

## Antenatal care

### [A] Information provision

*NICE guideline NG201*

*Evidence reviews underpinning recommendations 1.3.5, 1.3.7 to 1.3.11, 1.3.13, 1.3.14, 1.3.17 and 1.3.18*

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



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# Information provision

## Review question

What information is valued by women, their partners and families, as part of their antenatal care?

## Introduction

The information a woman and her partner receive during the antenatal period can have a positive or negative effect upon her emotional well-being and health, in the immediate and the long-term, which can also impact the infant and the wider family system. Evidence based information is essential to enable women to make informed choices. This review seeks to identify what information is valued by women, their partners and families.

## Summary of the protocol

Please see Table 1 for a summary of the Population, Phenomenon of Interest, and Context (PICO) characteristics of this review.

**Table 1: Summary of the protocol (PICO table)**

<b>Population</b>	<ul style="list-style-type: none"><li>• Women who have received information as part of antenatal care, and their partners or families.</li><li>• Professionals/practitioners involved in providing antenatal care</li></ul>
<b>Phenomenon of Interest</b>	Views and experiences of women, their partners or families on the information they received during their antenatal care, which might include: <ul style="list-style-type: none"><li>• Antenatal screening tests</li><li>• Attachment between mother and baby</li><li>• Common problems in pregnancy</li><li>• First 24 hours after birth</li><li>• General information about pregnancy and related tests</li><li>• Maternity benefits</li><li>• Practical baby care</li><li>• Preparation for birth</li><li>• Preparation for labour</li><li>• Preparation for parenthood</li><li>• Role of the partner</li><li>• Support groups</li><li>• Work during pregnancy</li></ul>
<b>Context</b>	Only studies conducted in high-income countries, as defined by the World Bank, with centrally-funded healthcare systems will be included.

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 conflicts of interest policy](#).

## Clinical evidence

### Included studies

Nine studies were included in this review, including 8 qualitative studies (Ahlden 2008, Backstrom 2017, Baron 2017, Bull 2008, Carolan 2007, Emmett 2006, Garnweidner 2013), and qualitative findings from 2 mixed methods studies (Brown 2012, Munro 2018).

Two studies described the views of healthcare providers (Ahlden 2008, Carolan 2007), 1 study reported the views of partners (Backstrom 2017), and 6 studies focused on women who were pregnant or women who had recently given birth (Baron 2017, Brown 2012, Bull 2008, Emmett 2006, Garnweidner 2013, Munro 2018).

The included studies are summarised in Table 2.

One study was conducted in Australia (Carolan 2007), 1 study in Canada (Munro 2018), 1 study in The Netherlands (Baron 2017), 1 study in Norway (Garnweidner 2013), 2 studies in Sweden (Ahlden 2008, Backstrom 2017), and 3 studies in the United Kingdom (Brown 2012, Bull 2008, Emmett 2006).

Two studies used focus groups to collect data (Ahlden 2008, Munro 2018), 5 studies used interviews (Backstrom 2017, Baron 2017, Bull 2008, Emmett 2006, Garnweidner 2013), and 1 study used a questionnaire (Brown 2012). One study collected data using both interviews and focus groups (Carolan 2007).

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 qualitative studies.**

Study	Aim of the study	Population	Data collection methods	Themes identified
Ahlden 2008  Qualitative (Phenomenological study)  Sweden	To describe perceptions of parenthood education among midwives and obstetricians in charge of ANC	N=25 n=13 midwives n=12 obstetricians  Midwives median age: 50 years  Obstetricians median age: 54 years	Focus groups  Open-ended questions by two researchers  Focus group sessions lasted 1-1.5 hours	<ul style="list-style-type: none"> <li>• Process of birth</li> <li>• Relationships</li> <li>• Transition to parenthood</li> </ul>
Backstrom 2017	To explore pregnant women's partners'	N=14 partners	Interviews	<ul style="list-style-type: none"> <li>• Process of birth</li> <li>• Relationships</li> </ul>

Study	Aim of the study	Population	Data collection methods	Themes identified
Qualitative (Phenomenological study)  Sweden	perceptions of professional support during pregnancy	Mean age of partners: 33.4 years  Fathers and co-mothers included	Semi-structured interviews  Interviews lasted 30-60 minutes	<ul style="list-style-type: none"> <li>Transition to parenthood</li> </ul>
Baron 2017  General qualitative inquiry  The Netherlands	To explore the experiences, wishes, and needs of pregnant women with respect to health education in primary care with midwives	N=22 pregnant women  Mean maternal age: 30.5 years  Mean weeks of pregnancy: 25.4 weeks	Interviews  Semi-structured interviews  Interviews lasted on average 52 minutes	<ul style="list-style-type: none"> <li>Health literature</li> <li>Healthcare providers</li> <li>Missing information</li> </ul>
Brown 2012  Mixed methods  United Kingdom	To explore the information and advice women of different pre-pregnancy BMI classifications received about managing their weight during pregnancy. To investigate the information and advice on weight management that women feel would be useful during pregnancy.	N=59 pregnant women  Mean maternal age: 32.7 years  All pregnant women had singleton pregnancies	Questionnaire (both quantitative and qualitative)	<ul style="list-style-type: none"> <li>Diet and Nutrition</li> <li>Exercise and weight</li> <li>Healthcare providers</li> </ul>
Bull 2008  General qualitative inquiry  United Kingdom	To investigate the perceived effectiveness of smoking cessation interventions aimed at pregnant women.	N=38 n= 26 women who had given birth in the last 2 years n=7 pregnant women n=5 male partners  Mean age not reported	Interviews  Semi-structured interviews  Interview duration not reported	<ul style="list-style-type: none"> <li>Healthcare providers</li> <li>Smoking</li> </ul>
Carolan 2007  General qualitative inquiry  Australia	To highlight the information-based dilemmas of a particular group of healthcare patients, first-	N=27 n=22 pregnant women n=5 midwives/MCH nurses	Interviews and focus groups  Semi-structured interviews	<ul style="list-style-type: none"> <li>Health literature</li> <li>Healthcare providers</li> <li>Transition to parenthood</li> </ul>



Study	Aim of the study	Population	Data collection methods	Themes identified
	time mothers over 35 years.	Maternal age range: 35-48 years  Midwives age range: 25-63 years  All pregnant women were first-time mothers and were >35 years	Both lasted one hour	
Emmett 2006  General qualitative inquiry  United Kingdom	To explore women's experiences of decision making about mode of birth after previous caesarean section.	N=21 pregnant women  Age range: 20-39 years	Interviews  Semi-structured interviews  Interviews lasted on average 25-50 minutes	<ul style="list-style-type: none"> <li>• Health literature</li> <li>• Missing information</li> </ul>
Garnweidner 2013  Qualitative (Phenomenological study)  Norway	To explore experiences with nutrition-related information during routine antenatal care among women of different ethnical backgrounds.	N=17 pregnant women n=15 interviewed twice n=2 interviewed once due to pre-term birth  Maternal age: 16 years and over  All pregnant women were first-time mothers	Interviews  Semi-structured interviews  Interview duration not reported	<ul style="list-style-type: none"> <li>• Diet and Nutrition</li> <li>• Exercise and weight</li> </ul>
Munro 2018  Mixed methods  Canada	To explore women's decision-making and information needs regarding pain relief in labour	N=40 pregnant women  Maternal age (years): <20: 3 20–29: 20 30–39: 17	Focus groups  Focus group guided by research team member  30-minute discussion with participants  Open-ended questions	<ul style="list-style-type: none"> <li>• Health literature</li> </ul>

ANC: antenatal care; BMI: body mass index

See the full evidence tables in appendix D. No meta-analysis was conducted (and so there are no forest plots in appendix E). See appendix M for a full table of quotes supporting the themes identified in this review.

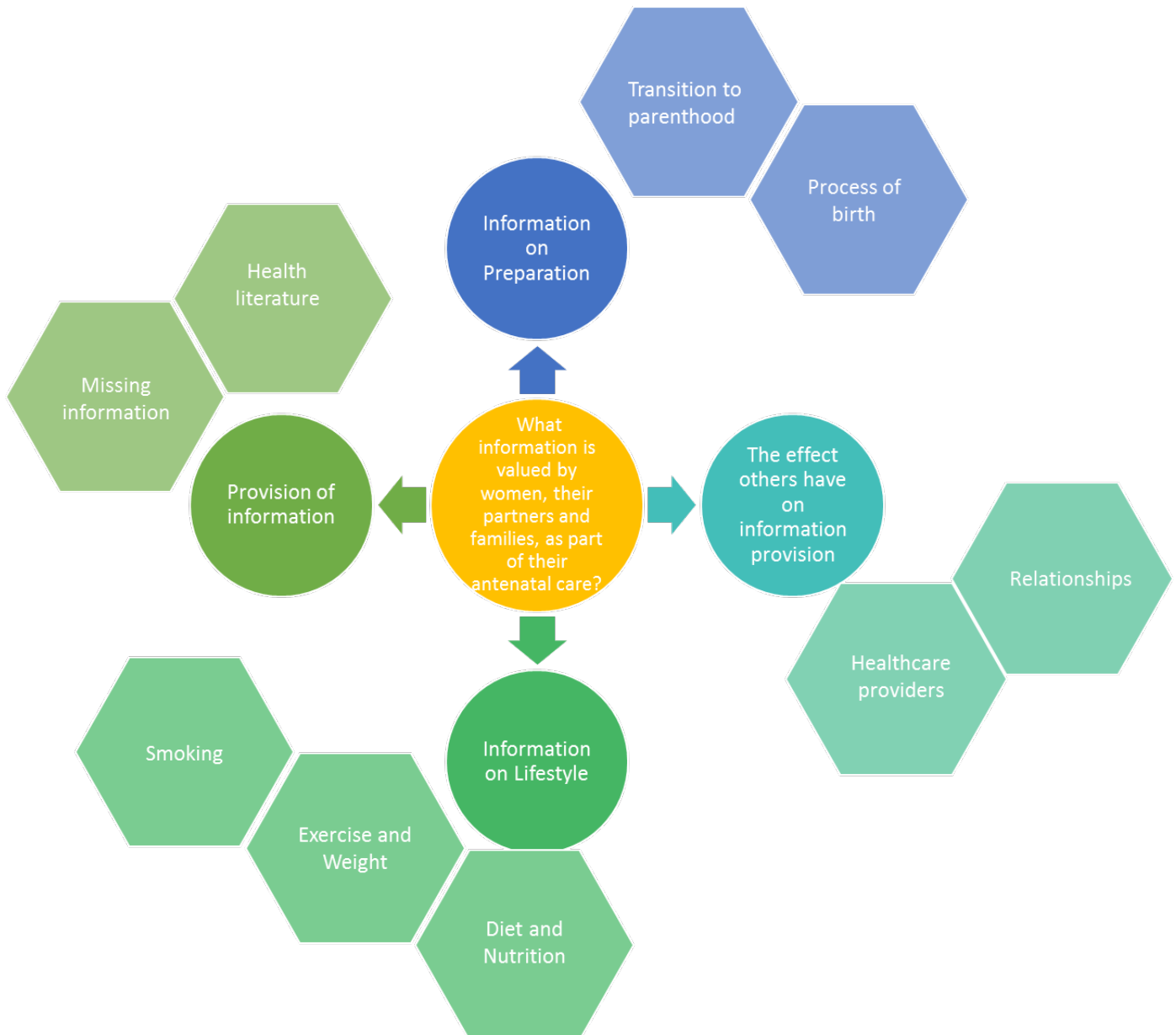
## Quality assessment of studies included in the evidence review

See the evidence profiles in appendix F for GRADE-CERQual tables.

### Theme Map

The aspects that women, partners, and healthcare providers found valuable have been represented thematically in the diagram below. Overall, four themes and nine sub-themes were identified.

**Figure 1: Theme map for information provision**



## **Economic evidence**

### **Included studies**

#### **Included studies**

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

A single economic search was undertaken for all topics included in the scope of this guideline. See supplementary material 2 for details.

#### **Excluded studies**

There was no economic evidence identified for this review question and therefore there is no excluded studies list in appendix K.

### **Summary of included economic evidence**

No economic studies were identified which were applicable to this review question.

### **Economic model**

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

### **Qualitative evidence statements**

See appendix M for a full table of quotes supporting the themes identified in this review.

#### **Theme 1. Information on preparation**

##### Subtheme 1a. Transition to parenthood

High quality evidence from 3 studies showed that information on the transition to parenthood was an important topic for both pregnant women and their partners. This information was considered to be just as important as health education and health promotion, as it helped bridge the gap between pregnancy and parenthood. It also allowed the opportunity to reflect on the start of a new phase in two individuals' lives and the lifelong commitment that parenthood represents.

The desire for information about motherhood was especially significant to pregnant women as the transition to motherhood is a unique experience. Pregnant women were keen to gather as much information about motherhood before the birth and particularly enjoyed receiving this information in a group setting with other pregnant women. This also facilitated friendships between pregnant women, allowing them to form support systems. This was particularly important for the pregnant women who did not live near relatives and had a short hospital stay after birth.

Partners of the pregnant women found information about parenthood very helpful in their preparation to become a father/mother. Partners particularly wanted more information on practical topics such economic issues, parental leave, and insurance. They wanted more information about items that needed to be purchased for the baby and how to meet the baby's needs after birth. Finally, partners were also concerned about the impact of parenthood on the parental couple's relationship and so they sought information about how to maintain their love life after their child's birth.

Healthcare providers believed information on how to care for the child's psychological wellbeing should be covered in parenthood education. In particular, information on the development of the parent-child attachment, the importance of the first year of the child's life, and information on ways to prevent psychological ill-health in children.

#### Subtheme 1b. Process of birth

High quality evidence from 2 studies showed that partners wanted information on the process of birth and healthcare providers considered this an important topic to cover for pregnant women and their partners. Information on this topic was considered the best tool to prepare for birth since the parental couple's ability to control the process of childbirth is limited, which might be hard for them to accept.

Healthcare providers considered information on the labour process, pain relief, and psychological reactions in giving birth would strengthen pregnant women's confidence and increase their preparedness for birth.

Partners of the pregnant women wanted more practical information on how to support pregnant women during childbirth (for example massage and breathing techniques to reduce and manage labour pain), and more information on childbirth complications that could occur (for example caesarean sections, vacuum extraction, and breastfeeding complications).

### **Theme 2. The effect others have on information provision**

#### Subtheme 2a. Relationships

High quality evidence from 2 studies discussed the changing nature of relationships during the antenatal period. Receiving information together, partners felt that this enhanced their communication and improved their relationship. Healthcare providers thought it provided an opportunity for partners to better understand the woman's needs but also to have their own thoughts and views acknowledged.

#### Subtheme 2b. Healthcare providers

Moderate quality evidence from 4 studies highlighted how healthcare providers could impact how pregnant women perceive information in antenatal care. Pregnant women wanted direct and clear information from their midwives, in a manner that was sensitive to their issues, such as smoking cessation and nutrition. Pregnant women sought credible medical and scientific information, which they wanted from their healthcare providers rather than popular reading materials. However, in some cases pregnant women reported a lack of advice and support from healthcare providers, which resulted in searching for information themselves. Healthcare providers in one study reported that older pregnant women (age range 35-48 years) were enthusiastic to have more information about different aspects of pregnancy and birth.

Some pregnant women reported how information given in appointments made them feel unhappy or discouraged. One pregnant woman, who struggled with her weight before and during pregnancy, described feeling disheartened at an appointment where her weight was 4 kilograms higher in the midwife's office than when she weighed herself at home. Although the midwife explained discrepancies exist between weighing scales, she recorded the heavier weight not considering the psychological effects this might have on the woman. Another woman described how difficult it was for her to stop smoking during her pregnancy. Although she was aware of the negative effects of smoking on her baby, she felt it was unhelpful for her midwife to keep returning to this one issue in all her appointments and felt that it removed the focus from providing information on other topics.

In one study, pregnant women who were smokers demonstrated individual differences in preferences for who delivered their smoking information. In some cases, it appeared that those who were smokers preferred to receive information from an advisor with a personal

experience of smoking themselves, as they felt this advisor would better understand their experiences and perspective. For those pregnant women who were non-smokers or former smokers, an advisor who had never smoked, or one who had successfully quit smoking long term was a more ideal role-model. However, in one case, one woman did not respond well to information on smoking cessation from anyone. Overall, in most cases, pregnant women placed value on who was providing them with antenatal care information.

### **Theme 3. Information on lifestyle**

#### **Subtheme 3a. Exercise and weight**

High quality evidence from 2 studies demonstrated that pregnant women want simpler and consistent information on exercise and weight in the antenatal period.

Information on exercise during pregnancy was sparse and pregnant women wanted more information and advice on safe exercise during pregnancy.

Many pregnant women lacked advice and support on weight management during pregnancy. Some pregnant women reported being told that weight gain during the antenatal period was 'unimportant'. Any advice that was given was perceived as conflicting to other sources of information, which led to confusion and uncertainty about which advice to follow.

Some pregnant women desired information that was personalised and tailored to their pre-pregnancy weight. Women who were regular dieters particularly felt this way, as there wasn't enough information available for them to follow during their pregnancy. Other pregnant women described feeling anxiety about their pregnancy weight and how it affected their body image.

Pregnant women were keen to know what the 'healthy or average' weight gain should be, when different stages of weight gain would occur, and how the extra weight would be distributed in their pregnancy. They often described feeling worried if they did not match the normal pattern of weight gain. Some women wanted information regarding managing their weight whilst also controlling their hunger. As a result, women wanted their weight to be monitored and recorded throughout their pregnancy.

#### **Subtheme 3b. Diet and nutrition**

High quality evidence from 2 studies demonstrated that pregnant women want more information on diet and nutrition in the antenatal period.

Most pregnant women stated that they would like more dietary information or advice, as well as more information on what they could and couldn't eat. Most of the information focused on the prevention of food borne diseases (for example toxoplasmosis), but women also wanted to know what quantity of food was required for a healthy pregnancy, debunking myths around 'eating for two' when pregnant. The general feeling was that advice was not individually tailored, which left some pregnant women feeling unsure about what their diet should be. However, one pregnant woman felt that more information on diet in antenatal care was unnecessary because she thought that everyone should know what foods are healthy or unhealthy.

Pregnant women's views on how much nutrition-related information they received during pregnancy varied. However, the overall impression was that nutritional advice was sparse and any information that was given was unsystematic and did not seem to be a core component of antenatal care. Pregnant women felt that nutrition-related information was given too late into pregnancy, and so they actively sought out this information at the beginning of pregnancy. Although nutrition-related topics were discussed in their first appointment with the midwife, this visit could occur halfway into the pregnancy. Furthermore, information on nutrition was given alongside information on several different topics in one appointment, which meant that it was often difficult to remember.

### Subtheme 3c. Smoking

Very low quality evidence from 1 study showed that pregnant women who were smokers wanted more information on the effects of smoking during pregnancy, as they felt they received insufficient information in the antenatal period. Many pregnant women reported that they didn't fully understand the effects smoking had on the baby and stated that they wanted more scientific information on the specific health outcomes. One partner felt that the midwife should have given him some information on how his smoking might affect the baby, rather than just 'lecturing' his wife about her smoking habits. One pregnant woman reported that she preferred to get her smoking cessation information from support groups rather than an advisor.

## **Theme 4. Provision of information**

### Subtheme 4a. Health literature

Moderate quality evidence from 4 studies demonstrated that pregnant women had varying views on receiving supplementary health literature.

Some pregnant women reported that they preferred to receive additional health information through leaflets, booklets, and online resources. This allowed them to go over information discussed in their appointments and also provided extra detail on topics that could not be covered in appointments.

However, most pregnant women felt that they received too many leaflets, which they didn't have time to read or would easily misplace. Some reported that the volume of leaflets they received was overwhelming and the information within them was hard to process. These pregnant women preferred to have a more in depth consultation, so they could get more concise, relevant, verbal information from their midwife.

Healthcare providers found that older pregnant women wanted more information than younger women. They felt that this tendency towards over-information was unhelpful as it alerted women to eventualities they hadn't yet considered. Similarly, some older pregnant women felt anxious when they received too much information about fetal anomalies and other age-related pregnancy outcomes. Reading and having access to too much information gave light to concerns that they had previously not considered. This meant that some older pregnant women sometimes found it difficult to remain positive.

Some multiparous women felt that midwives assumed they were already aware of information and health recommendations from their previous pregnancies, and therefore gave them less health information. These pregnant women expressed that they would have preferred their midwives to not make assumptions about their knowledge and instead asked them what they knew. Some women felt that if they had reported they had an issue, such as smoking or being overweight, they would have received more focused, tailored information and support from their midwives.

The timing of information, particularly with regards to specific interventions or treatments, was important to pregnant women. One pregnant woman reported receiving information after her first caesarean section would have been helpful. Information about procedures, such as those for overdue pregnancies, induction of labour, and monitoring during labour was more commonly recalled than information about health outcomes. In a study investigating pain relief in labour, women stated they wanted information on the effectiveness of epidurals for pain management, their impact on the chance of caesarean section, their impact on the length of labour, and potential side effects for the baby. Women wished to learn more about other pain relief options to make an informed choice between all available treatments

### Subtheme 4b. Missing information

High quality evidence from 2 studies showed that women felt information was not routinely provided. There were gaps in information in different areas that meant many pregnant women still had a lot of questions and expressed uncertainty about different health issues. Several pregnant women had questions about topics that were 'beyond the basics', such as, general wellbeing, lifestyle factors, information on the birth process, their health after the birth, and fears surrounding the 20-week scan.

A few pregnant women felt that these information gaps gave the opportunity to ask questions about specific health concerns, as a way to receive more tailored answers that were relevant to them. However, most pregnant women felt that they needed to know the right questions to ask and also needed to have the confidence to ask them. These pregnant women found it difficult to assert themselves and push for the information that they wanted. Multiparous women however, generally felt more confident since they had already been through the process before.

Despite pregnant women raising issues around missing information, the majority of pregnant women considered midwives the designated caregivers for health education, and considered them reliable sources of important information.

## **The committee's discussion of the evidence**

### **Interpreting the evidence**

#### ***The outcomes that matter most***

This review focused on identifying the general and more specific information about pregnancy and related topics which women, their partners and families find valuable, and the information that should be given to them, as part of their antenatal care.

