Australian Perinatal Mental Health Guideline Evidence Review

Appendix to Techinical Report Part C

Effectiveness of treatment and prevention interventions

Prepared by

hereco
clinical evidence for the real world

June 2017

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ABBREVIATIONS

ACT	Acceptance and Commitment Therapy
BDI	Beck Depression Inventory
BP	blood pressure
CBT	cognitive behavioural therapy
CCT	controlled clinical trial
CDSR	Cochrane Database of Systematic Reviews
CI	confidence interval
DARE	Database of Abstracts of Reviews of Effect
DBT	Dialectical Behavioural Therapy
HTA	Health Technology Assessment database
IPT	interpersonal psychotherapy
M	mean
MA	meta-analysis
MBCT	Mindfulness-Based Cognitive Therapy
MBSR	Mindfulness-Based Stress Reduction
MD	mean difference
MiCBT	Mindfulness-integrated Cognitive Behavioural Therapy
NA	not applicable
NMA	network meta-analysis
NR	not reported
OBS	observational study
PICO	Population, Intervention, Comparator, Outcome
PND	postnatal depression
PSS	Perceived Stress Scale
QRCT	quasi-randomised controlled trial
RCT	randomised controlled trial
SD	standard deviation
SG	single group study
SR	systematic review
STAI	State Trait Anxiety Inventory

Appendix C1 SEARCH STRATEGY

AppC1.1 SEARCH STRINGS

AppC1.1.1 Systematic review search

Table AppD1-1 Systematic review search strings

Database/date	Search #	Search string	Results
Embase.com (MEDLINE, Embase) 01 Jun 2016	1	((pregnancy:ab,ti OR pregnant:ab,ti) OR (perinatal:ab,ti OR 'peri natal':ab,ti) OR (prenatal:ab,ti OR 'pre natal':ab,ti) OR (postnatal:ab,ti OR 'post natal':ab,ti) OR (postpartum:ab,ti OR 'post partum':ab,ti) OR (antenatal:ab,ti OR 'ante natal':ab,ti) OR puerper*:ab,ti OR maternal:ab,ti) AND ((depression:ab,ti OR depressive:ab,ti OR depressed:ab,ti) OR anxiety:ab,ti OR (psychosis:ab,ti OR psychotic:ab,ti) OR bipolar:ab,ti OR psychosocial:ab,ti) AND (('systematic review'/exp OR 'systematic review':ab,ti OR 'systematic literature review':ab,ti OR 'systematic literature search':ab,ti OR 'systematic search':ab,ti) OR ('meta analysis'/exp OR 'meta analysis':ab,ti OR metaanalysis:ab,ti) OR 'pooled analysis':ab,ti OR 'evidence synthesis':ab,ti) Limit 2009 to date	803
Cochrane Library (CDSR, DARE and HTA) 29 Jul 2016	1	(pregnancy OR pregnant) OR (perinatal OR 'peri natal') OR (prenatal OR 'pre natal') OR (postnatal OR 'post natal') OR (postpartum OR 'post partum') OR (antenatal OR 'ante natal') OR puerper* OR maternal in Title, Abstract, Keywords AND (depression OR depressive OR depressed) OR anxiety OR (psychosis OR psychotic) OR bipolar OR psychosocial OR (schizophrenia OR schizophrenic) OR "borderline personality disorder") Limit 2009 to date	153

Abbreviations: CDSR, Cochrane Database of Systematic Reviews; DARE, Database of Abstracts of Reviews of Effect; HTA, Health Technology Assessment database.

AppC1.1.2 Updated searches

AppC1.1.2.1 Online interventions

The SR that was chosen as the foundation review for online interventions included literature up to December 2014. Due to recent interest in online interventions for the treatment of mental health problems, the EWG requested that the literature search be updated to ensure that recent studies are incorporated in the review.

