National Institute for Health and Care Excellence

Final

Postnatal care

[E] Timing of comprehensive assessment

NICE guideline NG194

Evidence review underpinning recommendation 1.2.7

April 2021

Final

These evidence reviews were developed by the National Guideline Alliance, part of the Royal College of Obstetricians and Gynaecologists

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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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Timing of comprehensive assessment

Review question

When should a comprehensive, routine assessment at the end of the postnatal period occur?

Introduction

There has traditionally been a routine 'postnatal check' for women, marking a somewhat arbitrary end to the postnatal period. Some doubt has been cast on both the value and the timing of this consultation. The aim of this review is to assess the effectiveness and timing of the routine assessment of the woman's health within the 8 week period of this guideline.

Summary of the protocol

See Table 1 for a summary of the Population, Intervention, Comparison and Outcome (PICO) characteristics of this review.

Table 1: Summary of the protocol (PICO table)

Population	Women who have given birth, from the birth of the baby to 8 weeks after birth.
Intervention	Routine assessment of the woman's health and wellbeing. A routine assessment may take into account physical, emotional, social, or sexual postnatal concerns.
Comparison	Comparator 1. No routine assessment of the woman Comparator 2. Same routine assessment of the woman at a different time.
Outcomes	**Critical** • emotional attachment between mother and baby up to 18 months of baby's age • maternal mortality • proportion of unplanned attendance for woman to health services including admission to hospital for problems within 3 months after the birth. **Important** • proportion of women satisfied with their postnatal care • health related quality of life • proportion of women breastfeeding (exclusively or partially) at 6 weeks, 12 weeks or 6 months after the birth • proportion of women assessed by a healthcare professional as experiencing moderate to severe depression or PTSD or anxiety at 6 to 8 weeks, 3 months or 6 months after the birth.

PTSD: post-traumatic stress disorder

For further details, see the review protocol in appendix A.

Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual 2014. Methods specific to this review question are described in the review protocol in appendix A.

Declarations of interest were recorded according to NICE's 2014 conflicts of interest policy until March 2018. From April 2018 until June 2019, declarations of interest were recorded according to NICE's 2018 conflicts of interest policy. From July 2019 onwards, the declarations of interest were recorded according to NICE's 2019 conflicts of interest policy. Those interests declared before July 2019 were reclassified according to NICE's 2019 conflicts of interest policy (see Register of Interests).

Clinical evidence

Included studies

A systematic review of the literature was conducted but no studies were identified which were applicable to this review question.

See the literature search strategy in appendix B and study selection flow chart in appendix C.

Excluded studies

Studies not included in this review with reasons for their exclusion are provided in appendix K.

Summary of studies included in the evidence review

No studies were identified which were applicable to this review question (and so there are no evidence tables in Appendix D). No meta-analysis was undertaken for this review (and so there are no forest plots in Appendix E).

Quality assessment of studies included in the evidence review

No studies were identified which were applicable to this review question and so there are no evidence profiles in appendix F.

Economic evidence

Included studies

A single economic search was undertaken for all topics included in the scope of this guideline but no economic studies were identified which were applicable to this review question. See the literature search strategy in appendix B and economic study selection flow chart in appendix G.

Excluded studies

No economic studies were reviewed at full text and excluded from this review.

Economic model

No economic modelling was undertaken for this review because the committee agreed that other topics were higher priorities for economic evaluation.

Evidence statements

Clinical evidence statements

No evidence was identified which was applicable to this review question.

Economic evidence statements

No evidence was identified which was applicable to this review question.

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

The committee rated emotional attachment between mother and baby up to 18 months of baby's age, maternal mortality, and unplanned attendance for the woman to health services within 3 months after the birth as critical outcomes for decision making. A routine postnatal assessment usually at 6-8 weeks is often the only assessment the woman will have after the initial postnatal period and is important in identifying early signs of serious emotional and or physical health issues that may otherwise be missed, potentially leading to further complications and an increased use of health services.

The committee wanted to see if a routine postnatal assessment focusing on the woman would improve her overall postnatal care experience and her health related quality of life, so these were rated as important outcomes. For breastfeeding support after the initial postnatal period, the only contact with a healthcare professional a woman will have is the routine postnatal assessment at 6-8 weeks, therefore the committee were interested in whether the routine postnatal assessment would impact on breastfeeding outcomes and prioritised the proportion of women breastfeeding as an important outcome. The proportion of women assessed by a healthcare professional as experiencing moderate to severe depression, PTSD, or anxiety was selected as an important outcome, because mental health problems are known to impact many women in the postnatal period and the committee wanted to see if a routine postnatal assessment could have an impact on this.

No evidence was identified, therefore the committee had no data on any of these outcomes to use as a basis for discussions or making recommendations.

The quality of the evidence

No evidence was identified.

Benefits and harms

In view of the lack of evidence, the committee made the recommendations through informal consensus, based on their knowledge and experience. The committee agreed to recommend a routine postnatal assessment for the woman at 6-8 weeks after the birth as there was no evidence to support a change in what is done most commonly in current practice. The committee agreed a routine postnatal assessment is an opportunity for the woman to raise any concerns pertaining to herself that may otherwise be missed as this is usually the only scheduled appointment after the initial postnatal period that the woman has. The benefit of a routine postnatal assessment would identify emotional, physical, social, or sexual concerns in the early stages and intervening earlier, as opposed to not identifying the problems until later on where the issues have worsened, potentially become chronic and may require interventions and additional resources. The committee also discussed the harms of not conducting a routine postnatal assessment and the risk of women "falling through the net",

which currently happens in practice as a postnatal assessment of the woman is not mandated.

The committee discussed the timing of the routine postnatal assessment for the woman and agreed that the optimal timing would be at 6-8 weeks after the birth, coinciding with the newborn and infant physical examination (NIPE) screening programme as well as the assessment of the baby at 6-8 weeks recommended by this guideline (see evidence review F). The benefit of timing the routine postnatal assessment at 6-8 weeks would be to leave an adequate gap between previous midwife and health visitor appointments, giving time for the woman to consolidate concerns and address new issues, but equally not leaving too much time so that the woman's issues are unaddressed for too long. Additionally, coordinating the assessment of the baby at 6-8 weeks would avoid the need for 2 separate appointments for the mother and baby, benefiting both the mother and health service in terms of time and resources. The committee discussed that separate appointments may be appropriate, particularly if requested by the woman but that on balance this was outweighed by the benefit of coordinating the two assessments.

The committee were aware that this examination should be performed by the GP as per the recent GP contract between NHS England and the British Medical Association. Benefits of having the woman's GP conduct the assessment would be that a positive relationship may already be established so the GP may be more likely to identify concerns and the woman may be more likely to raise concerns. Additionally, if any problems are identified the GP may be able to initiate treatment or directly refer to specialist care, as opposed to another healthcare professional conducting the assessment and then having to refer to the GP for further assessment thus saving the woman time and initiating treatment sooner.

