.kw.
17	asthma$.tw,tx.
18	BRONCHIAL SPASM.kw.
19	(Bronchospasm? or bronch$ spasm?).tw,tx.
20	BRONCHOCONSTRICTION.kw.
21	(Bronchoconstrict$ or bronch$ constrict$).tw,tx.
22	or/16-21
23	INTRACRANIAL HEMORRHAGES.kw.
24	SUBARACHNOID HEMORRHAGE.kw.
25	(h?emorrhag$ adj3 (subarachnoid or intracranial$)).tw,tx.
26	SAH?.tw,tx.
27	INTRACRANIAL ARTERIOVENOUS MALFORMATIONS.kw.
28	((Intracranial$ or cerebr$ or brain?) adj5 (arteriovenous or arterio-venous) adj3 malform$).tw,tx.
29	(cerebr$ adj3 malform$).tw,tx.
30	AVM?.tw,tx.
31	(recurr$ adj3 h?emorrhag$).tw,tx.
32	(Cerebr$ adj3 accident?).tw,tx.
33	cva.tw,tx.
34	HEMIPLEGIA.kw.
35	hemiplegia?.tw,tx.
36	cavernoma?.tw,tx.
37	or/23-36
38	STEROIDS.kw.
39	ADRENAL CORTEX HORMONES.kw.
40	PREDNISONE.kw.
41	PREDNISOLONE.kw.

#	Searches
42	HYDROCORTISONE.kw.
43	DEXAMETHASONE.kw.
44	or/38-43
45	((stress or rescue or maintenance or increment$ or boost$ or supplement$ or additional$ or added$ or increas$) adj3 (dose? or dosag$)).tw,tx.
46	((Temporar$ or short term or physiological$) adj3 increase$).tw,tx.
47	or/45-46
48	44 and 47
49	((steroid$ or corticosteroid? or prednisone or fluprednisolone or methylprednisolone or prednimustine or Hydrocortisone or fludrocortisone or Dexamethasone) adj3 (stress or rescue or maintenance or increment$ or boost$ or supplement$ or additional$ or added$ or increas$ or replace$ or regimen$ or long term)).tw,tx.
50	((steroid$ or corticosteroid? or prednisone or fluprednisolone or methylprednisolone or prednimustine or Hydrocortisone or fludrocortisone or Dexamethasone) adj3 (high$ adj2 (dose? or level?))).tw,tx.
51	or/48-50
52	RENAL INSUFFICIENCY, CHRONIC.kw.
53	((Renal$ or kidney?) adj5 (disease? or insuffic$ or fail$) adj5 (chronic$ or end-stage?)).tw,tx.
54	CKD.tw,tx.
55	ESRD.tw,tx.
56	Frasier syndrome.tw,tx.
57	ACUTE KIDNEY INJURY.kw.
58	((Renal$ or kidney?) adj5 (injur$ or insuffic$ or fail$) adj5 acute$).tw,tx.
59	(Kidney adj5 tubular necrosis adj5 acute$).tw,tx.
60	(Nephrosis adj5 nephron adj5 lower).tw,tx.
61	AKI.tw,tx.
62	KIDNEY TRANSPLANTATION.kw.
63	((kidney? or renal$) adj3 (transplant$ or graft$)).tw,tx.
64	or/52-63
65	PULMONARY VALVE STENOSIS.kw.
66	(pulmonary adj2 stenos$).tw,tx.
67	DUCTUS ARTERIOSUS, PATENT.kw.
68	(Paten$ adj2 ductus arteriosus).tw,tx.
69	MITRAL VALVE PROLAPSE.kw.
70	(mitral valve? adj2 (prolapse? or floppy)).tw,tx.
71	click murmur syndrome?.tw,tx.
72	(Repair$ adj3 lesion? adj3 (heart? or cardiac)).tw,tx.
73	HEART SEPTAL DEFECTS, ATRIAL.kw.
74	HEART SEPTAL DEFECTS, VENTRICULAR.kw.
75	((atrial or ventricul$ or intraventricul$) adj2 septal adj2 defect$).tw,tx.
76	(persist$ adj2 ostium primum).tw,tx.
77	anomal$ pulmonary venous drain$.tw,tx.
78	CARDIAC COMPLEXES, PREMATURE.kw.
79	((Atrial or ventricular or supraventricular) adj2 (ectopic or premature) adj2 (beat? or complex$ or complice?)).tw,tx.
80	((Atrial or ventricular) adj2 extrasystole?).tw,tx.
81	"TETRALOGY OF FALLOT".kw.
82	(tetralogy adj2 Fallot$ adj10 (repair$ or surgery)).tw,tx.
83	ARRHYTHMIAS, CARDIAC.kw.
84	(arrhythmia? or dysrhythmia?).tw,tx.
85	(Atrial adj2 (Fibrillation or Flutter)).tw,tx.
86	(Bradycardia? or bradyarrhythmia?).tw,tx.
87	Brugada Syndrome.tw,tx.

#	Searches
88	(premature adj2 (atrial or ventricular) adj2 contraction?).tw,tx.
89	Heart Block.tw,tx.
90	Long QT Syndrome.tw,tx.
91	Parasystole.tw,tx.
92	Pre-Excitation Syndrome?.tw,tx.
93	Tachycardia?.tw,tx.
94	(Ventricular adj2 (Fibrillation or Flutter)).tw,tx.
95	CARDIOMYOPATHY, HYPERTROPHIC.kw.
96	(Hypertrophic adj2 cardiomyopath$).tw,tx.
97	AORTIC VALVE INSUFFICIENCY.kw.
98	MITRAL VALVE INSUFFICIENCY.kw.
99	((mitral or aort$) adj2 (regurg$ or incompeten$)).tw,tx.
100	((mitral or aort$) adj2 valv$ adj2 insufficien$).tw,tx.
101	MARFAN SYNDROME.kw.
102	(Marfan$ adj2 syndrome).tw,tx.
103	AORTIC DISEASES.kw.
104	(aort$ adj2 (disease? or aneurysm? or ruptur$)).tw,tx.
105	Aortitis.tw,tx.
106	Loeys-Dietz Syndrome.tw,tx.
107	Leriche Syndrome.tw,tx.
108	AORTIC COARCTATION.kw.
109	(Coarctation? adj10 (repair$ or surgery)).tw,tx.
110	HEART VALVE PROSTHESIS.kw.
111	((heart or cardiac) adj3 valve? adj5 (prosthe$ or mechanical or replace$)).tw,tx.
112	"TRANSPOSITION OF GREAT VESSELS".kw.
113	(Transpos$ adj2 great adj2 (vessels or arteries)).tw,tx.
114	FONTAN PROCEDURE.kw.
115	(Fontan$ adj2 (circulat$ or procedure?)).tw,tx.
116	CORONARY DISEASE.kw.
117	(Coronary adj2 (disease? or aneurysm? or arterioscleros?s or occlusion? or stenos?s or restenos?s or thrombos?s or vasospasm?)).tw,tx.
118	HEART DEFECTS, CONGENITAL.kw.
119	Cyanotic heart disease?.tw,tx.
120	(complex$ adj10 congenital$ heart disease?).tw,tx.
121	PULMONARY HYPERTENSION.kw.
122	(Pulmonary adj2 arter$ adj2 hypertens$).tw,tx.
123	VENTRICULAR DYSFUNCTION.kw.
124	((left or right) adj2 ventric$ adj2 (impair$ or systemic$ or dysfuncti$)).tw,tx.
125	(systemic$ adj2 ventric$ adj2 dysfuncti$).tw,tx.
126	(CARDIOMYOPATHIES and TIME FACTORS).kw.
127	(previous$ adj5 cardiomyopath$).tw,tx.
128	MITRAL VALVE STENOSIS.kw.
129	(mitral adj2 stenos?s).tw,tx.
130	AORTIC VALVE STENOSIS.kw.
131	(aort$ adj2 stenos?s).tw,tx.
132	AORTIC COARCTATION.kw.
133	(Coarctation? adj3 aort$).tw,tx.
134	or/65-133
135	CARDIOMYOPATHIES.kw.
136	cardiomyopath$.tw,tx.
137	myocardiopath$.tw,tx.
138	myocardial disease?.tw,tx.
139	PPCM.tw,tx.

#	Searches
140	Arrhythmogenic Right Ventricular Dysplasia.tw,tx.
141	Endocardial Fibroelastos?s.tw,tx.
142	(Isolated Noncompaction adj3 Ventricular Myocardium).tw,tx.
143	Endomyocardial Fibros?s.tw,tx.
144	(Glycogen Storage Disease adj3 (Type IIb or type 2b)).tw,tx.
145	((antopol or danon) adj2 disease?).tw,tx.
146	(Kearn$ adj3 Syndrome).tw,tx.
147	Myocardial Reperfusion Injur$.tw,tx.
148	Myocarditi$.tw,tx.
149	Carditis.tw,tx.
150	Sarcoglycanopath$.tw,tx.
151	or/135-150
152	HEMATOLOGIC DISEASES.kw.
153	(h?ematolog$ adj3 (disease? or disorder?)).tw,tx.
154	BLOOD COAGULATION DISORDERS.kw.
155	(blood adj3 coagula$ adj3 (disease? or disorder?)).tw,tx.
156	(Coagulation Protein Disorder? or Disseminated Intravascular Coagulation or Ecchymosis or Platelet Storage Pool Deficien$ or Protein S Deficien$ or Purpura or Thrombocythemia or Vitamin K Deficien$).tw,tx.
157	BLOOD PLATELET DISORDERS.kw.
158	(blood adj3 platelet$ adj3 (disease? or disorder?)).tw,tx.
159	(Bernard-Soulier Syndrome or Gray Platelet Syndrome or Platelet Storage Pool Deficienc$ or Thrombasthenia or Thrombocytopenia or Thrombocytosis or von Willebrand Disease?).tw,tx.
160	or/152-159
161	15 or 22 or 37 or 51 or 64 or 134 or 151 or 160
162	9 and 161
163	PREGNANCY, HIGH-RISK.kw.
164	(pregnan$ adj3 high$ adj3 risk$).tw,tx.
165	(pregnan$ adj10 (exist$ or preexist$) adj5 condition?).tw,tx.
166	or/163-165
167	PREGNANCY COMPLICATIONS, CARDIOVASCULAR.kw.
168	PREGNANCY COMPLICATIONS, HEMATOLOGIC.kw.
169	162 or 166 or 167 or 168
170	PRENATAL CARE.kw.
171	PRENATAL EDUCATION.kw.
172	PERINATAL CARE.kw.
173	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj5 care).tw,tx.
174	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj7 plan$).tw,tx.
175	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj5 educat$).tw,tx.
176	PATIENT CARE PLANNING.kw.
177	(care adj3 plan$).tw,tx.
178	((patient? or mother? or women) adj5 (manag$ or plan$)).tw,tx.
179	CRITICAL PATHWAY.kw.
180	CLINICAL PROTOCOLS.kw.
181	pathway?.tw,tx.
182	(clinical$ adj3 protocol?).tw,tx.
183	or/170-182
184	PATIENT CARE TEAM.kw.
185	((patient? or medical or health) adj1 care team).tw,tx.