Table 1.1-1 Online interventions

Database/date	Search #	Search string[a]	Results
OVID (MEDLINE, Embase, PsychINFO) 12 Apr 2017	1	(postnatal OR perinatal OR postpartum OR peripartum OR antepartum OR antenatal OR prenatal OR maternal OR pregnancy OR birth OR "after birth") AND (Intervention OR treatment OR therap$ OR self-help OR self-care OR service OR program$ OR evaluation OR counseling OR counselling OR psychotherapy$ OR bibliotherapy OR self-treatment OR behaviour-change OR behavior-change OR CBT OR self-directed OR cognitive-behavioral OR cognitive-behavioural OR prevention OR promotion) AND (Well-being OR "mental health" OR "mental disorder" OR psychopathology OR "psychological disorder" OR anxiety OR fear OR panic OR phobia OR agoraphobia OR obsessive-compulsive OR "post-traumatic stress disorder" OR PTSD OR trauma OR stress OR depression OR affective OR mood OR emotion$ OR mania OR bipolar OR unipolar OR dysthymia OR "baby blues" OR sleep OR insomnia OR psychosis OR schizophrenia OR delusional OR schizoaffective OR "eating disorder" OR anorexia OR bulimia OR binge OR psychosocial) AND (Internet OR computer OR computer$ OR online OR web OR e-therapy OR e-mental OR e-health OR telehealth OR telecare OR teletherapy OR telemedicine OR telemental OR technolog$ OR virtual OR cyber OR cyberpsychology OR cybertherapy OR iCBT OR cCBT OR web-based OR web-guided OR web-supported OR web-delivered OR web-assisted OR web-	7222

Database/date	Search #	Search string[a]	Results
		aided OR web-facilitated OR computer-based OR computer-guided OR computer-supported OR computer-delivered OR computer-assisted OR computer-aided OR computer-facilitated OR internet-based OR internet-guided OR internet-supported OR internet-delivered OR internet-assisted OR internet-aided OR internet-facilitated OR online-based OR online-guided OR online-supported OR online-delivered OR online-assisted OR online-aided OR online-facilitated)	
	2	Limit 1 to yr="2014 – 2017"	2545
	3	Remove duplicates from 2	1955
Cochrane Library (all databases) 12 April 2017	1	As above	157

a Search string taken from Ashford 2016, Supplement 1.

AppC1.1.2.2 Pharmacological agents (excluding z-drugs)