The committee agreed that the content of the comprehensive assessment should be aligned with the recommendations based on evidence review F about the essential content of postnatal care contacts.

Despite, no evidence being identified for this review, the committee agreed to not write a research recommendation on the timing of a comprehensive assessment. This was because changing the timeframe of a relatively narrow window is unlikely to make a significant difference to women's and baby's outcomes and would therefore be unlikely to support a change in clinical practice. On balance the committee agreed to prioritise other areas for research recommendations.

Cost effectiveness and resource use

No economic evidence on the optimal timing for routine assessment at the end of the postnatal period was identified. The committee expressed the view that a routine postnatal assessment usually at 6-8 weeks postnatally is often the only assessment the woman will have after the initial postnatal period and is important in identifying early signs of serious emotional and/or physical health issues that may otherwise be missed, potentially leading to further complications and an increased use of health services. Therefore, the committee agreed that the recommendation ensures efficient use of healthcare resources.

Other factors the committee took into account

The committee noted during protocol development that certain subgroups of women may require special consideration due to their potential vulnerability:

- young women (19 years or under)
- women with physical or cognitive disabilities
- women with severe mental health illness
- women who have difficulty accessing postnatal care services.

A stratified analysis was therefore predefined in the protocol based on these subgroups. However, no evidence was identified. The committee agreed separate recommendations were not needed as the same recommendations would apply to these groups.

References

No evidence was identified which was applicable to this review question.

Appendices

Appendix A – Review protocol

Review protocol for review question: When should a comprehensive, routine assessment at the end of the postnatal period occur?

Table 2: Review protocol

Field (based on PRISMA-P)	Content
Review question	When should a comprehensive, routine assessment of the woman at the end of the postnatal period occur (for example at 6 weeks, 8 weeks or not at all)?
Type of review question	Intervention
Objective of the review	This review aims to determine whether there should be a comprehensive, routine assessment of the woman carried out by a health professional at the end of the postnatal period and if so, when this should occur.
Eligibility criteria – population/disease/ condition/issue/do main	Women who have given birth, from the birth of the baby to 8 weeks after birth.
Eligibility criteria – intervention(s)	Routine assessment of the woman's health and wellbeing. A routine assessment may take into account physical, emotional, social, or sexual postnatal concerns. If some assessments included in the routine assessment are relevant to the guideline's scope while others are outside the scope (for example, recognising mental health problems or discussing contraception), the paper will be included. The committee will not be able to make recommendations relating to topics outside the scope of this guideline but will be able to sign post to other NICE guidelines.
Eligibility criteria – comparator(s)	Comparator 1. No routine assessment of the woman Comparator 2. Same routine assessment of the woman at a different time.

Field (based on PRISMA-P)	Content
	Studies comparing different types of assessment will not be included.
Outcomes and prioritisation	**Critical outcomes:** • emotional attachment between mother and baby up to 18 months of baby's age (MIDs: default) • maternal mortality (MIDs: any statistically significant difference) • proportion of unplanned attendance for woman to health services including admission to hospital for problems within 3 months after the birth (MIDs: default). **Important outcomes:** • proportion of women satisfied with their postnatal care (MIDs: default) • health related quality of life (MIDs: default) • proportion of women breastfeeding (exclusively or partially) at 6 weeks, 12 weeks or 6 months after the birth (MIDs: any statistically significant difference) • proportion of women assessed by a healthcare professional as experiencing moderate to severe depression or PTSD or anxiety at 6 to 8 weeks, 3 months or 6 months after the birth (MIDs: default).
Eligibility criteria – study design	Published full text papers only Systematic reviews of RCTs RCTs Only if RCT data are unavailable to inform decision making: prospective or retrospective comparative cohort studies with at least 100 women in each arm Prospective study designs will be prioritised over retrospective study designs Conference abstracts will not be considered
Other inclusion exclusion criteria	Studies from low- and middle-income countries, as defined by the World Bank, will be excluded, as the configuration of antenatal and postnatal services in these countries might not be representative of that in the UK. Dates: Published from 2000. Practice has changed since 2000 and anything published before this is unlikely to be relevant.
Proposed sensitivity/sub-group analysis, or meta-regression	The following groups will be considered for stratified analyses: • young women (19 years or under) • women with physical or cognitive disabilities • women with severe mental health illness • women who have difficulty accessing postnatal care services • different health professional.

Field (based on PRISMA-P)	Content
	In the presence of heterogeneity, the following subgroups analyses will be conducted: • primiparous versus multiparous women • for the breastfeeding outcome only: women who chose antenatally to not breastfeed versus women who chose to breastfeed • different content of assessment. Statistical heterogeneity will be assessed by visually examining the forest plots and by calculating the I^2 inconsistency statistic (with an I^2 value of more than 50% indicating considerable heterogeneity Potential confounders: • age • BMI • characteristics defining subgroups above.
Selection process – duplicate screening/selection /analysis	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 above 10% of the dual weeded resources will be resolved through discussion between the first and second reviewers or by reference to a third person. This review question was not a high priority for health economic analysis therefore no formal dual weeding, study selection (inclusion/exclusion) or data extraction into evidence tables will be undertaken. Moreover, 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).
Data management (software)	Pairwise meta-analyses will be performed using Cochrane Review Manager (RevMan5). 'GRADEpro' will be used to assess the quality of evidence for each outcome. Where default MIDs are used to assess the clinical significance of outcomes they will also be used to rate imprecision. For those outcomes for which any statistically significant difference is clinically significant, imprecision will be assessed as follows: Downgrade once if the confidence interval crosses the line of no effect Downgrade once if the sample size is below 400 for continuous outcomes and if the total events is below 300 events for dichotomous outcomes.
Information sources – databases and dates	The following databases will be searched: • CCRCT • CDSR • DARE • Embase • EMCare

Field (based on PRISMA-P)	Content
	• HTA Database • MEDLINE and MEDLINE IN-PROCESS Searches will be restricted by: • Date limitations: 2000 to 31st October 2019 • English language Other searches: • Inclusion lists of systematic reviews
Identify if an update	This guideline will update the NICE guideline on postnatal care up to 8 weeks after birth (CG37). All reviews are being conducted afresh . The CG37 (2006) guideline includes the following recommendation: "6–8-week check 1.2.65 At the end of the postnatal period, the coordinating healthcare professional should ensure that the woman's physical, emotional and social wellbeing is reviewed. Screening and medical history should also be taken into account. [2006]"
Author contacts	National Guideline Alliance https://www.nice.org.uk/guidance/indevelopment/gid-ng10070
Highlight if amendment to previous protocol	For details please see section 4.5 of Developing NICE guidelines: the manual
Search strategy – for one database	For details please see appendix B.
Data collection process – forms/duplicate	A standardised evidence table format will be used, and published as appendix D (clinical evidence tables) or H (economic evidence tables).
Data items – define all variables to be collected	For details please see evidence tables in appendix D (clinical evidence tables) or H (economic evidence tables).
Methods for assessing bias at outcome/study level	Standard study checklists were used to critically appraise individual studies. For details please see section 6.2 of Developing NICE guidelines: the manual The risk of bias across all available evidence was evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group http://www.gradeworkinggroup.org/