#	Searches
186	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).tw,tx.
187	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).tw,tx.
188	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).tw,tx.
189	mdt?.tw,tx.
190	network meeting?.tw,tx.
191	or/184-190
192	INTERDISCIPLINARY COMMUNICATION.kw.
193	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$) adj3 (communic$ or collaborat$ or relation$)).tw,tx.
194	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$) adj3 (communic$ or collaborat$ or relation$)).tw,tx.
195	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (communic$ or collaborat$ or relation$)).tw,tx.
196	or/192-195
197	COOPERATIVE BEHAVIOR.kw.
198	((co-operat$ or cooperat$) adj3 (care or service? or practice?)).tw,tx.
199	((co-ordinat$ or coordinat$ or network$) adj3 (care or service? or practice?)).tw,tx.
200	or/197-199
201	MODELS, ORGANIZATIONAL.kw.
202	DELIVERY OF HEALTH CARE.kw.
203	"DELIVERY OF HEALTH CARE, INTEGRATED".kw.
204	((care or healthcare or organiz$ or organis$) adj3 model?).tw,tx.
205	(service? adj3 (deliver$ or configure$)).tw,tx.
206	or/201-205
207	(special$ adj2 (team? or approach$ or program$ or care or manag$ or service? or package?)).tw,tx.
208	((obstetric$ adj2 an?esthetist$) or cardiologist? or h?ematologist? or obstetrician? or neonatologist? or (speciali$ adj2 midwi$) or (obstetric$ adj2 physician?)).tw,tx.
209	((cardiac or cardio$ or heart or asthma$ or steroid? or h?emo$ or renal or kidney or obes) adj3 (speciali$ or professional?)).tw,tx.
210	or/207-209
211	CONTINUITY OF PATIENT CARE.kw.
212	(care adj3 continu$).tw,tx.
213	or/211-212
214	169 and 183 and 191
215	169 and 183 and 196
216	169 and 183 and 200
217	169 and 183 and 206
218	169 and 183 and 210
219	169 and 213
220	or/214-219

Database: Health Technology Assessment

#	Searches
1	PREGNANCY/
2	PERIPARTUM PERIOD/
3	PARTURITION/

#	Searches
4	exp LABOR, OBSTETRIC/
5	OBSTETRIC LABOR, PREMATURE/
6	pregnan$.tw.
7	(labo?r or childbirth or partu$ or intra?part$ or peri?part$).tw.
8	((during or giving or give) adj3 birth?).tw.
9	or/1-8
10	PRENATAL CARE/
11	PRENATAL EDUCATION/
12	PERINATAL CARE/
13	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj5 care).tw.
14	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj7 plan$).tw.
15	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj5 educat$).tw.
16	PATIENT CARE PLANNING/
17	(care adj3 plan$).tw.
18	((patient? or mother? or women) adj5 (manag$ or plan$)).tw.
19	CRITICAL PATHWAY/
20	CLINICAL PROTOCOLS/
21	pathway?.tw.
22	protocol?.tw.
23	or/10-22
24	PATIENT CARE TEAM/
25	((patient? or medical or health) adj1 care team).tw.
26	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).tw.
27	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).tw.
28	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).tw.
29	mdt?.tw.
30	network meeting?.tw.
31	or/24-30
32	INTERDISCIPLINARY COMMUNICATION/
33	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$) adj3 (communic$ or collaborat$ or relation$)).tw.
34	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$) adj3 (communic$ or collaborat$ or relation$)).tw.
35	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (communic$ or collaborat$ or relation$)).tw.
36	or/32-35
37	COOPERATIVE BEHAVIOR/
38	((co-operat$ or cooperat$) adj3 (care or service? or practice?)).tw.
39	((co-ordinat$ or coordinat$ or network$) adj3 (care or service? or practice?)).tw.
40	or/37-39
41	MODELS, ORGANIZATIONAL/
42	DELIVERY OF HEALTH CARE/
43	"DELIVERY OF HEALTH CARE, INTEGRATED"/
44	((care or healthcare or organiz$ or organis$) adj3 model?).tw.

#	Searches
45	(service? adj3 (deliver$ or configure$)).tw.
46	or/41-45
47	(special$ adj2 (team? or approach$ or program$ or care or manag$ or service? or package?)).tw.
48	((obstetric$ adj2 an?esthetist$) or cardiologist? or h?ematologist? or obstetrician? or neonatologist? or (speciali$ adj2 midwi$) or (obstetric$ adj2 physician?)).tw.
49	((cardiac or cardio$ or heart or asthma$ or steroid? or h?emo$ or renal or kidney or obes) adj3 (speciali$ or professional?)).tw.
50	or/47-49
51	CONTINUITY OF PATIENT CARE/
52	(care adj3 continu$).tw.
53	or/51-52
54	9 and 23 and 31
55	9 and 23 and 36
56	9 and 23 and 40
57	9 and 23 and 46
58	9 and 23 and 50
59	9 and 53
60	or/54-59

Database: Embase

#	Searches
1	*PREGNANCY/
2	*PERINATAL PERIOD/
3	exp *BIRTH/
4	exp *LABOR/
5	*PREMATURE LABOR/
6	*INTRAPARTUM CARE/
7	pregnan$.ti,ab.
8	(labo?r or childbirth or partu$ or intra?part$ or peri?part$).ti,ab.
9	((during or giving or give) adj3 birth?).ti,ab.
10	or/1-9
11	*OBESITY/ or *ABDOMINAL OBESITY/ or *MORBID OBESITY/
12	*BODY MASS/ or *BODY SIZE/ or *WAIST CIRCUMFERENCE/ or *WAIST-HIP RATIO/
13	(body mass index or obesity or obese).ti.
14	(heavy or heavier or overweight or fat$ or BMI).ti.
15	*ADIPOSE TISSUE/ or *WHITE ADIPOSE TISSUE/
16	or/11-15
17	exp ASTHMA/
18	asthma$.ti,ab.
19	BRONCHOSPASM/
20	(Bronchospasm? or bronch$ spasm?).ti,ab.
21	BRONCHOCONSTRICTION/
22	(Bronchoconstrict$ or bronch$ constrict$).ti,ab.
23	or/17-22
24	*BRAIN HEMORRHAGE/
25	*SUBARACHNOID HEMORRHAGE/
26	(h?emorrhag$ adj3 (subarachnoid or intracranial$)).ab,ti.
27	SAH?.ab,ti.
28	*CEREBROVASCULAR MALFORMATION/
29	*BRAIN ARTERIOVENOUS MALFORMATION/
30	((Intracranial$ or cerebr$ or brain?) adj5 (arteriovenous or arterio-venous) adj3 malform$).ab,ti.

#	Searches
31	(cerebr$ adj3 malform$).ab,ti.
32	AVM?.ab,ti.
33	(recurr$ adj3 h?emorrhag$).ti,ab.
34	*CEREBROVASCULAR ACCIDENT/
35	(Cerebr$ adj3 accident?).ti,ab.
36	cva.ti,ab.
37	*HEMIPLEGIA/
38	hemiplegia?.ti,ab.
39	cavernoma?.ti,ab.
40	or/24-39
41	exp *STEROID/
42	exp *CORTICOSTEROID/
43	*PREDNISONE/
44	*PREDNISOLONE/
45	*HYDROCORTISONE/
46	*DEXAMETHASONE/
47	steroid$.mp.
48	corticosteroid?.mp.
49	prednisone.mp.
50	(prednisolone or fluprednisolone or methylprednisolone or prednimustine).mp.
51	(hydrocortisone or fludrocortisone).mp.
52	dexamethasone.mp.
53	or/41-52
54	((stress or rescue or maintenance or increment$ or boost$ or supplement$ or additional$ or added$ or increas$) adj3 (dose? or dosag$)).ti,ab.
55	((Temporar$ or short term or physiological$) adj3 increase$).ti,ab.
56	or/54-55
57	53 and 56
58	((steroid$ or corticosteroid? or prednisone or fluprednisolone or methylprednisolone or prednimustine or Hydrocortisone or fludrocortisone or Dexamethasone) adj3 (stress or rescue or maintenance or increment$ or boost$ or supplement$ or additional$ or added$ or increas$)).mp.
59	((steroid$ or corticosteroid? or prednisone or fluprednisolone or methylprednisolone or prednimustine or Hydrocortisone or fludrocortisone or Dexamethasone) adj3 (high$ adj2 (dose? or level?))).mp.
60	((steroid$ or corticosteroid? or prednisone or fluprednisolone or methylprednisolone or prednimustine or Hydrocortisone or fludrocortisone or Dexamethasone) adj3 replace$).mp.
61	((steroid$ or corticosteroid? or prednisone or fluprednisolone or methylprednisolone or prednimustine or Hydrocortisone or fludrocortisone or Dexamethasone) adj3 (regimen$ or long term)).mp.
62	or/57-61
63	CHRONIC KIDNEY DISEASE/
64	CHRONIC KIDNEY FAILURE/
65	END STAGE RENAL DISEASE/
66	((Renal$ or kidney?) adj5 (disease? or insuffic$ or fail$) adj5 (chronic$ or end-stage?)).ab,ti.
67	CKD.ab,ti.
68	ESRD.ab,ti.
69	Frasier syndrome.ti,ab.
70	ACUTE KIDNEY FAILURE/
71	((Renal$ or kidney?) adj5 (injur$ or insuffic$ or fail$) adj5 acute$).ab,ti.
72	(Kidney adj5 tubular necrosis adj5 acute$).ab,ti.
73	(Nephrosis adj5 nephron adj5 lower).ab,ti.

