APPENDIX 17: CLINICAL EVIDENCE – COMPLETED METHODOLOGY CHECKLISTS

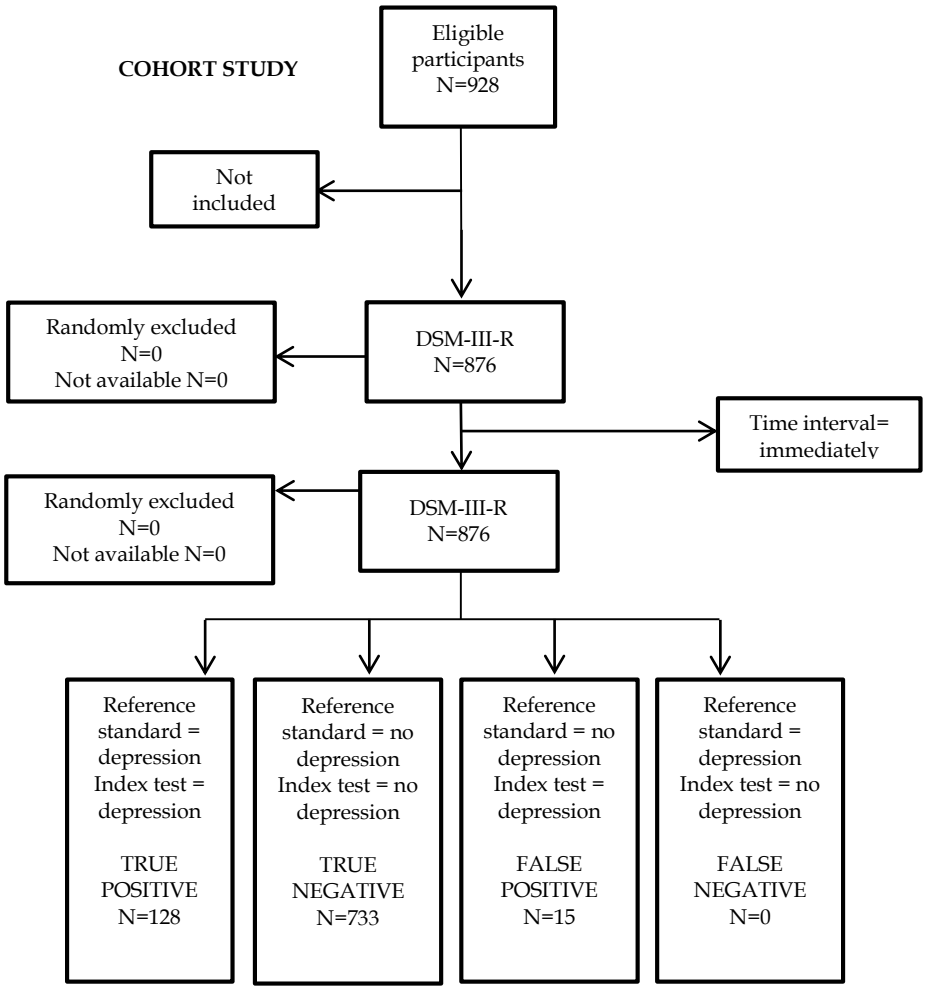
1.1 STUDY ID

1.1.1 ADEWUYA2005

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

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

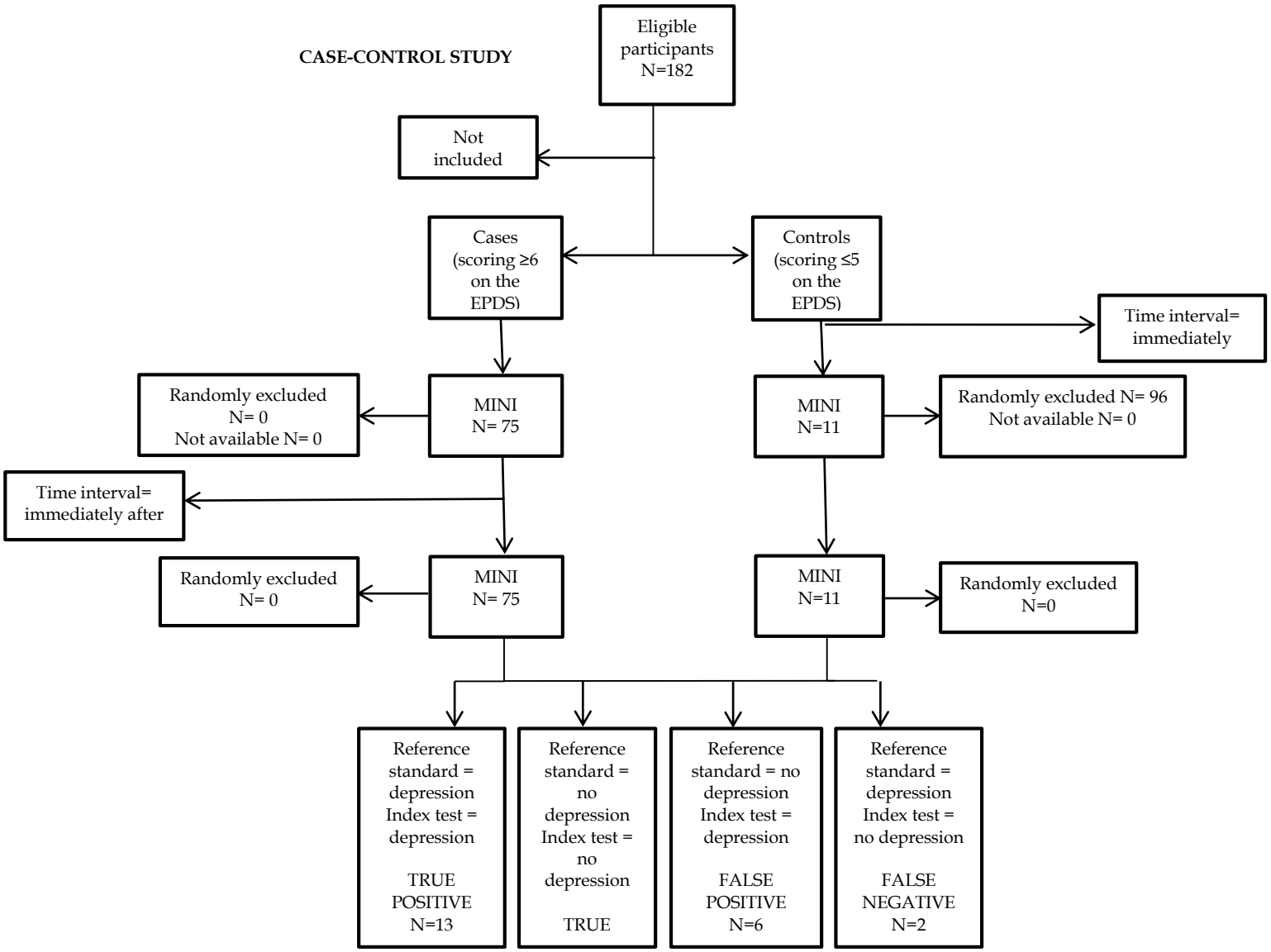
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): The paper states that only women who scored 9 and above on the EPDS and 10 and above on the BDI plus an additional random sample would be administered the reference standard. However the reported percentage of women with a diagnosis of depression adds up to the full sample. *Describe the time interval and any interventions between index test(s) and reference standard:* the reference standard was administered immediately after the index test had been completed.	
Was there an appropriate interval between index test(s) and reference standard?	Yes
Did all patients receive a reference standard?	Unclear
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Unclear
Could the patient flow have introduced bias?	**RISK: UNCLEAR**

1.1.2 ADEWUYA2006

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants were recruited consecutively from the antenatal clinics of the five health centres in Ilesa, Nigeria.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	No
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants consisted of 182 women in late pregnancy (32 weeks and above). The EPDS was to be used as a screening tool for depression during late pregnancy in local health centres. The sample consisted of women from west Nigeria; this population may not be representative of the general UK population.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: a translated local language version of the EPDS, a 10-item self-report questionnaire in which women were asked to rate how they felt in the previous 7 days. It takes about 5 minutes to complete. It has been validated in several countries and also in Nigeria with an optimal cut off score of 9 with sensitivity of 0.75 and specificity of 0.97. It was	

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

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

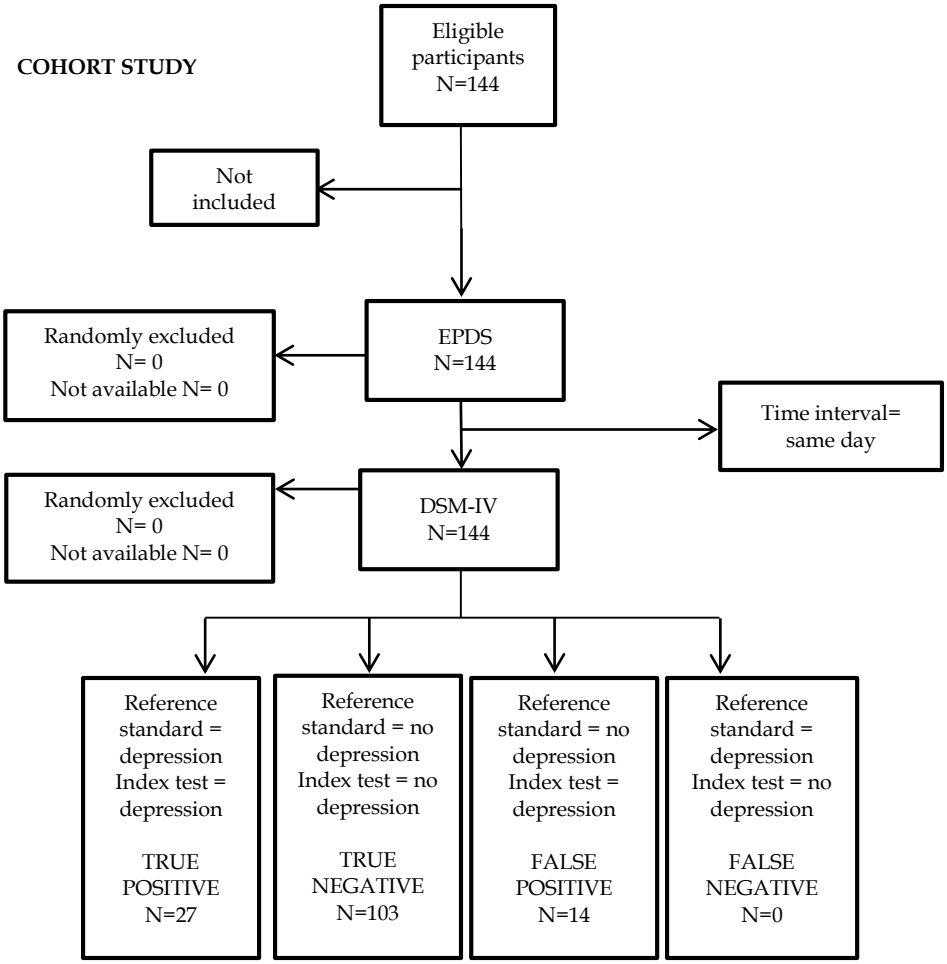
1.1.3 AGOUB2005

Phase 1: state the review question:

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

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION

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

If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the Mini International Neuropsychiatric Interview for DSM-IV which was administered by the lead study author.	
Is the reference standard likely to correctly classify the target condition?	Unclear
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: UNCLEAR**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**

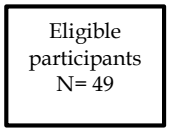
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 144 women were recruited and received the index test and the reference standard. It is unclear whether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

1.1.4 ALVARADO-ESQUIVEL2006

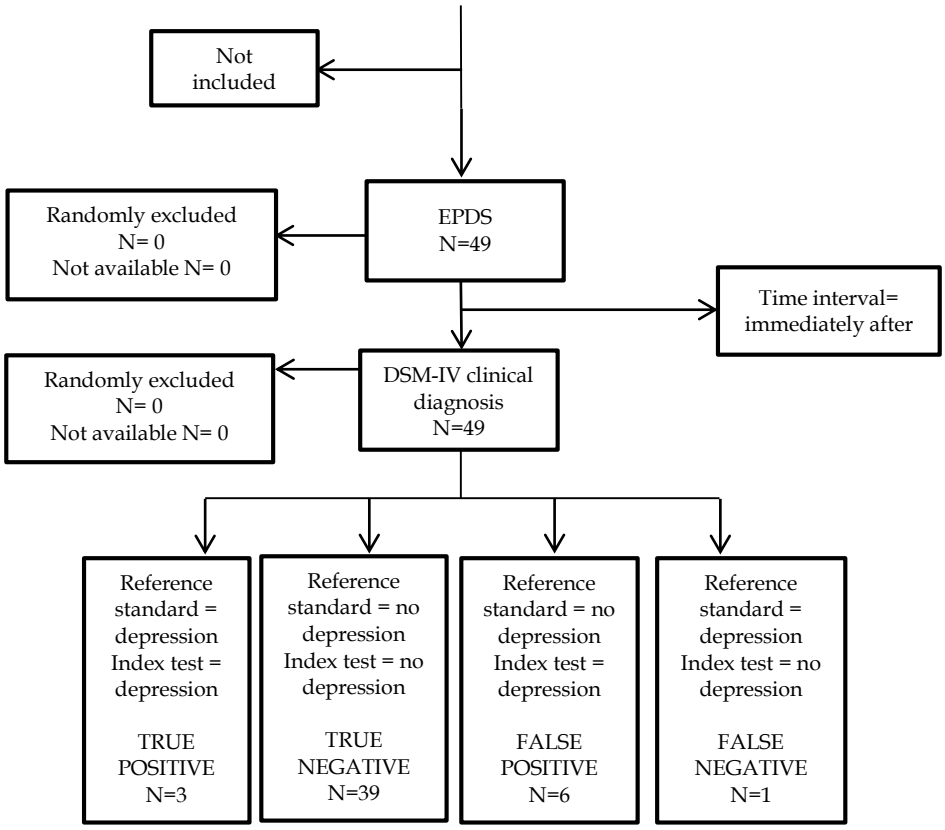
Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



COHORT STUDY*



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

Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Women were invited to participate when they attended their postnatal appointments as a regular clinical practice for check-up after childbirth. Participants were enrolled consecutively.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced	**RISK: LOW**

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

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

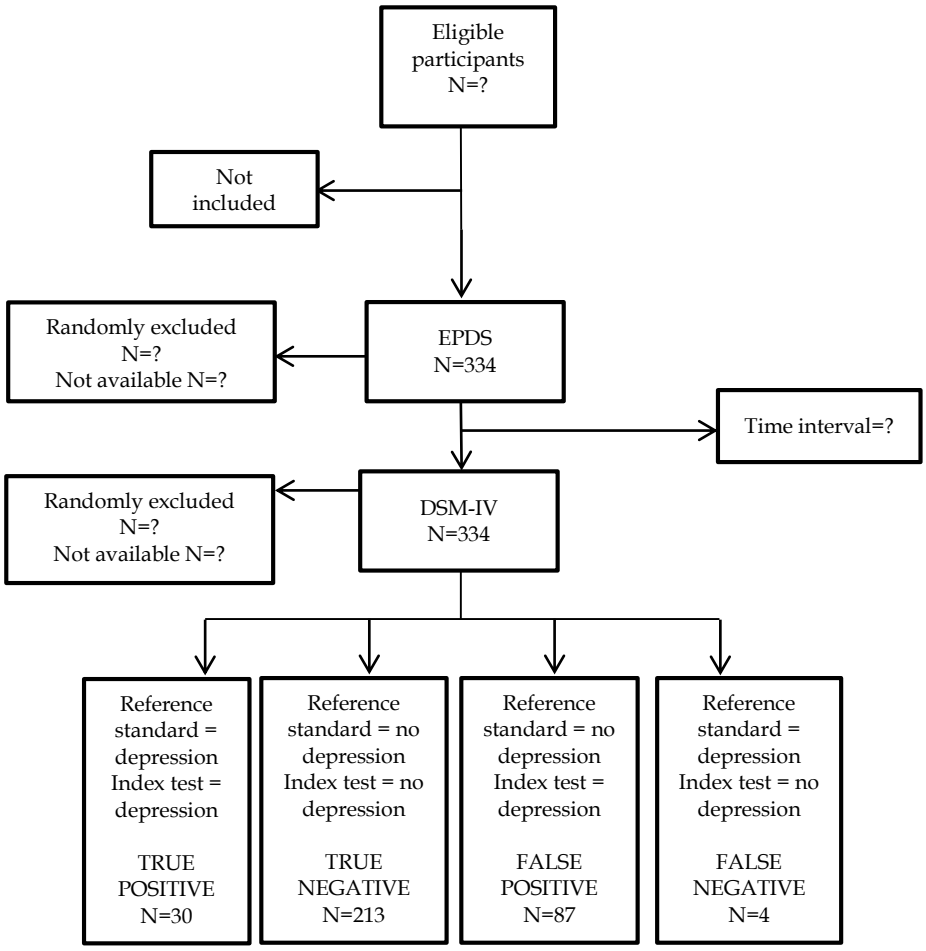
Describe the time interval and any interventions between index test(s) and reference standard: The EPDS and the DSM-IV clinical interview were conducted on the same day with no intervention between the two.	
Was there an appropriate interval between index test(s) and reference standard?	Yes
Did all patients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

1.1.5 ASCASO2003

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

N/A[1]

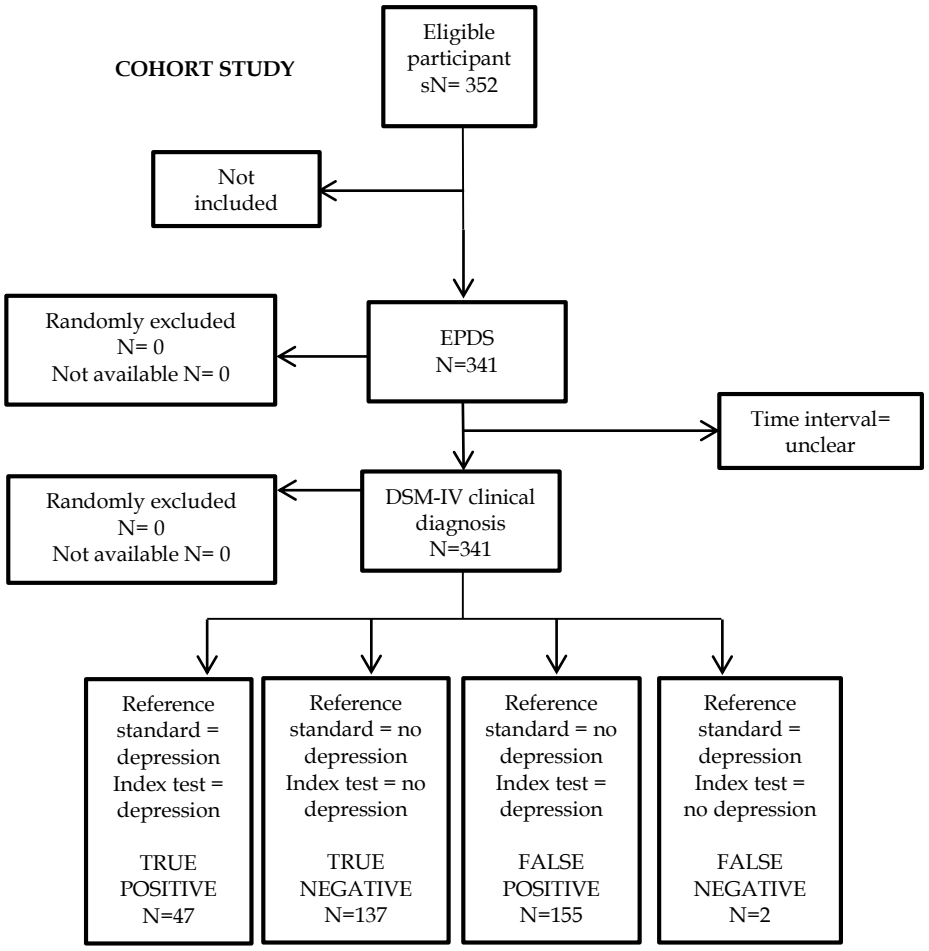
[1] It was not possible to assess risk of bias because full text was not available. Results were taken from Gibson et al., (2009).

1.1.6 AYDIN2004

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

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

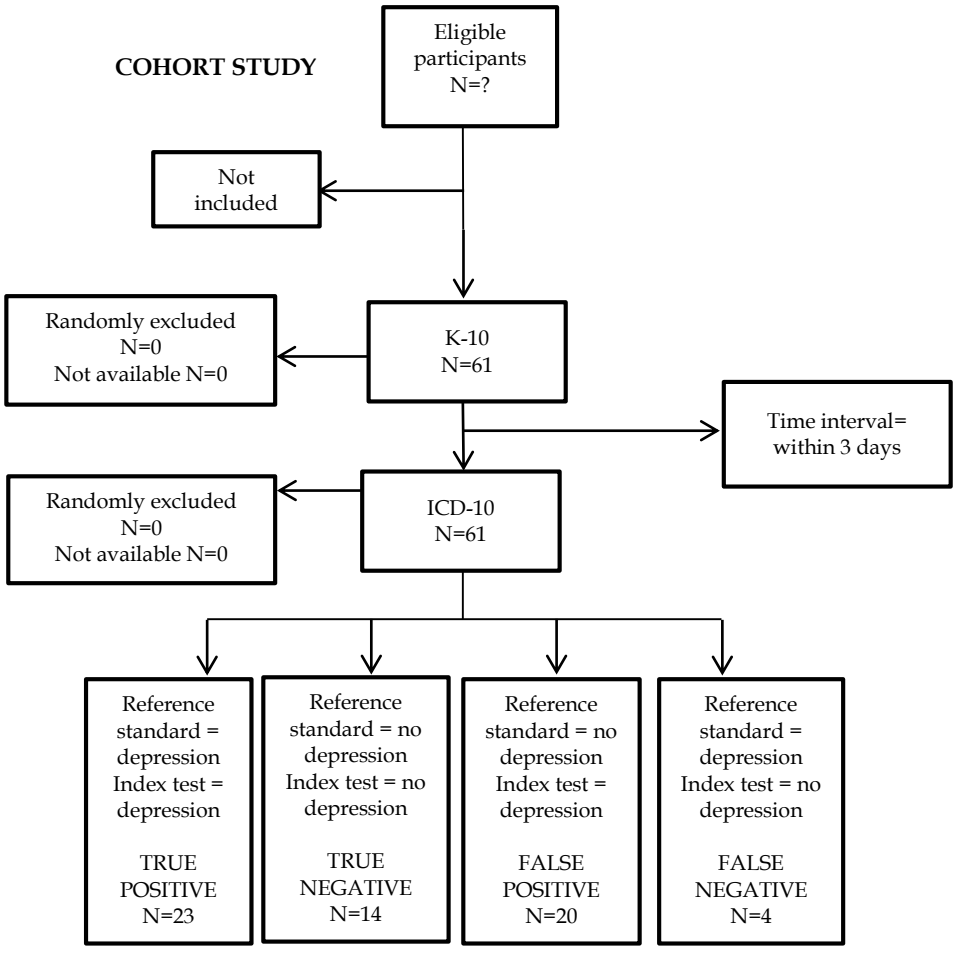
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: LOW**

1.1.7 BAGGALEY2007

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants were part of a cohort study of postpartum women. Women were selected in an attempt to over-sample from those with higher K10 scores in their most recent interview to gain a larger sample of probable cases of depression, but otherwise were chosen at random.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	No
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were postpartum women from Burkina Faso. The index test was used as a screening tool for postnatal depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the West African French version of the Kessler-10, a 10-item scale. The K10 questionnaire was administered by trained interviewers at 3 or 6 months post-pregnancy. Interviewers took a one day training course with a local psychiatrist on the rationale and methods for the K10.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S)	

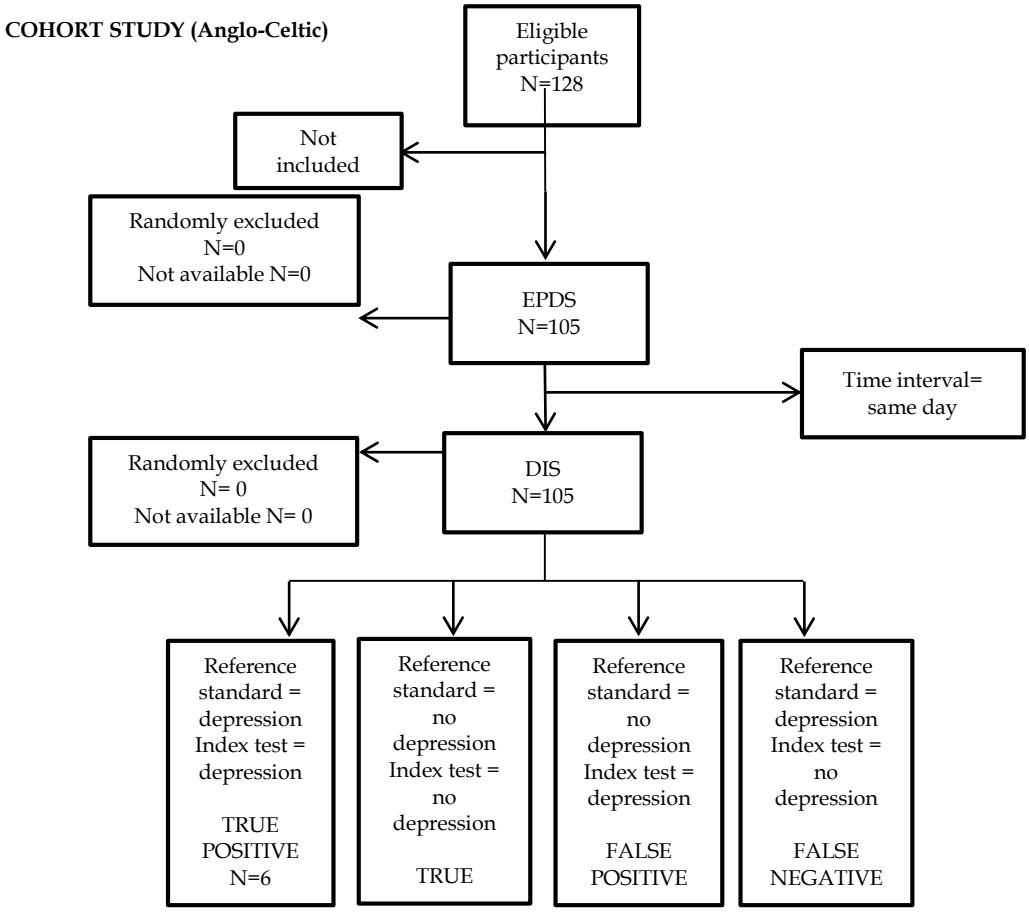
B. Concerns regarding applicability	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard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

1.1.8 BARNETT1999

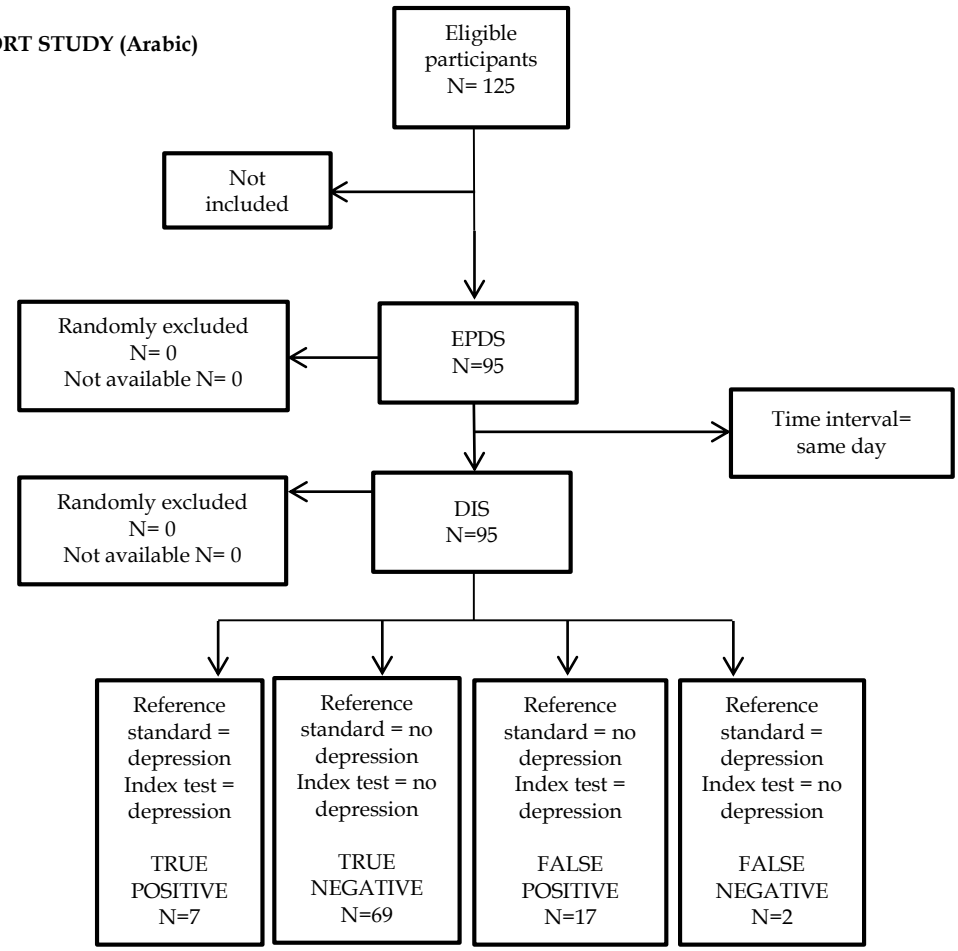
Phase 1: state the review question:

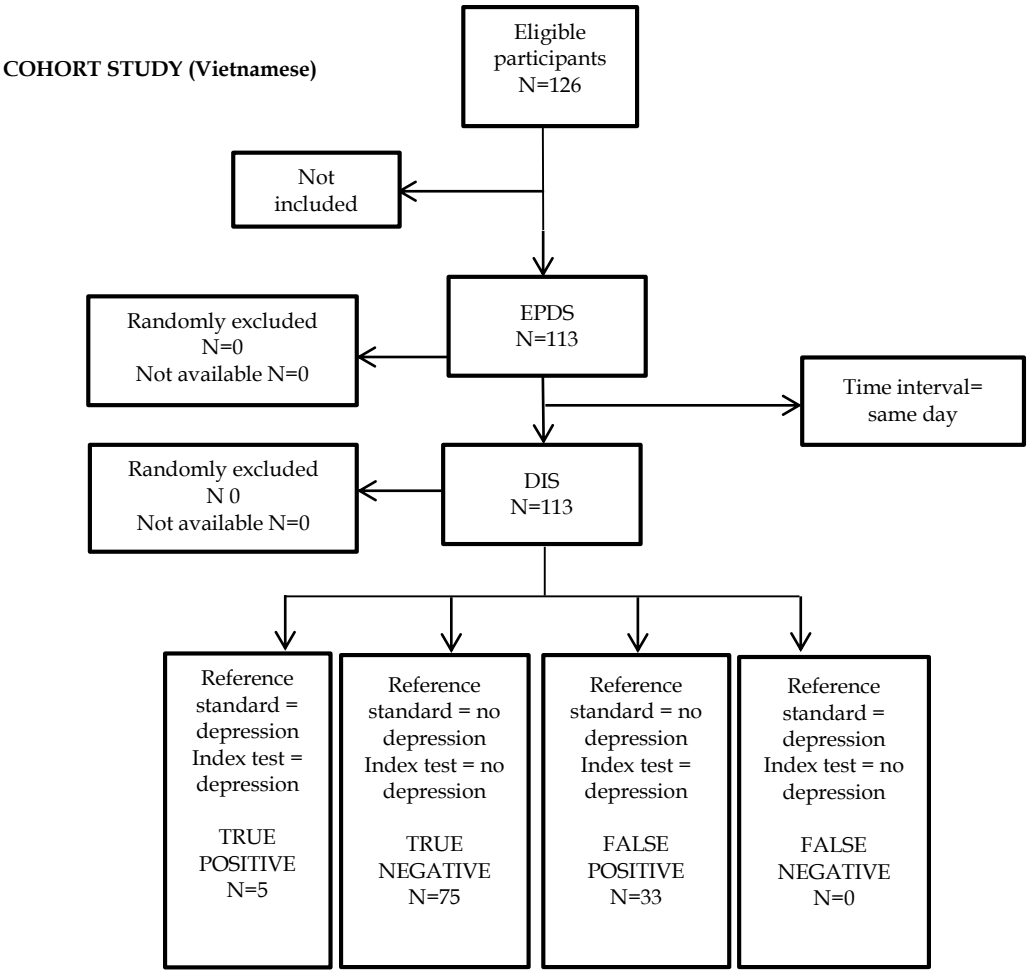
Patients (setting, intended use of index test, presentation, prior testing)	What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal?
Index test(s)	EPDS
Reference standard and target condition	Reference standard was the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

Phase 2: draw a flow diagram for the primary study



COHORT STUDY (Arabic)





Phase 3: risk of bias and applicability judgments

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

B. Concerns regarding applicability	
Describe included patients (prior testing, presentation, intended use of index test and setting): Anglo-Celtic, Arabic and Vietnamese postpartum women were recruited. The index test was used as a screening tool for postnatal depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the English, Arabic and Vietnamese versions of the EPDS, a 10-item self-report scale. Since it was anticipated that some of the women might be unfamiliar with self-report questionnaire or with the concept of depression, or possibly illiterate, a faces Scale was added. This consists of a sheet of paper with five faces depicting emotions ranging from very happy to very sad with a brief description printed in the appropriate language alongside. If not read aloud by the interviewer the instruction to the respondent is to indicate which face best shows how she has been feeling in the past few weeks.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the Diagnostic Interview Schedule which was administered by a female research assistant from the appropriate culture during a home visit.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear

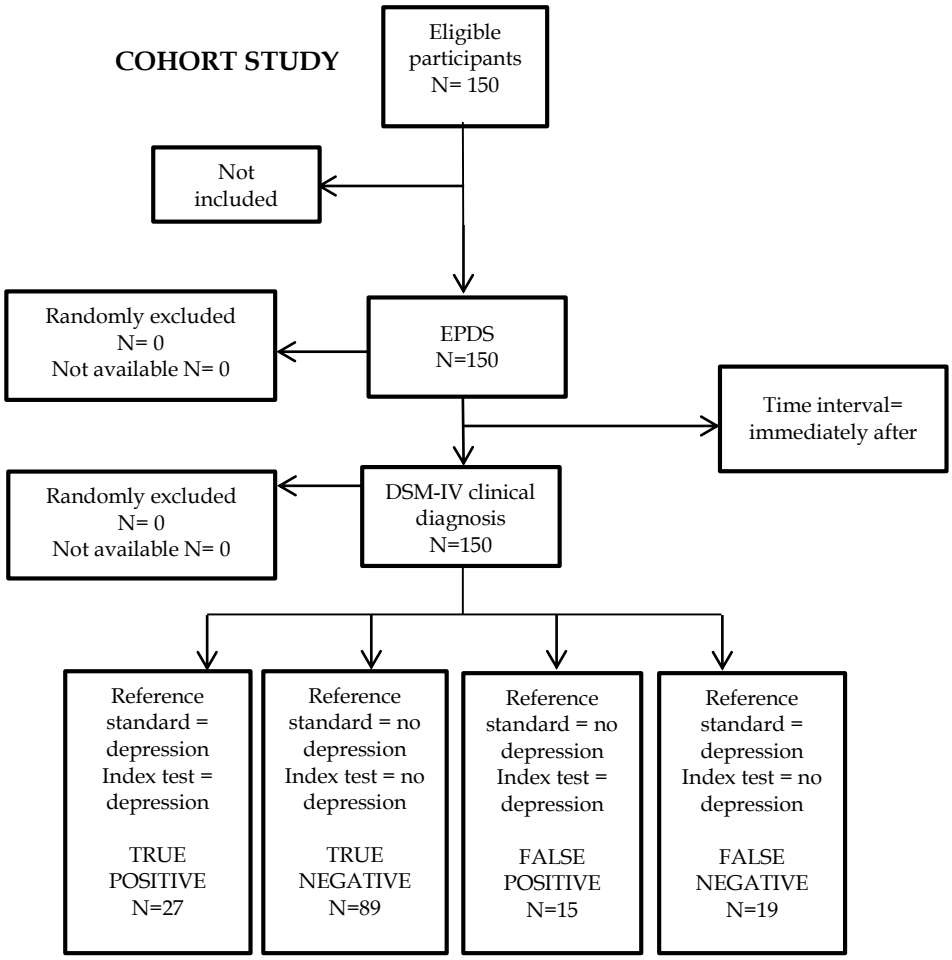
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: UNCLEAR**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Across Anglo-Celtic, Arabic and Vietnamese cohorts, 63 participants out of 379 who were recruited did not take part in the study. All participants who received the index test also received the reference standard. *Describe the time interval and any interventions between index test(s) and reference standard:* The index test and the reference standard were both administered during the same home interview.	
Was there an appropriate interval between index test(s) and reference standard?	Yes
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: LOW**

1.1.9 BECK2001

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): The mean age of the sample was 31 and the educational level ranged from less than high school to a doctoral degree. Eighty-seven percent of the women were white, 8% African American, 4% Hispanic, and 1% Asian. The EPDS was used as a screening tool for postpartum depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: Participants self-completed the EPDS and immediately after completion, each woman was interviewed privately by a nurse psychotherapist, blind to the instruments' scores, using the structured clinical interview for DSM-IV mood disorder diagnoses. A range of cut-off scores was used in the analysis.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: Participants self-completed the EPDS and immediately after completion, each woman was interviewed privately by a nurse psychotherapist, blind to the instruments' scores, using the structured clinical interview for DSM-IV mood disorder diagnoses.	
Is the reference standard likely to correctly	Yes

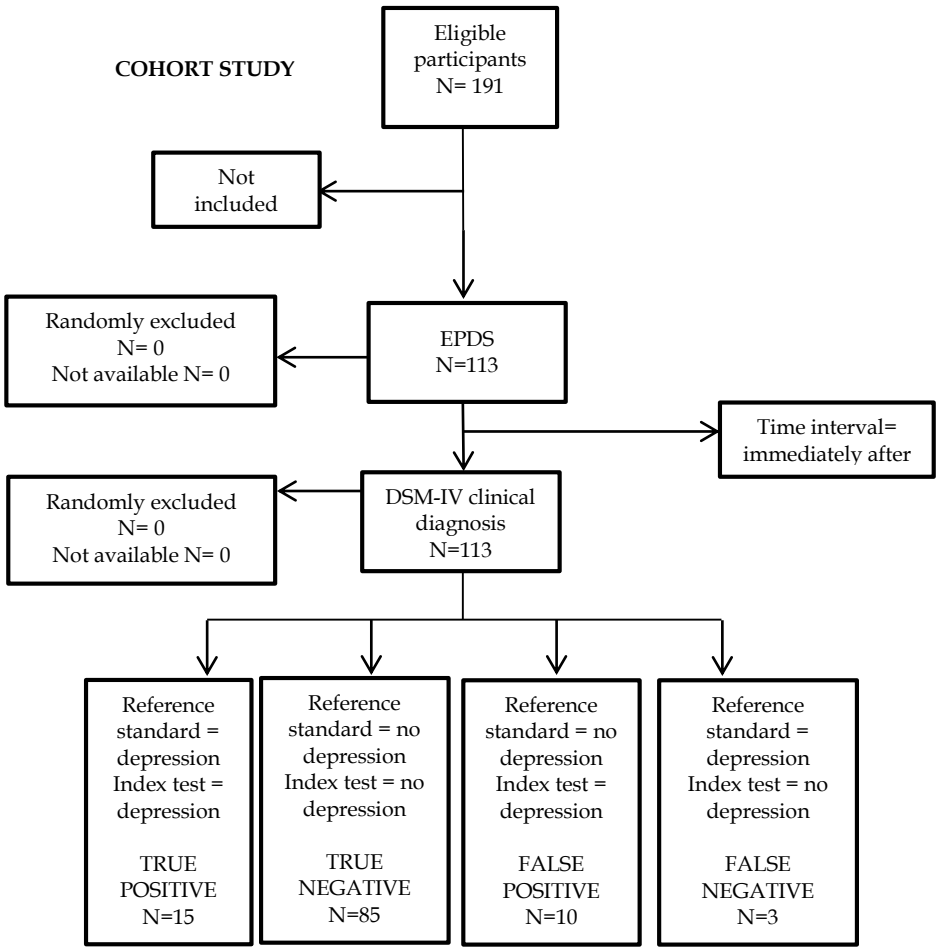
classify the target condition?	
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**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

1.1.10 BENVENUTI1999

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting):	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The English version of EPDS was translated into Italian and then back-translated according to the five major criteria for cross-cultural equivalence in psychiatric research. The interview was carried out in the Outpatients department between the 8th and twelfth week after delivery, with the following aim: to investigate the subject's mental state and to administer the Italian version of the EPDS. A range of threshold scores were assessed in the analysis.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The diagnosis of depression was made by the interviewer according to the DSM-III-R using the MINI and blind to the EPDS score.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index	Yes

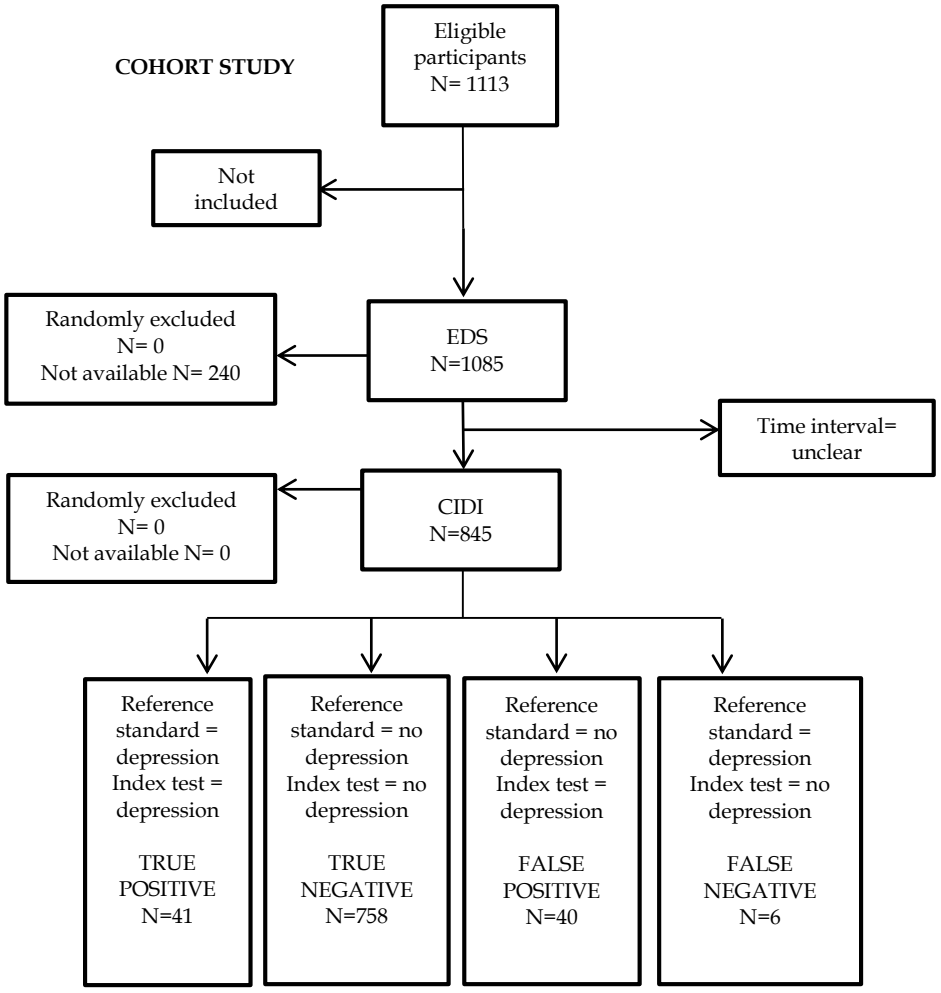
test?	
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: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

1.1.11 BERGINK2011

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Between 2002 and 2004, at their first (12 weeks' gestation) obstetric control visit, 1507 pregnant women from five community midwifery practices in and around the city of Eindhoven were invited to participate in a large antenatal thyroid screening study.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced	**RISK: LOW**

bias?	
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting):	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: Women were asked to complete the 10-item EPDS in each trimester of their pregnancy. The EPDS was used as a screening tool for depression in women who were pregnant. The Dutch version of the EPDS has been validated among postpartum women in The Netherlands, revealing appropriate psychometric characteristics. A range of thresholds were used in the analysis.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The CIDI is a structured diagnostic interview developed to allow lay interviewers to obtain the data required to make a psychiatric diagnosis according to DSM-IV and ICD-10 criteria. Two-thirds of the CIDI interviews were administered by one midwife (HW), and the remaining interviews were carried out by a team of five experienced psychology students. The interviewers all received extensive CIDI training and were blind to the EDS scores.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted	Yes

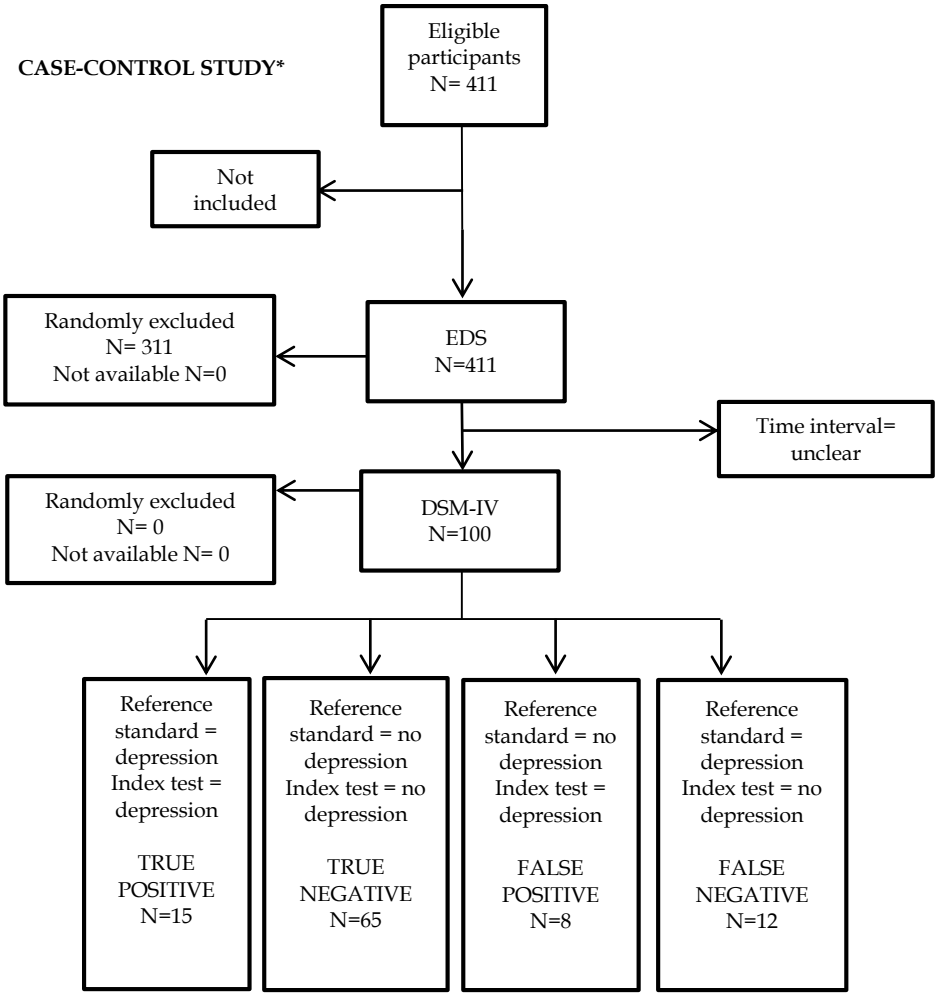
without knowledge of the results of the index test?	
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 1085/1113 eligible women completed the index test. Out of 1085, 113 women were lost to follow-up and 127 women did not correctly complete all questionnaires, so 845 (78%) also completed the reference standard. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval between the EDS and clinical interview was not reported.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: HIGH**

1.1.12 BERLE2003

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



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

Phase 3: risk of bias and applicability judgments

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

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

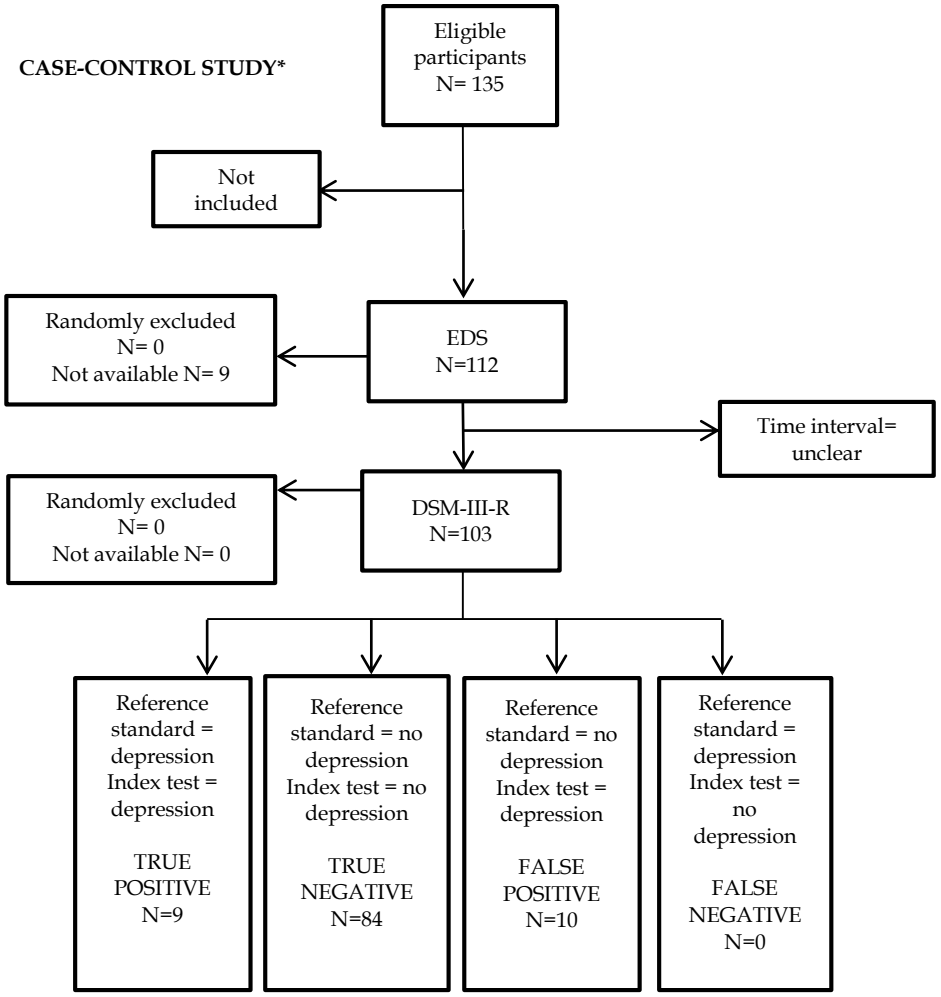
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 311/411 participants only completed the index test. Only women scoring above 8 on the EPDS and every 10 random women scoring below 8 on the EPDS completed the reference standard *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval between the index test and reference standard was not described by the authors.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: HIGH**

1.1.13 BOYCE1993

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



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

Phase 3: risk of bias and applicability judgments

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

Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): The index test was used as a screening tool for postnatal depression, however a proportion of women already had a diagnosis of postnatal depression: patients included healthy women visiting Mothers' advisory clinics and women who were referred to the hospital psychiatric department for outpatient treatment of postnatal depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The EPDS is a 10 item self-report questionnaire which was conducted before the reference standard. Multiple cut-offs of the EPDS were analysed.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	No, but multiple cut-offs were used.
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: A structured interview consisting of the anxiety and depression sections of the Diagnostic Interview Schedule, which allows a DSM-111-R diagnosis of major depression, was administered after the index test.	