Field (based on PRISMA-P)	Content
Criteria for quantitative synthesis (where suitable)	For details please see section 6.4 of Developing NICE guidelines: the manual
Methods for analysis – combining studies and exploring (in)consistency	For a full description of methods see Supplement 1.
Meta-bias assessment – publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual.
Assessment of confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual
Rationale/context – Current management	For details please see the introduction to the evidence review.
Describe contributions of authors and guarantor	A multidisciplinary committee developed the guideline. The committee was convened by The National Guideline Alliance and chaired by Dr David Jewell in line with section 3 of Developing NICE guidelines: the manual. Staff from The National Guideline Alliance undertook systematic literature searches, appraised the evidence, conducted meta-analysis and cost-effectiveness analysis where appropriate, and drafted the guideline in collaboration with the committee. For a full description of methods see Supplement 1.
Sources of funding/support	The National Guideline Alliance is funded by NICE and hosted by The Royal College of Obstetricians of Gynaecologists
Name of sponsor	The National Guideline Alliance is funded by NICE and hosted by The Royal College of Obstetricians of Gynaecologists
Roles of sponsor	NICE funds The National Guideline Alliance to develop guidelines for those working in the NHS, public health, and social care in England
PROSPERO registration number	This protocol has not been registered in PROSPERO

CDSR: Cochrane Database of Systematic Reviews; CCRCT: Cochrane Central Register of Controlled Trials; DARE: Database of Abstracts of Reviews of Effects; GRADE: Grading of Recommendations Assessment, Development and Evaluation; HTA: Health Technology Assessment; MID: minimally important difference; NGA: National Guideline Alliance; NICE: National Institute for Health and Care Excellence; RCT: randomised controlled trial; RoB: risk of bias; SD: standard deviation

Appendix B – Literature search strategies

Literature search strategies for review question: When should a comprehensive, routine assessment at the end of the postnatal period occur?

Clinical search

The search for this topic was last run on 31st October 2019.

Database: Emcare, Embase, Medline, Medline Ahead of Print and In-Process & Other Non-Indexed Citations – OVID [Multifile]

#	Search
1	perinatal period/ or exp postnatal care/
2	1 use emczd, emcr
3	postpartum period/ or peripartum period/ or postnatal care/
4	3 use ppez
5	(((first time or new) adj mother*) or nullipara* or peri natal* or perinatal* or postbirth or post birth or postdelivery or post delivery or postnatal* or post natal* or postpartum* or post partum* or primipara* or puerpera* or puerperium* or ((after or follow*) adj2 birth*)).ti,ab.
6	or/2,4-5
7	exp *attitude assessment/ or *behavior assessment/ or *clinical assessment tools/ or exp *coping behaviour assessment/ or exp *individual behaviour assessment/ or *neuropsychological test/ or *exp nursing assessment/ or exp *parental behavior assessment/ or exp *patient health questionnaire/ or *psychometry/ or exp *psychological assessment/ or *psychologic test/ or *"questionnaire"/ or *risk assessment/ or *screening test/
8	7 use emczd, emcr
9	behavior rating scale/ or mass screening/ or neuropsychological tests/ or exp nursing assessment/ or patient health questionnaire/ or exp psychiatric status rating scales/ or psychological tests/ or psychometrics/ or risk assessment/ or "surveys and questionnaires"/
10	9 use ppez
11	or/8,10
12	(((health or needs) adj (assessment or evaluation)) or ((midwi* or nurs*) adj2 (assess* or evaluation)) or (routine* adj2 (assess* or evaluat*))).ti,ab.
13	((assess* or evaluat* or screen*) adj5 (4 week* or 5 week* or 6 week* or 7 week* or 8 week* or (end adj2 (postnatal* or post nata* or postpartum or post partum)))).ti,ab.
14	((assess* or evaluat*) adj5 (attachment or bonding or ((early or object or infant* or parent* or mother* or maternal or neonat*) adj3 (attach* or bond*)) or ((mother* or parent*) adj3 (competenc* or interaction* or inter action* or positive or responsiv* or sensitivit*)) or ((child* or infant* or maternal* or mother* or neonat* or parent*) adj3 (attachment* or bond* or relationship* or dyad* or triad*)) or ((anxiet* or depress* or mental health or posttrauma* or post trauma* or ptsd or (health or wellbeing or well being) or (attitud* or concern* or emotion* or experience* or feeling* or opinion* or perception* or perspective* or stress* or view* or satisfact*) or (quality of life or qol) or ((maternal or mother or women) adj2 (death* or died or morbidit* or mortalit*)) or ((number* or percentage* or proportion*) adj3 (breastfeed* or breastfed* or breast feed* or breast fed)) or ((admi* or attendance or readmit* or re admit* or refer*) adj5 hospital* adj5 (complication* or problem* or unplan*))) adj5 (mother* or women)))).ti,ab.

#	Search
15	((assess* or evaluat* or selfassess* or screen*) adj2 (index or instrument* or interview* or inventor* or item* or measure*1 or questionnaire* or rate* or rating or scale* or score* or subscale* or survey* or test* or tool*) adj10 (attachment or bonding or ((early or object or infant* or parent* or mother* or maternal*) adj3 (attach* or bond*)) or ((mother* or parent*) adj3 (competenc* or interaction* or inter action* or positive or responsiv* or sensitivit*)) or ((child* or infant* or parent* or mother* or maternal*) adj3 (attachment* or bond* or relationship* or dyad* or triad*)) or (anxiet* or depress* or mental health or posttrauma* or post trauma* or ptsd or (health or wellbeing or well being)) or (experience* or stress* or emotion* or concern* or feeling* or view* or opinion* or perception* or perspective* or attitud* or satisfact*) or (quality of life or qol or qualy) or ((maternal or mother or women) adj3 (death* or died or morbidit* or mortalit*)) or ((number* or percentage* or proportion*) adj3 (breastfeed* or breast feed* or breastfed* or breast fed*)) or ((admi* or attendance or readmi* or re admi* or refer*) adj3 hospital* adj7 (maternal* or mother* or women)))).ti,ab.
16	exp breast feeding/is, px, sn use ppez or exp *breast feeding/ use emczd, emcr
17	*emotional attachment/ or *object relation/ or *psychosocial disorder/
18	17 use emczd, emcr
19	object attachment/ or reactive attachment disorder/
20	19 use ppez
21	(anxiety or depres* or posttraum* or post traum* or ptsd).hw.
22	exp emotions/ use ppez or exp *emotion/ use emczd, emcr or coping*.hw.
23	*maternal mortality/ use emczd, emcr or maternal mortality/ use ppez
24	*"quality of life"/ use emczd, emcr or "quality of life"/ use ppez
25	*patient attitude/ or *patient satisfaction/
26	25 use emczd, emcr
27	("attitude to health"/ and patient*.hw.) or patient satisfaction/
28	27 use ppez
29	*hospital admission/ use emczd, emcr or hospitalization/ use ppez
30	or/16,18,20-24,26,28-29
31	(or/12-15) or (11 and 30)
32	6 and 31
33	limit 32 to english language
34	limit 33 to yr="2000 -current"