#	Searches
74	AKI.ab,ti.
75	exp KIDNEY TRANSPLANTATION/
76	((kidney? or renal$) adj3 (transplant$ or graft$)).ti,ab.
77	or/63-76
78	PULMONARY VALVE STENOSIS/
79	(pulmonary adj2 stenos$).ti,ab.
80	PATENT DUCTUS ARTERIOSUS/
81	(Paten$ adj2 ductus arteriosus).ti,ab.
82	MITRAL VALVE PROLAPSE/
83	(mitral valve? adj2 (prolapse? or floppy)).ti,ab.
84	click murmur syndrome?.ti,ab.
85	(Repair$ adj3 lesion? adj3 (heart? or cardiac)).ti,ab.
86	HEART SEPTUM DEFECT/
87	((atrial or ventricul$ or intraventricul$) adj2 septal adj2 defect$).ti,ab.
88	(persist$ adj2 ostium primum).ti,ab.
89	anomal$ pulmonary venous drain$.ti,ab.
90	EXTRASYSTOLE/
91	((Atrial or ventricular or supraventricular) adj2 (ectopic or premature) adj2 (beat? or complex$ or complice?)).ti,ab.
92	((Atrial or ventricular) adj2 extrasystole?).ti,ab.
93	FALLOT TETRALOGY/su [Surgery]
94	(tetralogy adj2 Fallot$ adj10 (repair$ or surgery)).ti,ab.
95	exp *HEART ARRHYTHMIA/
96	(arrhythmia? or dysrhythmia?).ti,ab.
97	(Atrial adj2 (Fibrillation or Flutter)).ti,ab.
98	(Bradycardia? or bradyarrhythmia?).ti,ab.
99	Brugada Syndrome.ti,ab.
100	(premature adj2 (atrial or ventricular) adj2 contraction?).ti,ab.
101	Heart Block.ti,ab.
102	Long QT Syndrome.ti,ab.
103	Parasystole.ti,ab.
104	Pre-Excitation Syndrome?.ti,ab.
105	Tachycardia?.ti,ab.
106	(Ventricular adj2 (Fibrillation or Flutter)).ti,ab.
107	exp *HYPERTROPHIC CARDIOMYOPATHY/
108	(Hypertrophic adj2 cardiomyopath$).ti,ab.
109	AORTIC VALVE REGURGITATION/
110	MITRAL VALVE REGURGITATION/
111	((mitral or aort$) adj2 (regurg$ or incompeten$)).ti,ab.
112	((mitral or aort$) adj2 valv$ adj2 insufficien$).ti,ab.
113	MARFAN SYNDROME/
114	(Marfan$ adj2 syndrome).ti,ab.
115	exp *AORTA DISEASE/
116	(aort$ adj2 (disease? or aneurysm? or ruptur$)).ti,ab.
117	Aortitis.ti,ab.
118	Loeys-Dietz Syndrome.ti,ab.
119	Leriche Syndrome.ti,ab.
120	AORTA COARCTATION/su [Surgery]
121	(Coarctation? adj10 (repair$ or surgery)).ti,ab.
122	exp *HEART VALVE PROSTHESIS/
123	((heart or cardiac) adj3 valve? adj5 (prosthe$ or mechanical or replace$)).ti,ab.
124	GREAT VESSELS TRANSPOSITION/
125	(Transpos$ adj2 great adj2 (vessels or arteries)).ti,ab.

#	Searches
126	FONTAN PROCEDURE/
127	(Fontan$ adj2 (circulat$ or procedure?)).ti,ab.
128	exp *CORONARY ARTERY DISEASE/
129	(Coronary adj2 (disease? or aneurysm? or arterioscleros?s or occlusion? or stenos?s or restenos?s or thrombos?s or vasospasm?)).ti,ab.
130	CYANOTIC HEART DISEASE/
131	Cyanotic heart disease?.ti,ab.
132	*CONGENITAL HEART DISEASE/
133	(complex$ adj10 congenital$ heart disease?).ti,ab.
134	*PULMONARY HYPERTENSION/
135	(Pulmonary adj2 arter$ adj2 hypertens$).ti,ab.
136	exp *HEART VENTRICLE FAILURE/
137	((left or right) adj2 ventric$ adj2 (impair$ or systemic$ or dysfuncti$)).ti,ab.
138	(systemic$ adj2 ventric$ adj2 dysfuncti$).ti,ab.
139	exp CARDIOMYOPATHY/ and TIME FACTOR/
140	(previous$ adj5 cardiomyopath$).ti,ab.
141	MITRAL VALVE STENOSIS/
142	(mitral adj2 stenos?s).ti,ab.
143	AORTA VALVE STENOSIS/
144	(aort$ adj2 stenos?s).ti,ab.
145	AORTA COARCTATION/
146	(Coarctation? adj3 aort$).ti,ab.
147	or/78-146
148	exp CARDIOMYOPATHY/
149	cardiomyopath$.ti,ab.
150	myocardiopath$.ti,ab.
151	myocardial disease?.ti,ab.
152	PPCM.ti,ab.
153	Arrhythmogenic Right Ventricular Dysplasia.ti,ab.
154	Endocardial Fibroelastos?s.ti,ab.
155	(Isolated Noncompaction adj3 Ventricular Myocardium).ti,ab.
156	Endomyocardial Fibros?s.ti,ab.
157	(Glycogen Storage Disease adj3 (Type IIb or type 2b)).ti,ab.
158	((antopol or danon) adj2 disease?).ti,ab.
159	(Kearn$ adj3 Syndrome).ti,ab.
160	Myocardial Reperfusion Injur$.ti,ab.
161	Myocarditi$.ti,ab.
162	Carditis.ti,ab.
163	Sarcoglycanopath$.ti,ab.
164	or/148-163
165	exp *THROMBOCYTE DISORDER/
166	(Blood Platelet Disorder? or Bernard-Soulier Syndrome or Gray Platelet Syndrome or Platelet Storage Pool Deficien$ or Hermanski-Pudlak Syndrome or Thrombasthenia or Thrombocytopeni$ or Jacobsen Distal 11q Deletion Syndrome or Kasabach-Merritt Syndrome or Thrombotic Microangiopath$ or Hemolytic-Uremic Syndrome or (Purpura adj3 Thrombocytopeni$) or Glanzmann$ thrombastenia).ti,ab.
167	*HELLP SYNDROME/
168	HELLP.ti,ab.
169	*HEMOLYTIC UREMIC SYNDROME/
170	hemolytic uremic syndrome.ti,ab.
171	*SYSTEMIC LUPUS ERYTHEMATOSUS/
172	systemic lupus erythematosus.ti,ab.
173	*ANTIPHOSPHOLIPID SYNDROME/

#	Searches
174	((antiphospholipid or anti-phospholipid) adj3 syndrome?).ti,ab.
175	Evans syndrome.ti,ab.
176	(Platelet adj3 (Disorder? or dysfunction$) adj10 (infect$ or human immunodeficiency virus$ or HIV or parvovirus or (Drug adj3 (relat$ or due or induced)) or Liver disease?)).ti,ab.
177	(Bone marrow suppression or myelotoxic$ or myelosuppression).ti,ab.
178	*BLEEDING DISORDER/
179	*BLOOD CLOTTING DISORDER/
180	*ACTIVATED PROTEIN C RESISTANCE/
181	exp *BLOOD CLOTTING FACTOR DEFICIENCY/
182	*DISSEMINATED INTRAVASCULAR CLOTTING/
183	(Hemorrhagic Disorder? or Afibrinogenemia or Bernard-Soulier Syndrome or Disseminated Intravascular Coagulation or Factor V Deficien$ or Factor VII Deficien$ or Factor X Deficien$ or Factor XI Deficien$ or Factor XII Deficien$ or Factor XIII Deficien$ or H?emophilia? or Hemostatic Disorder? or Cryoglobulinemia or Ehlers-Danlos Syndrome or (Hemangioma? adj3 Cavernous) or Multiple Myeloma or Pseudoxanthoma Elasticum or (Purpura adj3 Hyperglobulinemic) or (Purpura adj3 Schoenlein-Henoch) or Scurvy or Shwartzman Phenomenon or (Telangiectasia adj3 Heredit$) or Waldenstrom Macroglobulinemia or Hypoprothrombinemia? or (Prothrombin adj3 Deficien$) or Platelet Storage Pool Deficien$ or Hermanski-Pudlak Syndrome or (Purpura adj3 Thrombocytopeni$) or Thrombasthenia or Thrombocythemia or Vitamin K Deficien$ or von Willebrand Disease? or Waterhouse-Friderichsen Syndrome or Wiskott-Aldrich Syndrome or (Fibrinogen adj3 Deficien$) or Dysfibrinogenemia or Hypofibrinogenemia).ti,ab.
184	((Blood Coagulation Disorder? adj3 Inherit$) or Activated Protein C Resistan$ or Antithrombin III Deficien$ or Protein C Deficien$).ti,ab.
185	or/165-184
186	16 or 23 or 40 or 62 or 77 or 147 or 164 or 185
187	10 and 186
188	HIGH RISK PREGNANCY/
189	(pregnan$ adj3 high$ adj3 risk$).ab,ti.
190	(pregnan$ adj10 (exist$ or preexist$) adj5 condition?).ab,ti.
191	or/188-190
192	187 or 191
193	PRENATAL CARE/
194	CHILDBIRTH EDUCATION/
195	PERINATAL CARE/
196	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj5 care).ti,ab.
197	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj7 plan$).ti,ab.
198	((antenatal$ or ante-natal$ or prenatal$ or pre-natal$ or perinatal$ or preri-natal$) adj5 educat$).ti,ab.
199	PATIENT CARE PLANNING/
200	(care adj3 plan$).ti,ab.
201	((patient? or mother? or women) adj5 (manag$ or plan$)).ti,ab.
202	CLINICAL PATHWAY/
203	CLINICAL PROTOCOL/
204	pathway?.ti,ab.
205	protocol?.ti,ab.
206	or/193-205
207	*PATIENT CARE/
208	((patient? or medical or health) adj1 care team).ab,ti.
209	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).ab,ti.