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

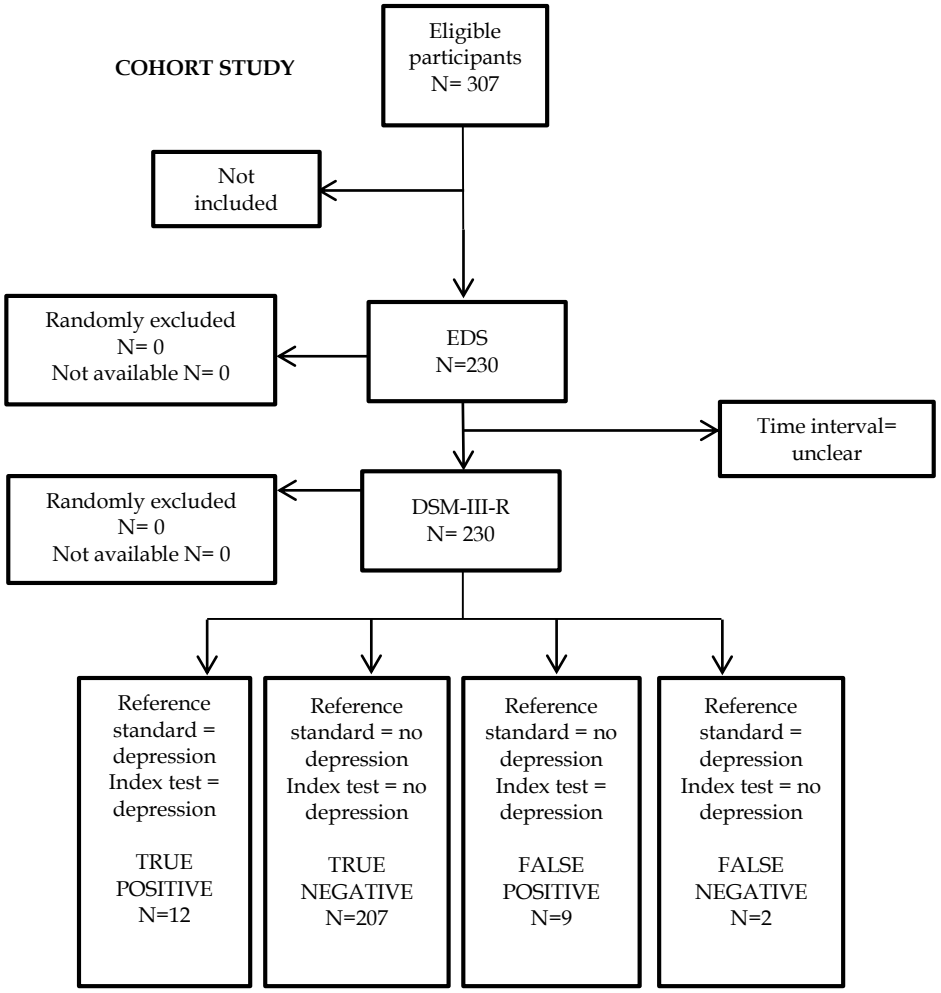
1.1.14 BUNEVICIUS2009

Phase 1: state the review question:

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

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**
Describe methods of patient selection: Pregnant women attending an obstetric clinic were consecutively invited to participate in the study. There were no restrictions on pregnant women selection, but only those at age 18 or older were invited to the study

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

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

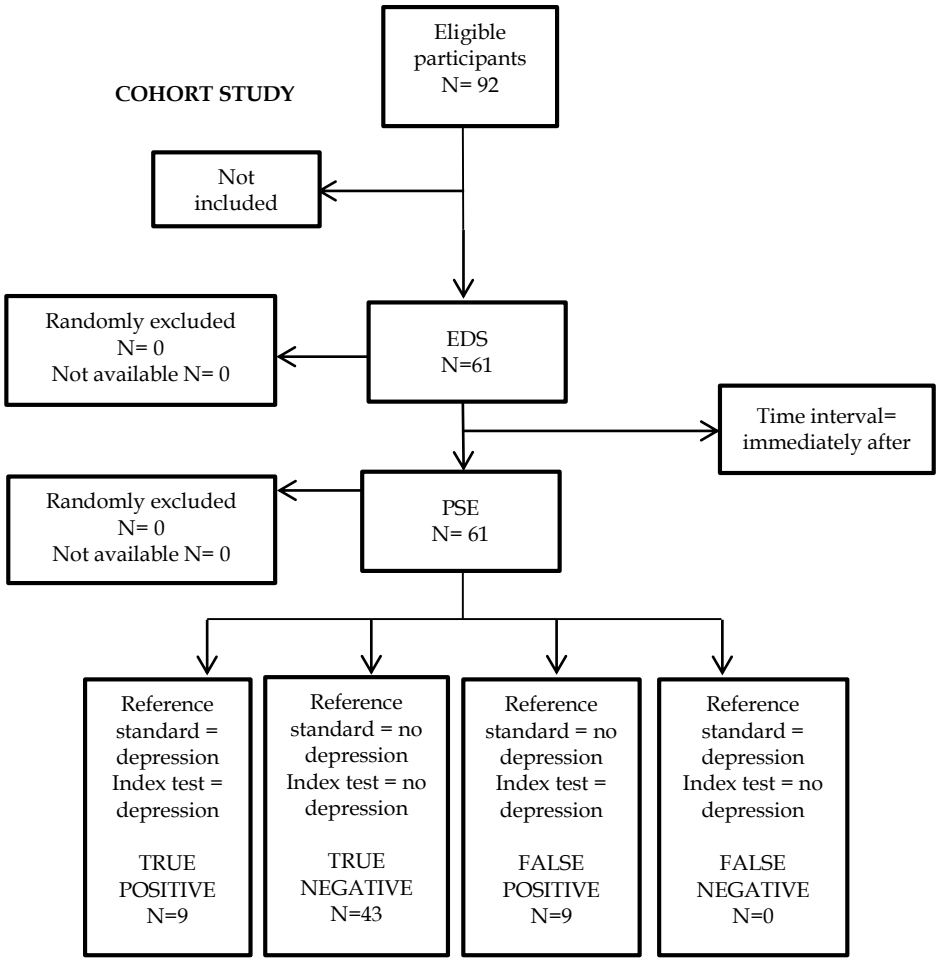
1.1.15CARPINIELLO1997

Phase 1: state the review question:

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

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

enrolled?	
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): The EPDS was used routinely as a screening instrument among postnatal women reporting depressive symptoms at the Institute of Obstetrics and Gynaecology or to other liaison services of the University of Cagliari to identify those who need to be referred to the Institute of Psychiatry for further evaluation.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The EPDS is a 10 item self-administered scale. The scale was translated into Italian and back translated showing no relevant differences between the original and the back translation. The scale was administered in the patients' homes 4-6 weeks after delivery. Multiple thresholds were used in the analysis.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	No, but multiple thresholds were used in the analysis.
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: Present State Examination (PSE), a clinical interview carried out by two qualified psychiatrists to derive the criteria for depressive illness. The interview was carried out in the patients' home after the index test had been	

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

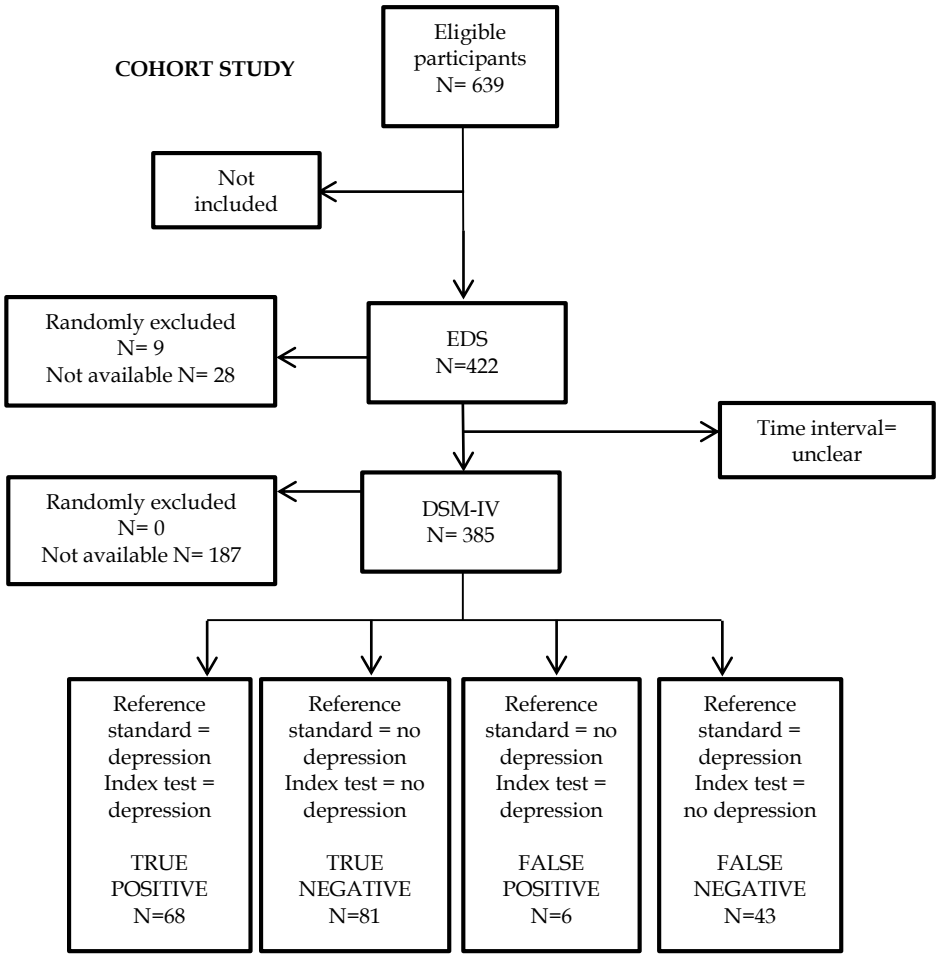
1.1.16 CHAUDRON2010

Phase 1: state the review question:

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

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

enrolled?	
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were low income mothers attending well childcare visits at a pediatric clinic. The index test was used as a screening tool for depression in low-income urban women during the postpartum year.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The EPDS is a 10-item self-administered questionnaire.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the Structured Clinical Interview for DSM-IV. It was administered by a trained rater and reviewed by a psychiatrist, two psychologists and trained raters to confirm the diagnostic decision. Consensus team members were blind to the screening tool scores.	

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

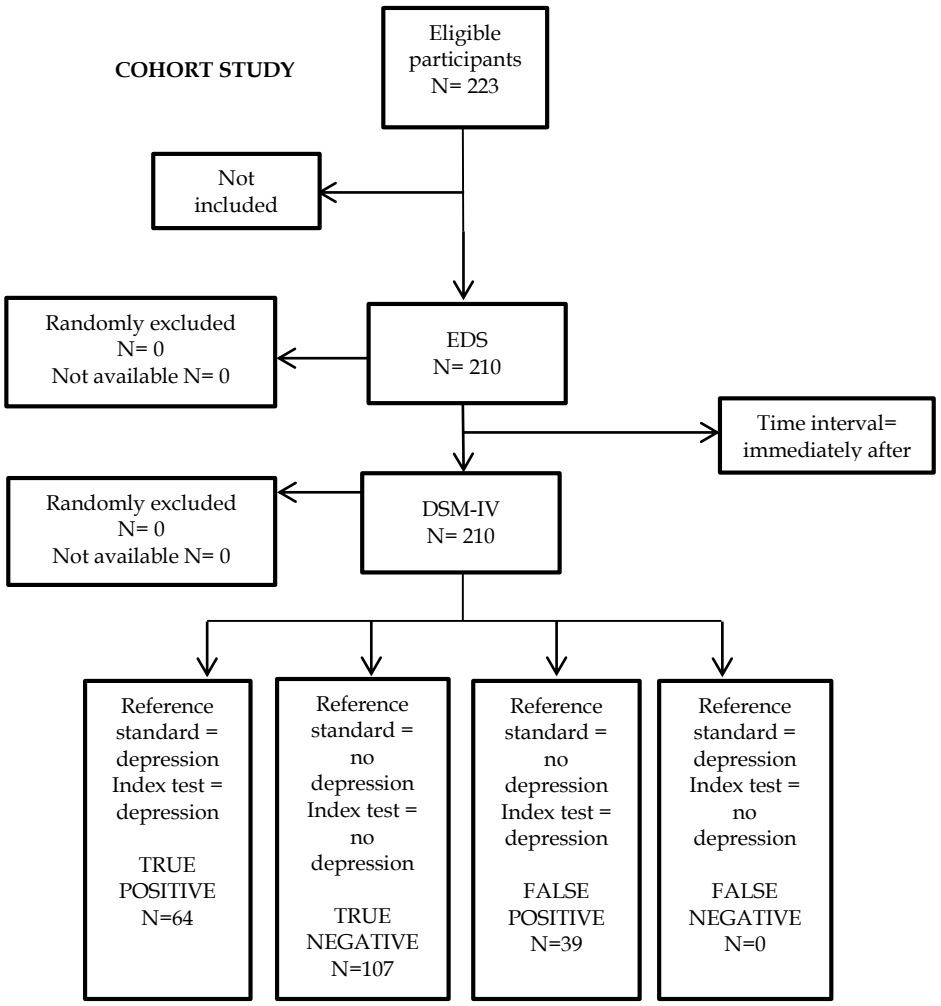
1.1.17CHIBANDA2010

Phase 1: state the review question:

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

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**
Describe methods of patient selection: Study population consisted of all postpartum mothers aged 18 years and older, who attended the routine postnatal check-up at 6 weeks after delivery with an infant aged between 6–7 weeks and resided within the Chitungwiza catchment area. Simple random

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

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

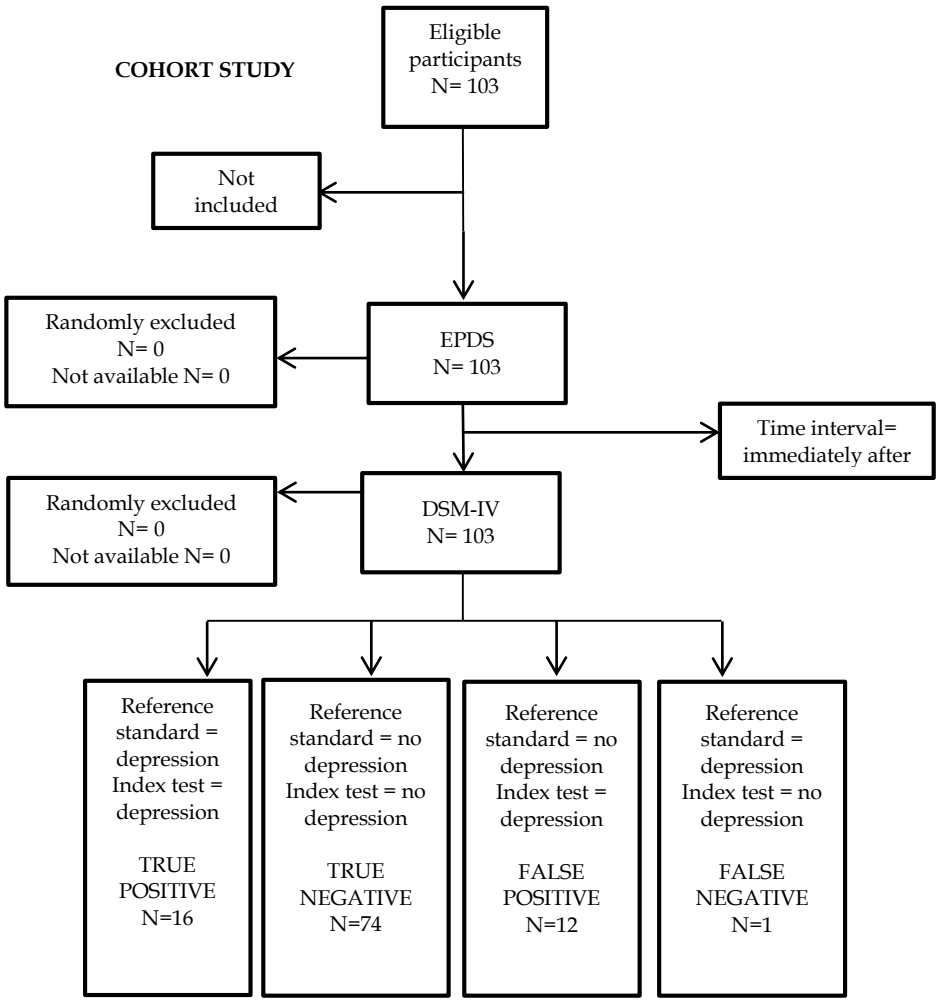
1.1.18 CLARKE2008

Phase 1: state the review question:

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

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**
Describe methods of patient selection: Patients were recruited from postnatal and parenting groups and via notices posted in various locations (for example, hospital maternity wards, community health centres) in Regina and in First Nations health centres in Saskatchewan, Canada.

Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Patients were English-speaking First Nations and Métis women who were 18 years of age or older and had given birth to a live infant in the previous 1 to 12 months. The index test was used as a screening tool for postpartum depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The EPDS is a 10-item, self-report, paper-and-pencil questionnaire which was administered before the reference standard.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: Once the background information sheet and depression questionnaires were completed, the author interviewed each mother privately using the Mood Disorder Module of the Structured Clinical Interviews for DSM-IV Axis I Disorders to confirm the diagnosis of PPD. The author had received instruction and training in	

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

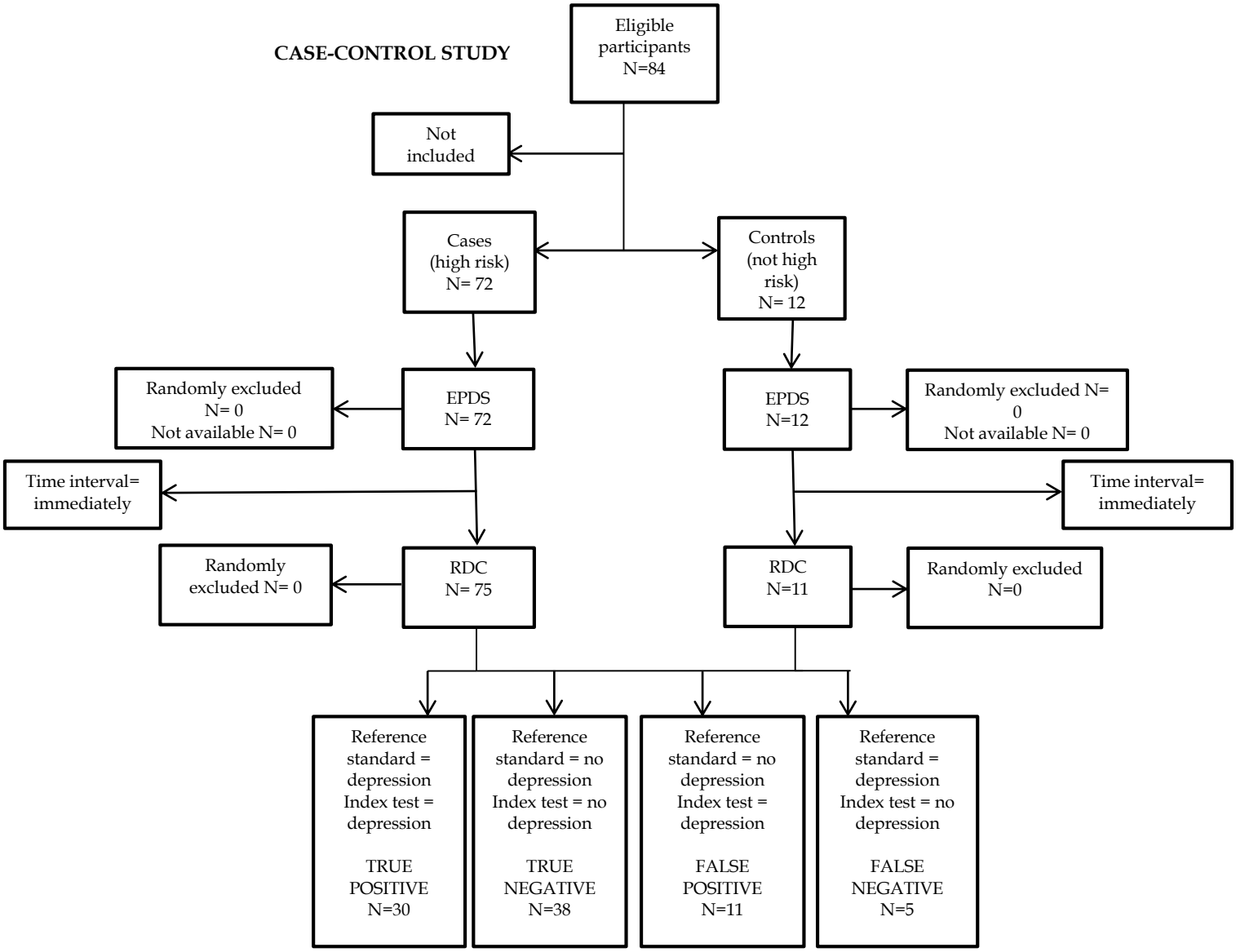
1.1.19COX1987

Phase 1: state the review question:

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

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**
Describe methods of patient selection: Postnatal women living in Edinburgh or at Livingston new town (Scotland) who were identified by health visitors as high risk at 6 weeks postnatal. 12 healthy women

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

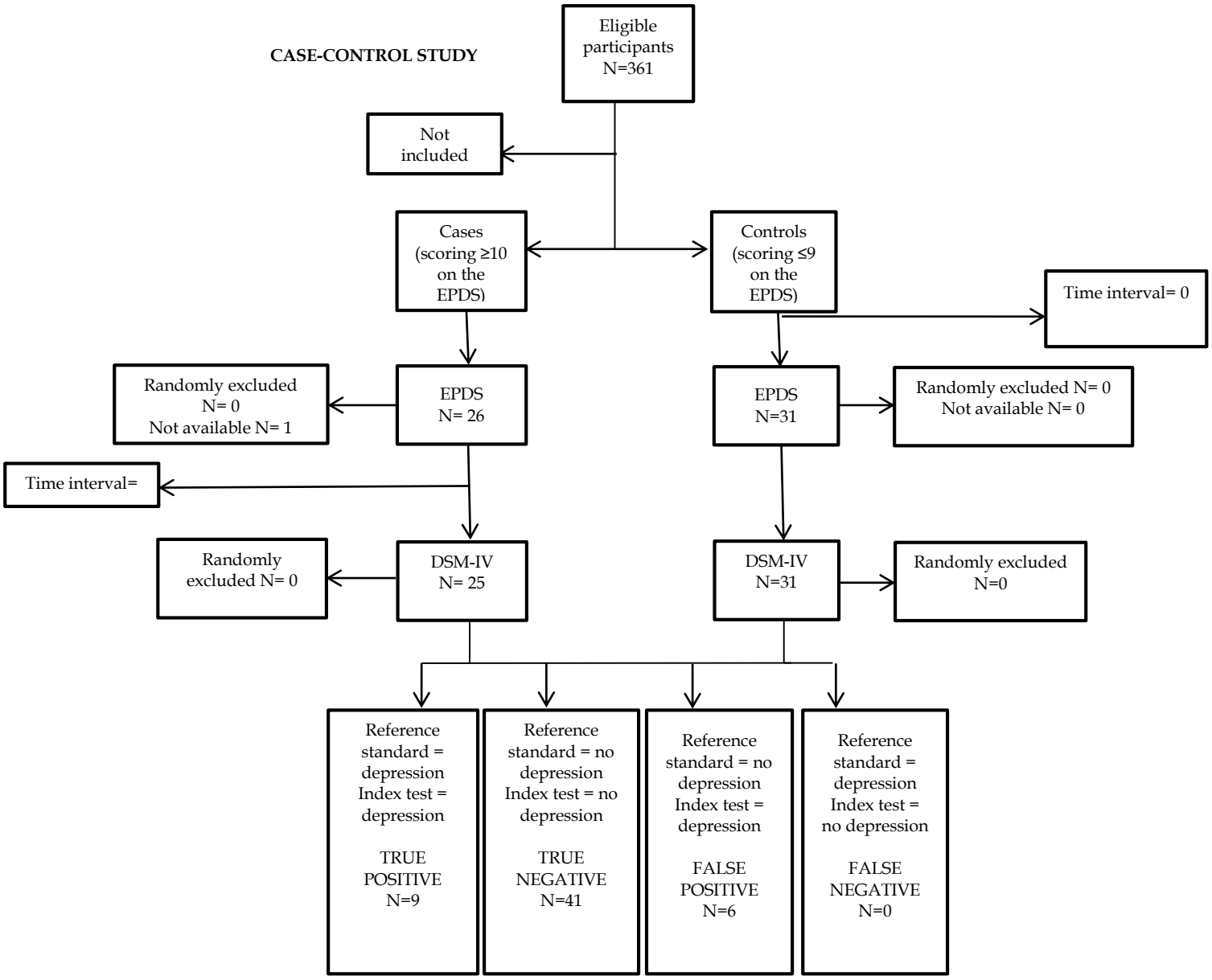
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: Mothers in the sample were interviewed by R.S. using Goldberg's Standardised Psychiatric Interview and the majority of such interviews took place in the mothers own home (SPI-l). At this home visit the EPDS was first completed by the mother and was then placed in a sealed envelope so that the interviewer remained blind to the score while subsequently administering the SPI. The criteria used for the diagnosis of a depressive illness were the Research Diagnostic Criteria of Spitzer et al (1975). Both interviewers had been trained in the use of the SPI and difficult ratings were jointly discussed.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): The authors do not specify whether all participants completed both questionnaires and whether there were any drop outs. *Describe the time interval and any interventions between index test(s) and reference standard:* The reference standard was administered straight after the index test.	
Was there an appropriate interval between index test(s) and reference standard?	Yes
Did all patients receive a reference standard?	Unclear
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Unclear
Could the patient flow have introduced bias?	**RISK: UNCLEAR**

1.1.20 EBERHARD-GRAN2001

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: All Norwegian speaking postnatal women older than 18 years in two communities in Norway (Nes and Sørum) were invited to participate in a study of mental health. The women were recruited from two community-based child health clinics. All women with an EPDS score of 10 or more in the questionnaire study were invited for an interview (n=26). In addition, a control group was interviewed. The control group (n=31) was selected by including the woman (in some cases two women) with an EPDS score less than 10 whose delivery was closest in time to that of a high-scoring woman.	
Was a consecutive or random sample of patients enrolled?	No
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	No
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Norwegian speaking postnatal women older than 18 years in two communities in Norway (Nes and Sørum). The women were recruited from two community-based child health clinics. These clinics provide routine health control examinations for all children from birth through 6 years of age. The child clinics receive information from the hospitals about each live birth in their district. The index test was used as a screening tool for postnatal depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: Directly before the interview, in the waiting room, the women completed the EPDS and SCL-25 a second time. The retesting was performed because a delay of up to 3 weeks could occur between the time of the questionnaire study and the time of the interview. The second questionnaire was filled in 9.7 weeks after delivery.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes

Could the conduct or interpretation on the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was a DSM-IV clinical diagnosis of depression, derived from the PRIME-MD. The interviews were conducted by three experienced general practitioners plus one psychiatrist, all of whom were trained in using the interview instruments. Each community had two interviewers. They were blind to the women's score on the EPDS and SCL-25 in the questionnaire study. The interviews took place in the local primary health care centre and lasted between 30 and 60 min. The last 12 interviews were audiotaped (21%) for the purpose of assessing inter-rater reliability. An experienced psychiatrist not otherwise involved in the study listened to the tapes. The psychiatrist diagnosed the women on the basis of the taped interviews. These diagnoses were later compared with the diagnosis made by the interviewer.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Only 56/361 eligible mothers were included in the study. One patient in the case group did not the reference standard. *Describe the time interval and any interventions between index test(s) and reference standard:* The reference standard was administered straight after the EPDS.	
Was there an appropriate interval between index	Yes

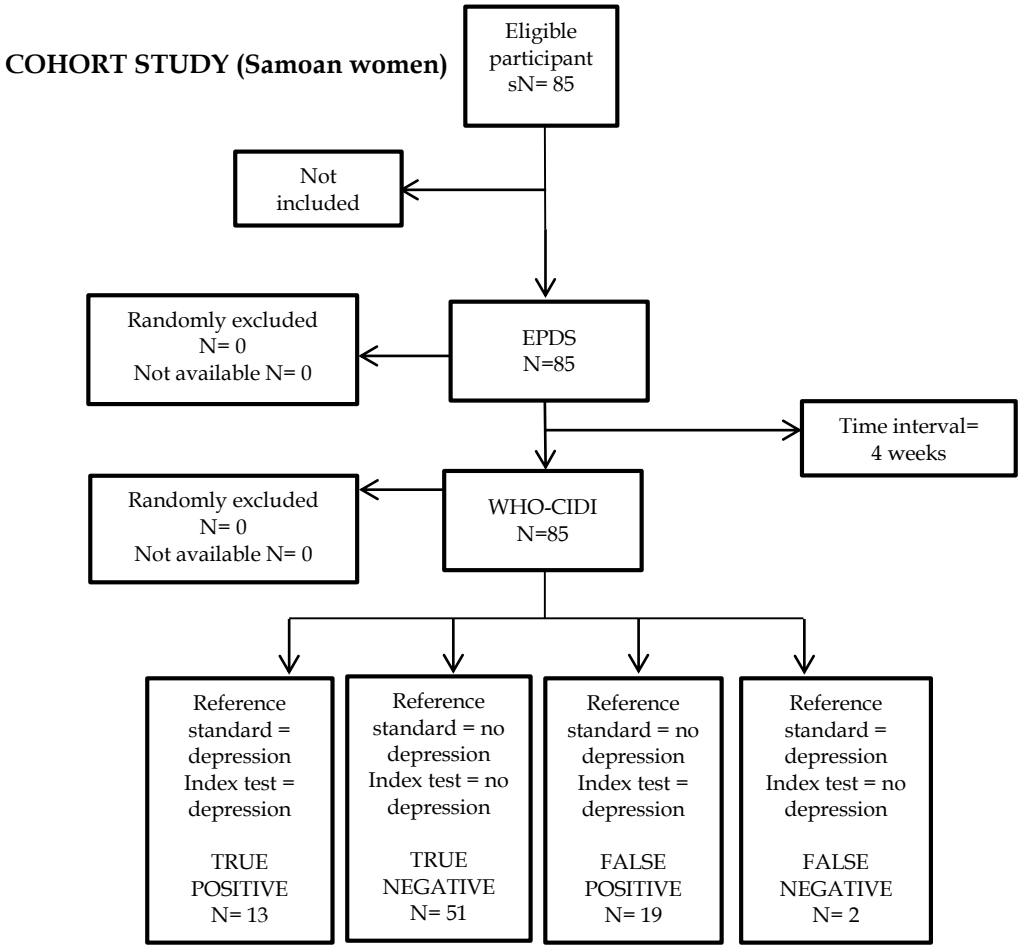
test(s) and reference standard?	
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: HIGH**

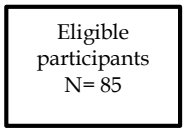
1.1.21 EKEROMA2012

Phase 1: state the review question:

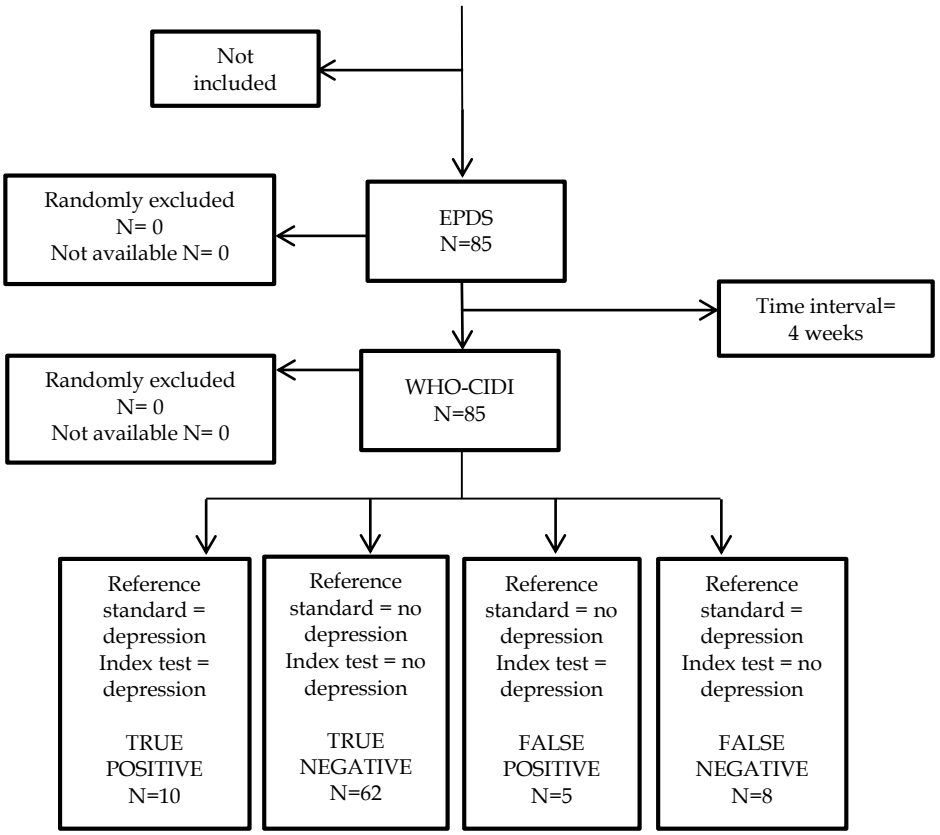
Patients (setting, intended use of index test, presentation, prior testing)	What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal?
Index test(s)	EPDS
Reference standard and target condition	Reference standard was the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

Phase 2: draw a flow diagram for the primary study





COHORT STUDY (Tongan women)



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Names and contact details of Samoan and Tongan women scheduled to deliver the following month were communicated to the research team. Women were initially contacted by posted information followed by a phone call. Interested women were recruited in a clinic or at their home.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**

DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Samoan and Tongan women from New Zealand scheduled to deliver the following month. The index test was used as a screening tool for postnatal depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the EPDS which was translated into the Samoan and Tongan languages and then independently back translated, by a professional translation service. The translated versions were checked by clinical researchers AE (fluent in Samoan) and SF (fluent in Tongan) for appropriateness of language and meaning. The women could choose to complete the EPDS in English or in their own language and were not offered any assistance in completing the questionnaire. The questionnaires were completed between 4 and 7 weeks after delivery.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: An interview was then arranged with one of two psychiatrists who were blind to the EPDS scores and who had received accredited training in the use of the World Health Organization Composite International Diagnostic Interview The interview was completed within 4 weeks of completing the EPDS. Psychiatrist SF who was fluent in the Tongan language interviewed Tongan women and SW who was semi-fluent in Samoan interviewed the Samoan women. Interpreters were provided where requested.	
Is the reference standard likely to correctly classify the target condition?	Yes

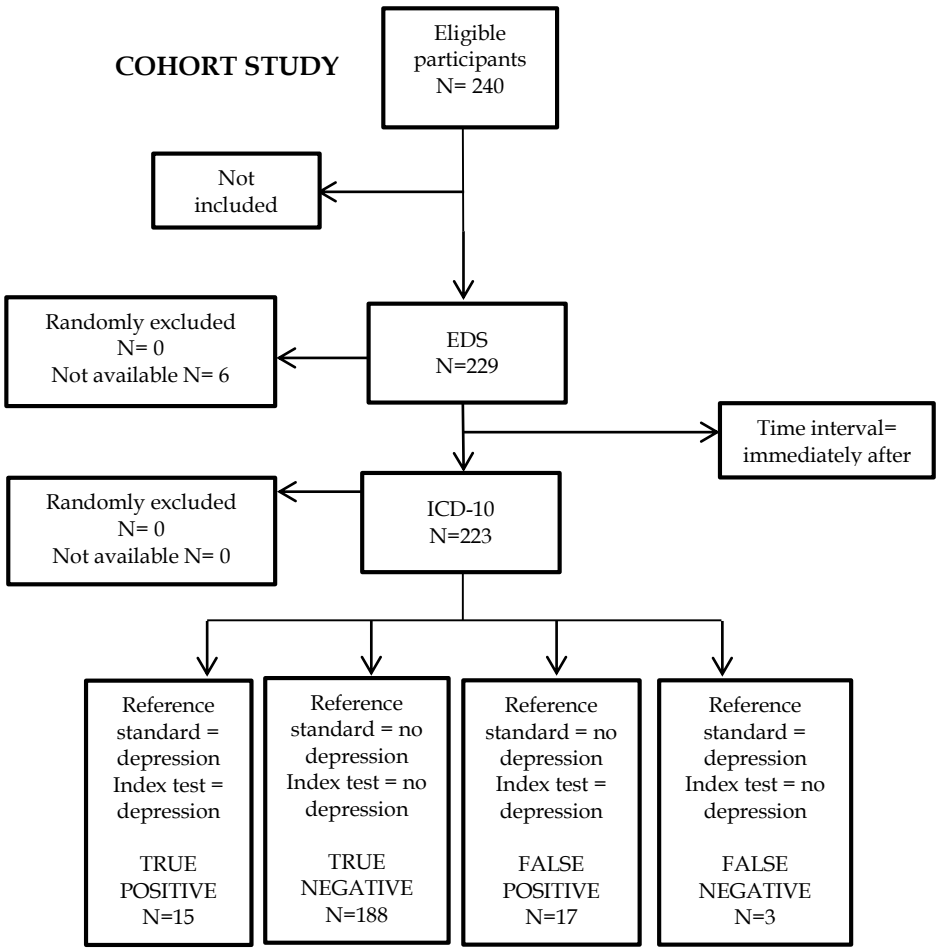
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): The authors do not state whether any patients refused to take part, were lost to follow up or were excluded. Tongan and Samoan women were interviewed by different psychiatrists, however the two groups were analysed separately. *Describe the time interval and any interventions between index test(s) and reference standard:* The reference standard was completed within 4 weeks of completing the index test.	
Was there an appropriate interval between index test(s) and reference standard?	No
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Unclear
Could the patient flow have introduced bias?	**RISK: HIGH**

1.1.22 FELICE2006

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): The study population consisted of pregnant women who registered at the antenatal clinic. Women were included in the study regardless of the duration of pregnancy, or whether they were primigravidae or multigravidae. The index test was used to screen for depression during and after pregnancy.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the Maltese version of the EPDS. At both the first interview and the postnatal visit, the EPDS was not seen by the interviewer so that the clinical ratings and diagnosis were made without knowing the woman's score on the self-report scale. The EPDS was administered during a home visit before the interview.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the Maltese revised version of the Clinical Interview Schedule. The informants' responses to the CIS-R were used to generate specific Neurotic Disorder ICD-10 diagnoses. At both the first interview and the postnatal visit, the EPDS was not seen by the interviewer so that the clinical ratings and diagnosis were made without knowing the woman's score on the self-report scale. The EPDS was administered before the interview.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes

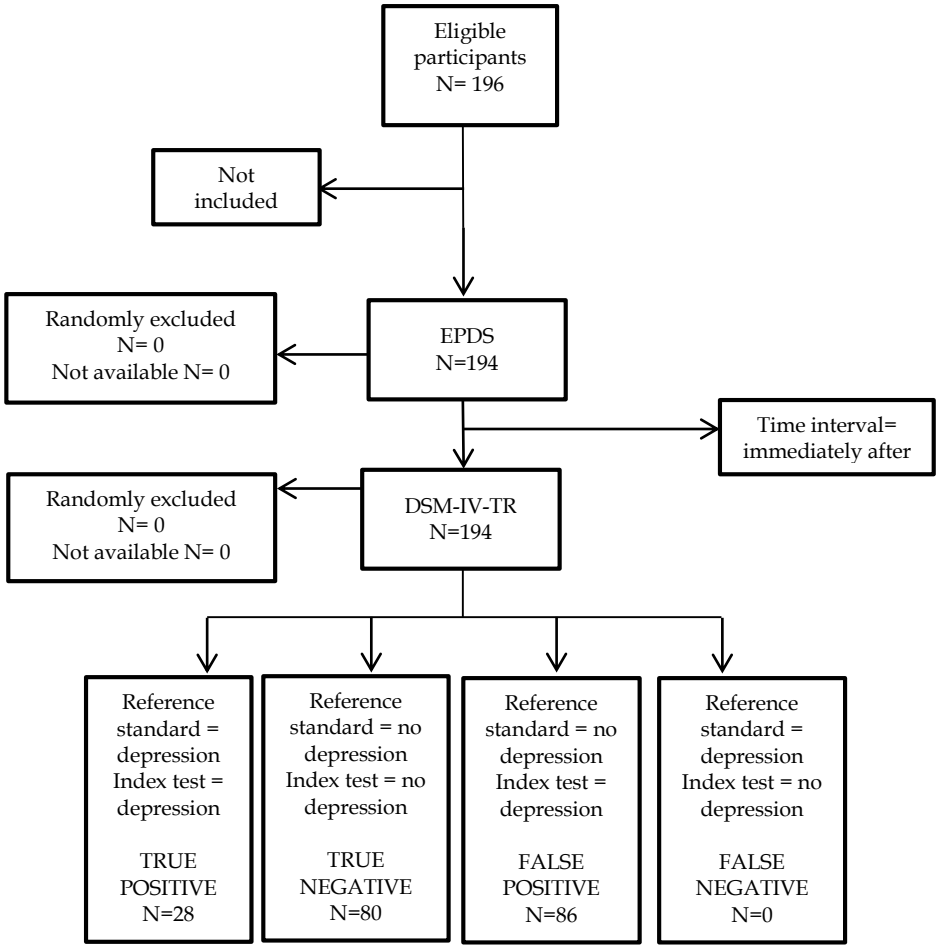
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 223/240 women who were approached had full scores for the index test and reference standard. *Describe the time interval and any interventions between index test(s) and reference standard:* The reference standard was administered straight after the index test had been completed.	
Was there an appropriate interval between index test(s) and reference standard?	Yes
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: LOW**

1.1.23 FERNANDES2011

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were recruited at the prenatal care clinic at Snehalaya Hospital located in the village of Solur in the south Indian state of Karnataka. Snehalaya is a rural mission hospital managed and run by the religious congregation of the Sisters of Charity of Capitanio and Gerosa which provides nearly free tertiary health care to the rural population. The index test was used as a screening measure for prenatal depression in rural South Indian women.	
Is there concern that the included patients do not match the review question?	**CONCERN: HIGH**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the EPDS which consists of ten self-report items based on a 1-week recall. Although the EPDS and K10 were designed for self-report, the low rates of literacy and the unfamiliarity of the rural population with the use of Likert scales necessitated an interviewer administered design.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the mini-international neuropsychiatric interview plus version 5.0.0 which contained modules for psychiatric disorders in DSM-IV and the ICD-10. After the index test participants were then interviewed by a trained researcher for the reference standard.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted	Unclear

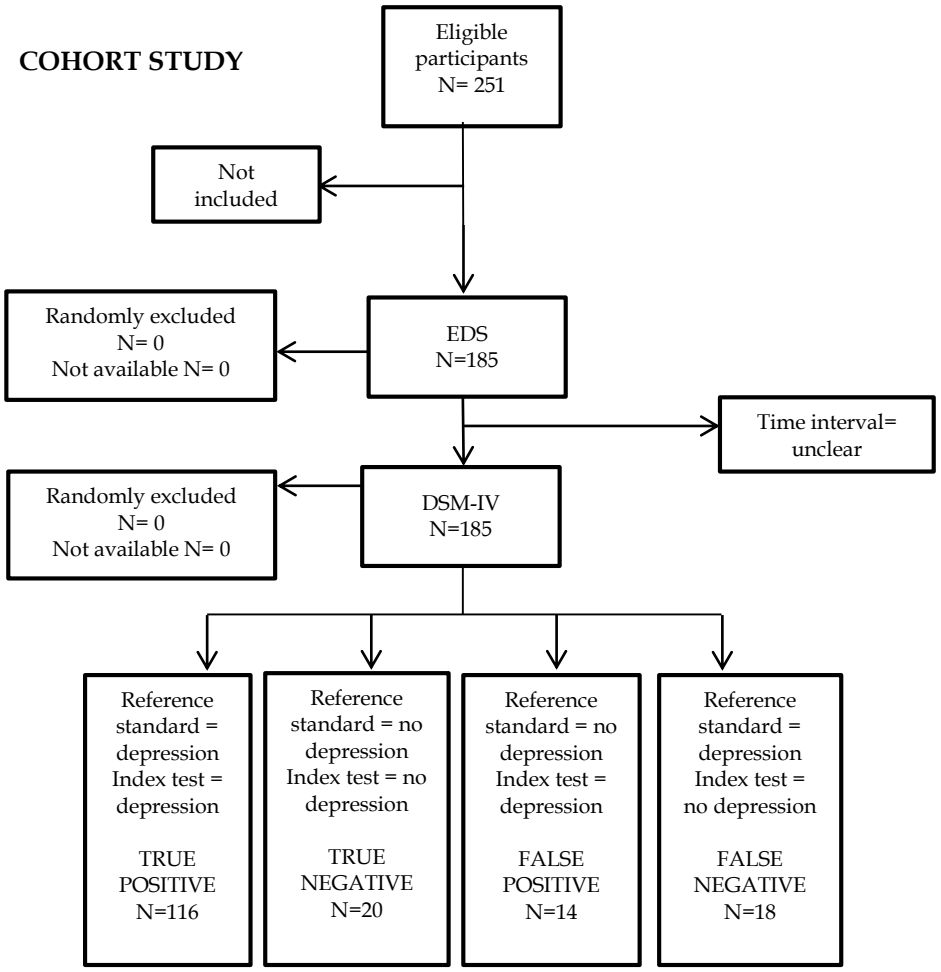
without knowledge of the results of the index test?	
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: UNCLEAR**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard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