Database: CDSR, CCRCT [Wiley]

#	Search
#1	mesh descriptor: [postpartum period] this term only
#2	mesh descriptor: [peripartum period] this term only
#3	mesh descriptor: [postnatal care] this term only
#4	((((“first time” or new) near/1 mother*) or nullipara* or “peri natal*” or perinatal* or postbirth or “post birth” or postdelivery or “post delivery” or postnatal* or “post natal*” or postpartum* or “post partum*” or primipara* or puerpera* or puerperium* or ((after or follow*) near/2 birth*))):ti,ab,kw
#5	#1 or #2 or #3 or #4
#6	mesh descriptor: [behavior rating scale] this term only
#7	mesh descriptor: [mass screening] this term only
#8	mesh descriptor: [neuropsychological tests] this term only

#	Search
#9	mesh descriptor: [nursing assessment] explode all trees
#10	mesh descriptor: [patient health questionnaire] this term only
#11	mesh descriptor: [psychiatric status rating scales] this term only
#12	mesh descriptor: [psychological tests] this term only
#13	mesh descriptor: [psychometrics] this term only
#14	mesh descriptor: [risk assessment] this term only
#15	mesh descriptor: [surveys and questionnaires] this term only
#16	#6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15
#17	((((health or needs) near/1 (assessment or evaluation)) or ((midwi* or nurs*) near/2 (assess* or evaluation)) or (routine* near/2 (assess* or evaluat*)))):ti
#18	((((health or needs) near/1 (assessment or evaluation)) or ((midwi* or nurs*) near/2 (assess* or evaluation)) or (routine* near/2 (assess* or evaluat*)))):ab
#19	(((assess* or evaluat* or screen*) near/5 (“4 week*” or “5 week*” or “6 week*” or “7 week*” or “8 week*” or (end near/2 (postnatal* or “post nata*” or postpartum or “post partum”))))):ti
#20	(((assess* or evaluat* or screen*) near/5 (“4 week*” or “5 week*” or “6 week*” or “7 week*” or “8 week*” or (end near/2 (postnatal* or “post nata*” or postpartum or “post partum”))))):ab
#21	(((assess* or evaluat*) near/5 (attachment or bonding or ((early or object or infant* or parent* or mother* or maternal or neonat*) near/3 (attach* or bond*)) or ((mother* or parent*) near/3 (competenc* or interaction* or “inter action*” or positive or responsiv* or sensitivit*)) or ((child* or infant* or maternal* or mother* or neonat* or parent*) near/3 (attachment* or bond* or relationship* or dyad* or triad*)) or ((anxiet* or depress* or “mental health” or posttrauma* or “post trauma*” or ptsd or (health or wellbeing or “well being”) or (attitud* or concern* or emotion* or experience* or feeling* or opinion* or perception* or perspective* or stress* or view* or satisfact*) or (“quality of life” or qol) or ((maternal or mother or women) near/2 (death* or died or morbidit* or mortalit*)) or ((number* or percentage* or proportion*) near/3 (breastfeed* or breastfed* or breast feed* or “breast fed”)) or ((admi* or attendance or readmit* or “re admit*” or refer*) near/5 hospital* near/5 (complication* or problem* or unplan*))) near/5 (mother* or women))))):ti
#22	(((assess* or evaluat*) near/5 (attachment or bonding or ((early or object or infant* or parent* or mother* or maternal or neonat*) near/3 (attach* or bond*)) or ((mother* or parent*) near/3 (competenc* or interaction* or “inter action*” or positive or responsiv* or sensitivit*)) or ((child* or infant* or maternal* or mother* or neonat* or parent*) near/3 (attachment* or bond* or relationship* or dyad* or triad*)) or ((anxiet* or depress* or “mental health” or posttrauma* or “post trauma*” or ptsd or (health or wellbeing or “well being”) or (attitud* or concern* or emotion* or experience* or feeling* or opinion* or perception* or perspective* or stress* or view* or satisfact*) or (“quality of life” or qol) or ((maternal or mother or women) near/2 (death* or died or morbidit* or mortalit*)) or ((number* or percentage* or proportion*) near/3 (breastfeed* or breastfed* or breast feed* or “breast fed”)) or ((admi* or attendance or readmit* or “re admit*” or refer*) near/5 hospital* near/5 (complication* or problem* or unplan*))) near/5 (mother* or women))))):ab
#23	(((assess* or evaluat* or selfassess* or screen*) near/2 (index or instrument* or interview* or inventor* or item* or measure* or questionnaire* or rate* or rating or scale* or score* or subscale* or survey* or test* or tool*) near/10 (attachment or bonding or ((early or object or infant* or parent* or mother* or maternal*) near/3 (attach* or bond*)) or ((mother* or parent*) near/3 (competenc* or interaction* or “inter action*” or positive or responsiv* or sensitivit*)) or ((child* or infant* or parent* or mother* or maternal*) near/3 (attachment* or bond* or relationship* or dyad* or triad*)) or (anxiet* or depress* or mental health or posttrauma* or “post trauma*” or ptsd or (health or wellbeing or “well being”)) or (experience* or stress* or emotion* or concern* or feeling* or view* or opinion* or perception* or perspective* or attitud* or satisfact*) or (“quality of life” or qol or qualy) or ((maternal or mother or women) near/3 (death* or died or morbidit* or mortalit*)) or ((number* or percentage* or proportion*) near/3 (breastfeed* or “breast feed*” or breastfed* or “breast fed*”)) or ((admi* or attendance or readmi* or “re admi*” or refer*) near/3 hospital* near/7 (maternal* or mother* or women))))):ti
#24	(((assess* or evaluat* or selfassess* or screen*) near/2 (index or instrument* or interview* or inventor* or item* or measure* or questionnaire* or rate* or rating or scale* or score* or subscale* or survey* or test* or tool*) near/10 (attachment or bonding or ((early or object or infant* or parent* or mother* or maternal*) near/3 (attach* or bond*)) or ((mother* or parent*) near/3 (competenc* or interaction* or “inter action*” or positive or responsiv* or sensitivit*)) or