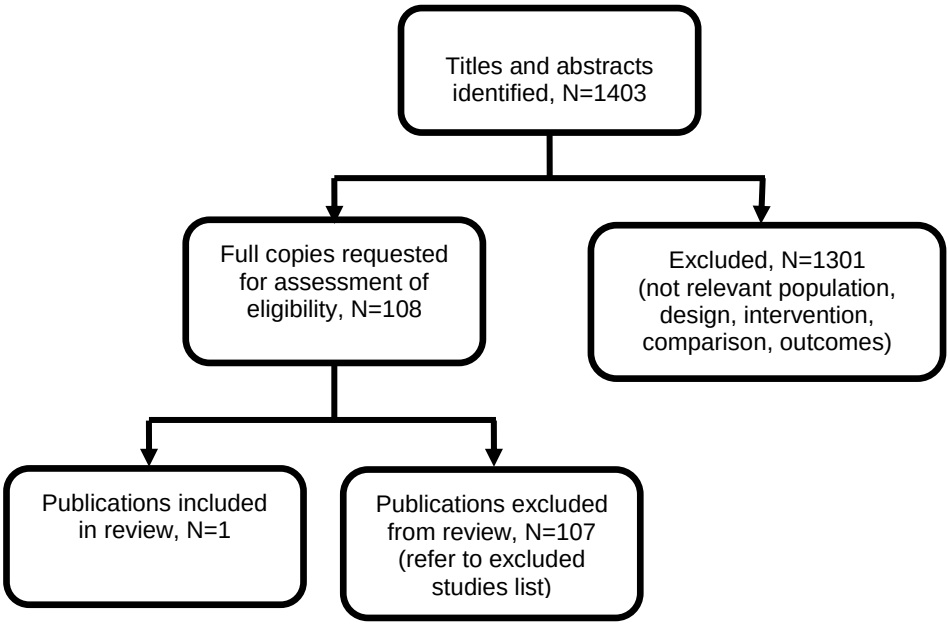
#	Searches
210	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).ab,ti.
211	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or group? or care or manag$ or service?)).ab,ti.
212	mdt?.ab,ti.
213	network meeting?.ti,ab.
214	or/207-213
215	INTERDISCIPLINARY COMMUNICATION/
216	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
217	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
218	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
219	or/215-218
220	*COOPERATION/
221	((co-operat$ or cooperat$) adj3 (care or service? or practice?)).ab,ti.
222	((co-ordinat$ or coordinat$ or network$) adj3 (care or service? or practice?)).ab,ti.
223	or/220-222
224	*NONBIOLOGICAL MODEL/
225	*HEALTH CARE DELIVERY/
226	INTEGRATED HEALTH CARE SYSTEM/
227	((care or healthcare or organiz$ or organis$) adj3 model?).ti,ab.
228	(service? adj3 (deliver$ or configure$)).ti,ab.
229	or/224-228
230	(special$ adj2 (team? or approach$ or program$ or care or manag$ or service? or package?)).ti,ab.
231	((obstetric$ adj2 an?esthetist$) or cardiologist? or h?ematologist? or obstetrician? or neonatologist? or (speciali$ adj2 midwi$) or (obstetric$ adj2 physician?)).ti.
232	((obstetric$ adj2 an?esthetist$) or cardiologist? or h?ematologist? or obstetrician? or neonatologist? or (speciali$ adj2 midwi$) or (obstetric$ adj2 physician?)).ab. /freq=2
233	((cardiac or cardio$ or heart or asthma$ or steroid? or h?emo$ or renal or kidney or obes) adj3 (speciali$ or professional?)).ti,ab.
234	or/230-233
235	(care adj3 continu$).ti,ab.
236	192 and 206 and 214
237	192 and 206 and 219
238	192 and 206 and 223
239	192 and 206 and 229
240	192 and 206 and 234
241	192 and 235
242	or/236-241
243	limit 242 to english language
244	letter.pt. or LETTER/
245	note.pt.
246	editorial.pt.
247	CASE REPORT/ or CASE STUDY/
248	(letter or comment*).ti.
249	or/244-248
250	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
251	249 not 250

#	Searches
252	ANIMAL/ not HUMAN/
253	NONHUMAN/
254	exp ANIMAL EXPERIMENT/
255	exp EXPERIMENTAL ANIMAL/
256	ANIMAL MODEL/
257	exp RODENT/
258	(rat or rats or mouse or mice).ti.
259	or/251-258
260	243 not 259
261	(2016$ or 2017$).dd,yr.
262	260 and 261

Appendix C – Clinical evidence study selection

Antenatal care planning involving a multidisciplinary team

Figure 1: Flow diagram of clinical article selection for antenatal care planning involving a multidisciplinary team



Appendix D – Excluded studies

Antenatal care planning involving a multidisciplinary team

Clinical studies

Study	Reason for exclusion
Ali,R., Ozkalemkas,F., Ozcelik,T., Ozkocaman,V., Ozan,U., Kimya,Y., Koksal,N., Bulbul-Baskan,E., Develioglu,O., Tufekci,M., Tunali,A., Idiopathic thrombocytopenic purpura in pregnancy: a single institutional experience with maternal and neonatal outcomes, Annals of Hematology, 82, 348-352, 2003	Study design; case series (involvement of a multidisciplinary team (MDT) in antenatal care was not specified)
Allyn, J., Guglielminotti, J., Omnes, S., Guezouli, L., Egan, M., Jondeau, G., Longrois, D., Montravers, P., Marfan's syndrome during pregnancy: anesthetic management of delivery in 16 consecutive patients, Anesthesia & Analgesia, 116, 392-8, 2013	Study design; case series. No relevant comparison. Care was standardised and mode of delivery was decided at a MDT meeting attended by obstetricians, cardiologists, and anaesthesiologists during the third trimester for all women.
Anonymous,, Providers reap DM benefits with in-house programs, Healthcare Demand & Disease Management, 4, 161-7, 1998	Full text unavailable
Arora, N., Mahajan, K., Jana, N., Taraphder, A., Pregnancy-related acute renal failure in eastern India, International Journal of Gynaecology & Obstetrics, 111, 213-6, 2010	Study design; case series (no relevant comparison)
Baird, S. M., Graves, C. R., REACT: An Interprofessional Education and Safety Program to Recognize and Manage the Compromised Obstetric Patient, Journal of Perinatal & Neonatal Nursing, 29, 138-48, 2015	Intervention outside of scope; the intervention was a MDT education programme for recognising and managing early warning signs and symptoms in women during pregnancy, childbirth or the puerperium
Baran, C., Krishnamoorthy, P., Improving patient safety: Audit of maternal medicine clinic and appropriate referrals for cardiac disease in pregnancy as highlighted in CMACE/MBRRACE-UK report, BJOG: An International Journal of Obstetrics and Gynaecology, 124, 141, 2017	Conference proceedings
Bick, D., Beake, S., Chappell, L., Ismail, K. M., McCance, D. R., Green, J. S., Taylor, C., Management of pregnant and postnatal women with pre-existing diabetes or cardiac disease using multi-disciplinary team models of care: a systematic review, BMC Pregnancy & Childbirth, 14, 428, 2014	Systematic review. Included studies were assessed for inclusion in the guideline review Some were not relevant because they were about diabetes. Others were not relevant because they were either opinion papers, consensus statements or guidelines. Two studies (Curtis 2009 and Greutmann 2010) were reviewed full text and excluded (an exclusion reason is provided in this table of excluded studies)
Billebeau, G., Martin, E., Cheikh-Khelifa, R., Vauthier-Brouzes, D., Gandjbakhch, E., Isnard, R., Nizard, J.,	Study design; case series (no relevant comparison)

Study	Reason for exclusion
Komajda, M., Dommergues, M., Charron, P., Pregnancy in women with a cardiomyopathy: Outcomes and predictors from a retrospective cohort, Archives of Cardiovascular Diseases Supplements, 8, 33, 2016	
Billebeau, Gilles, Etienne, Martin, Cheikh-Khelifa, Riadh, Vauthier-Brouzes, Daniele, Gandjbakhch, Estelle, Isnard, Richard, Nizard, Jacky, Komajda, Michel, Dommergues, Marc, Charron, Philippe, Pregnancy in women with a cardiomyopathy: Outcomes and predictors from a retrospective cohort, Archives of cardiovascular diseases, 2017	Intervention outside of scope; no MDT intervention or observation of the effect of MDT on outcomes
Biro,M.A., Waldenstrom,U., Brown,S., Pannifex,J.H., Satisfaction with team midwifery care for low- and high-risk women: a randomized controlled trial, Birth, 30, 1-10, 2003	No relevant intervention
Bonham, Catherine A., Patterson, Karen C., Strek, Mary E., Asthma Outcomes and Management During Pregnancy, Chest, 2017	Study design; non-systematic review (potentially relevant references checked)
Boudreaux, M. C., Miller, J. M., Jr., Wightkin, J., Martin, S., Mather, F., Collaborative care for obstetric patients at low and high risk: an evolving model, Journal of Perinatology, 17, 33-6, 1997	Population outside of scope; population included both women at low and high risk
Bradley, T. J., Bowdin, S. C., Multidisciplinary Aortopathy Clinics Should Now Be the Standard of Care in Canada, Canadian Journal of Cardiology, 32, 8-12, 2016	Study design; non-systematic review
Bramham, K., Pregnancy in Renal Transplant Recipients and Donors, Seminars in Nephrology, 37, 370-377, 2017	Study design; non-systematic review(no relevant data)
Byrd, L., Donnai, P., Gokal, R., Outcome of pregnancy following renal transplantation, Journal of Obstetrics & Gynaecology, 20, 15-8, 2000	Study design; case series (no relevant comparison)
Carman, A. F., Coverston, C. R., Schwartz, R., Warnick, M. L., Evaluation of perinatal care management programs: an integrated review, Care Management Journals, 5, 19-24, 2004	Study design; non-systematic review
Centre for Reviews and Dissemination, Stillbirths within the framework of midwifery pilot projects in Quebec (Structured abstract), Database of Abstracts of Reviews of Effects, 2015	A full text copy of the article could not be obtained
Chambers,K., Asthma education and outcomes for women of childbearing age, Case Manager, 14, 58-61, 2003	Study design; survey on medication adherence in pregnant women with asthma
Chugh,R., Management of pregnancy in women with repaired CHD or after the Fontan procedure, Current Treatment Options in Cardiovascular Medicine, 15, 646-662, 2013	Study design; non-systematic review
Chwah, S. R., Reilly, A., Hall, B., O'Sullivan, A. J., Henry, A., Engagement with and outcomes of a	Intervention unclear; evaluation of a midwifery-led weight intervention. The