To address these issues, 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 main themes which they expected to emerge from the data. Suggested themes included:

- Antenatal screening tests
- Attachment between mother and baby
- Common problems in pregnancy
- First 24 hours after birth
- General information about pregnancy and related tests
- Maternity benefits
- Practical baby care
- Preparation for birth
- Preparation for labour
- Preparation for parenthood
- Role of the partner
- Support groups
- Work during pregnancy

The evidence review identified data relating to attachment between mother and baby; practical baby care; preparation for birth; preparation for labour; preparation for parenthood; and support groups. The evidence review did not identify data relating to the remaining themes set out in the protocol. Additional themes identified from the evidence were the effect others have on information provision and information on lifestyle. The committee considered the evidence from all identified themes and with their own knowledge and experience, were able to draft the recommendations.

### ***The quality of the evidence***

The overall confidence in the review findings ranged from low to high quality, with the majority of them of high.

Concerns about methodological limitations of the primary studies were assessed using the CASP Qualitative checklist and ranged from no or very minor to moderate concerns. The most common issues were inadequate or no consideration of the researcher-participant relationship and partial or no consideration about the value of the research, in terms of further research and transferability.

Concerns about relevance for the context and population of interest to this guideline ranged from minor to moderate concerns. The most common concerns were focusing solely on first time mothers, mothers over the age of 35 years, women from a low socio-economic background or women who had given birth in the last 5 years. This meant that the findings were difficult to generalise to the wider population.

Concerns about coherence ranged from no or very minor to minor concerns. One theme had minor concerns with coherence as a proportion of the study population included 26% of all the individuals who made decisions about what constitutes antenatal care in Sweden. Therefore, the population from this study may hold some biases that affect study conclusions.

Concerns about adequacy ranged from no or very minor to moderate concerns. There were moderate concerns for one theme because there was only one study supporting the findings and data from this study was thin.

The committee noted that, while the evidence was generally coherent and consistent with their experience, women's preferences on what information they value may fluctuate depending on their stage of pregnancy. For example the type of information a first time mother may value early in her pregnancy may be very different from that she would retrospectively consider important after her child is born.

### ***Discussion of the findings***

There was some high quality evidence from 2 studies from the subtheme 'missing information', suggesting that women wanted personalised information during their antenatal care. There was some moderate quality evidence from 4 studies from the subtheme 'healthcare providers', suggesting healthcare providers could impact how pregnant women perceive information in antenatal care. From their knowledge and experience, the committee agreed that discussing what antenatal care is and the details of the appointment schedule could help personalise information. The committee discussed that healthcare professionals could further facilitate this by first establishing the level of understanding the woman and her partner have. The committee discussed that, while not the focus of this review, maintaining continuity of carer would be helpful in this area as they would already have this knowledge. The committee agreed that this would reduce repeating information covered in previous discussions, which might also reduce the duration of consultations.

The committee agreed from their knowledge and experience that the first antenatal (booking) appointment gave an opportunity to discuss the details and importance of antenatal care. The committee agreed that this should include aspects such as, the planned number and the location of appointments, the provider involved in these appointments, and information on how the baby develops during pregnancy. There was no evidence identified to inform the timing of information provision, but the committee agreed it is important to have a staged approach and cover topics relevant to each stage of pregnancy.

There was some high quality evidence from 3 studies from the subtheme 'transition to parenthood' that suggests women and partners value information on the emotional aspects and relationship changes that might occur in the antenatal period and after the birth so the



committee included this topic in their recommendations. The committee agreed that it was important for healthcare providers to have a discussion with both the woman and their partner about the upcoming changes, allowing them to voice individual concerns, rather than just giving them information about what might happen. The committee agreed that these changes affect both the woman and their partner and so should be given jointly.

There was some high quality evidence from 5 studies from the theme 'information on preparation' to suggest women, partners, and healthcare providers value information provision on the process of birth and the transition to parenthood. The evidence showed that this included both emotional and practical aspects (for example information on what things to buy for the baby, parental leave, and insurance). The committee discussed that information on the practical aspects and emotional aspects were separate, but equally important. The committee discussed that examples of the practical aspects involved in this transition, such as caring for the baby, feeding the baby, giving the baby a bath and other issues relevant to the postnatal period were important to discuss with the woman and her partner. The committee agreed that it was important to give information on these practical aspects of parenthood to support expectant and new parents. The updated NICE guideline on postnatal care (not yet published) covers many of these topics so a cross reference to this guideline was made.

The evidence from subtheme 'process of birth' also suggested partners valued practical information about the different stages of the pregnancy, including information on childbirth complications. From their own experience and knowledge, the committee were aware that information women and their partners asked for before and after birth might differ. The committee discussed that although little could be done to solve this, it is important to make the woman and her partner aware of this.

The committee discussed that family configurations are varied and that there was a gap in the evidence regarding wider support networks for those women who do not have a partner or any family involved in their pregnancy. The committee agreed that it was not for the healthcare provider to give guidance in this situation but rather to encourage the development of support networks by signposting to appropriate organisations.

While there was some evidence that suggested partners valued receiving more information about practical issues related to pregnancy and the birthing process, the committee discussed that there was relatively limited evidence that met the inclusion criteria for this review including the views of partners and were aware of information published elsewhere that provided more insight on this topic. Although the review highlighted topics that were specifically covered by partners, the committee agreed that for the majority of the findings in the review, the sorts of information valued by women would also be valued by their partners. The committee discussed that the evidence suggested that women may value different information to their partner. From their experience and knowledge, the committee also noted that the woman and her partner typically wanted information on similar topics and that receiving it together may aid communication.

There was high quality evidence from 2 studies from the subtheme 'exercise and weight'; high quality evidence from 2 studies from the subtheme 'diet and nutrition'; and very low quality evidence from 1 study from the subtheme 'smoking', all contributing to the theme 'information on lifestyle'. Evidence from this theme concluded that women wanted more information on lifestyle factors during the antenatal period, such as smoking, diet and nutrition, and exercise and weight. The evidence showed that pregnant women wanted direct and clear information from their midwives, in a manner that was sensitive to their issues. Furthermore, some women reported feeling emotional when discussing these issues with their midwife. The committee noted that some women may gather this information from antenatal classes however not all women attend antenatal classes, which may put them at a disadvantage and widen inequalities. The committee agreed that although these topics were sensitive, they were extremely important for the health of the woman and the baby. The

committee agreed that these discussions should be encouraged and midwives should be supported and advised on how to approach them in a manner that is non-judgemental and compassionate. The committee decided to cross refer to other existing NICE guidelines on [maternal and child nutrition](#), [vitamin D](#), [weight management before, during and after pregnancy](#), [smoking: stopping in pregnancy and after childbirth](#), [section on in NICE guideline on pregnant women who misuse substances \(alcohol and/or drugs\) pregnancy and complex social factors](#), and the [UK Chief Medical Officers' low-risk drinking guidelines](#).

Evidence from 1 study from the subtheme 'relationships' suggested that healthcare providers believed that information on the development of the parent-child attachment should be covered in parenthood education. The study concluded that this information could improve the woman's confidence and increase their preparedness for birth. The committee discussed that information about attachment should go beyond talking about attachment patterns and should focus on giving information about noticing the baby's movements, talking to the baby, and stroking their 'bump'. The committee agreed these actions could help strengthen the bond between the woman and the baby, which could facilitate bonding with the baby and breastfeeding after birth. However, from their experience and knowledge, the committee were aware that bonding with the unborn baby is not necessarily linked to breastfeeding after birth. The committee discussed that having no emotional attachment with the baby in the antenatal period did not necessarily mean the woman would not bond with the baby after birth. The committee agreed that it was not appropriate to dwell on this as it may cause the woman anxiety. The committee agreed it was important to consider the reasons why women might not bond with their baby, for example fear during their pregnancy or women who have had previous losses and do not bond intentionally. The updated NICE guideline on postnatal care (not yet published) covers the topic of bonding and emotional attachment so a cross reference to the guideline was made.

Some limited evidence of moderate quality from the subtheme 'health literature' showed that women wanted more information on topics related to the birthing process. Women valued information about procedures, such as those for overdue pregnancies, induction of labour, and monitoring during labour. Information on pain relief in labour, the effectiveness of epidurals for pain management, and potential side effects for the baby were also sought after. Women wished to learn more about other pain relief options to make an informed choice between all the available treatments.

The committee discussed that women's birth plans differ on an individual basis and therefore it is paramount to give personalised information about the implications, benefits, and harms of any decisions or procedures. The committee discussed that this is fundamental to shared decision making and informed consent, and follows principles outlined in the Montgomery ruling. The committee highlighted that some women may want to discuss these implications in detail, but equally some women may not and so it is crucial to at least initiate an open discussion with the woman.

The committee agreed that specific information about preparation for birth, such as the birth plan, coping with pain in labour, and recognising active labour, should be given to the woman and her partner at the 28-week antenatal appointment onwards as this is the beginning of the third trimester. From their knowledge and experience, the committee agreed that information should also be given on the postnatal period at this appointment and should include discussions on caring for the new baby, feeding the baby, newborn screening programmes and vitamin K prophylaxis. The committee agreed that information on postnatal self-care, including postnatal depression and pelvic floor exercises, should be discussed at and from the 28-week antenatal appointment, given the importance of the issue and decided to cross-reference to the updated [NICE guideline on postnatal care](#).

The committee also agreed that women whose babies are considered to be at an increased risk of neonatal admission should be provided with appropriate information and support during pregnancy.

## **Cost effectiveness and resource use**

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

These recommendations reflect current practice and there is unlikely to be any resource impact from them.

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# Appendices

## Appendix A – Review protocol

### Review protocol for review question: What information is valued by women, their partners and families, as part of their antenatal care?

**Table 3: Review protocol**

Field (based on PRISMA-P)	Content
Review question	What information is valued by women, their partners and families, and what information should be given to them, as part of their antenatal care?
Type of review question	Qualitative
Objective of the review	The aim of this review is to identify the general and more specific information about pregnancy and related topics which women, their partners and families find valuable, and the information that should be given to them, as part of their antenatal care.
Eligibility criteria – population	<ul style="list-style-type: none"> <li>• Women who have received information as part of antenatal care, and their partners or families.</li> <li>• Professionals/practitioners involved in providing antenatal care</li> </ul>
Eligibility criteria – Context	Views and experiences of women, their partners or families on the information they received during their antenatal care, which might include: <ul style="list-style-type: none"> <li>• Antenatal screening tests</li> <li>• Attachment between mother and baby</li> <li>• Common problems in pregnancy</li> <li>• First 24 hours after birth</li> <li>• General information about pregnancy and related tests</li> <li>• Maternity benefits</li> <li>• Practical baby care</li> <li>• Preparation for birth</li> <li>• Preparation for labour</li> <li>• Preparation for parenthood</li> <li>• Role of the partner</li> <li>• Support groups</li> <li>• Work during pregnancy</li> </ul>
Eligibility criteria – comparator	Not applicable.
Outcomes and prioritisation	Not applicable.
Eligibility criteria – study design	<ul style="list-style-type: none"> <li>• Systematic reviews of qualitative studies that specifically address views/experiences of woman, their partner(s) and families on the information provided (or not provided) about specific pregnancy-related topics (for example, screening tests) during the antenatal period.</li> <li>• Systematic reviews of qualitative studies that specifically address views/experiences of healthcare professionals/practitioners involved in providing antenatal care on the information that should be provided (or should not be provided) to women about pregnancy-related topics (for example, food safety) during the antenatal period.</li> <li>• Qualitative studies that specifically address views/experiences of woman, their partner(s) and families on the information provided (or not provided) about specific pregnancy-related topics (for example, screening tests) during the antenatal period.</li> </ul> <p>Qualitative studies that specifically address views/experiences of healthcare professionals/practitioners involved in providing antenatal care on the information that should be provided (or should not be provided) to women about pregnancy-related topics (for example, food safety) during the antenatal period. Note: Identified studies will be reviewed in chronological order with most recent first. Studies on views and experiences of women, their partner(s), and families on the referral process to, and delivery of, antenatal services will be excluded (addressed in RQ 2.5). For further details, see the algorithm in <a href="#">appendix H</a>, <a href="#">Developing NICE guidelines: the manual</a>.</p>

Field (based on PRISMA-P)	Content
Other inclusion exclusion criteria	<p><b>Exclusion</b></p> <p>STUDY DESIGN:</p> <ul style="list-style-type: none"> <li>Qualitative studies that specifically address women's, their partner(s) and families views/experiences on the process of referral to, and delivery of, antenatal services.</li> <li>Purely quantitative studies (including surveys that report only quantitative data)</li> </ul> <p>PUBLICATION STATUS:</p> <ul style="list-style-type: none"> <li>Conference abstract</li> </ul> <p>LANGUAGE:</p> <ul style="list-style-type: none"> <li>Non-English</li> </ul> <p><b>Inclusion</b></p> <p>COUNTRY:</p> <ul style="list-style-type: none"> <li>Only studies conducted in high-income countries, as defined by the World Bank, with centrally-funded healthcare systems will be included. For a list of these countries, see <a href="https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups">https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups</a></li> </ul> <p>Note: The use of the World Bank definitions of low-, middle- and high-income countries in this guideline is consistent with its use in the <a href="#">Postnatal care up to 8 weeks after birth (update)</a> NICE guideline CG37.</p>
Proposed sensitivity/sub-group analysis, or meta-regression	Data will be stratified according to source of views/experience (pregnant women, partner(s) and families; healthcare professionals or practitioners involved in providing antenatal care) and when data is collected (that is, during pregnancy or after birth). Stratification by gravida status, age, ethnicity (for example, BME) LGBT+ status will also be considered if there is available data.
Selection process – duplicate screening/selection/analysis	<p>Studies included in the 2008 NICE guideline on antenatal care for uncomplicated pregnancies guideline (CG62) that satisfy the review protocol will be included in this review. 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. All data extraction will quality assured by a senior reviewer.</p> <p>Draft excluded studies and evidence tables will be circulated to the Topic Group for their comments. Resolution of disputes will be by discussion between the senior reviewer, Topic Advisor and Chair.</p>
Data management (software)	NGA STAR software will be used to generate bibliographies/citations, and to conduct study sifting and data extraction. For the qualitative review, GRADE-CERQual will be used to assess the confidence in the findings from a thematic analysis.
Information sources – databases and dates	<p>Sources to be searched: Embase, Medline, Medline In-Process, PsycINFO, CINAHL.</p> <p>Limits (for example, date, study design):</p> <ul style="list-style-type: none"> <li>Qualitative, patient concerns</li> <li>Date: 2006 (Qualitative review conducted in CG62, so limit to last date searched)</li> <li>Apply standard animal/non-English language exclusion</li> </ul>
Identify if an update	<p>This antenatal care update will replace the Antenatal care for uncomplicated pregnancies guideline (CG62) which will be taken down in due course. The following relevant recommendations in CG62 on what, when and how antenatal information should be provided were made:</p> <p>1.1.1 Antenatal information</p> <p>1.1.1.1 Antenatal information should be given to pregnant women according to the following schedule.</p> <ul style="list-style-type: none"> <li>At the first contact with a healthcare professional: <ul style="list-style-type: none"> <li>folic acid supplementation</li> <li>food hygiene, including how to reduce the risk of a food-acquired infection</li> <li>lifestyle advice, including smoking cessation, and the implications of recreational drug use and alcohol consumption in pregnancy</li> <li>all antenatal screening, including screening for haemoglobinopathies, the anomaly scan and screening for Down's syndrome, as well as risks and benefits of the screening tests</li> </ul> </li> <li>At booking (ideally by 10 weeks):</li> </ul>

Field (based on PRISMA-P)	Content
	<ul style="list-style-type: none"> <li>○ how the baby develops during pregnancy</li> <li>○ nutrition and diet, including vitamin D supplementation for women at risk of vitamin D deficiency, and details of the Healthy Start programme</li> <li>○ exercise, including pelvic floor exercises</li> <li>○ place of birth (refer to intrapartum care NICE guideline CG55)</li> <li>○ pregnancy care pathway</li> <li>○ breastfeeding, including workshops</li> <li>○ participant-led antenatal classes</li> <li>○ further discussion of all antenatal screening</li> <li>○ discussion of mental health issues (refer to antenatal and postnatal mental health NICE guideline CG45)</li> <li>● Before or at 36 weeks: <ul style="list-style-type: none"> <li>○ breastfeeding information, including technique and good management practices that would help a woman succeed, such as detailed in the UNICEF Baby Friendly Initiative</li> <li>○ preparation for labour and birth, including information about coping with pain in labour and the birth plan</li> <li>○ recognition of active labour</li> <li>○ care of the new baby</li> <li>○ vitamin K prophylaxis</li> <li>○ newborn screening tests</li> <li>○ postnatal self-care</li> <li>○ awareness of 'baby blues' and postnatal depression.</li> </ul> </li> <li>● At 38 weeks: <ul style="list-style-type: none"> <li>○ options for management of prolonged pregnancy. This can be supported by information such as 'The pregnancy book' (Department of Health 2007) and the use of other relevant resources such as UK National Screening Committee publications and the Midwives Information and Resource Service (MIDIRS) information leaflets. [2008]</li> </ul> </li> </ul> <p>1.1.1.2 Information should be given in a form that is easy to understand and accessible to pregnant women with additional needs, such as physical, sensory or learning disabilities, and to pregnant women who do not speak or read English. [2008]</p> <p>1.1.1.3 Information can also be given in other forms such as audiovisual or touch-screen technology; this should be supported by written information. [2008]</p> <p>1.1.1.4 Pregnant women should be offered information based on the current available evidence together with support to enable them to make informed decisions about their care. This information should include where they will be seen and who will undertake their care. [2008]</p> <p>1.1.1.5 At each antenatal appointment, healthcare professionals should offer consistent information and clear explanations, and should provide pregnant women with an opportunity to discuss issues and ask questions. [2008]</p> <p>1.1.1.6 Pregnant women should be offered opportunities to attend participant-led antenatal classes, including breastfeeding workshops. [2008]</p> <p>1.1.1.7 Women's decisions should be respected, even when this is contrary to the views of the healthcare professional. [2008]</p> <p>1.1.1.8 Pregnant women should be informed about the purpose of any test before it is performed. The healthcare professional should ensure the woman has understood this information and has sufficient time to make an informed decision. The right of a woman to accept or decline a test should be made clear. [2008]</p> <p>1.1.1.9 Information about antenatal screening should be provided in a setting where discussion can take place; this may be in a group setting or on a one-to-one basis. This should be done before the booking appointment. [2008]</p> <p>1.1.1.10 Information about antenatal screening should include balanced and accurate information about the condition being screened for. [2008]</p>
Author contacts	Developer: National Guideline Alliance
Highlight if amendment to previous protocol	For details please see section 4.5 of <a href="#">Developing NICE guidelines: the manual</a>
Search strategy – for one database	For details please see appendix B
Data collection process – forms/duplicate	A standardised evidence table format will be used, and published as appendix D (clinical evidence tables) or G (economic evidence tables).
Data items – define all variables to be collected	For details please see evidence tables in appendix D (clinical evidence tables) or G (economic evidence tables).

Field (based on PRISMA-P)	Content
Methods for assessing bias at outcome/study level	Quality assessment of individual studies will be performed using the following checklists: <ul style="list-style-type: none"> <li>CASP checklist for qualitative studies</li> </ul> For details please see section 6.2 of <a href="#">Developing NICE guidelines: the manual</a> . The risk of bias across all available evidence will be evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group: <a href="https://www.cerqual.org/">https://www.cerqual.org/</a>
Criteria for quantitative synthesis (where suitable)	For details please see section 6.4 of <a href="#">Developing NICE guidelines: the manual</a> .
Methods for analysis – combining studies and exploring (in)consistency	For details please see supplement 1: methods.
Meta-bias assessment – publication bias, selective reporting bias	For details please see supplement 1: methods and section 6.2 of <a href="#">Developing NICE guidelines: the manual</a> .
Assessment of confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of <a href="#">Developing NICE guidelines: the manual</a> .
Rationale/context – Current management	For details please see the introduction to the evidence review.
Describe contributions of authors and guarantor	A multidisciplinary committee developed the guideline. The committee was convened by the National Guideline Alliance and chaired by Kate Harding in line with section 3 of <a href="#">Developing NICE guidelines: the manual</a> . 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 supplement 1: methods.
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 is not registered with PROSPERO.

*CASP: Critical appraisal skills programme; CCTR: Cochrane Controlled Trials Register; CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; CERQual: Confidence in the Evidence from Reviews of Qualitative Research; CG: clinical guideline; DARE: Database of Abstracts of Reviews of Effects; GRADE: Grading of Recommendations Assessment, Development and Evaluation; GP: general practitioner; HIV: Human immunodeficiency virus; HTA: Health Technology Assessment; NGA: National Guideline Alliance; NICE: National Institute for Health and Care Excellence; NIHR: National Institute for Health Research; RCT(s): randomised controlled trial(s); RoB: risk of bias;*



## Appendix B – Literature search strategies

### Literature search strategies for review question: What information is valued by women, their partners and families, as part of their antenatal care?

This was a combined search to cover both this review (evidence review A) and also evidence review B.