Database/date	Search #	Search string	Results
PubMed (MEDLINE) 11 Oct 2016	1	(perinatal OR antenatal OR "ante natal" OR postnatal OR "post natal" OR (post AND partum) OR "post partum" OR ("pregnancy"[MH] OR pregnan*) OR ("puerperal disorders"[MH] OR puerperal) OR ("post partum period"[MH] OR puerperium)) AND ((("antidepressive agents"[MH] OR antidepress* OR "serotonin uptake inhibitors"[MH] OR "serotonin uptake" OR "serotonin reuptake" OR ssri* OR "monoamine oxidase inhibitors"[MH] OR "monoamine oxidase" OR maoi* OR tricyclic* OR "serotonin and noradrenaline reuptake inhibitors"[MH] OR ssnri* OR snri*) OR ("antipsychotic agents"[MH] OR antipsychotic* OR "anti psychotic" OR neuroleptic) OR (lithium[MH] OR lithium) OR (anticonvulsants[MH] OR anticonvuls* OR antiepileptic OR "anti epileptic") OR ("antianxiety agents"[MH] OR anxiolytic) OR ("hypnotics and sedatives"[MH] OR sedative* OR hypnotic* OR tranquili*) OR ("benzodiazepines"[MH] OR benzodiazepine*)) AND (systematic[sb] OR meta-analysis[pt] OR meta-analysis as topic[mh] OR meta-analysis[mh] OR meta analy*[tw] OR metanaly*[tw] OR metaanaly*[tw] OR met analy*[tw] OR integrative research[tiab] OR integrative review*[tiab] OR integrative overview*[tiab] OR research integration*[tiab] OR research overview*[tiab] OR collaborative review*[tiab] OR collaborative overview*[tiab] OR systematic review*[tiab] OR technology assessment*[tiab] OR technology overview*[tiab] OR "Technology Assessment, Biomedical"[mh] OR HTA[tiab] OR HTAs[tiab] OR comparative efficacy[tiab] OR comparative effectiveness[tiab] OR outcomes research[tiab] OR indirect comparison*[tiab] OR ((indirect treatment[tiab] OR mixed-treatment[tiab]) AND comparison*[tiab]) OR Embase*[tiab] OR Cinahl*[tiab] OR systematic overview*[tiab] OR methodological overview*[tiab] OR methodologic overview*[tiab] OR methodological review*[tiab] OR methodologic review*[tiab] OR quantitative review*[tiab] OR quantitative overview*[tiab] OR quantitative synthes*[tiab] OR pooled analy*[tiab] OR Cochrane[tiab] OR Medline[tiab] OR Pubmed[tiab] OR Medlars[tiab] OR handsearch*[tiab] OR hand search*[tiab] OR meta-regression*[tiab] OR metaregression*[tiab] OR data synthes*[tiab] OR data extraction[tiab] OR data abstraction*[tiab] OR mantel haenszel[tiab] OR peto[tiab] OR der-simonian[tiab] OR dersimonian[tiab] OR fixed effect*[tiab] OR "Cochrane Database Syst Rev"[Journal:__jrid21711] OR "health technology assessment winchester, england"[Journal] OR "Evid Rep Technol Assess (Full Rep)"[Journal] OR "Evid Rep Technol Assess (Summ)"[Journal] OR "Int J Technol Assess Health Care"[Journal] OR "GMS Health Technol Assess"[Journal] OR "Health Technol Assess (Rockv)"[Journal] OR "Health Technol Assess Rep"[Journal]) OR (randomized controlled trial[pt] OR randomized controlled trials as topic[mh] OR random allocation [mh] OR double-blind method[mh] OR single-blind method[mh] OR random*[tw] OR "Placebos"[Mesh] OR placebo[tiab] OR ((singl*[tw] OR doubl*[tw] OR trebl*[tw] OR tripl*[tw]) AND (mask*[tw] OR blind*[tw] OR dumm*[tw]))) OR ("case control" OR cohort OR "cross sectional" OR "follow up" OR longitudinal OR observational OR prospective OR retrospective OR epidemiol* OR regist*) Limit 2014 to current[1]	747
Cochrane Library (all databases) 13 Oct 2016	1	(perinatal OR antenatal OR "ante natal" OR postnatal OR "post natal" OR (post AND partum) OR "post partum" OR pregnan* OR puerperal OR puerperium): Title, Abstract, Keyword AND (antidepress* OR "serotonin uptake" OR "serotonin reuptake" OR ssri* OR "monoamine oxidase" OR maoi* OR tricyclic* OR ssnri* OR snri* OR antipsychotic* OR "anti psychotic" OR neuroleptic OR lithium OR anticonvuls* OR antiepileptic OR "anti epileptic" OR anxiolytic OR sedative* OR hypnotic* OR tranquili* OR benzodiazepine*): Title, Abstract, Keyword Limit 2014 to current	88

[1] Search to update NICE 2015. NICE 2015 search conducted to April 2014.