Study	Reason for exclusion
Midwifery-led intervention group for pregnant women of high body mass index, Obstetric Medicine, 9, 120-125, 2016	intervention is not clearly described and it is not clear whether the intervention involves a MDT
Crumb, S. R., Colombo, D. F., Cook, S. C., Woods, P. L., Daniels, C. J., High risk cardiovascular disease and pregnancy: Can we change the risk of maternal mortality and complications?, Journal of the American College of Cardiology, 55 (10 SUPPL 1), A41.E392, 2010	Conference proceedings. No relevant comparison (outcomes were compared to data in the published literature)
Curtis, Stephanie L., Marsden-Williams, Joanna, Sullivan, Charlotte, Sellers, Susan M., Trinder, Johanna, Scrutton, Mark, Stuart, A. Graham, Current trends in the management of heart disease in pregnancy, International Journal of Cardiology, 133, 62-9, 2009	Study design; case series. No relevant comparison. The paper describes the management and outcomes of pregnancies with heart disease in a tertiary referral centre. The article focuses on adherence to or deviation from management standards, including the provision of multidisciplinary care. The authors provide the number of women that had a multidisciplinary discussion; however, they do not compare the outcomes of women that had or did not have a multidisciplinary discussion
Davis, D. L., Raymond, J. E., Clements, V., Adams, C., Mollart, L. J., Teate, A. J., Foureur, M. J., Addressing obesity in pregnancy: the design and feasibility of an innovative intervention in NSW, Australia, Women & Birth: Journal of the Australian College of Midwives, 25, 174-80, 2012	Study design; mixed methods evaluation. No relevant outcomes for the quantitative review
Demers, C., Derzko, C., David, M., Douglas, J., Francoeur, D., Garvey, B., Israels, S., Lillicrap, D., Rivard, G., Scully, M. F., Vickars, L., Gynaecological and Obstetric Management of Women With Inherited Bleeding Disorders, Journal of Obstetrics and Gynaecology Canada, 27, 707-718, 2005	Study design unclear. Study design unclear. The paper outlines recommendations that were made taking into account available evidence; however it is not clear whether the evidence was identified using a systematic review. The recommendations were based on low-quality evidence
Diaz Anton, B., Villar Ruiz, O., Granda Nistal, C., Martin Asenjo, R., Jimenez Lopez-Guarch, C., Escribano Subias, P., Pregnancy in Women With Structural Heart Disease: Experience in a Centre, Revista Espanola de Cardiologia, 68, 1189-90, 2015	Study design; case series using a retrospective registry covering 1998 to 2014. Pregnancy was managed in a MDT from 2007 only, however there is no comparison between pregnancies that were managed with or without involvement of a MDT
Diehl-Svrjcek, B. C., Richardson, R., Decreasing NICU Costs in the managed care arena: the positive impact of collaborative high-risk OB and NICU disease management programs, Lippincott's Case Management, 10, 159-66, 2005	Mixed population. The program targeted women with preterm labour, diabetes, substance abuse, hypertension, HIV/AIDS, adolescents, sickle cell disease as well as women with medical conditions relevant to current review. Outcomes are not presented separately for women with relevant conditions

Study	Reason for exclusion
Dubey, M., Wilson, E., Antenatal clinics-moving forward, BJOG: An International Journal of Obstetrics and Gynaecology, 123, 38, 2016	Conference proceedings; no relevant outcomes
Eger, K., Van Nederveen-Bendien, S., Van Oord, S., Heijerman, H., Asthma control and medication use during pregnancy, is a specialized asthma & pregnancy outpatient clinic of added value?, COPD: Journal of Chronic Obstructive Pulmonary Disease, 14, 265-266, 2017	Conference proceedings; full text unavailable. Not enough detail reported to know if relevant
Ellingsen, L., Vangen, S., Cardiovascular maternal deaths in Norway, 1996-2011, Journal of Maternal-Fetal and Neonatal Medicine, 27, 239, 2014	Conference proceedings; no relevant comparison
Farook,F., Mahmood,N., Wani,S., Salih,B., Mahmeed,W., Cardiac disease in pregnancy: Corniche Hospital, UAE experience, Circulation, 125, e765-, 2012	Conference proceedings; no relevant comparison
Fowler, K., Schafer, D., Sica, M., Pogasic, D., Gardner, K., Szczepanski, S., David, M., Flannery, T., King-Dailey, K., Peripartum cardiomyopathy (PPCM): Interdisciplinary coordination for a complex patient population, Heart and Lung: Journal of Acute and Critical Care, 46, 212-213, 2017	Conference proceedings; no relevant data
Gandhi, Manisha, Martin, Stephanie R., Cardiac disease in pregnancy, Obstetrics and Gynecology Clinics of North America, 42, 315-33, 2015	Study design; non-systematic review
Ghaffari, N., Srinivas, S. K., Durnwald, C. P., The multidisciplinary approach to the care of the obese parturient, American Journal of Obstetrics & Gynecology, 213, 318-25, 2015	Study design; non-systematic review
Gonzalez-Calvo, J., Jackson, J., Hansford, C., Woodman, C., Remington, N. S., Nursing case management and its role in perinatal risk reduction: development, implementation, and evaluation of a culturally competent model for African American women, Public Health Nursing, 14, 190-206, 1997	Population outside of scope. Enrolment in the case management programme was based on a list of risk factors, most of which were not relevant to the guideline review; e.g., recent incarceration or substance abuse. Only the risk factor "medical conditions" may have been relevant to the guideline review. However, outcome data were not presented separately for women with medical conditions relevant to the guideline review
Gordon, S., Aydam, J., Hamm, K., Rocha, M., Northcut, A., Roberson, B., Shook, M., Improving communication and coordination of complex perinatal patients, MCN, American Journal of Maternal Child Nursing, 40, 167-73, 2015	Population outside of scope. 80% of participants had fetal diagnoses and 20% had maternal; however, diagnoses included conditions not relevant to the guideline review such as chemical dependence. No relevant outcomes. Quantitative results only focus on the increasing number of perinatal patient care conferences over time
Goya, M., Casellas, M., Merced, C., Pijuan-Domenech, A., Galian, L., Dos, L., Casaldaliga, J.,	No relevant comparison; care of women during pregnancy was carried out

Study	Reason for exclusion
Subirana, M., Pedrosa, V., Rojas, M., Martinez, C., Ferreira, I., Monts, M., Gascon, A., Mendoza, M., Baro, F., Suy, A., Lopez-Gil, V., Manrique, S., Tornos, P., Garcia-Dorado, D., Carreras, E., Cabero, L., Predictors of obstetric complications in women with heart disease, Journal of Maternal-Fetal and Neonatal Medicine, 29, 2306-2311, 2016	according to protocol by a MDT of cardiologists, obstetricians, and anaesthetists. There is no comparison of management with and without a MDT or between different models of MDTs
Greutmann, Matthias, Pieper, Petronella G., Pregnancy in women with congenital heart disease, European Heart Journal, 36, 2491-9, 2015	Study design non-systematic review (no relevant data)
Greutmann, Matthias, Von Klemperer, Katherine, Brooks, Ruth, Peebles, Donald, O'Brien, Patrick, Walker, Fiona, Pregnancy outcome in women with congenital heart disease and residual haemodynamic lesions of the right ventricular outflow tract, European heart journal, 31, 1764-70, 2010	No relevant comparison; all women in the study were cared for by a specialist multidisciplinary pregnancy team that included one specialist Grown-up congenital heart disease cardiologist, two obstetricians, one anaesthetist, one haematologist and a clinical nurse specialist. At 32-34 weeks a written birth plan was provided for all women after discussion with the MDT
Gul e, Irum, Mazhar, S. B., Fetomaternal outcome in pregnancy with cardiac disease, Journal of the College of Physicians and Surgeons Pakistan, 15, 476-480, 2005	Study design; case series (no relevant comparison)
Healthcare Insurance Board/College voor zorgverzekeringen (CVZ), Integrated home care of high risk pregnant women - primary research (Structured abstract), Health Technology Assessment Database, 2016	A full text copy of the article could not be obtained
Heins,H.C.,Jr., Nance,N.W., McCarthy,B.J., Efird,C.M., A randomized trial of nurse-midwifery prenatal care to reduce low birth weight, Obstetrics and Gynecology, 75, 341-345, 1990	Population outside of scope. "At entry into the trial, all subjects were free of known medical or pregnancy complications". No relevant comparison
Hladunewich, M. A., Chronic Kidney Disease and Pregnancy, Seminars in Nephrology, 37, 337-346, 2017	Study design; non-systematic review (no relevant data)
Hodnett,E.D., Fredericks,S., Weston,J., Support during pregnancy for women at increased risk of low birthweight babies, Cochrane Database of Systematic Reviews, -, 2010	Systematic review. Included studies were assessed for inclusion in the guideline review and were not eligible for inclusion
Hollowell, J, Rowe, R, Townend, J, Knight, M, Li, Y, Linsell, L, Redshaw, M, Brocklehurst, P, Macfarlane, A, Marlow, N, McCourt, C, Newburn, M, Sandall, J, Silvert, The Birthplace in England national prospective cohort study: further analyses to enhance policy and service delivery decision-making for planned place of birth (Structured abstract), Health Technology Assessment Database, 2016	Most chapters focus on low-risk women. Chapter 7 focuses on women at higher risk of complications; however, it does not evaluate the use of MDTs
Hume, O. S., Practical management of high-risk pregnancy, Texas Medicine, 71, 53-61, 1975	Study design; non-systematic review and discussion paper

Study	Reason for exclusion
Ioscovich, A. M., Goldszmidt, E., Fadeev, A. V., Grisaru-Granovsky, S., Halpern, S. H., Peripartum anesthetic management of patients with aortic valve stenosis: a retrospective study and literature review, International Journal of Obstetric Anesthesia, 18, 379-86, 2009	No relevant comparison. For women included in the case series, the decision to perform or not perform a caesarean section was made "after a case conference with the obstetrician, cardiologist, anaesthesiologist and neonatologist"
Ituk, U. S., Habib, A. S., Polin, C. M., Allen, T. K., Anesthetic management and outcomes of parturients with dilated cardiomyopathy in an academic centre, Canadian Journal of Anaesthesia, 62, 278-88, 2015	Study design; case series. No relevant comparison. The anaesthetic management of these women started in the antepartum period. Clinical progress and management were discussed at weekly multidisciplinary case conferences attended by obstetricians, anaesthesiologists, cardiologists, and neonatologists
Kaemmerer,H., Bauer,U., Stein,J.I., Lemp,S., Bartmus,D., Hoffmann,A., Niesert,S., Osmers,R., Fratz,S., Rossa,S., Lange,P.E., Beitzke,A., Schneider,K.T., Hess,J., Pregnancy in congenital cardiac disease: an increasing challenge for cardiologists and obstetricians -- a prospective multicenter study, Zeitschrift fur Kardiologie, 92, 16-23, 2003	Study design; case series. No relevant comparison. All women underwent standardised cardiologic and obstetric evaluation in each trimester of pregnancy
Kevane, B., McKenna, P., Walsh, K., Donnelly, J. C., Flood, K., Cullen, M., Bowen, M., Thornton, P., Loughrey, J., Coulter-Smith, S., Ainle, F. N., Haemorrhagic and thrombotic complications in pregnant women with acquired and congenital cardiac disease, Journal of Perinatal Medicine, 43, 165-169, 2015	Study design; case series. No relevant comparison. All women were in the care of a multidisciplinary service. The multidisciplinary management of pregnant women with cardiac disease included collaboration between obstetricians, obstetric haematologists, cardiologists, anaesthetists and paediatricians. Each high-risk pregnant woman with underlying cardiac disease was discussed regularly at a formal MDT meeting, where an individualised care pathway was formulated and an agreed, written delivery plan recorded in the patientâ€ ™s medical notes
Khursheed, R., Tabasum, A., Zargar, B., Maternal and fetal outcome in pregnancies complicated with maternal cardiac diseases: Experience at a tertiary care hospital, Internet Journal of Gynecology and Obstetrics, 19, 2015	A full text copy of the article could not be obtained
Kiely,D.G., Condliffe,R., Webster,V., Mills,G.H., Wrench,I., Gandhi,S.V., Selby,K., Armstrong,I.J., Martin,L., Howarth,E.S., Bu'lock,F.A., Stewart,P., Elliot,C.A., Improved survival in pregnancy and pulmonary hypertension using a multiprofessional approach, BJOG: An International Journal of Obstetrics and Gynaecology, 117, 565-574, 2010	Case series. No relevant comparison. The article describes the management of 10 consecutive pregnancies. Management of these pregnancies was based on a systematic multiprofessional approach involving close co-operation between pulmonary vascular physicians and nurses, obstetricians, anaesthetists and haematologists. This multiprofessional approach included the early institution of

