National Institute for Health and Care Excellence

Final

Postnatal care

[B] Information transfer

NICE guideline NG194

Evidence review underpinning recommendations 1.1.8 to 1.1.9

April 2021

Final

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

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Information transfer

Review question

What information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care?

Introduction

Postnatal care is shared between different professionals. They bring different expertise to the care of women and babies. It is vital that the transfer of care from one professional group to another should not lead to the neglect of some aspects of care, nor inconsistent advice being given. Good communication between professional groups should minimise failings of care at transfer. The aim of this review is to identify the essential components of information being passed between healthcare professionals at transfer of care from birth care team to community care.

Summary of the protocol

See Table 1: Summary of the protocol (PICo table)

for a summary of the Population, (Phenomenon of) Interest and Context characteristics of review.

Table 1: Summary of the protocol (PICo table)

Population	Women who have given birth to a healthy baby at term (singleton or multiple birth) and health and social care professionals caring for them
Phenomenon of Interest	Views and experiences about the information shared between birth care and community care teams. Themes will be identified from the literature. The committee identified the following potential themes (however, they are aware that not all of these themes may be found in the literature and that additional themes may be identified): • the key items of information that should be shared between teams, from the point of view of parents • the key items of information that should be shared between teams, from the point of view of health and social care professionals in birth care teams and community care teams (for example, information relating to the woman's health and wellbeing or infant feeding)
Context	Studies from the UK and high income countries.

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

Methods and process

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

Declarations of interest were recorded according to NICE's 2014 conflicts of interest policy until March 2018. From April 2018 until June 2019, declarations of interest were recorded according to NICE's 2018 conflicts of interest policy. From July 2019 onwards, the

declarations of interest were recorded according to NICE's 2019 conflicts of interest policy. Those interests declared before July 2019 were reclassified according to NICE's 2019 conflicts of interest policy (see Register of Interests).

Clinical evidence

Included studies

Five qualitative studies were included in this review (Homer 2009, Olander 2019, Psaila 2014a, Psaila 2014b and Psaila 2014c). Four were conducted in Australia and reported on the healthcare professionals' views and opinions of information transfer (Homer 2009, Psaila 2014a, Psaila 2014b and Psaila 2014c) and 1 in the UK which reported on women's views and opinions on information transfer (Olander 2019). No studies were identified that reported on the views and opinions of information transfer from father's or partners. The study by (Homer 2009) explored the current transition of care, specifically looking at understanding the barriers and facilitators to effective transition of care. The 3 studies by Psaila (2014a, 2014b and 2014c) report on three different phases of the CHoRUS study. Phase one explored the current problems with the transfer of care between maternity services and children and family health services (Psaila 2014c). Phase two took the key issues that were described in phase one and confirmed them through a surveys of a much larger cohort of midwives and nurses (Psaila 2014a). Finally phase three described how healthcare professionals found a newly implemented strategies and model of care system. Finally, the study by Olander (2019) explored the womans' experiences and views of the continuity of information shared and provided by midwives and health visitors during and after pregnancy.

The healthcare professionals' involved in the studies included midwifery managers, midwifery consultants and outreach or community midwives, children family health nurse managers, children family health nurse consultants, clinical nurse specialists or educators, and family first staff (Homer 2009); midwives and children family health nurses (Psaila 2014a); managers, children family health nurses, midwives, GPs, support workers, allied health, aboriginal health workers and community health professionals (Psaila 2014b) and children family health nurses, midwives, GPs and practice nurses (Psaila 2014c). The women who were recruited to Olander (2019) were women who had had an infant within in the last 12 months. Nineteen of the 29 women included in the study were first time mothers.

Two studies collected their data using questionnaires with open ended questions (Homer 2009 and Psaila 2014a) and 3 studies used a combination of face-to-face, telephone, teleconference interviews or focus groups (Olander 2019, Psaila 2014b and Psaila 2014c). Data from the included studies were explored in a number of central themes and subthemes:

Theme 1. Women's general well-being (physical, mental and social)
- Sub-theme 1.1. Mental health.
- Sub-theme 1.2. Drug health issues.
- Sub-theme 1.3. Physical health.
- Sub-theme 1.4. Psychosocial issues.
- Sub-theme 1.5. Depression.

Theme 2. Past and future treatments had or required by the woman and her baby
- Sub-theme 2.1. History.
- Sub-theme 2.2. Further management needed.

Theme 3. Safety concerns
- Sub-theme 3.1. Domestic Violence.
- Sub-theme 3.2. Information used for determining home visit priority.

Theme 4. Risk factors
- Sub-theme 4.1. General risk factors.
- Sub-theme 4.2. Mental social or physical risk factors.
- Sub-theme 4.3. Chronic conditions/illnesses.

Theme 5. Previous care and experiences
- Sub-theme 5.1. Birth experience.
- Sub-theme 5.2. Pregnancy.
- Sub-theme 5.3. Miscarriage history.

Theme 6. Accurate, adequate and individualised information

The included studies are summarised in Table 2.

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

Excluded studies

Studies not included in this review are listed, and reasons for their exclusion are provided in appendix K.

Summary of studies included in the evidence review

Summaries of the studies that were included in this review are presented in Table 2.

Table 2: Summary of included studies.

Study and aim of study	Participants	Methods	Themes
Homer 2009 Australia **Aim of the study** • To understand the transition of care from one service to another and how to promote collaboration in the first few weeks after the birth.	N=67 Midwifery manager n=19 Midwife consultant, outreach / community midwife n=15 CFH nurse manager n=12 CFH nurse consultant, clinical nurse specialist or educator n=13 Families First n=4 Other n=5	Questionnaire including open ended questions	• Women's general wellbeing (physically mentally and socially) • Safety concerns • Risk factors • Accurate, adequate and individualised information
Olander 2019 UK **Aim of the study** • To explore recent mothers' experiences and views of the continuity of information shared and provided by midwives and health visitors during and after pregnancy in England.	N=29 women who had had a baby within 12 months of the study	Face-to-face or telephone interviews	• Women's general wellbeing (physically mentally and socially) • Past and future treatments had / required by the woman and her baby • Risk factors • Previous care and experiences
Psaila 2014a Australia **Aim of the study**	N=1748 n=650 midwives n=1098 child and family health nurses	Questionnaire / survey including open ended questions	• Women's general wellbeing (physically mentally and socially)

Study and aim of study	Participants	Methods	Themes
• To explore and describe the transition of care between maternity services to child and family health services from the perspective of Australian midwives and child and family health nurses.			• Past and future treatments had / required by the woman and her baby • Accurate, adequate and individualised information
Psaila 2014b Australia **Aim of the study** • To describe a range of innovations developed to improve transition of care between maternity and child and family health services and identifies the characteristics common to all innovations.	N=33 (Managers, CFH nurses, midwives, GPs, support workers, allied health, Aboriginal health workers and community health professionals)	Interviews either face-to-face or by telephone in groups, including focus groups.	• Women's general wellbeing (physically mentally and socially) • Safety concerns • Risk factors
Psaila 2014c Australia **Aim of the study** • Aims to examines the concept of continuity across the maternity and CFH service continuum from the perspectives of midwifery, CFH nursing, general practitioner (GP) and practice nurse (PN) professional leader	N=132 n=60 CFH nurses n=45 midwives n=15 GPs n=12 practice nurses	Focus groups and teleconferences	• Women's general wellbeing (physically mentally and socially) • Past and future treatments had / required by the woman and her baby • Previous care and experiences

CFH: Child and Family Health; GP: General Practitioner; PN: practice nurse

See the full evidence tables in appendix D. No meta-analysis was conducted (and so there are no forest plots in appendix E).

Quality assessment of studies included in the evidence review

See the evidence profiles in appendix F.

Economic evidence

Included studies

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

Excluded studies

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

Economic model

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

Evidence statements

Clinical evidence statements

Theme 1. Women's general well-being (physical, mental and social)

- **Sub-theme 1.1. Mental health.** Low quality evidence from 5 studies conducted in Australia (4 studies) and the UK (1 study) reported on this theme. Both women and healthcare professionals felt that it was important that information relating to the mental health of the woman was passed between healthcare professionals.
- **Sub-theme 1.2. Drug health issues.** Low quality evidence from 1 Australian study reported on this theme. Healthcare professionals were concerned at the holding back of relevant information, which included issues relating to drug health. From this we can infer that information relating to drug health is important to be passed on between healthcare professionals.
- **Sub-theme 1.3. Physical health.** Low quality evidence from 2 studies conducted in Australia (1 study) and the UK (1 study) reported on this theme. Women thought that information relating to their physical health should be passed on between healthcare professionals. Healthcare professionals valued a new electronic referral system that all healthcare professionals could access. This system included information on the woman's physical health risk factors.
- **Sub-theme 1.4. Psychosocial issues.** Low quality evidence from 3 studies conducted in Australia reported on this theme. Healthcare professionals were pleased that they now received information on the woman's psychosocial assessment. From this we can infer that it is important for information relating to psychosocial issues to be passed between healthcare professionals.
- **Sub-theme 1.5. Depression**. Low quality evidence from 2 studies conducted in Australia reported on this theme. Healthcare professionals valued a new electronic referral system that all healthcare professionals could access. This system included information on the woman's Edinburgh Depression score. From this we can infer that it is important for information identifying those with suspected postnatal depression to be passed between healthcare professionals.

Theme 2. Past and future treatments had or required by the woman and her baby

- **Sub-theme 2.1. History.** Low quality evidence from 3 studies conducted in Australia (2 studies) and the UK (1 study) reported on this theme. Women thought that information that related to any factors which could affect the well-being of a woman or her baby should be shared between midwives and health visitors. Child and family

health nurses did not find the transfer of care very effective, particularly when it came to receiving recent information to include in histories. From this we can infer that it is important for information relating to the woman's history to be passed between healthcare professionals. Healthcare professionals also valued a new electronic referral system that all healthcare professionals could access and would provide information on the woman's history.

- **Sub-theme 2.2. Further management needed.** Low quality evidence from 1 Australian study reported on this theme. Healthcare professionals felt unsure about what arrangements had been made and whether further management was needed. It was unclear whether the authors meant further management of the woman or the baby. From this we can infer that it is important for information relating to any necessary further management (whether for the woman or baby) to be passed between healthcare professionals.

Theme 3. Safety concerns

- **Sub-theme 3.1. Domestic Violence.** Low quality evidence from 2 studies conducted in Australia reported on this theme. Healthcare professionals were frustrated when concerns over the woman's safety, from a domestic violence view point, were not passed on. From this we can infer that it is important to pass on information between healthcare professionals, which relates to domestic violence.
- **Sub-theme 3.2. Information used for determining home visit priority.** Low quality evidence from 1 study conducted in Australia reported on this theme. Healthcare professionals wanted to be given information that could be used to determine whether a woman should be a priority for a home visit. From this we can infer that it is important for information relating to home visit priorities to be passed between healthcare professionals.