#	Search
	((child* or infant* or parent* or mother* or maternal*) near/3 (attachment* or bond* or relationship* or dyad* or triad*)) or (anxiet* or depress* or mental health or posttrauma* or "post trauma*" or ptsd or (health or wellbeing or "well being")) or (experience* or stress* or emotion* or concern* or feeling* or view* or opinion* or perception* or perspective* or attitud* or satisfact*) or ("quality of life" or qol or qualy) or ((maternal or mother or women) near/3 (death* or died or morbidit* or mortalit*)) or ((number* or percentage* or proportion*) near/3 (breastfeed* or "breast feed*" or breastfed* or "breast fed*")) or ((admi* or attendance or readmi* or "re admi*" or refer*) near/3 hospital* near/7 (maternal* or mother* or women))))):ab
#25	mesh descriptor: [breast feeding] explode all trees and with qualifier(s): [statistics & numerical data - sn, instrumentation - is, psychology - px]
#26	mesh descriptor: [object attachment] this term only
#27	mesh descriptor: [reactive attachment disorder] this term only
#28	((anxiety or depres* or posttraum* or "post traum*" or ptsd)):kw
#29	mesh descriptor: [emotions] explode all trees
#30	(coping*):kw
#31	mesh descriptor: [maternal mortality] this term only
#32	mesh descriptor: [quality of life] this term only
#33	mesh descriptor: [attitude to health] this term only
#34	(patient*):kw
#35	#33 and #34
#36	mesh descriptor: [patient satisfaction] this term only
#37	mesh descriptor: [hospitalization] this term only
#38	#25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #35 or #36 or #37
#39	#17 or #18 or #19 or #20 or #21 or #22 or #23 or #24
#40	#39 or (#16 and #38)
#41	#5 and #40 with cochrane library publication date between jan 2000 and oct 2019

Database: DARE, HTA (global) [CRD Web]

#	Search
1	mesh descriptor postpartum period in dare,hta
2	mesh descriptor peripartum period in dare,hta
3	mesh descriptor postnatal care in dare,hta
4	(nullipara* or peri natal* or perinatal* or postbirth or post birth or postdelivery or post delivery or postnatal* or post natal* or postpartum* or post partum* or primipara* or puerpera* or puerperium* or ((after or follow*) near2 birth*)) in dare, hta
5	#1 or #2 or #3 or #4
6	mesh descriptor breast feeding explode all trees in dare,hta
7	mesh descriptor lactation in dare,hta
8	(breastfeed* or breast feed* or breastfed* or breastfeed* or breast fed or breastmilk or breast milk or expressed milk* or lactat* or (nursing next (baby or infant* or mother* or neonate* or newborn*))) in dare, hta
9	#6 or #7 or #8
10	mesh descriptor bottle feeding in dare,hta
11	mesh descriptor infant formula in dare,hta
12	(((bottle or formula or synthetic) near2 (artificial or fed or feed* or infant* or milk*)) or (artificial next (formula or milk)) or bottlefed or bottlefeed or cup feeding or (milk near2 (substitut* or supplement*)) or ((infant or milk or water or glucose or dextrose or formula) next supplement) or formula supplement* or supplement feed or milk feed or ((baby or babies or infant* or neonate* or newborn*) next (formula* or milk)) or formulafeed or formulated or (milk near2 powder*) or hydrolyzed formula* or (((feeding or baby or infant) next bottle*) or infant feeding or bottle nipple* or milk pump*)) in dare, hta
13	#10 or #11 or #12
14	#5 or #9 or #13

Health economic search

The search for this topic was last run on 5th December 2019.

Database: Emcare, Embase, Medline, Medline Ahead of Print and In-Process & Other Non-Indexed Citations (global) – OVID [Multifile]

#	Search
1	puerperium/ or perinatal period/ or postnatal care/
2	1 use emczd, emcr
3	postpartum period/ or peripartum period/ or postnatal care/
4	3 use ppez
5	(nullipara* or peri natal* or perinatal* or postbirth or post birth or postdelivery or post delivery or postnatal* or post natal* or postpartum* or post partum* or primipara* or puerpera* or puerperium* or ((after or follow*) adj2 birth*)).ti,ab.
6	or/2,4-5
7	breast feeding/ or breast feeding education/ or lactation/
8	7 use emczd, emcr
9	exp breast feeding/ or lactation/
10	9 use ppez
11	(breastfeed* or breast feed* or breastfed* or breastfeed* or breast fed or breastmilk or breast milk or expressed milk* or lactat* or (nursing adj (baby or infant* or mother* or neonate* or newborn*))).ti,ab.
12	or/8,10-11
13	artificial food/ or bottle feeding/ or infant feeding/
14	13 use emczd, emcr
15	bottle feeding/ or infant formula/
16	15 use ppez
17	(((bottle or formula or synthetic) adj2 (artificial or fed or feed* or infant* or milk*)) or (artificial adj (formula or milk)) or bottlefed or bottlefeed or cup feeding or (milk adj2 (substitut* or supplement*)) or ((infant or milk or water or glucose or dextrose or formula) adj supplement) or formula supplement* or supplement feed or milk feed or ((baby or babies or infant* or neonate* or newborn*) adj (formula* or milk)) or formulafeed or formulated or (milk adj2 powder*) or hydrolyzed formula* or (((feeding or baby or infant) adj bottle*) or infant feeding or bottle nipple* or milk pump*)).ti,ab.
18	or/14,16-17
19	or/6,12,18
20	budget/ or exp economic evaluation/ or exp fee/ or funding/ or exp health care cost/ or health economics/
21	20 use emczd, emcr
22	exp budgets/ or exp "costs and cost analysis"/ or economics/ or exp economics, hospital/ or exp economics, medical/ or economics, nursing/ or economics, pharmaceutical/ or exp "fees and charges"/ or value of life/
23	22 use ppez
24	budget*.ti,ab. or cost*.ti. or (economic* or pharmaco?economic*).ti. or (price* or pricing*).ti,ab. or (cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab. or (financ* or fee or fees).ti,ab. or (value adj2 (money or monetary)).ti,ab.
25	or/21,23-24
26	economic model/ or quality adjusted life year/ or "quality of life index"/
27	(cost-benefit analysis.sh. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.)
28	((quality of life or qol).tw. and cost benefit analysis.sh.)
29	or/26-28 use emczd, emcr
30	models, economic/ or quality-adjusted life years/
31	(cost-benefit analysis.sh. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.)
32	((quality of life or qol).tw. and cost-benefit analysis.sh.)
33	or/30-32 use ppez
34	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.