Database/date	Search #	Search string	Results
OVID (Embase) 12 Oct 2016	1	(perinatal or antenatal or 'ante natal' or postnatal or 'post natal' or postpartum or 'post partum').mp. or pregnancy.sh. or pregnan*.mp. or puerperal disorders.sh. or post partum period.sh. or puerperal.mp. or puerperium.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading] AND (('antidepressive agents'.de,sh. or antidepress*.mp. or 'serotonin uptake inhibitors'.de,sh. or 'serotonin uptake'.mp. or 'serotonin reuptake'.mp. or ssri*.mp. or 'monoamine oxidase inhibitors'.de,sh. or 'monoamine oxidase'.mp. or maoi*.mp. or tricyclic*.mp. or 'serotonin.mp.) and noradrenaline reuptake inhibitors'.de,sh.) or ssnri*.mp. or snri*.mp. or ('antipsychotic agents'.de,sh. or antipsychotic*.mp. or 'anti psychotic'.mp. or neuroleptic.mp.) or (lithium.de,sh. or lithium.mp.) or (anticonvulsants.de,sh. or anticonvuls*.mp. or antiepileptic.mp. or 'anti epileptic'.mp.) or ('antianxiety agents'.de,sh. or anxiolytic.mp.) or (('hypnotics.mp. and sedatives'.de,sh.) or sedative*.mp. or hypnotic*.mp. or tranquili*.mp.) or ('benzodiazepines'.de,sh. or benzodiazepine*.mp.) [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading] AND (systematic.ti,ab. or meta-analysis.pt. or meta-analysis as topic.de,sh. or meta-analysis.de,sh. or meta analy*.tw. or metanaly*.tw. or metaanaly*.tw. or met analy*.tw. or integrative research.ti,ab. or integrative review*.ti,ab. or integrative overview*.ti,ab. or research integration*.ti,ab. or research overview*.ti,ab. or collaborative review*.ti,ab. or collaborative overview*.ti,ab. or systematic review*.ti,ab. or technology assessment*.ti,ab. or technology overview*.ti,ab. or 'Technology Assessment, Biomedical'.de,sh. or HTA.ti,ab. or HTAs.ti,ab. or comparative efficacy.ti,ab. or comparative effectiveness.ti,ab. or outcomes research.ti,ab) OR ((((indirect comparison* or indirect treatment or mixed-treatment) and comparison*) or Embase* or Cinahl* or systematic overview* or methodological overview* or methodologic overview* or methodological review* or methodologic review* or quantitative review* or quantitative overview* or quantitative synthes* or pooled analy* or Cochrane or Medline or Pubmed or Medlars or handsearch* or hand search* or meta-regression* or metaregression* or data synthes* or data extraction or data abstraction* or mantel haenszel or peto or der-simonian or dersimonian or fixed effect*).ti,ab.) OR (('Cochrane Database Syst Rev' or 'health technology assessment' or 'Evid Rep Technol Assess Rep' or 'Evid Rep Technol Assess' or 'Int J Technol Assess Health Care' or 'GMS Health Technol Assess' or 'Health Technol Assess' or 'Health Technol Assess Rep').jn. or randomized controlled trial.pt. or randomized controlled trials as topic.de,sh. or random allocation.de,sh. or double-blind method.de,sh. or single-blind method.de,sh. or random*.tw. or 'Placebos'.sh. or placebo.ti,ab.) OR (((singl* or doubl* or trebl* or tripl*) and (mask* or blind* or dumm*)).tw. or ('case control' or cohort or 'cross sectional' or 'follow up' or longitudinal or observational or prospective or retrospective or epidemiol* or regist*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading]) Limit exclude medline journals Limit 2014 to current	135
OVID (PsychINFO) 12 Oct 2016	1	(perinatal or antenatal or 'ante natal' or postnatal or 'post natal' or postpartum or 'post partum').mp. or pregnancy.sh. or pregnan*.mp. or puerperal disorders.sh. or post partum period.sh. or puerperal.mp. or puerperium.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] AND (('antidepressive agents'.de,sh. or antidepress*.mp. or 'serotonin uptake inhibitors'.de,sh. or 'serotonin uptake'.mp. or 'serotonin reuptake'.mp. or ssri*.mp. or 'monoamine oxidase inhibitors'.de,sh. or 'monoamine oxidase'.mp. or maoi*.mp. or tricyclic*.mp. or 'serotonin.mp.) and noradrenaline reuptake inhibitors'.de,sh.) or ssnri*.mp. or snri*.mp. or ('antipsychotic agents'.de,sh. or antipsychotic*.mp. or 'anti psychotic'.mp. or neuroleptic.mp.) or (lithium.de,sh. or lithium.mp.) or (anticonvulsants.de,sh. or anticonvuls*.mp. or antiepileptic.mp. or 'anti epileptic'.mp.) or ('antianxiety agents'.de,sh. or anxiolytic.mp.) or (('hypnotics.mp. and sedatives'.de,sh.) or sedative*.mp. or hypnotic*.mp. or tranquili*.mp.) or ('benzodiazepines'.de,sh. or benzodiazepine*.mp.) [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] AND (systematic.ti,ab. or meta-analysis.pt. or meta-analysis as topic.de,sh. or meta-analysis.de,sh. or meta analy*.tw. or metanaly*.tw. or metaanaly*.tw. or met analy*.tw. or integrative research.ti,ab. or integrative review*.ti,ab. or integrative overview*.ti,ab. or research integration*.ti,ab. or research overview*.ti,ab. or collaborative review*.ti,ab. or collaborative overview*.ti,ab. or systematic review*.ti,ab. or technology assessment*.ti,ab. or technology overview*.ti,ab. or 'Technology Assessment, Biomedical'.de,sh. or HTA.ti,ab. or HTAs.ti,ab. or comparative efficacy.ti,ab. or comparative effectiveness.ti,ab. or outcomes research.ti,ab.) OR ((((indirect comparison* or indirect treatment or mixed-treatment) and comparison*) or Embase* or Cinahl* or systematic overview* or methodological overview* or methodologic overview* or methodological review* or methodologic review* or quantitative review* or quantitative overview* or quantitative synthes* or pooled analy* or Cochrane or Medline or	102