Theme 4. Risk factors

- **Sub-theme 4.1. General risk factors.** Low quality evidence from 1 Australian study reported on this theme. Healthcare professionals were frustrated when women would present at their services demonstrating multiple risk factors. It was felt that the identification of multiple risk factors was not communicated appropriately within the health service and that poor communication may be owing to professional boundaries. From this we can infer that it is important for information relating to risk factors to be passed between healthcare professionals.
- **Sub-theme 4.2. Mental social or physical risk factors.** Low quality evidence from 1 Australian study reported on this theme. Healthcare professionals discussing a new electronic referral system that all healthcare professionals could access placed value on the fact that there would be automatic referrals for women or babies with specific risk factors. From this we can infer that it is important for information relating to mental, social and physical risk factors to be shared between healthcare professionals.
- **Sub-theme 4.3. Chronic conditions/illnesses.** Low quality evidence from 1 study conducted in Australia reported on this theme. Women felt that it was important for any pertinent information to be shared between healthcare professionals. Information about chronic conditions and illnesses were particularly important to some women.

Theme 5. Previous care and experiences

- **Sub-theme 5.1. Birth experience.** Low quality evidence from 2 studies conducted in Australia (1 study) and the UK (1 study) reported on this theme. Women felt that health visitors should know more about their birth experiences but evidence about whether they wished to discuss the subject was conflicting. For some women it was unpleasant for them to have to recount their birth experiences, especially if they were traumatic. Other women found that recounting their birth story several times was

beneficial or even nice. Healthcare professionals were aware that they often do not receive the full story of the birth experience from other healthcare professionals so women are being asked to repeat their story several times.

- **Sub-theme 5.2. Pregnancy.** Low quality evidence from 1 UK study reported on this theme. Women wanted healthcare professionals to know how their pregnancy had proceeded. It was important to feel like they were not starting all over again with each new healthcare professional.
- **Sub-theme 5.3. Miscarriage history.** Low quality evidence from 1 UK study reported on this theme. Women wanted healthcare professionals to know their past histories, including any miscarriages, so that their situations could be handled with the appropriate awareness.

Theme 6. Accurate, adequate and individualised information

- Low quality evidence from 2 studies conducted in Australia reported on this theme. Healthcare professionals indicated that the information with which they are provided is often not accurate, adequate or individualised. From this we can infer that healthcare professionals want the information provided to them by other practitioners to be accurate, adequate and individualised.

Economic evidence statements

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

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

This review focused on the information that should be shared between birth care and community care teams. To address this issue the review was designed to include qualitative data and as a result the committee could not specify in advance the data that would be located. Instead they identified the following main themes to guide the review although the list was not exhaustive and the committee were aware that additional themes may be identified. Suggested themes for information transfer included:

- the key items of information that should be shared between teams, from the point of view of parents
- the key items of information that should be shared between teams, from the point of view of health and social care professionals in birth care teams and community care teams (for example, information relating to the woman's health and wellbeing or infant feeding)

The quality of the evidence

The evidence was assessed using GRADE-CERQual methodology and the overall confidence in the review findings were all low.

There were 'minor' concerns with the methodological limitations to the studies as all 5 studies failed to discuss data saturation.
There were 'minor to moderate' concerns with the relevance of the included studies in the context of this guideline as 4 studies (Homer 2009, Psaila 2014a, Psaila 2014b, Psaila 2014c) had limited or no reported participant characteristics and only 1 study (Olander 2019) reported inclusion and exclusion criteria for the participants. Therefore, it was hard to know how well these studies represented the context of this guideline. However, since the studies were conducted in the UK and Australia, it was assumed that they would be broadly relevant.

There were 'no or very minor' concerns about coherence as there were no contradictory or ambiguous data.
Finally, there were 'minor to moderate' concerns about the adequacy of the included studies, as the number of studies for each theme or sub-theme ranged from 1 to 5. Particularly when there were only 1 or 2 studies contributing to the theme or sub-theme, the evidence was often particularly thin.

Benefits and harms

On the basis of the evidence about sharing certain important information, the committee discussed the logistical complications surrounding information transfer. They agreed that the birth care teams and home care teams typically use different patient record systems without access to each other's. Nevertheless, they concluded that the issues surrounding information transfer would not be resolved by everyone simply being able to see the information via shared records. Instead the committee wanted to encourage verbal communication between the healthcare professionals, particularly with reference to highlighting concerns or 'red flags' associated with the patients' care. However they recognised this was not an issue the committee could make a recommendation on and that it would be a challenge that individual health trusts would need to address.

The committee did however agree about the importance of recommending that certain information is shared, on the basis of the evidence and their knowledge and experience. They wished to balance providing a detailed list of every piece of information that should be transferred with the risk of omitting something that is then in practice, not transferred because it wasn't listed in the recommendation. At the same time, the appropriate level of detail of the information may vary depending on whether the healthcare professional giving or receiving the information is a health visitor or a GP or a midwife, for example. The committee also discussed how 4 of the 5 papers (Homer 2009, Psaila 2014a, Psaila 2014b and Psaila 2014c) from the evidence did not specifically answer the review question of what information should be provided at the transfer of care. Instead, the evidence extracted from these papers inferred the types of information healthcare professionals felt should be shared. The committee discussed how sharing information about past or current mental health concerns is important, given that the woman has given consent, however they also recognised that sharing past mental health concerns may not always be appropriate and may just stigmatise the woman. However, knowing that mental health problems are prevalent in the postnatal period, the committee discussed how concerns raised by the woman herself, a family member or healthcare professional should be shared between healthcare professionals as appropriate so that they can be taken into account and to ensure that follow-ups and monitoring takes place. In light of these considerations, the committee agreed not to provide a comprehensive list of all information that should be transferred between care teams. Instead, they recommended effective and prompt communication between healthcare professionals and stated a number of general areas that should be covered by the information sharing. These include any relevant information relating to the pregnancy or birth, complications or conditions that should be known. Also, information about ongoing care and long-term management plans may be relevant. Practical issues such as information about who has parental responsibility for the baby and the woman's next of kin should also be shared. Another important topic would be safeguarding issues and being aware of an existing, relevant NICE guidelines, the committee agreed to sign post to NICE PH50 on domestic violence and abuse and NICE NG76 on child abuse and neglect. Sharing information about any concerns that the woman, her partner, or the healthcare professional might have of the woman's or the baby's health or wellbeing, including feeding issues, should also be shared so that important issues are not missed and care is continued.

Data about information transfer relevant to specific subgroups were not identified from the evidence. Based on their knowledge and experience, the committee agreed to recommend that information relating to whether a woman or a previous child had had female genital mutilation should be passed on between the birth care team to the community care team,

particularly if the baby is female. The committee reported that if female genital mutilation has been identified in the family then it may become a risk for the female baby.

The main harm of the recommendation could be if healthcare professionals were to rely too heavily on documented information and did not speak to each other or use their common sense when handing over a patient's care, particularly if there are areas of concern that should be highlighted to the team taking over the patient's care. The committee agreed that on balance the harms that could potentially result from the recommendation on information sharing at transfer of care will be outweighed by the improvement in the transfer of information between the teams.

The committee were also aware that sometimes there is a problem with the transfer of care from the midwifery services to the health visiting services, for example that the midwifery discharge has not been clearly communicated to the health visitors. In order to ensure there are no gaps in care provision and that there is a smooth transfer of care from midwifery to health visitors, the committee agreed to make a consensus-based recommendation about ensuring that midwifery services clearly communicate the transfer of care to health visitors as well as to the woman/family.

Cost-effectiveness and resource use

No economic evidence is available for this review question. Information sharing between healthcare professionals at transfer of care has minor resource implications, relating to extraction of all relevant data from the information system. Discharge records are prepared as part of current care, so the healthcare resources needed to implement the recommendations relate to the staff time spent on inclusion of any additional information in the discharge records. Recommendations are expected to lead to better care and improved health outcomes for women following discharge from the maternity unit at a very small cost, and therefore the committee agreed that they comprise efficient use of resources.

Other factors the committee took into account

The committee noted during protocol development that certain subgroups of women and health care professionals may require special consideration:

- young women (19 years or under)
- women with physical and cognitive disabilities
- women with severe mental health illness
- women who had difficulty accessing postnatal care services
- the type of the teams exchanging information (for example, hospital to social services, hospital to community midwife or midwife to community health visitor).

A stratified analysis was therefore predefined in the protocol based on these subgroups. However, considering the lack of evidence for these sub-groups, the committee agreed not to make separate recommendations and that the recommendations they did make should apply universally.

References

Homer 2009

Homer, C. S. E., Henry, K., Schmied, V., Kemp, L., Leap, N., Briggs, C. 'It looks good on paper': Transitions of care between midwives and child and family health nurses in New South Wales. Women and Birth, 22, 64-72, 2009

Olander 2019

Olander, E. K., Aquino, M. R. J. R., Chhoa, C., Harris, E., Lee, S., Bryar, R. M. Women's views of continuity of information provided during and after pregnancy: A qualitative interview study. Health & social care in the community, 27, 1214-1223, 2019

Psaila 2014a

Psaila, K., Kruske, S., Fowler, C., Homer, C., Schmied, V. Smoothing out the transition of care between maternity and child and family health services: Perspectives of child and family health nurses and midwives'. BMC pregnancy and childbirth, 14, 151, 2014

Psaila 2014b

Psaila, K., Fowler, C., Kruske, S., Schmied, V. A qualitative study of innovations implemented to improve transition of care from maternity to child and family health (CFH) services in Australia. Women and Birth: 27, e51-60, 2014

Psaila 2014c

Psaila, K., Schmied, V., Fowler, C., Kruske, S. Discontinuities between maternity and child and family health services: health professional's perceptions. BMC Health Services Research, 14, 4, 2014

Appendices

Appendix A – Review protocol

Review protocol for review question: What information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care?