1.1.24 FLYNN2011

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Medical records for 251 consecutive women presenting to the clinic between January 2007 and April 2009 who met the study criteria (that is, pregnant or postpartum and seeking care at the clinic during the study time frame) were initially examined for inclusion in the present analyses. Sixty-six cases were excluded from analyses for the following reasons: unclear diagnosis or remission status (n=29), present or likely bipolar disorder (n=29), mixed or atypical not otherwise specified (NOS) depression diagnoses (n=10), or incomplete data (n=9).	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the EPDS, a 10-item self-report measure. The EPDS was used as a screening tool for clinically diagnosed depression in pregnant and postpartum women seeking outpatient psychiatric services. As part of standard intake procedures new clinic patients completed computerized versions of the EPDS	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: Clinicians practicing in the setting (psychiatrists, psychologists, social workers, and nurse practitioners) made initial patient diagnoses based on an unstructured clinical interview using Diagnostic and Statistical Manual of Mental Disorders criteria. All clinical interviews and psychiatric diagnoses were corroborated by an attending psychiatrist with specialized training in perinatal mood disorders. Axis I diagnoses obtained from the records were assigned the following categories by a clinical psychologist: Major	

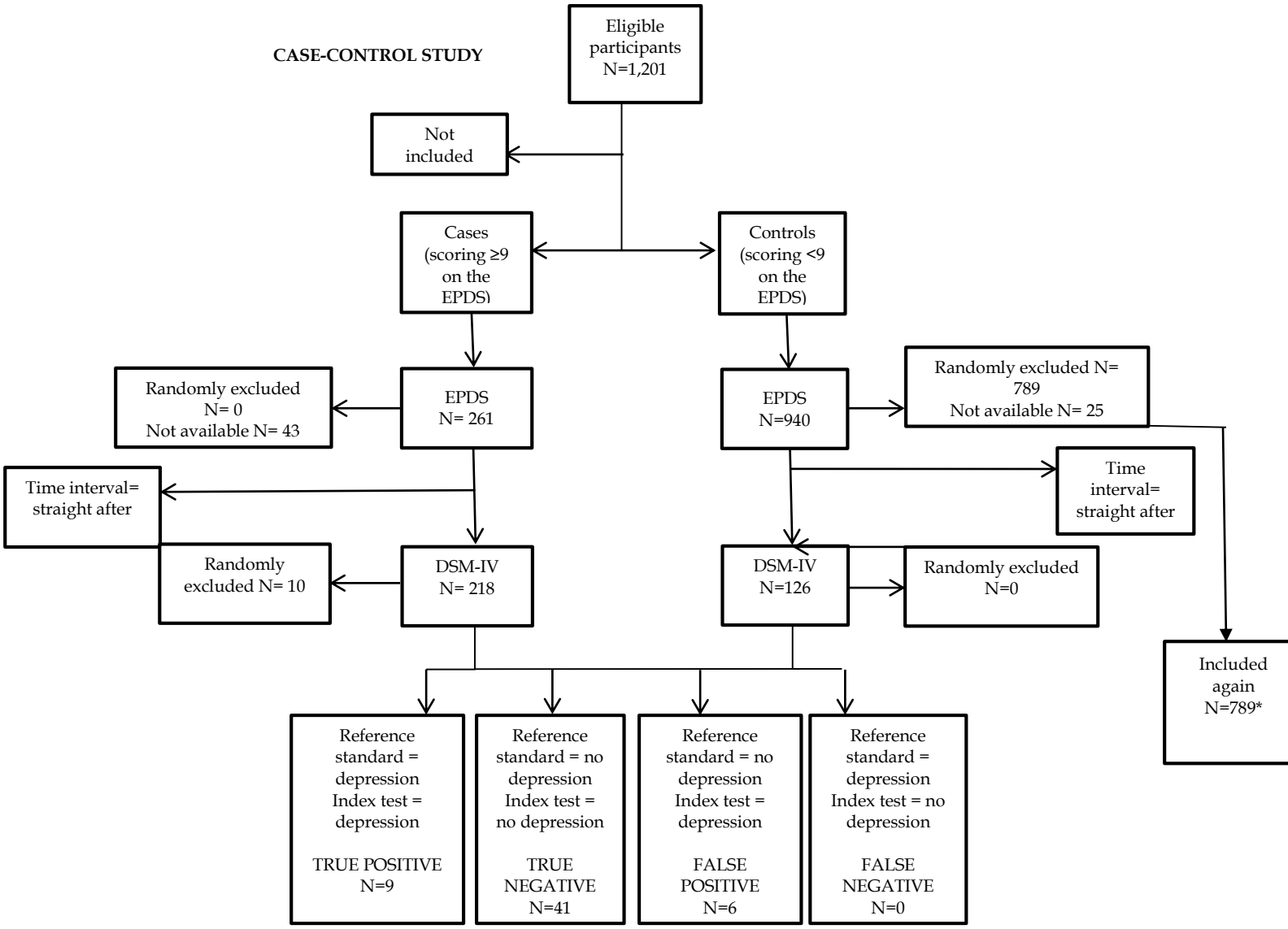
Depressive Disorder (MDD); No Mood Disorder Diagnosis (NDD); and Other Depressive Diagnosis (ODD; defined as Mood Disorder NOS or Dysthymia). The NDD group included cases in which there was no evidence of Axis I Mood Disorder (that is, no rule out or current diagnosis) including Major Depressive Disorder,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

1.1.25 GARCIA-ESTEVE2003

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



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

Phase 3: risk of bias and applicability judgments

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

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

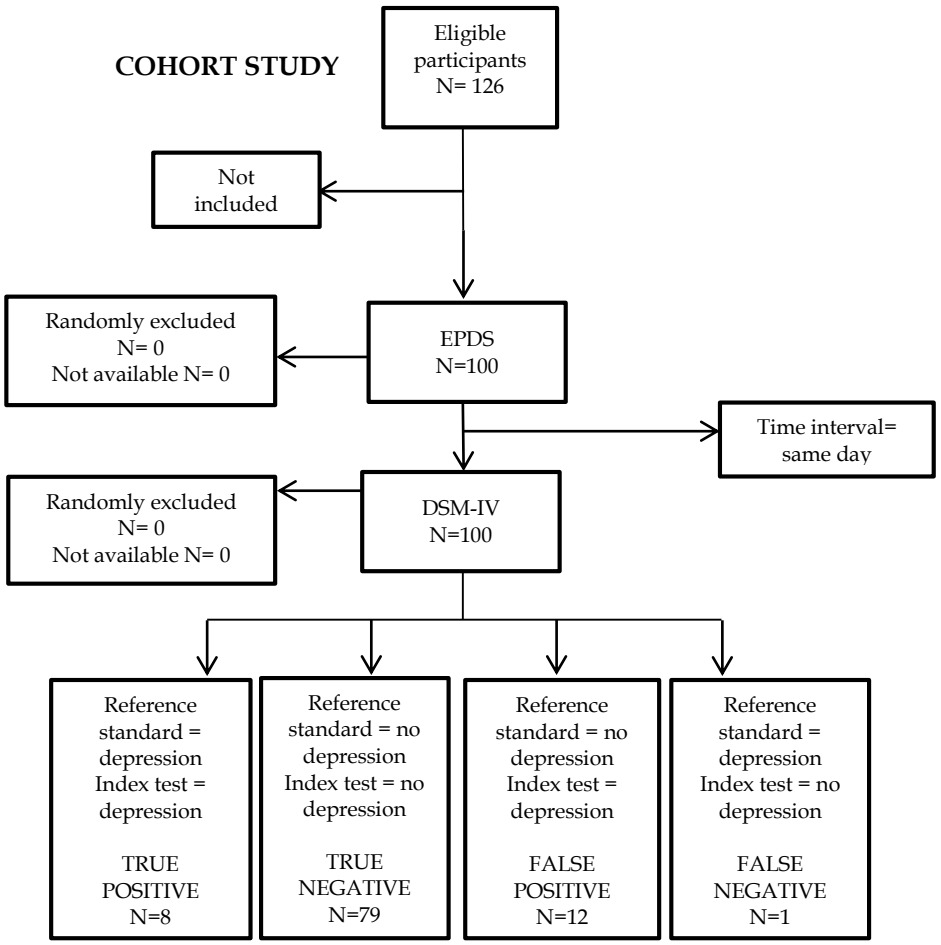
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: HIGH**

1.1.26GAUSIA2007

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

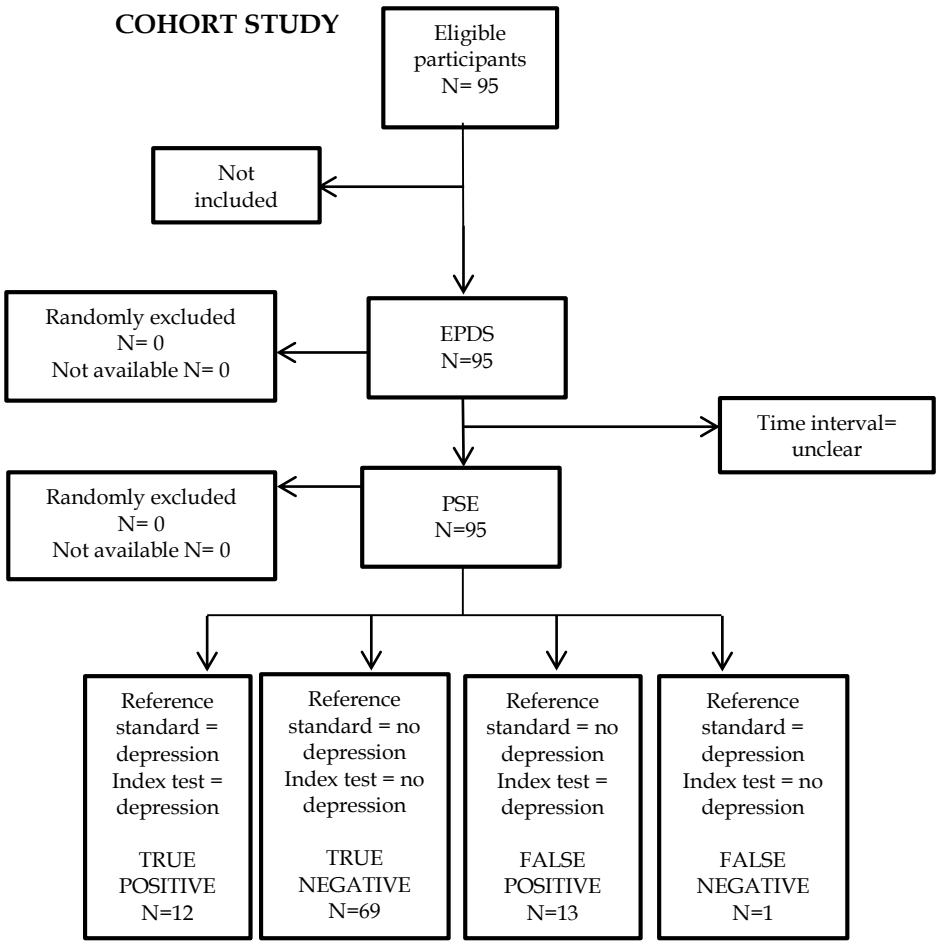
question?	
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: A female psychiatrist assessed the women using a structured clinical interview for DSM-IV, in a separate room on the same day as the index test. The psychiatrist was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

1.1.27GHUBASH1997

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

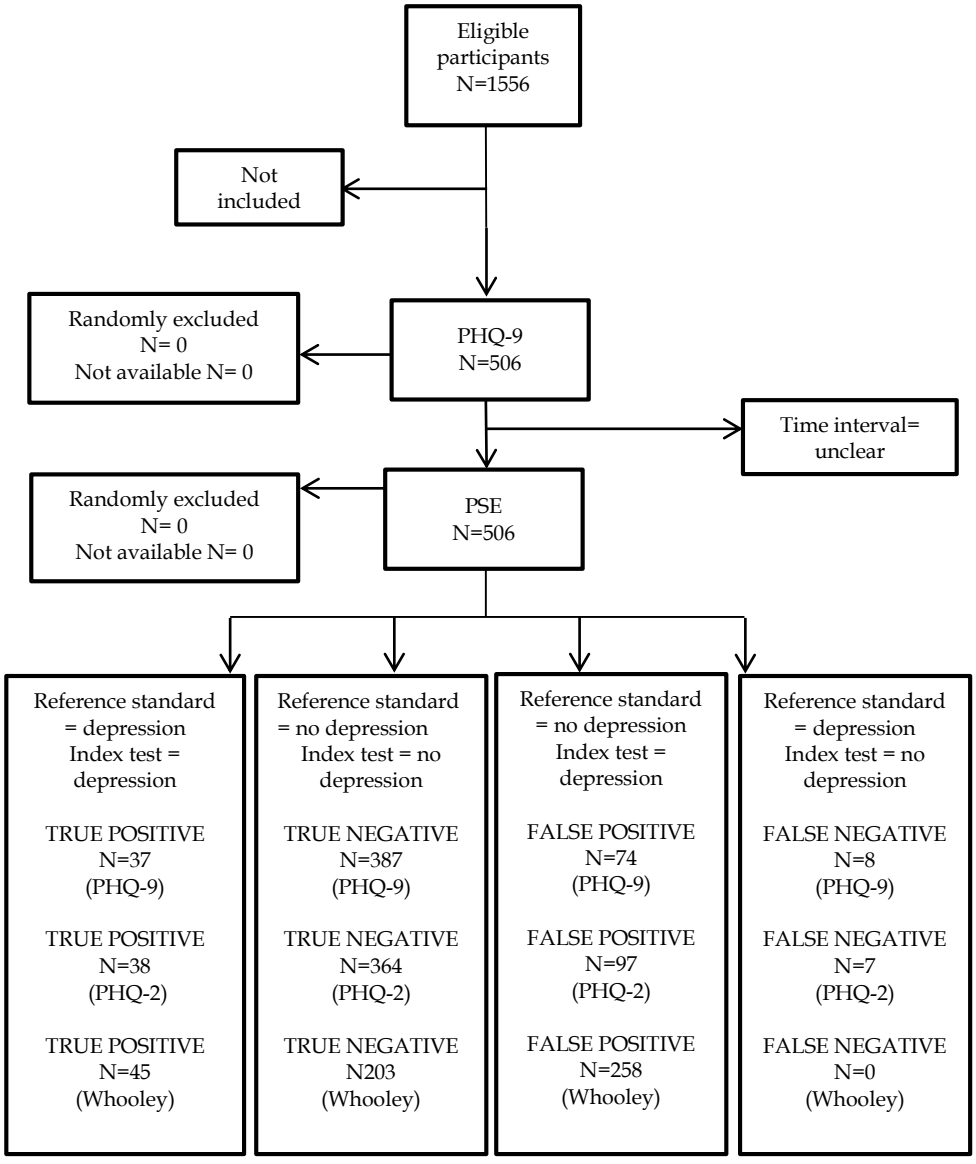
question?	
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the Present State Examination which was administered before the participants were discharged from the postnatal ward.	
Is the reference standard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

1.1.28 GJERDINCJEN2009

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants were mothers who registered their infants for an initial well-child visit at 0 to 1 months of age at any of seven participating clinics during a 12 month period.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were required to be English literate, be aged 12 years or older, and have a 0- to 1-month-old infant who received care at any of the participating clinics. The index test was used as a screening tool for postnatal depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the PHQ-9. It is unclear how it was conducted. The PHQ-9 was used in its full version, with 9 items scored on a 4 point likert scale, as the PHQ-2 with two items scored on a 4 point likert scale and as the Whooley with two items scored with a yes or no.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review	**CONCERN: LOW**

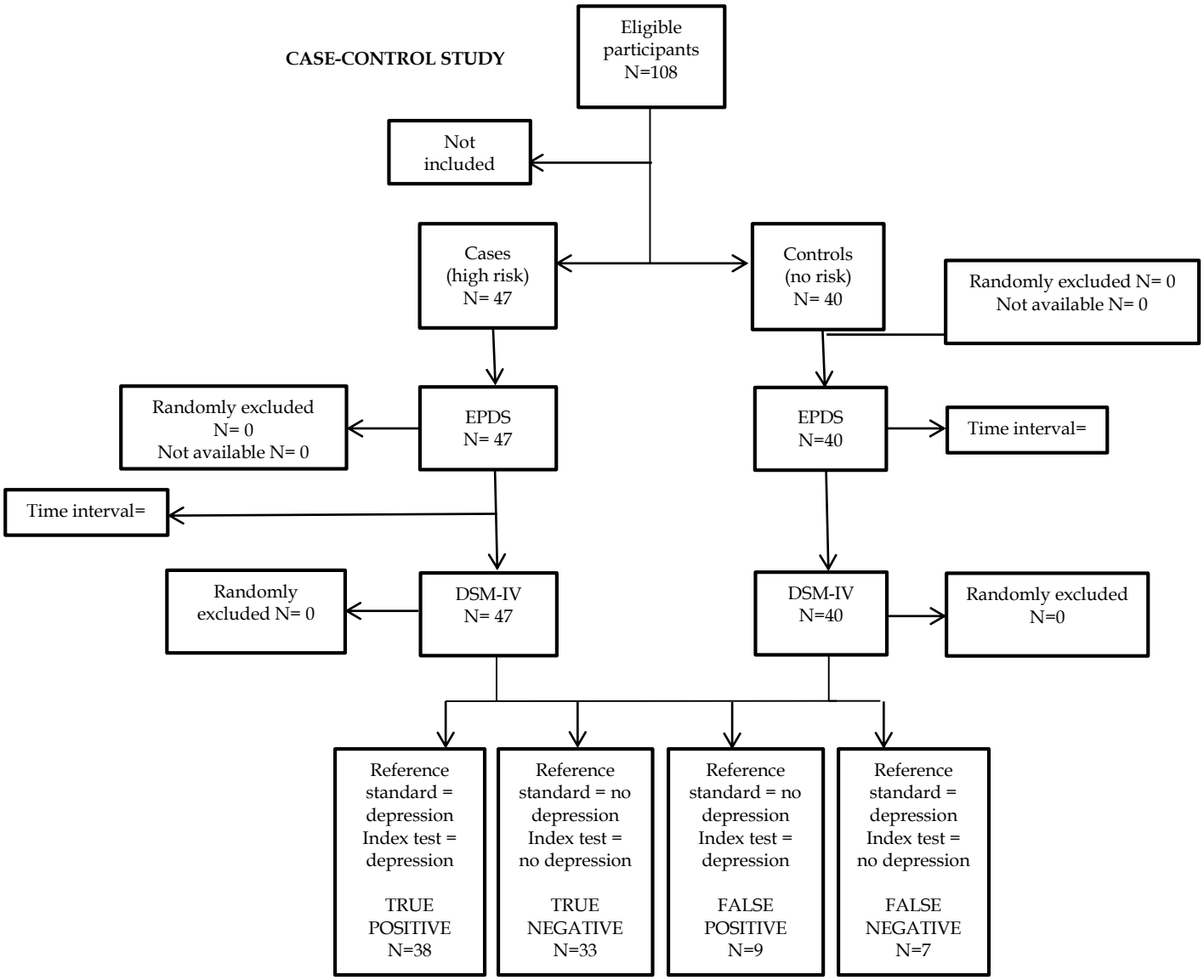
question?	
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was structured clinical interview for DSM-IV which was conducted by doctoral-level psychology students, whose training consisted of observing SCID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

1.1.29GUEDENEY1998

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants were recruited during 6 consecutive months by nurses of the Protection Maternelle et Infantile in Paris. There were two modalities of recruitment: half of the cohort consisted of mothers randomly chosen by the nurses and the other half were recruited as they were considered 'at risk' of depression by the trained nurses.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	No
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Women were living in Paris, could read and speak French and they were reached by the service in the first 4 months postpartum. The index test was used as a screening tool for postpartum depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the French version of the EPDS. The EPDS is a self-report questionnaire which was administered during home visits during two occasions. Multiple thresholds were used.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	

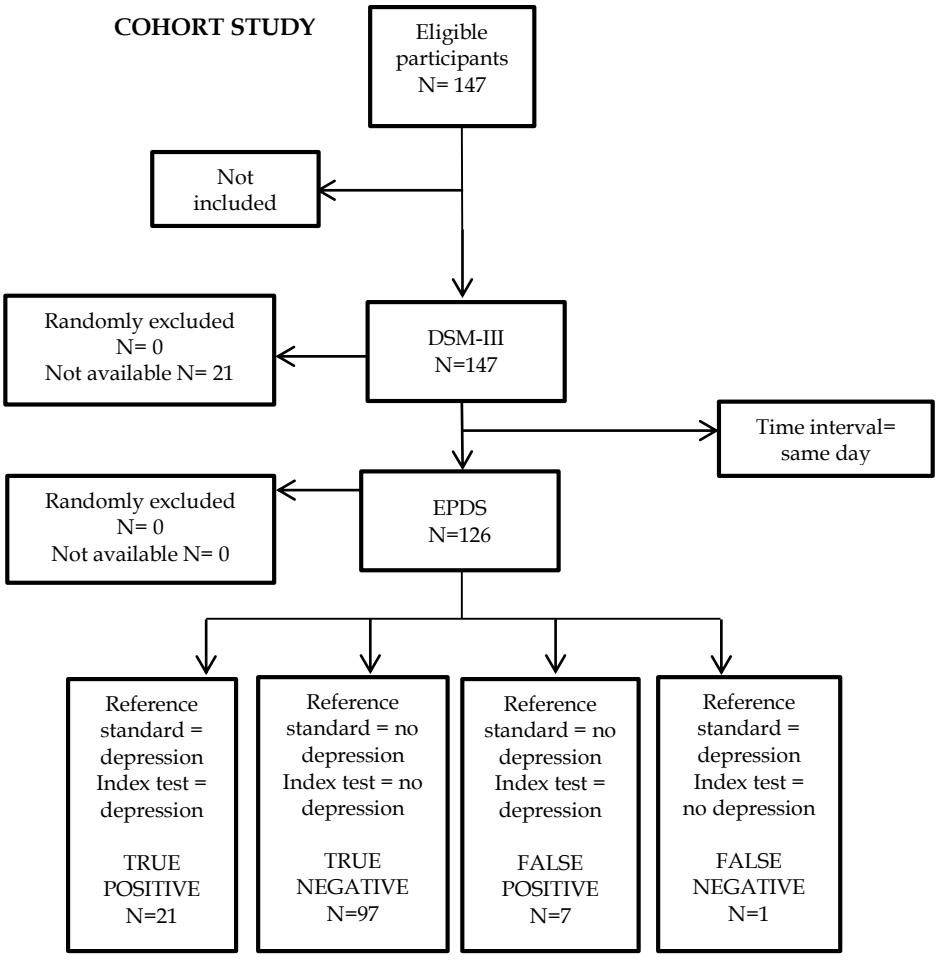
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the Present State Examination according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

1.1.30HARRIS1989

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

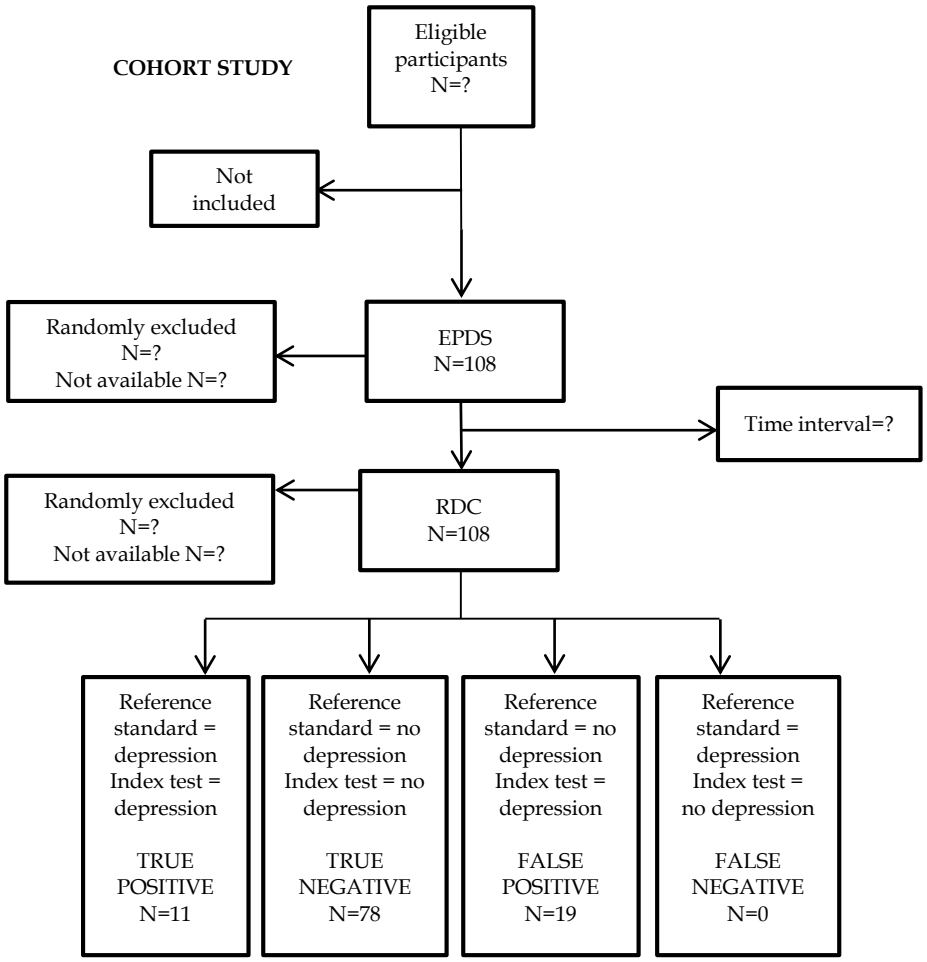
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The psychiatric assessment was at a six weeks routine postnatal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

1.1.31 JADRESIC1995

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

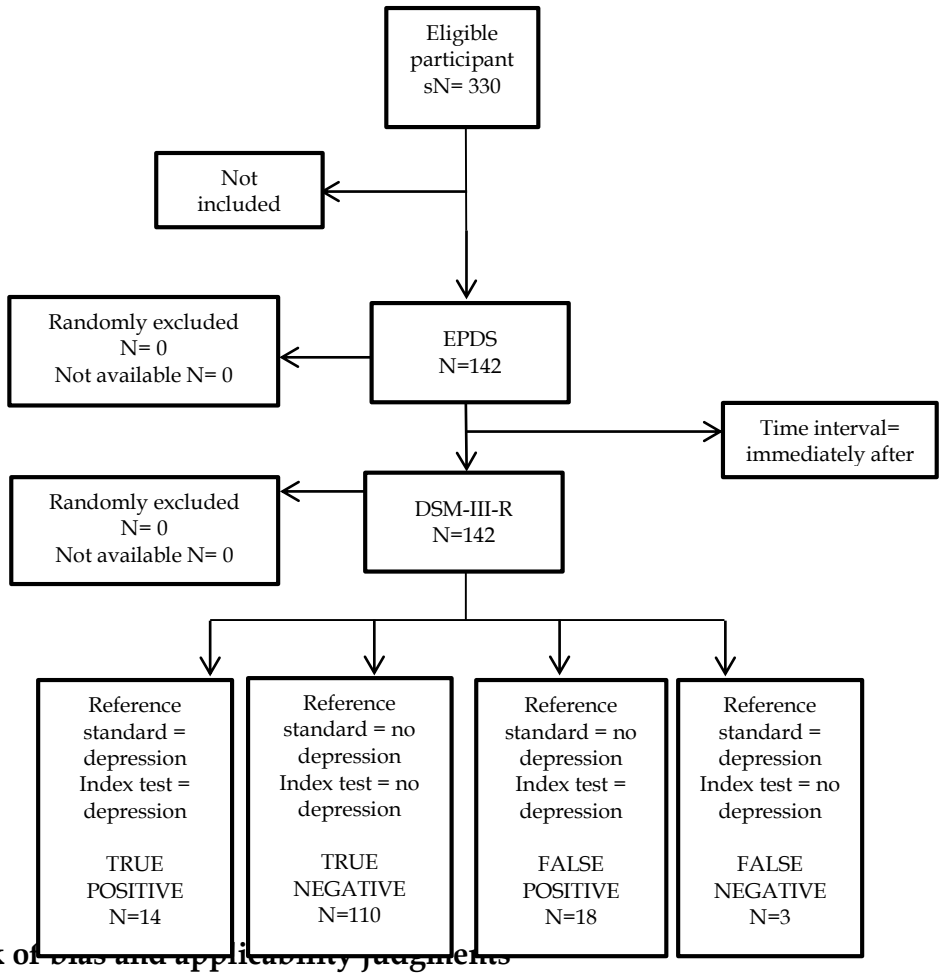
N/A[2]

1.1.32LEE1998

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: A prospective cohort design study was conducted. The subjects comprised all Chinese women who were admitted to the postnatal wards of the Department of Obstetrics and Gynaecology over a three-month period.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Patients included women from Hong Kong who were admitted to postnatal wards. Non-Chinese women and those who did not have permanent residency rights in Hong Kong, for example illegal immigrants, were excluded from the study. People who were illiterate were assisted by a research assistant in completing the questionnaires and were not excluded. The index test was used as a screening tool for postnatal depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was a validated Chinese version of the EPDS. Participants self-completed the index test, unless illiterate. The EPDS was completed before the reference standard.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S)	

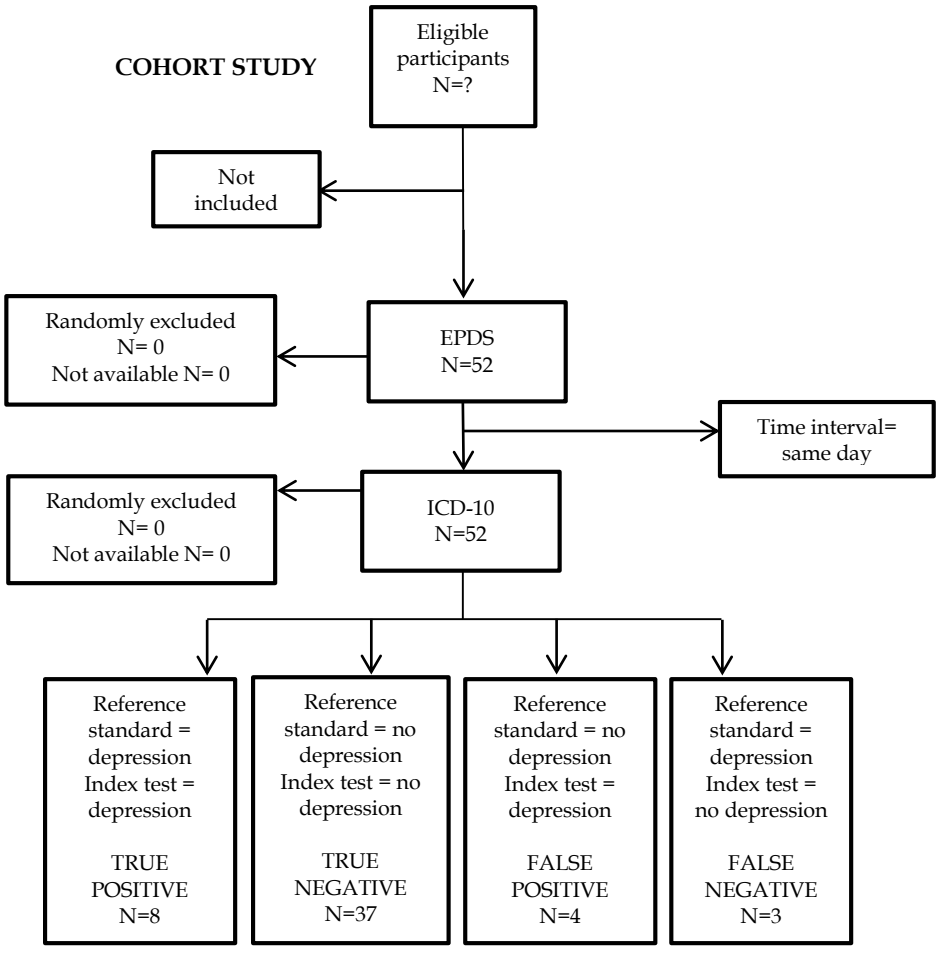
B. Concerns regarding applicability	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard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

1.1.33KADIR2004

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Mothers were approached at 4-12 weeks post-delivery whilst visiting a health centre in Kelantan, Malaysia, for routine postpartum examination or immunization for their infants.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Patients included women who were 4-12 weeks postpartum and were visiting the study health centre. The index test was used as a screening tool for postnatal depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was a Malay version of the EPDS which was administered during a health visit. It is unclear how the measure was interpreted.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review	**CONCERN: LOW**

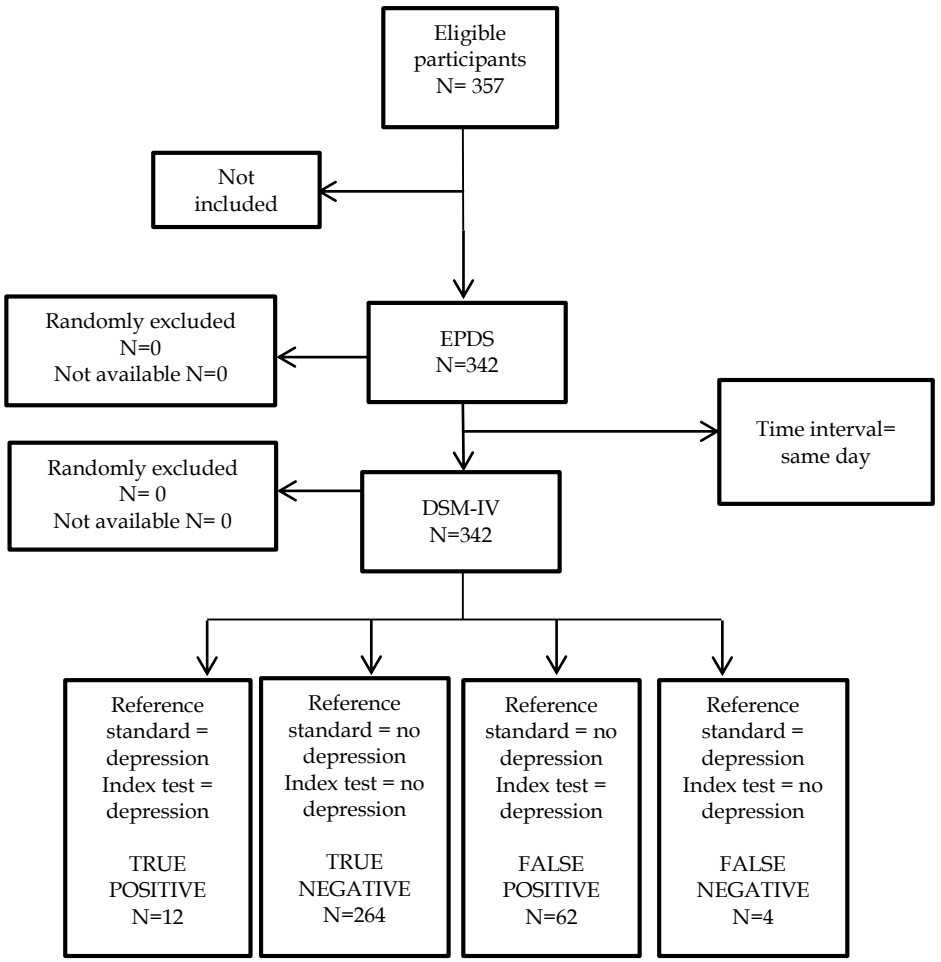
question?	
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the Clinical Interview Schedule a semi-structured psychiatric interview which diagnoses according to ICD-10 criteria. The reference standard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

1.1.34 LAU2010

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
*Describe methods of patient selection: P*ostnatal women were recruited from their routine postnatal check-up 6 to 8 weeks after delivery in the outpatient clinics in four regional hospitals in Chengdu, China.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Patients were women who delivered babies in four regional public hospitals in Chengdu, China and were 6-8 weeks postpartum. The index test was used as a screening tool for postnatal depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the mainland Chinese version of the EPDS. Participants self-completed the EPDS after administration of the reference standard at 6-8 weeks postpartum.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review	**CONCERN: LOW**

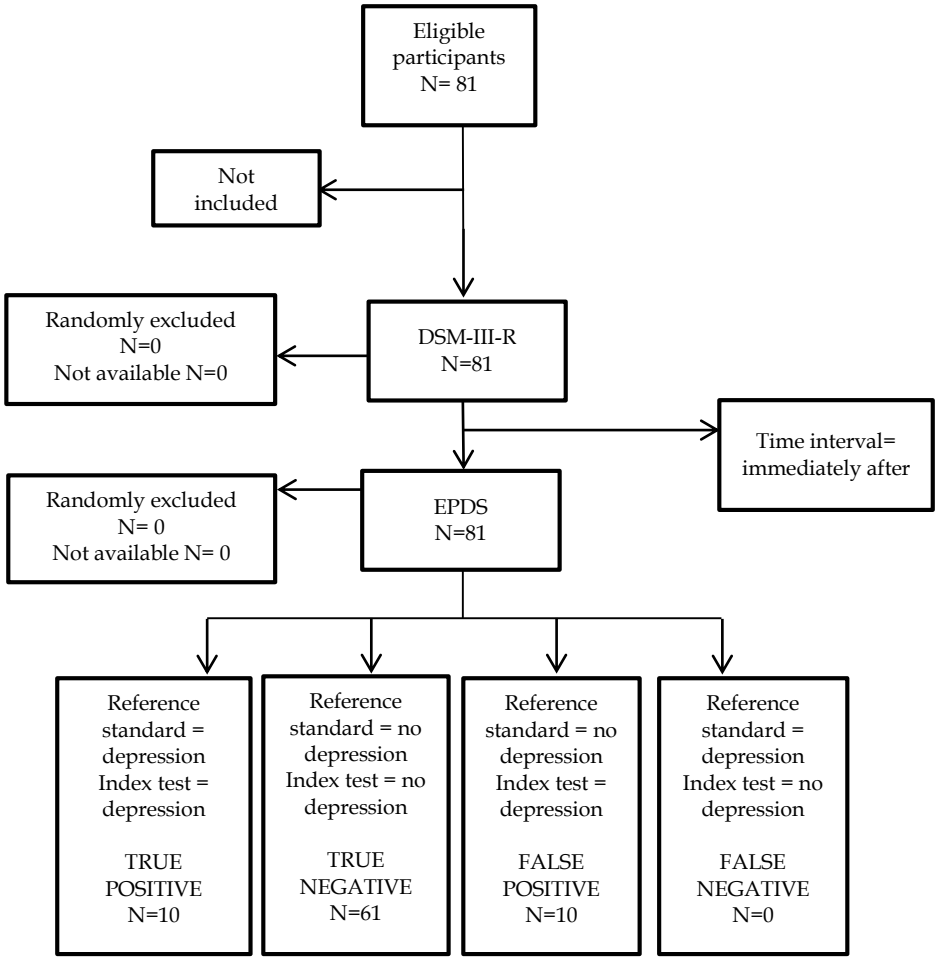
question?	
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the Structured Clinical Interview for DSM-IV diagnoses. SCID interviews were conducted by an experienced researcher who was well trained by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

1.1.35 LEONARDOU2009

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: A prospective cohort study design was employed by the Women's Mental Health Clinic of the Department of Psychiatry, University of Athens. Recruitment of the study participants was completed over one year, and it was conducted in the maternity ward, on the second day postpartum.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Patients were women on their second day postpartum who were recruited from a general postpartum population. The study sample was selected 70% from the private and 30% from the public sector, which is representative of service utilization by Greek women. The index test was used as a screening tool for postnatal depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the Greek version of the EPDS. Participants self-completed the EPDS after administration of the reference standard at 8 weeks postpartum.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S)	

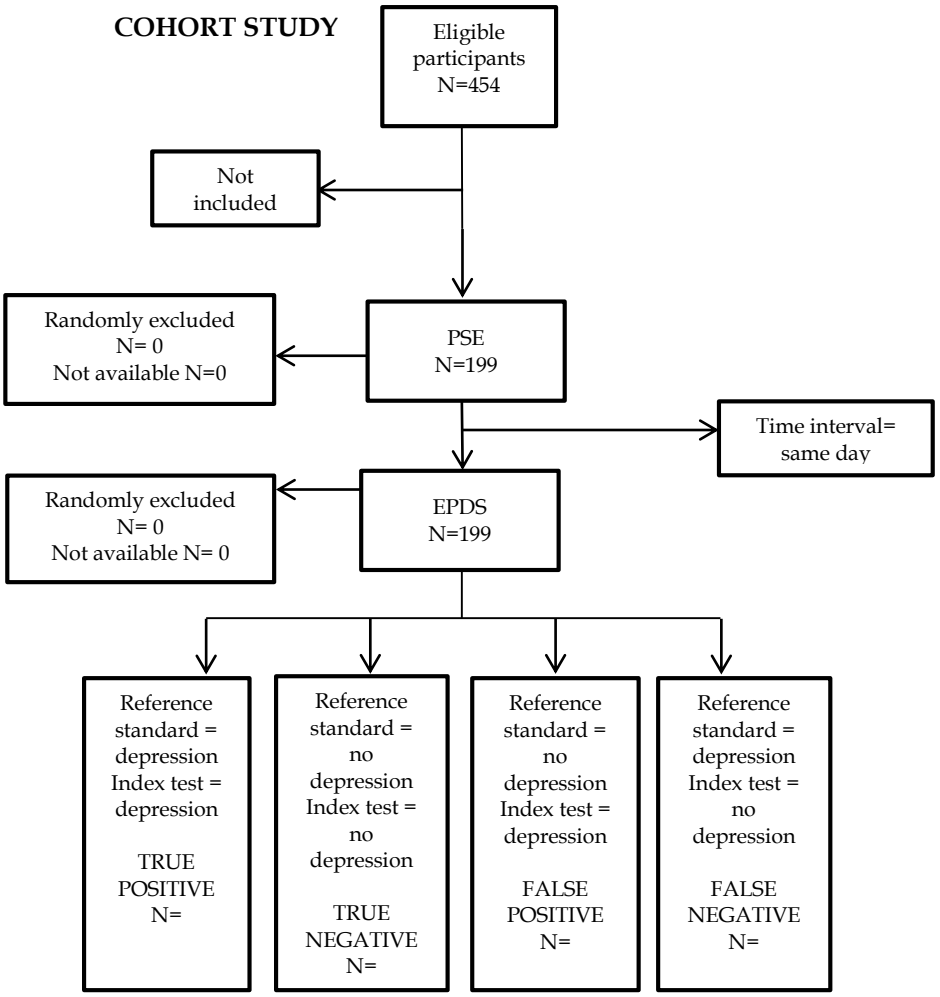
B. Concerns regarding applicability	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard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

1.1.36 LEVERTON2000

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

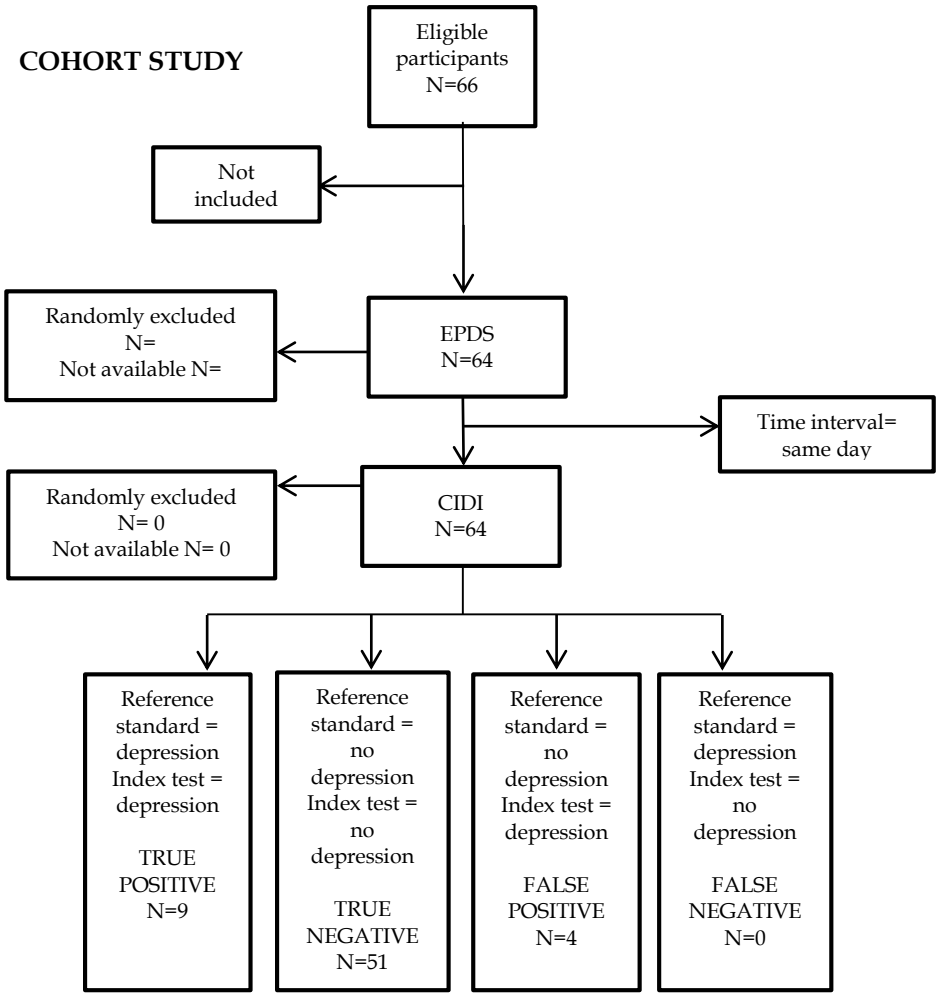
question?	
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: At 3 months postnatal women were visited at home by a research psychiatrist and interviewed using a semi-structured schedule. The psychiatrists coded the PSE blind to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