#	Search
35	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
36	(hui or hui2 or hui3).tw.
37	(illness state* or health state*).tw.
38	(multiattibute* or multi attribute*).tw.
39	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
40	(quality adjusted or quality adjusted life year*).tw.
41	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
42	sickness impact profile.sh.
43	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
44	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
45	utilities.tw.
46	((qol or hrqol or quality of life).tw. or *quality of life/) and ((qol or hrqol* or quality of life) adj2 (change*1 or declin* or decreas* or deteriorat* or effect or effects or high* or impact*1 or impacted or improve* or increas* or low* or reduc* or score or scores or worse)).ab.
47	quality of life.sh. and ((health-related quality of life or (health adj3 status) or ((quality of life or qol) adj3 (chang* or improv*)) or ((quality of life or qol) adj (measure*1 or score*1))).tw. or (quality of life or qol).ti. or ec.fs.)
48	or/29,33-47
49	or/25,48
50	19 and 50
51	limit 50 to english language
52	(animals/ not humans/) or exp animals, laboratory/ or exp animal experimentation/ or exp models, animal/ or exp rodentia/
53	52 use ppez
54	(animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/
55	54 use emczd, emcr
56	(rat or rats or mouse or mice).ti.
57	or/53,55-56
58	51 not 57

Database: HTA, NHS EED (global) [CRD Web]

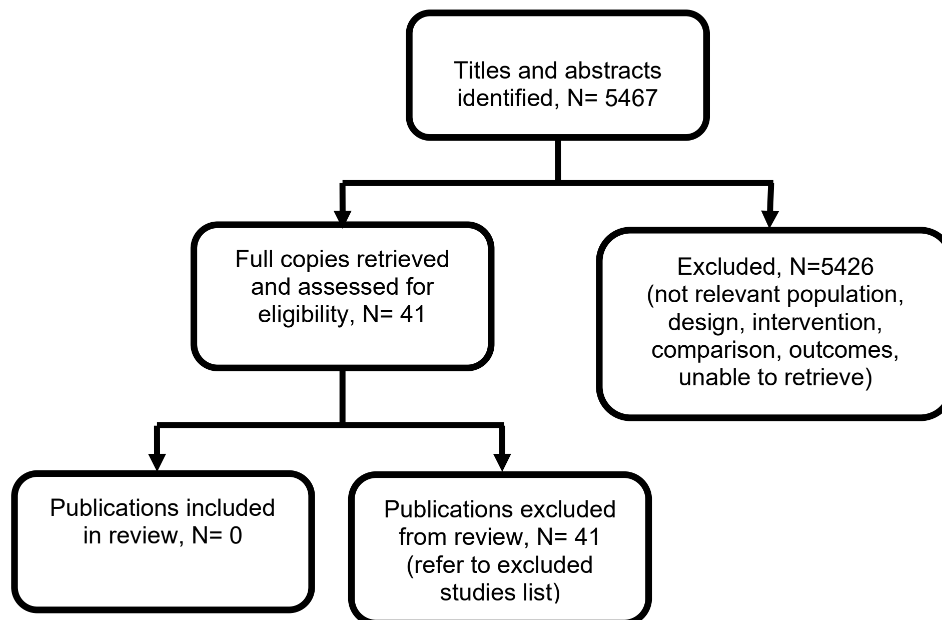
#	Search
1	mesh descriptor postpartum period in hta, nhs eed
2	mesh descriptor peripartum period in hta, nhs eed
3	mesh descriptor postnatal care in hta, nhs eed
4	(nullipara* or peri natal* or perinatal* or postbirth or post birth or postdelivery or post delivery or postnatal* or post natal* or postpartum* or post partum* or primipara* or puerpera* or puerperium* or ((after or follow*) near2 birth*)) in hta, nhs eed
5	#1 or #2 or #3 or #4
6	mesh descriptor breast feeding explode all trees in hta, nhs eed
7	mesh descriptor lactation in hta, nhs eed
8	(breastfeed* or breast feed* or breastfed* or breastfeed* or breast fed or breastmilk or breast milk or expressed milk* or lactat* or (nursing next (baby or infant* or mother* or neonate* or newborn*))) in hta, nhs eed
9	#6 or #7 or #8
10	mesh descriptor bottle feeding in hta, nhs eed
11	mesh descriptor infant formula in hta, nhs eed
12	(((bottle or formula or synthetic) near2 (artificial or fed or feed* or infant* or milk*)) or (artificial next (formula or milk)) or bottlefed or bottlefeed or cup feeding or (milk near2 (substitut* or supplement*)) or ((infant or milk or water or glucose or dextrose or formula) next supplement) or formula supplement* or supplement feed or milk feed or ((baby or babies or infant* or neonate* or newborn*) next (formula* or milk)) or formula feed or formulated or (milk near2 powder*) or hydrolyzed formula* or

#	Search
	(((feeding or baby or infant) next bottle*) or infant feeding or bottle nipple* or milk pump*)) in hta, nhs eed
13	#10 or #11 or #12
14	#5 or #9 or #13

Appendix C – Clinical evidence study selection

Study selection for: When should a comprehensive, routine assessment at the end of the postnatal period occur?

Figure 1: Study selection flow chart



Appendix D – Clinical evidence tables

Evidence tables for review question: When should a comprehensive, routine assessment at the end of the postnatal period occur?

No evidence was identified which was applicable to this review question.

Appendix E – Forest plots

Forest plots for review question: When should a comprehensive, routine assessment at the end of the postnatal period occur?

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

Appendix F – GRADE tables

GRADE tables for review question: When should a comprehensive, routine assessment at the end of the postnatal period occur?