Table 3: Review protocol

Field (based on PRISMA-P)	Content
Review question	What information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care?
Type of review question	Qualitative
Objective of the review	This review aims to determine what information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care.
Eligibility criteria – population/disease/condition/issue/domain	Women who have given birth to a healthy baby at term (singleton or multiple birth) and health and social care professionals caring for them. Studies that are limited to women with a pre-existing condition will be excluded.
Eligibility criteria – phenomenon of interest	Views and experiences about the information shared between birth care and community care teams. Themes will be identified from the available literature, but expected themes are: • The key items of information that should be shared between teams, from the point of view of parents • The key items of information that should be shared between teams, from the point of view of health and social care professionals in birth care teams and community care teams (for example, information relating to the woman's health and well-being or infant feeding)
Eligibility criteria – comparator(s)	Not applicable, qualitative review
Outcomes and prioritisation	Not applicable, qualitative review
Eligibility criteria – study design	• Published full-text papers only • Qualitative studies (for example, studies that use interviews, focus groups, or observations) • Surveys using open ended questions and a qualitative analysis of responses • Studies using a mixed methods design (only the qualitative data will be extracted and risk of bias assessed using the relevant checklist). Exclusions: • purely quantitative studies (including surveys reporting only quantitative data)

Field (based on PRISMA-P)	Content
	• surveys using mainly closed questions or which quantify open ended answers for analysis • conference abstracts will not be considered. Studies will be prioritised for inclusion if they: • Provide comprehensive data, for example covering a wide section of the review population or cover a wide range of themes • Were published more recently. During data extraction of full texts, data saturation will be monitored and if reached, then exclusions will be made. This means that less comprehensive studies and older studies may be excluded due to data saturation.
Other inclusion exclusion criteria	Studies from low- and middle-income countries as defined by the World Bank will be excluded, as the configuration of postnatal care in these countries is likely to differ from that of the NHS. Studies from the UK will be prioritised. Published after 2000. Practice has changed since 2000 and anything published before this is unlikely to be relevant.
Proposed sensitivity/sub-group analysis, or meta-regression	The following groups will be considered for stratified analyses: • young women (19 years or under) • women with physical or cognitive disabilities • women with severe mental health illness • women who have difficulty accessing postnatal care services • the type of the teams exchanging information (for example, hospital to social services, hospital to community midwife or midwife to community health visitor.) In the presence of incoherence, the following subgroup analyses will be conducted: • primiparous versus multiparous women • Black and minority ethnic (BME) groups versus non-BME groups • non-native English speakers versus native English speakers
Selection process – duplicate screening/selection/analysis	Review questions selected as high priorities for health economic analysis (and those selected as medium priorities and where health economic analysis could influence recommendations) will be subject to dual weeding and study selection; any discrepancies above 10% of the dual weeded resources will be resolved through discussion between the first and second reviewers or by reference to a third person. This review question was not prioritised for health economic analysis and so no formal dual weeding, study selection (inclusion/exclusion) or data extraction into evidence tables will be undertaken. (However, internal (NGA) quality assurance processes will include consideration of the outcomes of weeding, study selection and data extraction and the committee will review the results of study selection and data extraction).
Data management (software)	CERQual will be used to assess the confidence in the findings from a thematic analysis.

Field (based on PRISMA-P)	Content
Information sources – databases and dates	The following databases will be searched: • CCRCT • CDSR • DARE • Embase • EMCare • HTA Database • MEDLINE and MEDLINE IN-PROCESS • PsycINFO Searches will be restricted by: • Date limitations: 2000 to 22nd October 2019 • English language
Identify if an update	This is an update. However the review and drafting of recommendations are being completed afresh. The 2006 version of the postnatal care guideline included these recommendations: Professional communication 1.1.8 There should be local protocols about written communication, in particular about the transfer of care between clinical sectors and healthcare professionals. These protocols should be audited. **[2006]** 1.1.9 Healthcare professionals should use hand-held maternity records, the postnatal care plans and personal child health records, to promote communication with women. [2006]
Author contacts	National Guideline Alliance https://www.nice.org.uk/guidance/indevelopment/gid-ng10070
Highlight if amendment to previous protocol	N/A
Search strategy – for one database	For details please see appendix B of the guideline
Data collection process – forms/duplicate	A standardised evidence table format will be used, and published as appendix D (clinical evidence tables) of the guideline. An economic review will not be undertaken, as this is a qualitative systematic review question.
Data items – define all variables to be collected	For details please see evidence tables in appendix D (clinical evidence tables). Economic evidence is not available as this is a qualitative systematic review.
Methods for assessing bias at outcome/study level	Standard study checklists were used to critically appraise individual studies. For details please see section 6.2 of Developing NICE guidelines: the manual

Field (based on PRISMA-P)	Content
	The risk of bias across all available evidence was evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) Confidence in the Evidence from Reviews of Qualitative Research' developed by the international GRADE working group https://www.cerqual.org/
Criteria for quantitative synthesis (where suitable)	Not applicable as this is a qualitative review
Methods for analysis – combining studies and exploring (in)consistency	For a full description of methods see supplement 1.
Meta-bias assessment – publication bias, selective reporting bias	Not applicable as this is a qualitative review
Assessment of confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual
Rationale/context – Current management	For details please see the introduction to the evidence review in the guideline.
Describe contributions of authors and guarantor	A multidisciplinary committee developed the guideline. The committee was convened by The National Guideline Alliance and chaired by Dr David Jewell in line with section 3 of Developing NICE guidelines: the manual. Staff from The National Guideline Alliance undertook systematic literature searches, appraised the evidence, conducted meta-analysis and cost-effectiveness analysis where appropriate, and drafted the guideline in collaboration with the committee. For details please see the methods chapter of the guideline.
Sources of funding/support	The National Guideline Alliance is funded by NICE and hosted by The Royal College of Obstetricians and Gynaecologists
Name of sponsor	The National Guideline Alliance is funded by NICE and hosted by the Royal College of Obstetricians and Gynaecologists
Roles of sponsor	NICE funds The National Guideline Alliance to develop guidelines for those working in the NHS, public health, and social care in England
PROSPERO registration number	This protocol has not been registered in PROSPERO

CCRCT: Cochrane Central Register of Controlled Trials; CDSR: Cochrane Database of Systematic Reviews; CERQual: Confidence in the Evidence for Reviews of Qualitative Research; DARE: Database of Abstracts of Reviews of Effects; GRADE: Grading of Recommendations Assessment, Development and Evaluation; HTA: Health Technology Assessment; NGA: National Guideline Alliance; NICE: National Institute for Health and Care Excellence

Appendix B – Literature search strategies

Literature search strategies for review question: What information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care?

Clinical search

The search for this topic was last run on 22nd October 2019.

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

#	Search
1	perinatal period/ or exp postnatal care/
2	1 use emczd, emcr
3	postpartum period/ or peripartum period/ or postnatal care/
4	3 use ppez
5	perinatal period/ or postnatal period/
6	5 use psyh
7	(((first time or new) adj mother*) or nullipara* or peri natal* or perinatal* or postbirth or post birth or postdelivery or post delivery or postnatal* or post natal* or postpartum* or post partum* or primipara* or puerpera* or puerperium* or ((after or follow*) adj2 birth*)).ti,ab.
8	or/2,4,6-7
9	((patient care/ or patient transfer/ or patient discharge/ or continuity of patient care/ or (((centrali* or centre based) adj refer*) or (continuity adj2 (care adj2 service*)) or discharg* or hand on or handover* or liaison person or pass on or purposeful contact or transfer* or transition*).ti,ab.) and (communication/ or exp interprofessional relations/ or (communicat* or intercommunicat* or inter communicat* or information*).ti,ab.)) use ppez
10	(((handheld or hand-held) adj2 (record* or note*)) or ((parent* or patient* or woman or women) adj2 (held or hold*) adj2 (record* or note*))).ti,ab. and (6 or maternal health services/ or child health services/ or parents/ or infant, newborn/) use ppez
11	((hospital discharge/ or patient care/ or patient transport/ or (((centrali* or centre based) adj refer*) or (continuity adj2 (care adj2 service*)) or discharg* or hand on or handover* or liaison person or pass on or purposeful contact or transfer* or transition*).ti,ab.) and (interpersonal communication/ or interdisciplinary communication/ or exp professional-patient relationship/ or (communicat* or intercommunicat* or inter communicat* or information*).ti,ab.)) use emczd, emcr
12	(((handheld or hand-held) adj2 (record* or note*)) or ((parent* or patient* or woman or women) adj2 (held or hold*) adj2 (record* or note*))).ti,ab. and (6 or maternal care/ or maternal health service/ or child health care/ or newborn/ or parent/) use emczd, emcr
13	((client transfer/ or exp "continuum of care"/ or discharge planning/ or hospital discharge/ or(((centrali* or centre based) adj refer*) or (continuity adj2 (care adj2 service*)) or discharg* or hand on or handover* or liaison person or pass on or purposeful contact or transfer* or transition*).ti,ab.) and (communication/ or interdisciplinary treatment approach/ or (communicat* or intercommunicat* or inter communicat* or information*).ti,ab.)) use psyh

#	Search
14	(((handheld or hand-held) adj2 (record* or note*)) or ((parent* or patient* or woman or women) adj2 (held or hold*) adj2 (record* or note*))).ti,ab. and (6 or health care services/ or neonatal period/ or parents/) use psyh
15	(8 and or/9,11,13) or or/10,12,14
16	limit 1 to english language
17	limit 12 to yr="2000 -current"

Database: CDSR, CCRCT [Wiley]

#	Search
#1	mesh descriptor: [postpartum period] explode all trees
#2	mesh descriptor: [peripartum period] this term only
#3	mesh descriptor: [postnatal care] this term only
#4	((((“first time” or new) near/1 mother*) or nullipara* or "peri natal*" or perinatal* or postbirth or "post birth" or postdelivery or "post delivery" or postnatal* or "post natal*" or postpartum* or "post partum*" or primipara* or puerpera* or puerperium* or ((after or follow*) near/2 birth*))):ti,ab,kw
#5	#1 or #2 or #3 or #4
#6	mesh descriptor: [patient discharge] this term only
#7	mesh descriptor: [continuity of patient care] this term only
#8	mesh descriptor: [patient care] this term only
#9	mesh descriptor: [patient transfer] this term only
#10	(((centrali* or “centre based”) near/1 refer*) or (continuity near/2 (care near/2 service*)) or discharg* or “hand on” or handover* or “liaison person” or “pass on” or “purposeful contact” or transfer* or transition*):ti,ab,kw
#11	#6 or #7 or #8 or #9 or #10
#12	mesh descriptor: [communication] this term only
#13	mesh descriptor: [interprofessional relations] this term only
#14	(communicat* or intercommunicat* or "inter-communicat*" or information*):ti,ab,kw
#15	#12 or #13 or #14
#16	(((handheld or "hand-held") near/2 (record* or note*)) or ((parent* or patient* or woman or women) near/2 (held or hold*) near/2 (record* or note*))):ti,ab,kw
#17	mesh descriptor: [maternal health services] this term only
#18	mesh descriptor: [child health services] this term only
#19	mesh descriptor: [parents] this term only
#20	mesh descriptor: [infant, newborn] this term only
#21	#16 and (#5 or #17 or #18 or #19 or #20)
#22	#5 and #11 and #15
#23	#21 or #22
#24	#23 with cochrane library publication date between jan 2000 and oct 2019