1.1.37MAHMUD2003

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

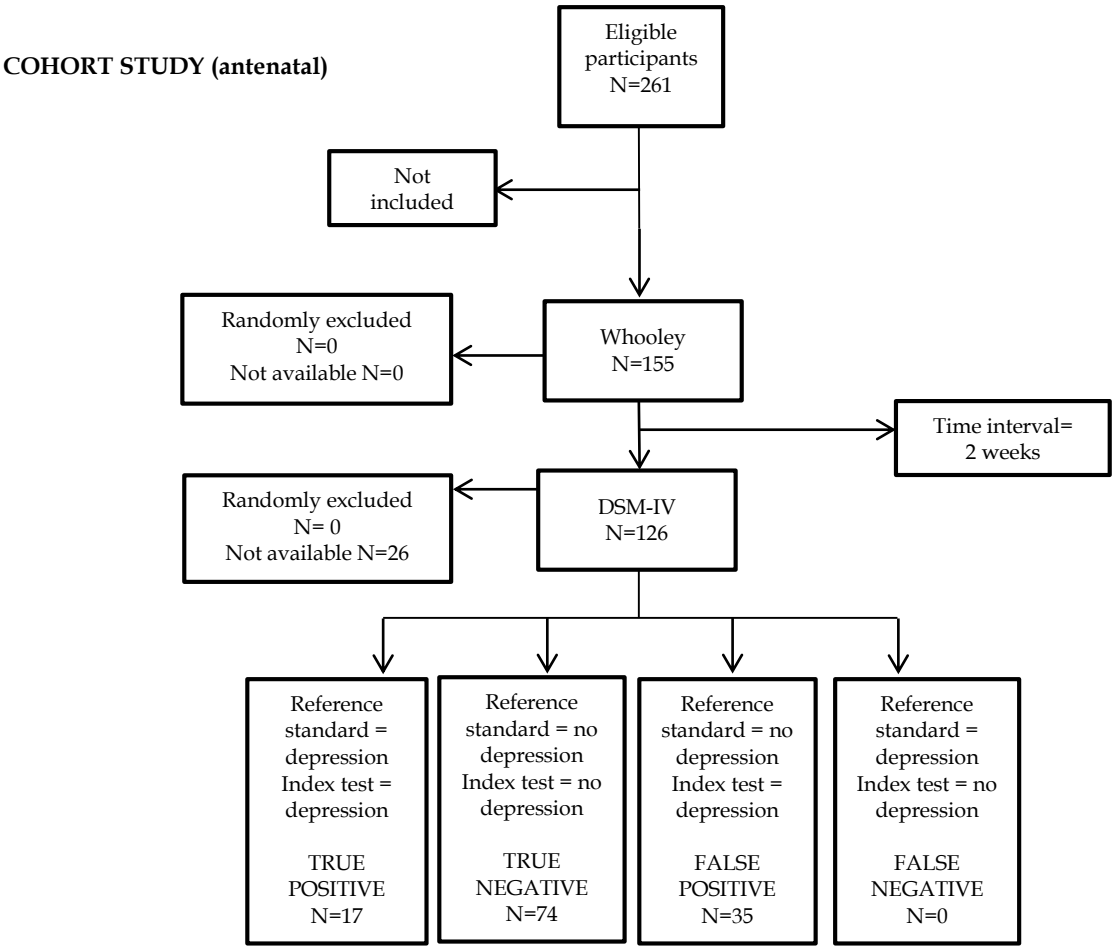
A. Risk of bias	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the Composite International Diagnostic Interview, a fully structured interview which was administered by one of the authors who was uninformed of the results of the index test. Diagnoses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

1.1.38MANN2012

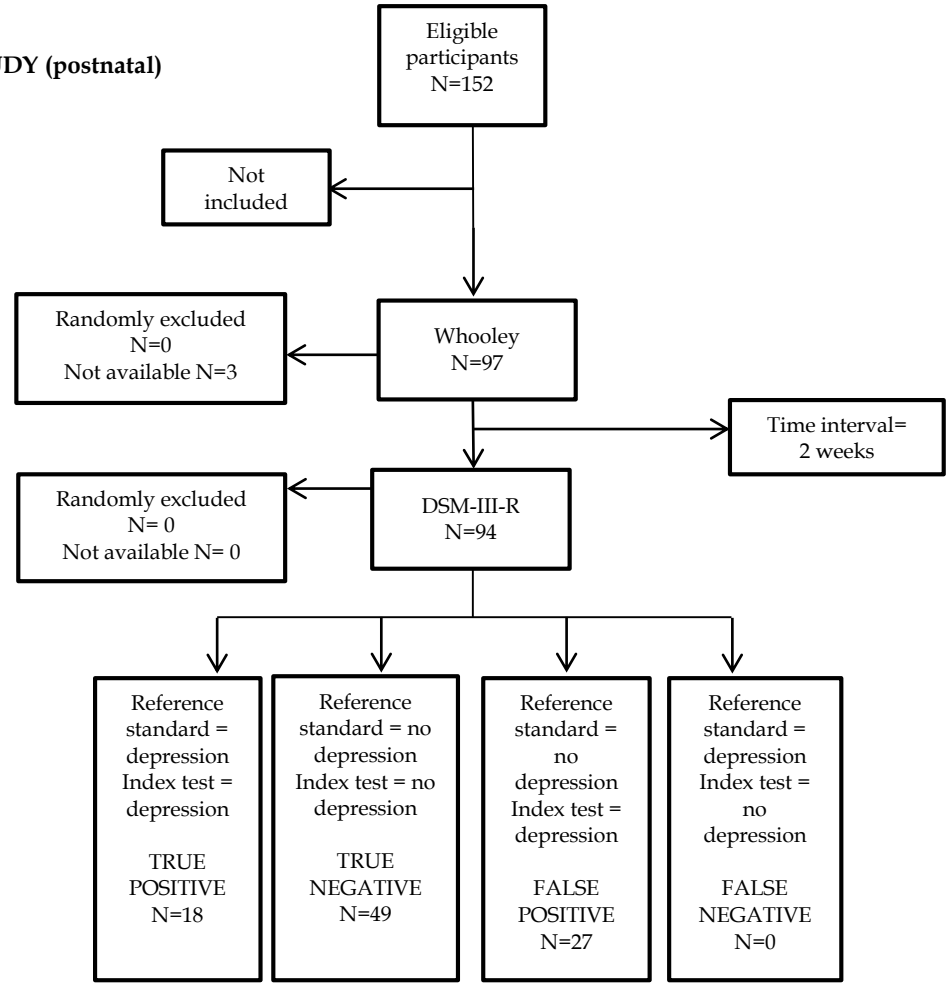
Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



COHORT STUDY (postnatal)



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants were sequentially recruited from a maternity unit in a UK National Health Service general hospital during a seven-week period.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	

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

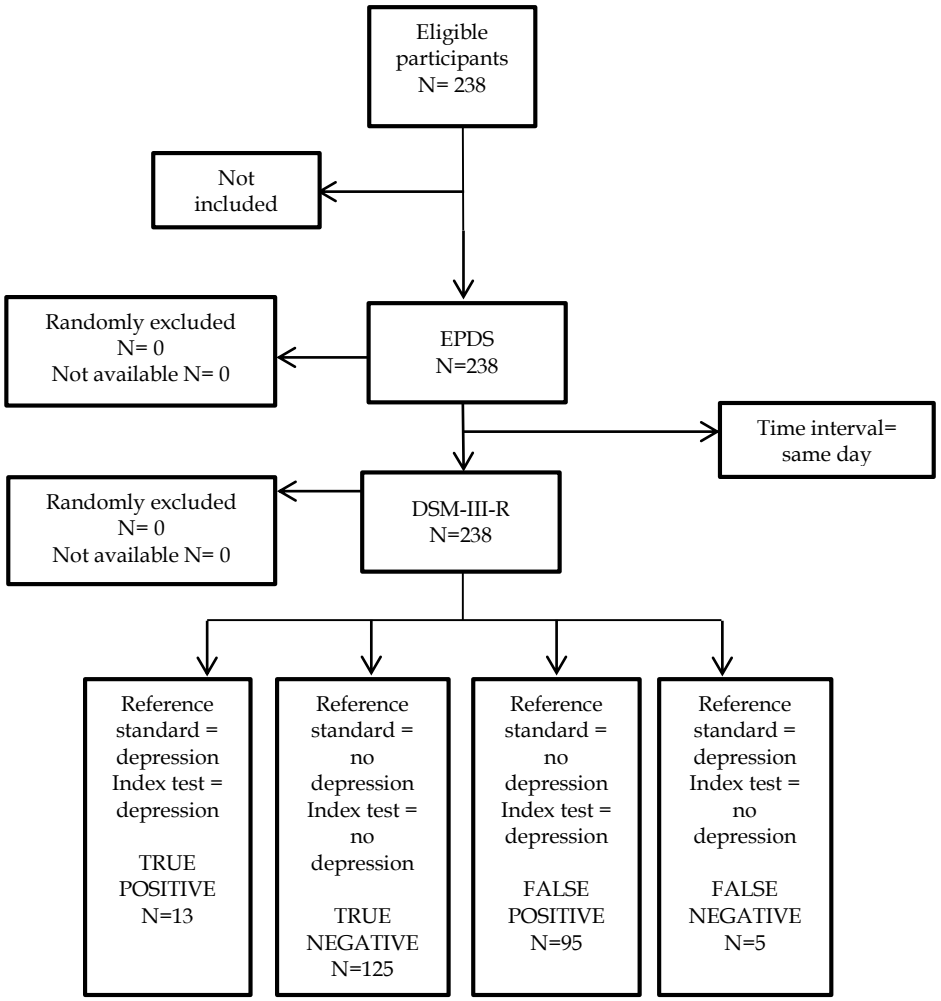
B. Concerns regarding applicability	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Participants received the index test and reference standard both antenatally and postnatally. During the antenatal phase 155 women completed the index test and 126 women also completed the reference standard. During the postnatal phase 97 women completed the index test and 94 also completed the reference standard. 268 women were initially asked to take part in the study. *Describe the time interval and any interventions between index test(s) and reference standard:* The reference standard was administered within two weeks of the index test.	
Was there an appropriate interval between index test(s) and reference standard?	No
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Yes
Could the patient flow have introduced bias?	**RISK: HIGH**

1.1.39 MATTHEY2008

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

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

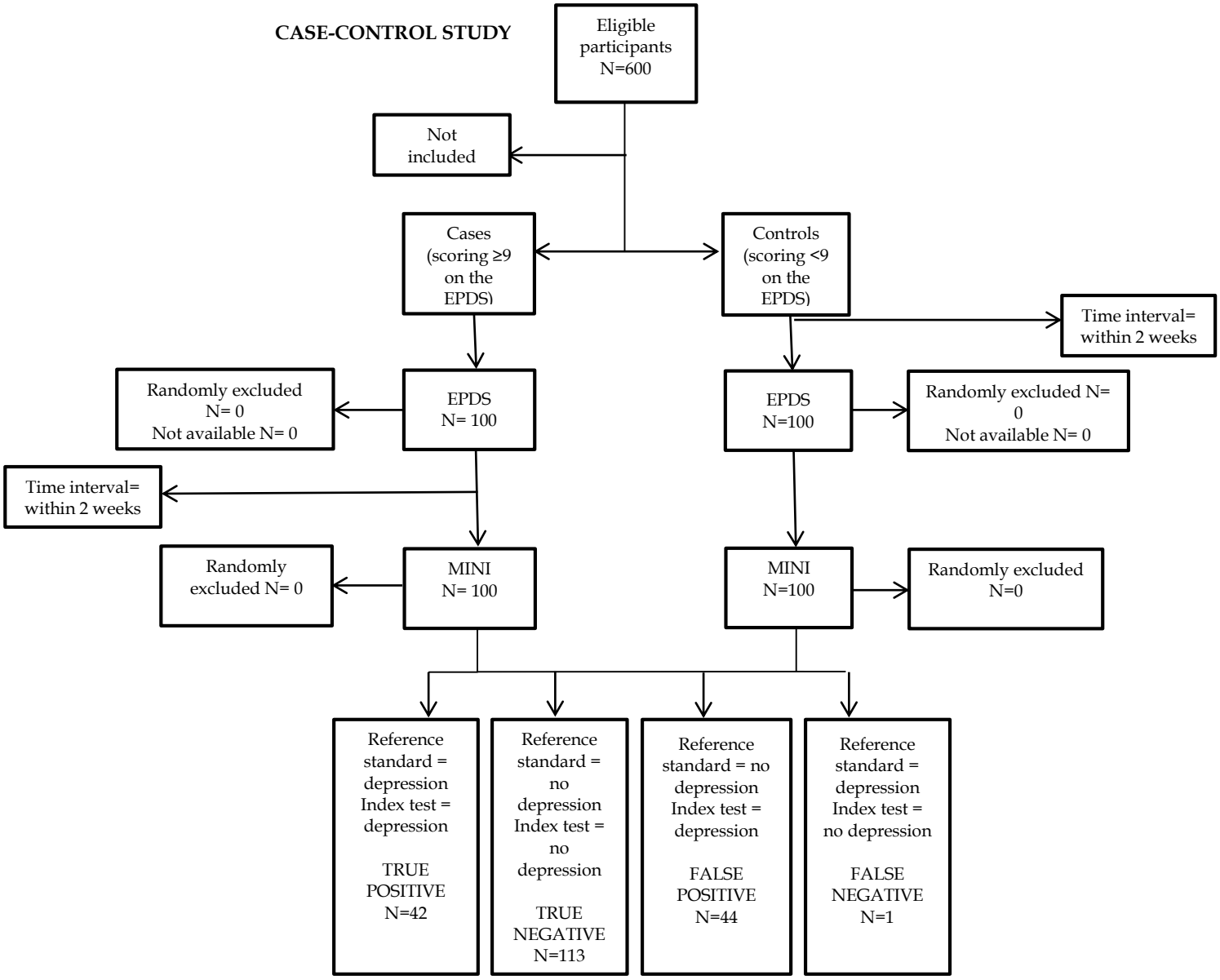
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 238 women completed the index test and the reference standard. The authors do not report whether any participants were excluded, refused to participate or were lost to follow-up. *Describe the time interval and any interventions between index test(s) and reference standard:* The index test and reference standard were administered on the same day.	
Was there an appropriate interval between index test(s) and reference standard?	Yes
Did all patients receive a reference standard?	Unclear
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Unclear
Could the patient flow have introduced bias?	**RISK: UNCLEAR**

1.1.40 MAZHARI2007

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants were recruited from their infant's vaccination programme in five randomly selected urban health centres representing different socioeconomic classes during a one year period. A randomised sample of 100 cases with EPDS scores >=9 and 100 cases with EPDS scores <9 completed the reference standard.	
Was a consecutive or random sample of patients	Yes

enrolled?	
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	No
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were Persian speaking women who were postnatal and showed no evidence of depression due to medical illness. The EPDS was used as a screening tool for postnatal depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the validated Persian version of the EPDS which was completed independently by most participants. Illiterate participants were helped by a research assistant.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was a clinical interview carries out by the research psychiatrist. The diagnoses were made according to DSM-IV criteria. The research psychiatrist was blind to the EPDS scores and did not know the EPDS results of the participating women.	
Is the reference standard likely to correctly	Yes

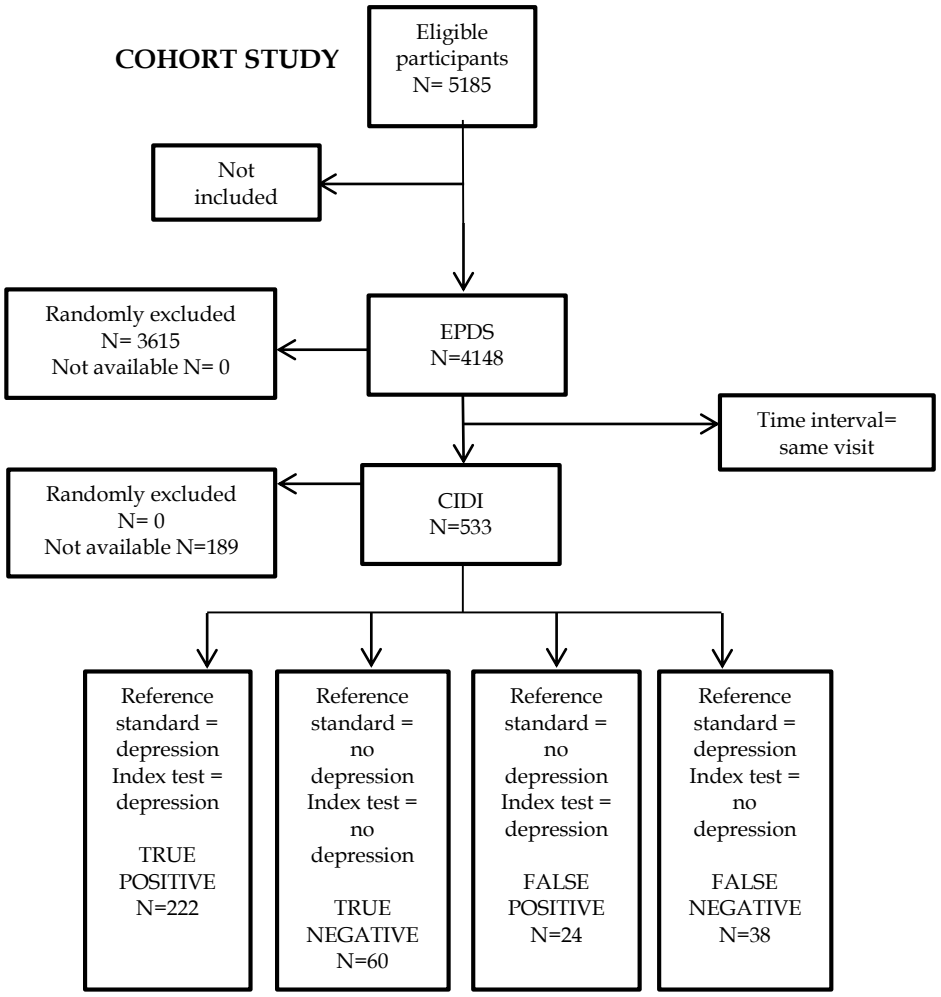
classify the target condition?	
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**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

1.1.41 MILGROM2005A

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: The population consisted of 4148 newly delivered mothers attending 47 Maternal and Child Health Centres in northern metropolitan Melbourne and in rural eastern Victoria, Australia over a 3 year period. Participants who had EPDS scores ≥12 were offered clinical assessment with a psychologist involving a structured interview and diagnosis followed by completion of a second EPDS.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	No

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

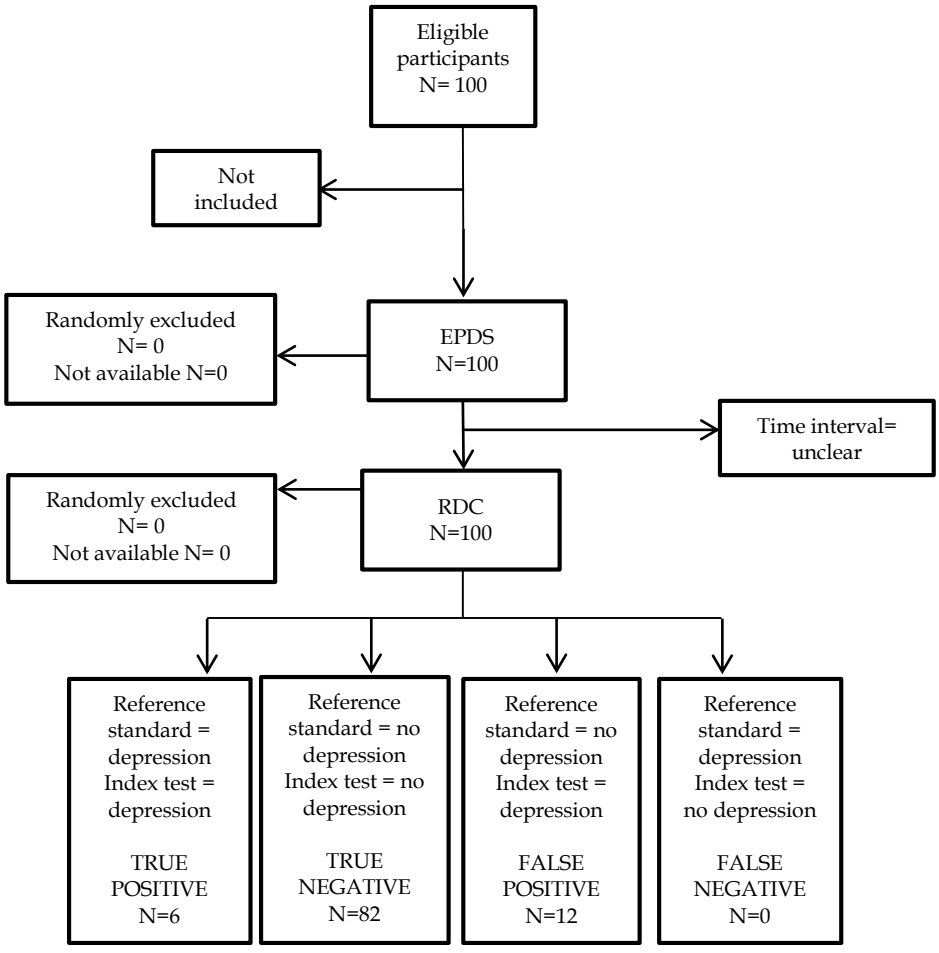
interpretation have introduced bias?	
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any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

1.1.42MURRAY1990B

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

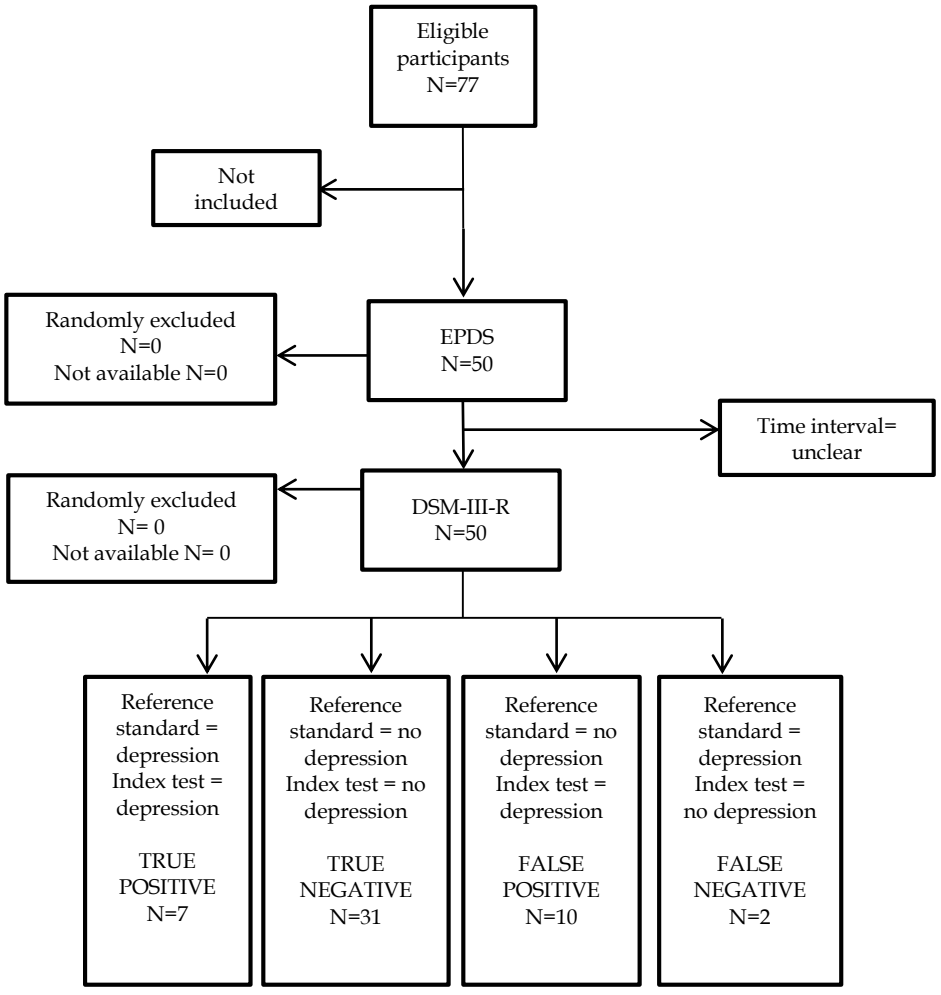
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the RDC criteria for depression.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

1.1.43MUZIK2000

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

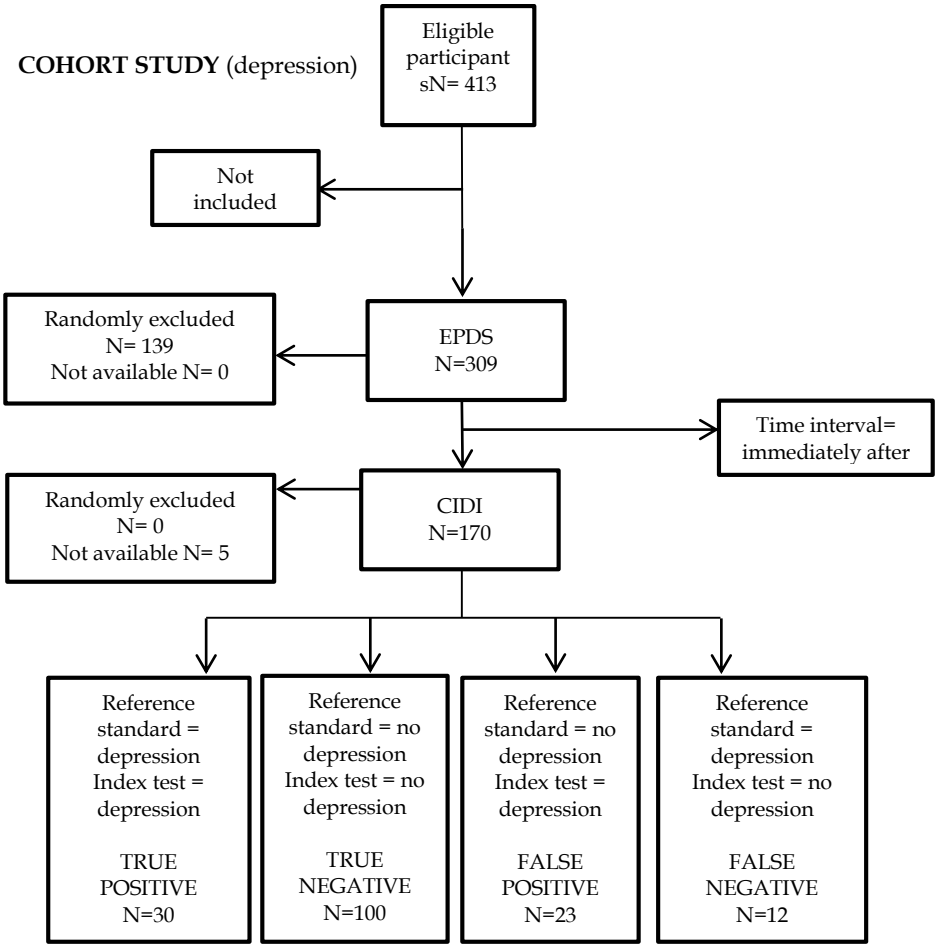
B. Concerns regarding applicability	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: UNCLEAR**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard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

1.1.44 PHILLIPS2009

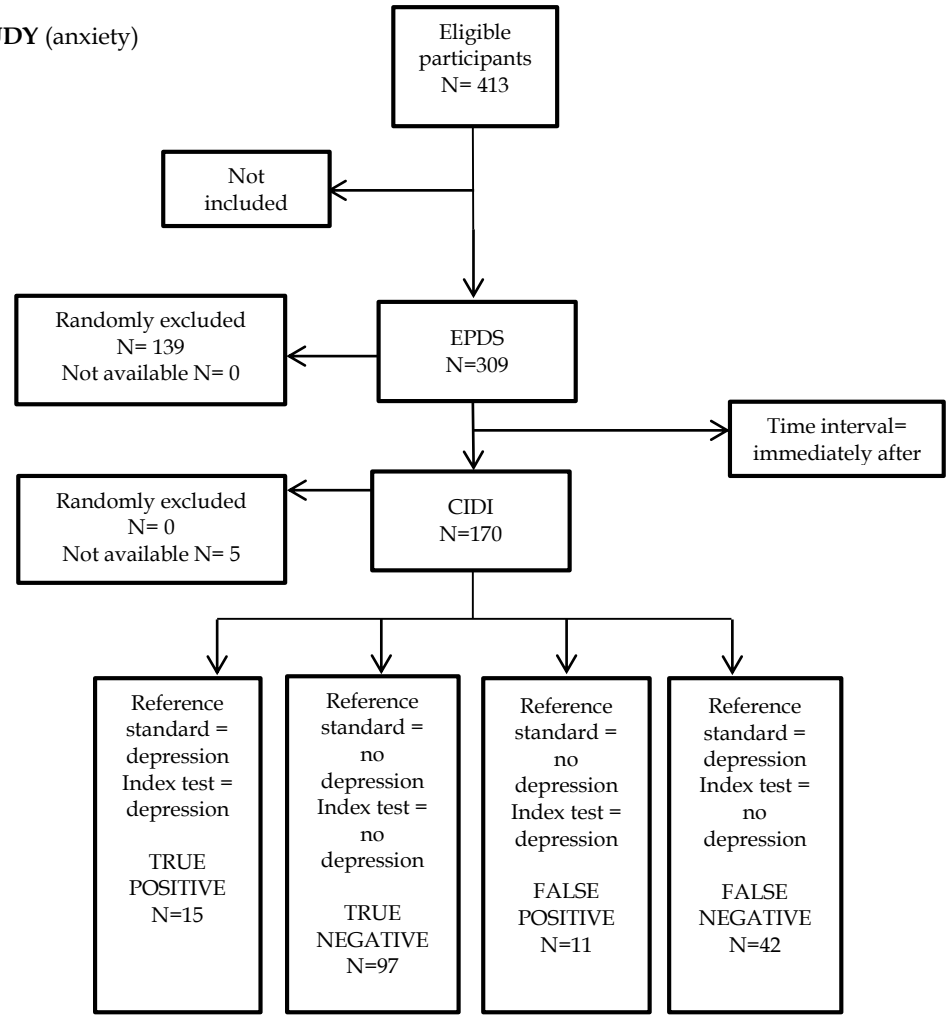
Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



COHORT STUDY (anxiety)



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Women admitted to a parent-infant unit during a two year period were invited to participate in the study. The first 170 of the 309 participants who agreed to take part and completed the EPDS were also asked to participate in a structured clinical interview.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced	**RISK: LOW**

bias?	
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were women with infants aged up to 12 months admitted to a Residential Family Care Unit in the south west of Sydney, Australia. The index test was used as a screening tool for postnatal depressive and anxiety disorders.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The EPDS is a self-report screening measure for depressive symptoms in the perinatal period. The index test was completed before the reference standard.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: Interviews were conducted by a Psychologist (JP) undergoing Doctoral level training in Clinical Psychology (including extensive training in diagnostic interviewing) and who was blind to participant self-report measure scores.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes

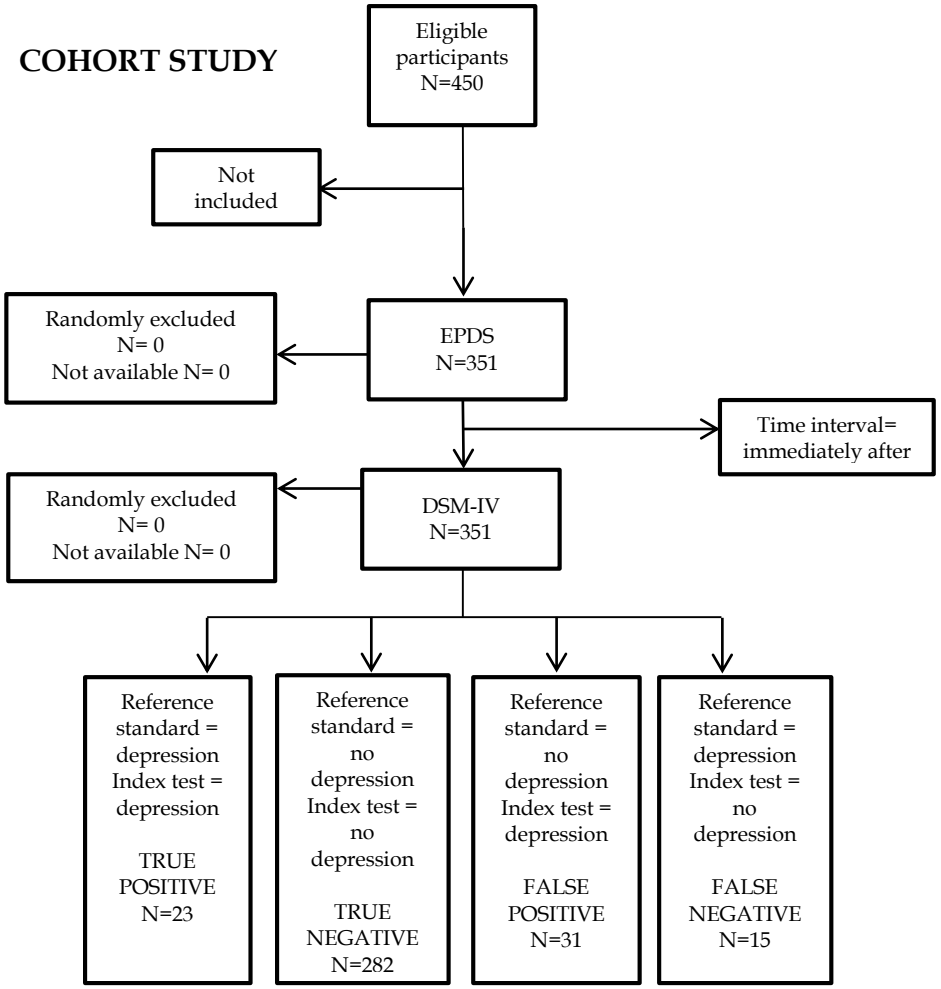
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Out of 413 women who agreed to participate 101 declined or were unable to participate. 309/362 women completed the EPDS of which 166 completed the reference standard. *Describe the time interval and any interventions between index test(s) and reference standard:* The reference standard was completed after the index test.	
Was there an appropriate interval between index test(s) and reference standard?	Yes
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: HIGH**

1.1.45 PITANUPONG2007

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

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

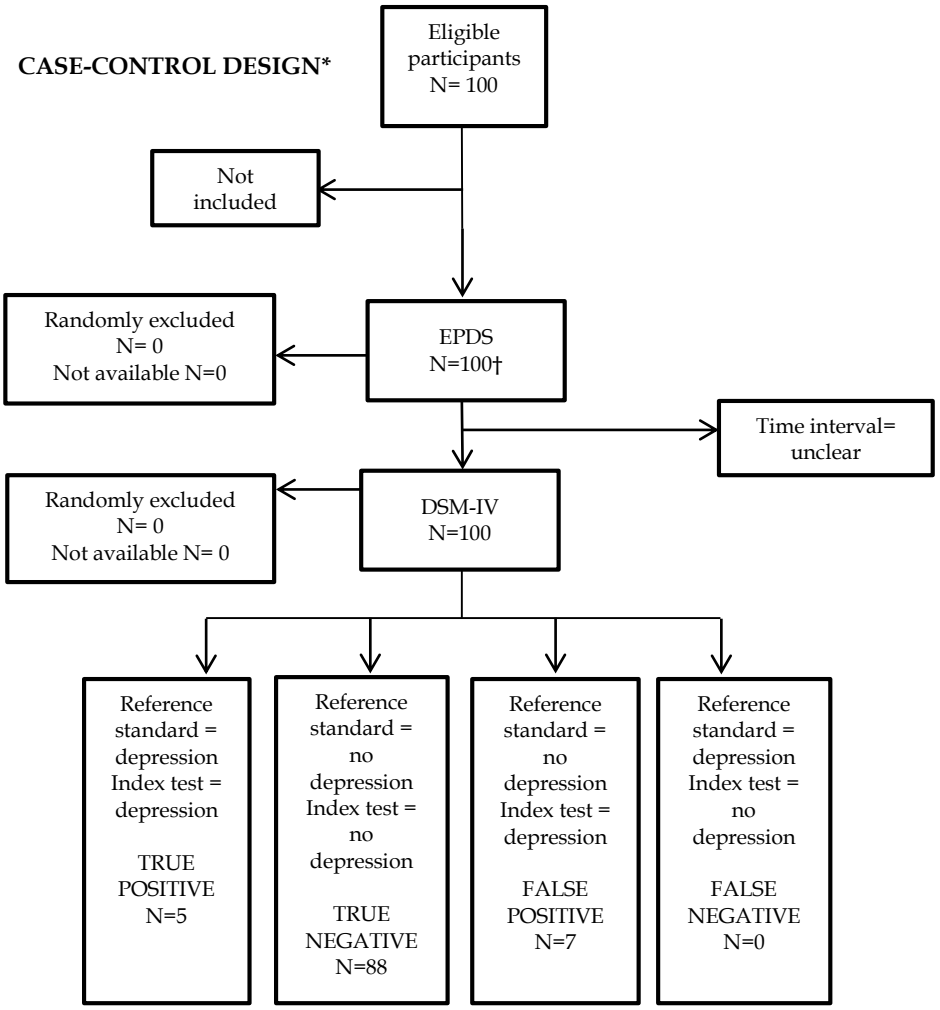
without knowledge of the results of the index test?	
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard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

1.1.46 REGMI2002

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



*The number of participants who were cases or controls is not reported
† The authors do not report how many controls were excluded after having completed the EPDS.

Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**
Describe methods of patient selection: A consecutive sample of 100 women was recruited from a public postnatal clinic at Tribhuvan University Teaching Hospital in Kathmandu, Nepal. Postpartum women were used for validation assessment. All those with a score of 13 or more (EPDS positive) and every fifth woman who scored 12 or less went through a structured interview in their own language

to assess the presence of a major depressive episode using DSM-IV.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Women brining their children for standard immunization 2-3 months post-delivery. The index test was used as a screening tool for postnatal depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the EPDS, a 10-item self-report questionnaire. It is unclear how the test was conducted or interpreted.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: UNCLEAR**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was a structured interview according to DSM-IV criteria. It is unclear how the reference standard was conducted or interpreted.	

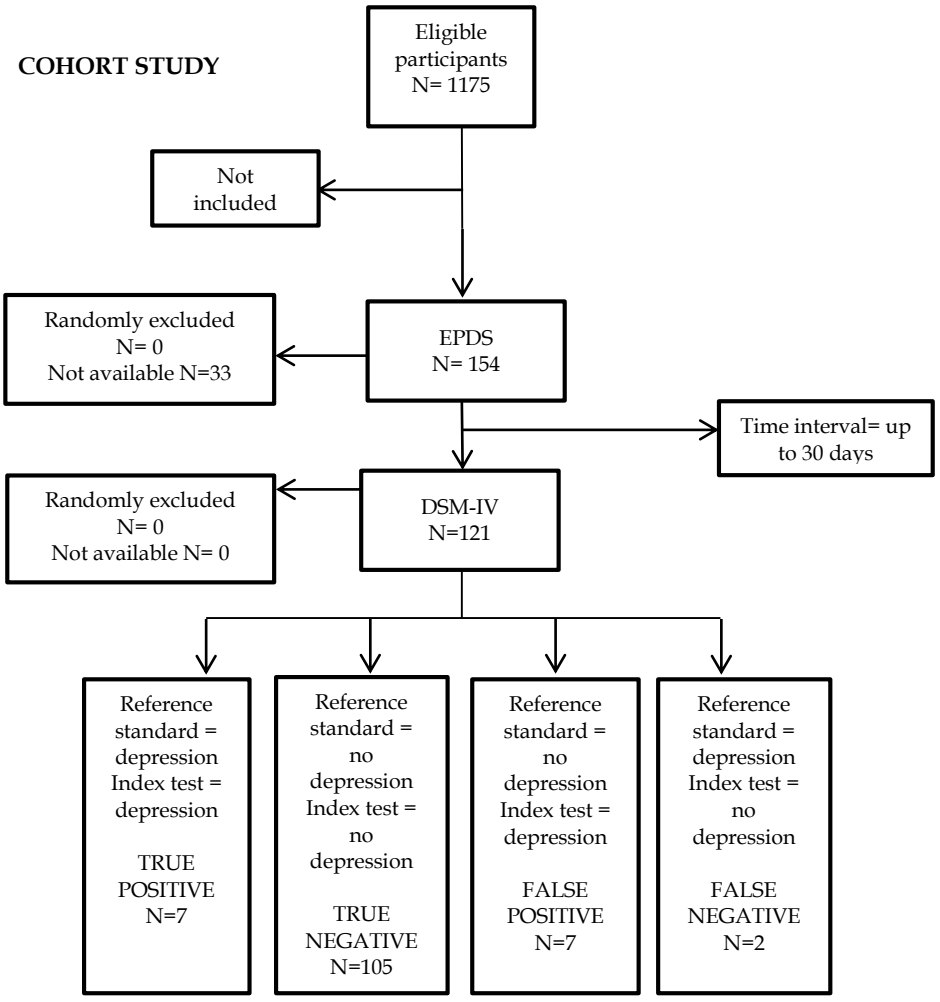
Is the reference standard likely to correctly classify the target condition?	Unclear
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: UNCLEAR**
DOMAIN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

1.1.47RUBERTSSON2011

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: All twenty-five antenatal care clinics operating in a county of mid-Sweden with ten communities and approximately 250.000 inhabitants were invited to recruit Swedish-speaking women at their first antenatal visit in early pregnancy between June 2008 and June 2009. The women were recruited by their midwives and consented to participate by signing a document with their personal code and contact details. A random sample of 154 women was chosen for interview by telephone.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were Swedish-speaking women at their first antenatal visit in early pregnancy. The index test was used as a screening tool for depression during pregnancy.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the Swedish version of the EPDS, a 10-item self-report scale.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S)	

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

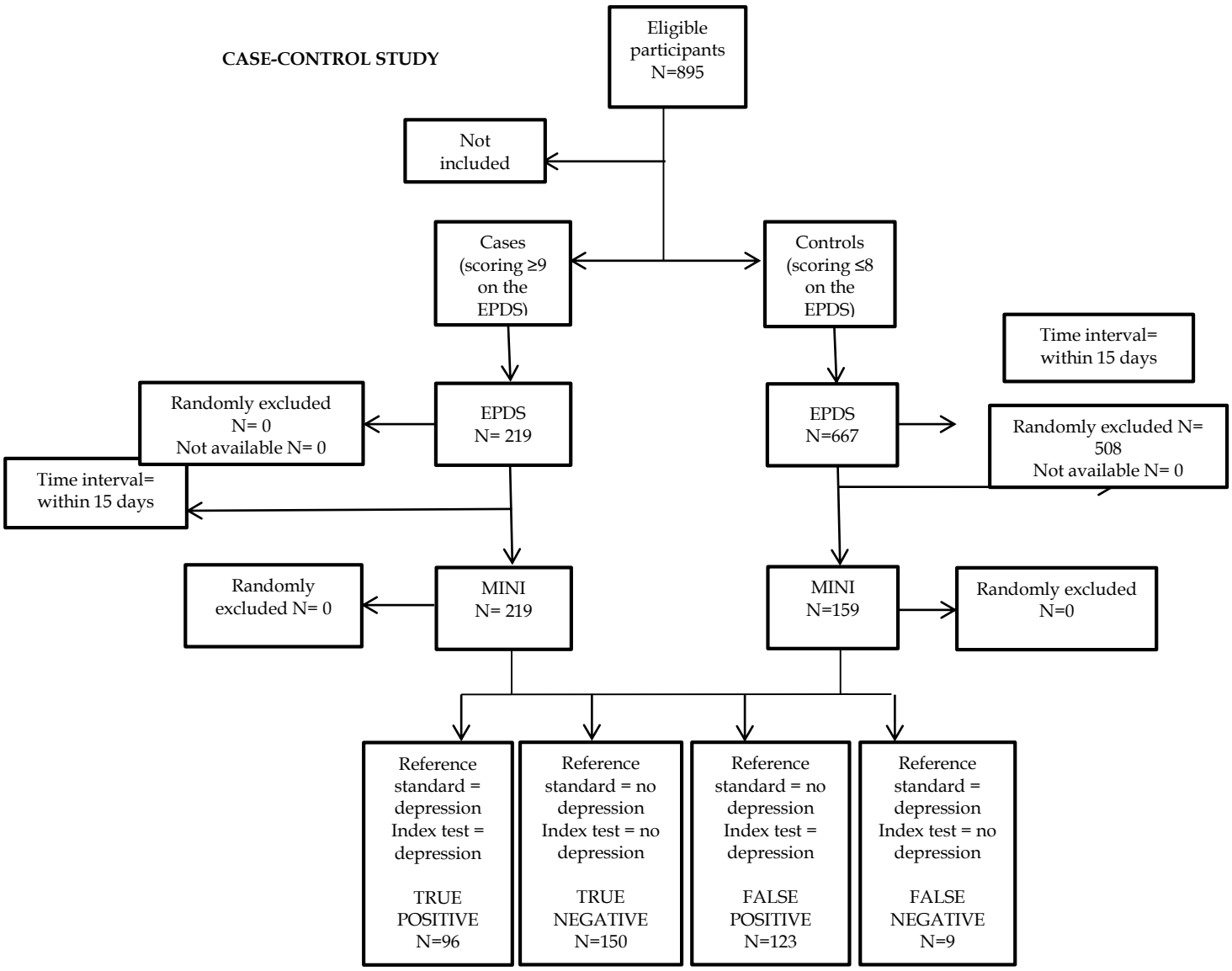
Could the patient flow have introduced bias?	**RISK: HIGH**

1.1.48 SANTOS2007

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: A cross-sectional study was carried out during the three-month follow-up of a birth cohort in the city of Pelotas, southern Brazil, which included all births in that city in 2004. Two sample selection strategies were used. All mothers scoring at least 9 points on the 30-point EPDS were included in the study. Then, a systematic 20% sample of mothers scoring < 9 was obtained by recruiting every fifth mother. All mothers selected to participate in the validation study underwent a diagnostic interview (gold standard).	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	No
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were mothers whose infants reached age three months between 1 January and 31 March 2005. The index test was used as a screening tool for postnatal depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the Portuguese version of the EPDS, a self-report 10 item questionnaire. Mothers responded to the EPDS questionnaire at home or at the medical school.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S)	

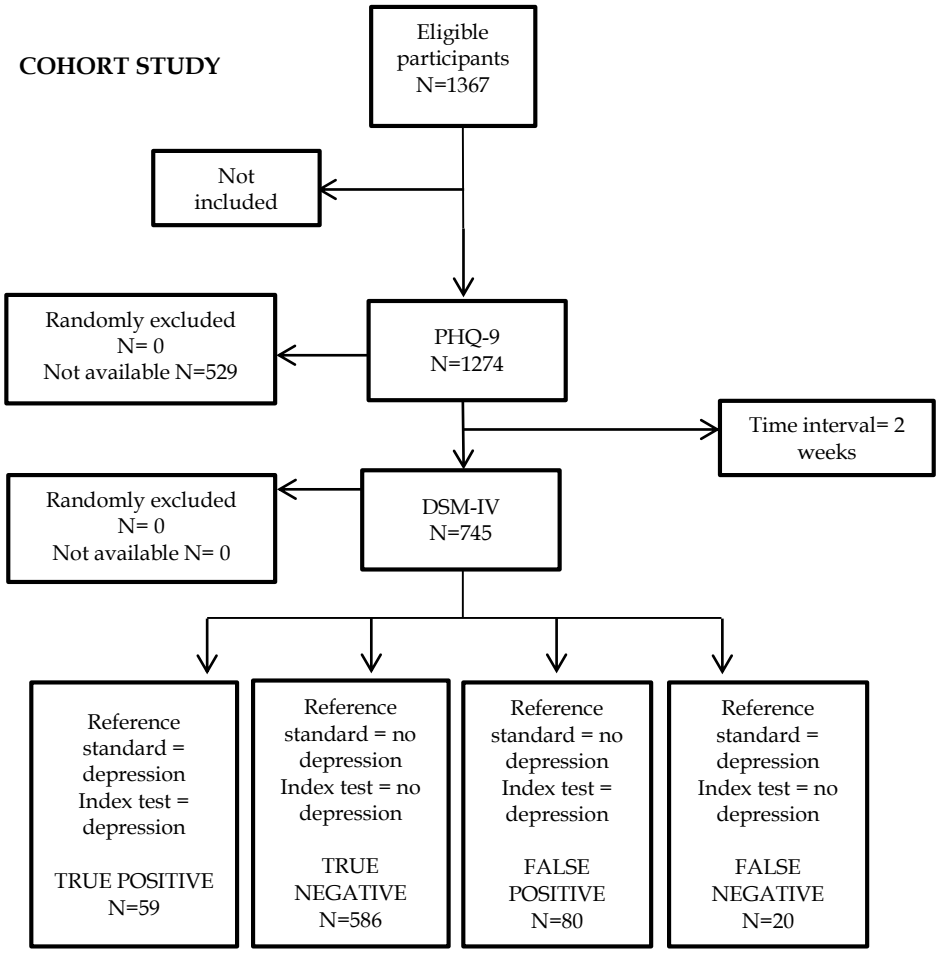
B. Concerns regarding applicability	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard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

1.1.49 SIDEBOTTOM2012

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: The study sample consisted of consecutive women seeking prenatal care at three community health centres during a three year period.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were women seeking prenatal care at three community health centres which were federally qualified and serving predominantly low-income patients. Participants were excluded if they did not speak English.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the PHQ-9 which was conducted at the end of the prenatal intake appointment. Scores for all items were summed based on PHQ-9 scoring recommendations. The index test was used as a screening tool for depression during pregnancy.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	

Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the structured clinician diagnostic interview for DSM-IV (SCID). Patients who consented to the diagnostic interview were contacted by telephone by the study research assistant to set up an interview appointment. If the prospective participant was not reached by telephone, the research assistant identified her next clinic appointment through the scheduling system and met her in person. The lay research assistant received SCID training that included training videos, meetings with an academic psychologist who had substantial experience in conducting SCID training, practice interviews, and feedback. She conducted all SCID interviews and was blinded to the results of the PHQ-9.	
Is the reference standard likely to correctly classify the target condition?	Unclear
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: UNCLEAR**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: UNCLEAR**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Out of 1274 women who completed the index test, 745 also completed the reference standard. *Describe the time interval and any interventions between index test(s) and reference standard:* The reference standard was administered within two weeks of the index test.	
Was there an appropriate interval between index test(s) and reference standard?	No
Did all patients receive a reference standard?	No
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	No

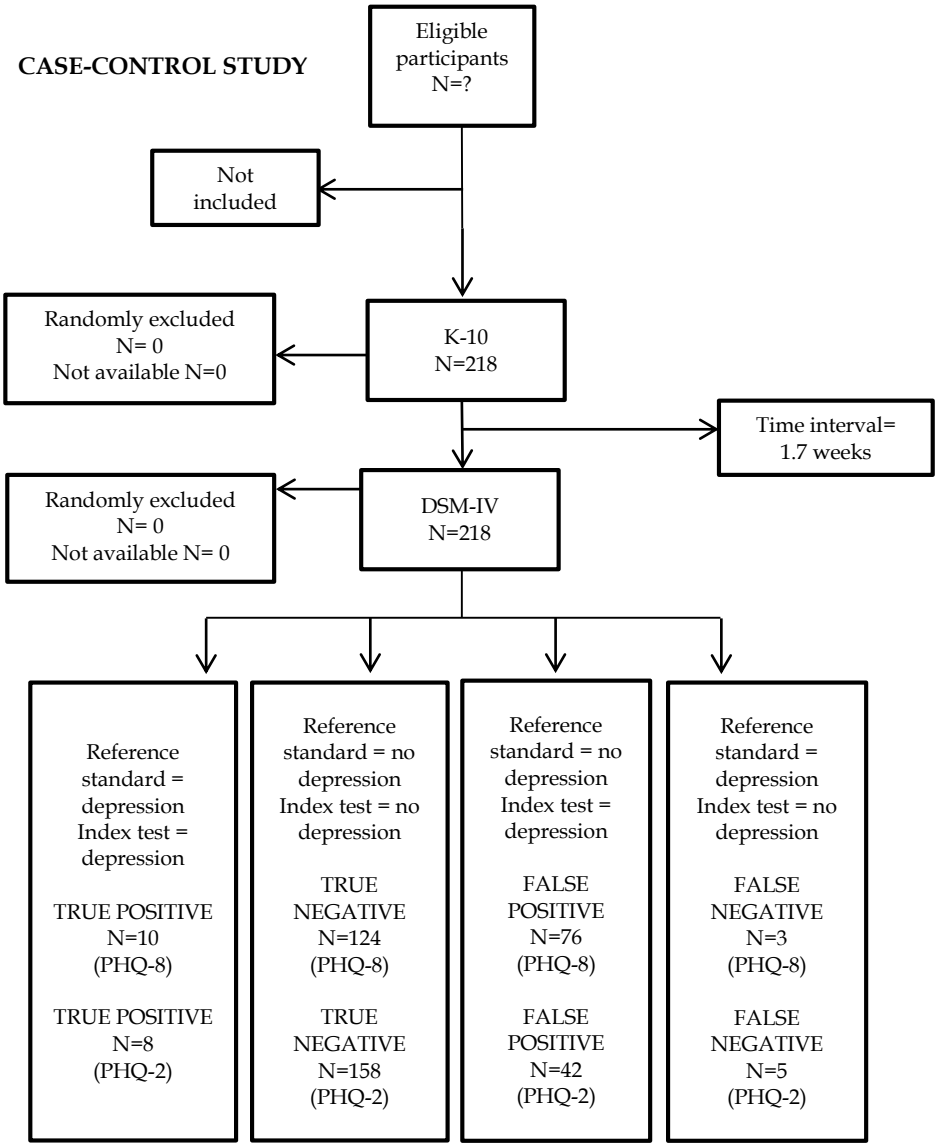
Could the patient flow have introduced bias?	**RISK: HIGH**

1.1.50 SMITH2010

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Subjects in this analysis were the first 218 women screened for participation and enrolled in the Yale Pink and Blue Study, a longitudinal cohort study investigating the effects of depression and antidepressant treatment on birth outcomes. Subjects were recruited from obstetrical offices or from hospital-based clinics in Connecticut and Western Massachusetts between 2004 and 2007. A total of 36 prenatal care sites served as sources of recruitment, 32 private obstetrician's offices and four publicly-funded obstetrical clinics in health centres and hospitals. Brochures and posters advertising the study targeting women in their first trimester of pregnancy were placed at each obstetrical office. From interested volunteers, women who endorsed depressed mood or treatment for depression within the previous 5 years and women who had experienced a traumatic event and had symptoms of re-experiencing that event were invited to participate. One out of every three women who were not taking antidepressants and were neither diagnosed with nor treated for a depressive disorder in the previous 5 years were also randomly selected.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	No
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Women were eligible to participate in if they were intending to deliver at a participating hospital, were at least 17 years of age, had not yet completed 16 weeks of pregnancy and were willing to provide informed consent. Women were ineligible if they had a known multi-foetal pregnancy, were requiring insulin for diabetes, did not have access to a telephone, did not speak English or Spanish, were planning on relocating or intended to terminate their pregnancy.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	

Describe the index test and how it was conducted and interpreted: The index test was the PHQ-8 which was administered by trained research assistants before 17 completed weeks of pregnancy.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the World Mental Health Composite International Diagnostic Interview (CIDI). The reference standard was administered by bachelors and masters level interviewers who received a minimum of four days of didactic training followed by no less than six practice interviews and at least two supervised interviews of each type before becoming eligible to conduct independent interviews. Interviews were audiotaped, reviewed by a supervisor and coded with reference to the audiotape as needed.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: UNCLEAR**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): All women who received the index test also received the reference standard. It is unclear how many women were initially eligible.	