Study	Reason for exclusion
	targeted therapy and a planned caesarean section at around 34 weeks
L'Agence Nationale d'Accreditation d'Evaluation en Sante (ANAES), Health care guidelines for mother and child during pregnancy (Structured abstract), Health Technology Assessment Database, 2016	A full text copy of the article could not be obtained
Langesaeter,E., Dragsund,M., Rosseland,L.A., Regional anaesthesia for a Caesarean section in women with cardiac disease: a prospective study, Acta Anaesthesiologica Scandinavica, 54, 46-54, 2010	Case series with 113 pregnancies (103 births and 10 abortions). No relevant comparison. Women who gave birth between November 2003 and April 2008 were included. The authors mention that in the beginning there was no organized multidisciplinary group and only from 2005 a multidisciplinary team of cardiologists, obstetricians, obstetric anaesthetists, and a cardiac anaesthetist had regular meetings to discuss all pregnant women with a cardiac diagnosis planned for birth at their hospital. However data are not presented separately for women managed before and after the establishment of the multidisciplinary team. Moreover the authors mention that 103 women were scheduled for an elective caesarean section or planned for a vaginal birth after a multidisciplinary assessment
Lim, A. S., Stewart, K., Abramson, M. J., Walker, S. P., Smith, C. L., George, J., Multidisciplinary Approach to Management of Maternal Asthma (MAMMA): a randomized controlled trial, Chest, 145, 1046-54, 2014	No relevant intervention. Unclear if the intervention involved any care planning for birth. The intervention involved not only a multidisciplinary approach but also other components, such as additional monitoring or education sessions and the provision of an electronic spirometer to encourage home monitoring of lung function
Lim, J. C. E. S., Cauldwell, M., Patel, R. R., Uebing, A., Curry, R. A., Johnson, M. R., Gatzoulis, M. A., Swan, L., Management of Marfan Syndrome during pregnancy: A real world experience from a Joint Cardiac Obstetric Service, International Journal of Cardiology, 243, 180-184, 2017	No relevant comparison, no relevant data presented
Little,M., Saul,G.D., Testa,K., Gaziano,C., Improving pregnancy outcome and reducing avoidable clinical resource utilization through telephonic perinatal care coordination, Lippincott's Case Management, 7, 103-112, 2002	No relevant population. Diagnoses and risk factors of women included anemia, mental illness, substance abuse, diabetes, hypertension, symptoms of preterm labour and undiagnosed vaginal bleeding in pregnancy. Moreover, some women (numbers not reported) had the medical conditions included in the protocol for current review, such as obesity and cardiac disease. However no results were reported separately for relevant medical conditions

Study	Reason for exclusion
Little,M., Saul,G., Testa,K., Gaziano,C., The influence of telephonic nursing care coordination on patient satisfaction in a predominantly low-income, high-risk pregnancy population, Lippincott's case management : managing the process of patient care, 7, 15-23, 2002	No relevant population. Women were included if they had risk factors reported on the Minnesota Pregnancy Assessment Form. No separate results are presented for women with medical conditions included in protocol for current review
London, M. R., Klug, C. D., A framework for improving quality. Using project study teams, Providence Health System tackles problem areas, Health Progress, 79, 56-60, 1998	No relevant outcomes
Lowry, L. M., Hays, B. J., Lopez, P., Hernandez, G., Care paths. A new approach to high-risk maternal-child home visitation, MCN, American Journal of Maternal Child Nursing, 23, 322-8, 1998	No relevant population. Admission to the high-risk prenatal programme was based on risk factors not relevant to current review. No relevant comparison
Mackey, M. C., Sobral, M., Staff evaluation of a high-risk pregnancy program, Public Health Nursing, 14, 101-10, 1997	Staff survey. The authors do not clarify what criteria women had to meet in order to be considered as medically high-risk
MacMullen, N. J., Meagher, B., The perinatal: special care unit: expert care for high-risk patients, MCN, American Journal of Maternal Child Nursing, 30, 209-13, 2005	No relevant comparison. No relevant outcomes. Indirect population
Mawn, B., Bradley, J., Standards of care for high-risk prenatal clients: the community nurse case management approach, Public Health Nursing, 10, 78-88, 1993	No relevant comparison. No relevant outcomes. The article describes the development and implementation of a nurse case management approach
McLaughlin, F. J., Altemeier, W. A., Christensen, M. J., Sherrod, K. B., Dietrich, M. S., Stern, D. T., Randomized trial of comprehensive prenatal care for low-income women: effect on infant birth weight, Pediatrics, 89, 128-32, 1992	No relevant population. Women were randomized if they were predicted to be at risk for child maltreatment
Middlemiss, C., Dawson, A. J., Gough, N., Jones, M. E., Coles, E. C., A randomised study of a domiciliary antenatal care scheme: maternal psychological effects, Midwifery, 5, 69-74, 1989	No relevant population. No relevant intervention
Mintz,G., Niz,J., Gutierrez,G., Garcia-Alonso,A., Karchmer,S., Prospective study of pregnancy in systemic lupus erythematosus. Results of a multidisciplinary approach, Journal of Rheumatology, 13, 732-739, 1986	No relevant comparison. Comparisons between women with systematic lupus erythematosus and healthy women, and between women with active and inactive disease
Miracle,P., Savage,T., Hickey,T., Mountjoy,B., Martin,P.A., Designing a system for ambulatory obstetric case management, Nursing case management : managing the process of patient care, 3, 160-167, 1998	No relevant outcomes
Mishra Vineet, V., Goyal Preeti, A., Aggarwal Rohina, S., Choudhary, S., Tanvir, T., Dharaiya Nisarg, D., Gaddagi Rashmi, A., A Single-Centre Experience of Obstetric Acute Kidney Injury, Journal of Obstetrics & Gynaecology of India, 66, 207-11, 2016	Case series. No relevant comparison. About 42(80.8 %) of women who had obstetric acute kidney injury had not received antenatal care. It is not reported whether any women received multidisciplinary antenatal care. Only the

Study	Reason for exclusion
	conclusion emphasises the importance of a multidisciplinary approach
Monagle, J., Manikappa, S., Ingram, B., Malkoutzis, V., Pulmonary hypertension and pregnancy: the experience of a tertiary institution over 15 years, Annals of Cardiac Anaesthesia, 18, 153-60, 2015	Case series. No relevant comparison. All women were seen in a high risk obstetrics clinic at 25 weeks, except for one woman who presented in late pregnancy with no antenatal care. Women were jointly reviewed by obstetricians, cardiologists, intensive care physicians and anaesthetists. A standard and emergency medical management plan was developed for each woman, including details of the proposed mode of birth, timing and medical therapy required in the peripartum period
Moons, P., Budts, W., Costermans, E., Huyghe, E., Pieper, P. G., Drenthen, W., Pregnancy-related health behavior of women with congenital heart disease: room for behavioral change interventions, Congenital Heart Disease, 4, 348-55, 2009	No relevant intervention; no multidisciplinary team is mentioned. The authors report that all women in the study were followed by an obstetrician and the authors also provide the percentage that regularly visited a cardiologist, however outcomes are not reported separately for women followed by both an obstetrician and a cardiologist or by an obstetrician only
Munib, S., Khan, S. J., Outcomes of pregnancy related acute renal failure, Rawal Medical Journal, 33, 189-192, 2008	Case series. No relevant comparison. Seventy-one (80.68%) women did not receive any form of antenatal care at any stage of pregnancy. Unclear if any woman had antenatal care planning with a multidisciplinary team. Only the conclusion emphasises the importance of a multidisciplinary approach
Murphy, V. E., Jensen, M. E., Gibson, P. G., Asthma during Pregnancy: Exacerbations, Management, and Health Outcomes for Mother and Infant, Seminars in Respiratory and Critical Care Medicine, 38, 160-173, 2017	A narrative review, references checked
Nagle,C., Skouteris,H., Hotchin,A., Bruce,L., Patterson,D., Teale,G., Continuity of midwifery care and gestational weight gain in obese women: a randomised controlled trial, BMC Public Health, 11, 174-, 2011	Study protocol. No relevant intervention and no relevant comparison. Continuity of care is defined as "seeing the same midwife or small team of midwives for pregnancy care visits". This is compared to usual clinical care, where women "see a variety of clinicians and are likely to see the same midwife at pregnancy care consultations only by chance". Therefore the paper does not evaluate the involvement of a multidisciplinary team in antenatal care
Nanda, S., Habibi, H., Sobhy, S., Ridout, A., Soh, M. C., Langford, K., Nelson-Piercy, C., Head, C., Pregnancy outcomes in women with coarctation of aorta-a five-year experience from a tertiary joint	Conference abstract. No relevant comparison