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

#	Search
1	mesh descriptor postpartum period in dare,hta
2	mesh descriptor peripartum period in dare,hta
3	mesh descriptor postnatal care in dare,hta

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

Health economic search

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

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

#	Search
1	puerperium/ or perinatal period/ or postnatal care/
2	1 use emczd, emcr
3	postpartum period/ or peripartum period/ or postnatal care/
4	3 use ppez
5	(nullipara* or peri natal* or perinatal* or postbirth or post birth or postdelivery or post delivery or postnatal* or post natal* or postpartum* or post partum* or primipara* or puerpera* or puerperium* or ((after or follow*) adj2 birth*)).ti,ab.
6	or/2,4-5
7	breast feeding/ or breast feeding education/ or lactation/
8	7 use emczd, emcr
9	exp breast feeding/ or lactation/
10	9 use ppez
11	(breastfeed* or breast feed* or breastfed* or breastfeed* or breast fed or breastmilk or breast milk or expressed milk* or lactat* or (nursing adj (baby or infant* or mother* or neonate* or newborn*))).ti,ab.
12	or/8,10-11
13	artificial food/ or bottle feeding/ or infant feeding/

#	Search
14	13 use emczd, emcr
15	bottle feeding/ or infant formula/
16	15 use ppez
17	(((bottle or formula or synthetic) adj2 (artificial or fed or feed* or infant* or milk*)) or (artificial adj (formula or milk)) or bottlefed or bottlefeed or cup feeding or (milk adj2 (substitut* or supplement*)) or ((infant or milk or water or glucose or dextrose or formula) adj supplement) or formula supplement* or supplement feed or milk feed or ((baby or babies or infant* or neonate* or newborn*) adj (formula* or milk)) or formulafeed or formulated or (milk adj2 powder*) or hydrolyzed formula* or (((feeding or baby or infant) adj bottle*) or infant feeding or bottle nipple* or milk pump*)).ti,ab.
18	or/14,16-17
19	or/6,12,18
20	budget/ or exp economic evaluation/ or exp fee/ or funding/ or exp health care cost/ or health economics/
21	20 use emczd, emcr
22	exp budgets/ or exp "costs and cost analysis"/ or economics/ or exp economics, hospital/ or exp economics, medical/ or economics, nursing/ or economics, pharmaceutical/ or exp "fees and charges"/ or value of life/
23	22 use ppez
24	budget*.ti,ab. or cost*.ti. or (economic* or pharmaco?economic*).ti. or (price* or pricing*).ti,ab. or (cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab. or (financ* or fee or fees).ti,ab. or (value adj2 (money or monetary)).ti,ab.
25	or/21,23-24
26	economic model/ or quality adjusted life year/ or "quality of life index"/
27	(cost-benefit analysis.sh. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.)
28	((quality of life or qol).tw. and cost benefit analysis.sh.)
29	or/26-28 use emczd, emcr
30	models, economic/ or quality-adjusted life years/
31	(cost-benefit analysis.sh. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.)
32	((quality of life or qol).tw. and cost-benefit analysis.sh.)
33	or/30-32 use ppez
34	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
35	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
36	(hui or hui2 or hui3).tw.
37	(illness state* or health state*).tw.
38	(multiattibute* or multi attribute*).tw.
39	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
40	(quality adjusted or quality adjusted life year*).tw.
41	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.

#	Search
42	sickness impact profile.sh.
43	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
44	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
45	utilities.tw.
46	((qol or hrqol or quality of life).tw. or *quality of life/) and ((qol or hrqol* or quality of life) adj2 (change*1 or declin* or decreas* or deteriorat* or effect or effects or high* or impact*1 or impacted or improve* or increas* or low* or reduc* or score or scores or worse)).ab.
47	quality of life.sh. and ((health-related quality of life or (health adj3 status) or ((quality of life or qol) adj3 (chang* or improv*)) or ((quality of life or qol) adj (measure*1 or score*1))).tw. or (quality of life or qol).ti. or ec.fs.)
48	or/29,33-47
49	or/25,48
50	19 and 50
51	limit 50 to english language
52	(animals/ not humans/) or exp animals, laboratory/ or exp animal experimentation/ or exp models, animal/ or exp rodentia/
53	52 use ppez
54	(animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/
55	54 use emczd, emcr
56	(rat or rats or mouse or mice).ti.
57	or/53,55-56
58	51 not 57

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

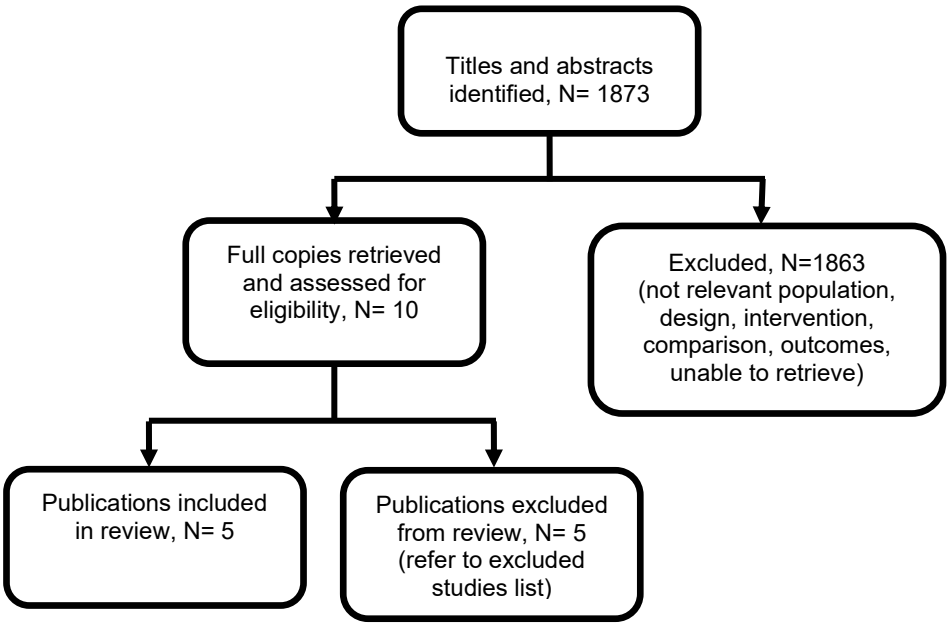
#	Search
1	mesh descriptor postpartum period in hta, nhs eed
2	mesh descriptor peripartum period in hta, nhs eed
3	mesh descriptor postnatal care in hta, nhs eed
4	(nullipara* or peri natal* or perinatal* or postbirth or post birth or postdelivery or post delivery or postnatal* or post natal* or postpartum* or post partum* or primipara* or puerpera* or puerperium* or ((after or follow*) near2 birth*)) in hta, nhs eed
5	#1 or #2 or #3 or #4
6	mesh descriptor breast feeding explode all trees in hta, nhs eed
7	mesh descriptor lactation in hta, nhs eed
8	(breastfeed* or breast feed* or breastfed* or breastfeed* or breast fed or breastmilk or breast milk or expressed milk* or lactat* or (nursing next (baby or infant* or mother* or neonate* or newborn*))) in hta, nhs eed
9	#6 or #7 or #8

#	Search
10	mesh descriptor bottle feeding in hta, nhs eed
11	mesh descriptor infant formula in hta, nhs eed
12	(((bottle or formula or synthetic) near2 (artificial or fed or feed* or infant* or milk*)) or (artificial next (formula or milk)) or bottlefed or bottlefeed or cup feeding or (milk near2 (substitut* or supplement*)) or ((infant or milk or water or glucose or dextrose or formula) next supplement) or formula supplement* or supplement feed or milk feed or ((baby or babies or infant* or neonate* or newborn*) next (formula* or milk)) or formula feed or formulated or (milk near2 powder*) or hydrolyzed formula* or (((feeding or baby or infant) next bottle*) or infant feeding or bottle nipple* or milk pump*)) in hta, nhs eed
13	#10 or #11 or #12
14	#5 or #9 or #13

Appendix C – Clinical evidence study selection

Study selection for: What information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care?

Figure 1: Study selection flow chart



Appendix D – Clinical evidence tables

Evidence tables for review question: What information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care?

Table 4: Evidence tables

Study details	Participants	Methods	Findings	Comments
Full citation Homer, C. S. E., Henry, K., Schmied, V., Kemp, L., Leap, N., Briggs, C., 'It looks good on paper': Transitions of care between midwives and child and family health nurses in New South Wales, Women and Birth, 22, 64-72, 2009 **Ref Id** 1094616 **Study type** Qualitative **Aim of the study** To understand the transition of care from one service to another and how to promote collaboration in the first few weeks after the birth.	**Sample size** N=67 completed questionnaires **Characteristics** Midwifery manager n=19 Midwife consultant, outreach / community midwife n=15 CFH nurse manager n=12 CFH nurse consultant, clinical nurse specialist or educator n=13 Families First n=4 Other n=5 **Inclusion criteria** None reported **Exclusion criteria** None reported	**Setting** The participants were recruited through attending routine state-wide meetings of the managers of Child and Family Health Services; the Clinical Nurse Consultants for child and family health; and the managers of Families NSW. In addition, the NSW Midwifery Consultants Group were contacted to identify the midwifery leaders and used the NSW Pregnancy and Newborn Services Network email list to access all maternity managers across Australia. **Data collection** An email inviting participation was sent to the identified managers and clinical leaders (n = 81). This informed potential participants of the purpose of the study and invited those who wished to	**Findings reported in the study** Relevant findings concerning continuity and transfer of information are reported here and were derived from the data. **Facilitators and barriers** Professional boundaries and poor communication were highlighted as significant issues by healthcare professionals:	**Limitations** (assessed using the CASP checklist for qualitative studies). **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative / survey research design was appropriate for answering the research question **Research design:** The study author justified the study methods they used. **Recruitment strategy:** Sample selection was clearly reported. **Data collection:** Data collection relied on surveys with open ended questions. There is a clear description of how the surveys were developed. Saturation of data was not discussed.

Study details	Participants	Methods	Findings	Comments
Country/ies where the study was carried out Australia **Study dates** Not reported **Source of funding** Not reported		participate to respond to the attached questionnaire by email, fax, or postage paid envelope. The response to the email invitation was rapid, with the majority of questionnaires returned within approximately 4 weeks. **Data analysis** Data were transcribed into an Excel spreadsheet and analysed using content analysis. Key themes were identified by all members of the five research team working in a group. This group process assisted trustworthiness of the analysis and ensured that all results were thoroughly discussed with the team.		**Relationship between researcher and participants**: Not applicable **Ethical issues:** The study obtained ethical approval. **Data analysis**: The analytical process was described and the use of predefined methods from the literature was mentioned. Contradictory data were highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. Credibility of the findings was discussed through extensive discussion with a team of five researchers. **Value of research:** Overall, the authors provided adequate discussion of the findings including areas where future research is needed and implication for policy. **Overall methodological concerns:** Moderate
Full citation	**Sample size** N=29 women	**Setting** England	**Findings reported in the study**	**Limitations** (assessed using the CASP checklist for qualitative studies).