#### Database(s): Medline & Embase (Multifile)

Last searched on **Embase Classic+Embase** 1947 to 2020 January 21, **Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily** 1946 to January 21, 2020

Date of last search: 22<sup>nd</sup> January 2020

Multifile database codes: *emczd = Embase Classic+Embase; ppez= MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily*

#	Searches
1	*Pregnancy/ or Pregnant Women/ or *Prenatal Care/
2	1 use ppez
3	*pregnancy/ or pregnant woman/ or *prenatal care/ or *perinatal care/ or perinatal period/
4	3 use emczd
5	(antenatal* or ante natal* or prenatal* or pre natal* or pregnan*).ti.
6	((antenatal* or ante natal* or prenatal* or pre natal*) adj (care* or health* or education*)).ti,ab.
7	(pregnan* adj3 women).ti,ab.
8	or/2,4-7
9	access to information/ or communication/ or computer communication networks/ or consumer health information/ or health education/ or health promotion/ or information dissemination/ or information seeking behaviour/ or internet/ or pamphlets/ or patient education as topic/ or posters as topic/ or publications/ or government publications as topic/
10	9 use ppez
11	access to information/ or computer network/ or consumer health information/ or health education/ or health promotion/ or information dissemination/ or information seeking/ or information service/ or internet/ or medical information/ or patient education/ or patient information/ or information/ or publication/
12	11 use emczd
13	((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiver? or care giv?) adj3 educat*).ti.
14	((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiv? or care giv?) adj3 educat*).ab. /freq=2
15	((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiver? or care giv?) adj3 (advice or informat*).ti,ab.
16	((pamphlet? or leaflet? or booklet? or ict or phone or telephone or manual* or media or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?) adj5 (informat* or educat*).ti,ab.
17	((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiver?) adj5 (pamphlet? or leaflet? or booklet? or manual? or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?).ti,ab.
18	(informat* adj3 (model? or program* or need? or requir* or seek* or access* or dissem* or shar* or provision)).ti,ab.
19	(informat* adj3 (provid* or provision)).ti.
20	((informat* or advice) adj3 (provision or provid*)).ab. and informat*.ab. /freq=2
21	(informat* adj3 (help* or support* or benefi* or hinder* or hindran* or barrier? or facilitat* or practical* or clear* or accurat*).ti,ab.
22	(informat* adj3 (type? or content? or method? or quality)).ti,ab.
23	((additional or extra or added or further) adj3 informat*).ti,ab.
24	((time? or timing or when or prompt*) adj3 informat*).ti,ab.
25	((give? or giving or gave or receive*) adj3 (advice or informat*).ti,ab.
26	(informat* adj3 (hospital? or service? or resource? or red flag? or emergency care or contact?)).ti,ab.
27	patient education handout.pt.
28	(patient care planning/ or critical pathway/ or clinical protocols/) and information*.ti,ab.
29	28 use ppez
30	(informat* adj3 (care plan* or pathway? or protocol?)).ti,ab.
31	communication barriers/ use ppez
32	((communicat* or language?) adj3 (barrier? or facilitat*).ti,ab.
33	(communicat* adj3 (help* or unhelp* or un-help* or encourag* or prevent* or good or bad* or effect* or ineffect* or in-effect* or poor* or difficult*).ti,ab.
34	(communicat* adj3 (time? or timing? or initiat*).ti,ab.
35	translating/ use ppez or "translating (language)"/ use emczd
36	(translat* adj7 (communicat* or language? or informat*).ti,ab.

#	Searches
37	((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or care giv* or caregiver?) adj3 (advice or informat*).ab.
38	health information.tw.
39	*patient care planning/ or *clinical pathway/ or *clinical protocols/
40	39 use emczd
41	patient care planning/ or critical pathway/ or clinical protocols/
42	41 use ppez
43	informat*.ti,ab.
44	(or/40,42) and 43
45	informat*.ti. or ((information* or advice* or educat* or support*) adj5 (emotional or selfcare* or self care or selfmanag* or self manag* or selfinstruct* or self instruct* or selfmonitor* or self monitor* or wellbeing or well being)).ti,ab.
46	or/10,12-27,29-38,44-45
47	exp interviews as topic/ or health care surveys/ or interview.pt. or narration/ or nursing methodology research/ or qualitative research/ or "Surveys and Questionnaires"/
48	47 use ppez
49	health care survey/ or nursing methodology research/ or questionnaire/ or semi structured interview/
50	49 use emczd
51	(grounded theory or interview or qualitative research).sh.
52	(qualitative* or interview* or focus or group* or questionnaire* or narrative* or narration* or survey*).ti,ab.
53	(ethno* or emic or etic or phenomenolog* or grounded theory or constant compar* or (thematic adj4 analys*) or theoretical sampl* or purposive sampl*).tw.
54	(hermeneutic* or heidegger* or husser* or colaizzi* or van kaam* or van manen* or giorgi* or glaser* or strauss* or ricoeur* or spiegelberg* or merleau*).tw.
55	(metasynthes* or meta-synthes* or metasummar* or meta-summar* or metastud* or meta-stud* or metathem* or meta-them*).tw.
56	(critical interpretive synthes* or (realist adj (review* or synthes*)) or (noblit and hare) or (meta adj (method or triangulation)) or (cerqual or conqual) or ((thematic or framework) adj synthes*).tw.
57	((brother* or famil* or father* or husband* or mother* or partner* or patient* or relative* or sibling* or sister* or spous* or consumer* or mother* or parent* or wife* or wive* or women* or woman*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*).ti,ab.
58	((carer* or caregiv* or care giv*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*).ti,ab.
59	((doctor* or gp or health visitor* or coordinator* or midwiv* or midwif* or nurs* or obstetrician* or pediatrician* or paediatrician* or officer* or personal assistant* or physiotherapist* or practitioner* or professional* or worker*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*).ti,ab.
60	or/48,50-56
61	or/57-59
62	or/60-61
63	(controlled clinical trial or pragmatic clinical trial or randomized controlled trial).pt. or drug therapy.fs. or (groups or placebo or randomi#ed or randomly or trial).ab.
64	crossover procedure/ or double blind procedure/ or randomized controlled trial/ or single blind procedure/ or (assign* or allocat* or crossover* or cross over* or ((doubl* or singl*) adj blind*) or factorial* or placebo* or random* or volunteer*).ti,ab.
65	meta-analysis/
66	meta-analysis as topic/
67	systematic review/
68	meta-analysis/
69	(meta analy* or metanaly* or metaanaly*).ti,ab.
70	((systematic or evidence) adj2 (review* or overview*).ti,ab.
71	((systematic* or evidence*) adj2 (review* or overview*).ti,ab.
72	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
73	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
74	(search* adj4 literature).ab.
75	(medline or pubmed or cochrane or embase or psychlit or psychlit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
76	cochrane.jw.
77	((pool* or combined) adj2 (data or trials or studies or results)).ab.
78	63 use ppez
79	64 use emczd
80	78 or 79
81	(or/65-66,69,71-76) use ppez
82	(or/67-70,72-77) use emczd
83	81 or 82
84	80 or 83
85	8 and 46 and 62
86	limit 85 to english language
87	limit 86 to yr="2006 -Current"
88	8 and 46 and 84

#	Searches
89	limit 88 to english language
90	limit 89 to yr="2000 -Current"
91	87 or 90
92	letter/ or editorial/ or news/ or historical article/ or anecdotes as topic/ or comment/ or case reports/
93	92 use ppez
94	(conference abstract or letter).pt.
95	(editorial or note).pt. or case report/ or case study/ or letter/
96	(or/94-95) use emczd
97	(letter or comment* or abstracts).ti.
98	or/93,96-97
99	randomized controlled trial/
100	random*.ti,ab.
101	or/99-100
102	98 not 101
103	(animals/ not humans/) or exp animals, laboratory/ or exp animal experimentation/ or exp models, animal/ or exp rodentia/
104	103 use ppez
105	(animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/
106	105 use emczd
107	(rat or rats or mouse or mice).ti.
108	or/102,104,106-107
109	91 not 108

### Database(s): Cochrane Library

Last searched on **Cochrane Database of Systematic Reviews**, Issue 1 of 12, January 2020, **Cochrane Central Register of Controlled Trials**, Issue 1 of 12, January 2020

Date of last search: 23<sup>rd</sup> January 2020

#	Searches
#1	MeSH descriptor: [Pregnancy] this term only
#2	MeSH descriptor: [Pregnant Women] this term only
#3	MeSH descriptor: [Prenatal Care] this term only
#4	((antenatal* or ante natal* or prenatal* or pre natal* or pregnan*)):ti
#5	((((antenatal* or ante natal* or prenatal* or pre natal*) NEXT (care* or health* or education*)))):ti,ab,kw
#6	((pregnan* NEAR/3 women)):ti,ab,kw
#7	#1 OR #2 OR #3 OR #4 OR #5 OR #6
#8	MeSH descriptor: [Access to Information] this term only
#9	MeSH descriptor: [Communication] this term only
#10	MeSH descriptor: [Computer Communication Networks] this term only
#11	MeSH descriptor: [Consumer Health Information] this term only
#12	MeSH descriptor: [Health Education] this term only
#13	MeSH descriptor: [Health Promotion] this term only
#14	MeSH descriptor: [Information Dissemination] this term only
#15	MeSH descriptor: [Information Seeking Behavior] this term only
#16	MeSH descriptor: [Internet] this term only
#17	MeSH descriptor: [Pamphlets] this term only
#18	MeSH descriptor: [Patient Education as Topic] this term only
#19	MeSH descriptor: [Posters as Topic] this term only
#20	MeSH descriptor: [Publications] this term only
#21	MeSH descriptor: [Government Publications as Topic] this term only
#22	((((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiver? or care giv?) NEAR/3 educat*)):ti
#23	((((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiver? or care giv?) NEAR/3 educat*)):ab
#24	((((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiver? or care giv?) NEAR/3 (advic* or informat*)):ti,ab,kw
#25	((((pamphlet? or leaflet? or booklet? or ict or phone or telephone or manual* or media or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?) NEAR/5 (informat* or educat*)):ti,ab,kw
#26	((((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiver?) NEAR/5 (pamphlet? or leaflet? or booklet? or manual? or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?)):ti,ab,kw
#27	((informat* NEAR/3 (model? or program* or need? or requir* or seek* or access* or dissem* or shar* or provision))):ti,ab,kw
#28	((informat* NEAR/3 (provid* or provision))):ti
#29	((informat* or advic* NEAR/3 (provision or provid*)):ab. and informat*):ab
#30	((informat* NEAR/3 (help* or support* or benefi* or hinder* or hindran* or barrier? or facilitat* or practical* or clear* or accurat*)):ti,ab,kw
#31	((informat* NEAR/3 (type? or content? or method? or quality))):ti,ab,kw

#	Searches
#32	(((additional or extra or added or further) NEAR/3 informat*)):ti,ab,kw
#33	(((time? or timing or when or prompt*) NEAR/3 informat*)):ti,ab,kw
#34	(((give? or giving or gave or receive*) NEAR/3 (advice or informat*)):ti,ab,kw
#35	((informat* NEAR/3 (hospital? or service? or resource? or red flag? or emergency care or contact?)):ti,ab,kw
#36	(patient education handout):pt
#37	MeSH descriptor: [Patient Care Planning] this term only
#38	MeSH descriptor: [Critical Pathways] this term only
#39	MeSH descriptor: [Clinical Protocols] this term only
#40	#37 OR #38 OR #39
#41	(information*):ti,ab,kw
#42	#40 AND #41
#43	((informat* NEAR/3 (care plan* or pathway? or protocol?)):ti,ab,kw
#44	MeSH descriptor: [Communication Barriers] this term only
#45	(((communicat* or language?) NEAR/3 (barrier? or facilitat*)):ti,ab,kw
#46	((communicat* NEAR/3 (help* or unhelp* or un-help* or encourag* or prevent* or good or bad* or effect* or ineffect* or in-effect* or poor* or difficult*)):ti,ab,kw
#47	((communicat* NEAR/3 (time? or timing? or initiat*)):ti,ab,kw
#48	MeSH descriptor: [Translating] this term only
#49	((translat* NEAR/7 (communicat* or language? or informat*)):ti,ab,kw
#50	((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or care giv* or caregiver?) NEAR/3 (advice or informat*)):ab
#51	(health information):ti,ab,kw
#52	(informat*):ti
#53	(((information* or advice* or educat* or support*) NEAR/5 (emotional or selfcare* or self care or selfmanag* or self manag* or selfinstruct* or self instruct* or selfmonitor* or self monitor* or wellbeing or well being)):ti,ab,kw
#54	#52 AND #53
#55	#8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #42 OR #43 OR #44 OR #45 OR #46 OR #47 OR #48 OR #49 OR #50 OR #52 OR #54
#56	#7 AND #55 Publication Year from 2000 to current

**Database(s): CRD: Database of Abstracts of Reviews of Effects (DARE), HTA Database**

Date of last search: 22<sup>nd</sup> January 2020

#	Searches
1	MeSH DESCRIPTOR Pregnancy IN DARE,HTA
2	MeSH DESCRIPTOR Pregnant Women IN DARE,HTA
3	MeSH DESCRIPTOR Prenatal Care IN DARE,HTA
4	((antenatal* or ante natal* or prenatal* or pre natal* or pregnan*)):TI IN DARE, HTA
5	(((antenatal* or ante natal* or prenatal* or pre natal*) NEXT (care* or health* or education*))) IN DARE, HTA
6	((pregnan* NEAR3 women)) IN DARE, HTA
7	#1 OR #2 OR #3 OR #4 OR #5 OR #6
8	MeSH DESCRIPTOR Access to Information IN DARE,HTA
9	MeSH DESCRIPTOR Communication IN DARE,HTA
10	MeSH DESCRIPTOR Computer Communication Networks IN DARE,HTA
11	MeSH DESCRIPTOR Consumer Health Information IN DARE,HTA
12	MeSH DESCRIPTOR Health Education IN DARE,HTA
13	MeSH DESCRIPTOR Health Promotion IN DARE,HTA
14	MeSH DESCRIPTOR Information Dissemination IN DARE,HTA
15	MeSH DESCRIPTOR Information Seeking Behavior IN DARE,HTA
16	MeSH DESCRIPTOR Internet IN DARE,HTA
17	MeSH DESCRIPTOR Pamphlets IN DARE,HTA
18	MeSH DESCRIPTOR Patient Education as Topic IN DARE,HTA
19	MeSH DESCRIPTOR Posters as Topic IN DARE,HTA
20	MeSH DESCRIPTOR Publications IN DARE,HTA
21	MeSH DESCRIPTOR Government Publications as Topic IN DARE,HTA
22	(((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiv? or care giv?) NEAR3 educat*)) IN DARE, HTA
23	(((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregive? or care giv?) NEAR3 (advice or informat*))) IN DARE, HTA
24	(((pamphlet? or leaflet? or booklet? or ict or phone or telephone or manual* or media or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?) NEAR5 (informat* or educat*))) IN DARE, HTA
25	(((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiver?) NEAR5 (pamphlet? or leaflet? or booklet? or manual? or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?))) IN DARE, HTA
26	((informat* NEAR3 (model? or program* or need? or requir* or seek* or access* or dissem* or shar* or provision))) IN DARE, HTA
27	((informat* NEAR3 (provid* or provision)):TI IN DARE, HTA
28	((informat* or advice) NEAR3 (provision or provid*)) IN DARE, HTA

#	Searches
29	((informat* NEAR3 (help* or support* or benefi* or hinder* or hindran* or barrier? or facilitat* or practical* or clear* or accurat*)) IN DARE, HTA
30	((informat* NEAR3 (type? or content? or method? or quality))) IN DARE, HTA
31	(((additional or extra or added or further) NEAR3 informat*)) IN DARE, HTA
32	(((time? or timing or when or prompt*) NEAR3 informat*)) IN DARE, HTA
33	(((give? or giving or gave or receive*) NEAR3 (advice or informat*)) IN DARE, HTA
34	((informat* NEAR3 (hospital? or service? or resource? or red flag? or emergency care or contact?))) IN DARE, HTA
35	MeSH DESCRIPTOR Patient Care Planning IN DARE,HTA
36	MeSH DESCRIPTOR Critical Pathways IN DARE,HTA
37	MeSH DESCRIPTOR Clinical Protocols IN DARE,HTA
38	#35 OR #36 OR #37
39	((information*)) IN DARE, HTA
40	#38 AND #39
41	((informat* NEAR3 (care plan* or pathway? or protocol?)) IN DARE, HTA
42	MeSH DESCRIPTOR Communication Barriers IN DARE,HTA
43	(((communicat* or language?) NEAR3 (barrier? or facilitat*)) IN DARE, HTA
44	(((communicat* NEAR3 (help* or unhelp* or un-help* or encourag* or prevent* or good or bad* or effect* or ineffect* or in-effect* or poor* or difficult*)) IN DARE, HTA
45	(((communicat* NEAR3 (time? or timing? or initiat*)) IN DARE, HTA
46	MeSH DESCRIPTOR Translating IN DARE,HTA
47	((translat* NEAR7 (communicat* or language? or informat*)) IN DARE, HTA
48	(((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or care giv* or caregiver?) NEAR3 (advice or informat*)) IN DARE, HTA
49	((health information)) IN DARE, HTA
50	((informat*):TI IN DARE, HTA
51	(((information* or advice* or educat* or support*) NEAR5 (emotional or selfcare* or self care or selfmanag* or self manag* or selfinstruct* or self instruct* or selfmonitor* or self monitor* or wellbeing or well being))) IN DARE, HTA
52	#50 AND #51
53	#8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45 OR #46 OR #47 OR #48 OR #49 OR #52
54	#7 AND #53 Publication Year from 2000 to current

### Database(s): Cinahl Plus

Date of last search: 23<sup>rd</sup> January 2020

#	Searches
S58	S53 NOT S54 Limiters - Publication Year: 2006-2020; English Language; Exclude MEDLINE records;
S54	PT anecdote or PT audiovisual or PT bibliography or PT biography or PT book or PT book review or PT brief item or PT cartoon or PT commentary or PT computer program or PT editorial or PT games or PT glossary or PT historical material or PT interview or PT letter or PT listservs or PT masters thesis or PT obituary or PT pamphlet or PT pamphlet chapter or PT pictorial or PT poetry or PT proceedings or PT "questions and answers" or PT response or PT software or PT teaching materials or PT website
S53	S7 AND S51
S52	S7 AND S51
S51	S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S39 OR S40 OR S41 OR S42 OR S43 OR S44 OR S45 OR S46 OR S47 OR S48 OR S49 OR S50
S50	TI ((information* or advice* or educat* or support*) N5 (emotional or selfcare* or self care or selfmanag* or self manag* or selfinstruct* or self instruct* or selfmonitor* or self monitor* or wellbeing or well being)) OR AB ((information* or advice* or educat* or support*) N5 (emotional or selfcare* or self care or selfmanag* or self manag* or selfinstruct* or self instruct* or selfmonitor* or self monitor* or wellbeing or well being))
S49	TI informat*
S48	TX health information
S47	AB ((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or care giv* or caregiver?) N3 (advice or informat*))
S46	TI (translat* N7 (communicat* or language? or informat*)) OR AB (translat* N7 (communicat* or language? or informat*))
S45	(MH "Interpreter Services")
S44	TI (communicat* N3 (time? or timing? or initiat*)) OR AB (communicat* N3 (time? or timing? or initiat*))
S43	TI (communicat* N3 (help* or unhelp* or un-help* or encourag* or prevent* or good or bad* or effect* or ineffect* or in-effect* or poor* or difficult*)) OR AB (communicat* N3 (help* or unhelp* or un-help* or encourag* or prevent* or good or bad* or effect* or ineffect* or in-effect* or poor* or difficult*))
S42	TI ((communicat* or language?) N3 (barrier? or facilitat*)) OR AB ((communicat* or language?) N3 (barrier? or facilitat*))
S41	(MH "Communication Barriers")
S40	TI (informat* N3 (care plan* or pathway? or protocol?)) OR AB (informat* N3 (care plan* or pathway? or protocol?))
S39	S37 AND S38
S38	TI information* OR AB information*
S37	S34 OR S35 OR S36
S36	(MH "Protocols")
S35	(MH "Critical Path")



#	Searches
S34	(MH "Patient Care Plans")
S33	PT patient education handout
S32	TI (informat* N3 (hospital? or service? or resource? or red flag? or emergency care or contact?)) OR AB (informat* N3 (hospital? or service? or resource? or red flag? or emergency care or contact?))
S31	TI ((give? or giving or gave or receive*) N3 (advice or informat*)) OR AB ((give? or giving or gave or receive*) N3 (advice or informat*))
S30	TI ((time? or timing or when or prompt*) N3 informat*) OR AB ((time? or timing or when or prompt*) N3 informat*)
S29	TI ((additional or extra or added or further) N3 informat*) OR AB ((additional or extra or added or further) N3 informat*)
S28	TI (informat* N3 (type? or content? or method? or quality)) OR AB (informat* N3 (type? or content? or method? or quality))
S27	TI (informat* N3 (help* or support* or benefi* or hinder* or hindran* or barrier? or facilitat* or practical* or clear* or accurat*) OR AB (informat* N3 (help* or support* or benefi* or hinder* or hindran* or barrier? or facilitat* or practical* or clear* or accurat*))
S26	TI (informat* N3 (provid* or provision))
S25	TI (informat* N3 (model? or program* or need? or requir* or seek* or access* or dissem* or shar* or provision)) OR AB (informat* N3 (model? or program* or need? or requir* or seek* or access* or dissem* or shar* or provision))
S24	TI ((user? or famil* or parent* or father? or husband? or partner? or mother? or caregiver?) N5 (pamphlet? or leaflet? or booklet? or manual? or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?)) OR AB ((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiver?) N5 (pamphlet? or leaflet? or booklet? or manual? or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?))
S23	TI ((pamphlet? or leaflet? or booklet? or ict or phone or telephone or manual* or media or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?) N5 (informat* or educat*))
S22	TI ((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregive? or care giv?) N3 (advice or informat*)) OR AB ((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregive? or care giv?) N3 (advice or informat*))
S21	TI ((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiv? or care giv?) N3 educat*) OR AB ((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiv? or care giv?) N3 educat*)
S20	(MH "Government Publications")
S19	(MH "Posters")
S18	(MH "Patient Education")
S17	(MH "Pamphlets")
S16	(MH "Internet")
S15	(MH "Information Seeking Behavior")
S14	(MH "Selective Dissemination of Information")
S13	(MH "Health Promotion")
S12	(MH "Health Education")
S11	(MH "Consumer Health Information")
S10	(MH "Computer Communication Networks")
S9	(MH "Communication")
S8	(MH "Access to Information")
S7	S1 OR S2 OR S3 OR S4 OR S5 OR S6
S6	TI (pregnan* N3 women) OR AB (pregnan* N3 women)
S5	TI ((antenatal* or ante natal* or prenatal* or pre natal*) N1 (care* or health* or education*)) OR AB ((antenatal* or ante natal* or prenatal* or pre natal*) N1 (care* or health* or education*))
S4	TI (antenatal* or ante natal* or prenatal* or pre natal* or pregnan*)
S3	(MM "Prenatal Care")
S2	(MH "Expectant Mothers")
S1	(MM "Pregnancy")