Database/date	Search #	Search string	Results
		Pubmed or Medlars or handsearch* or hand search* or meta-regression* or metaregression* or data synthes* or data extraction or data abstraction* or mantel haenszel or peto or der-simonian or dersimonian or fixed effect*).ti,ab.) OR (('Cochrane Database Syst Rev' or 'health technology assessment' or 'Evid Rep Technol Assess Rep' or 'Evid Rep Technol Assess' or 'Int J Technol Assess Health Care' or 'GMS Health Technol Assess' or 'Health Technol Assess' or 'Health Technol Assess Rep').jn. or randomized controlled trial.pt. or randomized controlled trials as topic.de,sh. or random allocation.de,sh. or double-blind method.de,sh. or single-blind method.de,sh. or random*.tw. or 'Placebos'.sh. or placebo.ti,ab.) OR (((singl* or doubl* or trebl* or tripl*) and (mask* or blind* or dumm*)).tw. or ('case control' or cohort or 'cross sectional' or 'follow up' or longitudinal or observational or prospective or retrospective or epidemiol* or regist*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]) Limit 2014 to current	

AppC1.1.2.3 Z-drugs

Database/date	Search #	Search string	Results
PubMed (MEDLINE) 11 Oct 2016	1	(perinatal OR antenatal OR "ante natal" OR postnatal OR "post natal" OR (post AND partum) OR "post partum" OR ("pregnancy"[MH] OR pregnan*) OR ("puerperal disorders"[MH] OR puerperal) OR ("post partum period"[MH] OR puerperium)) AND (zopiclone OR eszopiclone OR zolpidem OR zaleplon) AND (systematic[sb] OR meta-analysis[pt] OR meta-analysis as topic[mh] OR meta-analysis[mh] OR meta analy*[tw] OR metanaly*[tw] OR metaanaly*[tw] OR met analy*[tw] OR integrative research[tiab] OR integrative review*[tiab] OR integrative overview*[tiab] OR research integration*[tiab] OR research overview*[tiab] OR collaborative review*[tiab] OR collaborative overview*[tiab] OR systematic review*[tiab] OR technology assessment*[tiab] OR technology overview*[tiab] OR "Technology Assessment, Biomedical"[mh] OR HTA[tiab] OR HTAs[tiab] OR comparative efficacy[tiab] OR comparative effectiveness[tiab] OR outcomes research[tiab] OR indirect comparison*[tiab] OR ((indirect treatment[tiab] OR mixed-treatment[tiab]) AND comparison*[tiab]) OR Embase*[tiab] OR Cinahl*[tiab] OR systematic overview*[tiab] OR methodological overview*[tiab] OR methodologic overview*[tiab] OR methodological review*[tiab] OR methodologic review*[tiab] OR quantitative review*[tiab] OR quantitative overview*[tiab] OR quantitative synthes*[tiab] OR pooled analy*[tiab] OR Cochrane[tiab] OR Medline[tiab] OR Pubmed[tiab] OR Medlars[tiab] OR handsearch*[tiab] OR hand search*[tiab] OR meta-regression*[tiab] OR metaregression*[tiab] OR data synthes*[tiab] OR data extraction[tiab] OR data abstraction*[tiab] OR mantel haenszel[tiab] OR peto[tiab] OR der-simonian[tiab] OR dersimonian[tiab] OR fixed effect*[tiab] OR "Cochrane Database Syst Rev"[Journal:__jrid21711] OR "health technology assessment winchester, england"[Journal] OR "Evid Rep Technol Assess (Full Rep)"[Journal] OR "Evid Rep Technol Assess (Summ)"[Journal] OR "Int J Technol Assess Health Care"[Journal] OR "GMS Health Technol Assess"[Journal] OR "Health Technol Assess (Rockv)"[Journal] OR "Health Technol Assess Rep"[Journal]) OR (randomized controlled trial[pt] OR randomized controlled trials as topic[mh] OR random allocation [mh] OR double-blind method[mh] OR single-blind method[mh] OR random*[tw] OR "Placebos"[Mesh] OR placebo[tiab] OR ((singl*[tw] OR doubl*[tw] OR trebl*[tw] OR tripl*[tw]) AND (mask*[tw] OR blind*[tw] OR dumm*[tw]))) OR ("case control" OR cohort OR "cross sectional" OR "follow up" OR longitudinal OR observational OR prospective OR retrospective OR epidemiol* OR regist*)	11
Cochrane Library (all databases) 13 Oct 2016	1	(perinatal OR antenatal OR "ante natal" OR postnatal OR "post natal" OR (post AND partum) OR "post partum" OR pregnan* OR puerperal OR puerperium): Title, Abstract, Keyword AND (zopiclone OR eszopiclone OR zolpidem OR zaleplon): Title, Abstract, Keyword	5
OVID (Embase) 12 Oct 2016	1	(perinatal or antenatal or 'ante natal' or postnatal or 'post natal' or postpartum or 'post partum').mp. or pregnancy.sh. or pregnan*.mp. or puerperal disorders.sh. or post partum period.sh. or puerperal.mp. or puerperium.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading] AND (zopiclone or eszopiclone or zolpidem or zaleplon).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading] AND (systematic.ti,ab. or meta-analysis.pt. or meta-analysis as topic.de,sh. or meta-analysis.de,sh. or meta analy*.tw. or metanaly*.tw. or metaanaly*.tw. or met analy*.tw. or integrative research.ti,ab. or integrative review*.ti,ab. or integrative overview*.ti,ab. or research integration*.ti,ab. or research overview*.ti,ab. or collaborative review*.ti,ab. or collaborative overview*.ti,ab. or systematic review*.ti,ab. or technology assessment*.ti,ab. or technology	13