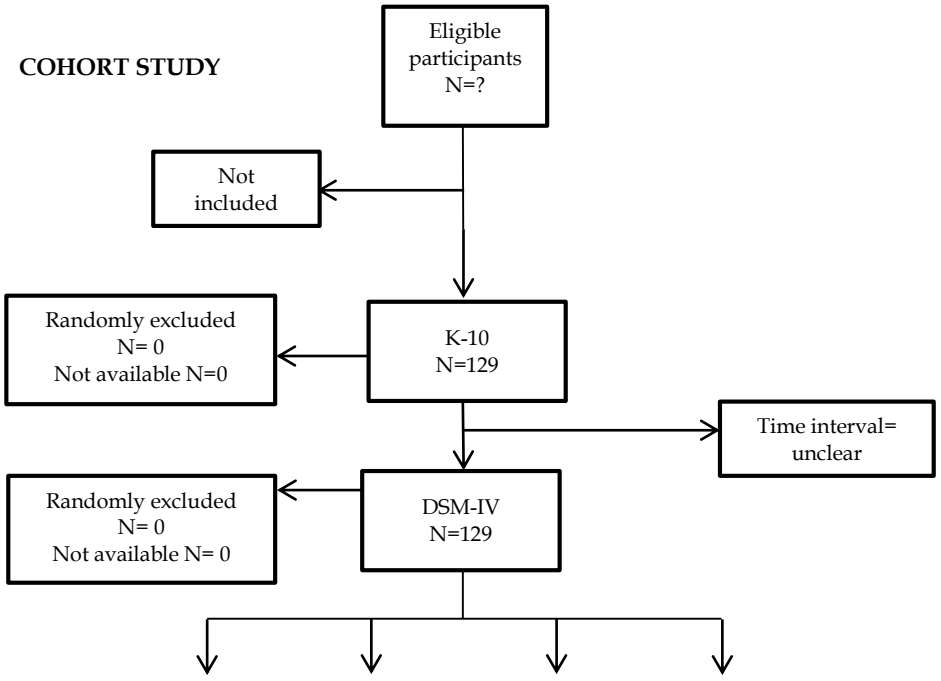
Describe the time interval and any interventions between index test(s) and reference standard: The reference standard was administered on average 1.7 weeks after the index test.	
Was there an appropriate interval between index test(s) and reference standard?	No
Did all patients receive a reference standard?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

1.1.51 SPIES2009

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



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

Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Data were drawn from an existing cohort of women taking part in a larger prospective study of maternal stress in pregnancy. All women presenting for their first antenatal visit at a gestational age of less than 20 weeks and with low risk pregnancies were invited to take part in the study.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were healthy women over the age of 18 who presented for care at midwife obstetric units (MOUs) in the Tygerberg area of Cape Town, South Africa. All women presenting for their first antenatal visit at a gestational age of less than 20 weeks and with low risk pregnancies were invited to take part in the study. The index test was used as a screening tool for common mental disorders during pregnancy.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**

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

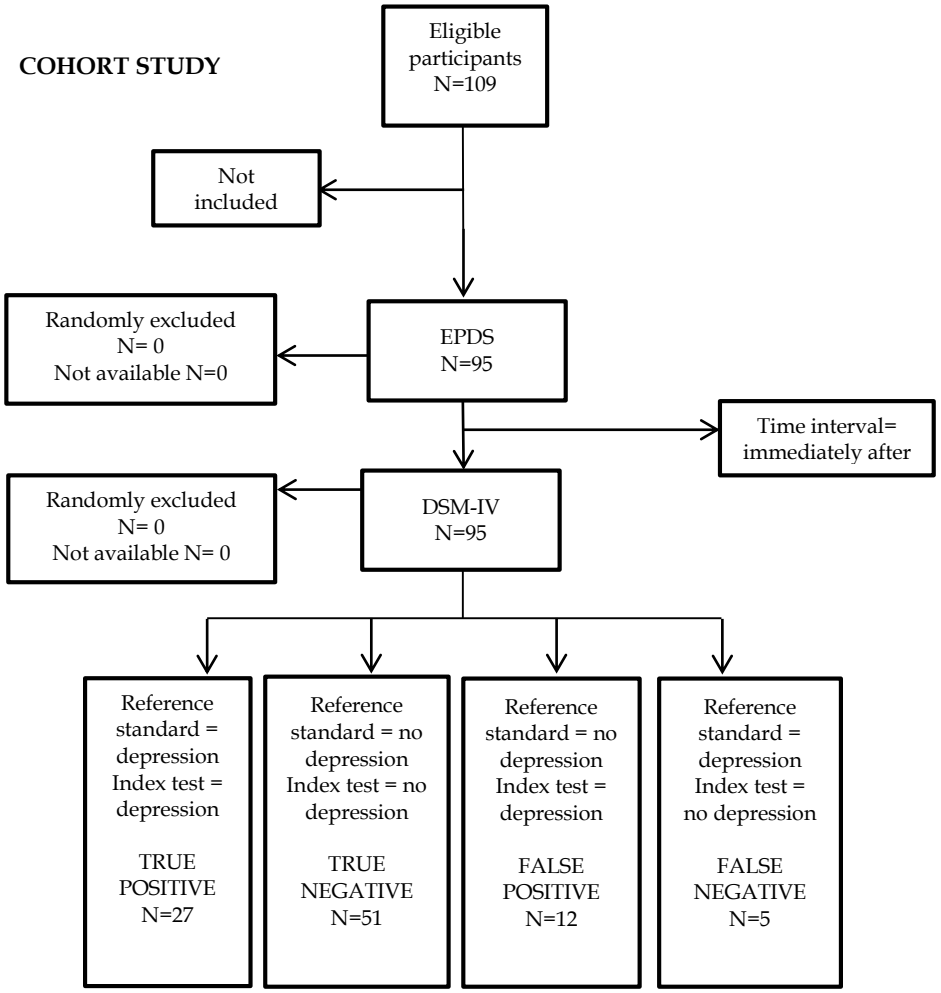
A. Risk of bias	
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 129 women received both the index test and the reference standard. It is unclear whether any participants were lost to follow-up, were excluded or refused to participate. *Describe the time interval and any interventions between index test(s) and reference standard:* The time interval between the reference standard and the index test is unclear.	
Was there an appropriate interval between index test(s) and reference standard?	Unclear
Did all patients receive a reference standard?	Yes
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	Unclear
Could the patient flow have introduced bias?	**RISK: UNCLEAR**

1.1.52TANDON2012

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Study investigators were given the names and contact information of 146 women meeting inclusion criteria who were enrolled in three Baltimore City home visitation programs. Of these 146 women, 109 were contacted by phone by the fieldwork interviewer.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes

Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were women among a low-income African American population in a low-income urban community enrolled in a home visitation programme. Women were eligible for study participation if they were pregnant or had a child less than six months old. The index test was used as a screening tool for depression during the perinatal period	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the EPDS. The fieldwork interviewer, a licensed clinical social worker (LCSW-C), scheduled a time to meet with each study participant to administer the three screening tools and clinical interview. All interviews took place at the home visiting program office or client's home except for three which took place at a neighbourhood library. All screening and clinical interview questions were read aloud.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: HIGH**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the Structured Clinical Interview for DSM-IV. The fieldwork interviewer, a licensed clinical social worker (LCSW-C), scheduled a time to meet with each study participant to administer the three screening tools and clinical interview. All interviews took place at the home visiting program office or client's home except for three which took place at a neighbourhood library.	
Is the reference standard likely to correctly	Yes

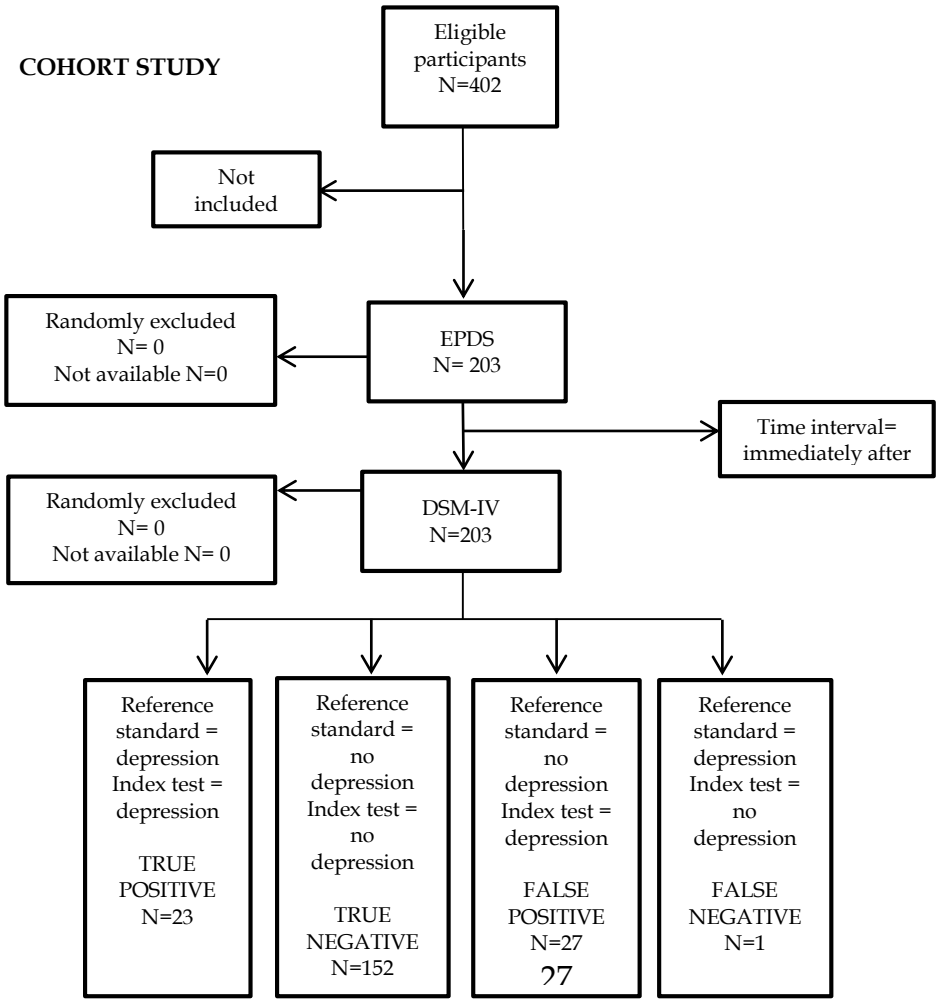
classify the target condition?	
Were the reference standard results interpreted without knowledge of the results of the index test?	No
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: HIGH**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**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

1.1.53TENG2005

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

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

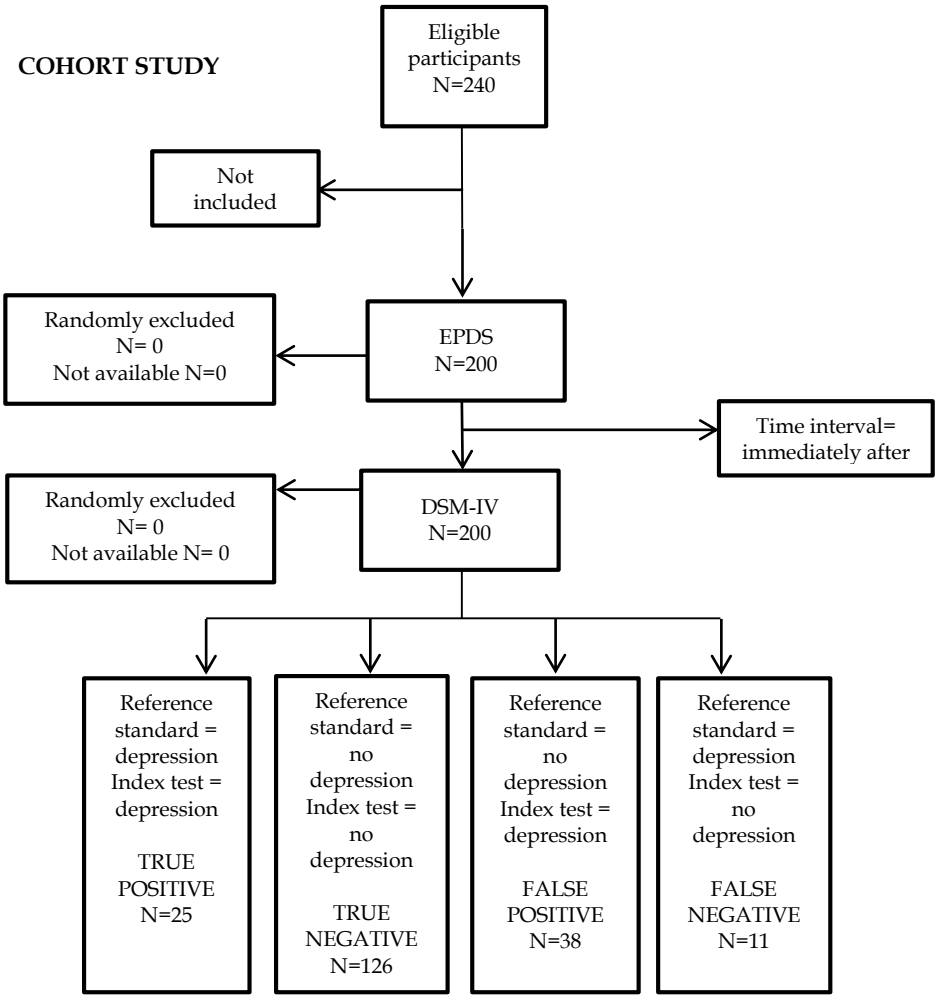
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**
DOMAIN 4: FLOW AND TIMING **A. Risk of bias**	
Describe any patients who did not receive the index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

1.1.54THIAGAYSON2013

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were high-risk pregnant women at 23 weeks or more gestation. The index test was used as a screening tool for clinical depression during pregnancy.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the EPDS, a self-administered 10-item questionnaire. The index test was administered after the reference standard.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: UNCLEAR**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the Mini International Neuropsychiatric Interview which was administered by the principal investigator who was trained in its' usage. The reference standard was administered before the index test.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes

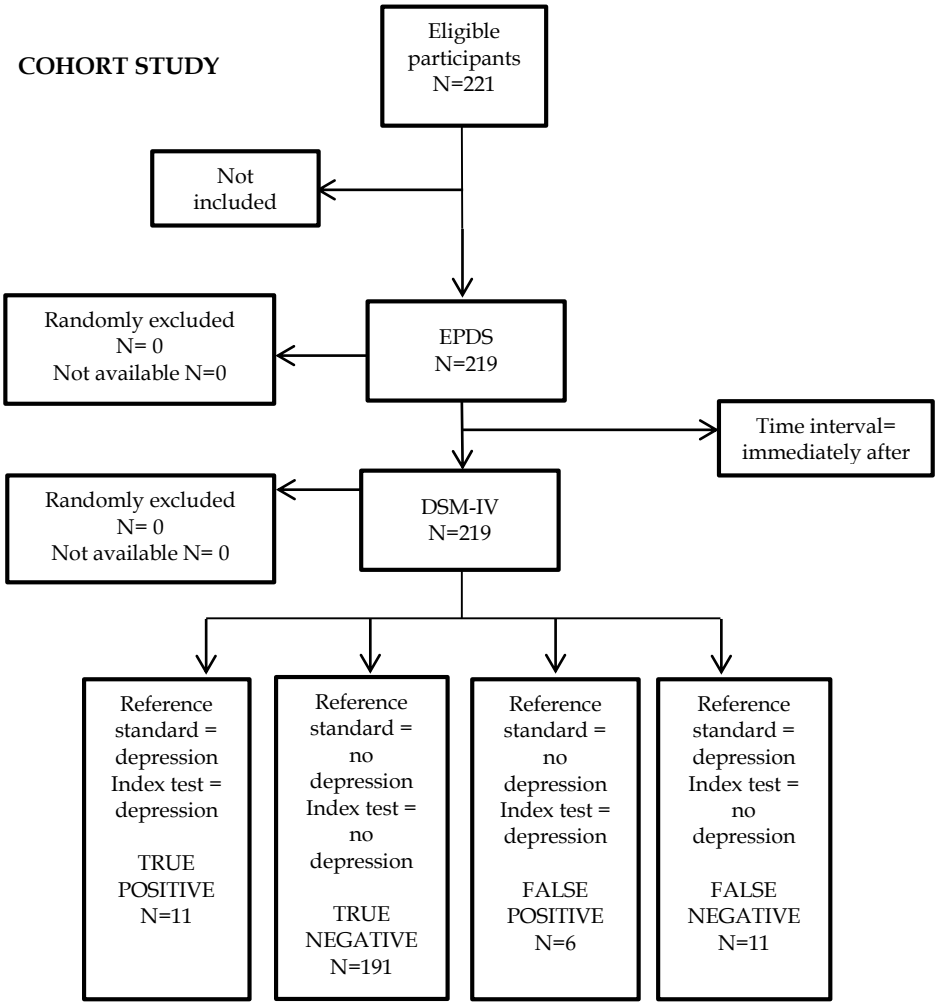
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: LOW**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

1.1.55 TOREKI2013

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants were pregnant women who attended the Department of Obstetrics and Gynaecology, University of Szeged, for a prenatal visit at roughly 12 weeks' gestation during a six month period. They all gave informed consent to participate. The sample was randomly selected from women residing within the Szeged locality. Two women were excluded because they were suffering from psychiatric conditions other than antepartum depression.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes

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

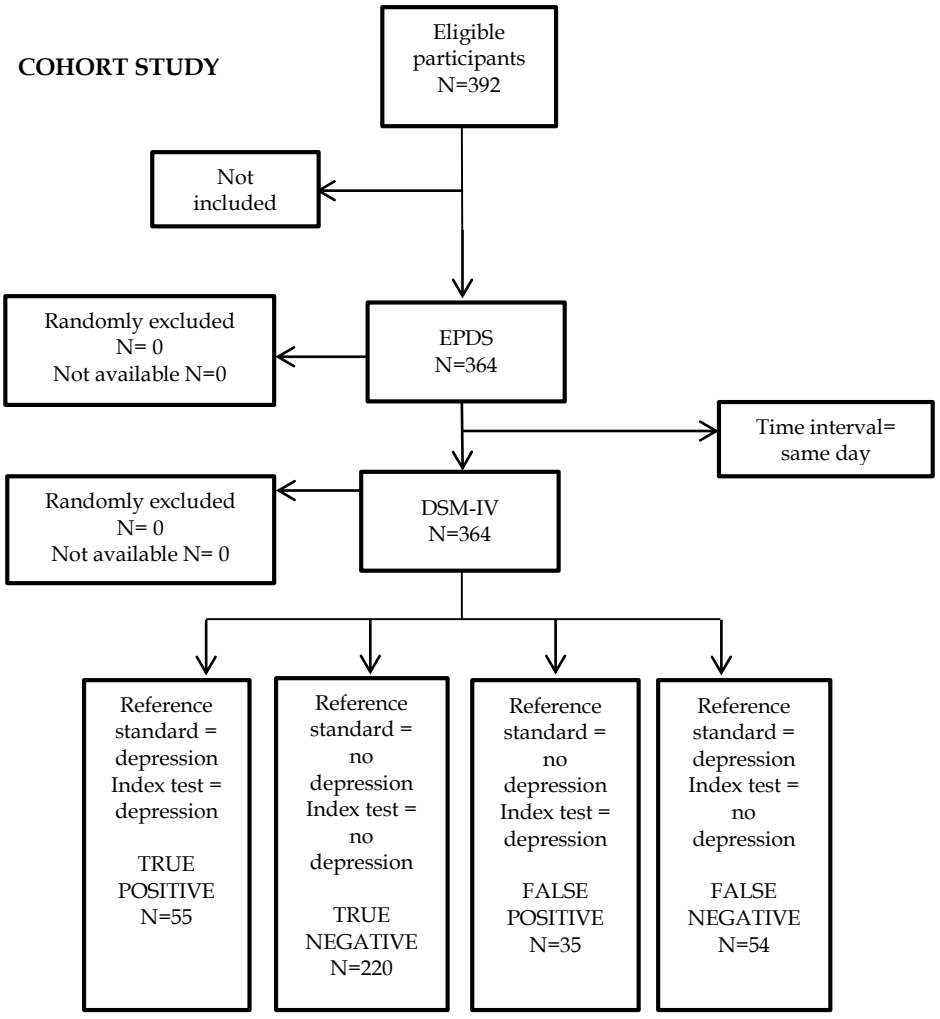
test?	
Could the reference standard, its conduct, or its interpretation have introduced bias?	**RISK: LOW**
DOMAIN 3: REFERENCE STANDARD **B. Concerns regarding applicability**	
Is there concern that the target condition as defined by the reference standard does not match the review question?	**CONCERN: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

1.1.56 TRAN2011

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants were all women who met study criteria and were registered at the participating commune health station.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes
Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were women who were at least 28 weeks pregnant or mothers of 4-6 week old babies and registered for pregnancy or new born health at the participating health centre.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the Vietnamese version of the EPDS which was delivered as an individual structured interview at the health centre or at the patients' home by a Vietnamese health research worker. The index test and the reference standard were conducted on the same day and both the psychiatrist and research workers were blinded to the data generated in each other's interviews.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	

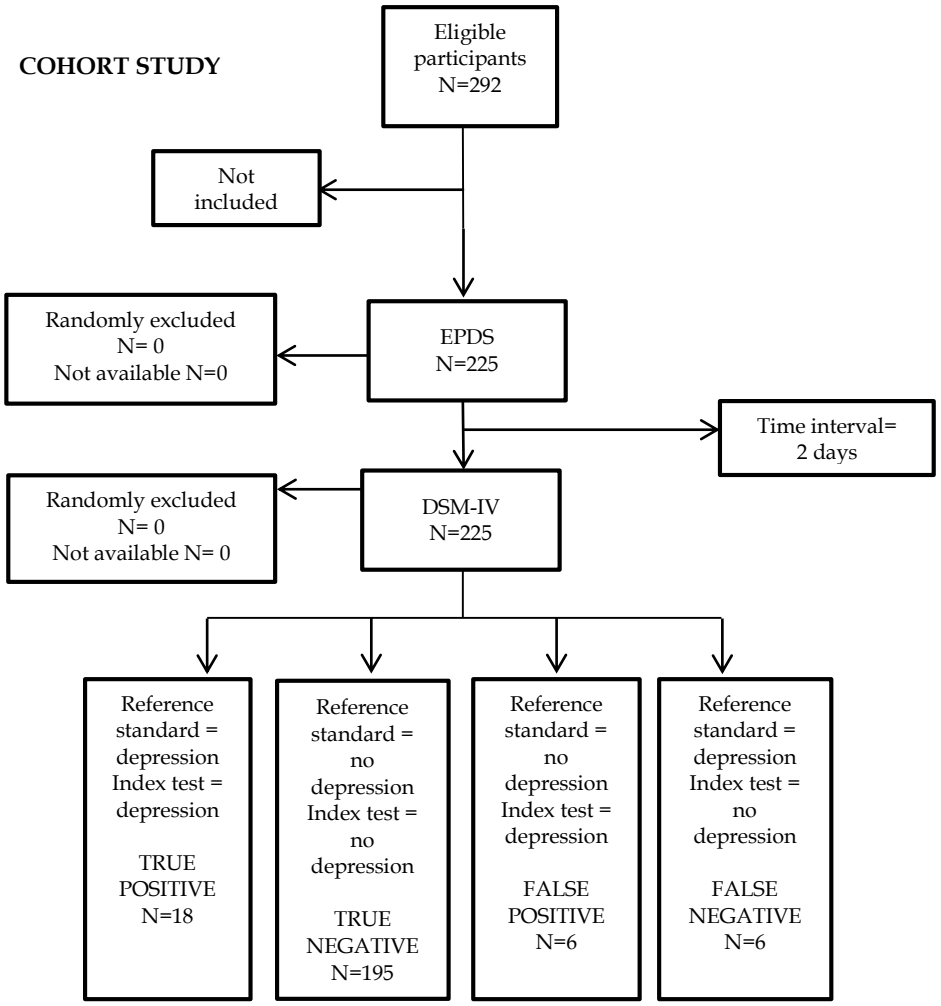
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: LOW**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the Structured Clinical Interview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

1.1.57UWAKWE2003

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

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

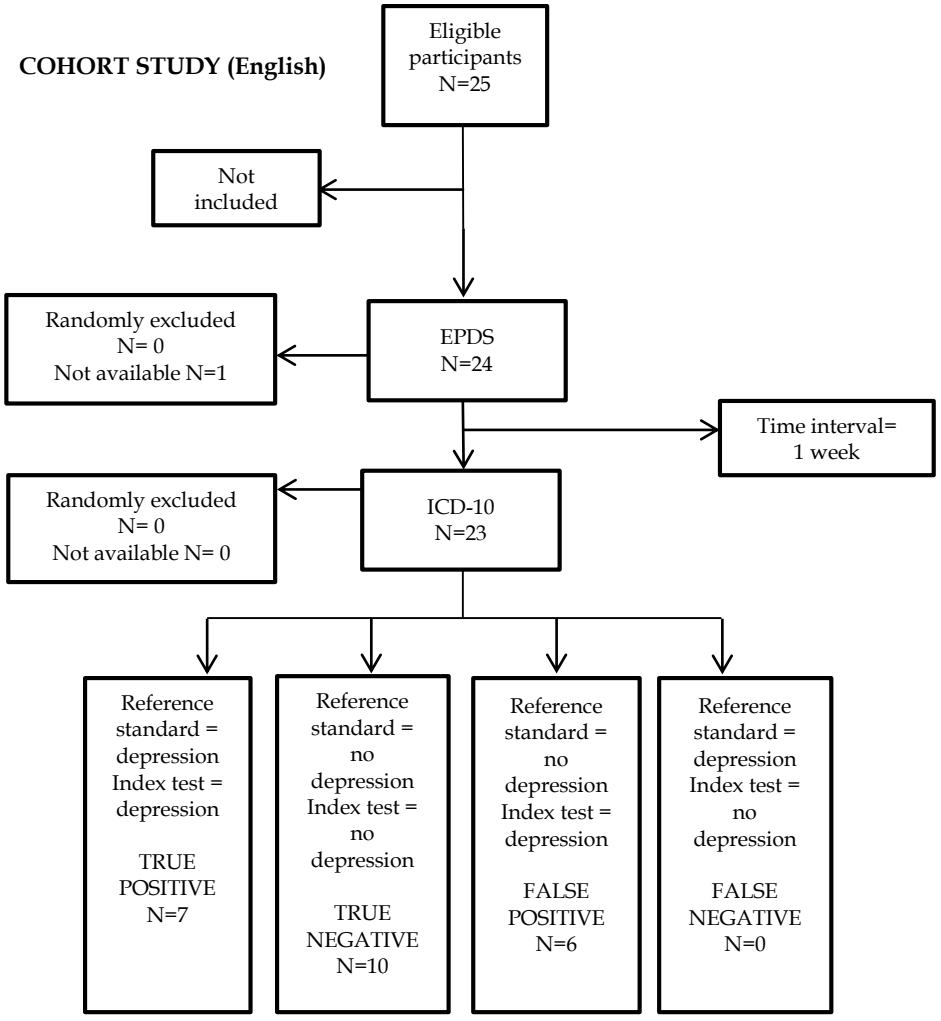
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: HIGH**

1.1.58WERRETT2006

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

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

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

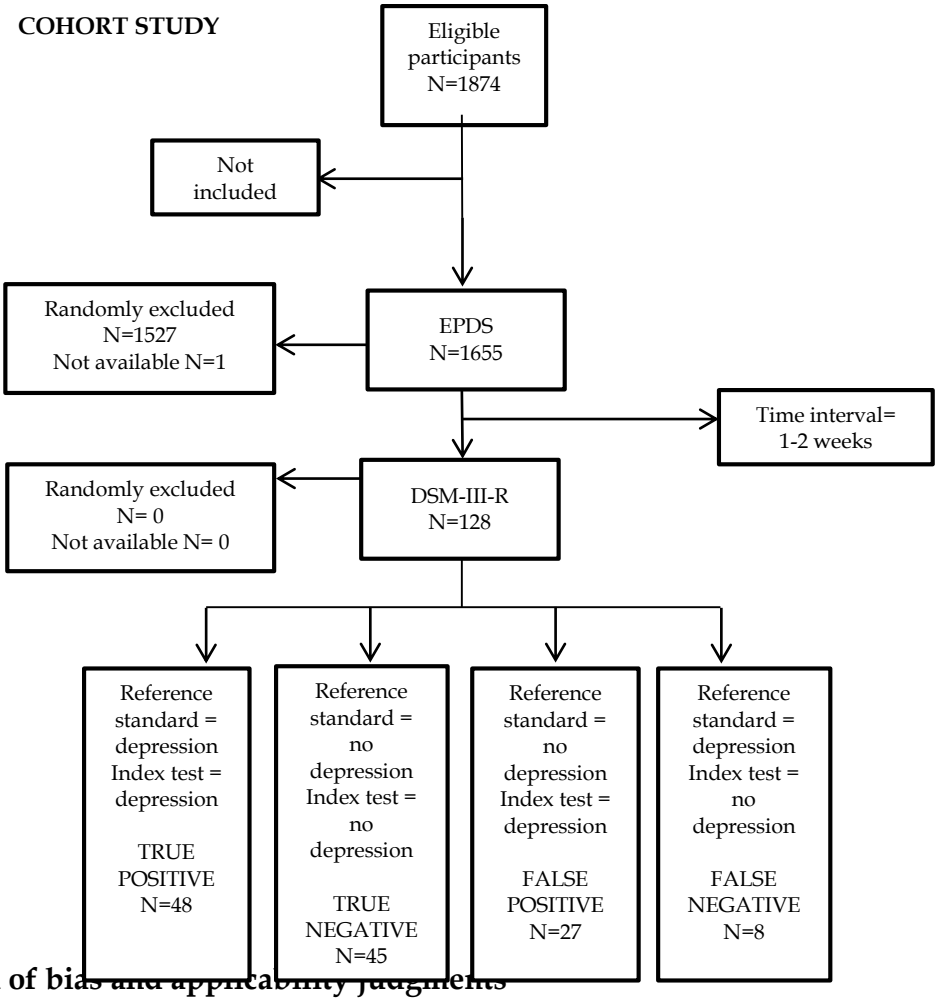
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: LOW**

1.1.59WICKBERG1996

Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants were recruited at 17 Child Health Clinics in different parts of Goteborg (the second largest city in Sweden) and Molndal (a town located in the immediate vicinity of Goteborg). All Swedish-speaking mothers (1874 subjects in total) were asked to fill in the EPDS during routine visits to the Child Health Clinic at 2 and 3 months postpartum. Women who scored above 11.5 at 2 months and/or 3 months postpartum, a random sample of 16 women scoring 10 and 11 and 21 women scoring ≤9 were included in the sample.	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	No
Did the study avoid inappropriate exclusions?	No
Could the selection of patients have introduced bias?	**RISK: HIGH**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were Swedish speaking mothers at 2 and 3 months postpartum. The index test was used as a screening tool for depression.	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the Swedish version of the EPDS, a 10-item self-report scale. The women completed the EPDS during routine check-ups at the Child Health Clinic, and were asked to fill in the scale without discussing their answers with anyone else.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S)	

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

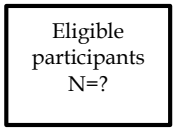
Did patients receive the same reference standard?	Yes
Were all patients included in the analysis?	No
Could the patient flow have introduced bias?	**RISK: HIGH**

1.1.60YOSHIDA2001

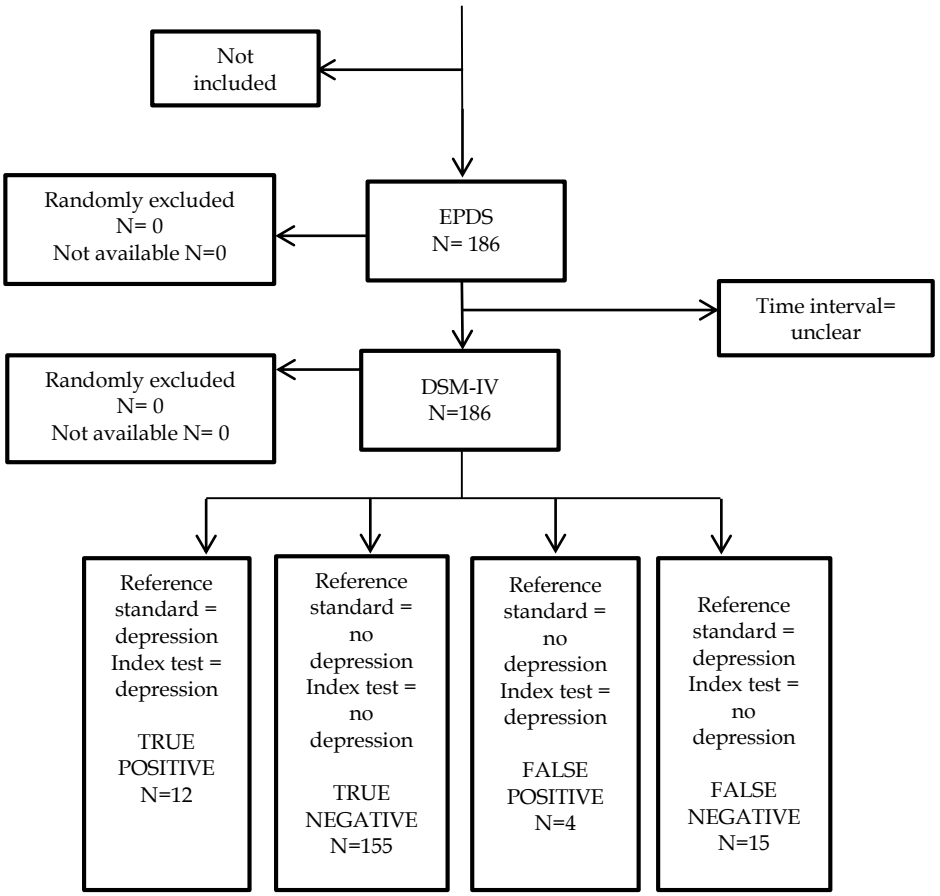
Phase 1: state the review question:

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

Phase 2: draw a flow diagram for the primary study



COHORT STUDY



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION **A. Risk of bias**	
Describe methods of patient selection: Participants The subjects consisted of two groups of Japanese women. The first group consisted of Japanese women living in England who gave birth to their babies abroad, while the second group consisted of Japanese women who gave birth to their babies in Japan. Subjects in the English group were recruited from the Japanese community, mainly in London, and most were wives of Japanese businessman working in England at the time of the study. Ninety-eight women completed the study. Subjects in the Japanese group were recruited from consecutive admissions to the perinatal maternity ward of Kyushu University Hospital. Eighty-eight women completed the study	
Was a consecutive or random sample of patients enrolled?	Yes
Was a case-control design avoided?	Yes
Did the study avoid inappropriate exclusions?	Yes

Could the selection of patients have introduced bias?	**RISK: LOW**
DOMAIN 1: PATIENT SELECTION **B. Concerns regarding applicability**	
Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were Japanese women who gave birth either in the UK or in Japan. The index test was used as a screening tool for postnatal depression	
Is there concern that the included patients do not match the review question?	**CONCERN: LOW**
DOMAIN 2: INDEX TEST(S) **If more than one index test was used, please complete for each test.** **A. Risk of bias**	
Describe the index test and how it was conducted and interpreted: The index test was the Japanese version of the EPDS, a self-report questionnaire which was completed at three month postnatally.	
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
If a threshold was used, was it pre-specified?	Yes
Could the conduct or interpretation of the index test have introduced bias?	**RISK: LOW**
DOMAIN 2: INDEX TEST(S) **B. Concerns regarding applicability**	
Is there concern that the index test, its conduct, or interpretation differ from the review question?	**CONCERN: UNCLEAR**
DOMAIN 3: REFERENCE STANDARD **A. Risk of bias**	
Describe the reference standard and how it was conducted and interpreted: The reference standard was the Research Diagnostic Criteria for depression. At 3 months postnatally, the diagnostic interview was undertaken and the EPDS was administered in both groups.	
Is the reference standard likely to correctly classify the target condition?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear

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

1.2 EXPERIENCE OF CARE

1.2.1 ANTONYSAMY2009

Bibliographic reference: Antonysamy A, Wieck A, Wittkowski A. Service satisfaction on discharge from a psychiatric mother and baby unit: a representative patient survey. Archives of Women's Mental Health. 2009;12: 359-362.		
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Experience of inpatient unit	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 **Is a qualitative approach appropriate?** *For example:* Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question?	Appropriate	Comments: the qualitative part of the study highlighted issues that were not captured by completion of the satisfaction questionnaire
1.2 **Is the study clear in what it seeks to do?** *For example:* Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed?	Clear	Comments: None
Section 2: study design		
2.1 **How defensible/rigorous is the research design/methodology?** *For example:* Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used?	Defensible	Comments: None
Section 3: data collection		
3.1 **How well was the data collection carried out?** *For example:* Are the data collection methods clearly described? Were the data collected appropriate to address the research question?	Appropriate	Comments: None
Section 4: validity		
4.1 **Is the context clearly described?** *For example:* Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)?	Clear	Comments: the investigator collecting the data (AS) was not a member of the hospital staff for the duration of the study and only attended the unit for the purpose of data

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

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

1.2.2 AYERS2006

Bibliographic reference: Ayers S, Eagle A, Waring H. The effects of childbirth-related post-traumatic stress disorder on women and their relationships: a qualitative study. Psychology, Health and Medicine. 2006;11:389-398.		
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Factors that diminish EoC	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 **Is a qualitative approach appropriate?** *For example:* Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question?	Appropriate	Comments: None
1.2 **Is the study clear in what it seeks to do?** *For example:* Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed?	Clear	Comments: None
Section 2: study design		
2.1 **How defensible/rigorous is the research design/methodology?** *For example:* Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used?	Defensible	Comments: None

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

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

1.2.3 BOATH2004

Bibliographic reference: Boath E, Bradley E, Henshaw C. Women's views of antidepressants in the treatment of postnatal depression. Journal of Psychosomatic Obstetrics and Gynecology. 2004;25:221-233.		
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Experience of antidepressants	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 **Is a qualitative approach appropriate?** *For example:* Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question?	Appropriate	Comments: None
1.2 **Is the study clear in what it seeks to do?** *For example:* Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed?	Clear	Comments: None

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

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

1.2.4 BREUSTEDT2013

Bibliographic reference: Breustedt S, Puckering C. A qualitative evaluation of women's experiences of the mellow bumps antenatal intervention. British Journal of Midwifery. 2013;21:187-194.	
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Factors that improve EoC
Checklist completed by: Odette Megnin-Viggars	
Section 1: theoretical approach	

1.1 **Is a qualitative approach appropriate?** *For example:* Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question?	Appropriate	Comments: None

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

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

1.2.5 CHEWGRAHAM2009

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

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

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

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

1.2.6 COOKE2012

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

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

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

1.2.7 DEJONGE2001

Bibliographic reference: de Jonge A. Support for teenage mothers: a qualitative study into the views of women about the support they received as teenage mothers. Journal of Advanced Nursing. 2001;36:49-57.		
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Barriers to access	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 **Is a qualitative approach appropriate?** *For example:* Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question?	Appropriate	Comments: None
1.2 **Is the study clear in what it seeks to do?** *For example:* Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the	Clear	Comments: None

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

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

1.2.8 EDGE2005/2007/2008

Bibliographic reference: Edge D, Rogers A. Dealing with it: Black Caribbean women's response to adversity and psychological distress associated with pregnancy, childbirth, and early motherhood. Social Science and Medicine. 2005;61:15-25. Edge D. Perinatal depression and Black Caribbean women: lessons for primary care. Primary Health Care. 2007;17:32-35. Edge D. 'We don't see Black women here': an exploration of the absence of Black Caribbean women from clinical and epidemiological data on perinatal depression in the UK. Midwifery. 2008;24:379-389.	
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Barriers to access
Checklist completed by: Odette Megnin-Viggars	

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

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

1.2.9 EDGE2011

Bibliographic reference: Edge D. 'It's leaflet, leaflet, leaflet then, "see you later": black Caribbean women's perceptions of perinatal mental health care. British Journal of General Practice. 2011;61:256-262.		
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Barriers to access	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 **Is a qualitative approach appropriate?** *For example:* Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question?	Appropriate	Comments: None
1.2 **Is the study clear in what it seeks to do?** *For example:* Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed?	Clear	Comments: None
Section 2: study design		
2.1 **How defensible/rigorous is the research design/methodology?** *For example:* Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used?	Defensible	Comments: None
Section 3: data collection		
3.1 **How well was the data collection carried out?** *For example:* Are the data collection methods clearly described? Were the data collected appropriate to address the research question?	Appropriate	Comments: None
Section 4: validity		
4.1 **Is the context clearly described?** *For example:* Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)?	Clear	Comments: None
4.2 **Were the methods reliable?** *For example:* Were data collected by more than one method?	Not sure	Comments: Data were collected with only one method

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

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

1.2.10 EDWARDS2005

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

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

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

1.2.11 HALL2006

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

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

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

1.2.12HANLEY2006

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

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

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

		develop between the researcher and the mother'

1.2.13 HERON2012

Bibliographic reference: Heron J, Gilbert N, Dolman C, Shah S, Beare I, Dearden S, et al. Information and support needs during recovery from postpartum psychosis. Archives of Women's Mental Health. 2012;15:155-165.		
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Experience of inpatient unit	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 **Is a qualitative approach appropriate?** *For example:* Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question?	Appropriate	Comments: None
1.2 **Is the study clear in what it seeks to do?** *For example:* Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed?	Clear	Comments: None
Section 2: study design		
2.1 **How defensible/rigorous is the research design/methodology?** *For example:* Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used?	Defensible	Comments: None
Section 3: data collection		
3.1 **How well was the data collection carried out?** *For example:* Are the data collection methods clearly described? Were the data collected appropriate to address the research question?	Appropriate	Comments: None
Section 4: validity		
4.1 **Is the context clearly described?** *For example:* Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study	Unclear	Comments: Setting not reported