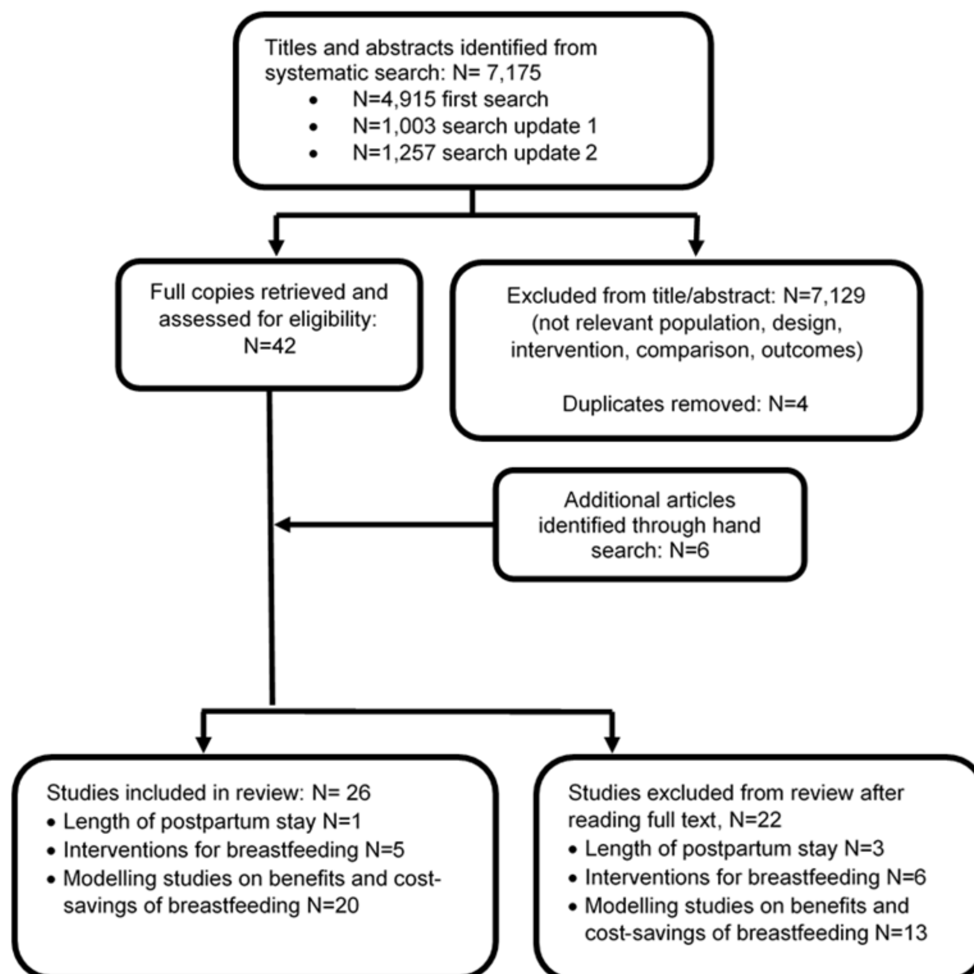
No evidence was identified which was applicable to this review question.

Appendix G – Economic evidence study selection

Economic evidence study selection for review question: When should a comprehensive, routine assessment at the end of the postnatal period occur?

A global health economics search was undertaken for all areas covered in the guideline. Figure 2 shows the flow diagram of the selection process for economic evaluations of postnatal care interventions, including modelling studies on the benefits and cost-savings of breastfeeding.

Figure 2. Flow diagram of selection process for economic evaluations of postnatal care interventions and modelling studies on the benefits and cost-savings of breastfeeding



Appendix H – Economic evidence tables

Economic evidence tables for review question: When should a comprehensive, routine assessment at the end of the postnatal period occur?

No economic evidence was identified which was applicable to this review question

Appendix I – Economic evidence profiles

Economic evidence profiles for review question: When should a comprehensive, routine assessment at the end of the postnatal period occur?

No economic evidence was identified which was applicable to this review question.

Appendix J – Economic analysis

Economic analysis for review question: When should a comprehensive, routine assessment at the end of the postnatal period occur?

No economic analysis was conducted for this review question.

Appendix K – Excluded studies

Excluded studies for review question: When should a comprehensive, routine assessment at the end of the postnatal period occur?

Clinical studies

Table 4. Excluded studies and reasons for their exclusions

Study	Reason for exclusion
Albert, C., The dark days of postpartum depression. Primary care screening is essential, Advance for Nurse Practitioners, 10, 67-70, 2002	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Baas, C. I., Wiegers, T. A., de Cock, T. P., Erwich, Jjhm, Spelten, E. R., Hutton, E. K., Experience with and amount of postpartum maternity care: Comparing women who rated the care they received from the maternity care assistant as 'good' or 'less than good care', Midwifery, 55, 128-136, 2017	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Barimani, M., Oxelmark, L., Johansson, S. E., Langius-Eklof, A., Hylander, I., Professional support and emergency visits during the first 2 weeks postpartum, Scandinavian Journal of Caring Sciences, 28, 57-65, 2014	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Blenning, C. E., Paladine, H., An approach to the postpartum office visit, American Family Physician, 72, 2491-2497, 2005	Study design not of interest for review: editorial.
Brodribb, W., Zadoroznyj, M., Nesic, M., Kruske, S., Miller, Y. D., Beyond the hospital door: a retrospective, cohort study of associations between birthing in the public or private sector and women's postpartum care, BMC health services research, 15, 14, 2015	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Dennis, C. L., Gagnon, A., Van Hulst, A., Dougherty, G., Predictors of breastfeeding exclusivity among migrant and Canadian-born women: results from a multi-centre study, Maternal & Child NutritionMatern Child Nutr, 10, 527-44, 2014	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Ekstrom, A., Widstrom, A. M., Nissen, E., Duration of breastfeeding in Swedish primiparous and multiparous women, Journal of Human Lactation, 19, 172-8, 2003	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Emerson, M. R., Mathews, T. L., Struwe, L., Postpartum Depression Screening for New Mothers at Well Child Visits, MCN, American Journal of Maternal Child Nursing, 43, 139-145, 2018	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Farr, S. L., Denk, C. E., Dahms, E. W., Dietz, P. M., Evaluating universal education and screening for postpartum depression using	Comparison not of interest for review: no comparative data on postnatal routine assessment.