**Database(s): PsycINFO 1806 to January Week 2 2020**

Date of last search: 23<sup>rd</sup> January 2020

#	Searches
1	Pregnancy/ or Prenatal Care/ or Perinatal Period/
2	1 use psyh
3	(antenatal* or ante natal* or prenatal* or pre natal* or pregnan*).ti.
4	((antenatal* or ante natal* or prenatal* or pre natal*) adj (care* or health* or education*)).ti,ab.
5	(pregnan* adj3 women).ti,ab.
6	or/2-5
7	Information/ or Communication/ or Computer Mediated Communication/ or Health Information/ or Health Education/ or Client Education/ or Health Promotion/ or Information Dissemination/ or Information Seeking/ or Internet/ or Information Services/
8	7 use psyh

#	Searches
9	((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregive? or care giv?) adj3 educat*).ti.
10	((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiv? or care giv?) adj3 educat*).ab. /freq=2
11	((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregive? or care giv?) adj3 (advice or informat*).ti,ab.
12	((pamphlet? or leaflet? or booklet? or ict or phone or telephone or manual* or media or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?) adj5 (informat* or educat*).ti,ab.
13	((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or caregiver?) adj5 (pamphlet? or leaflet? or booklet? or manual? or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?).ti,ab.
14	(informat* adj3 (model? or program* or need? or requir* or seek* or access* or dissem* or shar* or provision)).ti,ab.
15	(informat* adj3 (provid* or provision)).ti.
16	((informat* or advice) adj3 (provision or provid*).).ab. and informat*.ab. /freq=2
17	(informat* adj3 (help* or support* or benefi* or hinder* or hindran* or barrier? or facilitat* or practical* or clear* or accurat*).).ti,ab.
18	(informat* adj3 (type? or content? or method? or quality)).ti,ab.
19	((additional or extra or added or further) adj3 informat*).ti,ab.
20	((time? or timing or when or prompt*) adj3 informat*).ti,ab.
21	((give? or giving or gave or receive*) adj3 (advice or informat*).).ti,ab.
22	(informat* adj3 (hospital? or service? or resource? or red flag? or emergency care or contact?)).ti,ab.
23	Treatment Planning/ and information*.ti,ab.
24	23 use psych
25	(informat* adj3 (care plan* or pathway? or protocol?)).ti,ab.
26	Communication Barriers/ use psych
27	((communicat* or language?) adj3 (barrier? or facilitat*).).ti,ab.
28	(communicat* adj3 (help* or unhelp* or un-help* or encourag* or prevent* or good or bad* or effect* or ineffect* or in-effect* or poor* or difficult*).).ti,ab.
29	(communicat* adj3 (time? or timing? or initiat*).).ti,ab.
30	(translat* adj7 (communicat* or language? or informat*).).ti,ab.
31	((user? or famil* or parent* or father? or husband? or partner? or mother? or carer? or care giv* or caregiver?) adj3 (advice or informat*).).ab.
32	health information.tw.
33	informat*.ti. or ((information* or advice* or educat* or support*) adj5 (emotional or selfcare* or self care or selfmanag* or self manag* or selfinstruct* or self instruct* or selfmonitor* or self monitor* or wellbeing or well being)).ti,ab.
34	or/8-22,24-33
35	exp Interviews/ or Surveys/ or Questionnaires/ or Narratives/ or Qualitative Methods/
36	35 use psych
37	(grounded theory or interview or qualitative research).sh.
38	(qualitative* or interview* or focus or group* or questionnaire* or narrative* or narration* or survey*).ti,ab.
39	(ethno* or emic or etic or phenomenolog* or grounded theory or constant compar* or (thematic adj4 analys*) or theoretical sampl* or purposive sampl*).tw.
40	(hermeneutic* or heidegger* or husser* or colaizzi* or van kaam* or van manen* or giorgi* or glaser* or strauss* or ricoeur* or spiegelberg* or merleau*).tw.
41	(metasynthes* or meta-synthes* or metasummar* or meta-summar* or metastud* or meta-stud* or metathem* or meta-them*).tw.
42	(critical interpretive synthes* or (realist adj (review* or synthes*)) or (noblit and hare) or (meta adj (method or triangulation)) or (cerqual or conqual) or ((thematic or framework) adj synthes*).).tw.
43	((brother* or famil* or father* or husband* or mother* or partner* or patient* or relative* or sibling* or sister* or spous* or consumer* or mother* or parent* or wife* or wive* or women* or woman*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*).).ti,ab.
44	((carer* or caregiv* or care giv*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*).).ti,ab.
45	((doctor* or gp or health visitor* or coordinator* or midwiv* or midwif* or nurs* or obstetrician* or paediatrician* or paediatrician* or officer* or personal assistant* or physiotherapist* or practitioner* or professional* or worker*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*).).ti,ab.
46	or/36-45
47	6 and 34 and 46
48	limit 47 to (english language and yr="2006 -Current")
49	letter.pt.
50	Letter/
51	letter\$/
52	editorial.pt.
53	historical article.pt.
54	anecdote.pt.
55	commentary.pt.
56	note.pt.

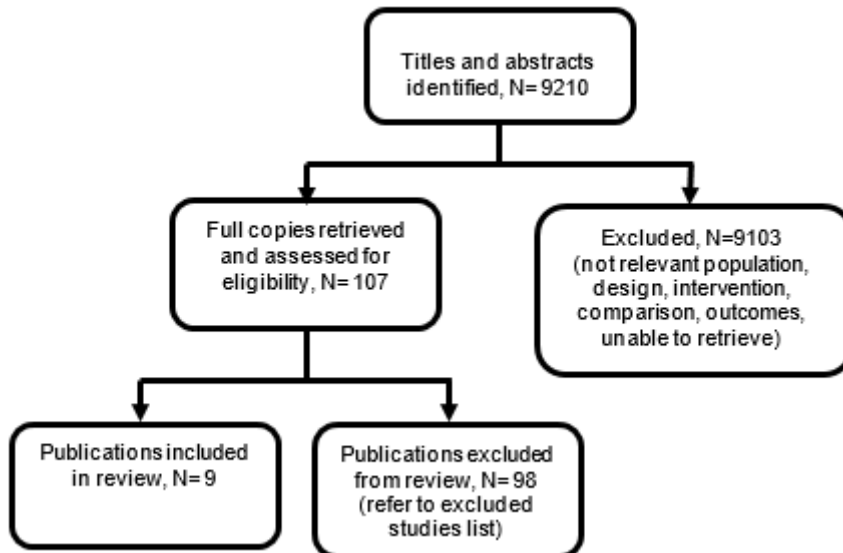
#	Searches
57	Case Report/
58	case report\$.pt.
59	Case Study/
60	case study.pt.
61	exp animal/ not human/
62	Nonhuman/
63	exp Experimental Animal/
64	exp animal experiment/
65	exp animal model/
66	exp rodentia/
67	exp rodent/
68	Animals, Laboratory/
69	exp Animal Studies/
70	exp RODENTS/
71	or/49-70
72	48 not 71



## Appendix C – Clinical evidence study selection

**Study selection for: What information is valued by women, their partners and families, as part of their antenatal care?**

**Figure 2: Study selection flow chart**



## Appendix D – Clinical evidence tables

Evidence tables for review question: What information is valued by women, their partners and families, as part of their antenatal care?

Table 4: Evidence tables

Study details	Participants and Methods	Themes, limitations and other comments
<p><b>Full citation</b> Ahlden, Ingegerd, Goransson, Anne, Josefsson, Ann, Alehagen, Siw, Parenthood education in Swedish antenatal care: perceptions of midwives and obstetricians in charge, The Journal of perinatal education, 17, 21-7, 2008</p> <p><b>Ref Id</b> 1185998</p> <p><b>Study type</b> Qualitative (Phenomenological study)</p> <p><b>Aim of the study</b> To describe perceptions of parenthood education among midwives and obstetricians in charge of ANC</p> <p><b>Country/ies where the study was carried out</b> Sweden</p> <p><b>Study dates</b> 2004</p> <p><b>Source of funding</b></p>	<p><b>Sample size</b> N=25 13 midwives 12 obstetricians</p> <p><b>Inclusion criteria</b> Not mentioned</p> <p><b>Exclusion criteria</b> Not mentioned</p> <p><b>Characteristics</b> The midwives were aged between 39 and 64 (median 50) years old and had between 10 and 40 (median 25) years of experience. The obstetricians were aged between 48 and 63 (median 54) years old and had practiced between 6 and 34 (median 28) years.</p> <p><b>Setting</b> Four focus group interviews were conducted during the annual national meetings for managers of Swedish ANC in 2004.</p>	<p><b>Themes from study</b></p> <ul style="list-style-type: none"> <li>• Transition to parenthood</li> <li>• Confidence in the biological process</li> <li>• Preventing psychological ill health in children</li> <li>• Health education</li> <li>• Introduction to parenthood</li> <li>• Preparation for giving birth</li> <li>• Roles and relationships</li> <li>• Women's knowledge</li> <li>• Pedagogies</li> </ul> <p><b>CASP - Clear statement of aims?</b> Yes</p> <p><b>CASP - Qualitative methodology appropriate?</b> Yes</p> <p><b>CASP - Research design appropriate?</b> Yes</p>

Study details	Participants and Methods	Themes, limitations and other comments
<p>This study was supported by grants from The Health Research Council in Southeast Sweden.</p>	<p><b>Sample selection</b> The sample selection was created by a strategic national range, and the participants constituted 26% of all the decision makers in Swedish ANC.</p> <p><b>Data collection</b> Focus group interviews were chosen for the collection of data. Open-ended questions by two researchers The sessions lasted 1-1.5 hours and were audio-taped</p> <p><b>Data analysis</b> The focus group discussions were transcribed and analysed using the phenomenographic approach. Two researchers were involved in the analysis: one midwife and one educational psychologist.</p>	<p><b>CASP - Recruitment strategy appropriate?</b> Can't tell</p> <p><b>CASP - Data collection appropriate?</b> Yes</p> <p><b>CASP - Researcher-participant relationship adequately considered?</b> No</p> <p><b>CASP - Ethical issues considered?</b> Yes</p> <p><b>CASP - Data analysis rigorous?</b> Yes</p> <p><b>CASP - Clear statement of findings?</b> Yes</p> <p><b>CASP - Value of research</b> The results are discussed within the wider context of the literature. The authors consider future research within the field. There is no consideration of the transferability of the results.</p> <p><b>CASP - Overall quality</b> Moderate</p>
<p><b>Full citation</b></p>	<p><b>Sample size</b> N=14 partners of women (both male and female partners included)</p>	<p><b>Themes from study</b></p>

Study details	Participants and Methods	Themes, limitations and other comments
<p>Backstrom, Caroline, Thorstensson, Stina, Martensson, Lena B., Grimming, Rebecca, Nyblin, Yrsa, Golsater, Marie, 'To be able to support her, I must feel calm and safe': pregnant women's partners perceptions of professional support during pregnancy, BMC pregnancy and childbirth, 17, 234, 2017</p> <p><b>Ref Id</b> 1189311</p> <p><b>Study type</b> Qualitative (Phenomenological study)</p> <p><b>Aim of the study</b> To explore pregnant women's partners' perceptions of professional support during pregnancy</p> <p><b>Country/ies where the study was carried out</b> Sweden</p> <p><b>Study dates</b> November 2014 to February 2015</p> <p><b>Source of funding</b> The sources of funding are: 'Woman, Child (K3)' department at Skaraborg Hospital Skövde (source of funding for design, data collection, analysis and interpretation of data and in writing the manuscript); the Research Fund at Skaraborg Hospital (source of funding for data collection, analysis and interpretation of data and in writing the manuscript); the Skaraborg Research and Development Council (source of funding for data collection and analysis); the Skaraborg Institute for Research and</p>	<p><b>Inclusion criteria</b></p> <ol style="list-style-type: none"> <li>Partners of women who were expecting their first child with singleton pregnancies;</li> <li>Intend to give birth at the county hospital</li> <li>Both understand and speak Swedish.</li> </ol> <p><b>Exclusion criteria</b> Not mentioned.</p> <p><b>Characteristics</b> <u>Age (years)-</u> Range, (Mean): 26–39, (33.4) <u>Place of residence, n</u> Urban district: 7 Suburban district: 3 Rural district: 4 <u>Education (years)-</u> Range, (Mean): 12–18.5, (13.9)</p> <p><b>Setting</b> The interviews were conducted via telephone.</p> <p><b>Sample selection</b> Midwives at various antenatal units asked partners to participate during a prenatal assessment in gestational week 25. Among the partners who accepted participation, strategic sampling was used to ensure variation in terms of age, place of residence, high school and/or university education, and the education moment(s) they were</p>	<ul style="list-style-type: none"> <li>Information about how to support women during childbirth</li> <li>Information about parenthood</li> <li>The couple's ability to communicate and to feel togetherness</li> <li>The partners' willingness to become parents together with the women</li> </ul> <p><b>CASP - Clear statement of aims?</b> Yes</p> <p><b>CASP - Qualitative methodology appropriate?</b> Yes</p> <p><b>CASP - Research design appropriate?</b> Yes</p> <p><b>CASP - Recruitment strategy appropriate?</b> Yes</p> <p><b>CASP - Data collection appropriate?</b> Yes</p> <p><b>CASP - Researcher-participant relationship adequately considered?</b> No</p> <p><b>CASP - Ethical issues considered?</b> Yes</p> <p><b>CASP - Data analysis rigorous?</b></p>

Study details	Participants and Methods	Themes, limitations and other comments
<p>Development (source of funding for data collection and analysis); the School of Health and Education, University of Skövde (source of funding for design, analysis and interpretation of data and in writing the manuscript); and the School of Health and Welfare, Jönköping University (source of funding for design, analysis and interpretation of data and in writing the manuscript).</p>	<p>receiving (only antenatal education class, only the hospital lecture, or both).</p> <p><b>Data collection</b> Semi-structured interviews were conducted according to the phenomenographic tradition in order to gather the partners' perceptions of professional support during pregnancy. The interviews lasted 30–60 min and occurred during gestational weeks 36–38.</p> <p><b>Data analysis</b> Data analysis was conducted according to the phenomenographic tradition described by Sjöström and Dahlgren.</p>	<p>Yes</p> <p><b>CASP - Clear statement of findings?</b></p> <p>Yes</p> <p><b>CASP - Value of research</b></p> <p>The results are discussed within the wider context of the literature. The authors consider the transferability of the results and also consider future research within the field.</p> <p><b>CASP - Overall quality</b></p> <p>High</p>
<p><b>Full citation</b></p> <p>Baron, Ruth, Heesterbeek, Querine, Mannien, Judith, Hutton, Eileen K., Brug, Johannes, Westerman, Marjan J., Exploring health education with midwives, as perceived by pregnant women in primary care: A qualitative study in the Netherlands, <i>Midwifery</i>, 46, 37-44, 2017</p> <p><b>Ref Id</b></p> <p>1017876</p> <p><b>Study type</b></p> <p>General qualitative inquiry</p> <p><b>Aim of the study</b></p> <p>To explore the experiences, wishes, and needs of pregnant women with respect to health education in primary care with midwives</p> <p><b>Country/ies where the study was carried out</b></p>	<p><b>Sample size</b></p> <p>N=22 pregnant women</p> <p><b>Inclusion criteria</b></p> <p>Pregnant women under primary midwife-led care, who had already had at least one antenatal visit, and who had a good speaking ability of either Dutch or English</p> <p><b>Exclusion criteria</b></p> <p>Not mentioned.</p> <p><b>Characteristics</b></p> <p><u>Education- Number (%)</u> University: 6 (27.2) College: 11 (50) Lower vocational: 5 (22.7)</p> <p><u>Age (years)</u></p>	<p><b>Themes from study</b></p> <ul style="list-style-type: none"> <li>• Basic versus extensive verbal information</li> <li>• Questions and uncertainties in client health knowledge</li> <li>• Varied appreciation of written health educational materials</li> <li>• Individualisation of health education</li> <li>• Midwife qualities and midwife-client relationship</li> </ul> <p><b>CASP - Clear statement of aims?</b></p> <p>Yes</p> <p><b>CASP - Qualitative methodology appropriate?</b></p> <p>Yes</p>

Study details	Participants and Methods	Themes, limitations and other comments
<p>The Netherlands</p> <p><b>Study dates</b> April and December 2013</p> <p><b>Source of funding</b> Midwife Academy Amsterdam Groningen</p>	<p>Mean (range): 30.5 (23–37)</p> <p><u>Ethnicity- Number (%)</u> Dutch: 15 (68.2) Mixed (one Dutch parent, the other another ethnic background): 3 (13.6) Other: 4 (18.2)</p> <p><u>Parity- Number (%)</u> Expecting 1st child: 10 (45.5) Expecting 2nd child: 8 (36.4) Expecting 3rd child or more 4 (18.2)</p> <p><u>Weeks of pregnancy</u> Mean (range): 25.4 (10–37)</p> <p><b>Setting</b> Twenty of the 22 interviews took place in the respondents' homes; one interview took place in a restaurant; and one in a primary school where the respondent worked. Nineteen interviews were carried out with the woman only, during three interviews the women's partners were present, in one interview the partner also gave his opinion on his partner's health and health care.</p> <p><b>Sample selection</b> Pregnant women were recruited by different means, including word of mouth (resulting in some 'snowball sampling'), posting of requests for participation on a website for pregnant women (<a href="http://www.babyopkomst.nl">www.babyopkomst.nl</a>), sending emails to contacts of mother and child centres in various cities and hanging up posters and leaflets in health and community centers, primary schools and day care centers.</p> <p><b>Data collection</b> The semi-structured interviews were conducted by one of the two authors. The interviews were recorded digitally and lasted on average 52 minutes (30 to 90 minutes). All interviews were conducted in Dutch.</p>	<p><b>CASP - Research design appropriate?</b> Yes</p> <p><b>CASP - Recruitment strategy appropriate?</b> Yes</p> <p><b>CASP - Data collection appropriate?</b> Yes</p> <p><b>CASP - Researcher-participant relationship adequately considered?</b> Yes</p> <p><b>CASP - Ethical issues considered?</b> Yes</p> <p><b>CASP - Data analysis rigorous?</b> Yes</p> <p><b>CASP - Clear statement of findings?</b> Yes</p> <p><b>CASP - Value of research</b> The results are discussed within the wider context of the literature. The authors consider the transferability of the results and also consider future research within the field.</p> <p><b>CASP - Overall quality</b> High</p>

Study details	Participants and Methods	Themes, limitations and other comments
	<p><b>Data analysis</b> Thematic analysis was used to analyse the transcripts of the interviews. The software Atlas.ti version 7 was used as a tool to help organise, code and analyse the data.</p>	
<p><b>Full citation</b> Brown, A., Avery, A., Healthy weight management during pregnancy: what advice and information is being provided, Journal of Human Nutrition &amp; Dietetics, 25, 378-87, 2012</p> <p><b>Ref Id</b> 385078</p> <p><b>Study type</b> Mixed methods</p> <p><b>Aim of the study</b> To explore the information and advice women of different pre-pregnancy BMI classifications received about managing their weight during pregnancy. To investigate the information and advice on weight management that women feel would be useful during pregnancy.</p> <p><b>Country/ies where the study was carried out</b> United Kingdom</p> <p><b>Study dates</b> Not mentioned.</p> <p><b>Source of funding</b></p>	<p><b>Sample size</b> N=59 women with singleton pregnancies</p> <p><b>Inclusion criteria</b> Not mentioned.</p> <p><b>Exclusion criteria</b> Not mentioned.</p> <p><b>Characteristics</b> <u>Age (years):</u></p> <ul style="list-style-type: none"> <li>• Mean (SD)- 32.7 (3.9)</li> </ul> <p><u>Body mass index (kg m<sup>2</sup>)- % (n):</u></p> <ul style="list-style-type: none"> <li>• Underweight (&lt;18.5) 11.9 (7)</li> <li>• Normal weight (18.5–24.9) 55.9 (33)</li> <li>• Overweight (25.0–29.9) 25.4 (15)</li> <li>• Obese (≥30.0) 6.8 (4)</li> </ul> <p><u>Previous pregnancies, % (n)</u></p> <ul style="list-style-type: none"> <li>• None 71.2 (42)</li> </ul>	<p><b>Themes from study</b></p> <ul style="list-style-type: none"> <li>• Weight gain advice wanted</li> <li>• Diet and exercise advice wanted</li> <li>• Lack of advice and support</li> <li>• Anxiety</li> </ul> <p><b>CASP - Clear statement of aims?</b> Yes</p> <p><b>CASP - Qualitative methodology appropriate?</b> Yes</p> <p><b>CASP - Research design appropriate?</b> Yes</p> <p><b>CASP - Recruitment strategy appropriate?</b> Yes</p> <p><b>CASP - Data collection appropriate?</b> Yes</p> <p><b>CASP - Researcher-participant relationship adequately considered?</b> Yes</p>

Study details	Participants and Methods	Themes, limitations and other comments
<p>This research was undertaken by one author as part of a fourth year undergraduate project and supervised by the other author.</p>	<ul style="list-style-type: none"> <li>• One 25.4 (15)</li> <li>• Two 1.7 (1)</li> <li>• Three 1.7 (1)</li> </ul> <p><b>Setting</b> Questionnaires completed online or at a NCT class.</p> <p><b>Sample selection</b> All study participants were recruited through the National Childbirth Trust (NCT).</p> <p><b>Data collection</b> An online version of the questionnaire was created at <a href="http://www.surveymonkey.com">http://www.surveymonkey.com</a>. Pregnant women were invited to participate via an e-mail invitation containing information about the study and a web link to the questionnaire. Women were also recruited via NCT antenatal classes in the Nottinghamshire area. E-mails were sent to antenatal class teachers to gain permission to distribute questionnaires in their classes.</p> <p><b>Data analysis</b> The lead researcher analysed the qualitative data by thematic content analysis.</p>	<p><b>CASP - Ethical issues considered?</b> Yes</p> <p><b>CASP - Data analysis rigorous?</b> Yes</p> <p><b>CASP - Clear statement of findings?</b> Yes</p> <p><b>CASP - Value of research</b> The results are discussed within the wider context of the literature. The authors consider the transferability of the results and also consider future research within the field.</p> <p><b>CASP - Overall quality</b> High</p>
<p><b>Full citation</b> Bull, Leona, Burke, Ronan, Walsh, Siobhan, Whitehead, Emma, Abbot, Bull Bull Bull Bull Jarvis Lumley Roddy Silagy Taylor Ussher Ussher, The perceived effectiveness of smoking cessation interventions aimed at pregnant women: A qualitative study of smokers, former smokers</p>	<p><b>Sample size</b> N=38 n= 26 mothers n=7 pregnant women n=5 male partners</p>	<p><b>Themes from study</b></p> <ul style="list-style-type: none"> <li>• The perceived effectiveness of smoking cessation interventions</li> </ul>