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

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

1.2.14 HUNT2009

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

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

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

1.2.15 MAPP2005A/2005B

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

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

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

1.2.16MCCREIGHT2008

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

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

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

1.2.17MCGRATH2013

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

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

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

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

1.2.18 NICHOLLS2007

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

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

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

1.2.19PARVIN2004

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

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

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

1.2.20PATEL2013

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

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

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

1.2.21 RAYMOND2009

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

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

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

1.2.22 ROBERTSON2003

Bibliographic reference: Robertson E, Lyons A. Living with puerperal psychosis: a qualitative analysis. Psychology and Psychotherapy. 2003;76:411–431.	
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Factors that diminish EoC
Checklist completed by: Odette Megnin-Viggars	
Section 1: theoretical approach	

1.1 **Is a qualitative approach appropriate?** *For example:* Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question?	Appropriate	Comments: None
1.2 **Is the study clear in what it seeks to do?** *For example:* Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the	Clear	Comments: None

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

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

1.2.23RYNINKS2014

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

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

transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data?		by two senior members of the research team
5.3 **Are the findings convincing?** *For example:* Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent?	Convincing	Comments: None
5.4 **Are the conclusions adequate?** *For example:* How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered?	Adequate	Comments: None
Section 6: ethics		
6.1 **Was the study approved by an ethics committee?**	Yes	Comments: Oxfordshire research ethics committee B (study number: 06/Q/605/15) and site specific approval for eight other sites (Northampton, Swindon, Reading, High Wycombe, Bristol, Milton Keynes, Warwick, and Aylesbury)
6.2 **Is the role of the researcher clearly described?** *For example:* Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described?	Not sure/not reported	Comments: Not reported

1.2.24 SHAKESPEARE2003

Bibliographic reference: Shakespeare J, Blake F, Garcia J. A qualitative study of the acceptability of routine screening of postnatal women using the Edinburgh Postnatal Depression Scale. British Journal of General Practice. 2003;53:614-619.		
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Experience of routine screening with EPDS	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 **Is a qualitative approach appropriate?** *For example:* Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question?	Appropriate	Comments: None
1.2 **Is the study clear in what it seeks to do?** *For example:* Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed?	Clear	Comments: None
Section 2: study design		
2.1 **How defensible/rigorous is the research design/methodology?** *For example:* Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used?	Defensible	Comments: None
Section 3: data collection		
3.1 **How well was the data collection carried out?** *For example:* Are the data collection methods clearly described? Were the data collected appropriate to address the research question?	Appropriate	Comments: None
Section 4: validity		
4.1 **Is the context clearly described?** *For example:* Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)?	Clear	Comments: None
4.2 **Were the methods reliable?** *For example:*	Not sure	Comments: Data were collected with only one

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

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

1.2.25 SHAKESPEARE2006

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

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

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

1.2.26 SIMMONS2006

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

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

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

1.2.27 SLADE2010

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

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

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

1.2.28 SMITH2007

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

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

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

1.2.29 SNOWDON2012

Bibliographic reference: Snowdon C, Elbourne D, Forsey M, Alfirevic Z. Information-hungry and disempowered: a qualitative study of women and their partners' experiences of severe postpartum haemorrhage. Midwifery. 2012;28:791–799.	
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Experience of traumatic birth
Checklist completed by: Odette Megnin-Viggars	

Section 1: theoretical approach		
1.1 **Is a qualitative approach appropriate?** *For example:* Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences	Appropriate	Comments: None

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

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

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

1.2.30 STANLEY2006

Bibliographic reference: Stanley N, Borthwick R, Macleod A. Antenatal depression: mothers' awareness and professional responses. Primary Health Care Research and Development. 2006;7:257-268.		
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Barriers to access	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 **Is a qualitative approach appropriate?** *For example:* Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question?	Appropriate	Comments: None
1.2 **Is the study clear in what it seeks to do?** *For example:* Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed?	Clear	Comments: None
Section 2: study design		
2.1 **How defensible/rigorous is the research design/methodology?** *For example:* Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used?	Defensible	Comments: None
Section 3: data collection		
3.1 **How well was the data collection carried out?** *For example:* Are the data collection methods clearly described?	Appropriate	Comments: None

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

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

1.2.31 STAPLETON2008

Bibliographic reference: Stapleton H, Fielder A, Kirkham M. Breast or bottle? Eating disordered childbearing women and infant-feeding decisions. Maternal and Child Nutrition. 2008;4:106-120.		
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Factors that diminish EoC	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 **Is a qualitative approach appropriate?** *For example:* Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question?	Appropriate	Comments: None
1.2 **Is the study clear in what it seeks to do?** *For example:* Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the	Clear	Comments: None

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

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

1.2.32 TEMPLETON2003

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

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

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

1.2.33THOMSON2008

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

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

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

1.2.34 THOMSON2013

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

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

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

1.2.35 THURTLE2003

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

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

participants described?		her own bias and subjectivity'

1.2.36 TSARTSARA2002

Bibliographic reference: Tsartsara E, Johnson MP Women's experience of care at a specialised miscarriage unit: an interpretive phenomenological study. Clinical Effectiveness in Nursing. 2002;6:55–65.		
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Experience of post-miscarriage information and support	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 **Is a qualitative approach appropriate?** *For example:* Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question?	Appropriate	Comments: None
1.2 **Is the study clear in what it seeks to do?** *For example:* Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed?	Clear	Comments: None
Section 2: study design		
2.1 **How defensible/rigorous is the research design/methodology?** *For example:* Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used?	Defensible	Comments: None
Section 3: data collection		
3.1 **How well was the data collection carried out?** *For example:* Are the data collection methods clearly described? Were the data collected appropriate to address the research question?	Appropriate	Comments: None
Section 4: validity		
4.1 **Is the context clearly described?** *For example:* Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study	Unclear	Comments: Description of participant characteristics is very limited

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

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

1.2.37 TURNER2008

Bibliographic reference: Turner KM, Sharp D, Folkes L, Chew-Graham C. Women's views and experiences of antidepressants as a treatment for postnatal depression: a qualitative study. Family Practice. 2008;25:450-455.		
Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance	Key research question/aim: Experience of antidepressants	
Checklist completed by: Odette Megnin-Viggars		
Section 1: theoretical approach		
1.1 **Is a qualitative approach appropriate?** *For example:* Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question?	Appropriate	Comments: None
1.2 **Is the study clear in what it seeks to do?** *For example:* Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed?	Clear	Comments: None
Section 2: study design		
2.1 **How defensible/rigorous is the research design/methodology?** *For example:* Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used?	Defensible	Comments: None
Section 3: data collection		
3.1 **How well was the data collection carried out?** *For example:* Are the data collection methods clearly described? Were the data collected appropriate to address the research question?	Appropriate	Comments: None

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

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

1.2.38 TURNER2010

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

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

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

1.2.39WITTKOWSKI2011

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

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

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

1.3 PSYCHOSOCIAL INTERVENTIONS: PREVENTION (RISK FACTORS IDENTIFIED)

1.3.1 ARACENA2009

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

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

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

1.3.2 BARLOW2007

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 3	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 4; Control group N: 5	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.3 BARNET2007

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 13; Control group N: 8	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 13; Control group N: 8	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.4 BRUGHA2000

Study ID		BRUGHA2000
Bibliographic reference: Brugha TS, Wheatley S, Taub NA, Culverwell A, Friedman T, Kirwan P, et al. Pragmatic randomised trial of antenatal intervention to prevent post-natal depression by reducing psychosocial risk factors. Psychological Medicine. 2000;30:1273-1281.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer stratified randomisation by social support levels, GHQ-D score and ethnicity)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (the allocation code was not broken until completion of the fieldwork and primary analyses)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 9; Control group N: 10	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 9; Control group N: 10	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes (NB: 50% of intervention group attended insufficient intervention sessions but their data included in analysis and as this would lead to a conservative estimate of effect the study was not downgraded on this basis)

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

1.3.5 COOPER2009

Study ID		COOPER2009
Bibliographic reference: Cooper PJ, Tomlinson M, Swartz L, Landman M, Molteno C, Stein A, et al. Improving quality of mother-infant relationship and infant attachment in socioeconomically deprived community in South Africa: randomised controlled trial. BMJ. 2009;338:b974.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (minimisation)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (centralised allocation)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 50; Control group N: 45	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 50; Control group N: 45	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.6 EASTERBROOKS2013

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

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

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

1.3.7 GORMAN1997/DENNIS2013

Study ID		GORMAN1997/DENNIS2013
Bibliographic reference: Gorman L. Prevention of postpartum difficulties in a high risk sample [dissertation]. Iowa City (IA): University of Iowa; 1997. Dennis CL, Dowswell T. Psychosocial and psychological interventions for preventing postpartum depression. Cochrane Database of Systematic Reviews. 2013;2:CD001134.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (random number table with blocking)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Low (centralised allocation)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 4; Control group N: 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.8 HARRIS2006/DENNIS2013

Study ID		HARRIS2006/DENNIS2013
Bibliographic reference: Harris T, Brown GW, Hamilton V, Hodson S, Craig TKJ. The Newpin antenatal and postnatal project: a randomised controlled trial of an intervention for perinatal depression. HSR Open Day; 6 July 2006; Institute of Psychiatry, Kings College London. Dennis CL, Dowswell T. Psychosocial and psychological interventions for preventing postpartum depression. Cochrane Database of Systematic Reviews. 2013;2:CD001134.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (mechanical)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed opaque envelopes and centralised allocation)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum)
C3	For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum)

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias		
Likely direction of effect: Unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No (outcome measure was assessed through face-to-face interviews and researchers state that 'interviewers rarely remained unblinded')
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	No (outcome measure was assessed through face-to-face interviews and researchers state that 'interviewers rarely remained unblinded')
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

1.3.9 HOWELL2012

Study ID		HOWELL2012
Bibliographic reference: Howell EA, Balbierz A, Wang J, Parides M, Zlotnick C, Leventhal H. Reducing postpartum depressive symptoms among black and latina mothers: a randomised controlled trial. Obstetrics and Gynecology. 2012;119:942-949.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computerised)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (paper reports that 'The research clinical coordinators were blinded to study arm assignment).
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 20; Control group N: 19	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 42; Control group N: 30	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.10KERSTING2013

Study ID		KERSTING2013
Bibliographic reference: Kersting A, Dölemeyer R, Steinig J, Walter F, Kroker K, Baust K, et al. Brief internet-based intervention reduces posttraumatic stress and prolonged grief in parents after the loss of a child during pregnancy: a randomised controlled trial. Psychotherapy and Psychosomatics. 2013;82:372–381.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (online)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (statistically significant difference in baseline intrusion subscale of the IES-R [19.2 in control group and 17.4 in intervention group])
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 16; Control group N: 13	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 16; Control group N: 13	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.11 KIEFFER2013

Study ID		KIEFFER2013
Bibliographic reference: Kieffer EC, Caldwell CH, Welmerink DB, Welch KB, Sinco BR, Guzmán JR. Effect of the healthy MOMs lifestyle intervention on reducing depressive symptoms among pregnant Latinas. American Journal of Community Psychology. 2013;51:76-89.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method was unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed envelope)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (statistically significant group difference at baseline with a larger proportion of women in the intervention group who did not speak any English)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 14; Control group N: 7	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 24; Control group N: 37	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.12MEIJSSEN2010A/2010B/2011

Study ID		MEIJSSEN2010A/2010B/2011
Bibliographic reference: Meijssen D, Wolf M-J, Koldewijn K, Houtzager BA, van Wassenaer A, Tronick E, et al. The effect of the infant behavioral assessment and intervention program on mother-infant interaction after very preterm birth. Journal of Child Psychology and Psychiatry. 2010a;51:1287-1295. Meijssen DE, Wolf MJ, Koldewijn K, van Wassenaer AG, Kok JH, van Baar AL. Parenting stress in mothers after very preterm birth and the effect of the infant behavioural assessment and intervention program. Child: Care, Health and Development. 2010b;37:195-202. Meijssen D, Wolf M-J, Koldewijn K, van Baar A, Kok J. Maternal psychological distress in the first two years after very preterm birth and early intervention. Early Child Development and Care. 2011;181:1-11.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer generated randomly assigned and stratified for gestational age [<30 and 30 weeks] and recruitment site)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 15; Control group N: 24	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 15; Control group N: 24	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.3.13MELNYK2006

Study ID		MELNYK2006
Bibliographic reference: Melnyk BM, Feinstein NF, Alpert-Gillis L, Fairbanks E, Crean HF, Sinkin RA, et al. Reducing premature infants' length of stay and improving parents' mental health outcomes with the Creating Opportunities for Parent Empowerment (COPE) neonatal intensive care unit program: a randomised, controlled trial. Pediatrics. 2006;118:e1414-e1427.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear, only detail reported is 'The random assignment was made by 4-week blocks of time')
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed opaque envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 5	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 9; Control group N: 4	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.14 MEYER1994

Study ID		MEYER1994
Bibliographic reference: Meyer EC, Coll CTG, Lester BM, Boukydis CFZ, McDonough SM, et al. Family-based intervention improves maternal psychological well-being and feeding interaction of preterm infants. Pediatrics. 1994;93:241-246.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail is reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (statistically significant baseline difference in maternal age [29.7 in intervention group and 25.9 in control group])
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.15 NEWNHAM2009

Study ID		NEWNHAM2009
Bibliographic reference: Newnham CA, Milgrom J, Skouteris H. Effectiveness of a modified mother-infant transaction program on outcomes for preterm infants from 3 to 24 months of age. Infant Behavior and Development. 2009;32:17-26.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (coin toss)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail is reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 3; Control group N: 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.16 PHIPPS2013

Study ID		PHIPPS2013
Bibliographic reference: Phipps MG, Raker CA, Ware CF, Zlotnick C. Randomized controlled trial to prevent postpartum depression in adolescent mothers. American Journal of Obstetrics and Gynecology. 2013;208: 192.e1-6.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (stratified [by history of depression] block randomization with varying block lengths)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed opaque envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 6; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.17RAVN2012

Study ID		RAVN2012
Bibliographic reference: Ravn IH, Smith L, Smeby NA, Kynoe NM, Sandvik L, Bunch EH, et al. Effects of early mother-infant intervention on outcomes in mothers and moderately and late preterm infants at age 1 year: a randomised controlled trial. Infant Behavior and Development. 2012;35:36-47.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (simple randomization using computer generated random numbers)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (statistically significant baseline difference with the intervention group having more mothers with earlier preterm birth and non-Norwegian origin)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 12; Control group N: 7	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.18 SEN2006/DENNIS2013

Study ID		SEN2006/DENNIS2013
Bibliographic reference: Sen DM. A randomised controlled trial of midwife-led twin antenatal program – The Newcastle twin study [thesis]. Newcastle-upon-Tyne: University of Newcastle; 2006. Dennis CL, Dowswell T. Psychosocial and psychological interventions for preventing postpartum depression. Cochrane Database of Systematic Reviews. 2013;2:CD001134.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (on-line web-based electronic randomisation procedure)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (participant pressed the randomisation button to obtain group allocation)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 11; Control group N: 17	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 11; Control group N: 17	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.19 SMALL2000 /2006

Study ID		SMALL2000 /2006
Bibliographic reference: Small R, Lumley J, Donohue L, Potter A, Waldenström U. Randomised controlled trial of midwife led debriefing to reduce maternal depression after operative childbirth. BMJ. 2000;321:1043-1047. Small R, Lumley J, Toomey L. Midwife-led debriefing after operative birth: four to six year follow-up of a randomised trial. BMC Medicine. 2006;4:3.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (telephone randomisation using computer generated, adaptive biased coin schedules)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (centralised allocation)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 53; Control group N: 71	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 53; Control group N: 71	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.20 SPITTLE2010/2009/SPENCERSMITH2012

Study ID		SPITTLE2010/2009/SPENCERSMITH2012
Bibliographic reference: Spittle AJ, Anderson PJ, Lee KJ, Ferretti C, Eeles A, Orton J, et al. Preventative care at home for very preterm infants improves infant and caregiver outcomes at 2 years. Pediatrics. 2010;126:e171-e178. Spittle AJ, Ferretti C, Anderson PJ, Orton J, Eeles A, Bates L, et al. Improving the outcome of infants born at <30 weeks' gestation – a randomised controlled trial of preventative care at home. BMC Pediatrics. 2009;9:73. Spencer-Smith MM, Spittle AJ, Doyle LW, Lee KJ, Lorefice L, Suetin A, et al. Long-term benefits of home-based preventive care for preterm infants: a randomised trial. Pediatrics. 2012;130: 1094-1101.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computed-generated stratified allocation)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (opaque envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (baseline difference between groups with twice the number of participants showing depression symptomatology [EPDS=>13] in the control group [N=10/17%] relative to the intervention group [N=5/8%])
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 1; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 3; Control group N: 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.21 STAMP1995

Study ID		STAMP1995
Bibliographic reference: Stamp GE, Williams AS, Crowther CA. Evaluation of antenatal and postnatal support to overcome postnatal depression: a randomised, controlled trial. Birth. 1995;22:138-143.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (variable balanced blocks were used with stratification by parity)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (centralised allocation)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 9; Control group N: 7	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 9; Control group N: 7	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.3.22WEBSTER2003

Study ID		WEBSTER2003
Bibliographic reference: Webster J, Linnane J, Roberts J, Starrenburg S, Hinson J, Dibley L. IDentify, Educate and Alert (IDEA) trial: an intervention to reduce postnatal depression. BJOG. 2003;110:842-846.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer-generated random number schedule)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (opaque sequentially numbered envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (statistically significant group difference at baseline [control group younger than intervention group])
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 107; Control group N: 122	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 107; Control group N: 122	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.4 PSYCHOSOCIAL INTERVENTIONS: PROTOCOLS FOR WOMEN FOLLOWING STILLBIRTH

1.4.1 CACCIATORE2008

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

under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important	N/A

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

1.4.2 GRAVENSTEEN2013

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

B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between	N/A

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

1.4.3 HUGHES2002/TURTON2009

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

under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N/A	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? N/A	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important	N/A

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

1.4.4 RADESTAD2009/SURKAN2008

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

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

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

1.5 PSYCHOSOCIAL INTERVENTIONS: PREVENTION (NO RISK FACTORS IDENTIFIED)

1.5.1 HOWELL2014

Study ID		HOWELL2014
Bibliographic reference: Howell EA, Bodnar-Derens, Balbierz A, Loudon H, Mora PA, Zlotnick C, et al. An intervention to reduce postpartum depressive symptoms: a randomised controlled trial. Archives of Womens Mental Health. 2014;17:57-63.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer randomised list)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 29; Control group N: 18	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 21; Control group N: 19	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.5.2 KALINAUSKIENE2009

Study ID		KALINAUSKIENE2009
Bibliographic reference: Kalinauskiene L, Cekuoliene D, Van Ijzendoorn MH, Bakermans-Kranenburg MJ, Juffer F, Kusakovskaja I. Supporting insensitive mothers: the Vilnius randomised control trial of video-feedback intervention to promote maternal sensitivity and infant attachment security. Child: care, health and development. 2009;35:613–623.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method was unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.5.3 LAVENDER1998

Study ID		LAVENDER1998
Bibliographic reference: Lavender T, Walkinshaw SA. Can midwives reduce postpartum psychological morbidity? A randomised trial. Birth. 1998;25:215-219.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (single random sampling using computer-generated numbers)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (consecutively numbered sealed opaque envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: Not reported; Control group N: Not reported N=6 dropped out but group assignment not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: Not reported; Control group N: Not reported N=6 dropped out but group assignment not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.5.4 MORRELL2000

Study ID		MORRELL2000
Bibliographic reference: Morrell CJ, Spiby H, Stewart P, Walters S, Morgan A. Costs and effectiveness of community postnatal support workers: randomised controlled trial. BMJ. 2000;321:593-598.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (random digit tables)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sequentially numbered opaque envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (statistically significant baseline group differences for incidence of twins, use of TENS during labour, and adults living with the mother)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 29; Control group N: 43	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 29; Control group N: 43	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.5.5 MORRELL2009A/2009B/2011/BRUGHA2011

Study ID		MORRELL2009A/2009B/2011/BRUGHA2011
Bibliographic reference: Morrell CJ, Warner R, Slade P, Dixon S, Walters S, Paley G, et al. Psychological interventions for postnatal depression: cluster randomised trial and economic evaluation. The PoNDER trial. Health Technology Assessment. 2009a;13:No. 30. Morrell CJ, Slade P, Warner R, Paley G, Dixon S, Walters SJ, et al. Clinical effectiveness of health visitor training in psychologically informed approaches for depression in postnatal women: pragmatic cluster randomised trial in primary care. BMJ. 2009b;338:a3045. Morrell CJ, Ricketts T, Tudor K, Williams C, Curran J, Barkham M. Training health visitors in cognitive behavioural and person-centred approaches for depression in postnatal women as part of a cluster randomised trial and economic evaluation in primary care: the PoNDER trial. Primary Health Care Research and Development. 2011;12:11-20. Brugha TS, Morrell CJ, Slade P, Walters SJ. Universal prevention of depression in women postnatally: cluster randomised trial evidence in primary care. Psychological Medicine. 2011;41:739-748.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer randomisation programme)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sequence was concealed to clusters)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 397; Control group N: 177	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 397; Control group N: 177	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.5.6 PEREZBLASCO2013

Study ID		PEREZBLASCO2013
Bibliographic reference: Perez-Blasco J, Viguer P, Rodrigo MF. Effects of a mindfulness-based intervention on psychological distress, well-being, and maternal self-efficacy in breast-feeding mothers: results of a pilot study. Archives of Womens Mental Health. 2013;16:227–236.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomization method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail is reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 5; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.5.7 TSENG2010

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: Not reported; Control group N: Not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: Not reported; Control group N: Not reported N=13 had incomplete outcome data but group assignment not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6 PSYCHOSOCIAL INTERVENTIONS: TREATMENT

1.6.1 AMMERMAN2013A/2013B

Study ID		AMMERMAN2013A/2013B
Bibliographic reference: Ammerman RT, Putnam FW, Altaye M, Stevens J, Teeters AR, Van Ginkel JB. A clinical trial of in-home CBT for depressed mothers in home visitation. Behaviour Therapy. 2013a; 44:359-72. Ammerman RT, Putnam FW, Altaye M, Teeters AR, Stevens J, Van Ginkel JB. Treatment of depressed mothers in home visiting: impact on psychological distress and social functioning. Child Abuse and Neglect. 2013b;37:544-554.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomization was stratified by race and home visiting model, no further detail reported)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (assignments were placed in separate envelopes that were opened sequentially)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 4; Control group N: 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.2 ARMSTRONG1999 /ARMSTRONG2000/FRASER2000

Study ID		ARMSTRONG1999 /ARMSTRONG2000/FRASER2000
Bibliographic reference: Armstrong KL, Fraser JA, Dadds MR, Morris J. A randomised, controlled trial of nurse home visiting to vulnerable families with newborns. Journal of Paediatric Child Health. 1999;35:237-244. Armstrong KL, Fraser JA, Dadds MR, Morris J. Promoting secure attachment, maternal mood and child health in a vulnerable population: a randomised controlled trial. Journal of Paediatric Child Health. 2000;36:555-562. Fraser JA, Armstrong KL, Morris JP, Dadds MR. Home visiting intervention for vulnerable families with newborns: follow-up results of a randomised controlled trial. Child Abuse & Neglect. 2000;24:1399-1429.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer-generated random number tables)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (centralised allocation)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (statistically significant baseline group differences in: parity [54% of intervention group primiparous versus 33% of control]; identification as indigenous Australian [9% of intervention versus 2% of control]; mental illness of partner [3% of intervention versus 14% of control]; history of postnatal depression [11% of intervention versus 28% of control]; physical domestic abuse [2% of intervention versus 10% of control]; potential for child abuse [mean CAPI score in intervention was 123 versus 159 in control, and elevated CAPI score for 12% of intervention group versus 30% of control group])

Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 22; Control group N: 21	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes

C3	For how many participants in each group were no outcome data available? Experimental group N: 22; Control group N: 21	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Different for different outcomes: No for study-specific health questionnaire
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Different for different outcomes: Yes (self-report) for EPDS, PSI, CAPI, study-specific child health questionnaire; Unclear for HOME (identity and blinding of outcome assessor not reported)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Different for different outcomes: Yes (self-report) for EPDS, PSI, CAPI, study-specific child health questionnaire; Unclear for HOME (identity and blinding of outcome assessor not reported)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Different for different outcomes: Unclear/unknown risk for HOME; Low risk for EPDS, PSI, CAPI, study-specific child health questionnaire		
Likely direction of effect: Where risk unclear/unknown, direction unknown		

1.6.3 ARMSTRONG2003

Study ID		ARMSTRONG2003
Bibliographic reference: Armstrong K, Edwards H. The effects of exercise and social support on mothers reporting depressive symptoms: a pilot randomised controlled trial. International Journal of Mental Health Nursing. 2003;12:130-138.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (procedure of randomization required the participant to choose a sealed envelope)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed envelope)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.4 ARMSTRONG2004

Study ID		ARMSTRONG2004
Bibliographic reference: Armstrong K, Edwards H. The effectiveness of a pram-walking exercise programme in reducing depressive symptomatology for postnatal women. International Journal of Nursing Practice. 2004; 10:177-194.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (four-block randomised sequence)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed sequential envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 3; Control group N: 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.5 AUSTIN2008

Study ID		AUSTIN2008
Bibliographic reference: Austin M-P, Frilingos M, Lumley J, Hadzi-Pavlovic D, Roncolato W, Acland S, et al. Brief antenatal cognitive behaviour therapy group intervention for the prevention of postnatal depression and anxiety: a randomised controlled trial. Journal of Affective Disorders. 2008;105:35-44.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (randomization table, randomised on a 2:1 basis to allow for more drop outs from the intervention group)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (higher baseline mean EPDS in experimental group [8.16] than control group [6.88])
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 61; Control group N: 23	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 61; Control group N: 23	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.6 BERNARD2011

Study ID		BERNARD2011
Bibliographic reference: Bernard RS, Williams SE, Storfer-Isser A, Rhine W, Horwitz SM, Koopman C, et al. Brief cognitive-behavioral intervention for maternal depression and trauma in the neonatal intensive care unit: a pilot study. Journal of Traumatic Stress. 2011;24:230-234.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (Efron's [1991] biased coin randomization procedure)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 6; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 6; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.7 BILSZTA2012

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group N: 6	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 5; Control group N: 6	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.8 BURNS2013/PEARSON2013

Study ID		BURNS2013/PEARSON2013
Bibliographic reference: Burns A, O'Mahen H, Baxter H, Bennert K, Wiles N, Ramchandani P. A pilot randomised controlled trial of cognitivebehavioural therapy for antenatal depression. BMC Psychiatry. 2013;13:33. Pearson RM, O'Mahen H, Burns A, Bennert K, Shepherd C, Baxter H, et al. The normalisation of disrupted attentional processing of infant distress in depressed pregnant women following cognitive behavioural therapy. Journal of Affective Disorders. 2013;145:208-213.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer generated code and minimisation was used to balance for age [< or => 18], depression severity [mild, moderate or severe], current symptom duration [< or => 3 months] and history of depression)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (central randomisation service that was accessed via the internet)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (baseline group differences in ethnicity [72% white in intervention group and 94% in control group], married/living as married [72% in intervention group and 56% in control group], house ownership status [11% owner in intervention group and 44% on control group], and history of antidepressant use [56% ever used antidepressants before in the intervention group and 83% in the control group])
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 5	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 5	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.9 CHEN2000

Study ID		CHEN2000
Bibliographic reference: Chen C-H, Tseng Y-F, Chou F-H, Wang S-Y. Effects of support group intervention in postnatally distressed women. A controlled study in Taiwan. Journal of Psychosomatic Research. 2000;49:395-399.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 4; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.10 CHO2008

Study ID		CHO2008
Bibliographic reference: Cho HJ, Kwon JH, Lee JJ. Antenatal cognitive-behavioral therapy for prevention of postpartum depression: a pilot study. Yonsei Medical Journal. 2008;49:553-562.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (statistically significant baseline group differences in negative thoughts [higher mean score in experimental group])
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 3	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 3	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.11 COOPER2003/MURRAY2003

Study ID		COOPER2003/MURRAY2003
Bibliographic reference: Cooper PJ, Murray L, Wilson A, Romaniuk H. Controlled trial of the short- and long-term effect of psychological treatment of post-partum depression. I. Impact on maternal mood. British Journal of Psychiatry. 2003;182:412-419. Murray L, Cooper PJ, Wilson A, Romaniuk H. Controlled trial of the short- and long-term effect of psychological treatment of post-partum depression. 2. Impact on the mother-child relationship and child outcome. British Journal of Psychiatry. 2003;182;420-427.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (by drawing coloured balls)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 15 (3 treatment arms combined); Control group N: 4	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 19 (3 treatment arms combined); Control group N: 4	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.12DENNIS2003

Study ID		DENNIS2003
Bibliographic reference: Dennis C-L. The effect of peer support on postpartum depression: a pilot randomised controlled trial. Canadian Journal of Psychiatry. 2003;48:115-124.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (randomly generated numbers)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (independent allocation using random numbers in consecutively numbered sealed opaque envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.13 DENNIS2009/2010

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 52; Control group N: 36	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 52; Control group N: 36	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.14 DUGGAN2007/CALDERA2007

Study ID		DUGGAN2007/CALDERA2007
Bibliographic reference: Duggan AK, Caldera D, Rodriguez K, Burrell L, Rohde C, Crowne SS. Impact of a statewide home visiting program to prevent child abuse. Child Abuse and Neglect. 2007;31:829–852. Caldera D, Burrell L, Rodriguez K, Crowne SS, Rohde C, Duggan A. Impact of a statewide home visiting program on parenting and on child health and development. Child Abuse and Neglect. 2007;31:829-852.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (table of random numbers, equal allocation, and randomisation within site in blocks of 10)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (statistically significant baseline differences in poor psychological resources [37% intervention group versus 50% control] and in prenatal enrolment [41% intervention group and 53% control])
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		

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

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

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)

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

1.6.15 DUGRAVIER2013/GUEDENEY2013

Study ID		DUGRAVIER2013/GUEDENEY2013
Bibliographic reference: Dugravier R, Tubach F, Saias T, Guedeney N, Pasquet B, Purper-Ouakil D, et al. Impact of a manualized multifocal perinatal home-visiting program using psychologists on postnatal depression: the CAPEDP randomised controlled trial. PLoS ONE. 2013;8:e72216. Guedeney A, Wendland J, Dugravier R, Saias T, Tubach F, Welniarz B, et al. Impact of a randomised home-visiting trial on infant social withdrawal in the CAPEDP prevention study. Infant Mental Health Journal. 2013;34:594-601.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer-generated randomisation sequence, stratified by recruitment centre, with random block sizes of 2, 4 or 6 participants)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (centralised allocation)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 38; Control group N: 35	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 38; Control group N: 35	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.16 ELMOHANDES2008

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 102; Control group N: 88	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 102; Control group N: 88	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.17FIELD2013A

Study ID		FIELD2013A
Bibliographic reference: Field T, Diego M, Delgado J, Medina L. Peer support and interpersonal psychotherapy groups experienced decreased prentatal depression, anxiety and cortisol. Early Human Development. 2013a;89:621-624.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (statistically significant baseline differences with the control group showing a higher SES score/lower income and higher depression [CES-D] mean score)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.18 GAMBLE2005

Study ID		GAMBLE2005
Bibliographic reference: Gamble J, Creedy D, Moyle W, Webster J, McAllister M, Dickson P. Effectiveness of a counseling intervention after a traumatic childbirth: a randomised controlled trial. Birth. 2005;32:11-19.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer-generated random allocations)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed opaque envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.19 GAO2010/2012

Study ID		GAO2010/2012
Bibliographic reference: Gao L-L, Chan SW-C, Li X, Chen S, Hao Y. Evaluation of an interpersonal-psychotherapy-oriented childbirth education programme for Chinese first-time childbearing women: a randomised controlled trial. International Journal of Nursing Studies. 2010;47:1208-1216. Gao L-L, Chan SW-C, Sun K. Effects of an interpersonal-psychotherapy-oriented childbirth education programme for Chinese first-time childbearing women at 3-month follow up: randomised controlled trial. International Journal of Nursing Studies. 2012;49:274-281.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (table of random numbers)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 9; Control group N: 10	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.20 GROTE2009

Study ID		GROTE2009
Bibliographic reference: Grote NK, Swartz HA, Geibel SL, Zuckoff A, Houck PR, Frank E. A randomised controlled trial of culturally relevant, brief interpersonal psychotherapy for perinatal depression. Psychiatric Services. 2009;60:313-321.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (permuted block design stratified by race)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (centralised allocation)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

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

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

1.6.21 GUARDINO2014

Study ID		GUARDINO2014
Bibliographic reference: Guardino CM, Schetter CD, Bower JE, Lu MC, Smalley SL. Randomised controlled pilot trial of mindfulness training for stress reduction during pregnancy. Psychology and Health. 2014;29:334-349.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computerised randomisation scheme)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 4; Control group N: 3	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.22HAGAN2004

Study ID		HAGAN2004
Bibliographic reference: Hagan R, Evans SF, Pope S. Preventing postnatal depression in mothers of very preterm infants: a randomised controlled trial. BJOG. 2004;111:641-647.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer generated cards in sealed envelopes; stratified by gestational age at delivery and parity)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (opaque sealed envelope)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes (statistically significant baseline group difference in previous preterm infant ([15% for control group and 6% for intervention group])
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.23 HAYDEN2012

Study ID		HAYDEN2012
Bibliographic reference: Hayden T, Perantie DC, Nix BD, Barnes LD, Mostello DJ, Holcomb WL, et al. Treating prepartum depression to improve infant developmental outcomes: a study of diabetes in pregnancy. Journal of Clinical Psychology in Medical Settings. 2012;19:285-292.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer generated algorithm)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

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

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

1.6.24 HISCOCK2002

Study ID		HISCOCK2002
Bibliographic reference: Hiscock H, Wake M. Randomised controlled trial of behavioural infant sleep intervention to improve infant sleep and maternal mood. British Medical Journal. 2002;324:1062-1065.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (paper reports 'Allocation sequences were concealed from researchers and participants until allocation was complete')
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

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

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

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

1.6.25 HISCOCK2007/HISCOCK2008

Study ID		HISCOCK2007/HISCOCK2008
Bibliographic reference: Hiscock H, Bayer J, Gold L, Hampton A, Ukoumunne OC, Wake M. Improving infant sleep and maternal mental health: a cluster randomised trial. Archives of Disease in Childhood. 2007;92:952-958. Hiscock H, Bayer JK, Hampton A, Ukomunne OC, Wake M. Long-term mother and child mental health effects of a population-based infant sleep intervention: cluster-randomised, controlled trial. Pediatrics. 2008;122:e621-627.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (centralised allocation)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

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

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

1.6.26 HOLDEN1989

Study ID		HOLDEN1989
Bibliographic reference: Holden JM, Sagovsky R, Cox JL. Counselling in a general practice setting: controlled study of health visitor intervention in treatment of postnatal depression. British Medical Journal. 1989;298:223-226.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (random numbers)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

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

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

1.6.27HONEY2002

Study ID		HONEY2002
Bibliographic reference: Honey KL, Bennett P, Morgan M. A brief psycho-educational group intervention for postnatal depression. British Journal of Clinical Psychology. 2002;41:405-409.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (block randomisation, no further detail reported)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail was reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 4; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.28 HOROWITZ2001

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

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

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

1.6.29KAAYA2013

Study ID		KAAYA2013
Bibliographic reference: Kaaya SF, Blander J, Antelman G, Cyprian F, Emmons KM, Matsumoto K, et al. Randomized controlled trial evaluating the effect of an interactive group counseling intervention for HIV-positive women on prenatal depression and disclosure of HIV status. AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV. 2013;25:854-862.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (random number table)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 49; Control group N: 55	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 71; Control group N: 72	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.30 KERSTING2011

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 12; Control group N: 7	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 15; Control group N: 9	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.31 KOZINSZKY2012

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

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

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

1.6.32 LE2011

Study ID		LE2011
Bibliographic reference: Le H-N, Perry DF, Stuart EA. Randomized controlled trial of a preventive intervention for perinatal depression in high-risk Latinas. Journal of Consulting and Clinical Psychology. 2011;79:135-141.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed envelope)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 6; Control group N: 8	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 18; Control group N: 13	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.33 LETOURNEAU2011

Study ID		LETOURNEAU2011
Bibliographic reference: Letourneau N, Stewart M, Dennis C-L, Hegadoren K, Duffett-Leger L, Watson B. Effect of home-based peer support on maternal-infant interactions among women with postpartum depression: a randomised, controlled trial. International Journal of Mental Health Nursing. 2011;20:345-357.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (opaque sealed envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

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

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

1.6.34 LEUNG2012

Study ID		LEUNG2012
Bibliographic reference: Leung SS, Lam TH. Group antenatal intervention to reduce perinatal stress and depressive symptoms related to intergenerational conflicts: a randomised controlled trial. International Journal of Nursing Studies. 2012;49:1391-1402.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (list of random sequences generated by computer)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (serially numbered opaque sealed envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 7; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 7; Control group N: 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.35 MILGROM2005B

Study ID		MILGROM2005B
Bibliographic reference: Milgrom J, Negri LM, Gemmill AW, McNeil M, Martin PR. A randomised controlled trial of psychological interventions for postnatal depression. British Journal of Clinical Psychology. 2005b;44:529-542.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (coded slips of paper drawn from a bag, paper reports that individual randomisation was unsuitable and recruitment randomised in cycles)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (paper reports 'all potential participants were kept blinded to treatment until the point of allocation')
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 52 (combined 3 treatment arms); Control group N: 33	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 56 (combined 3 treatment arms); Control group N: 33	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.36MILGROM2011A

Study ID		MILGROM2011A
Bibliographic reference: Milgrom J, Schembri C, Ericksen J, Ross J, Gemmill AW. Towards parenthood: an antenatal intervention to reduce depression, anxiety and parenting difficulties. Journal of Affective Disorders. 2011;130:385-394.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (variable-length permuted block randomised treatment allocation schedule)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (centralised allocation)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 15; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 24; Control group N: 30	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.37MILGROM2011B

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 13 (combined 2 treatment arms); Control group N: 6	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 11 (combined 2 treatment arms); Control group N: 8	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.38 MISRI2000

Study ID		MISRI2000
Bibliographic reference: Misri S, Kostaras X, Fox D, Kostaras D. The impact of partner support in the treatment of postpartum depression. Canadian Journal of Psychiatry. 2000;45:554-558.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0 Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.39 MORRELL2009A/2009B/2011/BRUGHA2011

Study ID		MORRELL2009A/2009B/2011/BRUGHA2011
Bibliographic reference: Morrell CJ, Warner R, Slade P, Dixon S, Walters S, Paley G, et al. Psychological interventions for postnatal depression: cluster randomised trial and economic evaluation. The PoNDER trial. Health Technology Assessment. 2009a;13:No. 30. Morrell CJ, Slade P, Warner R, Paley G, Dixon S, Walters SJ, et al. Clinical effectiveness of health visitor training in psychologically informed approaches for depression in postnatal women: pragmatic cluster randomised trial in primary care. BMJ. 2009b;338:a3045. Morrell CJ, Ricketts T, Tudor K, Williams C, Curran J, Barkham M. Training health visitors in cognitive behavioural and person-centred approaches for depression in postnatal women as part of a cluster randomised trial and economic evaluation in primary care: the PoNDER trial. Primary Health Care Research and Development. 2011;12:11-20. Brugha TS, Morrell CJ, Slade P, Walters SJ. Universal prevention of depression in women postnatally: cluster randomised trial evidence in primary care. Psychological Medicine. 2011;41:739-748.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer randomisation programme)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sequence was concealed to clusters)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 130 (combined 2 treatment arms); Control group N: 44	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 130 (combined 2 treatment arms); Control group N: 44	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.40MULCAHY2010

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 7; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 6; Control group N: 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.41 MUNOZ2007/URIZAR2011

Study ID		MUNOZ2007/URIZAR2011
Bibliographic reference: Munoz RF, Le H-N, Ippen CG, Diaz MA, Urizar Jr. GG, Soto J, et al. Prevention of postpartum depression in low-income women: development of the Mamas y Bebes/Mothers and Babies course. Cognitive and Behavioral Practice. 2007;14:70-83. Urizar Jr. GG, Muñoz RF. Impact of a prenatal cognitive-behavioral stress management intervention on salivary cortisol levels in low-income mothers and their infants. Psychoneuroendocrinology. 2011;36:1480-1494.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (blocked randomization procedure [no further detail reported])
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed envelope)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (statistically significant baseline/mid-treatment difference in average maternal salivary cortisol levels [0.62 in intervention group and 0.75 in control group])
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: Not reported; Control group N: Not reported N=16 dropped out prior to randomization and N=4 (N=3 lost their baby) post-randomization but group assignment for these participants not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes (only N=1 dropout post-randomization)
C3	For how many participants in each group were no outcome data available? Experimental group N: Not reported; Control group N: Not reported N=16 dropped out prior to randomization and N=4 (N=3 lost their baby) post-randomization but group assignment for these participants not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes (only N=1 dropout post-randomization)

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

1.6.42NEUGEBAUER2006

Study ID		NEUGEBAUER2006
Bibliographic reference: Neugebauer R, Kline J, Markowitz JC, Bleiberg KL, Baxi L, Rosing MA, et al. Pilot randomised controlled trial of interpersonal counseling for subsyndromal depression following miscarriage. Journal of Clinical Psychiatry. 2006;67:1299-1304.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (baseline differences between groups in ethnicity [80% Hispanic in intervention group and 44% in TAU] and Hispanic ethnicity was associated with primary outcome with higher depression scores in Hispanic group)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.43 NIKCEVIC2007

Study ID		NIKCEVIC2007
Bibliographic reference: Nikcevic AV, Kuczmierczyk AR, Nicolaides KH. The influence of medical and psychological interventions on women's distress after miscarriage. Journal of Psychosomatic Research. 2007;63:283-290.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer generated random number tables)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed envelope)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 6; Control group N: 8	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 6; Control group N: 8	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.44 OHARA2000

Study ID		OHARA2000
Bibliographic reference: O'Hara MW, Stuart S, Gorman LL, Wenzel A. Efficacy of interpersonal psychotherapy for postpartum depression. Archives of General Psychiatry. 2000;57:1039-1045.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (by random number tables, blocked by depression history. Re-randomised after 77th and 108th participant to achieve equal group numbers)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 12; Control group N: 9	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 12; Control group N: 9	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No (non-blind outcome assessment)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	No (non-blind outcome assessment)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

1.6.45 OMAHEN2013A

Study ID		OMAHEN2013A
Bibliographic reference: O'Mahen HA, Woodford J, McGinley J, Warren FC, Richards DA, Lynch TR, et al., Internet-based behavioral activation – treatment for postnatal depression (Netmums): a randomised controlled trial. Journal of Affective Disorders. 2013;150:814-822.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer-generated code)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (paper reports 'A computer-generated code to ensure allocation concealment')
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 281; Control group N: 286	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes (ITT [WCS])

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

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

1.6.46 OMAHEN2013B

Study ID		OMAHEN2013B
Bibliographic reference: O'Mahen H, Himle JA, Fedock MA, Henshaw E, Flynn H. A pilot ramdomised controlled trial of cognitive behavioural therapy for perinatal depression adapted for women with low incomes. Depression and Anxiety. 2013;30:679-687.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (statistician computer generated random assignment block)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (opaque sealed envelope)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 8; Control group N: 4	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 9; Control group N: 4	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.47OMAHEN2013C

Study ID		OMAHEN2013C
Bibliographic reference: O'Mahen HA, Richards DA, Woodford J, Wilkinson E, McGinley J, Taylor RS, et al. Netmums: a phase II randomised controlled trial of a guided internet behavioural activation treatment for postpartum depression. Psychological Medicine. 2013; Oct 23:1-15. [Epub ahead of print]		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer-generated code)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (randomisation occurred online, eligible women were sent an electronic link to a webpage where they could learn their randomisation assignment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 8	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 4; Control group N: 8	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.48 ORTIZCOLLADO2014

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 13; Control group N: 24	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 23; Control group N: 34	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?
High risk of bias (Drop-out was higher in the control group [N=34; 37%] than in the intervention group [N=23; 25%])
Likely direction of effect: Unknown direction

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

1.6.49 PINHEIRO2014

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.50PRENDERGAST2001

Study ID		PRENDERGAST2001
Bibliographic reference: Prendergast J, Austin M-P. Early childhood nurse-delivered cognitive behavioural counselling for post-natal depression. Australasian Psychiatry. 2001;9:255-259.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (randomisation tables)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (statistically significant group difference in baseline mean EPDS score [15.9 in intervention group and 13.7 in control group])
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.51 RAHMAN2008

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 103; Control group N: 95	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 51; Control group N: 54	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes

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

1.6.52ROMAN2009

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 41; Control group N: 42	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 77; Control group N: 73	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.53ROUHE2012/SALMELAARO2012

Study ID		ROUHE2012/SALMELAARO2012
Bibliographic reference: Rouhe H, Salmela-Aro K, Toivanen R, Tokola M, Halmesmäki E, et al. Obstetric outcome after intervention for severe fear of childbirth in nulliparous women – Randomised trial. BJOG: An International Journal of Obstetrics and Gynaecology. 2012;120:75-84. Salmela-Aro K, Read S, Rouhe H, Halmesmäki E, Toivanen RM, et al. Promoting positive motherhood among nulliparous pregnant women with an intense fear of childbirth: RCT intervention. Journal of Health Psychology. 2012;17:520-534.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed opaque envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 41; Control group N: 106	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes (ITT analysis)

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

1.6.54 SAISTO2001

Study ID		SAISTO2001
Bibliographic reference: Saisto T, Salmela-Aro K, Nurmi J, Könönen T, Halmesmäki E. A randomised controlled trial of intervention in fear of childbirth. Acta Obstetricia et Gynecologica Scandinavica. 2001; 98: 820-826.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed opaque envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

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

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

1.6.55 SALOMONSSON2011

Study ID		SALOMONSSON2011
Bibliographic reference: Salomonsson B, Sandell R. A randomised controlled trial of mother-infant psychoanalytic treatment: I. outcomes on self-report questionnaires and eternal ratings. Infant Mental Health Journal. 2011;32:207-231.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (picked a sealed envelope from a bag containing 40 tickets for each treatment type)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (an official outside the project placed the tickets in identical envelopes before the project even started)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (statistically significant baseline difference in the age of infants [4.4 months old in intervention group versus 5.9 months old in TAU group])
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 7; Control group N: 4	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 3	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.56 SILVERSTEIN2011

Study ID		SILVERSTEIN2011
Bibliographic reference: Silverstein M, Feinberg E, Cabral H, Sauder S, Egbert L, Schainker E, et al. Problem-solving education to prevent depression among low-income mothers of preterm infants: a randomised controlled pilot trial. Archives of Women's Mental Health. 2011;14:317-324.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer-generated randomization list, randomizing in blocks of randomly varying sizes of 2 and 4, independently at each study site, ensured balance between study arms)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sequentially numbered, opaque, sealed envelopes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.57 SIMAVLI2014

Study ID		SIMAVLI2014
Bibliographic reference: Simavli S, Kaygusuz I, Gumus I, Usluogullari B, Yildirim M, Kafali H. Effect of music therapy during vaginal delivery on postpartum pain relief and mental health. Journal of Affective Disorders. 2014;156:194-199.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computerized minimization program, stratified according to maternal age, gestational week, education and family class)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 9; Control group N: 11	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 9; Control group N: 11	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.58 SLEED2013

Study ID		SLEED2013
Bibliographic reference: Sleed M, Baradon T, Fonagy P. New Beginnings for mothers and babies in prison: a cluster randomised controlled trial. Attachment and Human Development. 2013;15:349-367.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (randomisation was carried out by an independent statistician)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 34; Control group N: 46	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 34; Control group N: 46	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.59 SPINELLI2003

Study ID		SPINELLI2003
Bibliographic reference: Spinelli MG, Endicott J. Controlled clinical trial of interpersonal psychotherapy versus parenting education program for depressed pregnant women. American Journal of Psychiatry. 2003;160:555-562.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (random number tables)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 8	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 4; Control group N: 8	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.60 STEIN2006

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.61 SWANSON2009

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 47 (3 treatment arms combined); Control group N: 20	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.62TAMAKI2008

Study ID		TAMAKI2008
Bibliographic reference: Tamaki A. Effectiveness of home visits by mental health nurses for Japanese women with post-partum depression. International Journal of Mental Health Nursing. 2008;17:419-427.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer-generated random numbers)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.6.63 TANDON2011/2014/MENDELSON2013