Study details	Participants	Methods	Findings	Comments
Olander, E. K., Aquino, M. R. J. R., Chhoa, C., Harris, E., Lee, S., Bryar, R. M., Women's views of continuity of information provided during and after pregnancy: A qualitative interview study, Health & social care in the community., 15, 2019 **Ref Id** 1060437 **Study type** Qualitative **Aim of the study** To explore recent mothers' experiences and views of the continuity of information shared and provided by midwives and health visitors during and after pregnancy in England. **Country/ies where the study was carried out** UK **Study dates** Summer and Autumn of 2016	**Characteristics** Age: 33 years (range 28-38) Location: n=26 lived in urban areas (i.e. cities) Ethnicity: n=27 White British Age of child at time pf interview: 5 months (range 1-11 months) First time mothers: n=19 **Inclusion criteria** Women had to have had a baby within 12 months prior to the interview, able to read and speak English, be over 18 years old, and have had antenatal and postnatal care in England. **Exclusion criteria** None reported	**Data collection** Women interested in taking part were asked to email the researchers and they were then sent a participant information sheet and an interview was organised. Women were offered a telephone or face-to-face interviews in London or the West Midlands. The interview schedule was informed by previous research, current policy, and experiences from the research team (a mix of midwifery, health visiting and health psychology expertise, and recent experience of childbirth). The interview schedule was not pilot tested, instead it was discussed by the authors after the first few interviews to see if it needed to be revised. It was decided that no revision was necessary. Interviews were semi-structured, audio-recorded, transcribed verbatim by a professional transcription agency and anonymised. **Data analysis**	Relevant findings concerning continuity and transfer of information are reported here and were derived from the data. **Women's experiences of information shared between midwives to health visitors** Women expected health visitors to know more about their previous care and experiences than they actually did. Women explained how the health visitor knew nothing about their birth experience before their first meeting even though it was expected by the woman that the health visitor would have this information. Ensuring the woman has an appropriate expectation of care is important. **Information to be prioritised** Women reported that they would be happy for any important information to be shared, some women also gave examples of specific information they thought should be shared including mothers mental health, birth experience, previous miscarriages and how the pregnancy had gone.	**Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question **Research design:** The study author justified the study methods they used. **Recruitment strategy:** Sample selection was clearly reported. **Data collection**: Data collection relied on interviews. There is a clear description of how interviews were conducted. Saturation of data was not discussed. **Relationship between researcher and participants:** The author discussed the potential influences of the researchers on the study findings because they report how 'Data analysis by two authors enabled researcher reflexivity where the authors acknowledged their assumptions about transfer of care' **Ethical issues:** The study obtained ethical approval.

Study details	Participants	Methods	Findings	Comments
Source of funding School of Health Sciences Research Sustainability Fund at City, University of London		Two of the authors analysed the transcripts using Framework Analysis. Analysis involved: reading all the transcripts to become familiar with the data and focussing on findings relevant to continuity of information. These steps were done independently. Subsequently two of the authors identified similarities and differences in participants' accounts before codes and themes were derived. Finally, the data were mapped and interpreted. Data analysis by two authors enabled researcher reflexivity where the authors acknowledged their assumptions about transfer of care.		**Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes were identified. Contradictory data were highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. Credibility was not discussed. **Value of research:** There is good transferability of findings as this was in a UK setting where the authors provided adequate discussion of the findings including implications for practice and policy and areas where future research is needed. **Overall methodological concerns:** Moderate
Full citation Psaila, K., Kruske, S., Fowler, C., Homer, C., Schmied, V., Smoothing out the transition of care between maternity and child and family health services:	**Sample size** N=1748 Responses received from 1098 CFH nurses and 655 midwives	**Setting** National survey **Data collection** Surveys were launched at each professional group's	**Findings reported in the study** Relevant findings concerning continuity and transfer of information are reported here and were derived from the data.	**Limitations** (assessed using the CASP checklist for qualitative studies). **Aims and qualitative methodology:** Aim of the study was clearly reported, survey and open questions

Study details	Participants	Methods	Findings	Comments
Perspectives of child and family health nurses and midwives', BMC pregnancy and childbirth, 14, 151, 2014a **Ref Id** 1019308 **Study type** Qualitative **Aim of the study** To explore and describe the transition of care between maternity services to child and family health services from the perspective of Australian midwives and child and family health nurses. **Country/ies where the study was carried out**Australia **Study dates** May to October, 2011 (CFH nurses) October 2011 to February 2012 (midwives) **Source of funding**	**Characteristics** **CFH Nurses (n=1098):** Age (mean): 51.2 years Years working as a CFN nurse: Less than 5 years: n=203 (19%) 5-10 years: n=243 (22%) 10-20 years: n=358 (33%) More than 20 years: n=289 (26%) **Midwives (n=650):** Age (mean): 48.3 years Years working as a CFN nurse: Less than 5 years: n=88 (14%) 5-10 years: n=88 (14%) 10-20 years: n=154 (24%) More than 20 years: n=320 (49%) **Inclusion criteria** None reported **Exclusion criteria**	national conference. Information about the surveys was distributed via professional associations with potential respondents being directed via a web link to an electronic version of the survey on a dedicated CHoRUS study on the study webpage. Respondents were able to complete a hard copy version which could be returned by mail to the university. **Data analysis** All data, including data recorded via hardcopy survey, were entered using the Qualtrics online survey platform. Data were exported to MS Excel for cleaning and then transferred to SPSS for further analysis. Descriptive and inferential statistics were used to analyse responses to survey items. Content analysis was used to analyse textual data. A coding list was developed and text responses were then coded into the respective code using the QSR NVivo 9.2 data management program. If the respondent's meaning was	**Quality of information transferred** Healthcare professionals reported limited options on where to report individualised information on official documents, particularly on social and emotional problems. When reporting on how often CHF nurses perceived that their service received 'all the necessary information' about a woman and her newborn from the maternity service to provide ongoing support: Two-thirds (66.7%) perceived that they received all the necessary information from the maternity service 'all of the time' or 'frequently'. Information was reported as received 'sometimes' by 26.6% and 'rarely' or 'not at all' by 6.8% of CFH nurse respondents. Similar ratings were provided by the midwives who were asked to indicate whether they believed the information provided in the discharge summary was sufficient for the CFH professional to plan ongoing care. Midwives rated the information provided in the discharge summary as 'sufficient' (45.7%) and 'more than sufficient' (26.6%).	research design was appropriate for answering the research question. **Research design:** The study authors justified the methods they used. **Recruitment strategy:** Sample selection was adequately reported. **Data collection:** There is some description of how data collection was conducted. Saturation of data was not discussed. **Relationship between researcher and participants:** Not applicable. **Ethical issues:** Ethical approval for this study was obtained. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes were identified. Contradictory data were highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where

Study details	Participants	Methods	Findings	Comments
Australian Research Council as a linkage grant. Research partners: Western Australian Department of Health; The Northern Territory Department of Health and Families; Victorian Department of Education and Early Childhood Development; the New South Wales Department of Family and Community Services; the Maternal Child and Family Health Nurses of Australia; the Australian College of Midwives; The Royal Australian College of General Practitioners; Australian Practice Nurse Association and the Australian General Practice Network (AGPN) (now the Australian Medicare Local Alliance).	None reported	not readily determined it was coded to 'meaning unclear'.	However, the open text responses indicated that the information passed on was inadequate, possibly due to staff shortages or inexperience in filling the documents. **Effectiveness of transition of care** Of the 372 text responses, 113 (30%) provided negative feedback regarding the effectiveness of the Transfer of Care process. Issues included; insufficient or missing individualised data, doubling up of service provision, lack of feedback to midwives from CFH service, staffing issues, and system issues of time lag, difficulty in contacting CFH nurse¸being actively prevented from contacting CFH nurses directly if concerned about a family. In addition, CFH nurses reported that it was very rare to receive recent information from the hospital, for example the mother and baby's history or the history of the pregnancy.	appropriate. Quotes and the researchers' own input were clearly distinguished. **Credibility was not discussed** **Value of research:** The authors used purposive sampling from the whole nation. The authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed. **Overall methodological concerns:** moderate
Full citation Psaila, K., Fowler, C., Kruske, S., Schmied, V., A qualitative study of innovations implemented to improve transition of care	**Sample size** N=33 participants included managers, CFH nurses, midwives, GPs, support workers, allied health, Aboriginal	**Setting** Participants were recruited from the 7 sites where innovations related to transfer of care were identified	**Findings reported in the study** Relevant findings concerning continuity and transfer of information are reported here and were derived from the data.	**Limitations** (assessed using the CASP checklist for qualitative studies). **Aims and qualitative methodology:** Aim of the study was clearly reported,

Study details	Participants	Methods	Findings	Comments
from maternity to child and family health (CFH) services in Australia, Women BirthWomen and birth : journal of the Australian College of Midwives, 27, e51-60, 2014b **Ref Id** 1145422 **Study type** Mixed methods **Aim of the study** To describe a range of innovations developed to improve transition of care between maternity and child and family health services and identifies the characteristics common to all innovations. **Country/ies where the study was carried out** Australia **Study dates** Not reported **Source of funding**	health workers and community health professionals. **Characteristics** None reported **Inclusion criteria** None reported **Exclusion criteria** None reported	**Data collection** Interviews - either face-to-face or on the phone, typically in groups of 3-4 - and focus groups, typically lasting 60-90 minutes in length. Data were audio recorded and transcribed verbatim. Key questions and prompts were used to explore the topics of interest. **Data analysis** All data were exported into NVIVO 9 for analysis. The first author coded all raw data using a predetermined coding template and additional codes were applied as required. Thematic analysis was then conducted on the coded preliminary framework. All themes were reviewed and confirmed by a second researcher.	**Streamlining the information exchange process** A new electronic referral system was trailed for notifying CFH nurses of womens information. A list of maternal and infant physical, mental or social health risk factors was included in the referral. Participants described the benefits of this new electronic referral system. In particular CFH nurses valued receiving the information promptly.	qualitative research design was appropriate for answering the research question. **Research design:** The study authors did justify the methods they used. **Recruitment strategy:** Sample selection was clearly reported. **Data collection:** There is a clear description of how interviews were conducted. Saturation of data was not discussed. **Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** Ethical approval for this study was obtained. **Data analysis:** The analytical process was described including the use of predefined methods from the literature. Contradictory data were highlighted by the authors. **Findings:** Results were presented clearly with the

Study details	Participants	Methods	Findings	Comments
Australian Research Council (Grant No. LP100100693) linkage grant. Research partners were the: Western Australian Department of Health; Northern Territory Department of Health and Families; Queensland Department of Health; Victorian Department of Education and Early Childhood Development; New South Wales Department of Families and Community Services; Maternal Child and Family Health Nurses of Australia; Australian College of Midwives; The Royal Australian College of General Practitioners; Australian Practice Nurse Association and Australian General Practice Network (AGPN) (now the Australian Medicare Local Alliance).				generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. Credibility of the findings was discussed. **Value of research:** The authors did not discuss the transferability of the findings to other populations. Apart from this, the authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed. **Overall methodological concerns:** Moderate
Full citation Psaila, K., Schmied, V., Fowler, C., Kruske, S., Discontinuities between maternity and child and family health services: health professional's perceptions, BMC Health Serv ResBMC health services research, 14, 4, 2014c	**Sample size** N=132 60 CFH nurses 45 midwives 15 GPs provided 12 practice nurses **Characteristics** None reported	**Setting** Representatives from each of the professional groups involved in the delivery of universal and/or primary care services for pregnant women, well children and their families (midwives, CFH nurses, GPs and PNs). Participants were recruited / nominated through the relevant professional	**Findings reported in the study** Relevant findings concerning continuity and transfer of information are reported here and were derived from the data. **Communication pathway; informational continuity**	**Limitations** (assessed using the CASP checklist for qualitative studies). **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question.