Study details	Participants and Methods	Themes, limitations and other comments
<p>and non-smokers, Journal of Neonatal Nursing, 14, 72-78, 2008</p> <p><b>Ref Id</b> 1186016</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Aim of the study</b> To investigate the perceived effectiveness of smoking cessation interventions aimed at pregnant women.</p> <p><b>Country/ies where the study was carried out</b> United Kingdom</p> <p><b>Study dates</b> Not mentioned</p> <p><b>Source of funding</b> East Elmbridge &amp; Mid Surrey Primary Care Trust.</p>	<p><b>Inclusion criteria</b> Not mentioned</p> <p><b>Exclusion criteria</b> Not mentioned</p> <p><b>Characteristics</b></p> <ul style="list-style-type: none"> <li>• Ten women were current smokers;</li> <li>• Ten were former smokers;</li> <li>• Thirteen were non-smokers.</li> </ul> <p><b>Setting</b> Not mentioned.</p> <p><b>Sample selection</b> Not mentioned.</p> <p><b>Data collection</b> A qualitative semi-structured interview schedule.</p> <p><b>Data analysis</b> Not mentioned.</p>	<ul style="list-style-type: none"> <li>• Health professionals role in smoking cessation during pregnancy</li> </ul> <p><b>CASP - Clear statement of aims?</b> Yes</p> <p><b>CASP - Qualitative methodology appropriate?</b> Can't tell</p> <p><b>CASP - Research design appropriate?</b> Can't tell</p> <p><b>CASP - Recruitment strategy appropriate?</b> Can't tell</p> <p><b>CASP - Data collection appropriate?</b> Can't tell</p> <p><b>CASP - Researcher-participant relationship adequately considered?</b> No</p> <p><b>CASP - Ethical issues considered?</b> Can't tell</p> <p><b>CASP - Data analysis rigorous?</b> No</p> <p><b>CASP - Clear statement of findings?</b> Yes</p>

Study details	Participants and Methods	Themes, limitations and other comments
		<p><b>CASP - Value of research</b></p> <p>The results are not discussed within the wider context of the literature. The authors did not consider the transferability of the results and also did not consider future research within the field.</p> <p><b>CASP - Overall quality</b></p> <p>Low</p>
<p><b>Full citation</b></p> <p>Carolan, Mary, Health literacy and the information needs and dilemmas of first-time mothers over 35 years, Journal of Clinical NursingJ Clin Nurs, 16, 1162-72, 2007</p> <p><b>Ref Id</b></p> <p>1185814</p> <p><b>Study type</b></p> <p>General qualitative inquiry</p> <p><b>Aim of the study</b></p> <p>To highlight the information-based dilemmas of a particular group of healthcare patients, first-time mothers over 35 years.</p> <p><b>Country/ies where the study was carried out</b></p> <p>Australia</p> <p><b>Study dates</b></p> <p>2003-2004</p>	<p><b>Sample size</b></p> <p>22 first-time mothers 5 midwives or maternal and child health nurses</p> <p><b>Inclusion criteria</b></p> <ul style="list-style-type: none"> <li>• First pregnancy;</li> <li>• 35 years or older;</li> <li>• No significant maternal medical conditions such as diabetes or cardiac disorders.</li> </ul> <p><b>Exclusion criteria</b></p> <ul style="list-style-type: none"> <li>• Women carrying fetuses with life-threatening disorders.</li> </ul> <p><b>Characteristics</b></p> <p>The age range of mothers was 35–48 years and participants tended to be well educated with 16 women reporting having completed a university degree/diploma as their highest educational achievement.</p>	<p><b>Themes from study</b></p> <ul style="list-style-type: none"> <li>• Wanting to know</li> <li>• Giving them what they want</li> <li>• Too much information</li> </ul> <p><b>CASP - Clear statement of aims?</b></p> <p>Yes</p> <p><b>CASP - Qualitative methodology appropriate?</b></p> <p>Yes</p> <p><b>CASP - Research design appropriate?</b></p> <p>Yes</p> <p><b>CASP - Recruitment strategy appropriate?</b></p> <p>Yes</p> <p><b>CASP - Data collection appropriate?</b></p> <p>Yes</p>

Study details	Participants and Methods	Themes, limitations and other comments
<p><b>Source of funding</b> Not mentioned.</p>	<p>Another four women had completed high school and two participants had an eleventh grade education or less. In the sample there were, two Chinese women, one Indian woman and one participant from Sri Lanka. Focus group participants were midwives and maternal and child health nurses. Their age range was 25–63 years, with the bulk of participants aged 40–45 years.</p> <p><b>Setting</b> Interviews were conducted in participants' homes. Focus groups were conducted at the hospital and adjacent child health centres.</p> <p><b>Sample selection</b> Women who satisfied the study criteria were purposively recruited through the hospital admissions office. Focus group participants were recruited by posters and flyers in the same level three hospital and adjacent Maternal and Child Health Centres.</p> <p><b>Data collection</b> Mothers were interviewed using a semi-structured design three times over pregnancy and up to eight months postpartum. Midwives and maternal and child health nurses were a part of focus groups. Both the interviews and the focus groups lasted one hour.</p> <p><b>Data analysis</b> Data was analysed by thematic content analysis. All data, from interviews and focus groups, received identical treatment. Audiotapes were listened to repeatedly and transcribed verbatim. Transcripts were re-read several times to allow the researcher to be fully acquainted with the content.</p>	<p><b>CASP - Researcher-participant relationship adequately considered?</b> Can't tell</p> <p><b>CASP - Ethical issues considered?</b> Yes</p> <p><b>CASP - Data analysis rigorous?</b> Yes</p> <p><b>CASP - Clear statement of findings?</b> Yes</p> <p><b>CASP - Value of research</b> The results are discussed within the wider context of the literature. The authors consider the transferability of the results and also consider future research within the field.</p> <p><b>CASP - Overall quality</b> High</p>

Study details	Participants and Methods	Themes, limitations and other comments
<p><b>Full citation</b> Emmett, C. L., Shaw, A. R. G., Montgomery, A. A., Murphy, D. J., Di, Amond study group, Women's experience of decision making about mode of delivery after a previous caesarean section: the role of health professionals and information about health risks, BJOG : an international journal of obstetrics and gynaecology, 113, 1438-45, 2006</p> <p><b>Ref Id</b> 1185605</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Aim of the study</b> To explore women's experiences of decision making about mode of birth after previous caesarean section.</p> <p><b>Country/ies where the study was carried out</b> United Kingdom</p> <p><b>Study dates</b> January and April 2004</p> <p><b>Source of funding</b> The study was funded by The BUPA Foundation (reference 657/G10).</p>	<p><b>Sample size</b> 21 pregnant women</p> <p><b>Inclusion criteria</b> Women of parity two or greater, who had delivered a live birth in the period 2–8 months prior to recruitment and whose previous child was delivered by caesarean section.</p> <p><b>Exclusion criteria</b></p> <ul style="list-style-type: none"> <li>• Women who had already had a caesarean section.</li> <li>• Women who had moved away from the area.</li> <li>• Women who had any serious complications (such as neonatal death or maternal psychosis) since birth.</li> </ul> <p><b>Characteristics</b></p> <ul style="list-style-type: none"> <li>• The women were aged between 20 and 39 years.</li> <li>• Eighteen had two children, two had three children and one had four children.</li> <li>• Twelve women planned a VBAC, five achieved this and the remaining seven had an emergency caesarean section.</li> <li>• Of the nine women who planned a repeat elective caesarean section, six delivered as planned, one delivered vaginally after going into labour early and two had emergency caesarean section.</li> </ul> <p><b>Setting</b></p>	<p><b>Themes from study</b></p> <ul style="list-style-type: none"> <li>• Sources of information available</li> <li>• Having to know the questions to ask</li> <li>• Timing of information</li> </ul> <p><b>CASP - Clear statement of aims?</b> Yes</p> <p><b>CASP - Qualitative methodology appropriate?</b> Yes</p> <p><b>CASP - Research design appropriate?</b> No</p> <p><b>CASP - Recruitment strategy appropriate?</b> Yes</p> <p><b>CASP - Data collection appropriate?</b> Yes</p> <p><b>CASP - Researcher-participant relationship adequately considered?</b> No</p> <p><b>CASP - Ethical issues considered?</b> Yes</p> <p><b>CASP - Data analysis rigorous?</b></p>

Study details	Participants and Methods	Themes, limitations and other comments
	<p>Interviews were collected in participant's homes.</p> <p><b>Sample selection</b> Women were recruited from two city hospitals, located in Bristol, southwest England and Dundee, Scotland. Written invitations were sent out to participants to take part.</p> <p><b>Data collection</b> The interviews were semi-structured using a predefined topic guide, with flexibility to incorporate additional questions to explore issues specific to each woman as appropriate. The interviews lasted for 25–50 minutes, and were audio recorded and transcribed verbatim.</p> <p><b>Data analysis</b> Analysis was done using the Framework approach by the authors of the study.</p>	<p>Yes</p> <p><b>CASP - Clear statement of findings?</b></p> <p>Yes</p> <p><b>CASP - Value of research</b></p> <p>The results are discussed within the wider context of the literature. The authors consider the transferability of the results and also consider future research within the field.</p> <p><b>CASP - Overall quality</b></p> <p>High</p>
<p><b>Full citation</b></p> <p>Garnweidner, Lisa M., Sverre Pettersen, Kjell, Mosdol, Annhild, Experiences with nutrition-related information during antenatal care of pregnant women of different ethnic backgrounds residing in the area of Oslo, Norway, <i>Midwifery</i>Midwifery, 29, e130-7, 2013</p> <p><b>Ref Id</b></p> <p>1187554</p> <p><b>Study type</b></p> <p>Qualitative (Phenomenological study)</p>	<p><b>Sample size</b></p> <p>N=17 first time pregnant women n=15 interviewed twice n=2 interviewed once due to pre-term birth</p> <p><b>Inclusion criteria</b></p> <ul style="list-style-type: none"> <li>• Aged 16 years or older;</li> <li>• First-time and normal pregnancy;</li> <li>• A pre-pregnancy BMI above 25 kg/m<sup>2</sup>.</li> </ul>	<p><b>Themes from study</b></p> <ul style="list-style-type: none"> <li>• Nutrition-related information received and participants' receptiveness</li> <li>• Participants' experiences with nutrition-related information and conversations about weight status</li> <li>• The participants' nutrition-information seeking behaviours</li> </ul> <p><b>CASP - Clear statement of aims?</b></p> <p>Yes</p>

Study details	Participants and Methods	Themes, limitations and other comments
<p><b>Aim of the study</b> To explore experiences with nutrition-related information during routine antenatal care among women of different ethnical backgrounds.</p> <p><b>Country/ies where the study was carried out</b> Norway</p> <p><b>Study dates</b> October 2010 to November 2011</p> <p><b>Source of funding</b> Not mentioned</p>	<p><b>Exclusion criteria</b> Not mentioned</p> <p><b>Characteristics</b> <u>Ethnicity- Number</u> Ethnic Norwegian: 5 Norwegian-born to immigrant parents: 2 Foreign born and moved to Norway: 10 <u>Education- Number</u> Primary school (1–7 years) or less: 2 Lower secondary school (8–10 years): 2 Upper secondary school (11–13 years): 3 Higher education(3–5 years at University or University college level): 10 <u>Occupational status</u> Unemployed: 2 Full or part time employed: 12 Language training course/education: 3</p> <p><b>Setting</b> The interviews were carried out by a public health nutritionist at MCHC, participants' workplaces, cafe, or in participants' homes.</p> <p><b>Sample selection</b> Participants were purposively recruited by midwives during antenatal care at eight different MCHC.</p> <p><b>Data collection</b> The first interview was conducted before the 30th week of pregnancy and the 2nd interview was at least 2 months afterwards. Interviews followed semi-structured interview guides (one for each interview round). Interviews were carried out in Norwegian or English</p>	<p><b>CASP - Qualitative methodology appropriate?</b> Yes</p> <p><b>CASP - Research design appropriate?</b> Yes</p> <p><b>CASP - Recruitment strategy appropriate?</b> Yes</p> <p><b>CASP - Data collection appropriate?</b> Yes</p> <p><b>CASP - Researcher-participant relationship adequately considered?</b> No</p> <p><b>CASP - Ethical issues considered?</b> Yes</p> <p><b>CASP - Data analysis rigorous?</b> Yes</p> <p><b>CASP - Clear statement of findings?</b> Yes</p> <p><b>CASP - Value of research</b> The results are discussed within the wider context of the literature. The authors consider the transferability of the results and also consider future research within the field.</p>

Study details	Participants and Methods	Themes, limitations and other comments
	<p><b>Data analysis</b> Data analysis was guided by principles of the interpretative phenomenological analysis and Fade's description of its application in public health nutrition and dietetic research.</p>	<p><b>CASP - Overall quality</b> High</p>
<p><b>Full citation</b> Munro, S. B., Hui, A., Gemmell, E. A., Torabi, N., Johnston, A. S., Janssen, P. A., Evaluation of an Information Pamphlet for Women Considering Epidural Analgesia in Labour, Journal of Obstetrics and Gynaecology Canada, 40, 171-179, 2018</p> <p><b>Ref Id</b> 1190205</p> <p><b>Study type</b> Mixed methods</p> <p><b>Aim of the study</b> To explore women's decision-making and information needs regarding pain relief in labour</p> <p><b>Country/ies where the study was carried out</b> Canada</p> <p><b>Study dates</b> Not mentioned</p> <p><b>Source of funding</b></p>	<p><b>Sample size</b> N=40 pregnant women</p> <p><b>Inclusion criteria</b> English-speaking women who were pregnant or had given birth in the past 12 months and who lived in the Northern Health Authority.</p> <p><b>Exclusion criteria</b> Not mentioned</p> <p><b>Characteristics</b> <u>Maternal place of birth- Number (%)</u> Canada 37 (92.5) Outside Canada 3 (7.5) <u>Maternal age (%):</u> &lt;20: 3 (7.5) 20–29: 20 (50.0) 30–39: 17 (42.5) <u>Lives with a partner (Number (%)):</u> 30 (75.0) <u>Parity- Number (%):</u> 0: 3 (7.9) 1: 18 (47.4) ≥2: 17 (44.7) <u>First birth mode of birth- Number (%):</u> Vaginal: 30 (81.1) CS: 7 (18.9) <u>Highest level of education completed- Number (%):</u></p>	<p><b>Themes from study</b> Wanting comprehensive information</p> <p><b>CASP - Clear statement of aims?</b> Yes</p> <p><b>CASP - Qualitative methodology appropriate?</b> Yes</p> <p><b>CASP - Research design appropriate?</b> Yes</p> <p><b>CASP - Recruitment strategy appropriate?</b> Yes</p> <p><b>CASP - Data collection appropriate?</b> Yes</p> <p><b>CASP - Researcher-participant relationship adequately considered?</b> No</p> <p><b>CASP - Ethical issues considered?</b></p>

Study details	Participants and Methods	Themes, limitations and other comments
<p>Patricia Janssen was supported by a Senior Scholar Salary award at the BC Children’s Hospital Research Institute. Sarah Munro was supported by a Canadian Institute of Health Research Frederick Banting and Charles Best scholarship (291083) and by University of British Columbia Graduate Fellowship and Public Scholar awards. This project was funded by a peer-reviewed Clinical Research Capacity Building Award from the Child and Family Research Institute.</p>	<p>Primary school: 1 (2.5) High school: 14 (35.0) College or technical trade: 13 (32.5) University degree: 12 (30.0)</p> <p><b>Setting</b> Not mentioned.</p> <p><b>Sample selection</b> Recruitment strategies included:</p> <ul style="list-style-type: none"> <li>• Third-party recruitment by public health nurses;</li> <li>• Passive recruitment using study posters in community settings frequented by pregnant women and new mothers;</li> <li>• Passive recruitment through posting of recruitment posters to Facebook message boards on the subjects of childbirth, parenting, and community events.</li> </ul> <p><b>Data collection</b> A research team member with experience in focus group moderation guided a 30-minute discussion with participants. Open-ended questions were used to explore thoughts and beliefs.</p> <p><b>Data analysis</b> Thematic analysis guided the focus group qualitative analysis. The coded transcripts were entered into QSR NVivo qualitative data management software. Each focus group discussion was audio-taped and transcribed verbatim.</p>	<p>Yes</p> <p><b>CASP - Data analysis rigorous?</b></p> <p>Yes</p> <p><b>CASP - Clear statement of findings?</b></p> <p>Yes</p> <p><b>CASP - Value of research</b></p> <p>The results are discussed within the wider context of the literature. The authors consider the transferability of the results and also consider future research within the field.</p> <p><b>CASP - Overall quality</b></p> <p>High</p>

*CASP: critical appraisal skills programme*



## **Appendix E – Forest plots**

**Forest plots for review question: What information is valued by women, their partners and families, as part of their antenatal care?**

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

## Appendix F – GRADE-CERQual tables

### GRADE-CERQual tables for review question: What information is valued by women, their partners and families, as part of their antenatal care?

Table 5: Qualitative evidence profile for information provision

Study and study aim	Theme	Assessment of GRADE-CERQual components	Overall confidence (Quality)
<p>Ahlden 2008</p> <ul style="list-style-type: none"> <li>To describe perceptions of parenthood education among midwives and obstetricians in charge of ANC</li> </ul> <p>Backstrom 2017</p> <ul style="list-style-type: none"> <li>To explore pregnant women's partners' perceptions of professional support during pregnancy</li> </ul> <p>Carolan 2007</p> <ul style="list-style-type: none"> <li>To examine the broad experience of maternity for primiparae over 35 years and specific questions about information seeking behaviours.</li> </ul>	<p><b>Theme 1. Information on preparation</b> <u>Subtheme 1a. Transition to parenthood</u> N=3 studies Population: combination of views from healthcare professionals, partners, and first-time mothers.</p> <p>The evidence showed that information on transition to parenthood is an important topic for both women and their partners. Healthcare professionals expressed information on transition to parenthood was as important as health education and health promotion.</p> <p><i>“( . . .we have to think prevention. . .our responsibility is to be health educational. . . a public-health approach... )”</i></p> <p><i>“You become more connected [with your partner when both partners are] going towards a [common] goal [such as parenthood] together.” (P1)</i></p> <p><i>“That was very important for me, to be as knowledgeable as I could be about the process that my body was going through. I did read a lot... books, on the Internet,</i></p>	<p><b>Methodological limitations</b> <i>No or very minor concerns.</i> The quality rating based on the CASP checklist was high for Backstrom 2017 and Carolan 2007. It was moderate for Ahlden 2008. In one study the recruitment strategy was not described in sufficient detail. In all three studies the researcher-participant relationship was either not adequately considered or described in inadequate detail. In one study, the authors did not discuss the transferability of the results from the study.</p> <p><b>Relevance</b> <i>Minor concerns.</i> Although all studies focused on information valued by women, their partners and families, Ahlden 2008 specifically studied the views of healthcare professionals and Backstrom 2017 focused on the views of the woman's partner. Furthermore, Backstrom 2017 included both male and female partners. Lastly, Carolan 2007 recruited first time mothers, over the age of</p>	<p><b>High confidence</b></p>

Study and study aim	Theme	Assessment of GRADE-CERQual components	Overall confidence (Quality)
	<p><i>information from the hospital."</i> (Harriet, Mother)</p>	<p>35 years only. This may therefore restrict the applicability of the results.</p> <p><b>Coherence</b> <i>No or very minor concerns.</i> Ahlden 2008 selected the sample by a strategic national range, and the participants constituted 26% of all the decision makers in Swedish ANC so the population from this study may hold some biases that affect study conclusions.</p> <p><b>Adequacy</b> <i>No or very minor concerns.</i> The studies offer rich data. There is sufficient depth of evidence and quotations or observations provided to underpin the findings.</p>	
<p>Ahlden 2008</p> <ul style="list-style-type: none"> <li>To describe perceptions of parenthood education among midwives and obstetricians in charge of ANC</li> </ul> <p>Backstrom 2017</p> <ul style="list-style-type: none"> <li>To explore pregnant women's partners' perceptions of professional support during pregnancy</li> </ul>	<p><b>Theme 1. Information on preparation</b> <u>Subtheme 1b. Process of birth</u> N=2 studies Population: combination of views from healthcare professionals and partners.</p> <p>The evidence shows that partners wanted information on the process of birth and healthcare providers considered this an important topic to cover for pregnant women and their partners.</p> <p><i>"...give them knowledge, tools, to handle the birth in order to prevent bad experiences."</i></p>	<p><b>Methodological limitations</b> <i>No or very minor concerns.</i> The quality rating based on the CASP checklist was high for Backstrom 2017 and was moderate for Ahlden 2008. In one study the recruitment strategy was not described in sufficient detail. In both studies the researcher-participant relationship was not adequately considered. In one study, the authors did not discuss the transferability of the results from the study.</p> <p><b>Relevance</b> <i>Minor concerns.</i> Although all studies focused on information valued by women, their partners and</p>	<p><b>High confidence</b></p>