Study	Reason for exclusion
cardiac obstetric clinic, European Heart Journal, 35, 575-576, 2014	
Nordhaus-Bike, A. M., Prenatal care. Special deliveries, Hospitals & Health Networks, 71, 46, 1997	No relevant population. This article is about a service for women with recurrent pregnancy loss
O'Connor,M.A., Fetal maternal case management, Nursing Case Management, 2, 55-67, 1997	No relevant population. Only 3 of 70 people that received maternal fetal case management are reported to have a maternal diagnosis relevant to the protocol for this review (a diagnosis of cardiac disease). For the others, the diagnosis is either not reported, or it is reported that they had a fetal diagnosis of a birth defect in pregnancy, or a maternal diagnosis not relevant to the protocol for this review (cancer, Noonan syndrome, HIV)
Ohlinger, J., Kantak, A., Lavin Jr, J. P., Fofah, O., Hagen, E., Suresh, G., Halamek, L. P., Schriefer, J. A., Evaluation and development of potentially better practices for perinatal and neonatal communication and collaboration, Pediatrics, 118, S147-S152, 2006	No relevant outcomes
Olayiwola, J. N., Irizarry, O. C., O'Connell, K., Milan, S., Living Smart, Living Fit: a patient-centered program to improve perinatal outcomes in a community health center population, Journal of Primary Care & Community Health, 4, 31-5, 2013	No relevant intervention. No mention of a multidisciplinary team. Clinical care coordinators used motivational interviewing to help women establish self-management goals; they also promoted engagement in healthy eating, physical activity and mental health services. No relevant population because inclusion criteria were Patient Health Questionnaire (PHQ-9) depression scores >10 (not relevant to current review) and/or BMI >25 kg/m(2) at prenatal intake visit; there were no separate results for women with BMI of 30 or higher (which is the threshold for obesity used in the current guideline)
Oruamabo, R. S., Mortality in infants of birthweight 2500g and above: a hospital-based review in Port Harcourt, Nigeria, West African Journal of Medicine, 12, 34-8, 1993	No relevant comparison
Papageorgiou, A. N., Masson, M., Shatz, R., Gelfand, M. M., Specialized perinatal care: impact on perinatal mortality, Canadian Medical Association Journal, 116, 506-7, 1977	No relevant population as there is no definition of high-risk pregnancy. Multiple interventions were implemented over the years, including improved communication and collaboration between obstetricians and neonatologists, and outcomes for different years were compared
Patience, A., MacDougall, M. W. J., The impact of an obstetric anaesthetic antenatal clinic for the morbidly obese, a retrospective study, Archives of Disease in Childhood: Fetal and Neonatal Edition. Conference:	Conference abstract. Uncontrolled before and after study. Evaluating the introduction of an obstetric anaesthetic antenatal clinic

Study	Reason for exclusion
16th Annual Conference of the British Maternal and Fetal Medicine Society. Dublin Ireland. Conference Start, 98, 2013	for the morbidly obese; no mention of a multidisciplinary team
Peek, M. J., Sullivan, E., Vaughan, G., Callaway, L., Amoss, I., Extreme morbid obesity in pregnancy, Journal of Perinatal Medicine, 39, no pagination, 2011	Conference abstract. No relevant comparison
Peitsidis,P., Datta,T., Pafilis,I., Otomewo,O., Tuddenham,E.G., Kadir,R.A., Bernard Soulier syndrome in pregnancy: a systematic review, Haemophilia, 16, 584-591, 2010	Included studies are not eligible for inclusion in the current review as they are all case reports. Moreover, the review does not specify whether women in the case reports were managed by a multidisciplinary team
Piechnik, S. L., Corbett, M. A., Reducing low birth weight among socioeconomically high-risk adolescent pregnancies. Successful intervention with certified nurse-midwife-managed care and a multidisciplinary team, Journal of Nurse-Midwifery, 30, 88-98, 1985	No relevant population. The paper evaluates a package of care delivered at the Adolescent Obstetric Clinic, however pregnant adolescents were not referred to this clinic if their initial screening revealed any serious medical or obstetric complications
Quinlivan,J.A., Lam,L.T., Fisher,J., A randomised trial of a four-step multidisciplinary approach to the antenatal care of obese pregnant women, Australian and New Zealand Journal of Obstetrics and Gynaecology, 51, 141-146, 2011	No relevant population. 42% of women were overweight and 58% were obese (BMI equal to or higher than 30). No separate results are provided for obese women. No relevant intervention; the intervention did not focus on planning for birth. The intervention focused on reducing the incidence of gestational diabetes and reducing weight gain
Rosaeg,O.P., Yarnell,R.W., Lindsay,M.P., The obstetrical anaesthesia assessment clinic: a review of six years experience, Canadian Journal of Anaesthesia, 40, 346-356, 1993	Case series. No relevant comparison. The paper describes the management and outcomes of 10 women with a history of cardiac disease. For these women the timing and mode of birth was a joint decision between the perinatologist, the cardiologist and the consultant from the Obstetric Anaesthesia Assessment Clinic. The management and outcomes of two women with haematological disorders is also described
Safi, L. M., Tsiaras, S. V., Update on Valvular Heart Disease in Pregnancy, Current Treatment Options in Cardiovascular Medicine, 19, 70, 2017	A narrative review. No relevant data or references
Sandler, M., Duncan, K., The provision of enabling services to higher-risk pregnant women and children in Medicaid managed care, Journal of Public Health Management & Practice, 4, 89-95, 1998	No relevant outcomes
Scherman,S., Smith,J., Davidson,M., The first year of a midwifery-led model of care in Far North Queensland, Medical Journal of Australia, 188, 85-88, 2008	No relevant intervention. No relevant population (mostly low risk women)

Study	Reason for exclusion
Schuler,P.K., Herrey,A., Wade,A., Brooks,R., Peebles,D., Lambiase,P., Walker,F., Pregnancy outcome and management of women with an implantable cardioverter defibrillator: A single centre experience, Europace, 14, 1740-1745, 2012	Case series. No relevant comparison. Women with heart disease and an implantable cardioverter defibrillator were managed by the specialist multidisciplinary maternal cardiology team at University College London Hospitals NHS Trust. The specialist team included input from a grown-up congenital heart disease cardiologist with device expertise, two obstetricians, an anaesthetist, a haematologist, and a clinical nurse specialist. At 32 to 34 weeks a written birth plan was distributed to all members of the specialist team, labour ward, and to the woman
Scott, L., First-rate care for women with problems in pregnancy, Nursing Times, 97, 38-9, 2001	No relevant population. Women seen in the centre have either recurrent miscarriage, previous ectopic pregnancy, early pregnancy bleeding, pain in the first trimester of pregnancy or require investigation of foetal abnormality
Siddiq,S., Clark,A., Mumford,A., A systematic review of the management and outcomes of pregnancy in Glanzmann thrombasthenia, Haemophilia, 17, e858-e869, 2011	Included studies are not eligible for inclusion in the current review as they are either case reports or case series. Moreover, the review does not specify whether women in the case reports or case series were managed by a multidisciplinary team
Slavin, V. J., Fenwick, J., Gamble, J., Pregnancy care and birth outcomes for women with moderate to super-extreme obesity, Women & Birth: Journal of the Australian College of Midwives, 26, 179-84, 2013	No relevant comparison. The paper describes health service utilisation and birth outcomes of 153 women with BMI of 40 or more. It provides descriptive data on models of care used (midwifery care, GP shared care or hospital care) and on health care professionals involved in their care
Smith, G. N., The Maternal Health Clinic: Improving women's cardiovascular health, Seminars in Perinatology, 39, 316-9, 2015	No relevant outcomes. Literature review and description of model of care implemented at the Maternal Health Clinic
Smith, M. R., Pande, B., Evaluating the requirement for a joint obstetric/cardiology clinic within NHS tayside, Archives of Disease in Childhood: Fetal and Neonatal Edition, 99, A135, 2014	Conference abstract. Case series. No relevant comparison. The abstract outlines the number of women who required cardiac investigation and describes their management
Srinivasan, V., Radhakrishna, S., Sudha, R., Malathi, M. V., Jabbar, S., Ramakrishnan, R., Rao, T. V., Randomised controlled field trial of two antenatal care packages in rural south India, The Indian journal of medical research, 102, 86-94, 1995	No relevant intervention
Suarez, M. B., Costa, M. L., Parpinelli, M. A., Surita, F. G., Pregnancy in women undergoing hemodialysis: case series in a Southeast Brazilian reference center,	Case series. No relevant comparison. The importance of a multidisciplinary approach is mentioned in the introduction, discussion

Study	Reason for exclusion
Revista Brasileira de Ginecologia e Obstetricia, 37, 5-9, 2015	and conclusion, however it is unclear if antenatal care of women in the study involved a multidisciplinary approach
Suri, V., Aggarwal, N., Kalpdev, A., Chopra, S., Sikka, P., Vijayvergia, R., Pregnancy with dilated and peripartum cardiomyopathy: maternal and fetal outcome, Archives of Gynecology & Obstetrics, 287, 195-9, 2013	Case series. No relevant comparison. Women received multidisciplinary care by obstetrician, cardiologist, anaesthetist and neonatologist. No comparison between pregnancies managed with and without a multidisciplinary team or between different models of multidisciplinary teams
Suri,V., Aggarwal,N., Saxena,S., Malhotra,P., Varma,S., Maternal and perinatal outcome in idiopathic thrombocytopenic purpura (ITP) with pregnancy, Acta Obstetricia et Gynecologica Scandinavica, 85, 1430-1435, 2006	Case series. No relevant comparison. Women in the study were managed under joint supervision of the obstetrician and the haematologist. The neonate was looked after by the neonatologist
Tetelutina, F., Ilyina, N., Starodumov, D., Zhuravleva, V., Kuznetsova, L., Perinatal outcomes in women with congenital heart disease, Journal of Perinatal Medicine. Conference: 11th World Congress of Perinatal Medicine, 41, 2013	Conference abstract. No relevant comparison. Comparing outcomes between the National Clinical Diagnostic Center of the Udmurt Republic and other hospitals. The centre had "Children's Heart Clinic and Children's cardiology department, consultative and diagnostic cardiology center, women's counselling, specialized women's cardiology department for pregnant and specialized maternity house for cardiovascular disease". No mention of a multidisciplinary team
Ulivi, G., Everett, T., English, K., Winfield, S., Aortic stenosis in pregnancy: Outcomes of a combined cardiac and antenatal clinic, BJOG: An International Journal of Obstetrics and Gynaecology, 124, 104, 2017	A conference abstract. No published full text found. Not enough detail reported to determine if relevant
Vidyasagar, D., Regionalization of perinatal care: Its relevance to India and other developing countries, Journal of Neonatology, 19, 293-303, 2005	A full text copy of the article could not be obtained
von Kodolitsch, Y., Rybczynski, M., Vogler, M., Mir, T. S., Schuler, H., Kutsche, K., Rosenberger, G., Detter, C., Bernhardt, A. M., Larena-Avellaneda, A., Kolbel, T., Debus, E. S., Schroeder, M., Linke, S. J., Fuisting, B., Napp, B., Kammal, A. L., Puschel, K., Bannas, P., Hoffmann, B. A., Gessler, N., Vahle-Hinz, E., Kahl-Nieke, B., Thomalla, G., Weiler-Normann, C., Ohm, G., Neumann, S., Benninghoven, D., Blankenberg, S., Pyeritz, R. E., The role of the multidisciplinary health care team in the management of patients with Marfan syndrome, Journal of Multidisciplinary Healthcare, 9, 587-614, 2016	No relevant outcomes. The article describes how multidisciplinary care is implemented at the Hamburg Marfan centre
Williams,K., Lago,L., Lainchbury,A., Eagar,K., Mothers' views of caseload midwifery and the value of continuity of care at an Australian regional hospital, Midwifery, 26, 615-621, 2010	No relevant intervention. No relevant population (low-risk pregnancies)