Database/date	Search #	Search string	Results
		overview*.ti,ab. or 'Technology Assessment, Biomedical'.de,sh. or HTA.ti,ab. or HTAs.ti,ab. or comparative efficacy.ti,ab. or comparative effectiveness.ti,ab. or outcomes research.ti,ab) OR ((((indirect comparison* or indirect treatment or mixed-treatment) and comparison*) or Embase* or Cinahl* or systematic overview* or methodological overview* or methodologic overview* or methodological review* or methodologic review* or quantitative review* or quantitative overview* or quantitative synthes* or pooled analy* or Cochrane or Medline or Pubmed or Medlars or handsearch* or hand search* or meta-regression* or metaregression* or data synthes* or data extraction or data abstraction* or mantel haenszel or peto or der-simonian or dersimonian or fixed effect*).ti,ab.) OR (('Cochrane Database Syst Rev' or 'health technology assessment' or 'Evid Rep Technol Assess Rep' or 'Evid Rep Technol Assess' or 'Int J Technol Assess Health Care' or 'GMS Health Technol Assess' or 'Health Technol Assess' or 'Health Technol Assess Rep').jn. or randomized controlled trial.pt. or randomized controlled trials as topic.de,sh. or random allocation.de,sh. or double-blind method.de,sh. or single-blind method.de,sh. or random*.tw. or 'Placebos'.sh. or placebo.ti,ab.) OR (((singl* or doubl* or trebl* or tripl*) and (mask* or blind* or dumm*)).tw. or ('case control' or cohort or 'cross sectional' or 'follow up' or longitudinal or observational or prospective or retrospective or epidemiol* or regist*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading]) Limit exclude medline journals	
OVID (PsychINFO) 12 Oct 2016	1	(perinatal or antenatal or 'ante natal' or postnatal or 'post natal' or postpartum or 'post partum').mp. or pregnancy.sh. or pregnan*.mp. or puerperal disorders.sh. or post partum period.sh. or puerperal.mp. or puerperium.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] AND (zopiclone or eszopiclone or zolpidem or zaleplon).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] AND (systematic.ti,ab. or meta-analysis.pt. or meta-analysis as topic.de,sh. or meta-analysis.de,sh. or meta analy*.tw. or metanaly*.tw. or metaanaly*.tw. or met analy*.tw. or integrative research.ti,ab. or integrative review*.ti,ab. or integrative overview*.ti,ab. or research integration*.ti,ab. or research overview*.ti,ab. or collaborative review*.ti,ab. or collaborative overview*.ti,ab. or systematic review*.ti,ab. or technology assessment*.ti,ab. or technology overview*.ti,ab. or 'Technology Assessment, Biomedical'.de,sh. or HTA.ti,ab. or HTAs.ti,ab. or comparative efficacy.ti,ab. or comparative effectiveness.ti,ab. or outcomes research.ti,ab.) OR ((((indirect comparison* or indirect treatment or mixed-treatment) and comparison*) or Embase* or Cinahl* or systematic overview* or methodological overview* or methodologic overview* or methodological review* or methodologic review* or quantitative review* or quantitative overview* or quantitative synthes* or pooled analy* or Cochrane or Medline or Pubmed or Medlars or handsearch* or hand search* or meta-regression* or metaregression* or data synthes* or data extraction or data abstraction* or mantel haenszel or peto or der-simonian or dersimonian or fixed effect*).ti,ab.) OR (('Cochrane Database Syst Rev' or 'health technology assessment' or 'Evid Rep Technol Assess Rep' or 'Evid Rep Technol Assess' or 'Int J Technol Assess Health Care' or 'GMS Health Technol Assess' or 'Health Technol Assess' or 'Health Technol Assess Rep').jn. or randomized controlled trial.pt. or randomized controlled trials as topic.de,sh. or random allocation.de,sh. or double-blind method.de,sh. or single-blind method.de,sh. or random*.tw. or 'Placebos'.sh. or placebo.ti,ab.) OR (((singl* or doubl* or trebl* or tripl*) and (mask* or blind* or dumm*)).tw. or ('case control' or cohort or 'cross sectional' or 'follow up' or longitudinal or observational or prospective or retrospective or epidemiol* or regist*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures])	2