Study and study aim	Theme	Assessment of GRADE-CERQual components	Overall confidence (Quality)
	<p>“... something beyond control. . . it is not information they need. . . they need confidence...”</p> <p>“... she might not want it like that right then, but in two minutes she might want it ... and then I think that it's best for me to just ... not push it, but to do the right thing for her, even though she thinks it's not so good ...” (P9)</p>	<p>families, Ahlden 2008 specifically studied the views of healthcare professionals and Backstrom 2017 focused on the views of the woman's partner. Furthermore, Backstrom 2017 included both male and female partners. This may therefore restrict the applicability of the results.</p> <p><b>Coherence</b> <i>Minor concerns.</i> Ahlden 2008 selected the sample by a strategic national range, and the participants constituted 26% of all the decision makers in Swedish ANC so the population from this study may hold some biases that affect study conclusions.</p> <p><b>Adequacy</b> <i>No or very minor concerns.</i> The studies offer moderately rich data. There is some depth of evidence and quotations or observations provided to underpin the findings.</p>	
<p>Ahlden 2008</p> <ul style="list-style-type: none"> <li>To describe perceptions of parenthood education among midwives and obstetricians in charge of ANC</li> </ul> <p>Backstrom 2017</p> <ul style="list-style-type: none"> <li>To explore pregnant women's partners' perceptions of professional support during pregnancy</li> </ul>	<p><b>Theme 2. The effect others have on information provision</b> <u>Subtheme 2a. Relationships</u> N=2 Population: combination of views from healthcare professionals and partners.</p> <p>The evidence shows that partners thought receiving information together enhanced their communication and improved their relationship. Healthcare providers thought receiving information</p>	<p><b>Methodological limitations</b> <i>No or very minor concerns.</i> The quality rating based on the CASP checklist was high for Backstrom 2017 and was moderate for Ahlden 2008. In one study the recruitment strategy was not described in sufficient detail. In both studies the researcher-participant relationship was not adequately considered. In one study, the authors did not discuss the transferability of the results from the study.</p>	<p><b>High confidence</b></p>

Study and study aim	Theme	Assessment of GRADE-CERQual components	Overall confidence (Quality)
	<p>together allowed partners to better understand the women's needs and also allowed their own thoughts and views to be acknowledged.</p> <p><i>"... It felt real before, too, but now it's really ... like a life-long [commitment] when you are about to become a parent... it has affected us in a good way ... it sounds like a cliché, but it may be that we have matured in our relation with each other." (P9)</i></p> <p><i>". . .the men's situation must be affirmed. . .we must involve men to a greater extent, they must not feel marginalized."</i></p>	<p><b>Relevance</b> <i>Minor concerns.</i> Although all studies focused on information valued by women, their partners and families, Ahlden 2008 specifically studied the views of healthcare professionals and Backstrom 2017 focused on the views of the woman's partner. Furthermore, Backstrom 2017 included both male and female partners. This may therefore restrict the applicability of the results.</p> <p><b>Coherence</b> <i>Minor concerns.</i> Ahlden 2008 selected the sample by a strategic national range, and the participants constituted 26% of all the decision makers in Swedish ANC so the population from this study may hold some biases that affect study conclusions.</p> <p><b>Adequacy</b> <i>No or very minor concerns.</i> The studies offer moderately rich data. There is some depth of evidence and quotations or observations provided to underpin the findings.</p>	
<p>Baron 2017</p> <ul style="list-style-type: none"> <li>To explore the experiences, wishes, and needs of pregnant women with respect to health education in primary care with midwives</li> </ul>	<p><b>Theme 2. The effect others have on information provision</b> <u>Subtheme 2b. Healthcare providers</u> N=4 Population: combination of views from pregnant women and partners.</p>	<p><b>Methodological limitations</b> <i>Minor concerns.</i> The quality rating based on CASP checklist was high for Baron 2017, Brown 2012, and Carolan 2007. It was low for Bull 2008. In one study the research design, recruitment strategy, data collection</p>	<p><b>Moderate confidence</b> (Minor concerns for methodological limitations and moderate concerns for relevance)</p>

Study and study aim	Theme	Assessment of GRADE-CERQual components	Overall confidence (Quality)
<p>Brown 2012</p> <ul style="list-style-type: none"> <li>To explore the information and advice women of different pre-pregnancy BMI classifications received about managing their weight during pregnancy. To investigate the information and advice on weight management that women feel would be useful during pregnancy.</li> </ul> <p>Bull 2008</p> <ul style="list-style-type: none"> <li>To investigate the perceived effectiveness of smoking cessation interventions aimed at pregnant women.</li> </ul> <p>Carolan 2007</p> <ul style="list-style-type: none"> <li>To examine the broad experience of maternity for primiparae over 35 years and specific questions about information seeking behaviours.</li> </ul>	<p>The evidence shows that healthcare providers can impact how pregnant women perceive information in antenatal care. Pregnant women sought credible medical and scientific information, which they wanted from their healthcare providers rather than popular reading materials. Healthcare providers reported that older pregnant women were more eager to have more information about different aspects of pregnancy and birth.</p> <p><i>"...I had about 6 or 7 really good reference books on pregnancy...I kept reading them all madly... some of the books are really terrific, we had a couple of really authoritative ones, one from the Royal Women's (hospital) in Sydney, I think it was written by obstetricians and nurses...." (Margaret, Mother)</i></p> <p><i>"They tend to want the latest research on things so I tend to give them that sort of information... they're different than your younger women.... Your older mother wants to know all sorts of medical things... it's like they're taking a crash course in midwifery." (Cathy, Staff)</i></p>	<p>methods, and ethical issues were not described in sufficient detail. In two studies the authors did not adequately consider or did not provide sufficient detail on the researcher-participant relationship. In one study, the authors did not discuss the results within the wider context of the literature, did not consider future research, and did not consider the transferability of the results from the study.</p> <p><b>Relevance</b> <i>Moderate concerns.</i> Although all studies focused on information valued by women, their partners and families, Bull 2008 focused on a mixture of participants, including women who were pregnant or were mothers to at least one pre-school child less than 5 years of age. Further, the sample from this study came from a low socio-economic area in the UK. Lastly, Carolan 2007 recruited first time mothers, over the age of 35 years only. This may therefore restrict the applicability of the results.</p> <p><b>Coherence</b> <i>No or very minor concerns.</i> There are no data that contradict the review finding or are ambiguous.</p> <p><b>Adequacy</b> <i>No or very minor concerns.</i> The studies offer rich data. There is sufficient depth of evidence and quotations</p>	

Study and study aim	Theme	Assessment of GRADE-CERQual components	Overall confidence (Quality)
<p>Brown 2012</p> <ul style="list-style-type: none"> <li>To explore the information and advice women of different pre-pregnancy BMI classifications received about managing their weight during pregnancy. To investigate the information and advice on weight management that women feel would be useful during pregnancy.</li> </ul> <p>Garnweidner 2013</p> <ul style="list-style-type: none"> <li>To explore experiences with nutrition-related information during routine antenatal care among women of different ethnical backgrounds.</li> </ul>	<p><b>Theme 3. Information on lifestyle</b> <u>Subtheme 3a. Exercise and weight</u> N=2 studies Population: views of pregnant women only.</p> <p>The evidence shows that pregnant women want simpler and consistent information on exercise and weight. Many pregnant women lacked advice and support on weight management during pregnancy. Some pregnant women desired information that was personalised and tailored to their pre-pregnancy weight.</p> <p><i>“[I would like] detailed information about exercising. I was keen to keep up with exercise so asked and was just told it was okay to do so. Then I sought advice from a personal trainer at gym who gave me a lot more detail about monitoring heart-rate and breathlessness – much more useful and safe advice.” (Participant 49)</i></p> <p><i>“I feel the advice about exercise from the GP and midwife was very brief and that they did not know very much, nor did they explain why exercise should be moderate which would have made it more meaningful and understandable.” (Participant 49)</i></p> <p><i>“I would like more guidance from the midwife on ideal/average weight gain.” (Participant 37)</i></p>	<p>or observations provided to underpin the findings.</p> <p><b>Methodological limitations</b> <i>No or very minor concerns.</i> The quality rating based on CASP checklist was high for Brown 2012 and Garnweidner 2013. In one study there is no detail on whether the researcher-participant relationship is considered.</p> <p><b>Relevance</b> <i>Minor concerns.</i> Although all studies focused on information valued by women, their partners and families, Garnweidner 2013 studied first time pregnant women from different ethnical backgrounds. This may therefore restrict the applicability of the results.</p> <p><b>Coherence</b> <i>No or very minor concerns.</i> There are no data that contradict the review finding or are ambiguous.</p> <p><b>Adequacy</b> <i>No or very minor concerns.</i> The studies offer moderately rich data. There is some depth of evidence and quotations or observations provided to underpin the findings.</p>	<p><b>High confidence</b></p>
<p>Brown 2012</p>	<p><b>Theme 3. Information on lifestyle</b></p>	<p><b>Methodological limitations</b></p>	<p><b>High confidence</b></p>



Study and study aim	Theme	Assessment of GRADE-CERQual components	Overall confidence (Quality)
<ul style="list-style-type: none"> <li>To explore the information and advice women of different pre-pregnancy BMI classifications received about managing their weight during pregnancy. To investigate the information and advice on weight management that women feel would be useful during pregnancy.</li> </ul> <p>Garnweidner 2013</p> <ul style="list-style-type: none"> <li>To explore experiences with nutrition-related information during routine antenatal care among women of different ethnic backgrounds.</li> </ul>	<p><u>Subtheme 3b. Diet and nutrition</u> N=2 studies Population: views of pregnant women only</p> <p>The evidence shows that pregnant women want more information on diet and nutrition in the antenatal period. The overall impression was that nutritional advice was sparse and any information that was given was unsystematic and did not seem to be a core component of antenatal care. Most pregnant women stated that they would like more dietary information or advice, as well as more information on what they could and couldn't eat.</p> <p><i>"...There are so many questions when you are first time pregnant. And I don't know what is wrong and what is right and what shall I or shall I not eat?" (P4)</i></p> <p><i>"I have had little to no info on nutrition throughout my pregnancy." (Participant 21)</i></p> <p><i>"[I would like] a list of the best foods to eat, as well as what to avoid." (Participant 27)</i></p>	<p><i>No or very minor concerns.</i> The quality rating based on CASP checklist was high for Brown 2012 and Garnweidner 2013. In one study there is no detail on whether the researcher-participant relationship is considered.</p> <p><b>Relevance</b> <i>Minor concerns.</i> Although all studies focused on information valued by women, their partners and families, Garnweidner 2013 studied first time pregnant women from different ethnical backgrounds. This may therefore restrict the applicability of the results.</p> <p><b>Coherence</b> <i>No or very minor concerns.</i> There are no data that contradict the review finding or are ambiguous.</p> <p><b>Adequacy</b> <i>No or very minor concerns.</i> The studies offer moderately rich data. There is some depth of evidence and quotations or observations provided to underpin the findings.</p>	
<p>Bull 2008</p> <ul style="list-style-type: none"> <li>To investigate the perceived effectiveness of smoking cessation interventions aimed at pregnant women.</li> </ul>	<p><b>Theme 3. Information on lifestyle</b> <u>Subtheme 3c. Smoking</u> N=1 study Population: combination of views from pregnant women and their partners.</p>	<p><b>Methodological limitations</b> <i>Moderate concerns.</i> The quality rating based on CASP checklist was high for Bull 2008 was low.</p>	<p><b>Very low confidence</b> (Moderate concerns for methodological limitations, relevance, and adequacy)</p>



Study and study aim	Theme	Assessment of GRADE-CERQual components	Overall confidence (Quality)
	<p>The evidence shows that pregnant women who were smokers wanted more information on the effects of smoking during pregnancy, as they felt they received insufficient information in the antenatal period.</p> <p><i>“What would help me is like if the hospital would do research. Like take me in and show me what smoking is doing to me and show me what smoking is doing to my lungs and stuff” (Pregnant Smoker Aged 23, Merstham)</i></p> <p><i>“Lots more information about the consequences. If someone had told me what could happen if I carried on smoking then, like pictures or information on what your baby could turn out like. I mean I didn’t know about asthma back then. I only picked that up through stuff now” (Pregnant Former-Smoker Aged 28, Horley)</i></p>	<p>In this study there was uncertainty surrounding the appropriateness of the methodology, research design, recruitment strategy, data collection, and ethical issues. There was insufficient detail on the researcher-participant relationship and on the rigor of data analysis. The authors did not discuss the results within the wider context of the literature, did not consider future research, and did not consider the transferability of the results from the study.</p> <p><b>Relevance</b> <i>Moderate concerns.</i> Although all studies focused on information valued by women, their partners and families, Bull 2008 focused on a mixture of participants, including women who were pregnant or were mothers to at least one pre-school child less than 5 years of age. Further, the sample from this study came from a low socio-economic area in the UK. This may therefore restrict the applicability of the results.</p> <p><b>Coherence</b> <i>No or very minor concerns.</i> There are no data that contradict the review finding or are ambiguous.</p> <p><b>Adequacy</b> <i>Moderate concerns.</i> The study offers thin data. There is insufficient depth of evidence and</p>	

Study and study aim	Theme	Assessment of GRADE-CERQual components	Overall confidence (Quality)
		quotations or observations provided to underpin the findings.	
<p>Baron 2017</p> <ul style="list-style-type: none"> <li>To explore the experiences, wishes, and needs of pregnant women with respect to health education in primary care with midwives.</li> </ul> <p>Carolan 2007</p> <ul style="list-style-type: none"> <li>To examine the broad experience of maternity for primiparae over 35 years and specific questions about information seeking behaviours.</li> </ul> <p>Emmett 2006</p> <ul style="list-style-type: none"> <li>To explore women's experiences of decision making about mode of birth after previous caesarean section.</li> </ul> <p>Munro 2018</p> <ul style="list-style-type: none"> <li>To explore women's decision-making and information needs regarding pain relief in labour.</li> </ul>	<p><b>Theme 4. Provision of information</b> <u>Subtheme 4a. Health literature</u> N=4 studies Population: views of pregnant women only</p> <p>The evidence shows that pregnant women had varying views on receiving supplementary health literature. Some pregnant women reported that they preferred to receive additional health information through leaflets, booklets, and online resources. However, most pregnant women felt that they received too many leaflets, which they didn't have time to read or would easily misplace. The timing of when information was given, particularly for specific interventions or treatments, was important to pregnant women.</p> <p><i>"They (midwives) do give a book with all the information, I can read it myself if I don't know something. (Interviewer: Do you believe that all or most women do that?) I think most women do, I don't think midwives need to explain everything in one visit."</i> R22:age 34,multi</p> <p><i>"I had all the standard leaflets and everything, but they don't really help in sort of, individual circumstances"</i> (Bristol 5, planned and delivered by caesarean section)</p> <p><i>"You get a whole package of folders and information in different shapes and sizes. It is</i></p>	<p><b>Methodological limitations</b> <i>No or very minor concerns.</i> The quality rating based on CASP checklist was high for Baron 2017, Carolan 2007, Emmet 2006, and Munro 2018. In one study there was no description on the research design and in three studies there was insufficient detail or no detail on the researcher-participant relationship.</p> <p><b>Relevance</b> <i>Moderate concerns.</i> Although all studies focused on women's views of peer support, Carolan 2007 recruited first time mothers, over the age of 35 years only. Emmett 2006 studied multiparous women who had recently given birth and had their previous birth through caesarean section. Munro 2018 recruited English-speaking women who were pregnant or had given birth in the past 12 months. This may therefore restrict the applicability of the results.</p> <p><b>Coherence</b> <i>No or very minor concerns.</i> There are no data that contradict the review finding or are ambiguous.</p> <p><b>Adequacy</b> <i>No or very minor concerns.</i> The studies offer rich data. There is sufficient depth of evidence and quotations</p>	<p><b>Moderate confidence</b> (Moderate concerns for relevance)</p>

Study and study aim	Theme	Assessment of GRADE-CERQual components	Overall confidence (Quality)
	<p><i>very overwhelming when you're just pregnant, you think, your life is just about to change and there are suddenly a lot of emotions and then when you get a lot of information of all sorts, it's a little hard to process. I think you could just as well receive a small book with basic information, that you can calmly read through with a cup of tea."</i> R10:age 31, nulli</p> <p><i>"I think it would be a really good idea to have more information straight after the first caesar. I think that would be very useful."</i> Bristol 2, planned and delivered by VBAC</p>	<p>or observations provided to underpin the findings.</p>	
<p>Baron 2017</p> <ul style="list-style-type: none"> <li>To explore the experiences, wishes, and needs of pregnant women with respect to health education in primary care with midwives.</li> </ul> <p>Emmett 2006</p> <ul style="list-style-type: none"> <li>To explore women's experiences of decision making about mode of birth after previous caesarean section.</li> </ul>	<p><b>Theme 4. Provision of information</b> <u>Subtheme 4b. Missing information</u> N=2 studies Population: views of pregnant women only</p> <p>The evidence shows that women felt information was not routinely provided. There were gaps in information in different areas that meant many pregnant women still had a lot of questions and expressed uncertainty about different health issues.</p> <p><i>"... (about alcohol) I think that the midwife should mention why it is so bad. They didn't mention it to me.... I heard it from a friend who had been to a special information evening, that's why I know a bit about it.... I have read many books about it, and they all say it's bad, but not necessarily what the consequences are."</i> R14:age 30, nulli</p> <p><i>"I would like it if they explained more, that she doesn't only ask, 'would you like to do a</i></p>	<p><b>Methodological limitations</b> <i>No or very minor concerns.</i> The quality rating based on CASP checklist was high for Baron 2017 and Emmet 2006. In one study there was no description on the research design and on the researcher-participant relationship.</p> <p><b>Relevance</b> <i>Minor concerns.</i> Although all studies focused on women's views of peer support, Emmett 2006 studied multiparous women who had recently given birth and had their previous birth through caesarean section. This may therefore restrict the applicability of the results.</p> <p><b>Coherence</b> <i>No or very minor concerns.</i> There are no data that contradict the review finding or are ambiguous.</p> <p><b>Adequacy</b></p>	<p><b>High confidence</b></p>

Study and study aim	Theme	Assessment of GRADE-CERQual components	Overall confidence (Quality)
	<p><i>pregnancy course?', but also says, 'because we know that women who take a course are less afraid of giving birth and have more enjoyable pregnancies'.</i> R5:age 30,nulli</p> <p><i>"It always feels a bit like you have to ask the questions to get the answers. That they don't necessarily give you all the information you need without you knowing what to ask. And I guess I felt I have the advantage because I am coherent, and I'm assertive and I'm confident enough to be able to ask the questions."</i> (Bristol 2, planned and delivered by VBAC</p>	<p><i>No or very minor concerns.</i></p> <p>The study offers moderately rich data. There is some depth of evidence and quotations or observations provided to underpin the findings.</p>	

## **Appendix G – Economic evidence study selection**

**Economic evidence study selection for review question: What information is valued by women, their partners and families, as part of their antenatal care?**

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

## **Appendix H – Economic evidence tables**

### **Economic evidence tables for review question: What information is valued by women, their partners and families, as part of their antenatal 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 is valued by women, their partners and families, as part of their antenatal care?**

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

## **Appendix J – Economic analysis**

### **Economic evidence analysis for review question: What information is valued by women, their partners and families, as part of their antenatal care?**

No economic analysis was conducted for this review question.



## Appendix K – Excluded studies

### Excluded studies for review question: What information is valued by women, their partners and families, as part of their antenatal care?

#### Clinical studies

**Table 6: Excluded studies and reasons for their exclusion**

Study	Reason for exclusion
Abdel-Aziz, S. B., Hegazy, I. S., Mohamed, D. A., Abu El Kasem, M. M. A., Hagag, S. S., Effect of dietary counseling on preventing excessive weight gain during pregnancy, <i>Public health</i> , 154, 172-181, 2018	Study conducted in low or middle income country
Ackerman, Ilana N., Ngian, Gene-Siew, Van Doornum, Sharon, Briggs, Andrew M., A systematic review of interventions to improve knowledge and self-management skills concerning contraception, pregnancy and breastfeeding in people with rheumatoid arthritis, <i>Clinical rheumatology</i> , 35, 33-41, 2016	There are no relevant studies in this systematic review.
Ahmed, Shenaz, Bryant, Louise D., Cole, Phyllis, Midwives' perceptions of their role as facilitators of informed choice in antenatal screening, <i>Midwifery</i> , 29, 745-50, 2013	Midwives' perspective on information givers.
Ahmed, Shenaz, Bryant, Louise D., Tizro, Zahra, Shickle, Darren, Is advice incompatible with autonomous informed choice? Women's perceptions of advice in the context of antenatal screening: a qualitative study, <i>Health Expectations</i> , 17, 555-564, 2014	Advice and decision making based on information given at ANC screening.
Altman, Molly R., Oseguera, Talita, McLemore, Monica R., Kantrowitz-Gordon, Ira, Franck, Linda S., Lyndon, Audrey, Information and power: Women of color's experiences interacting with health care providers in pregnancy and birth, <i>Social science &amp; medicine</i> (1982), 238, 112491, 2019	Women's experiences of information received rather than information preferences.
Anderson, Amy E., Hure, Alexis J., Kay-Lambkin, Frances J., Loxton, Deborah J., Women's perceptions of information about alcohol use during pregnancy: a qualitative study, <i>BMC Public Health</i> , 14, 1048, 2014	Very specific focus on alcohol consumption during pregnancy and information related to alcohol.
Andersson, E., Christensson, K., Hildingsson, I., Mothers' satisfaction with group antenatal care versus individual antenatal care--a clinical trial, <i>Sexual &amp; reproductive healthcare</i> , 4, 113-120, 2013	No qualitative findings
Aquino, Maria Raisa Jessica V., Edge, Dawn, Smith, Debbie M., Pregnancy as an ideal time for intervention to address the complex needs of	Midwives views on the importance of their role, as acting advocates for women's health.