Study	Reason for exclusion
Yucel, E., DeFaria Yeh, D., Pregnancy in Women with Congenital Heart Disease, Current Treatment Options in Cardiovascular Medicine, 19, 73, 2017	A narrative review. No relevant references or data
Yuksel, Y., Tekin, S., Yuksel, D., Duman, I., Sarier, M., Yucetin, L., Turan, E., Celep, H., Ugurlu, T., Inal, M. M., Asuman, Y. H., Demirbas, A., Pregnancy and Delivery in the Sequel of Kidney Transplantation: Single-Center Study of 8 Years' Experience, Transplantation Proceedings, 49, 546-550, 2017	No relevant intervention or observation of the effect of MDT on outcomes
Zabari, M., Suresh, G., Tomlinson, M., Lavin, J. P., Jr., Larison, K., Halamek, L., Schriefer, J. A., Implementation and case-study results of potentially better practices for collaboration between obstetrics and neonatology to achieve improved perinatal outcomes, Pediatrics, 118 Suppl 2, S153-8, 2006	Some of the interventions were not relevant to the current review. One of the interventions was the improvement of documentation of high-risk pregnancy treatment plans to facilitate communication between obstetric and neonatal caregivers. However no relevant outcomes were reported. The only result reported in relation to this intervention was the increase in the use of consultation forms
Zeeman, G. G., Wendel, G. D., Jr., Cunningham, F. G., A blueprint for obstetric critical care, American Journal of Obstetrics & Gynecology, 188, 532-6, 2003	No relevant intervention. This is a descriptive study focused on an Obstetric Intermediate Care Unit

Economic studies

See Supplement 2 (Health economics) for details of economic evidence reviews and health economic modelling.

Appendix E – Clinical evidence tables

Antenatal care planning involving a multidisciplinary team

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
Full citation Denison, F. C., Macgregor, H., Stirrat, L. I., Stevenson, K., Norman, J. E., Reynolds, R. M., Does attendance at a specialist antenatal clinic improve clinical outcomes in women with class III obesity compared with standard care A retrospective case-note analysis, BMJ Open, 7, e015218, 2017 **Ref Id** 741484 **Country/ies where the study was carried out** UK **Study type** Retrospective cohort study **Aim of the study** To determine whether attendance at a specialised multidisciplinary antenatal clinic for women with Class III obesity (BMI >40 kg/m^2)	**Sample size** Women receiving specialised multidisciplinary antenatal care N=511 Control group (standard antenatal care) n=502 **Characteristics** **Age in years, mean (SD)** Specialised: 29.8 (5.4) Standard: 29.3 (5.5) p=0.11 **Ethnicity** Specialised: white 94.6%, other 5.4% Standard: white 92.9%, other 7.1% p=0.35	**Interventions** **Specialised multidisciplinary antenatal care:** Specialised multidisciplinary consultant-led care throughout pregnancy from obstetricians, specialist midwives, diabetologists, anaesthetists, dieticians, and other specialists as clinically indicated. At first visit (10-16 weeks of gestation), women were reviewed individually by a dietician with specialist expertise in weight management during pregnancy and were given tailored advice about weight management and healthy eating. They were also advised to have early (12-16 weeks) and late (24-28 weeks) screenings of gestational diabetes mellitus. At each visit, women were weighed, blood pressure was	**Details** Data collection: Maternal and offspring data were acquired from the following databases: electronic patient records database, clinical biochemistry database, and the neonatal unit electronic patient records database. Statistical analysis: Student's t-test for continuous and chi2 for categorical variables were used to check for differences in outcomes between the two groups. Logistic regression analysis, when conducted, adjusted for body mass index (BMI) and parity.	**Results** **Maternal outcomes:** Pre-eclampsia Specialist antenatal care: 31/511 (6.1%) Standard antenatal care: 25/502 (5%) Emergency caesarean Specialist antenatal care: 122/511 (23.9%) Standard antenatal care: 102/502 (20.3%)	**Limitations** **Quality Assessment: Newcastle-Ottawa Assessment Scale for Cohort Studies:** **Selection: low risk of bias** *1) Representativeness of the exposed cohort* a) Truly representative *2) Selection of the non exposed cohort* a) Drawn from the same community as the exposes cohort *3) Ascertainment of exposure* a) Secure record *4) Demonstration that outcome of interest was not present at start of study*

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
is associated with improved clinical outcomes compared with standard antenatal care. **Study dates** Retrospective analysis of all women attending antenatal care and delivering in the study hospitals between 2008 and 2014. **Source of funding** Tommy's the Baby Charity. The work was carried out in the MRC Center for Reproductive Health: Center Grant MRC MR/N022556/1.	**Parity** Specialised: 0 46.0%, 1 31.5%, 2 or more 22.5% Standard: 0 24.9%, 1 42.2%, 2 or more 32.9% p<0.001 **Smoking status** Specialised: current 17.2%, former 24.0%, never 58.8% Standard: current 13.7%, former 25.7%, never 60.6% p=0.51 **Deprivation quintile (1=most, 5=least deprived)** Specialised: 1 27.7%, 2 27.9%, 3 18.8%, 4 13.1%, 5 12.5% Standard: 1 22.2%, 2 30.9%, 3 22.0%, 4 15.2%, 5 9.7% p=0.07	measured, and they were counselled about maternal and offspring risks in relation to maternal obesity. Women were prescribed oral aspirin 75 mg if they had additional risk factors for pre-eclampsia. Antenatal thromboprophylaxis was commenced if additional risk factors develop. Fetal growth was monitored by serial growth scans at 28 weeks, 32 weeks, and 36 weeks. All women received personalised delivery plan and an anaesthetic review in the third trimester to discuss intrapartum pain management with specific consideration given to obesity-related comorbidities that might have implications on analgesia and anaesthesia. **Standard antenatal care (control):** Women received guideline-based consultant-led care in hospital		**Offspring outcome:** Stillbirth Specialist antenatal care: 1/511 (0.2%) Standard antenatal care: 8/502 (1.6%) (reference group) adjusted odds ratio (aOR) 0.14 95% confidence interval (CI) 0.02 to 1.17	a) Yes **Comparability: high risk of bias** *1) Comparability of cohorts on the basis of the design or analysis* c) Cohorts are not comparable on the basis of the design or analysis controlled for confounders. (Where logistic regression was done (rarely), it controlled for age and BMI but did not control for other potentially important confounders, such as parity. The background characteristics table in the publication show that parity was different between the groups (p<0.001)). **Outcome: low risk of bias** *1) Assessment of outcome* b) Record linkage *2) Was follow-up long enough for outcomes to occur* a) Yes *3) Adequacy of follow up of cohorts*

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
	Inclusion criteria • Women with Class III obesity (BMI > 40kg/m^2) with a singleton pregnancy • Booked antenatal care and delivered in either one of the 2 study hospitals between 2008 and 2014 **Exclusion criteria** • Women who had not delivered by the end of December 2014 • Multiple pregnancy • Booked antenatal care later than 20 weeks of gestation	(tertiary or district) or community-based antenatal clinics.			a) Complete follow-up - all subjects accounted for. (This was a retrospective patient record study.) **Overall risk of bias: high** **Other information** None

OR: adjusted odds ratio; CI: confidence interval; MRC: Medical Research Council; SD: standard deviation

Appendix F – Forest plots

Antenatal care planning involving a multidisciplinary team

No meta-analysis was undertaken for this review and so there are no forest plots.

Appendix G – GRADE tables

Antenatal care planning involving a multidisciplinary team

Table 3: Specialised multidisciplinary antenatal care versus standard antenatal care for women with class III obesity, outcomes for the women

Quality assessment							Number of women		Effect			
Number of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antenatal care involving an expanded MDT	Standard antenatal care	Relative (95% CI)	Absolute	Quality	Importance
Pre-eclampsia												
1 (Denison 2017)	Observational studies	Serious[1]	No serious inconsistency	No serious indirectness	Serious[2]	None	31/511 (6.1%)	25/502 (5%)	RR 1.38 (0.84 to 2.26)	19 more per 1000 (from 8 fewer to 63 more)	⨁⊖⊖⊖ VERY LOW	CRITICAL
Emergency caesarean section												
1 (Denison 2017)	Observational studies	Serious[1]	No serious inconsistency	No serious indirectness	Serious[2]	None	122/511 (23.9%)	102/502 (20.3%)	RR 1.18 (0.93 to 1.48)	37 more per 1000 (from 14 fewer to 98 more)	⨁⊖⊖⊖ VERY LOW	IMPORTANT

CI: confidence interval; MDT: multidisciplinary team; RR: risk ratio
1 The study did not control for important confounding factors
2 The quality of the evidence was downgraded by 1 level because the 95% CI crosses 1 default MID threshold

Table 4: Specialised multidisciplinary antenatal care versus standard antenatal care for women with class III obesity, outcomes for the baby

Quality assessment							Number of babies		Effect			
Number of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antenatal care involving an expanded MDT	Standard antenatal care	Relative (95% CI)	Absolute	Quality	Importance
Stillbirth												
1 (Denison 2017)	Observational studies	Serious[1]	No serious inconsistency	No serious indirectness	Serious[2]	None	1/511 (0.2%)	8/502 (1.6%)	OR[3] 0.14 (0.02 to 1.17)	14 fewer per 1000 (from 16 fewer to 3 more)	⨁⊖⊖⊖ VERY LOW	CRITICAL

CI: confidence interval; MDT: multidisciplinary team; OR: odds ratio
1 The study did not control for important confounding factors
2 The quality of the evidence was downgraded by 1 level because the 95% CI crosses 1 default MID threshold
3 Adjusted for age and BMI (reported by the paper)

Appendix H – Economic evidence study selection

Antenatal care planning involving a multidisciplinary team

See Supplement 2 (Health economics) for details of economic evidence reviews and health economic modelling.

Appendix I – Economic evidence tables

Antenatal care planning involving a multidisciplinary team

See Supplement 2 (Health economics) for details of economic evidence reviews and health economic modelling.

Appendix J – Health economic evidence profiles

Antenatal care planning involving a multidisciplinary team

See Supplement 2 (Health economics) for details of economic evidence reviews and health economic modelling.

Appendix K – Health economic analysis

Antenatal care planning involving a multidisciplinary team

See Supplement 2 (Health economics) for details of economic evidence reviews and health economic modelling.

Appendix L – Research recommendations

Antenatal care planning involving a multidisciplinary team

No research recommendations were made for this review question.