Study	Reason for exclusion
population-based data, Journal of Women's Health, 23, 657-63, 2014	
Farr, S. L., Dietz, P. M., O'Hara, M. W., Burley, K., Ko, J. Y., Postpartum anxiety and comorbid depression in a population-based sample of women, Journal of Women's Health, 23, 120-8, 2014	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Farr, S. L., Ko, J. Y., Burley, K., Gupta, S., Provider communication on perinatal depression: a population-based study, Archives of Women's Mental Health, 19, 35-40, 2016	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Fenwick,J., Butt,J., Dhaliwal,S., Hauck,Y., Schmied,V., Western Australian women's perceptions of the style and quality of midwifery postnatal care in hospital and at home, Women and Birth: Journal of the Australian College of Midwives, 23, 10-21, 2010	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Fernandez, Y. Garcia E., Lacaze, C., Ratanasen, M., Continuous quality improvement for postpartum depression screening and referral, Pediatrics International, 53, 277-9, 2011	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Fisher, S. D., Sit, D. K., Yang, A., Ciolino, J. D., Gollan, J. K., Wisner, K. L., Four maternal characteristics determine the 12-month course of chronic severe postpartum depressive symptoms, Depression and Anxiety, 36, 375-383, 2019	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Fisher, S. D., Wisner, K. L., Clark, C. T., Sit, D. K., Luther, J. F., Wisniewski, S., Factors associated with onset timing, symptoms, and severity of depression identified in the postpartum period, Journal of Affective Disorders, 203, 111-120, 2016	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Flensborg-Madsen, T., Tolstrup, J., Sorensen, H. J., Mortensen, E. L., Social and psychological predictors of onset of anxiety disorders: results from a large prospective cohort study, Social Psychiatry and Psychiatric Epidemiology, 47, 711-721, 2012	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Furuta, M., Sandall, J., Cooper, D., Bick, D., The relationship between severe maternal morbidity and psychological health symptoms at 6-8 weeks postpartum: A prospective cohort study in one English maternity unit, BMC Pregnancy and Childbirth, 14 (1) (no pagination), 2014	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Furuta, M., Sandall, J., Cooper, D., Bick, D., Severe maternal morbidity and breastfeeding outcomes in the early post-natal period: a prospective cohort study from one English maternity unit, Maternal and Child Nutrition, 12, 808-825, 2016	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Goodman, J. H., Tyer-Viola, L., Detection, treatment, and referral of perinatal depression	Comparison not of interest for review: no comparative data on postnatal routine assessment.

Study	Reason for exclusion
and anxiety by obstetrical providers, Journal of Women's Health, 19, 477-490, 2010	
Gregory, E. F., Gross, S. M., Nguyen, T. Q., Butz, A. M., Johnson, S. B., WIC Participation and Breastfeeding at 3 Months Postpartum, Maternal and Child Health Journal, 20, 1735-1744, 2016	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Henderson, J., Redshaw, M., Change over time in women's views and experiences of maternity care in England, 1995-2014: A comparison using survey data, Midwifery, 44, 35-40, 2017	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Hildingsson, I. M., Sandin-Bojo, A. K., 'What is could indeed be better'--Swedish women's perceptions of early postnatal care, MidwiferyMidwifery, 27, 737-44, 2011	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Hildingsson,I., Thomas,J.E., Women's perspectives on maternity services in Sweden: processes, problems, and solutions, Journal of Midwifery and Women's Health, 52, 126-133, 2007	Study design not of interest for review: qualitative study.
Hildingsson,I.M., New parents' experiences of postnatal care in Sweden, Women and Birth: Journal of the Australian College of Midwives, 20, 105-113, 2007	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Horwitz, S. M., Briggs-Gowan, M. J., Storfer-Isser, A., Carter, A. S., Prevalence, correlates, and persistence of maternal depression, Journal of Women's Health, 16, 678-91, 2007	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Howell,E.A., Mora,P.A., DiBonaventura,M.D., Leventhal,H., Modifiable factors associated with changes in postpartum depressive symptoms, Archives of Women's Mental Health, 12, 113-120, 2009	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Hundley, V., Penney, G., Fitzmaurice, A., van Teijlingen, E., Graham, W., A comparison of data obtained from service providers and service users to assess the quality of maternity care, Midwifery, 18, 126-35, 2002	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Hundley, V., Rennie, A. M., Fitzmaurice, A., Graham, W., van Teijlingen, E., Penney, G., A national survey of women's views of their maternity care in Scotland, Midwifery, 16, 303-313, 2000	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Hurst, T. E., Semrau, K., Patna, M., Gawande, A., Hirschhorn, L. R., Demand-side interventions for maternal care: evidence of more use, not better outcomes, BMC Pregnancy ChildbirthBMC pregnancy and childbirth, 15, 2015	Country not of interest for review: studies included were world bank low or middle income countries.
Huth-Bocks, A. C., Levendosky, A. A., Bogat, G. A., von Eye, A., The impact of maternal characteristics and contextual variables on infant-mother attachment, Child Development, 75, 480-496, 2004	Comparison not of interest for review: no comparative data on postnatal routine assessment.

Study	Reason for exclusion
Ingram, J., A mixed methods evaluation of peer support in Bristol, UK: Mothers', midwives' and peer supporters' views and the effects on breastfeeding, BMC Pregnancy and Childbirth, 13 (no pagination), 2013	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Jennings, M. C., Pradhan, S., Schleiff, M., Sacks, E., Freeman, P. A., Gupta, S., Rassekh, B. M., Perry, H. B., Comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health: 2. maternal health findings, Journal of global health, 7, 010902, 2017	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Leahy-Warren, P., Mulcahy, H., Phelan, A., Corcoran, P., Factors influencing initiation and duration of breast feeding in Ireland, Midwifery, 30, 345-352, 2014	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Lindquist, A., Kurinczuk, J. J., Redshaw, M., Knight, M., Experiences, utilisation and outcomes of maternity care in England among women from different socio-economic groups: findings from the 2010 National Maternity Survey, BJOG: An International Journal of Obstetrics & Gynaecology, 122, 1610-7, 2015	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Ortenstrand,A., Waldenstrom,U., Mothers' experiences of child health clinic services in Sweden, Acta Paediatrica, 94, 1285-1294, 2005	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Reay, R., Matthey, S., Ellwood, D., Scott, M., Long-term outcomes of participants in a perinatal depression early detection program, Journal of Affective Disorders, 129, 94-103, 2011	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Scrandis, D. A., Sheikh, T. M., Niazi, R., Tonelli, L. H., Postolache, T. T., Depression after delivery: risk factors, diagnostic and therapeutic considerations, TheScientificWorldJournal, 7, 1670-82, 2007	Study design not of interest for review: editorial.
Sebela, A., Hanka, J., Mohr, P., Etiology, risk factors, and methods of postpartum depression prevention, Ceska Gynekologie, 83, 468-473, 2018	Study not published in English.
Sheeder, J., Kabir, K., Stafford, B., Screening for postpartum depression at well-child visits: is once enough during the first 6 months of life?, Pediatrics, 123, e982-8, 2009	Comparison not of interest for review: no comparative data on postnatal routine assessment.
Smith, M. V., Rosenheck, R. A., Cavaleri, M. A., Howell, H. B., Poschman, K., Yonkers, K. A., Screening for and detection of depression, panic disorder, and PTSD in public-sector obstetric clinics, Psychiatric Services, 55, 407-414, 2004	Comparison not of interest for review: no comparative data on postnatal routine assessment.
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Study	Reason for exclusion
service in the community: The findings from the Suzaka trial, BMC Pregnancy and Childbirth, 19 (1) (no pagination), 2019	

Economic studies

No economic evidence was identified for this review.

Appendix L – Research recommendations

Research recommendations for review question: When should a comprehensive, routine assessment at the end of the postnatal period occur?

No research recommendations were made for this review question