Study	Reason for exclusion
black and minority ethnic women: views of British midwives, <i>Midwifery</i> , 31, 373-9, 2015	
Artieta-Pinedo, Isabel, Paz-Pascual, Carmen, Grandes, Gonzalo, Espinosa, Maite, Framework for the establishment of a feasible, tailored and effective perinatal education programme, <i>BMC Pregnancy and Childbirth</i> , 17, 58, 2017	Theoretical framework for perinatal information needs.
Asplin, Nina, Wessel, Hans, Marions, Lena, Georgsson Ohman, Susanne, Pregnant women's experiences, needs, and preferences regarding information about malformations detected by ultrasound scan, <i>Sexual &amp; reproductive healthcare : official journal of the Swedish Association of Midwives</i> , 3, 73-8, 2012	Women's experiences of information received rather than information preferences.
Ateah, Christine A., Prenatal parent education for first-time expectant parents: "making it through labor is just the beginning...", <i>Journal of pediatric health care : official publication of National Association of Pediatric Nurse Associates &amp; Practitioners</i> , 27, 91-7, 2013	Quantitative survey data with few qualitative quotes that are irrelevant to review question.
Atkinson, Lou, French, David P., Menage, Diane, Olander, Ellinor K., Midwives' experiences of referring obese women to either a community or home-based antenatal weight management service: Implications for service providers and midwifery practice, <i>Midwifery</i> , 49, 102-109, 2017	More focus on referral to antenatal services.
Attanasio, Laura, Kozhimannil, Katy B., Patient-reported Communication Quality and Perceived Discrimination in Maternity Care, <i>Medical CareMed Care</i> , 53, 863-71, 2015	Quantitative survey data only.
Aujoulat, Isabelle, Libion, France, Berrewaerts, Joelle, Noirhomme-Renard, Florence, Deccache, Alain, Arai, Bailey Beghin Breheny Chamberlain Corcoran DiCenso Flicker Hillis Holder Kershaw Meade Miller Miller Pereira Sadler Schmidt Schmiede Strauss Sundby, Adolescent mothers' perspectives regarding their own psychosocial and health needs: A qualitative exploratory study in Belgium, <i>Patient education and counseling</i> , 81, 448-453, 2010	Very specific focus on information needs around SRH before and during pregnancy in teens.
Aveyard, P., Lawrence, T., Evans, O., Cheng, K. K., The influence of in-pregnancy smoking cessation programmes on partner quitting and women's social support mobilization: a randomized controlled trial, <i>BMC public health</i> , 5, 80, 2005	No qualitative findings
Aveyard, P., Lawrence, T., Croghan, E., Evans, O., Cheng, K. K., Is advice to stop smoking from a midwife stressful for pregnant women who smoke? Data from a randomized controlled trial, <i>Preventive Medicine</i> , 40, 575-582, 2005	No relevant outcomes.

Study	Reason for exclusion
Axelsen, S. F., Brixval, C. S., Due, P., Koushede, V., Integrating couple relationship education in antenatal education - A study of perceived relevance among expectant Danish parents, <i>Sexual and Reproductive Healthcare</i> , 5, 174-175, 2014	Quantitative survey data only.
Ayling, Laura, Henry, Amanda, Tracy, Sally, Donkin, Chris, Kasparian, Nadine A., Welsh, Alec W., How well do women understand and remember information in labour versus in late pregnancy? A pilot randomised study, <i>Journal of obstetrics and gynaecology</i> , 39, 913-921, 2019	No qualitative findings
Backstrom, Caroline A., Martensson, Lena B., Golsater, Marie H., Thorstensson, Stina A., "It's like a puzzle": Pregnant women's perceptions of professional support in midwifery care, <i>Women and birth : journal of the Australian College of Midwives</i> , 29, e110-e118, 2016	Women's experiences of information received rather than information preferences.
Baird, Carolyn, Treating the most vulnerable: Pregnant women and their babies, <i>Journal of Addictions Nursing</i> , 22, 150-152, 2011	Information sources rather than information valued by women.
Balaam, Marie-Claire, Akerjordet, Kristin, Lyberg, Anne, Kaiser, Barbara, Schoening, Eva, Fredriksen, Anne-Mari, Ensel, Angelica, Gouni, Olga, Severinsson, Elisabeth, A qualitative review of migrant women's perceptions of their needs and experiences related to pregnancy and childbirth, <i>Journal of Advanced Nursing (John Wiley &amp; Sons, Inc.)</i> , 69, 1919-1930, 2013	Women's experiences of information received rather than information preferences.
Ballan, Michelle S., Freyer, Molly Burke, Anderson, Ballan Ballan Becker Brown Brown Bruce Cheng Conder Dotson Dworsky Ersoy Fallo Fava Fiduccia Focht-New Ghandour Goesling Harwick Healy Hill Hill Hill Hill Horner-Johnson Lantman-de Valk Lightfoot Lightfoot Linton Mandell Mayes Mazzuchelli McConnell McGuire Plummer Ramseyer Winter Reid Rurangirwa Schmidt Shaw Slayter Slayter Slayter Stinson Ward Wilkinson Wood Young Young, The sexuality of young women with intellectual and developmental disabilities: A neglected focus in the American foster care system, <i>Disability and health journal</i> , 10, 371-375, 2017	Women's experiences of information received rather than information preferences.
Barr, Owen, Skirton, Heather, Informed decision making regarding antenatal screening for fetal abnormality in the United Kingdom: a qualitative study of parents and professionals, <i>Nursing &amp; health sciences</i> , 15, 318-25, 2013	Women's experiences of information received rather than information preferences.
Barrett, G., Shawe, J., Howden, B., Patel, D., Ojukwu, O., Pandya, P., Stephenson, J., Why do women invest in pre-pregnancy health and	Does not explore information valued by pregnant women- the study focuses on women's knowledge in the pre-pregnancy period.

Study	Reason for exclusion
care? A qualitative investigation with women attending maternity services, BMC pregnancy and childbirth, 15 (1) (no pagination), 2015	
Bayrampour, Hamideh, McNeil, Deborah A., Benzies, Karen, Salmon, Charleen, Gelb, Karen, Tough, Suzanne, A qualitative inquiry on pregnant women's preferences for mental health screening, BMC pregnancy and childbirth, 17, 339, 2017	Does not explore information valued by pregnant women.
Beeckman, Katrien, Louckx, Fred, Downe, Soo, Putman, Koen, The relationship between antenatal care and preterm birth: the importance of content of care, European journal of public health, 23, 366-71, 2013	Quantitative data only.
Bello, A. I., Acquah, A. A., Quartey, J. N. A., Hughton, A., Knowledge of pregnant women about birth defects, BMC Pregnancy and Childbirth, 13 (no pagination), 2013	Study conducted in a low or middle income country.
Bergström, M., Kieler, H., Waldenström, U., Effects of natural childbirth preparation versus standard antenatal education on epidural rates, experience of childbirth and parental stress in mothers and fathers: a randomised controlled multicentre trial, BJOG: An International Journal of Obstetrics & Gynaecology, 116, 1167-1176, 2009	Content of training is different between the two intervention. Does not match this review's study protocol.
Bergström, M., Kieler, H., Waldenström, U., A randomised controlled multicentre trial of women's and men's satisfaction with two models of antenatal education, Midwifery, 27, e195-200, 2011	Content of information investigated rather than timing or mode. No relevant outcomes.
Bergström, M., Rudman, A., Waldenström, U., Kieler, H., Fear of childbirth in expectant fathers, subsequent childbirth experience and impact of antenatal education: subanalysis of results from a randomized controlled trial, Acta Obstetrica et Gynecologica Scandinavica, 92, 967-973, 2013	No qualitative findings
Bianchi, Clelia M., Huneau, Jean-Francois, Le Goff, Gaelle, Verger, Eric O., Mariotti, Francois, Gurvey, Patricia, Concerns, attitudes, beliefs and information seeking practices with respect to nutrition-related issues: a qualitative study in French pregnant women, BMC pregnancy and childbirth, 16, 306, 2016	Explores knowledge and information seeking behaviours.
Billingham, Kate, Preparing for parenthood: the role of antenatal education, Community practitioner : the journal of the Community Practitioners' & Health Visitors' Association, 84, 36-8, 2011	Very little evidence on type of information valued- not supported by any quotes.
Björklund, U., Marsk, A., Ohman, S. G., Does an information film about prenatal testing in early	No qualitative findings

Study	Reason for exclusion
pregnancy affect women's anxiety and worries?, Journal of psychosomatic obstetrics and gynaecology, 34, 9-14, 2013	
Boe Danbjorg, D., Wagner, L., Ronde Kristensen, B., Clemensen, J., Nurses' Experience of Using an Application to Support New Parents after Early Discharge: An Intervention Study, International Journal of Telemedicine and Applications, 2015 (no pagination), 2015	Study explores post-natal information needs.
Brady, Vivienne, Lalor, Joan, Space for human connection in antenatal education: Uncovering women's hopes using Participatory Action Research, Midwifery, 55, 7-14, 2017	Women's experiences of information received rather than information preferences.
Brixval, C. S., Axelsen, S. F., Thygesen, L. C., Due, P., Koushede, V., Antenatal education in small classes may increase childbirth self-efficacy: Results from a Danish randomised trial, Sexual & reproductive healthcare : official journal of the Swedish Association of Midwives, 10, 32-34, 2016	No qualitative findings
Butterworth, Sarah J., Sparkes, Elizabeth, Trout, Alison, Brown, Katherine, Abrahamsson, Abrahamsson Baxter Boyatzis Braun Bull Bull Fang Festinger Godfrey Haslam Government Hotham Ingall Katz Koshy Lowry Lumley Maxson McLeod Nichter Oliver Park Schneider Shortt Smith Soames Spencer Trout Weinstein, Pregnant smokers' perceptions of specialist smoking cessation services, Journal of Smoking Cessation, 9, 85-97, 2014	Women's experiences of information received rather than information preferences.
Bultjens, Melissa, Murphy, Gregory, Ruddock-Hudson, Mandy, Milgrom, Jeannette, Taket, Ann, A qualitative study of women's experience of a perinatal group health-promoting programme, British Journal of Midwifery, 27, 106-114, 2019	Women's experiences of information received rather than information preferences.
Byatt, N., Biebel, K., Friedman, L., Debordes-Jackson, G., Ziedonis, D., Pbert, L., Patient's views on depression care in obstetric settings: How do they compare to the views of perinatal health care professionals?, General Hospital Psychiatry, 35, 598-604, 2013	Women's experiences of information received rather than information preferences.
Carlsson, Tommy, Bergman, Gunnar, Wadensten, Barbro, Mattsson, Elisabet, Experiences of informational needs and received information following a prenatal diagnosis of congenital heart defect, Prenatal Diagnosis, 36, 515-22, 2016	Women's experiences of information received rather than information preferences.
Cernat, Alexandra, De Freitas, Chante, Majid, Umair, Trivedi, Forum, Higgins, Caroline, Vanstone, Meredith, Facilitating informed choice	Relevant references checked and included if appropriate

Study	Reason for exclusion
about non-invasive prenatal testing (NIPT): a systematic review and qualitative meta-synthesis of women's experiences, BMC pregnancy and childbirth, 19, 27, 2019	
Chew, Caitlin, Rebic, Nevena, Baldwin, Corisande, Amiri, Neda, Proulx, Laurie, De Vera, Mary A., "r/Thritis", Pregnancy, and Parenting: A Qualitative Descriptive Study of Reddit Forums to Explore Information Needs and Concerns of Women With Rheumatoid Arthritis, ACR Open RheumatologyACR Open Rheumatol, 1, 485-492, 2019	Women's experiences of information received rather than information preferences.
Chi, Y. C., Sha, F., Yip, P. S., Chen, J. L., Chen, Y. Y., Randomized comparison of group versus individual educational interventions for pregnant women to reduce their secondhand smoke exposure, MedicineMedicine (Baltimore), 95, e5072, 2016	No qualitative findings
Choi, JiWon, Lee, Ji hyeon, Vittinghoff, Eric, Fukuoka, Yoshimi, Bandura, Craig Davies Evenson Evenson Evenson Fjeldsoe Fjeldsoe Fox Fukuoka Fukuoka Harris Marcus Marcus Mudd Mutrie Noah Pearce Radloff Sallis Symons-Downs Taylor-Piliae Wallace Weiss, mHealth physical activity intervention: A randomized pilot study in physically inactive pregnant women, Maternal and child health journal, 20, 1091-1101, 2016	Does not explore information valued by pregnant women.
Clarke, Richard M., Paterson, Pauline, Sirota, Miroslav, Determinants of satisfaction with information and additional information-seeking behaviour for the pertussis vaccination given during pregnancy, VaccineVaccine, 37, 2712-2720, 2019	Quantitative survey data only.
Cooper, M., Warland, J., Improving women's knowledge of prostaglandin induction of labour through the use of information brochures: A quasi-experimental study, Women and Birth, 24, 156-164, 2011	Does not explore information valued by pregnant women.
Craig, Heather J., Dietsch, Elaine, 'Too scary to think about': first time mothers' perceptions of the usefulness of antenatal breastfeeding education, Women and birth : journal of the Australian College of Midwives, 23, 160-5, 2010	Women's experiences of information received rather than information preferences.
Dalhaug, Emilie Mass, Haakstad, Lene Annette Hagen, What the Health? Information Sources and Maternal Lifestyle Behaviors, Interactive Journal of Medical ResearchInteract J Med Res, 8, e10355, 2019	Quantitative survey data only.
Dalton, J. A., Rodger, D. L., Wilmore, M., Skuse, A. J., Humphreys, S., Flabouris, M., Clifton, V. L., "Who's afraid?": Attitudes of midwives to the	Does not explore information valued by pregnant women.

Study	Reason for exclusion
use of information and communication technologies (ICTs) for delivery of pregnancy-related health information, <i>Women and Birth</i> , 27, 168-173, 2014	
de Leeuw, R. A., van der Horst, S. F. B., de Soet, A. M., van Hensbergen, J. P., Bakker, Pcam, Westerman, M., de Groot, C. J. M., Scheele, F., Digital vs face-to-face information provision in patient counselling for prenatal screening: a noninferiority randomized controlled trial, <i>Prenatal Diagnosis Prenat Diagn</i> , 39, 456â–463, 2019	No qualitative findings
Dimidjian, Sona, Goodman, Sherryl H., Preferences and attitudes toward approaches to depression relapse/recurrence prevention among pregnant women, <i>Behaviour research and therapy</i> , 54, 7-11, 2014	Does not explore information valued by pregnant women.
Dodd, J. M., Dietary and lifestyle advice for pregnant women who are overweight or obese: the LIMIT randomized trial, <i>Annals of Nutrition &amp; Metabolism</i> , 64, 197-202, 2014	Does not explore information valued by pregnant women.
Dodd, J. M., Cramp, C., Sui, Z., Yelland, L. N., Deussen, A. R., Grivell, R. M., Moran, L. J., Crowther, C. A., Turnbull, D., McPhee, A. J., Wittert, G., Owens, J. A., Robinson, J. S., The effects of antenatal dietary and lifestyle advice for women who are overweight or obese on maternal diet and physical activity: The LIMIT randomised trial, <i>BMC Medicine</i> , 12 (1) (no pagination), 2014	Duplicate.
Dodd, J. M., Louise, J., Cramp, C., Grivell, R. M., Moran, L. J., Deussen, A. R., Evaluation of a smartphone nutrition and physical activity application to provide lifestyle advice to pregnant women: the SNAPP randomised trial, <i>Maternal &amp; Child Nutrition Matern Child Nutr</i> , 14, 2018	Does not explore information valued by pregnant women.
Douglas, Hazel, Bateson, Karen, A service evaluation of the Solihull Approach Antenatal Parenting Group: integrating childbirth information with support for the fetal-parent relationship, <i>Evidence Based Midwifery</i> , 15, 14-19, 2017	Quantitative survey data only.
Doyle, O., McGlanaghy, E., Palamaro-Munsell, E., McAuliffe, F. M., Home based educational intervention to improve perinatal outcomes for a disadvantaged community: A randomised control trial, <i>European Journal of Obstetrics &amp; Gynecology and Reproductive Biology</i> , 180, 162-167, 2014	No relevant outcomes.
Forsyth, Claire, Skouteris, Helen, Wertheim, Eleanor H., Paxton, Susan J., Milgrom, Jeannette, Men's emotional responses to their	Quantitative survey data only.



Study	Reason for exclusion
partner's pregnancy and their views on support and information received, The Australian & New Zealand journal of obstetrics & gynaecology, 51, 53-6, 2011	
France, Emma F., Wyke, Sally, Ziebland, Sue, Entwistle, Vikki A., Hunt, Kate, How personal experiences feature in women's accounts of use of information for decisions about antenatal diagnostic testing for foetal abnormality, Social science & medicine (1982), 72, 755-62, 2011	Does not explore information valued by pregnant women.
Fransen, Mirjam P., Essink-Bot, Marie-Louise, Vogel, Ineke, Mackenbach, Johan P., Steegers, Eric A. P., Wildschut, Hajo I. J., Ethnic differences in informed decision-making about prenatal screening for Down's syndrome, Journal of epidemiology and community health, 64, 262-8, 2010	Quantitative survey data only.
Fransen, Mirjam P., Hajo, Wildschut, Vogel, Ineke, Mackenbach, Johan, Steegers, Eric, Essink-Bot, Marie-Louise, Information about prenatal screening for Down syndrome: ethnic differences in knowledge, Patient education and counseling, 77, 279-88, 2009	Quantitative survey data only.
Franzon, A. C. A., Oliveira-Ciabati, L., Bonifacio, L. P., Vieira, E. M., Andrade, M. S., Sanchez, J. A. C., Braga, G. C., Nogueira-Pileggi, V., Fernandes, M., Souza, J. P., A communication and information strategy in health and preparation for childbirth: a randomized cluster trial (PRENACEL), Cadernos de Saude PublicaCad Saude Publica, 35, e00111218, 2019	Study conducted in a low or middle income country.
Gaucher, Nathalie, Payot, Antoine, From powerlessness to empowerment: Mothers expect more than information from the prenatal consultation for preterm labour, Paediatrics & Child HealthPaediatr child health, 16, 638-42, 2011	Women's experiences of information received rather than information preferences.
Ghiasi, Ashraf, Health information needs, sources of information, and barriers to accessing health information among pregnant women: a systematic review of research, The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians, 1-11, 2019	No relevant references from this systematic review matching study protocol.
Goodman, K., Mossad, S. B., Taksler, G. B., Emery, J., Schramm, S., Rothberg, M. B., Impact of Video Education on Influenza Vaccination in Pregnancy, Journal of reproductive medicine, 60, 471-479, 2015	No relevant outcomes.



Study	Reason for exclusion
Graham, W., Smith, P., Kamal, A., Fitzmaurice, A., Smith, N., Hamilton, N., Randomised controlled trial comparing effectiveness of touch screen system with leaflet for providing women with information on prenatal tests, British Medical Journal, 320, 155-160, 2000	No qualitative findings
Hall, J., Women's and men's satisfaction with two models of antenatal education, Practising Midwife, 15, 35-7, 2012	Article unavailable.
Hay, S., Forster, D. A., Shafiei, T., Nicholson, J., Newton, M., Grimes, H., McLardie-Hore, F., McLachlan, H. L., Exploring pregnancy information sources used by pregnant and postnatal women and their partners: a cluster randomised controlled trial, Women and Birth, 30, 31, 2018	Conference Abstract
Jarlenski, Marian, Tarr, Jill A., Holland, Cynthia L., Farrell, David, Chang, Judy C., Pregnant Women's Access to Information About Perinatal Marijuana Use: A Qualitative Study, Women's health issues : official publication of the Jacobs Institute of Women's Health, 26, 452-9, 2016	Article is unavailable.
Koushede, V., Brixval, C. S., Thygesen, L. C., Axelsen, S. F., Winkel, P., Lindschou, J., Gluud, C., Due, P., Antenatal small-class education versus auditorium-based lectures to promote positive transitioning to parenthood - A randomised trial, PLoS ONE [Electronic Resource], 12, e0176819, 2017	No qualitative findings
Kuppermann, M., Pena, S., Bishop, J. T., Nakagawa, S., Gregorich, S. E., Sit, A., Vargas, J., Caughey, A. B., Sykes, S., Pierce, L., et al., Effect of enhanced information, values clarification, and removal of financial barriers on use of prenatal genetic testing: a randomized clinical trial, JAMA/Jama, 312, 1210-1217, 2014	Does not explore information valued by pregnant women.
Laberge, Anne-Marie, Birko, Stanislav, Lemoine, Marie-Eve, Le Clerc-Blain, Jessica, Haidar, Hazar, Afddal, Aliya O., Dupras, Charles, Ravitsky, Vardit, Canadian Pregnant Women's Preferences Regarding NIPT for Down Syndrome: The Information They Want, How They Want to Get It, and With Whom They Want to Discuss It, Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstetrique et gynecologie du Canada : JOGC, 41, 782-791, 2019	Quantitative survey data only.
Laferriere, K., Crighton, E. J., "During pregnancy would have been a good time to get that information": mothers' concerns and information needs regarding environmental health risks to	Does not explore information valued by pregnant women.

Study	Reason for exclusion
their children <sup>1</sup> , <i>International Journal of Health Promotion and Education</i> , 55, 96-105, 2017	
Lindgren, Peter, Stadin, Magdalena, Blomberg, Inger, Nordin, Karin, Sahlgren, Hanna, Ingvaldstad Malmgren, Charlotta, Information about first-trimester screening and self-reported distress among pregnant women and partners - comparing two methods of information giving in Sweden, <i>Acta obstetrica ET gynecologica scandinavica</i> , 96, 1243-1250, 2017	Does not explore information valued by pregnant women.
Liu, Pearl Pei, Wen, Weiye, Yu, Ka Fung, Gao, Xiaoli, Wong, May Chun Mei, Dental Care-Seeking and Information Acquisition During Pregnancy: A Qualitative Study, <i>International journal of environmental research and public health</i> , 16, 2019	Women's experiences of information received rather than information preferences.
Lonnberg, G., Jonas, W., Unternaehrer, E., Branstrom, R., Nissen, E., Niemi, M., Effects of a mindfulness based childbirth and parenting program on pregnant women's perceived stress and risk of perinatal depression: Results from a randomized controlled trial, <i>Journal of Affective DisordersJ Affect Disord</i> , 262, 133-142, 2020	Irrelevant intervention.
Loughnan, S. A., Sie, A., Hobbs, M. J., Joubert, A. E., Smith, J., Haskelberg, H., Mahoney, A. E. J., Kladnitski, N., Holt, C. J., Milgrom, J., et al.,, A randomized controlled trial of 'MUMentum Pregnancy': internet-delivered cognitive behavioral therapy program for antenatal anxiety and depression, <i>Journal of Affective DisordersJ Affect Disord</i> , 243, 381-390, 2019	Does not explore information valued by pregnant women.
Lumley,J., Donohue,L., Aiming to increase birth weight: a randomised trial of pre-pregnancy information, advice and counselling in inner-urban Melbourne, <i>BMC Public Health</i> , 6, 299-, 2006	No relevant outcomes.
Lupton, Deborah, The use and value of digital media for information about pregnancy and early motherhood: a focus group study, <i>BMC pregnancy and childbirth</i> , 16, 171, 2016	No relevant outcomes.
McCarthy, E. A., Walker, S. P., Ugoni, A., Lappas, M., Leong, O., Shub, A., Self-weighting and simple dietary advice for overweight and obese pregnant women to reduce obstetric complications without impact on quality of life: a randomised controlled trial, <i>BJOG: An International Journal of Obstetrics &amp; Gynaecology</i> , 123, 965-73, 2016	Does not explore information valued by pregnant women.
Moran, L. J., Fraser, L. M., Sundernathan, T., Deussen, A. R., Louise, J., Yelland, L. N., Grivell, R. M., Macpherson, A., Gillman, M. W., Robinson, J. S., et al., The effect of an	No relevant outcomes.