AppC1.1.2.4 St John's wort and gingko biloba

Database/date	Search #	Search string	Results
PubMed (MEDLINE) 11 Oct 2016	1	(perinatal OR antenatal OR "ante natal" OR postnatal OR "post natal" OR (post AND partum) OR "post partum" OR ("pregnancy"[MH] OR pregnan*) OR ("puerperal disorders"[MH] OR puerperal) OR ("post partum period"[MH] OR puerperium)) AND ("hypericum"[MH] OR hypericum OR "st john's wort" OR "st johns wort" OR "ginkgo biloba"[MH] OR ginkgo OR gingko) AND (systematic[sb] OR meta-analysis[pt] OR meta-analysis as topic[mh] OR meta-analysis[mh] OR meta analy*[tw] OR metanaly*[tw] OR metaanaly*[tw] OR met analy*[tw] OR integrative research[tiab] OR integrative review*[tiab] OR integrative overview*[tiab] OR research integration*[tiab] OR research overview*[tiab] OR collaborative review*[tiab] OR collaborative overview*[tiab] OR systematic review*[tiab] OR technology assessment*[tiab] OR technology overview*[tiab] OR "Technology Assessment, Biomedical"[mh] OR HTA[tiab] OR HTAs[tiab] OR comparative efficacy[tiab] OR comparative effectiveness[tiab] OR outcomes research[tiab] OR	46