Study details	Participants	Methods	Findings	Comments
Ref Id 1145423 **Study type** Mixed methods **Aim of the study** Aims to examines the concept of continuity across the maternity and CFH service continuum from the perspectives of midwifery, CFH nursing, general practitioner (GP) and practice nurse (PN) professional leader **Country/ies where the study was carried out** Australia **Study dates** Not reported **Source of funding** Australian Research Council as a linkage grant. Our research partners were the Western Australian Department of Health; The Northern Territory Department of Health and	**Inclusion criteria** None reported **Exclusion criteria** None reported	organisations: Australian Association of Maternal, Child and Family Health Nurses (formerly AAMCFHN now MCaFHNA), Australian College of Midwives (ACM), Royal Australian College of General Practitioners (RACGP), Australian General Practice Network (AGPN) and Australian Practice Nurse Association (APNA) **Data collection** Focus groups and teleconferences ranging in duration from 60 to 90 minutes and were digitally audio recorded. One researcher led focus groups as the group facilitator and the other one or two researchers took notes and observed group interaction. Questions were tailored for each professional group. **Data analysis** Data were transcribed verbatim and imported into QSR NVivo 9.1 for analysis. A coding template was developed apriori based on the relevant literature and	Professionals valued timely information transfer as it would result in positive outcomes for both themselves and the families in their care. Families would feel more supported when professionals were informed with up-to-date information alongside their history and current issues. CFH nurses also valued informational continuity, particularly when the CFH nurses were not familiar with the family. CFH nurses did not want families to have to re-tell their stories to several health professionals. Finally, CFH nurses were left feeling unsure of families' histories, arrangements made for them and further management required as this information had not been passed on.	**Research design:** The study authors did justify the methods they used. **Recruitment strategy:** Sample selection was clearly reported. **Data collection:** There is a clear description of how interviews were conducted. Saturation of data was not discussed. **Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** Ethical approval for this study was obtained. **Data analysis:** The analytical process was described including the use of predefined methods from the literature. Contradictory data were highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished.

Study details	Participants	Methods	Findings	Comments
Families; Victorian Department of Education and Early Childhood Development; the New South Wales Department of Families and Community Services; the Maternal Child and Family Health Nurses of Australia; the Australian College of Midwives; The Royal Australian College of General Practitioners; Australian Practice Nurse Association and the Australian General Practice Network (AGPN) (now the Australian Medicare Local Alliance).		additional codes applied as appropriate. Data were analysed thematically by the first author and checked and confirmed by the second author.		Credibility of the findings was discussed. **Value of research:** The authors did not discuss the transferability of the findings to other populations. Apart from this, the authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed. **Overall methodological concerns:** Moderate

CFH: Child and Family Health; GP: General Practitioner; PN: practice nurse; MCaFHNA: Australian Association of Maternal, Child and Family Health Nurses (formerly AAMCFHN)

Appendix E – Forest plots

Forest plots for review question: What information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care?

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

Appendix F – GRADE-CERQual tables

GRADE-CERQual tables for review question: What information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care?

Table 5: Clinical evidence profile for theme 1: women's general well-being (physical, mental and social)

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall confidence
Sub-theme 1.1. Mental health			
5 studies • Homer 2009 To understand the transition of care from one service to another and how to promote collaboration in the first few weeks after the birth. • Olander 2019 To explore recent mothers' experiences and views of the continuity of information shared and provided by midwives and health visitors during and after pregnancy in England. • Psaila 2014a To explore and describe the transition of care between maternity services to child and family health services from the perspective of Australian midwives and child and family health nurses. • Psaila 2014b To describe a range of innovations developed to improve transition of care between maternity and child and family health services and identifies the characteristics common to all innovations.	Both women and healthcare professionals felt that it was important that information relating to the mental health of the woman was passed between healthcare professionals. '*Mother's mental health probably... I think a lot of people and possibly myself included has, will suffer postnatal depression or will struggle with being a first time mum in particular and if the health visitor notices it but doesn't pass it on, or the midwife notices it but doesn't pass it on...it could be a very long time before someone gets any support at all.*' (Beatrice, primip, baby 2 months old) (Olander 2019; p1218) *'... Maternity services adopted the program obstetriX... and through that we've just started receiving discharge summaries... and those discharge summaries include the antenatal psychosocial assessment information and also the antenatal Edinburgh scores... And now, when we see clients and childhood health, we're able to say, 'look this is the information that maternity services – your midwife – has passed onto us.'* [CFH nurse] (Psaila 2014c; p7)	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Homer 2009, Olander 2019, Psaila 2014a, Psaila 2014b and Psaila 2014c. The primary issues, was that none of the studies discussed data saturation) Relevance: moderate concerns (concerns were moderate for Homer 2009, Psaila 2014a, Psaila 2014b and Psaila 2014c, because they had limited or no information on participants' characteristics. Concerns were minor for Olander 2019, where most women were white British, just over half were first time mothers and the majority lived in urban areas) Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data)	Low

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall confidence**
• Psaila 2014c To examines the concept of continuity across the maternity and CFH service continuum from the perspectives of midwifery, CFH nursing, general practitioner (GP) and practice nurse (PN) professional leader		Adequacy: minor concerns (5 studies that offer moderately rich data)	
Sub-theme 1.2 Drug health issues			
1 study • Homer 2009 To understand the transition of care from one service to another and how to promote collaboration in the first few weeks after the birth.	Healthcare professionals were concerned at the holding back of relevant information, which included issues relating to drug health. From this we can infer that information relating to drug health is important to be passed on between healthcare professionals. '*The holding back of information that is either relevant for the client's care, such as, mental or drug health issues, or information regarding safety, such as domestic violence, is not always passed on to the Child and Family Health Nurses*.' (Manager, CFH nurse).(Homer 2009; p69)	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Homer 2009. The primary issue was that the study did not discuss data saturation) Relevance: moderate concerns (concerns were moderate for Homer 2009 because they had no information on participants' characteristics) Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: moderate concerns (1 study that offers weak data)	Low
Sub-theme 1.3. Physical health			

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall confidence**
2 studies • Olander 2019 To explore recent mothers' experiences and views of the continuity of information shared and provided by midwives and health visitors during and after pregnancy in England. • Psaila 2014b To describe a range of innovations developed to improve transition of care between maternity and child and family health services and identifies the characteristics common to all innovations.	Women thought that information relating to the woman's physical health should be passed on between healthcare professionals. Healthcare professionals valued a new electronic referral system that all healthcare professionals could access. This system included information on the woman's physical health risk factors. '*Prioritising information in terms of, let me just think properly. The midwife's going to pass on information to the health visitor and the kind of information they can pass on I guess to the health visitor is how the woman's been through pregnancy, their general wellbeing physically and mentally and again the birth and how the woman seemed immediately afterwards.*' (Clara, multip, baby 8 months old) (Olander 2019; p1219) '*A predetermined list of maternal and or infant physical, mental or social health risk factors has been included in the woman's notes as part of the routine data collection*.' (Psaila 2014b, p53)	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Olander 2019 and Psaila 2014b. The primary issues, was that the studies did not discuss data saturation) Relevance: moderate concerns (concerns were moderate for Psaila 2014b because they had no information on participants' characteristics. Concerns were minor for Olander 2019, where most women were white British, just over half were first time mothers and the majority lived in urban areas) Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: minor concerns (2 studies that offered moderately rich data)	Low
Sub-theme 1.4. Psychosocial			

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall confidence**
3 studies • Psaila 2014a To explore and describe the transition of care between maternity services to child and family health services from the perspective of Australian midwives and child and family health nurses. • Psaila 2014b To describe a range of innovations developed to improve transition of care between maternity and child and family health services and identifies the characteristics common to all innovations. • Psaila 2014c To examines the concept of continuity across the maternity and CFH service continuum from the perspectives of midwifery, CFH nursing, general practitioner (GP) and practice nurse (PN) professional leader	Healthcare professionals were pleased that they now received information on the woman's psychosocial assessment. From this we can infer that it is important for information relating to psychosocial issues to be passed between healthcare professionals. *'...now that we have access to the discharge summary, we have access to psychosocial assessment, the Edinburgh Depression score. A lot of steps have been cut out, so they can see exactly what they are walking into'* (Site Two, CFH nurse manager) (Psaila 2014b, p53)	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Psaila 2014a, Psaila 2014b and Psaila 2014c. The primary issues, was that none of the studies discussed data saturation) Relevance: moderate concerns (concerns were moderate for Psaila 2014a, Psaila 2014b and Psaila 2014c, because they had limited or no information on participants' characteristics) Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: moderate concerns (3 studies that offer weak data)	Low
Sub-theme 1.5. Depression			

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall confidence**
2 studies • Psaila 2014b To describe a range of innovations developed to improve transition of care between maternity and child and family health services and identifies the characteristics common to all innovations. • Psaila 2014c To examines the concept of continuity across the maternity and CFH service continuum from the perspectives of midwifery, CFH nursing, general practitioner (GP) and practice nurse (PN) professional leader	**Depression** Healthcare professionals valued a new electronic referral system that all healthcare professionals could access. This system included information on the womans Edinburgh Depression score. From this we can infer that it is important for information identifying those with suspected postnatal depression to be passed between healthcare professionals. *'...now that we have access to the discharge summary, we have access to psychosocial assessment, the Edinburgh Depression score. A lot of steps have been cut out, so they can see exactly what they are walking into*' (Site Two, CFH nurse manager) (Psaila 2014b, p53)	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Psaila 2014b and Psaila 2014c. The primary issues, was that none of the studies discussed data saturation) Relevance: moderate concerns (concerns were moderate for, Psaila 2014b and Psaila 2014c, because they had no information on participants' characteristics) Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: moderate concerns (2 studies that offer weak data)	Low