Study ID		TANDON2011/2014/MENDELSON2013
Bibliographic reference: Tandon SD, Perry DF, Mendelson T, Kemp K, Leis JA. Preventing perinatal depression among low-income home visiting clients. Journal of Consulting and Clinical Psychology. 2011;79:707-712. Tandon SD, Leis JA, Mendelson T, Perry DF, Kemp K. Six-month outcomes from a randomised controlled trial to prevent perinatal depression in low-income home visiting clients. Maternal and Child Health Journal. 2014;18:873-881. Mendelson T, Leis JA, Perry DF, Stuart EA, Tandon SD. Impact of a preventative intervention for perinatal depression on mood regulation, social support, and coping. Archives of Womens Mental Health. 2013;16:211-218.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (random number table)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 2 Randomization was performed before consent so numbers enrolled are extracted and taken as N randomised for the purposes of ITT analysis	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 2 Randomization was performed before consent so numbers enrolled are extracted and taken as N randomised for the purposes of ITT analysis	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.64 TIMPANO2011

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 5; Control group N: 8	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.65 VANDOESUM2008/KERSTENALVAREZ2010

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 8; Control group N: 3	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 8; Control group N: 6	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.66 VIETEN2008

Study ID		VIETEN2008
Bibliographic reference: Vieten C, Astin J. Effects of a mindfulness-based intervention during pregnancy on prenatal stress and mood: results of a pilot study. Archives of Womens Mental Health. 2008;11:67-74.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.67WEIDNER2010

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 25; Control group N: 23	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 25; Control group N: 23	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.68WICKBERG1996

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: Not reported; Control group N: Not reported N=7 dropped out but group assignment of these participants is unclear	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: Not reported; Control group N: Not reported N=7 dropped out but group assignment of these participants is unclear	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear

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

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

1.6.69WIGGINS2005

Study ID		WIGGINS2005
Bibliographic reference: Wiggins M, Oakley A, Roberts I, Turner H, Rajan L, Austerberry H, et al. Postnatal support for mothers living in disadvantaged inner city areas: a randomised control trial. Journal of Epidemiology and Community Health. 2005;59:288-295.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (allocation sequence was computer generated [MINIM software program] and minimisation was used to provide a reasonable balance on three potential confounders [housing tenure, lone parenthood, and parity])
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (paper reports 'recruiters had no knowledge of the participant's allocation until allocation had taken place')
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 18; Control group N: 56 (two control arms combined)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 18; Control group N: 56 (two control arms combined)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.70WIKLUND2010

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

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group: 0; Control group: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group: 0; Control group: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.71 ZELKOWITZ2008/2011/FEELEY2012

Study ID		ZELKOWITZ2008/2011/FEELEY2012
Bibliographic reference: Zelkowitz P, Feeley N, Shrier I, Stremler R, Westreich R, Dunkley D, et al. The cues and care trial: a randomised controlled trial of an intervention to reduce maternal anxiety and improve developmental outcomes in very low birthweight infants. Neonatal Intensive Care. 2008;22:31-36. Zelkowitz P, Feeley N, Shrier I, Stremler R, Westreich R, Dunkley D, et al. The cues and care randomised controlled trial of a neonatal intensive care unit intervention: effects on maternal psychological distress and mother-infant interaction. Journal of Developmental and Behavioral Pediatrics. 2011;32:591-599. Feeley N, Zelkowitz P, Shrier I, Stremler R, Westreich R, Dunkley D, et al. Follow-up of the cues and care trial: mother and infant outcomes at 6 months. Journal of Early Intervention. 2012;34:65-81.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (website)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (the project coordinator used a centrally controlled website to generate the participant's group assignment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 10; Control group N: 10	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 12; Control group N: 11	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.72 ZLOTNICK2001

Study ID		ZLOTNICK2001
Bibliographic reference: Zlotnick C, Johnson SL, Miller IW, Pearlstein T, Howard M. Postpartum depression in women receiving public assistance: pilot study of an interpersonal-therapy-oriented group intervention. American Journal of Psychiatry. 2001;158:638-640.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomisation method is unclear)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 1; Control group N: 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 1; Control group N: 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.6.73 ZLOTNICK2006

Study ID		ZLOTNICK2006
Bibliographic reference: Zlotnick C, Miller IW, Pearlstein T, Howard M, Sweeney P. A preventive intervention for pregnant women on public assistance at risk for postpartum depression. American Journal of Psychiatry. 2006;163:1443-1445.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear ('urn' randomization [no further detail reported])
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 7; Control group N: 6	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 7; Control group N: 6	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Different for different outcome measures: Yes for BDI (self-report); Unclear for LIFE (identity and blinding of outcome assessor not reported)

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Different for different outcome measures: Yes for BDI (self-report); Unclear for LIFE (identity and blinding of outcome assessor not reported)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Different for different outcome measures: Low risk of bias for BDI; Unclear/unknown risk of bias for LIFE		
Likely direction of effect: Not applicable for BDI; Unknown direction for LIFE		

1.6.74 ZLOTNICK2011

Study ID		ZLOTNICK2011
Bibliographic reference: Zlotnick C, Capezza NM, Parker D. An interpersonally based intervention for low-income pregnant women with intimate partner violence: a pilot study. Archives of Women's Mental Health. 2011;14:55-65.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (randomization allocation schedule was generated by computer)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (concealed in consecutively numbered, sealed envelopes by the principal investigator who was masked to the women's intake assessments)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 5	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 3; Control group N: 5	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		

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

1.7 PSYCHOSOCIAL INTERVENTIONS: ALCOHOL OR SUBSTANCE MISUSE

1.7.1 STADE2009B

Study identification Stade BC, Bailey C, Dzendoletas D, Sgro M, Dowswell T, Bennett D. Psychological and/or educational interventions for reducing alcohol consumption in pregnant women and women planning pregnancy. Cochrane Database of Systematic Reviews. 2009b; Issue 2: CD004228.	
Guideline topic: Interventions for the treatment of mental health problems – substance misuse (including drugs and alcohol)	Review question no: 4.1
Checklist completed by: Bronwyn Harrison	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Yes
Study quality is assessed and reported	Yes
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Yes

1.7.2 TERPLAN2007

Study identification Terplan M, Lui S. Psychosocial interventions for pregnant women in outpatient illicit drug treatment programs compared to other interventions. Cochrane Database of Systematic Reviews; 2007; Issue 4: CD006037.	
Guideline topic: Interventions for the treatment of mental health problems – substance misuse (including drugs and alcohol)	Review question no: 4.1

Checklist completed by: Bronwyn Harrison	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Yes
Study quality is assessed and reported	Unclear
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Yes

1.7.3 TURNBALL2012

Study identification Turnbull C, Osborn DA. Home visits during pregnancy and after birth for women with an alcohol or drug problem. Cochrane Database of Systematic Reviews. 2012; Issue 1: CD0044556.	
Guideline topic: Interventions for the treatment of mental health problems – substance misuse (including drugs and alcohol)	Review question no: 4.1
Checklist completed by: Bronwyn Harrison	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes

The literature search is sufficiently rigorous to identify all the relevant studies	Yes
Study quality is assessed and reported	Yes
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Yes

1.8 PHARMACOLOGICAL INTERVENTIONS: PREVENTION (NO RISK FACTORS)

1.8.1 HARRISONHOHNER2001

Study ID		HARRISONHOHNER2001
Bibliographic reference: Harrison-Horner J, Coste S, Dorato V, Curet LB, McCarron D, Hatton D. Prenatal 1calcium supplementation and postpartum depression: an ancillary study to a randomised trial of calcium for prevention of preeclampsia. Archives of Women's Mental Health. 2001;3:141-6.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.1
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer-generated simple randomization sequence)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail is reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group: Not reported; Control group Not reported:	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: Not reported; Control group N: Not reported. Overall: 377/779 at six weeks and 532/779 at 12 weeks did not return survey (lost to follow up)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	No (At 6 weeks follow-up only Portland group showed trend towards difference between intervention and control groups on mental health outcomes. Possible regional effect? Confounding factor?)

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

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

1.8.2 LLORENTE2003

Study ID		**LLORENTE2003**
Bibliographic reference: Llorente AM, Jensen CL, Voigt RG, Fraley MPH, Berretta LMS, Heird WC. Effect of maternal docosahexaenoic acid supplementation on postpartum depression and information processing. American Journal of Obstetrics and Gynecology. 29 2003;188:1348-53		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.1
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer-generated randomization scheme)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear (Participants assessed with BDI, EPDS and SCID-CV at baseline but only BDI reported – no indication of '% with "diagnosis". BDI mean (SD): treatment group 7.1 (4.7); placebo group 6.5 (4.2)'.
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias		
Likely direction of effect: Unclear/ unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 18; Control group N: 19	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: Unclear; Control group N: Unclear	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear (BDI was the only outcome measure used at every assessment point, for whole sample. BDI dichotomous data not extracted: not clear if these numbers overlap (that is, are the people who display 'moderate' symptoms [BDI >20] also represented in the 'mild' numbers [BDI >10]. Data reported, but not extracted: BDI >10: DHA group 9/44, placebo group 11/45; BDI >20: DHA group 4/44, placebo

		group 2/45.EPDS and SCID-CV admin to sub-sample of population only, and only post-trial data reported in paper for these measures)
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias		
Likely direction of effect: Unclear/unknown direction		

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

1.8.3 MAKRIDES2010

Study ID		MAKRIDES2010
Bibliographic reference: Makrides M, Gibson RA, McPhee AJ, Yelland L, Quinlivan J, Ryan P.Effect of DHA supplementation during pregnancy on maternal depression and neurodevelopment of young children: a randomised controlled trial. JAMA: the journal of the American Medical Association. 2010;304:1675-1683.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.1
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (independently generated randomization schedule, with balanced variable-sized blocks. Stratification was by centre and parity (first birth versus subsequent birth)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (assigned a unique study number and treatment group allocation through a computer driven telephone randomization)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 18; Control group N: 36	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0 (for primary analysis)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes (All analyses were performed according to the intention-to-treat principle. Multiple imputation was used to deal with missing data (outcomes and covariates) and create 50 complete data sets for analysis. Adequate data for the analysis of the primary outcome were available for 2320 women (97.3% in the DHA group and 96.1% in the control group).

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

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

1.8.4 MOKHBER2011

Study ID		MOKHBER2011
Bibliographic reference: Mokhber N, Namjoo M, Tara F, Boskabadi H, Rayman MP, Ghayour-Mobarhan M. Effect of supplementation with selenium on postpartum depression: A randomised double-blind placebo-controlled trial. Journal of Maternal-Fetal and Neonatal Medicine. 2011;24:104-8.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.1
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (insufficient details provided)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (not reported)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group: 22; Control group: 19	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group: 39; Control group: 42	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear

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

1.9 PHARMACOLOGICAL INTERVENTIONS: PREVENTIONS (RISK FACTORS PRESENT)

1.9.1 HARRIS2002

Study ID		HARRIS2002
Bibliographic reference: Harris B, Oretti R, Lazarus J, Parkes A, John R, Richards C et al. Randomised trial of thyroxine to prevent postnatal depression in thyroid-antibody-positive women. The British Journal of Psychiatry. 2002;180:327-30.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer generated sequence of numbers)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient details)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (EPDS score was significantly one point higher in the active group than in the placebo group at baseline)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High Risk of bias		
Likely direction of effect: Effect size bigger		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: Not reported; Control group N: Not reported (compliance >80%)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear (Unclear numbers randomised into each condition (assumed equal numbers into each at randomisation). No information given regarding numbers not completing the study)
C3	For how many participants in each group were no outcome data available? Experimental group N: NR; Control group N: NR	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	No (not clear what is meant by probable depression; 'cut-off of 13 on EPDS'' is not more strictly defined (that is, >13 or >=13); if assuming 'RDC: any' refers to both minor and major depression, numbers for each were not reported)
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Different for different outcomes: EPDS (self report); RDC (not reported)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unclear direction of effect		

1.9.2 LAWRIE1998B

Study ID		LAWRIE1998B
Bibliographic reference: Lawrie TA, Hofmeyr GJ, De Jager M, Berk M, Paiker J, Viljoen E. A double-blind randomised placebo controlled trial of postnatal norethisterone enanthate: the effect of postnatal depression and serum hormones. British Journal of Obstetrics and Gynaaecology. 1998b;105:1082-90.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (Done in blocks of 4 using random number table)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (Preparation of the trial medication and the randomisation code were the responsibility of an author not involved in the clinical assessment of the women)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes (Blinding was compromised in only one woman who complained to the interviewer of excessive bleeding at the three-month interview, leading the interviewer to suspect that she may belong to the progestogen group. Although this was confirmed when the randomisation code was broken, it is unlikely to introduce bias into the assessment of depression as the hypothesis was bi-directional. The woman scored above the threshold on both depression scales at six weeks and three months)
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes (Preparation of the trial medication and the randomisation code were the responsibility of an author not involved in the clinical assessment of the women. The syringes for injection were masked such that the contents could not be ascertained and were administered intramuscularly by another author or by a nursing sister not directly involved with the trial)
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group: 4; Control group: 13, at 6 weeks Experimental group: 3; Control group: 9, at 3 month follow-up	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No (The mean EPDS score at three months was significantly higher in the group that missed the six-week visit but who subsequently returned at three months (six women), than the group that attended the six-week visit. This suggests that the imbalance in follow up at six weeks could influence the results presented in the direction of decreasing their significance)
C3	For how many participants in each group were no outcome data available? Experimental group: 4; Control group: 13, at 6 weeks Experimental group: 3; Control group: 9, at 3 month follow-up	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	No (The mean EPDS score at three months was significantly higher in the group that missed the six-week visit but who subsequently returned at three months (six women), than the group that attended the six-week visit. This suggests that the imbalance in follow up at six weeks could influence the results presented in the direction of decreasing their significance)
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size smaller		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown risk		

1.10PHARMACOLOGICAL INTERVENTIONS: PREVENTION (PROPHYLAXIS)

1.10.1WISNER2001

Study ID		WISNER2001
Bibliographic reference: Wisner KL, Perel JM, Peindl KS, Hanusa BH, Findling RL. Rapport D. Prevention of recurrent postpartum depression: a randomised clinical trial. Journal of Clinical Psychiatry. 2001;62:82-86.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (randomly assigned by strata)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient details provided)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias		
Likely direction of effect: Unclear/unknown risk of bias		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes (The primary study staff (nurse, mood symptom rater, coordinator, and principal investigator were blind to medication assignment. The capsules contained pure nortriptyline or no drug in identical tablets)
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes (The primary study staff (nurse, mood symptom rater, coordinator, and principal investigator were blind to medication assignment. The capsules contained pure nortriptyline or no drug in identical tablets)
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 1; Control group N: 3	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: unclear; Control group N: unclear	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear

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

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes (evaluated by the principle investigator and board-certified psychiatrist not affiliated with the study)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes (evaluated by the principle investigator and board-certified psychiatrist not affiliated with the study)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

1.10.2WISNER2004B

Study ID		WISNER2004B
Bibliographic reference: Wisner KL, Perel JM, Peindl KS, Hanusa BH, Piontek CM et al. Prevention of 6 postpartum depression: a pilot randomised clinical trial. The American Journal of Psychiatry. 2004b;161:1290-92.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Low (The subjects were assigned randomly in a 2:1 (sertraline: placebo) ratio)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient details provided)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes (The blind was continued until all subjects completed the protocol)
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear (dose reduction by 'non-blind monitoring team')
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias		
Likely direction of effect: Unclear/unknown risk		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: unclear Control group N: unclear (Because all of the women were compliant with medication, the intent-to-treat and reported analyses were equivalent. Unclear how many participants in the placebo group completed the trial, 9/14 in the intervention group completed the trial)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes

C3	For how many participants in each group were no outcome data available? Experimental group N: unclear Control group N: unclear (Because all of the women were compliant with medication, the intent-to-treat and reported analyses were equivalent. Unclear how many participants in the placebo group completed the trial, 9/14 in the intervention group completed the trial)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes (blinded psychiatrist)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes (blinded psychiatrist)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

1.11 PHARMACOLOGICAL INTERVENTIONS (TREATMENT)

1.11.1 APPLEBY1997

Study ID		APPLEBY1997
Bibliographic reference: Appleby L, Warner R, Whitton A., et al. A controlled study of fluoxetine and cognitive-behavioural counselling in the treatment of postnatal depression. British Medical Journal. 1997;314:932-936. Appleby L, Warner R, Whitton A, et al. Fluoxetine versus counselling for postnatal depression. New Zealand Medical Journal. 1997;110:221.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.3
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (Computer-generated random numbers)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes (both groups also reviewed either 1 session of counselling, or 6 sessions)
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Bot applicable		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 14; Control group N: 12	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes (ITT analysis)

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

D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear (identity and blinding of outcome assessor/s are not reported)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Unclear (identity and blinding of outcome assessor/s are not reported)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

1.11.2 BLOCH2012

Study ID		BLOCH2012
Bibliographic reference: Bloch M, Meiboom H, Lorberblatt M, Bluvstein I, Aharonov I, Schreiber S. The effect 30 of sertraline add-on to brief dynamic psychotherapy for the treatment of postpartum 31 depression: A randomised, double-blind, placebo-controlled study. Journal of Clinical Psychiatry. 2012;73:235-41.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (Pharmacy-generated random patient serial numbers)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (Numbers issued to researcher who randomly assigned to eligible patients by the psychiatrist)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear (insufficient detail reported)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.11.3FREEMAN22008

Study ID		FREEMAN2008
Bibliographic reference: Freeman MP, Davis M, Sinha P, Wisner KL, Hibbeln JR, Gelenberg AJ. Omega-3 8 fatty acids and supportive psychotherapy for perinatal depression: A randomised placebo-controlled study. Journal of Affective Disorders. 2008;110:142-8.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (insufficient details provided)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient details provided)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear (the subjects were similar in the treatment and placebo groups on most baseline characteristics. There were no significant differences between the study groups regarding depression scores at baseline, and the groups were alike on most the indicators. However women in the treatment group tended to be Caucasian. Pregnant women in the omega-3 group were more likely to present earlier in pregnancy than pregnant women in the control. There were also differences between pregnant and postpartum women in the different groups)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 5	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear (Multivariate imputation was used to replace the few cases with missing values. Subjects with one or more outcome visits were included in the outcome analyses. A total of 51/59 women had follow-up assessments; 23 in the placebo group and 28 in the treatment group)

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias (34% of the total participants did not complete the full 8-week study. therefore figures imputed for large number of participants)		
Likely direction of effect: Unclear/unknown risk		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes (self-report)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes (self-report)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

1.11.4GREGOIRE1996

Study ID		GREGOIRE1996
Bibliographic reference: Gregoire AJ, Kumar R, Everitt B, Henderson AF, Studd JWW. Transdermal 3 oestrogen for treatment of severe postnatal depression. Lancet. 1996;347:930-933		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (insufficient details provided)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (the code being held independently in the hospital pharmacy)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

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

1.11.5 HANTSOON2014

Study ID		HANTSOON2014
Bibliographic reference: Hantsoo L, Ward-O'Brien D, Czarkowski KA, Gueorguieva, R. Price, LH, Epperson 34 CN. A randomised, placebo-controlled, double-blind trial of sertraline for 35 postpatrum depression. Psychopharmacology. 2014;231:939-48		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Low (blinding table)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear (insufficient detail reported)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear (insufficient detail reported)
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 3	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes (We compared the intent-to-treat groups on the following variable at baseline … We also compared the remission rated in the active and placebo groups in the ITT sample. All randomised participants included in the analysis)

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

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

1.11.6 MOZURKEWICH2013

Study ID		MOZURKEWICH2013
Bibliographic reference: Mozurkewich EL, Clinton CM, Chilimigras JL, Hamilton S, Allbaugh L, Berman D et al. The Mothers, Omega-3, and Mental Health Study: a double-blind, randomised controlled trial. American Journal of Obstetrics and Gynecology. 2013;208:e1-9.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (random number table)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient details provided)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 7; Control group N: 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes (ITT analysis (LOCF)

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

1.11.7REES2008

Study ID		REES2008
Bibliographic reference: Rees AM, Austin MP, Parker GB. Omega-3 fatty acids as a treatment for perinatal depression: Randomized double-blind placebo-controlled trial. Australian and New Zealand Journal of Psychiatry. 2008;42:199-205.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer-based random number generation method)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (randomisation carried out by an independent statistician)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear (no statistically significant differences between baseline characteristics of the treatment and placebo groups, apart from the placebo group being more likely to have a comorbid anxiety disorder)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias (low risk for randomisation , and unclear for comparability)		
Likely direction of effect: Unknown/unclear direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear (insufficient detail reported)
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes (Blinding appeared adequate. A fishy aftertaste was reported by only one subject, but six reported a peppermint taste (four in the treatment group and two in the placebo group)
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes (Subjects were interviewed by the first author, who remained blind to treatment assignment, and assessed weekly by her. The blind was not broken until the study had been completed)
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 4	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes (All 26 women were included in the analyses using an intention-to-treat statistical strategy, and with their depression scores extrapolated using the last-observation-carried-forward method).

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect: N/A

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

1.11.8 SHARP2010

Study ID		SHARP2010
Bibliographic reference: Sharp DJ, Chew-Graham C, Tylee A, Lewis G, Howard L, Anderson I, et al. A pragmatic randomised controlled trial to compare antidepressants with a community-based psychosocial intervention for the treatment of women with postnatal depression: the RESPOND trial. Health Technology Assessment. 2010;14(43):iii-iv, ix-xi, 1-153		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (The randomisation sequence was generated using a computer program with block sizes of six, eight and ten, varied randomly)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (the methods of sequence generation were concealed from the researchers involved in enrolling and randomising the women into the trial)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No (Participants, researchers and those delivering the interventions were not blinded to the treatment allocation)
B3	Individuals administering care were kept 'blind' to treatment allocation	No (Participants, researchers and those delivering the interventions were not blinded to the treatment allocation)
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes (4 week data)
C2	a. How many participants did not complete treatment in each group? Experimental group N: 23; Control group N: 13	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 23; Control group N: 13	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes (both available case and ITT analysis)
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias (only 56% I experimental group reported taking antidepressants)		

Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear (could only use 4 week data)
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes (self-report)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes (self-report)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

1.11.9 SU2008

Study ID		SU2008
Bibliographic reference: Su KP, Huang SY, Chiu TH, Huang KC, Huang CL, Chang HC. Omega-3 fatty acids 10 for major depressive disorder during pregnancy: Results from a randomised, 11 double-blind, placebo-controlled trial. Journal of Clinical Psychiatry. 2008;69:644-51.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (insufficient details provided)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient details provided)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias		
Likely direction of effect: Unclear/unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear (All participants were informed of other treatment options, including antidepressant medications and psychotherapy, and provided written consent before entering the study)
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group N: 7	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 5; Control group N: 7 (different for different outcomes, ITT analysis including all participants for dichotomous outcomes)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes (The intention-to-treat population included all patients who had a baseline and at least 1 post-baseline observation, while the per-protocol population included all patients who completed 8 weeks of treatment)

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?
Low risk of bias
Likely direction of effect: N/A

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

1.11.10 WISNER2006

Study ID		WISNER2006
Bibliographic reference: Wisner KL, Hunusa BH, Perel JM, Peindl KS, Piontek CM, Sit DKY et al. Postpartum 11 depression: a randomised trial of sertraline versus nortriptyline. Journal of Clinical Psychopharmacology. 2006;26:353-60.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (blocks or 8 to 12 with a sequence generated by an SPSS)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (Women randomly assigned to SERT versus NTP did not differ on initial HRSD, CGI, GAS, and the SPQ composite score. However, significantly more non-white women were randomly assigned to SERT (40%) than NTP (19%). There were no other demographic differences between the 2 drug groups at baseline)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias (low risk of bias for randomisation method, possible risk of bias as difference in non-white women at baseline)		
Likely direction of effect: Unknown/unclear direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear (insufficient detail reported)
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 23; Control group N: 13	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No (significantly more women who took SERT compared with NTP withdrew from the study in the first 8 weeks [42%] versus [24%], respectively. The proportion of women who were lost to follow-up or withdrew by personal choice differed significantly (SERT, 20%, versus NTP, 6%)
C3	For how many participants in each group were no outcome data available? Experimental group N: unclear; Control group N: unclear. Different for different outcomes/ analyses	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear (Analyses of primary symptom outcomes were performed with different subsets of subjects. Intent to treat analyses for the primary outcomes of response and remission were done with all subjects who were randomised. Continuous measures at 4 and 8 weeks were completed with subjects who provided at least 3 (for 4-week

		analysis) and 5 (for 8-week analysis by using the last week of data provided). Analyses of the continuous measures across all weeks were completed with data available for up to 8 and 24 weeks)
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unclear/unknown risk of bias		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Different for different outcomes. For compliance: sertraline, measured the parent drug in the mothers' and infants' serum 24 hours post-dose. The mothers took their AM dose after the blood draw. The maternal sertraline levels were not assessed in the same manner as nortryptaline levels at week 3 of the trial because no level associated with toxicity has been clearly defined. We used sertraline serum levels as a measure of compliance. All other outcomes valid and reliable methods used
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Different for different investigators (The primary staff (side effects monitor, mood symptom rater, and study psychiatrist) were blind to drug assignment until project completion. The medication monitoring function (nurse) was separate from (and blind to) the mood monitoring (interviewer). Nonblind staff included the statistician, the research pharmacist, and the nonblind medical monitors who prescribed the medication doses and evaluated side effects.
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias		
Likely direction of effect: Unclear/unknown direction		

1.11.11 YONKERS2008

Study ID		YONKERS2008
Bibliographic reference:		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (pre-determined with a computer-generated schedule in blocked sets of 4 and was stratified by site)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (A study statistician was responsible for random assignment and remaining study-staff were blind to group assignment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (differed significantly on baseline IDS-SR scores, placebo higher. No difference in all other baseline measures)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias (low risk of bias for randomisation and allocation concealment measure, high risk of comparability bias)		
Likely direction of effect: Unclear/unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 18; Control group N: 21	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: unclear; Control group N: Unclear (different for different outcomes)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear

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

1.12PHARMACOLOGICAL HARMS: (ANTIDEPRESSANTS)

1.12.1BOUCHER2008

Study ID		BOUCHER2008
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Group allocation non-randomised, nonexposed mothers were randomly sampled from the same hospital population, groups were generally comparable at baseline).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/ unknown risk (Non-blind, both arms delivered at the same hospital no additional information reported on care received).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Length of follow-up not reported, drop-out rate not reported).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Definitions and methods of outcomes were clearly defined; non-blind investigators).		
Likely direction of effect: N/A		

1.12.2CALDERON-MARGALIT2009

Study ID		CALDERON-MARGALIT2009
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (No random allocation. Groups differed significantly in baseline demographics).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		

B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, limited information reported on treatment only).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Unclear length of follow-up and dropout rates).		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Clear follow-up period and defined outcome; non-blind).		
Likely direction of effect: N/A		

1.12.3CASPER2003

Study ID		CASPER2003
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No

Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (No random allocation; no significant difference between arms in terms of baseline characteristics).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, limited information reported on treatment only).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Unclear length of follow-up – ranged from 6 to 40 months – dropout rates not reported).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk (Clear follow-up period and defined outcome; outcome assessors were blind to the mothers' medication status).		
Likely direction of effect: N/A		

1.12.4CHAMBERS1996

Study ID	CHAMBERS1996
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance	Review question no: 4.2
Checklist completed by: Rebecca Gate	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk		
Likely direction of effect: Unclear/unknown direction [3]		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		

[3] 451 pregnancies ongoing and outcome awaiting

C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates unclear). • Outcomes limited to country availability		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		

Likely direction of effect: Unclear/unknown direction

1.12.5 COSTEI2002

Study ID		COSTEL2002
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-randomised allocation, cases were matched be demographic and potential confounders were accounted for during multivariate analysis).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, comparability of care provided unclear).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Unclear	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Intervention (11), control (25)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates not reported).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear

D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-blind investigators. Length of follow-up and outcome methods were clearly defined).		
Likely direction of effect: N/A		

1.12.6 DAVIS2007

Study ID		DAVIES2007
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-randomised allocation, attempts to balance comparison groups and comparability of groups were not reported).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention		

under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, comparability of care provided not reported).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Unclear	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Unclear	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk (Cases were included where follow-up data was available from 365 days).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-blind investigators. Length of follow-up and outcome methods were clearly defined).		
Likely direction of effect: N/A		

1.12.7DIAV-CITRIN2008B

Study ID		DIAV-CITRIN2008
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential	Unclear

	confounders?	
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Allocation not randomised, intervention group were more likely to be first time pregnancy. No significant difference in remaining demographics).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, no information reported on care received).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete	Unclear

	treatment)	
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Treatment completion, length of follow-up and dropout rates not reported. 14 cases were not followed up – discontinued medication or valproate had not be taken).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-blind investigators, definitions and methods of outcomes were not clearly defined).		
Likely direction of effect: N/A		

1.12.8 EINARSON2009

Study ID		EINARSON2009
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Allocation not randomised. Pairs were matched for maternal characteristics and consequently comparable at baseline).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/ unknown risk (Non-blind, no information reported on care received).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Treatment completion, length of follow-up and dropout rates not reported).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-blind investigators, definitions and methods of outcomes were not clearly defined; length of follow-up unclear).		
Likely direction of effect: N/A		

1.12.9 ELMARROUN2014

Study ID		ELMARROUN2013
Reference: El Marroun H, White TJH, Van der Knaap NJF, Homberg JR, Fernandez G, Schoemaker NK et al. Prenatal exposure to selective serotonin reuptake inhibitors and autistic symptoms in young children: population-based study of young children. The British Journal of Psychiatry. 2014;205:95-102.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes/unclear – but not in our analysis (Confounds were controlled for in adjusted models in paper – however unadjusted figures used in the present analysis)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (Mothers with depression but no SSRI treatment during pregnancy were younger, less educated, more often of non-Dutch origin and smoked more often during pregnancy than the reference group)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		

Unclear risk (differences in baseline figures, could not be adjusted for in the present analysis)		
Likely direction of effect: Unclear/uknown risk		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect N/A: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? NR	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk (On average, 5.9% of data across all variables were missing. To avoid the bias of complete case analysis, accounted for missing information on the confounders (determinants and outcomes were not imputed) by using multiple imputation methods; five imputed data-sets were generated using a fully conditional specified model to handle)		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk (Exposure to maternal depressive symptoms during pregnancy and pervasive developmental problems were not associated if the child's)		
Likely direction of effect: Effect size bigger		

1.12.10 FERREIRA2007

Study ID	FERREIRA2007
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance	Review question no: 4.2
Checklist completed by: Rebecca Gate	
A. Selection bias (systematic differences between the comparison groups)	

A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk (No random allocation; groups were significantly different in terms of maternal demographics (smoking, alcohol intake, substance abuse, asthma; no attempts to control for potential confounders).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, information on additional care not reported).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear

C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Unclear length of follow-up and dropout rates).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Clear follow-up period and defined outcome; non-blind investigators).		
Likely direction of effect: N/A		

1.12.11 GALBALLY2009

Study ID		GALBALLY2009
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk (No random allocation; matched control groups; groups comparable in terms of baseline demographics).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/ unknown risk (Non-blind, information on additional care not reported).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (treatment completion and dropout rates were not reported).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear

D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Clear follow-up period and definition of outcomes; methods included the combination of standardised and non-standardised questionnaires; blinding of investigators not reported).		
Likely direction of effect: N/A		

1.12.12 KALLEN2004

Study ID		KALLEN2004
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-randomised allocation, analysis included adjustment for potential confounders. Unclear if groups were comparable at baseline).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		

B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, treatment reported as comparable).		
Likely direction of effect N/A: [4]		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates unclear).		

[4] 451 pregnancies ongoing and outcome awaiting

Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Clear method of definition of outcome, unclear follow-up; non-blind).		
Likely direction of effect: N/A		

1.12.13 KALLEN2007

Study ID		KALLEN2004
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes

A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (one-armed trial [non-randomised allocation, groups not comparable at baseline], adjustments were made during the analysis for all selected confounders).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, one arm).		
Likely direction of effect N/A: [5]		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear

[5] 451 pregnancies ongoing and outcome awaiting

C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates unclear).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Clear method and definition of outcome, unclear follow-up; non-blind).		
Likely direction of effect: N/A		

1.12.14 KIELER2012

Study ID	KIELER2011
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance	Review question no: 4.2

Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (No randomised allocation; confounders were considered during analysis, differences at baselines were not reported).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, one arm).		
Likely direction of effect N/A:		

[6]

[6] 451 pregnancies ongoing and outcome awaiting

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates unclear). • Outcomes limited to country availability		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk (Clearly defined definitions of primary outcomes, follow-up period not specified for all outcomes, investigators were non-blind).
Likely direction of effect: N/A

1.12.15 KORNUM2010

Study ID		KORNUM2010
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (No randomised allocation; confounders were considered during analysis, differences at baselines were not reported).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, one arm).		
Likely direction of effect N/A:[7]		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates unclear). • Outcomes limited to country availability		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes

[7] 451 pregnancies ongoing and outcome awaiting

D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Clearly definitions and methods of primary outcomes, follow-up period limited to malformations registered within the first year of life, investigators were non-blind).		
Likely direction of effect: N/A		

1.12.16 KULIN1998

Study ID		KULIN1998
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (No randomised allocation; unclear if confounders were considered during analysis; reported significant differences in baseline demographics).		

Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, one arm).		
Likely direction of effect N/A:[8]		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear

[8] 451 pregnancies ongoing and outcome awaiting

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates unclear). • Outcomes limited to country availability		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Definitions, methods used to determine outcomes and follow-ups were unclear/vague; non-blind).		
Likely direction of effect: N/A		

1.12.17 LAINE2003

Study ID		LAINE2003
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (No randomised allocation; majority of confounders accounted for by matching, significant baseline differences in age).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, one arm).		
Likely direction of effect N/A: [9]		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	

[9] 451 pregnancies ongoing and outcome awaiting

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates unclear). • Outcomes limited to country availability		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Appropriate length of follow-up; precise definition of follow-up and valid method provided; unclear blinding of investigators – not completely sustained).		
Likely direction of effect: N/A		

1.12.18 LEVINSONCASTIEL2006

Study ID		LEVINSONCASTIEL2006
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (No randomised allocation; confounders were addressed through matched controls; unclear if significant differences in terms of baseline demographics remained).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/ unknown risk (Non-blind, one arm).		
Likely direction of effect N/A: [10]		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates unclear). • Outcomes limited to country availability		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure	No

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	to the intervention	
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Definitions, methods used to determine outcomes and follow-ups were clearly defined; non-blind).		
Likely direction of effect: N/A		

1.12.19 MALM2011

Study ID		MALM2011
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Elena Marcus		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes (but unadjusted odds ratios used only)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias (higher number of confounding factors in exposed group)		
Likely direction of effect: effect size larger		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		

B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias (participants and providers were aware of treatment allocation, unclear whether this would have an effect on outcome)		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias (based on reliable registry data)		

[11] 451 pregnancies ongoing and outcome awaiting.

Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Definitions, methods used to determine outcomes and follow-ups were unclear/vague; non-blind).		
Likely direction of effect: N/A		

1.12.20 MASCHI2008

Study ID		MASCHI2008
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Elena Marcus		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes

A3	The groups were comparable at baseline, including all major confounding and prognostic factors	N/R
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (No randomised allocation, unclear whether there were any differences at baseline).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (it is unclear whether a lack of blinding will have an effect on outcome).		
Likely direction of effect: N/A[12]		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear

[12] 451 pregnancies ongoing and outcome awaiting.

C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates unclear)		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Definitions, methods used to determine outcomes and follow-ups were unclear/vague; non-blind).		
Likely direction of effect: N/A		

1.12.21 OBERLANDER2006

Study ID	OBERLANDER2006
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance	Review question no: 4.2

Checklist completed by: Elena Marcus		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk (No randomised allocation, there were some differences at baseline).		
Likely direction of effect: unclear		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (it is unclear whether a lack of blinding had an effect on outcome).		
Likely direction of effect: N/A		

[13]

[13] 451 pregnancies ongoing and outcome awaiting

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/R
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk (study used medical records for use of antidepressants and congenital abnormalities)		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk (Definitions of outcome were clear however methods used to determine outcomes and follow-ups were unclear/vague; non-blind).
Likely direction of effect: N/A

1.12.22 OBERLANDER2008

Study ID		OBERLANDER2008
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes – but not for our analysis (performed analysis to adjust for confounders however our analysis used the raw unadjusted figures. Controlled for non-compliance and confounding for anticonvulsants within the design)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (Key differences in maternal characteristics emerged; mothers who received an SRI alone had 1.8 times more family physician visits, were three times more likely to have had dugs subsidised throughthe welfare system, and were 16 times more likely to have been diagnosed as depressed in the year before LMP with the 'no exposure group'; that is, not depressed and not receiving an SRI during pregnancy)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk (Differences at baseline; figures used in our analysis did not adjust for confounders – differences noted in crude and adjusted figures for major congenital malformation).		

Likely direction of effect: Effect size bigger		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear (insufficient details provided)
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-blind, information on additional care not reported).		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear (insufficient details provided)
C2	a. How many participants did not complete treatment in each group? Not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk (Follow-up and dropout rates unclear)		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear (insufficient details provided)
D2	The study used a precise definition of outcome	Yes (ICD9 codes)
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear (insufficient details provided)
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear (insufficient details provided)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown		
Likely direction of effect: Unknown/unclear direction		

1.12.23 PEDERSEN2009

Study ID		PEDERSEN2009
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential	Yes (adjusted for potential confounding factors, including maternal age and smoking, but all potential confounders

	confounders?	were considered in crude categories – our analysis used crude figures)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (women taking an SSRI were more likely to be older, living alone, unmarried, and smokers – data not shown)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear (insufficient details provided)
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (it is unclear whether a lack of blinding will have an effect on outcome).		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	
C3	For how many participants in each group were no outcome data available? Unclear Exposed: 0; Unexposed: 3768	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates unclear)		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes (Eurocat categorisation)
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear (not reported)
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear (not reported)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown risk		

1.12.24 RAMOS2008

Study ID		RAMOS2008
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by:		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes (crude and adjusted odds ratios were calculated – adjustments for variables such as tobacco, alcohol or illicit drug-use, income and ethnicity did not alter the results)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

High risk		
Likely direction of effect: Unclear direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? NR	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates unclear)		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (follow-ups were unclear/vague; non-blind).		
Likely direction of effect: Unclear/unknown direction		

1.12.25 SIMON2002

Study ID		SIMON2002
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes (matched to unexposed comparison group by year of birth, maternal age, and mother's lifetime use of antidepressant drugs and maternal mental health care)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk (matched for major confounders).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		

B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear (insufficient details provided)
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (it is unclear whether a lack of blinding will have an effect on outcome).		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear (definition of congenital malformations unclear
D3	A valid and reliable method was used to determine the outcome	Yes (pediatrician specialising in diagnosis and treatment of congenital malformations)
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes (Chart reviewers and investigators remained blind to exposure status throughout chart reviews and primary data analyses)
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes (Chart reviewers and investigators remained blind to exposure status throughout chart reviews and primary data analyses)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		

1.12.26 SIVOJELEZOVA2005

Study ID		SIVOJELEZOVA2005
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential	Yes (matched to a diseased-matched group of women matched for age and gestational age at time of first call to the

	confounders?	Motherisk)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes – but not for all confounders (the maternal characteristics were not statistically different from the comparison group, however when compared with a nonexposed comparison group, there were significantly more women in the exposed group who smoked cigarette, and gained less weight during pregnancy)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear (not reported)
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear (not reported)
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (it is unclear whether a lack of blinding will have an effect on outcome).		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		

C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes (major malformations were defined as structural and/or functional anomalies that have to be corrected surgically or that may alter the social acceptability of the individuals)
D3	A valid and reliable method was used to determine the outcome	Yes (self-report followed-up by infant physician report)
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely		

direction of its effect?
Unclear/unknown risk (non-blind).
Likely direction of effect: Unclear/unknown direction

1.12.27 SURI2007

Study ID		SURI2007
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes (matched unexposed group had major depressive disorder)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes (demographic and clinical characteristics did not differ significantly between groups. Do differences in substance abuse of cigarette use)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear

B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (it is unclear whether a lack of blinding will have an effect on outcome).		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? NR (29 across all 3 groups did not complete the study)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates unclear)		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		

D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear (Unclear precise definition of 'preterm' birth)
D3	A valid and reliable method was used to determine the outcome	Yes (obstetric and hospital records)
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Definitions, methods used to determine outcomes and follow-ups were unclear/vague; non-blind).		
Likely direction of effect: Unclear/unknown direction		

1.12.28 WEN2006

Study ID		WEN2006
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes (matched by the year of the infants birth, the type of institute at birth, and the mother's postal code; adjusted odds ratios presented, however raw figures used for the present analysis)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (exposed women were older, more likely to receive social assistance, were more likely to have a diagnosis of drug

		dependence, had a higher parity, and a higher rate of multigestation)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk (Baseline differences exsisted, not controlled for in the present analysis)		
Likely direction of effect: Effect size bigger		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (it is unclear whether a lack of blinding will have an effect on outcome).		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? NR	

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates unclear)		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown		

1.12.29 WICHMAN2009

Study ID	WICHMAN2009
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance	Review question no: 4.2
Checklist completed by: Iona Symington	

A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (No randomised allocation, unclear whether there were any differences at baseline).		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (it is unclear whether a lack of blinding will have an effect on outcome).		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		

C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		

Likely direction of effect: Unclear/unknown direction

1.12.30 WISNER009

Study ID		WISNER2009
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Not for present analysis (adjusted odds ratios reported, but not used in the present analysis)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (women who tool SSRIs tended to be older, Caucasian, married, and more educated)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk (it is unclear whether a lack of blinding will have an effect on outcome).		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	unclear
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	unclear
C3	a. For how many participants in each group were no outcome data available? 102 overall	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates unclear)		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes

D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes (practitioner blind to maternal exposures)
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk: Low risk		
Likely direction of effect: N/A		

1.12.31 WOGELIUS2006

Study ID		WOGELIUS2006
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes but not for the present analysis (adjusted odds ratios reported, but the current analysis used only the crude figures)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (women with SSRI prescriptions differed from women without prescriptions with regard to maternal age, birth year, country, smoking, prescriptions for antiepileptics and NSAIDs, and preterm delivery)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		

High risk (significant baseline differences in major confounding and prognostic factors)		
Likely direction of effect: Effect size bigger		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (it is unclear whether a lack of blinding will have an effect on outcome).		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	yes
C3	a. For how many participants in each group were no outcome data available? 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	yes

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown risk		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes (ICD-8)
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		

1.13PHARMACOLOGICAL HARMS: (ANTIPSYCHOTICS)

1.13.1AUERBACH1992

Study ID		AUERBACH1992
Reference: Auerbach JG, Hans SL, Marcus J, Maeir S. Maternal psychotropic medication and neonatal behavior. Neurotoxicology & Teratology. 1992;14:399-406		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias (One mother in the ill-medicated group and none in the ill-no medication group reported drinking on a regular basis; there was a trend for mothers in the ill-medicated group to be of lower SES than the unmedicated group)		
Likely direction of effect: Effect size bigger		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown risk		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? NR	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes (The two examiners each assessed a similar proportion of infants in the different groups)
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

1.13.2 BODEN2012A

See 1.14.4.