Study	Reason for exclusion
antenatal lifestyle intervention in overweight and obese women on circulating cardiometabolic and inflammatory biomarkers: secondary analyses from the LIMIT randomised trial, BMC MedicineBMC Med, 15, 32, 2017	
Munro, Sarah, Hui, Amber, Salmons, Vanessa, Solomon, Carolyn, Gemmell, Emily, Torabi, Nahal, Janssen, Patricia A., SmartMom Text Messaging for Prenatal Education: A Qualitative Focus Group Study to Explore Canadian Women's Perceptions, JMIR Public Health and SurveillanceJMIR Public Health Surveill, 3, e7, 2017	Women's experiences of information through an app rather than information preferences.
Nagle, Cate, Lewis, Sharon, Meiser, Bettina, Gunn, Jane, Halliday, Jane, Bell, Robin, Exploring general practitioners' experience of informing women about prenatal screening tests for foetal abnormalities: a qualitative focus group study, BMC health services research, 8, 114, 2008	Does not explore information valued by pregnant women.
Nolan, Mary L., Information giving and education in pregnancy: a review of qualitative studies, The Journal of perinatal education, 18, 21-30, 2009	Relevant references checked and added if they match our protocol.
O'Kelly, S. M., Moore, Z. E. H., Antenatal maternal education for improving postnatal perineal healing for women who have birthed in a hospital setting, Cochrane Database of Systematic Reviews, 2017	Relevant references checked and added if they match our protocol.
Olander, Ellinor K., Aquino, Maria Raisa Jessica Ryc, Chhoa, Celine, Harris, Erica, Lee, Suzanne, Bryar, Rosamund M., Women's views of continuity of information provided during and after pregnancy: A qualitative interview study, Health & Social Care in the CommunityHealth Soc Care Community, 27, 1214-1223, 2019	This study focuses on postnatal period only.
Prescott, Julie, Mackie, Lynn, "You Sort of Go Down a Rabbit Hole...You're Just Going to Keep on Searching": A Qualitative Study of Searching Online for Pregnancy-Related Information During Pregnancy, Journal of Medical Internet ResearchJ Med Internet Res, 19, e194, 2017	Women's experiences of information received rather than information preferences.
Rodger, D., Skuse, A., Wilmore, M., Humphreys, S., Dalton, J., Flabouris, M., Clifton, V. L., Pregnant women's use of information and communications technologies to access pregnancy-related health information in South Australia, Australian Journal of Primary Health, 19, 308-12, 2013	Women's experiences of information received rather than information preferences.
Sanaati, F., Mohammad-Alizadeh Charandabi, S., Farrokh Eslamlo, H., Mirghafourvand, M., Alizadeh Sharajabad, F., The effect of lifestyle-	No qualitative findings

Study	Reason for exclusion
based education to women and their husbands on the anxiety and depression during pregnancy: a randomized controlled trial, Journal of Maternal-Fetal & Neonatal MedicineJ Matern Fetal Neonatal Med, 30, 870-876, 2017	
Sanders, Ruth A., Crozier, Kenda, How do informal information sources influence women's decision-making for birth? A meta-synthesis of qualitative studies, BMC pregnancy and childbirth, 18, 21, 2018	Women's experiences of information received rather than information preferences.
Suto, Maiko, Takehara, Kenji, Yamane, Yumina, Ota, Erika, Effects of prenatal childbirth education for partners of pregnant women on paternal postnatal mental health and couple relationship: A systematic review, Journal of Affective DisordersJ Affect Disord, 210, 115-121, 2017	No relevant outcomes.
Svensson, J., Barclay, L., Cooke, M., Randomised-controlled trial of two antenatal education programmes, Midwifery, 25, 114-125, 2009	To be included in ANC 1.2 review question.
Szmeja, M. A., Cramp, C., Grivell, R. M., Deussen, A. R., Yelland, L. N., Dodd, J. M., Use of a DVD to provide dietary and lifestyle information to pregnant women who are overweight or obese: a nested randomised trial, BMC Pregnancy & Childbirth, 14, 409, 2014	Does not explore information valued by pregnant women.
Ternby, Ellen, Ingvaldstad, Charlotta, Anneren, Goran, Axelsson, Ove, Midwives and information on prenatal testing with focus on Down syndrome, Prenatal DiagnosisPrenat Diagn, 35, 1202-7, 2015	Quantitative survey data only.
Ternby, Ellen, Ingvaldstad, Charlotta, Anneren, Goran, Lindgren, Peter, Axelsson, Ove, Information and knowledge about Down syndrome among women and partners after first trimester combined testing, Acta Obstetrica et Gynecologica ScandinavicaActa Obstet Gynecol Scand, 94, 329-32, 2015	Quantitative survey data only.
Vosnacostas, Emma, Pinchon, Deborah J., Survey of women's perceptions of information provided in the prevention or treatment of iron deficiency anaemia in an Australian tertiary obstetric hospital, Women and birth : journal of the Australian College of Midwives, 28, 166-72, 2015	Quantitative survey data only.
Wallis, Anne B., Tsigas, Eleni Z., Saftlas, Audrey F., Sibai, Baha M., Prenatal education is an opportunity for improved outcomes in hypertensive disorders of pregnancy: results from an Internet-based survey, The journal of maternal-fetal & neonatal medicine : the official	Quantitative survey data only.

Study	Reason for exclusion
journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians, 26, 1565-7, 2013	
Wilkinson,S.A., McIntyre,H.D., Evaluation of the 'healthy start to pregnancy' early antenatal health promotion workshop: a randomized controlled trial, BMC Pregnancy and Childbirth, 12, 131-, 2012	No relevant outcomes.
Yee, L. M., Wolf, M., Mullen, R., Bergeron, A. R., Cooper Bailey, S., Levine, R., Grobman, W. A., A randomized trial of a prenatal genetic testing interactive computerized information aid, Prenatal Diagnosis, 34, 552-557, 2014	No qualitative findings

### Economic studies

A single economic search was undertaken for all topics included in the scope of this guideline. No economic studies were identified which were applicable to this review question. See supplementary material 2 for details.

## **Appendix L – Research recommendations**

**Research recommendations for review question: What information is valued by women, their partners and families, as part of their antenatal care?**

No research recommendations were made for this review question.

## Appendix M – Quotes supporting themes

Quotes supporting themes for review question: What information is valued by women, their partners and families, as part of their antenatal care?

Table 7: Table of quotes

Author and study year	Theme	Quotes
Ahlden 2008	Transition to parenthood	The psychosocial part of the parenthood should be in focus, according to the national recommendations.
		. . .in those days there was a grandmother, a mother, and sisters. . . and they kept contact with other new mothers from the postnatal wards. . . .
		. . .our most important task is to support the parents into parenthood, in the great transition. . . from life as an individualist to life as parent. . . .
		. . .we have to think prevention. . .our responsibility is to be health educational. . . a public-health approach.
		. . .one of our most important obligations is to reflect on what can be done for children’s psychological well-being.
Ahlden 2008	Process of birth	. . .something beyond control. . . it is not information they need. . .they need confidence.
		. . .give them knowledge, tools, to handle the delivery in order to prevent bad experiences.
Ahlden 2008	Relationships	. . .the men’s situation must be affirmed. . .we must involve men to a greater extent, they must not feel marginalized.
Backstrom 2017	Transition to parenthood	You become more connected [with your partner when both partners are] going towards a [common] goal [i.e. parenthood] together. (P1)
		[I wanted to know] a little about what happens afterwards ... how to act at home and ... how often [the baby] should be bathed, and ... things like that that we haven’t discussed.... I don’t know, I feel very uncertain about it ... it’s more like you have to ask your parents ... because I don’t feel prepared ... about [what happens]

Author and study year	Theme	Quotes
		<p>afterwards, when the baby has been born and you're at home ... I feel like: 'How will I do?' (P14)</p> <p>... the everyday love life perhaps... [how to make it bloom even though you have a little baby. That you do not spend all your love just at the baby and risk losing contact... That you do things together, even when the baby is with you... that you do not just stop living when you have a child. I think that's very important. (P 5)</p>
Backstrom 2017	Process of birth	<p>... she might not want it like that right then, but in two minutes she might want it ... and then I think that it's best for me to just ... not push it, but to do the right thing for her, even though she thinks it's not so good ... (P9)</p>
Backstrom 2017	Relationships	<p>... It felt real before, too, but now it's really ... like a life-long [commitment] when you are about to become a parent... it has affected us in a good way ... it sounds like a cliché, but it may be that we have matured in our relation with each other. (P9)</p>
Baron 2017	Healthcare providers	<p>R12:age 24, nulli: But it is my opinion, that they shouldn't keep focusing on the smoking. With me it was all about the smoking. Every time. And the last time as well, how is the smoking going? ....I understand that they need to do it, but I just think it should be a choice, your own choice. It shouldn't be forced.</p> <p>R16:age 31,nulli: That really upsets me, I am already quite heavy, so then of course I don't really like that my weight is increasing. I am trying to keep it within the limits, and suddenly with the midwife, I am 4 kg heavier.</p>
Baron 2017	Health literature	<p>R22:age 34,multi: They (midwives) do give a book with all the information, I can read it myself if I don't know something. (Interviewer: Do you believe that all or most women do that?) I think most women do, I don't think midwives need to explain everything in one visit.</p> <p>R10:age 31,nulli: you get a whole package of folders and information in different</p>



Author and study year	Theme	Quotes
		<p>shapes and sizes. It is very overwhelming when you're just pregnant, you think, your life is just about to change and there are suddenly a lot of emotions and then when you get a lot of information of all sorts, it's a little hard to process. I think you could just as well receive a small book with basic information, that you can calmly read through with a cup of tea.</p> <p>R8:age 27, multi: During the conversation, I'd be asked 'have you heard there are certain things it's better not to eat during pregnancy?' I said 'yes'. Then she said 'Well, we have a book here with everything in it'. Then we'd scroll through it. I think they make a kind of estimation about what you already know.</p> <p>R10:age 31, nulli: If a huge woman comes in (to the midwife practice) who is pregnant, then I think alarm bells will go off and they'll ask what her eating patterns are. But yes, most likely a healthy looking woman came in, so all they thought about me was, 'as long as the blood results are fine'.</p> <p>'I have had a lot of anxiety in my past, so take notice of that! Then I think: is this because they assess me, and, think, well this woman seems to be functioning very well and she comes across as cheerful, so she will handle everything well?'</p>
Baron 2017	Missing information	<p>'I do want to know what's normal though. Is it normal that I have put on so much weight in the last 4 weeks for example?'</p> <p>R12:age 24, nulli:The midwife doesn't check to see whether you (your glucose levels) are very high or far too low. And I really love sugary foods and I wonder to what extent that is harmful to the child.</p>
Baron 2017	Missing information	<p>R5:age 30,nulli: I would like it if they explained more, that she doesn't only ask, 'would you like to do a pregnancy course?', but also says, 'because we know that women who take a course are less afraid of giving birth and have more enjoyable pregnancies'.</p> <p>R14:age 30, nulli: (about alcohol)I think that the midwife should mention why it is so</p>

Author and study year	Theme	Quotes
		<p>bad. They didn't mention it to me....I heard it from a friend who had been to a special information evening, that's why I know a bit about it....I have read many books about it, and they all say it's bad, but not necessarily what the consequences are.</p>
Brown 2012	Healthcare providers	<p>'My midwife said "no-one bothered with weight monitoring anymore."' (Participant 47)</p> <p>'It would have been helpful to me if more information had been given to me about the different patterns of weight gain that women might encounter. Simply being dismissed as worrying about something that is inevitable has not helped ... I found the whole experience difficult, as someone who has always been paranoid about being fat. There has been no help about how to deal with this.' (Participant 16)</p> <p>'The guy who gave me my 12-week scan began the consultation by telling me off for riding a bicycle while pregnant.' (Participant 17)</p> <p>'I would welcome information regarding my diet and have been searching the Internet for some.' (Participant 15)</p>
Brown 2012	Exercise and weight	<p>'I would like more guidance from the midwife on ideal/average weight gain.' (Participant 37)</p> <p>'[I would like to know the] expected appropriate weight gain at each trimester.' (Participant 40)</p> <p>'I would like to know how weight gain is distributed between me and my baby.' (Participant 8)</p> <p>'[I would like] ideas on roughly for my starting weight and size an indication of what the average OK weight gain would be for me, not just a leaflet advising of the UK average.' (Participant 12)</p> <p>'... but if it was measured by the midwife/GP then they could keep an eye on whether the weight gain was considered excessive.' (Participant 28)</p> <p>'[I would like] a list of the best foods to eat, as well as what to avoid.' (Participant 27)</p> <p>'It would be useful to be reminded that eating for two is a myth.' (Participant 47)</p>

Author and study year	Theme	Quotes
		<p>'I have had little to no info on nutrition throughout my pregnancy.' (Participant 21)</p> <p>'I feel the advice about exercise from the GP and midwife was very brief and that they did not know very much, nor did they explain why exercise should be moderate which would have made it more meaningful and understandable.' (Participant 49)</p> <p>'[I would like to know] how to manage hunger without gaining too much weight.' (Participant 23)</p> <p>'You get so inundated with generic leaflets that are produced by the government that to be honest I'm bored of looking through. It would be better to tailor antenatal sessions to the Mum focusing on their background and current situation rather than the 'ship them in ship them out' everyone under the same banner method as it appears to be now. It's very impersonal.' (Participant 12)</p> <p>'... and less conflicting advice. It's all very well to tell people not to eat more than before pregnancy when they suddenly start feeling starving all the time. So you eat anyway, and then feel bad about it. Also, I think I'm supposed to take omega 3 supplements as I don't eat two portions of oily fish a week, but fish oil is high in vitamin A, which I'm supposed to avoid. What do I do? The midwife said the food standards agency would know how much vitamin A is safe, but how do I then find out how much vitamin A I'm eating?' (Participant 29)</p> <p>'[I would like] detailed information about exercising. I was keen to keep up with exercise so asked and was justbtold it was okay to do so. Then I sought advice frombpersonal trainer at gym who gave me a lot more detail about monitoring heart-rate and breathlessness – much more useful and safe advice.' (Participant 49)</p>
Brown 2012	Diet and Nutrition	<p>'I kept reading what was the 'normal' amount to put on ... I didn't follow the pattern that the information I have been reading talks about at all. It made me anxious.' (Participant 22)</p>

Author and study year	Theme	Quotes
		<p>'It has only been through researching the web that I have found articles that discuss people who are slim to start with putting on more [weight] than those who are not.' (Participant 16)</p> <p>'My main problem has been the fact that I've been put under consultant care because of my BMI and been terrified out of my wits by the consultant saying that I need extra appointments and scans because of my BMI, that I need a glucose tolerance test because I might be diabetic ..., that any pain in my legs could be DVT and I could die. That added stress is not needed in pregnancy whatever weight you are!' (Participant 18)</p> <p>'Weight has always been an issue for me. This stress has been increased as I have worried that I don't fit the 'normal' pattern of weight gain described.' (Participant 16)</p> <p>'I have friends who have been and/or are pregnant who have always struggled with their weight, and who I think struggle even more so during pregnancy. They don't see it as an excuse to relax their diet for once, in fact the complete opposite, and therefore women should be asked early in pregnancy if they are regular dieters.' (Participant 14)</p>
Bull 2008	Healthcare providers	<p>"From my experience, I didn't mind what anyone told me and I don't think it would matter. I have a few friends who are wary of the health visitors and if they give you this information, a lot of people will think like 'You are telling me what to do and you have no right to tell me what to do as this is my child'" (Female Smoker Aged 42, Merstham)</p> <p>"The best people to re-educate junkies are junkies and they think they understand when they tell them their problems. As an ex-smoker, I do know what it is like as I smoked for a lot of years. That is why a lot of these health professionals are judgemental. It is because they don't know what it is like" (Female Former-Smoker Aged 41, Merstham)</p> <p>"If they are not friendly about it, you know they just turn around and say 'Right you should give up!' then you switch off and don't want to talk to them. You know what I</p>

Author and study year	Theme	Quotes
		<p>mean? I mean you could lie on your records even though they would probably know. But if they were friendly about it, you tend to listen” (Female Smoker Aged 29, Merstham)</p>
Bull 2008	Smoking	<p>“Lots more information about the consequences. If someone had told me what could happen if I carried on smoking then.like pictures or information on what your baby could turn out like. I mean I didn’t know about asthma back then. I only picked that up through stuff now” (Pregnant Former-Smoker Aged 28, Horley)</p> <p>“I think I got the feeling of ‘Oh you smoke and it is not bothering you is it?’. I feel if they had really lectured me, not had a go at me, but really spelt out and gone to town on what I was doing then maybe I would have thought twice about it” (Pregnant Smoker Aged 23, Merstham)</p> <p>“What would help me is like if the hospital would do research. Like take me in and show me what smoking is doing to me and show me what smoking is doing to my lungs and stuff” (Pregnant Smoker Aged 23, Merstham)</p> <p>“There is a right approach to it. It isn’t just to say ‘Stop smoking it is bad for your health!’. That isn’t the right way. I think you got to say ‘Don’t do this and this is why’ That would be a better approach than just handing out leaflets as most people are likely to throw them away” (Male Non-Smoker Aged 29, Merstham (Partner of Smoker))</p>
Carolan 2007	Transition to parenthood	<p>"That was very important for me, to be as knowledgeable as I could be about the process that my body was going through. I did read a lot... books, on the Internet, information from the hospital." (Harriet, Mother)</p> <p>"I would get concerned with certain health issues, and look up things, I just wanted to know everything about it. I looked up a lot on folic acid because I was worried that I was having too little. I bought a lot of books and read them, but sometimes I looked for</p>

Author and study year	Theme	Quotes
		<p>more information, like I would read something and 'Oh that's interesting, but didn't give me enough' and I'd tend to look up more on the Internet" (Jane, mother)</p> <p>"I find they want to know everything, like the latest research on all sorts of things... just last week someone asked me about learning disabilities and how you could screen for that." (Maeve, Staff)</p> <p>"I find them (primipara over 35) a little bit intimidating... they seem to want all sorts of information...once I had this woman ask me about umbilical cord flow...like why does she need to know that" (Cathy, Staff)</p>
Carolan 2007	Healthcare providers	<p>"...I had about 6 or 7 really good reference books on pregnancy...I kept reading them all madly... some of the books are really terrific, we had a couple of really authoritative ones, one from the Royal Women's (hospital) in Sydney, I think it was written by obstetricians and nurses...." (Margaret, Mother)</p> <p>"We're continually going on seminars and I think they respond really well to you saying 'well, I attended this seminar with this particular doctor, this gastro-enterologist and his view on that was'...they seem to really quite like that!" (Betty, Staff)</p> <p>"They tend to want the latest research on things so I tend to give them that sort of information... they're different than your younger women.... Your older mother wants to know all sorts of medical things... it's like they're taking a crash course in midwifery." (Cathy, Staff)</p>
Carolan 2007	Health literature	<p>"They're (doctors) so preoccupied with giving us all the bad scenarios...to make us strong, in their quest to prepare you for the worse.... You tend to, because of your age too, you tend to be oblivious to the positives... they focus so much on the 'this could happen' thing.... I remember when I was tested and I had 1:1300 chances of having Down's syndrome but then I thought I could be the one, someone had to be the 1 in 1300. The doctor said to me 'that's a brilliant number, don't worry about it', I</p>

Author and study year	Theme	Quotes
		<p>mean like the odds were huge in medical terms but to me because you're this age and I think you do tend to, once you've been told all that, I tend to focus on that very much. You think that's the responsible thing to do, know all the 'what ifs'...." (Jane, Mother)</p> <p>"I have a friend that said, you're too damned clever you, looking up on the Internet all the time, that's your problem...that was the one thing comparing it to my sister, who had her babies when she was younger. She said that she didn't even dream of things going wrong... whereas I thought of all these things that could go wrong." (Annie, Mother)</p> <p>"The theme I've noticed is that these women are educated, they are extremely well read, but they still want an answer, the baby is like a project, and it's so uncontained. Reading so much just seems to make it worse and they think of all these things that could go wrong...." (Janetta, Staff)</p>
Emmett 2006	Health literature	<p>'I had all the standard leaflets and everything . but they don't really help in sort of, individual circumstances.' (Bristol 5, planned and delivered by caesarean section)</p> <p>'[Did not want more information about] the section because I already knew what to expect so I knew what was coming if I had another section, and regards to the vaginal birth, I didn't want to know anyway, cos I didn't want to go down that path.' (Bristol 7, planned caesarean section, delivered by emergency caesarean section)</p> <p>'I think it would be a really good idea to have more information straight after the first caesar. I think that would be very useful.' (Bristol 2, planned and delivered by VBAC)</p>
Emmett 2006	Missing information	<p>'It always feels a bit like you have to ask the questions to get the answers. That they don't necessarily give you all the information you need without you knowing what to ask. And I guess I felt I have the</p>

Author and study year	Theme	Quotes
		<p>advantage because I am coherent, and I'm assertive and I'm confident enough to be able to ask the questions.' (Bristol 2, planned and delivered by VBAC)</p>
Garnweidner 2013	Exercise and weight	<p>"...There are so many questions when you are first time pregnant. And I don't know what is wrong and what is right and what shall I or shall I not eat?" (P4)</p> <p>"...everybody knows what is healthy or unhealthy food..." (P1)</p>
Garnweidner 2013	Diet and Nutrition	<p>"...We haven't talked much about it (nutrition). It was more or less about two minutes" (P15)</p> <p>"...It was about the food I couldn't eat. Like some types of raw fish and pasteurized milk and cheese, as I recall it?" (P5)</p> <p>"...No. You know, it doesn't say that much to me. (...). It's very, very much information you have to absorb during few consultations. I honestly have to admit that not all information is processed." (P2)</p> <p>"...I don't seek for what is healthy food, but for what pregnant women should eat. (...). It is about the food I cannot eat." (P1)</p>
Munro 2018	Health literature	No supporting quote