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Table 6: Clinical evidence profile for theme 2: past and future treatments had or required by the woman and her baby

Study	Study aim	Sub-theme	Assessment of CERQual components	Overall confidence
Sub-theme 2.1. History				
3 studies • Olander 2019 To explore recent mothers' experiences and views of the continuity of information shared and provided by midwives and health visitors during and after pregnancy in England. • Psaila 2014a To explore and describe the transition of care between maternity services to child and family health services from the perspective of Australian midwives and child and family health nurses. • Psaila 2014c To examines the concept of continuity across the maternity and CFH service continuum from the perspectives of midwifery, CFH nursing, general practitioner (GP) and practice nurse (PN) professional leader		Women thought that information that related to any factors which could affect the well-being of a woman or her baby should be shared between midwives and health visitors. '*Prioritising information in terms of, let me just think properly. The midwife's going to pass on information to the health visitor and the kind of information they can pass on I guess to the health visitor is how the woman's been through pregnancy, their general wellbeing physically and mentally and again the birth and how the woman seemed immediately afterwards*.' (Clara, multip, baby 8 months old) (Olander 2019, p1219) Child and family health nurses did not find the transfer of care very effective, particularly when it came to receiving recent information to include in histories. From this we can infer that it is important for information relating to the womans history to be passed between healthcare professionals. '*Very rare to receive recent information from hospital i.e. history etc…*' (CFH nurse) (Psaila 2014a, p8) Healthcare professionals also valued a new electronic referral system that all healthcare professionals could access and would provide information on the woman's history. '*We've had a bit of a breakthrough in this respect ... Maternity services adopted the program obstetriX... and through that we've just started receiving discharge summaries... and those discharge summaries include the antenatal psychosocial assessment information and also the antenatal Edinburgh scores... And now, when we see clients and childhood health, we're able to say,'look*	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Olander 2019, Psaila 2014a and Psaila 2014c. The primary issues, was that none of the studies discussed data saturation). Relevance: moderate concerns (concerns were moderate for Psaila 2014a, and Psaila 2014c, because they had limited or no information on participants' characteristics. Concerns were minor for Olander 2019, where most women were white British, just over half were first time womans and the majority lived in urban areas). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: minor concerns (3 studies that offer moderately rich data)	Low

Study	Study aim	Sub-theme	Assessment of CERQual components	Overall confidence
		this is the information that maternity services – your midwife – has passed onto us.'' [CFH nurse] (Psaila 2014c, p7)		
Sub-theme 2.2. Further management needed				
1 study • Psaila 2014c To examines the concept of continuity across the maternity and CFH service continuum from the perspectives of midwifery, CFH nursing, general practitioner (GP) and practice nurse (PN) professional leader		Healthcare professionals felt unsure about what arrangements had been made and whether further management was needed. It was unclear whether the study meant further management of the woman or the baby and after when this further management would follow. From this we can infer that it is important for information relating to any necessary further management (whether for the woman or baby) to be passed between healthcare professionals. '*CFH nurses were left feeling unsure of families' histories, arrangements made for them and further management required*.' (Psaila 2014c, p7)	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Psaila 2014c. The primary issues, was that the study did not discuss data saturation) Relevance: moderate concerns (concerns were moderate for Psaila 2014c, because they had no information on participants' characteristics) Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: moderate concerns (1 study that offers weak data)	Low

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Table 7: Clinical evidence profile for theme 3: safety concerns

Study	Study aim	Sub-theme	Assessment of CERQual components	Overall confidence
Sub-theme 3.1. Domestic violence				
2 studies • Homer 2009 To understand the transition of care from one service to another and how to promote collaboration in the first few weeks after the birth. • Psaila 2014b To describe a range of innovations developed to improve transition of care between maternity and child and family health services and identifies the characteristics common to all innovations.		**Domestic violence** Healthcare professionals were frustrated when information relating to the woman's safety from a domestic violence view point was not passed on. From this we can infer that it is important to pass on information between healthcare professionals, which relates to domestic violence . '*The holding back of information that is either relevant for the client's care, such as, mental or drug health issues, or information regarding safety, such as domestic violence, is not always passed on to the Child and Family Health Nurses*' (Manager, CFH nurse). (Homer 2009, p69) *'...despite an antenatal psychosocial assessment having been done, the CFH nurses were picking up the phone trying to prioritise response time for a universal home visit based only on birth details and information provided to them by mothers. Many mothers when asked questions on the phone by the CFH nurse about domestic violence etc., would say there were no issues or that everything was fine. However when the nurses went to the home, issues that they knew nothing about were evident*.' (Site Two, CFH nurse manager (Psaila 2014b, p53)	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Homer 2009 and Psaila 2014b. The primary issues, was that the studies did not discuss data saturation). Relevance: moderate concerns (concerns were moderate for Homer 2009 and Psaila 2014b, because they had limited or no information on participants' characteristics.). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: moderate concerns (2 studies that offer weak data)	Low
Sub-theme 3.2. Information used for determining home visit priority				

Study	Study aim	Sub-theme	Assessment of CERQual components	Overall confidence
1 study • Psaila 2014b	To describe a range of innovations developed to improve transition of care between maternity and child and family health services and identifies the characteristics common to all innovations.	Healthcare professionals wanted to know information that could be used to determine home visit priority. From this we can infer that it is important for information relating to home visit priorities to be passed between healthcare professionals. *'… a CFH nursing manager reported long-standing problems with the information received from maternity services. Often information crucial for determining home visiting priority was delayed or not transferred prior to CFH nurses contacting women. These issues had been rectified by the CFH staff being given access to the electronic database used for maternity. As the CFH manager explains:* *"...despite an antenatal psychosocial assessment having been done, the CFH nurses were picking up the phone trying to prioritise response time for a universal home visit based only on birth details and information provided to them by mothers. Many mothers when asked questions on the phone by the CFH nurse about domestic violence etc., would say there were no issues or that everything was fine. However when the nurses went to the home, issues that they knew nothing about were evident."'* (Site Two, CFH nurse manager (Psaila 2014b, p53)	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Psaila 2014b. The primary issues, was that data saturation was not discussed) Relevance: moderate concerns (concerns were moderate for Psaila 2014b, because they had no information on participants' characteristics) Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: moderate concerns (1 study that offers weak data)	Low

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Table 8: Clinical evidence profile for theme 4: risk factors

Study	Study aim	Sub-theme	Assessment of CERQual components	Overall confidence
Sub-theme 4.1. General risk factors				
1 study • Homer 2009	To understand the transition of care from one service to	**General risk factors** Healthcare professionals were frustrated when women would present at their services with multiple risk factors. It was felt that the identification of these risk factors was not communicated appropriately within the health service. From this we can infer	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Homer 2009. The primary issue was that the study did not discuss data saturation)	Low

Study	Study aim	Sub-theme	Assessment of CERQual components	Overall confidence
another and how to promote collaboration in the first few weeks after the birth.		that it is important for information relating to risk factors to be passed between healthcare professionals. Professional boundaries and poor communication were highlighted as significant issues as typified in these quotes: '*[there is] poor communication between the maternity unit and child and family health services. We often find that mothers turn up to our service for a first visit without any initial contact with us and with multiple risk factors . . . the maternity unit either does not communicate with our staff or the staff within the maternity unit do not communicate with each other*.' (Manager, CFH nurse). (Homer 2009, p69)	Relevance: moderate concerns (concerns were moderate for Homer 2009 because they had no information on participants' characteristics) Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: moderate concerns (1 study that offers weak data)	
Sub-theme 4.2. Mental, social or physical risk factors				
1 study • Psaila 2014b To describe a range of innovations developed to improve transition of care between maternity and child and family health services and identifies the characteristics common to all innovations.		Healthcare professionals discussing a new electronic referral system that all healthcare professionals could access placed value on the fact that there would be automatic referrals for women or babies with specific risk factors. From this we can infer that it is important for information relating to mental, social and physical risk factors to be passed on between healthcare professionals. Health care professionals described the benefits of the new electronic referral system that would send automatic emails to the relevant CFH nurse's centralised e-mail account, based on the woman's postcode. The email would contain information, taken from the woman's notes, on the maternal and or infant physical, mental or social health risk factors: '*the mother's postnatal notes will generate the referral if you [midwife] put in... for example, low birth weight, prematurity, social issues, drug use, alcohol use etc....as long as it's been entered a labour and birth summary will be generated...*'(Site One, midwifery director) (Psaila 2014b, p53)	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Psaila 2014b. The primary issues, was that data saturation was not discussed) Relevance: moderate concerns (concerns were moderate for Psaila 2014b, because they had no information on participants' characteristics) Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: moderate concerns (1 study that offers weak data)	Low
Sub-theme 4.3. Chronic conditions or illnesses				

Study	Study aim	Sub-theme	Assessment of CERQual components	Overall confidence
1 study • Olander 2019	To explore recent mothers' experiences and views of the continuity of information shared and provided by midwives and health visitors during and after pregnancy in England.	Women felt that it was important for any pertinent information to be shared between healthcare professionals. In particular chronic conditions and illnesses were important to some women. Some women, like Beatrice, highlighted specific issues such as maternal mental health issues or chronic conditions and illnesses. '*Mother's mental health probably... I think a lot of people and possibly myself included has, will suffer postnatal depression or will struggle with being a first time mum in particular and if the health visitor notices it but doesn't pass it on, or the midwife notices it but doesn't pass it on...it could be a very long time before someone gets any support at all.*' (Beatrice, primip, baby 2 months old) (Olander 2019, p1218)	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Olander 2019. The primary issues, was that data saturation was not discussed). Relevance: minor concerns (concerns were minor for Olander 2019, where most women were white British, just over half were first time mothers and the majority lived in urban areas). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: moderate concerns (1 study that offers moderately rich data)	Low

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Table 9: Clinical evidence profile for theme 5: previous care and experiences

Study	Study aim	Sub-theme	Assessment of CERQual components	Overall confidence
Sub-theme 5.1. Birth experience				