1.13.3 BODEN2012B

Study ID		BODEN2012B
Reference: Boden R, Lundgren M, Brandt L, Reutfors J, Andersen M, Kieler H. Risks of adverse pregnancy and birth outcomes in women treated or not treated with mood stabilisers for bipolar disorder: Population based cohort study. BMJ (Online). 2012b;345		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No

A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias (Confounds were controlled for in adjusted models. Compared with women using other antipsychotics, women in group 1 (olanzapine/clozapine) were less often smokers, had a lower BMI, and had more previous psychiatric hospitalizations. Of all women who used antipsychotics, 87.9% used only 1 antipsychotic drug throughout the whole pregnancy. The corresponding proportion among women in group 1 was 80.5%).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete	Unclear

	treatment)	
C3	a. For how many participants in each group were no outcome data available? NR	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unclear/unknown direction		

1.13.4 DIAV-CITRIN2005

Study ID		DIAV-CITRIN2005
Reference: Diav-Citrin O, Shechtman S, Ornoy S, Arnon J, Schaefer C, Garbis H, et al. Safety of haloperidol and penfluridol in pregnancy: a multicenter, prospective, controlled study. Journal of Clinical Psychiatry. 2005;66:317-22		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias (No adjustment for confounds.Women in the haloperidol/penfluridol group were older than those in the control group, and a higher proportion of them had 4 children or more. A higher proportion of women in the butyrophenone-exposed group reported smoking more than 5 cigarettes per day compared to the control group. There were no significant differences between the groups in number of pregnancies, history of miscarriages, history of elective terminations of pregnancy or gestational age at first contact).		
Likely direction of effect: Effect size bigger		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction of effect		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Exposed: 57 missing for preterm birth; 66 for caesarean; Unexposed: 97 missing for preterm birth; 231 for caesarean section	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	No
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction of effect		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (After the expected date of delivery, follow-up was conducted by a telephone interview and/or mailed questionnaire with the woman, her physician, or her midwife to obtain details on the pregnancy outcome, gestational age at delivery birth weight, and congenital anomalies)		
Likely direction of effect: Unclear/unknown direction of effect		

1.13.5HABERMANN2013

Study ID		HABERMANN2013
Reference: Habermann F, Fritzsche J, Fuhlbruck F, Wacker E, Allignol A, Weber-Schoendorfer C, et al. Atypical antipsychotic drugs and pregnancy outcome: a prospective, cohort study. Journal of Clinical Psychopharmacology. 2013;33:453-62		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		

High risk (Groups not comparable at baseline: There were some demographic differences between the women who were taking antipsychotic agents and the women of comparison cohort II: higher BMI, consumed more alcohol and cigarettes, had a higher rate of unplanned pregnancies, lower vitamin (folic acid) use, and were more likely to have a lower level of education)		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Exposed N: 155; Unexposed N: 195	

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk (Lost-to-follow-up rates were comparable for patients exposed to antipsychotics and comparison cohort II; 18.3% versus 17.4%)		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Authors argue for detection bias – 'exposed women might be more likely to be offered fetal echocardiography and postnatal diagnosis than healthy women; an effect that might be even more pronounced for the insufficiently studied SGAs')		
Likely direction of effect: Unclear/unknown direction		

1.13.6 LIN2010

Study ID	LIN2010
Reference: Lin HL, Chen YH, Lin HC. No increase in adverse pregnancy outcomes for women receiving antiepileptic drugs. Journal of Neurology. 2009;256:1742-49	
Guideline topic: Antenatal and postnatal mental health: clinical	Review question no: 4.2

management and service guidance		
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N; 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk
Likely direction of effect: Unclear/unknown direction

1.13.7MCKENNA2005

Study ID		MCKENNA2005
Reference: McKenna K, Koren G, Tetelbaum M, Wilton L, Shakir S, Diav-Citrin O, et al. Pregnancy outcome of women using atypical antipsychotic drugs: a prospective comparative study. Journal of Clinical Psychiatry. 2005;66:444-49		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: IonaSymington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk (The exposed group had higher rates of factors known to increase the risk for a negative pregnancy outcome)		
Likely direction of effect: Effect size bigger		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear

B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		

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

1.13.8 NEWHAM2008

Study ID		NEWHAM2008
Reference: Newham JJ, Thomas SH, MacRitchie K, McElhatton PR, McAllister-Williams RH. Birth weight of infants after maternal exposure to typical and atypical antipsychotics: prospective comparison study. British Journal of Psychiatry. 2008;192:333-37		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by:		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear

Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Controlled for influence of concomitant weight altering medication but lack of data relating to other potentially confounding variables)		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	No
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N: 0	

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		

1.13.9 REIS2008

Study ID	REIS2008
Reference: Reis M, Kallen B. Maternal use of antipsychotics in early pregnancy and delivery outcome. Journal of clinical psychopharmacology. 2008;28:279-88	
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance	Review question no: 4.2

Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		

C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		

Likely direction of effect: Unclear/unknown direction

1.13.10 SADOWSKI2013

Study ID		SADOWSKI2013
Reference: Sadowski A, Todorow M, Brojeni PY, Koren G, Nulman I. Pregnancy Outcomes following Maternal exposure to Second-generation antipsychotics given with other psychotropic drugs: a cohort study. BMJ Open. 2013;3		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk (Given the small sample size, unadjusted models were used in most of the analyses; Exposed and control women did not differ with respect to maternal age at conception. The exposed women weighed significantly more than the controls prior to conception; however, the two groups did not differ with respect to weight gain during pregnancy. Significantly more women in the exposed group smoked cigarettes during pregnancy and failed to use prenatal vitamins compared with controls. Thirty-eight per cent of mothers taking SGAs did not breastfeed, which is approximately eight times greater than in controls. Approximately two to three times as many women in the exposed group suffered from hypertension, gestational diabetes and hypothyroidism)		
Likely direction of effect: Effect size bigger		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		

B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect N/A: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Exposed: 0; Unexposed: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		

Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk (Outcomes reported by mothers and physicians); ii)Data obtained from physicians were cross-referenced with information provided by the mothers in order to increase accuracy and minimise recall bias.		
Likely direction of effect: N/A		

1.14PHARMACOLOGICAL HARMS: (ANTICONVULSANTS)

1.14.1ADAB2004/VINTEN2005

Study ID		ADAB2004/VINTEN2005
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Group allocation non-randomised, groups differed at baseline – adjusted for during analysis).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/ unknown risk (Non-blind, no information reported on care received).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? 7	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Length of follow-up not reported, drop-out rate reported as a general figure).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Definitions and methods of outcomes were clearly defined. Primary outcome raters were blind [VIQ and dysmorphic features]).		
Likely direction of effect: N/A		

1.14.2 ARTAMA2005

Study ID		ARTAMA2005
Reference: Artama M, Auvinen A, Raudaskoski T, Isojarvi I, Isojarvi J. Antiepileptic drug use of women with epilepsy and congenital malformations in offspring. Neurology. 2005:64;1874-1878.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Maternal age at delivery comparable across groups. Additional baseline demographics N/R – Unclear if comparable)		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention		

under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (non-blind participants/ care administrators, no information reported on care received during trial/multiple hospitals [n=45]).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? Intervention (11), control (25)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Intervention (11), control (25)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk (no information provided on spontaneous abortions or selective pregnancy terminations – may have potentially biased attrition rates).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-blind, length of follow-up not clearly defined; outcome limited to the main categories of malformations only).		
Likely direction of effect: N/A		

1.14.3 ARTAMA2013

Study ID		ARTMA2013
Reference: Artama M, Gissler M, Malm H, Ritvanen A. Effects of maternal epilepsy and antiepileptic drug use during pregnancy on perinatal health in offspring: Nationwide, retrospective cohort study in Finland. Drug Safety.2013:36;359-369		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is	Unclear (both groups had an epilepsy diagnosis; however information on purchases of prescribed medicines was used as a proxy for AED use, as did not have information on actual AED use)

	not expected to affect the outcome(s) under study)	
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes (two groups of interest, no significant differences at baseline)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk (data derived from population – no systematic differences at baseline, however compliance in terms of those taking medication not clear, therefore may be a confounder)		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes

C2	a. How many participants did not complete treatment in each group? Exposed N: 0; Unexposed N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		

1.14.4 BODEN2012A

Study ID		BODEN2012A
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (No randomised control, groups at baseline differed significantly adjusted for during multivariable analysis).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/ unknown risk (Non-blind, no information reported on care received).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (All participants followed-up for equal length of time, dropout rates not reported).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-blind investigators, definitions and methods of outcomes were clearly defined).		
Likely direction of effect: N/A		

1.14.5 BORTHEN2011

Study ID		BORTHEN2011
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Group allocation non-randomised, potential confounding variables included during analysis, comparability at baseline demographics not reported).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		

B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, no information reported on care received – multiple hospitals).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? Unclear	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Length of follow-up not reported, drop-out rates unclear. Outcome data unclear – one missing BMI reported).		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Definitions and outcome methods were clearly defined. Non-blind. Follow-up unclear].		
Likely direction of effect: N/A		

1.14.6 BROSH2011

Study ID		BROSH2011
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No

Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (No random allocation. Groups differed significantly in baseline demographics – maternal age, smoking, maternal diabetes mellitus, ethnicity – which were controlled for through modelling).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, limited information reported on treatment only).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Unclear length of follow-up and dropout rates).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Clear follow-up period and defined outcome; non-blind).		
Likely direction of effect: N/A		

1.14.7BURJA2006

Study ID	BURJA2006
Guideline topic: Antenatal and postnatal mental health: clinical	Review question no: 4.2

management and service guidance		
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Unclear allocation to groups, no baseline demographics provided – unclear if comparable at baseline).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, no information reported on care received).		
Likely direction of effect N/A:		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Treatment completion, length of follow-up and dropout rates not reported).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk (Non-blind investigators, definitions and methods of outcomes were not clearly defined).
Likely direction of effect: N/A

1.14.8CANGER1999

Study ID		CANGER1999
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Unclear allocation to groups, no baseline demographics provided – unclear if comparable at baseline.		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes

B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Care comparable – clear treatment plan within one hospital setting. Non-blind participants and administrators).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	No
C2	a. How many participants did not complete treatment in each group? 73 (all groups)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? 73 groups	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Data collection variable – commenced within week 20 of gestation, overall dropout only reported – unclear if comparable across arms).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes

D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Clear follow-up period and defined outcome; non-blind investigators).		
Likely direction of effect: N/A		

1.14.9CASSINA2013

Study ID		CASSINA2013
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-randomised allocation, significant baseline differences reported, analysis attempted to address some noted confounding factors).		

Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, treatment reported as comparable).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk (Unclear length of follow-up and dropout rates).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Clear method of definition of outcome; non-blind investigators; unclear follow-up).		
Likely direction of effect: N/A		

1.14.10 CHARLTON2011

Study ID		CHARLTON2011
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential	Yes

	confounders?	
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Allocation: non-randomised; baseline demographics not reported across groups; analysis attempted to account for potential confounders).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, comparability of care provided unclear).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Unclear	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete	Unclear

	treatment)	
C3	a. For how many participants in each group were no outcome data available? Intervention (11), control (25)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Follow-up and dropout rates not reported).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-blind, length of follow-up and outcome methods were not clearly defined).		
Likely direction of effect: N/A		

1.14.11 CHRISTENSEN2013

Study ID		CHRISTENSEN2013
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Groups were not randomly allocated; baseline demographics not reported; included stratified and sensitivity analysis to account for confounders between groups).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/ unknown risk (Non-blind, no information reported on care received).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N/R	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (All participants followed-up for predefined times (analysis adjusted for age) dropout rates not reported).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-blind investigators, definitions and methods of outcomes were clearly defined).		
Likely direction of effect: N/A		

1.14.12 DIAV-CITRIN2001

Study ID		DIAV-CITRIN2001
Reference: Diav-Citrin O, Shechtman S, Arnon J, Ornoy A. Is carbamazepine teratogenic? A prospective controlled study of 210 pregnancies. Neurology. 2001;57:321-24		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk (Confounding variables matched for year, gestational and maternal age at time of call)		
Likely direction of effect: N/A		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, no information reported on care received).		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Exposed N: 0; Unexposed N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Results based on information provided by women (86%) therefore may be biased. However an attempt was made to contact the treating physician for details and verification of every case of malformation)		
Likely direction of effect: Unclear/unknown direction		

1.14.13 DIAV-CITRIN2008

Study ID		DIAV-CITRIN2008
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Allocation not randomised, intervention group were more likely to be first time pregnancy. No significant difference in remaining demographics).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, no information reported on care received).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N/R	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Treatment completion, length of follow-up and dropout rates not reported. 14 cases were not followed up – discontinued medication or valproate had not be taken).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-blind investigators, definitions and methods of outcomes were not clearly defined).		
Likely direction of effect: N/A		

1.14.14 DOLK2008

Study ID		**CZEIZEL1990**
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
Section 1: Internal validity		
1.1	The study addresses an appropriate and clearly focused question.	Well covered
Selection of participants		
1.2	The cases and controls are taken from comparable populations	Well covered
1.3	The same exclusion criteria are used for both cases and controls	Not reported
1.4	What was the participation rate for each group (cases and controls)?	Not reported
1.5	Participants and non-participants are compared to establish their similarities or differences	Not reported
1.6	Cases are clearly defined and differentiated from controls	Adequately addressed
1.7	It is clearly established that controls are not cases	Not reported
Assessment		
1.8	Measures were taken to prevent knowledge of primary exposure influencing case ascertainment	Not reported
1.9	Exposure status is measured in a standard, valid and reliable way	Adequately addressed (Data on exposure to chemicals were obtained from interviews and case registries)
Confounding factors		
1.10	The main potential confounders are identified and taken into account in the design and analysis	Poorly addressed (potential confounds were identified, due to small number of exposures multiple confounders could not be taken into account for simultaneously).
Statistical analysis		
1.11	Have confidence intervals been provided?	Yes

1.14.15 ERIKKSON2005

Study ID	ERIKKSON2005
Eriksson K, Viinikainen K, Monkkonen A, Aikia M, Nieminen P, Heinonen S, et al. Children exposed to valproate in utero--population based evaluation of risks and confounding factors for long-term neurocognitive	

development. Epilepsy Research. 2005;65:189-200		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes (both groups had epilepsy; Control children were chosen from this same pregnancy registry according to their gender and day of birth and the child nearest to the day of birth of the valproate exposed child was selected).
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes (matching in terms of age and gender)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear (no differences in baseline demographics reported in paper, however no information on status of women during pregnancy)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk (no systematic differences in children studied at age 6, however no information on potential confounders in women at the time of exposure to anticonvulsants in pregnancy		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/ unknown risk		
Likely direction of effect: Unclear/ unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Exposed N: 0; Unexposed N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk (evaluator-blinded outcomes)		
Likely direction of effect: N/A		

1.14.16 GAILY2004/KANTOLA-SORSA2007

Study ID		GAILY2004/KANTOLA-SORSA
Gaily E, Kantola-Sorsa E, Hiilesmaa V, Isoaho M, Matila R, Kotila M, et al. Normal intelligence in children with prenatal exposure to carbamazepine. Neurology. 2004;62:28-32 Kantola-Sorsa E, Gaily E, Isoaho M, Korkman M. Neuropsychological outcomes in hildren of mothers with epilepsy. Journal of International Neuropsychological Society. 2007;13:642-652		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes (The next child born at the same hospital to a nonepileptic mother with similar socioeconomic class (defined as the mother's educational level), age, and parity was chosen as the control subject for the first included child of every mother with epilepsy)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		

Low risk		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk		
Likely direction of effect N/A: Unclear/ unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group?	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N: 0	

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Exposed N: 0; Unexposed N: 0		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk (Clear follow-up period and defined outcome; neuropsychologists blinded as to whether the mother had epilepsy and the drug exposure status)		
Likely direction of effect: N/A		

1.14.17 HERNANDEZ-DIAZ2012

Study ID	HERNANDEZ-DIAZ2012
Reference: Hernandez-Diaz S, Smith CR, Shen A, Mittendorf R, Hauser WA, Yerby M, et al. Comparative safety of antiepileptic drugs during pregnancy. Neurology. 2012:78;1692-1699.	
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance	Review question no: 4.2

Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk (Cofounders identified and found not to influence the analysis. Potential confounders considered included maternal age, race, education, alcohol use, cigarette smoking, periconceptional folic acid supplementation, illicit drug use, chronic diseases (for example, insulin-dependent diabetes), and calendar year)		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk		
Likely direction of effect: Unclear/ unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		

C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Exposed N: 0; Unexposed N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Exposed N: 0; Unexposed N: 0		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Different for different outcomes: Low risk for major congenital malformations (teratologist blinded to exposure status, to determine inclusion or exclusion).		

Unclear risk for neural tube defects (different comparison group used – follow-up' comparability outcomes using an external reference group of 206,224 infants born at Brigham and Women's Hospital in Boston whichcaptured by a surveillance system that used the same inclusion/ exclusion criteria for outcome definition, but followed infants only up to 5 days after birth)
Likely direction of effect: Unclear/unknown direction

1.14.18 HOLMES2001

Study ID		HOLMES2001
Reference: Holmes LB. Looking for long-term effects from prenatal exposures to anticonvulsants. Teratology. 2001;64:175-76		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear (statistical analysis in paper adjusts for smoking, alcohol, illicit drug use and other factors, however actual event rates used in present meta-analysis therefore unclear whether these are balanced)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear (baseline figures not reported)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk (baseline data for major confounding factors not reported, unclear whether any systematic differences)		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		

B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk		
Likely direction of effect: Unclear/ unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Exposed N: 0; Unexposed N: 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Exposed N: 0; Unexposed N: 0		
Low risk		

Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk (The infants in all three groups were examined by a study physician; this physician was unaware of the exposure status of the infant during 93 percent of the examinations)		
Likely direction of effect: N/A		

1.14.19 HOLMES2008

Study ID		HOLMES2008
Reference: Holmes L, Baldwin E, Smith C, Habecker E, Glassman L, Wong S. Increased frequency of isolated cleft palate in infants exposed to lamotrigine during pregnancy. Neurology. 2008:70;2152-2158		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No

A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk (baseline data for confounding factors not reported, unclear whether any systematic differences)		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk		
Likely direction of effect: Unclear/ unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Exposed N: 107; Unexposed N: NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear

C3	a. For how many participants in each group were no outcome data available? Exposed N: 107; Unexposed N: NR	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Exposed N: 0; Unexposed N: 0		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk (The written descriptions in the pediatricians' examinations were reviewed separately by the clinical teratologist, blinded to exposure status, to determine inclusion or exclusion. The examination by a physician at birth was used as the gold standard for the detection of all malformations)		
Likely direction of effect: N/A		

1.14.20 HVAS2000

Study ID	HVAS2000

Reference: Hvas CL, Henriksen TB, Ostergaard JR, Dam M. Epilepsy and pregnancy: effect of antiepileptic drugs and lifestyle on birthweight. British Journal of Obstetrics and Gynaecology. 2000;107:896-902		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear (adjust for confounders in analysis, however mean and standard deviation used in guideline meta-analysis not adjusted for)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear (some differences in baseline characteristics, smoking habits greater in unexposed group,)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk (unclear effect of differences in baseline data for confounding factors)		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/ unknown risk		
Likely direction of effect: Unclear/ unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Exposed N: NR; Unexposed N: NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Exposed N: NR; Unexposed N: NR	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure	Yes

	to the intervention	
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk (The written descriptions in the pediatricians' examinations were reviewed separately by the clinical teratologist, blinded to exposure status, to determine inclusion or exclusion. The examination by a physician at birth was used as the gold standard for the detection of all malformations)		
Likely direction of effect: N/A		

1.14.21 JENTINK2010

Study ID		**JENTINK2010**
Reference: Jentink J, Loane MA, Dolk H, Barisic I, Garne E, Morris JK, et al. Valproic acid monotherapy in pregnancy and major congenital malformations. New England Journal of Medicine. 2010;362:2185-93		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown risk		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown risk		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? NR	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

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

1.14.22 KAAJA2003

Study ID		KAAJA2003
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Similar baseline demographics noted. Those allocated to treatment without AED, typically had taken AEDs but had subsequently had several seizure free years – possible lower risk of seizure)		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/ unknown risk (Non-blind, treatment reported as comparable).		
Likely direction of effect N/A:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? N/R	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? N/R	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Unclear length of follow-up and dropout rates).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Clear follow-up period and defined outcome; senior specialist in the treatment of epilepsy, who was blinded to the obstetric outcome)		
Likely direction of effect: N/A		

1.14.23 KANEKO1999

Study ID		**KANEKO1999**
Reference: Kaneko S, Battino D, Andermann E, Wada K, Kan R, Takeda A, et al. Congenital malformations due to antiepileptic drugs. Epilepsy Research. 1999;33:145-58		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (lack of information on potential confounders).		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely		

direction of its effect?		
Unclear/ unknown risk		
Likely direction of effect: Unclear/Unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 54 (total)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? 89 (total)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear risk (unclear drop-out from each group).		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure	Unclear

	to the intervention	
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Clear method of definition of outcome and length of follow-up – standardised checklist; unclear if investigators blind).		
Likely direction of effect: Unclear/unknown direction		

1.14.24 KINI2007

Study ID		**KINI2007**
Reference: Kini U, Lee R, Jones A, Smith S, Ramsden S, Fryer A, et al. Influence of the MTHFR genotype on the rate of malformations following exposure to antiepileptic drugs in utero. European Journal of Medical Genetics. 2007;50:411-20		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk		

Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? NR	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? NR		

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

1.14.25 MOLGAAD-NIELSEN2011

Study ID		**MOLGAARD-NIELSEN2011**
Reference: Molgaard-Nielsen D, Hviid A. Newer-generation antiepileptic drugs and the risk of major birth defects. Obstetrical and Gynecological Survey. 2011;66:543-44		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear (attempts made in analysis to adjust for covariates, however raw figures are used in our meta-analysis therefore does not control for confounders)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear (no baseline data for lamotrigine)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk (our analysis does not adjust for potential confounders; in the paper the potential confounders were individually included in separate models with antiepileptic drug use and selected for the final adjusted regression models if they changed the PORs by 10% or more results no longer significant when using adjusted odds ratio).		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? NR	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? NR	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes (Missing values were included as a separate category where applicable when evaluating the change in estimate. No potential confounder had more than 6% missing values and none of these was identified as a confounder using the change-in-estimate approach)
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? NR		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown risk		

1.14.26 MORROW2006

Study ID		**MORROW2006**
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Non-randomised allocation, significant baseline differences reported, analysis attempted to address some noted confounding factors).		
Likely direction of effect: N/A		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/ unknown risk (Non-blind, treatment reported as comparable).		
Likely direction of effect N/A:[14]		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 356	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? 451 + 356	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Defined follow-up, total dropout rates only provided).		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes/ unclear (Described as a standardised questionnaire)
D4	Investigators were kept 'blind' to participants' exposure	No

[14] 451 pregnancies ongoing and outcome awaiting

	to the intervention	
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Clear method of definition of outcome and length of follow-up; non-blind investigators).		
Likely direction of effect: N/A		

1.14.27 ORNOY1996

Study ID		**ORNOY1996**
Reference: Ornoy A, Cohen E. Outcome of children born to epileptic mothers treated with carbamazepine during pregnancy. Archives of disease in childhood. 1996;75:517-20		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes (matched by birth weight, gestational age, and parental socioeconomic status)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear (some major confounding factors not reported on)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

Low risk		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No (The developmental psychologist did not know to which group a child belonged but the developmental paediatricians were not blinded)
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No (The developmental psychologist did not know to which group a child belonged but the developmental paediatricians were not blinded)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		

1.14.28 RIHTMAN2013

Study ID	**RIHTMAN2013**
Reference: Rihtman T, Parush S, Ornoy A. Developmental outcomes at preschool age after fetal exposure to valproic acid and lamotrigine: Cognitive, motor, sensory and behavioral function. Reproductive Toxicology. 2013;41:115-25	
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance	Review question no: 4.2
Checklist completed by: Iona Symington	
A. Selection bias (systematic differences between the comparison groups)	

A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (significant between group differences in child's age, mother's education and length of time that the child breastfed – control group significantly older than LT group, maternal education higher in control group and control group children breastfed for longer. Also differences for marital status and annual income)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk		
Likely direction of effect: Unknown/unclear direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes (blinded assessors)
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		

Low risk
Likely direction of effect: N/A

1.14.29 RODRGIGUES-PINILLA2000

Study ID		**RODRGIGUES-PINILLA2000**
Reference: Rodriguez-Pinilla E, Arroyo I, Fondevilla J, Garcia MJ, Martinez-Frias ML. Prenatal exposure to valproic acid during pregnancy and limb deficiencies: a case-control study. American Journal of Medical Genetics. 2000;90:376-81		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
Section 1: Internal validity		
1.1	The study addresses an appropriate and clearly focused question.	Well covered
Selection of participants		
1.2	The cases and controls are taken from comparable populations	Well covered
1.3	The same exclusion criteria are used for both cases and controls	Adequately addressed
1.4	What was the participation rate for each group (cases and controls)?	Cases: 86% (3673/22,967) Controls: 87% (3389/25,326)
1.5	Participants and non-participants are compared to establish their similarities or differences	Well covered
1.6	Cases are clearly defined and differentiated from controls	Well covered
1.7	It is clearly established that controls are not cases	Well covered
Assessment		
1.8	Measures were taken to prevent knowledge of primary exposure influencing case ascertainment	Adequately covered
1.9	Exposure status is measured in a standard, valid and reliable way	Adequately covered (exposed during the first trimester)
Confounding factors		

1.10	The main potential confounders are identified and taken into account in the design and analysis	Adequately covered (logistic regression analysis was performed to control for the following potential confounder factors: maternal and paternal age, maternal and paternal education level, consanguinity, ingestion of vitamins and/or iron (as indicator of a good medical control of pregnancy), and maternal treatment with antiepileptic drugs other than VPA during the first trimester of pregnancy)
Statistical analysis		
1.11	Have confidence intervals been provided?	Yes

1.14.30 SAMREN1999

Study ID		**SAMREN1999**
Reference: Samren EB, Van Duijn CM, Christiaens GCML, Hofman A, Lindhout D. Antiepileptic drug regimens and major congenital abnormalities in the offspring. Annals of Neurology. 1999;46:739-46		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes (matched for age and parity of the mother, and sex, birth year, and hospital of delivery of the child) – however other confounders not considered
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes (there were no significant differences in baseline characteristics between the groups)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown risk		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 0 (retrospective study)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? 0 (retrospective study)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes (Major congenital malformations defined as an abnormality of an essential embryonic structure or requiring significant therapy and present at the first 6 weeks of life)
D3	A valid and reliable method was used to determine the outcome	Unclear (data collected from medical records)
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		

1.14.31 STEEGERS-THEUNISSEN1994

Study ID	**STEEGERS-THEUNISSEN1994**
Reference: Steegers-Theunissen RPM, Renier WO, Borm GF, Thomas CMG, Merkus HMWM, Op De Coul DAW, et al. Factors influencing the risk of abnormal pregnancy outcome in epileptic women: A multi-centre prospective study. Epilepsy Research. 1994;18:261-69	
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance	Review question no: 4.2
Checklist completed by: Iona Symington	
A. Selection bias (systematic differences between the comparison groups)	

A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes – but not for the present analysis (cofactors used to compare the control and epilepsy group were: maternal and paternal profession, education and age, parity, maternal length and head circumference, folate supplementation and folate blood levels, preconceptional weight and smoking habits)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear (compare the epilepsy and non-epilepsy groups and not the AED and non-AED epilepsy groups used in the present analysis)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown risk		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown risk		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? 0	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	yes
C3	a. For how many participants in each group were no outcome data available? Unclear (0 for major congenital malformations, unclear missing data across groups for other outcomes)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear ('between one and two years of age')
D2	The study used a precise definition of outcome	Yes (ICD-9 British Paediatric Association System)
D3	A valid and reliable method was used to determine the outcome	Yes (trained research fellow. Consulting doctors contacted to obtain additional information on treatment regimen)
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes (carried out blindly to maternal epilepsy and AED treatment)
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?
Low risk
Likely direction of effect: N/A

1.14.32 VAJDA2007

Study ID		**VAJDA2007**
Reference: Vajda FJE, Hitchcock A, Graham J, O'Brien T, Lander C, Eadie M. The Australian Register of Antiepileptic Drugs in Pregnancy: the first 1002 pregnancies. Australian and New Zealand Journal of Obstetrics and Gynaecology. 2007;47:468-74		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes (for the two groups of interest used in the current analysis)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown risk		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		

B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 10 (1%) lost to follow-up overall	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	unclear
C3	a. For how many participants in each group were no outcome data available? 10 (1%) lost to follow-up	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		

Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes (Victorian Birth Register of Major Malformations)
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear/no
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear/no
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown risk		

1.14.33 VEIBY2013

Study ID		**VEIBY2013**
Reference: Veiby G, Daltveit AK, Schjolberg S, Stoltenberg C, Oyen AS, Vollset SE, et al. Exposure to antiepileptic drugs in utero and child development: a prospective population-based study. Epilepsia. 2013;54:1462-72		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes – however not for the current analysis (Adjusted for maternal age, parity, education, smoking, depression/anxiety, folate supplementation, and child congenital malformations or low birth weight)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear (no noticeable differences between the comparison groups of interest)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown risk		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? Unclear	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? The various developmental scales had few missing values, on average 3.7% (0.6–8.4%) for children of mothers with untreated epilepsy, 4.8% (1.6–10.4%) for antiepileptic drug–treated mothers.	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes (To avoid potential sample distortions caused by missing data, a maximum likelihood estimation procedure was applied to impute missing values. Similarly, imputation of missing values on maternal education (5.1%) was estimated using data on maternal and paternal income, and on paternal education. Less than 1% had missing data on maternal smoking, parity, and age. Developmental scores with ≥20% missing data were excluded)
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No (mother report and not reported)
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No (mother report and not reported)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear risk		

Likely direction of effect: Unclear/unknown direction

1.14.34 WERLER2011

Study ID		**WERLER2011**
Reference: Werler MM, Ahrens KA, Bosco JLF, Mitchell AA, Anderka MT, Gilboa SM, et al. Use of Antiepileptic Medications in Pregnancy in Relation to Risks of Birth Defects. Annals of Epidemiology. 2011;21:842-50		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
Section 1: Internal validity		
1.1	The study addresses an appropriate and clearly focused question.	Well covered
Selection of participants		
1.2	The cases and controls are taken from comparable populations	Well covered
1.3	The same exclusion criteria are used for both cases and controls	Well covered
1.4	What was the participation rate for each group (cases and controls)?	Cases: 99% (174/18,631 excluded) Controls: 99% (61/6807 excluded)
1.5	Participants and non-participants are compared to establish their similarities or differences	Adequately covered
1.6	Cases are clearly defined and differentiated from controls	Well covered
1.7	It is clearly established that controls are not cases	Well covered
Assessment		
1.8	Measures were taken to prevent knowledge of primary exposure influencing case ascertainment	Adequately covered
1.9	Exposure status is measured in a standard, valid and reliable way	Well covered
Confounding factors		

1.10	The main potential confounders are identified and taken into account in the design and analysis	Well covered (Potential confounding by maternal age, race/ethnicity, education, income, prepregnancy body mass index, folic acid use, alcohol intake, cigarette smoking, and prepregnancy diabetes was evaluated by comparing Trimester 1 ORs adjusted for each factor to the corresponding unadjusted ORs. Maternal race/ethnicity (White non-Hispanic, Hispanic, African American non-Hispanic, and other), annual household income ($10,000, $10,000– $49,999, >$50,000), use of folic acid supplements (any, none) and cigarette smoking (any, none) during the 2 weeks before through 14 weeks after the last menstrual period changed crude estimates more than 10% for at least one specific defect and were controlled as potential confounders in all multivariable models)
Statistical analysis		
1.11	Have confidence intervals been provided?	Yes

1.15PHARMACOLOGICAL HARMS: (LITHIUM)

1.15.1BODEN2012A

See 1.14.4.

1.15.2CORREA-VILLASENOR1994

Study ID		**CORREA-VILLASENOR1994**
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
Section 1: Internal validity		
1.1	The study addresses an appropriate and clearly focused question.	Poorly addressed (focus of the study to ascertain genetic and environmental factors associated with Ebstein's anomaly, rather than lithium exposure)
Selection of participants		
1.2	The cases and controls are taken from comparable populations	Not reported
1.3	The same exclusion criteria are used for both cases and controls	Poorly addressed
1.4	What was the participation rate for each group (cases and controls)?	Cases: 4,390 Controls: 3,572
1.5	Participants and non-participants are compared to establish their similarities or differences	Not reported
1.6	Cases are clearly defined and differentiated from controls	Well covered
1.7	It is clearly established that controls are not cases	Well covered
Assessment		
1.8	Measures were taken to prevent knowledge of primary exposure influencing case ascertainment	Adequately addressed
1.9	Exposure status is measured in a standard, valid and reliable way	Poorly covered
Confounding factors		
1.10	The main potential confounders are identified and taken into account in the design and analysis	Not addressed
Statistical analysis		

1.11	Have confidence intervals been provided?	Not reported

1.15.3CZEIZEL1990

Study ID		**CZEIZEL1990**
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Rebecca Gate		
Section 1: Internal validity		
1.1	The study addresses an appropriate and clearly focused question.	Well covered
Selection of participants		
1.2	The cases and controls are taken from comparable populations	Adequately addressed
1.3	The same exclusion criteria are used for both cases and controls	Not reported
1.4	What was the participation rate for each group (cases and controls)?	Not reported (For all cases, information was collected for 80% of total HCMR. Controls unclear)
1.5	Participants and non-participants are compared to establish their similarities or differences	Not reported
1.6	Cases are clearly defined and differentiated from controls	Well covered
1.7	It is clearly established that controls are not cases	Well covered
Assessment		
1.8	Measures were taken to prevent knowledge of primary exposure influencing case ascertainment	Not reported
1.9	Exposure status is measured in a standard, valid and reliable way	Adequately addressed (Data on exposure to chemicals were obtained from the women themselves and supplemented by the case history and medical documents including prescribed drugs)
Confounding factors		
1.10	The main potential confounders are identified and taken into account in the design and analysis	Poorly addressed (Some matching of potential confounds, where a significant difference was found, but no measurement or control for other potential confounds)
Statistical analysis		
1.11	Have confidence intervals been provided?	Yes

1.15.4JACOBSON1992

Study ID		JACOBSON1992
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	unclear (matched to a woman of a similar age (to within 2 years)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (More women using lithium than controls were cigarette smokers)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk (Little baseline demographics provided, significant difference in smoking rate which is not controlled for)		
Likely direction of effect: Effect size bigger		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 10 overall	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? 10 (however all participants included in part of the analysis)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes (Marden's definition of major anomaly-ie, one that has an adverse effect on either the function or social acceptability of the individual)
D3	A valid and reliable method was used to determine the outcome	Yes (The Philadelphia Pregnancy Healthline obtained all follow-up data by telephone; detailed records from physicians caring for the babies were also obtained)

D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear/no (not reported)
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear/no (not reported)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (assume non-blind investigators)		
Likely direction of effect: Unclear/unknown direction		

1.15.5KALLEN1983

Study ID		**KALLEN1983**
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes (correction made in analysis in paper but not present analysis)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (women in the exposed cohort were older and had higher parities than expected)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention		

under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? NR	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

Unclear risk		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		

1.15.6 REIS2008

See above

1.16PHARMACOLOGICAL HARMS: (BENZODIAZEPINES)

1.16.1BAN2014

Study ID		**BAN2014**
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes (Unexposed group also had a diagnosis of depression and Odds ratios adjusted for maternal sociodemographics and comorbidities – however these could not be used in the current analysis)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear (women with medicated depression were slightly more likely to have pre-existing diabetes, hypertension, and epilepsy than women with unmedicated depression; however, distributions were similar across antidepressant classes and individual SSRIs)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear

B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? NR	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes

D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes (ICD-10)
D4	Investigators were kept 'blind' to participants' exposure to the intervention	NR
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	NR
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		

1.16.2CZEIZEL1987

Study ID		**CZEIZEL1987**
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
Section 1: Internal validity		
1.1	The study addresses an appropriate and clearly focused question.	Well covered
Selection of participants		
1.2	The cases and controls are taken from comparable populations	Adequately addressed
1.3	The same exclusion criteria are used for both cases and controls	Not reported
1.4	What was the participation rate for each group (cases and controls)?	Cases: 70 Controls: 67
1.5	Participants and non-participants are compared to establish their similarities or differences	Not reported
1.6	Cases are clearly defined and differentiated from controls	Well covered
1.7	It is clearly established that controls are not cases	Well covered

Assessment		
1.8	Measures were taken to prevent knowledge of primary exposure influencing case ascertainment	Not reported
1.9	Exposure status is measured in a standard, valid and reliable way	Adequately addressed (Data on exposure to chemicals were obtained from the women themselves and supplemented by the case history and medical documents including prescribed drugs)
Confounding factors		
1.10	The main potential confounders are identified and taken into account in the design and analysis	Poorly addressed (Some matching of potential confounds but no measurement or control for other potential confounds)
Statistical analysis		
1.11	Have confidence intervals been provided?	No

1.16.3LAEGREID1990

Study ID		**LAEGREID1990**
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
Section 1: Internal validity		
1.1	The study addresses an appropriate and clearly focused question.	Well covered
Selection of participants		
1.2	The cases and controls are taken from comparable populations	Well covered
1.3	The same exclusion criteria are used for both cases and controls	Not reported
1.4	What was the participation rate for each group (cases and controls)?	Cases: 78 Controls: 66
1.5	Participants and non-participants are compared to establish their similarities or differences	Not reported
1.6	Cases are clearly defined and differentiated from controls	Well covered
1.7	It is clearly established that controls are not cases	Well covered
Assessment		

1.8	Measures were taken to prevent knowledge of primary exposure influencing case ascertainment	Well covered
1.9	Exposure status is measured in a standard, valid and reliable way	Well covered (The serum concentrations of a number of unchanged BZD and/or active metabolites were analysed in maternal blood samples obtained during early pregnancy)
Confounding factors		
1.10	The main potential confounders are identified and taken into account in the design and analysis	Not addressed (No control of confounds)
Statistical analysis		
1.11	Have confidence intervals been provided?	No

1.16.4 LAEGREID1992

Study ID		**LAEGREID1992**
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk (No matching for confounds, slightly fewer mothers in the BZD group than in the reference group lived in a stable pair relationship [75% versus 93%])		
Likely direction of effect: Effect size bigger		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Exposed N: 3; Unexposed N: 14	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear No
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

High risk (In the BZD group, 14 children were seen on all three occasions, 1 on two and 1 on one occasion. In the reference group, 14 children were seen on all three occasions, 11 on two and 3 on one occasion. The health records of one child in the reference group could not be traced, and single values (especially head circumference) were not noted in a few children).		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk (It was not possible to perform a blind evaluation of the children in the BZD group as the mothers had been interviewed about their medication before delivery and were thus known to the investigator. The children in the reference group were, however, blindly evaluated as part of another study)		
Likely direction of effect: Effect size bigger		

1.16.5 LEPPE2010

Study ID		**LEPPEE2010**
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No

A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Baseline demographics NR. Therefore no measurement of, or attempt to control, potential confounds)		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	

	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? NR	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (No blinding as outcome assessors also administered maternal self-report questionnaire. However, outcome is objective so less subject to risk of bias due to lack of blinding than other outcomes)		
Likely direction of effect: Unclear/unknown direction		

1.16.6OBERLANDER2008

Study ID		OBERLANDER2008
Reference: Oberlander TF, Warburton W, et al. Major congenital malformations following prenatal exposure to serotonin reuptake inhibitors and benzodiazepines using population-based health data. Birth Defects Research Part B – Developmental and Reproductive Toxicology. 2008;83: 68-76.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk (Some control of confounds for example maternal illness, however no control for potentially important lifestyle confounds such as smoking and alcohol use); ii) Mothers who had received an SRI alone had 1.8 times more family physician visits, were three times more likely to have had drugs subsidised through the welfare system, and were 16 times more likely to have been diagnosed as depressed in the year before LMP with the 'no exposure group' (that is,, not depressed and not receiving an SRI during pregnancy).		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		

1.16.7ORNOY1998

Study ID		ORNOY1998
Reference: Ornoy, A., J. Arnon, et al. (1998). Is benzodiazepine use during pregnancy really teratogenic? Reproductive Toxicology 12(5): 511-515.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question no: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Exposed N: 139; UnexposedN: 966	

	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	No
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk (76.8% follow up in exposed group, 30.5% in control)		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk (As many of the physicians did not have complete information about pregnancy outcome, the majority of our follow-ups were from the mothers. 78% of the replies came from the mothers, 16% from the physicians, and 6% from nurses and community workers)		
Likely direction of effect: Effect size bigger		

1.16.8PASTUSZAK1996

Study ID	PASTUSZAKI1996
Reference: Pastuszak, A., V. Milich, et al. (1996). Prospective assessment of pregnancy outcome following first trimester exposure to benzodiazepines. Canadian Journal of Clinical Pharmacology 3(4): 167-171.	
Guideline topic: Antenatal and postnatal mental health: clinical	Review question no: 4.2

management and service guidance		
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk (No control of confound; Mothers in exposed groups were older and those who admitted smoking smoked more than the control group)		
Likely direction of effect: Effect size bigger		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Unclear/unknown direction		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? NR	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk
Likely direction of effect: Unclear/unknown direction

1.16.9WIKNER2007

Study ID		WINKER2007
Reference: Wikner BN, Stiller CO, Bergman U, Asker C, & Kallen B. Use of benzodiazepines and benzodiazepine receptor agonists during pregnancy: Neonatal outcome and congenital malformations. Pharmacoepidemiology and Drug Safety. 2007; 16:1203-1210		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk (Confounds were controlled for via exclusion criteria for use of concomitant medication)		
Likely direction of effect: N/A		

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

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

1.17PHARMACOLOGICAL HARMS: (STIMULANTS)

1.17.1POTTEGARD2014

Study ID	HOLMES2008
Reference: Pottegard A, Hallas J, Andersen JT, Lokkegaard ECL, Dideriksen D, Aagaard L. First-trimester Exposure to Methylphenidate: A population-Based Cohort Study. Journal of Clinical Psychiatry. 2014:75;e88-e93	
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance	Review question no: 4.2

Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes (sequential balanced nearest-neighbour matching technique – including maternal age, maternal smoking status after first trimester, maternal BMI
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		

C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Unclear	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? 18 (in the exposed group)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear risk		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		

Low risk
Likely direction of effect: N/A

1.18 PHARMACOLOGICAL INTERVENTIONS: ALCOHOL OR SUBSTANCE MISUSE

1.18.1 MINOZZI2008/2013

Study identification Minozzi S, Amato L, Bellisario C, Ferri M, Davoli M. Maintenance agonist treatments for opiate-dependent pregnant women. Cochrane Database of Systematic Reviews. 2013; Issue 12: CD006318. Minozzi S, Amato L, Vecchi S, Davoli M. Maintenance agonist treatments for opiate dependent pregnant women. Cochrane Database of Systematic Reviews. 2008; Issue 2: CD006318.	
Guideline topic: Interventions for the treatment of mental health problems – substance misuse (including drugs and alcohol)	Review question no: 4.2
Checklist completed by: Bronwyn Harrison	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Yes
Study quality is assessed and reported	Unclear
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Yes

1.19

1.20 PHYSICAL INTERVENTIONS: PREVENTION (NO RISK FACTORS)

1.20.1 NORMAN2010

Study ID		NORMAN2010
Bibliographic reference: Norman E, Sherburn M, Osborne RH, Galea MP. An exercise and education program improves well-being of new mothers: a randomised controlled trial. Physical therapy. 2010;90:348-55		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.1
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer-generated random numbers list)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (Group allocation was concealed in consecutively numbered, sealed, opaque envelopes that were opened by the physical therapist conducting the M&B Program)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (EPDS at baseline: experimental= 8.00 (6.16), control= 6.75 (5.44); significantly more caesarean births in the M&B group, but comparable on all other baseline demographics)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias		
Likely direction of effect: Unclear/unknown direction		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 18; Control group N: 8 (plus 2 versus 3 dropped out at 8 weeks)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 18; Control group N: 8	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
risk of bias (23% versus 10% not completing treatment)		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	
D2	The study used a precise definition of outcome	
D3	A valid and reliable method was used to determine the outcome	

D4	Investigators were kept 'blind' to participants' exposure to the intervention	
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
risk of bias		
Likely direction of effect:		

1.20.2ROBLEDO-COLONIA2012

Study ID		ROBLEDO-COLONIA2012
Bibliographic reference: Robledo-Colonia AF, Sandoval-Restrepo N, Mosquera-Valderrama YF, Escobar-Hurtado C, Ramirez-Velez R. Aerobic exercise training during pregnancy reduces depressive symptoms in nulliparous women: a randomised trial. Journal of Physiotherapy. 2012;58:9-15		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.1
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (insufficient randomisation details provided)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (The investigator responsible for randomly assigning participants to treatment groups did not know in advance which treatment the next person would receive (concealed allocation) and did not participate in administering the intervention or measuring outcomes)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect: Not applicable		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 3	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 3; Control group N: 3	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.20.3 SONGOYGARD2012

Study ID	SONGOYGARD2012
Bibliographic reference: Songoygard KM, Stafne SN, Evensen KA, Salvesen KA, Vik T, Morkved, S. Does exercise during pregnancy prevent postnatal depression? A randomised controlled trial. Acta Obstetricia et Gynecologica Scandinavica. 2012;91:62-7	
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance	Review question number: 2.1
Checklist completed by: Iona Symington	
A. Selection bias (systematic differences between the comparison groups)	

A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computerized randomization procedure)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient detail reported with regards to allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes

C2	a. How many participants did not complete treatment in each group? Experimental group N: 42; Control group N: 78	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 50; Control group N: 86	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes (there were no differences in variables between women lost to follow-up from the intervention group and those lost from the control group)
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

1.21 PHYSICAL INTERVENTIONS: PREVENTION (RISK FACTORS IDENTIFIED)

1.21.1 HADDAD-RODRIGUES2013

Study ID		HADDAD-RODRIGUES2013
Bibliographic reference: Haddad-Rodrigues M, Nakano AMS, Stefanello J, Silveira RCCP. Acupuncture for Anxiety in Lactating Mothers with Preterm Infants: A Randomized Controlled Trial. Evidence-Based Complementary and Alternative Medicine. 2013;2013:169184		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 2.1
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (Computer generated list)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (Opaque enveloped, sealed by person blind to randomisation)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias		
Likely direction of effect: Unclear/unknown		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 15; Control group N: 15	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 15; Control group N: 15	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias (49% attrition rate (although even for both groups)		

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

1.22PHYSICAL INTERVENTIONS: TREATMENT

1.22.1ARMSTRONG2004

Study ID		ARMSTRONG2004
Bibliographic reference: Armstrong KL, Fraser JA, Dadds MR, Morris J. A randomised, controlled trial of 28 nurse home visiting to vulnerable families with newborns. Journal of Paediatric 29 Child Health. 1999;35:237-44.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (Randomised number tables in four-block randomised sequence)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (sealed envelopes containing assignment, opened in a sequential manner)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 3; Control group N: 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear (Paper reports available case and not possible to compute ITT [WCS])

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes

D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes (self-report)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes (self-report)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

1.22.2CHUNG2012

Study ID	CHUNG2012
Bibliographic reference: Chung KF, Yeung WF, Zhang ZJ, Yung KP, Man SC, Lee CP et al. Randomized non-19 invasive sham-controlled pilot trial of electroacupuncture for postpartum 20 depression. Journal of Affective Disorders. 2012;142:115-21	
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance	Review question number: 4.2
Checklist completed by: Iona Symington	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer-generated list of numbers with a block size of four)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient details regarding allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group N: 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes (EPDS and HDRS was performed by independent research assistants and clinicians, respectively, who were blinded to group allocation)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

1.22.3 DALEY2008

Study ID		DALEY2008
Bibliographic reference: Daley A, Winter H, Grimmett C, McGuinness M, McManus R, MacArthur C. 7 Feasibility of an exercise intervention for women with postnatal depression: A pilot 8 randomised controlled trial.' British Journal of General Practice. 2008;58:178-183.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer-generated random list)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (Allocation concealed from researchers. Participants learned which group they had been assigned by telephoning an independent researcher)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 3	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 4; Control group N: 3	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes

D4	Investigators were kept 'blind' to participants' exposure to the intervention	Questionnaires (self-report)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes (self-report)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

1.22.4 DALEY2013

Study ID		DALEY2013
Bibliographic reference: Daley AJ, Blamey RV, Jolly K, Roalfe AK, Turner KM, Coleman S et al. A pragmatic 10 randomised controlled trial to evaluate the effectiveness of exercise as a treatment 11 for postnatal depression: the PAM-PeRS trial.(in press).		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (internet randomisation service)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (concealed from researchers involved in recruiting and randomising participants to the groups)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 5	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 4; Control group N: 5	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect: Unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes

D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes (self-report)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

1.22.5 FIELD2013B

Study ID		FIELD2013B
Bibliographic reference: Field T, Diego M, Delgado J, Medina L. Tai chi/yoga reduces prenatal depression, anxiety and sleep disturbances. Complementary Therapeutic Practice. 2013b;19:6-10		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (Not reported)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (Not reported)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (Lesser education and lower SES in the chai chi/yoga group)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown/unclear direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 3	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 9; Control group N: 8	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear

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

1.22.6MANBER2004

Study ID		MANBER2004
Bibliographic reference: Manber R, Schnyer RN, Allen JJB, Rush JA, Blasey CM. Acupuncture: a promising 13 treatment for depression during pregnancy. Journal of Affective Disorders. 2004; 14 83:89-95.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (insufficient details on randomisation)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient details on allocation concealment)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias		
Likely direction of effect: Unclear/unknown direction		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Different for different comparisons. For comparisons of two acupuncture groups: Yes (acupuncture treatments were provided in a double-blind fashion). Blinding not possible for acupuncture versus massage comparison
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group (1) N: 2; Control group (2) N; 1	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 4; Control group (1) N: 2; Control group (2) N; 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias		
Likely direction of effect: Unclear/unknown direction		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Different for different comparisons: Yes (for specific versus non-specific acupuncture), no (for massage versus acupuncture)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

1.22.7MANBER2010

Study ID		MANBER2010
Bibliographic reference: Manber R, Schnyer RN, Lyell D, Chambers AS, Caughey AB, Druzin M et al. 16 Acupuncture for depression during pregnancy: a randomised controlled trial. 17 Obstetrics and Gynecology. 2010;115:511-20.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (electronically generating a list of random permutations of three elements)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (The randomization sequence was concealed until the interventions were assigned)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Different for different comparisons (Participants who received acupuncture were not told which of the two types of acupuncture they were receiving. Massage therapists and participants who received massage were not blinded to treatment assignment)
B3	Individuals administering care were kept 'blind' to treatment allocation	Different for different comparisons (Participants who received acupuncture were not told which of the two types of acupuncture they were receiving. Massage therapists and participants who received massage were not blinded to treatment assignment)
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N 12:; Control group (1) N: 11; Control group (2) N: 10	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear

C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group (1) N: 0; Control group (2) N: 0. All outcome data analysed on an ITT basis (The primary analysis was conducted on the ITT sample (all 150 randomised) Mixed effects models provide a contemporary approach to missing data, allowing for true intent-to-treat analysis, by using estimated individual time trend lines based on available data for each individual, augmented by information from data for all other individuals in the sample)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: N/A		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Different for different outcomes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

1.22.8O'HIGGINS2008

Study ID		O'HIGGINS2008
Bibliographic reference: O'Higgins M, St. James Roberts I, Glover V. Postnatal depression and mother and 37 infant outcomes after infant massage. Journal of Affective Disorders. 2008;109:189-92		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (prospective block-controlled randomised design)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (not reported)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group N: 6	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 9; Control group N: 14	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

1.22.9 ONOZAWA2001

Study ID		ONOZAWA2001
Bibliographic reference: Onozawa K, Glover V, Adams D, Modi N, Kumar RC. Infant massage improves 17 mother-infant interaction for mothers with postnatal depression. Journal of Affective 18 Disorders. 2001;63:201-7.		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Unclear (insufficient details provided)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear (insufficient details provided)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear risk of bias		
Likely direction of effect: Unclear/unknown direction of effect		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 7; Control group N: 2	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 7; Control group N: 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias (Attrition between randomisation and intervention (25/59; due mainly to inconvenient timings of the study) not counted in the endpoint analysis)		
Likely direction of effect: Unclear/unknown direction of effect		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes (self-report)
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes (self-report)
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes (self-report)
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

1.22.10 WIRZ-JUSTICE2011

Study ID		WIRZ-JUSTICE2011
Bibliographic reference: Wirz-Justice A, Bader A, Frisch U, Stieglitz RD, Alder J, Bitzer J, et al. A Randomised, Double-Blind, Placebo-Controlled Study of Light Therapy for Antepartum Depression. Focus on Women's Mental Health. 2011;72:986-993		
Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance		Review question number: 4.2
Checklist completed by: Iona Symington		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes (computer generated)
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes (light boxes in identical, coded cartons to preserve the blind)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect: Not applicable		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 7; Control group N: 5	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	For how many participants in each group were no outcome data available? Experimental group N: 8; Control group N: 11	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Unclear

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