Study	Study aim	Sub-theme	Assessment of CERQual components	Overall confidence
2 studies • Olander 2019 To explore recent mothers' experiences and views of the continuity of information shared and provided by midwives and health visitors during and after pregnancy in England. • Psaila 2014c To examines the concept of continuity across the maternity and CFH service continuum from the perspectives of midwifery, CFH nursing, general practitioner (GP) and practice nurse (PN) professional leader		Women felt that health visitors should know more about their birth experiences but evidence about whether they wished to discuss the subject was conflicting. For some women it was unpleasant for them to have to recount their birth experiences, especially if they were traumatic. '*Yes I think so because then they could have [shared information], the things that weren't shared from the hospital midwives to the health visitor I ended up having to explain what was a quite traumatic birth story three or four times to the health visitor and a couple of different community midwives and it's something I would rather have not talked about. If they'd passed on all of that information it might have made it a bit easier on me.*' (Beatrice, primip, baby 2 months old) (Olander 2019, p1218) Conversely, other women found that recounting their birth story several times was beneficial or even nice. '*In my situation, no, because I had a very straightforward birth and it, and most of it, nearly all of it was to do with the birth and obviously prenatal check-up information, so actually I don't think it would have been particularly helpful for her to have it...I mean they both asked me how the birth was and you sort of give your story of that but I think that's quite a nice thing to do, I wouldn't want that information to be passed. Not necessarily I wouldn't want it but I think it's quite a nice dialogue to have with your health visitor so they understand properly where you're coming from, rather than actually it just be flat information, it's quite an emotional information.*' (Katherine, primip, baby 7 months old) (Olander 2019, p1218) Whilst healthcare professionals were aware that they often do not receive the full story of the birth experience from other healthcare professionals and that they are asking the woman to repeat her story several times.	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Olander 2019, and Psaila 2014c. The primary issues, was that none of the studies discussed data saturation). Relevance: moderate concerns (concerns were moderate for Psaila 2014c, because they had no information on participants' characteristics. Concerns were minor for Olander 2019, where most women were white British, just over half were first time mothers and the majority lived in urban areas). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: minor concerns (2 study that offer moderately rich data)	Low

Study	Study aim	Sub-theme	Assessment of CERQual components	Overall confidence
		'*…the information you sometimes get in their blue books or in child health records, it might just have 'caesarean'... yet there's a whole other story behind that when you start talking to the mothers ...midwives having a conversation and the mothers give them the information and then we turn around and turn up the next day and ask for that same information again.*' [CFH nurse] (Psaila 2014c, p6-7)		
Sub-theme 5.2. Pregnancy				
1 study • Olander 2019 To explore recent mothers' experiences and views of the continuity of information shared and provided by midwives and health visitors during and after pregnancy in England.		Women wanted healthcare professionals to know how their pregnancy had gone. It was important to feel like they were not starting all over again with each new healthcare professional. '*Certainly felt I didn't get the impression that my health visitor, when she took over, knew anything about us or knew anything about the pregnancy or how it's gone or how the labour had gone or anything like that, so I think that would have been, that would be really useful in future, for them to know a bit more about you, so that when they come, it doesn't feel like we're starting all over again, because I'm sure that's impacted on the way that I, why I haven't accessed them, because I don't feel like we've had that, I guess you don't feel like you've had that relationship or continuity.*' (Julia, primip, baby 6 months old) (Olander 2019, p1218)	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Olander 2019. The primary issues, was that data saturation was not discussed). Relevance: minor concerns (concerns were minor for Olander 2019, where most women were white British, just over half were first time mothers and the majority lived in urban areas). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: moderate concerns (1 study that offers moderately rich data)	Low
Sub-theme 5.3. Miscarriage history				

Study	Study aim	Sub-theme	Assessment of CERQual components	Overall confidence
1 study • Olander 2019	To explore recent mothers' experiences and views of the continuity of information shared and provided by midwives and health visitors during and after pregnancy in England.	**Miscarriage history** Women wanted healthcare professionals to know their past histories, including miscarriage, so that their situations could be handled with the appropriate awareness. '*Just so that they've got a bit of prior awareness because before I had my daughter I had a miscarriage and obviously the midwife was aware of that when... but the way [the health visitor] approached it, one of the first things she said was, how are you getting on with your third child and I was like, he's my second which was just a little bit awkward really*.' (Donna, multip, baby 1 month old) (Olander 2019, p1218)	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Olander 2019. The primary issues, was that data saturation was not discussed). Relevance: minor concerns (concerns were minor for Olander 2019, where most women were white British, just over half were first time mothers and the majority lived in urban areas). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: moderate concerns (1 study that offers moderately rich data)	Low

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Table 10: Clinical evidence profile for theme 6: accurate, adequate and individualised information

Study	Study aim	Sub-theme	Assessment of CERQual components	Overall confidence
2 studies • Homer 2009	To understand the transition of care from one service to another and how to promote collaboration in the first few weeks after the birth.	Healthcare professionals indicated that the information with which they are provided is often not accurate, adequate or individualised. From this we can infer that healthcare professionals would want the information provided to be accurate, adequate and individualised. *'[The] information is not always accurate due to limited postnatal care and time in hospital....' (Midwife)* (Psaila 2014a, p6) Limited options in official documentation on where to provide individualised information especially on social and emotional problems. (Psaila 2014a, p6)	Methodological limitations: minor concerns (quality rating based on CASP checklist was Moderate for Homer 2009 and Psaila 2014a.The primary issues, was that none of the studies discussed data saturation) Relevance: moderate concerns (concerns were moderate for Homer 2009 and Psaila 2014a because they had limited or no information on participants' characteristics) Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: moderate concerns (2 studies that offered weak data)	Low
• Psaila 2014a	To explore and describe the transition of care between maternity services to child and family health services from the perspective of Australian midwives and child and family health nurses.			

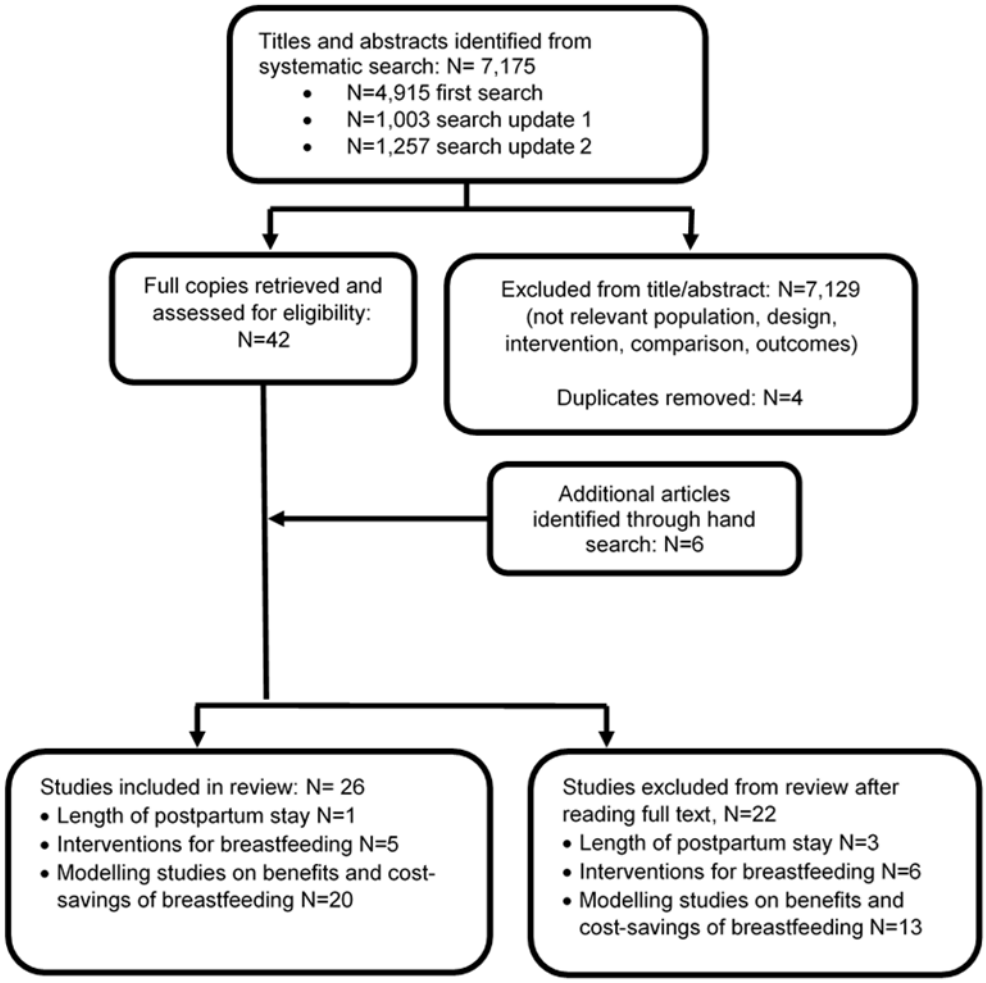
CASP: Critical Appraisal Skills Programme; CERQual: Confidence in the Evidence from Reviews of Qualitative Research; CFH: Child and family health; GP: General Practitioner; PN: Practice Nurse

Appendix G – Economic evidence study selection

Economic evidence study selection for review question: What information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care?

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

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



Appendix H – Economic evidence tables

Economic evidence tables for review question: What information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care?

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

Appendix I – Economic evidence profiles

Economic evidence profiles for review question: What information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care?

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

Appendix J – Economic analysis

Economic analysis for review question: What information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care?

No economic analysis was conducted for this review question.

Appendix K – Excluded studies

Excluded studies for review question: What information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care?

Clinical studies

Table 11: Excluded studies and reasons for their exclusion

Study	Reason for exclusion
Aquino, Maria Raisa Jessica V., Olander, Ellinor K., Needle, Justin J., Bryar, Rosamund M., Midwives' and health visitors' collaborative relationships: A systematic review of qualitative and quantitative studies, International journal of nursing studies, 62, 193-206, 2016	No relevant themes
Barimani, M., Vikstrom, A., Successful early postpartum support linked to management, informational, and relational continuity, Midwifery, 31, 811-817, 2015	No relevant themes
Chin, G. S. M., Warren, N., Kornman, L., Cameron, P., Patients' perceptions of safety and quality of maternity clinical handover, BMC Pregnancy and Childbirth, 11 (no pagination), 2011	No relevant themes
M'Rithaa, D. K., Fawcus, S., Korpela, M., De la Harpe, R., The expected and actual communication of health care workers during the management of intrapartum: An interpretive multiple case study, African journal of primary health care & family medicine, 7, 911, 2015	Country not a high income country (South Africa)
van Stenus, C. M. V., Gotink, M., Boere-Boonekamp, M. M., Sools, A., Need, A., Through the client's eyes: Using narratives to explore experiences of care transfers during pregnancy, childbirth, and the neonatal period, BMC Pregnancy and Childbirth, 17 (1) (no pagination), 2017	No relevant themes

Economic studies

No economic evidence was identified for this review.

Appendix L – Research recommendations

Research recommendations for review question: What information needs to be communicated between healthcare professionals at transfer of care from birth care team to community care?

No research recommendations were made for this review question.