Database/date	Search #	Search string	Results
		indirect comparison*[tiab] OR ((indirect treatment[tiab] OR mixed-treatment[tiab]) AND comparison*[tiab]) OR Embase*[tiab] OR Cinahl*[tiab] OR systematic overview*[tiab] OR methodological overview*[tiab] OR methodologic overview*[tiab] OR methodological review*[tiab] OR methodologic review*[tiab] OR quantitative review*[tiab] OR quantitative overview*[tiab] OR quantitative synthes*[tiab] OR pooled analy*[tiab] OR Cochrane[tiab] OR Medline[tiab] OR Pubmed[tiab] OR Medlars[tiab] OR handsearch*[tiab] OR hand search*[tiab] OR meta-regression*[tiab] OR metaregression*[tiab] OR data synthes*[tiab] OR data extraction[tiab] OR data abstraction*[tiab] OR mantel haenszel[tiab] OR peto[tiab] OR der-simonian[tiab] OR dersimonian[tiab] OR fixed effect*[tiab] OR "Cochrane Database Syst Rev"[Journal:__jrid21711] OR "health technology assessment winchester, england"[Journal] OR "Evid Rep Technol Assess (Full Rep)"[Journal] OR "Evid Rep Technol Assess (Summ)"[Journal] OR "Int J Technol Assess Health Care"[Journal] OR "GMS Health Technol Assess"[Journal] OR "Health Technol Assess (Rockv)"[Journal] OR "Health Technol Assess Rep"[Journal]) OR (randomized controlled trial[pt] OR randomized controlled trials as topic[mh] OR random allocation [mh] OR double-blind method[mh] OR single-blind method[mh] OR random*[tw] OR "Placebos"[Mesh] OR placebo[tiab] OR ((singl*[tw] OR doubl*[tw] OR trebl*[tw] OR tripl*[tw]) AND (mask*[tw] OR blind*[tw] OR dumm*[tw]))) OR (“case control” OR cohort OR “cross sectional” OR “follow up” OR longitudinal OR observational OR prospective OR retrospective OR epidemiol* OR regist*)	
Cochrane Library (all databases) 13 Oct 2016	1	(perinatal OR antenatal OR "ante natal" OR postnatal OR "post natal" OR (post AND partum) OR "post partum" OR pregnan* OR puerperal OR puerperium): Title, Abstract, Keyword AND (hypericum OR "st john’s wort" OR "st johns wort" OR ginkgo OR gingko): Title, Abstract, Keyword	9
OVID (Embase) 12 Oct 2016	1	(perinatal or antenatal or 'ante natal' or postnatal or 'post natal' or postpartum or 'post partum').mp. or pregnancy.sh. or pregnan*.mp. or puerperal disorders.sh. or post partum period.sh. or puerperal.mp. or puerperium.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading] AND hypericum.de,sh. or hypericum.mp. or st john$ wort.mp. or st johns wort.mp. or ginkgo biloba.de,sh. or ginkgo.mp. or gingko.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading] AND (systematic.ti,ab. or meta-analysis.pt. or meta-analysis as topic.de,sh. or meta-analysis.de,sh. or meta analy*.tw. or metanaly*.tw. or metaanaly*.tw. or met analy*.tw. or integrative research.ti,ab. or integrative review*.ti,ab. or integrative overview*.ti,ab. or research integration*.ti,ab. or research overview*.ti,ab. or collaborative review*.ti,ab. or collaborative overview*.ti,ab. or systematic review*.ti,ab. or technology assessment*.ti,ab. or technology overview*.ti,ab. or 'Technology Assessment, Biomedical'.de,sh. or HTA.ti,ab. or HTAs.ti,ab. or comparative efficacy.ti,ab. or comparative effectiveness.ti,ab. or outcomes research.ti,ab) OR ((((indirect comparison* or indirect treatment or mixed-treatment) and comparison*) or Embase* or Cinahl* or systematic overview* or methodological overview* or methodologic overview* or methodological review* or methodologic review* or quantitative review* or quantitative overview* or quantitative synthes* or pooled analy* or Cochrane or Medline or Pubmed or Medlars or handsearch* or hand search* or meta-regression* or metaregression* or data synthes* or data extraction or data abstraction* or mantel haenszel or peto or der-simonian or dersimonian or fixed effect*).ti,ab.) OR (('Cochrane Database Syst Rev' or 'health technology assessment' or 'Evid Rep Technol Assess Rep' or 'Evid Rep Technol Assess' or 'Int J Technol Assess Health Care' or 'GMS Health Technol Assess' or 'Health Technol Assess' or 'Health Technol Assess Rep').jn. or randomized controlled trial.pt. or randomized controlled trials as topic.de,sh. or random allocation.de,sh. or double-blind method.de,sh. or single-blind method.de,sh. or random*.tw. or 'Placebos'.sh. or placebo.ti,ab.) OR (((singl* or doubl* or trebl* or tripl*) and (mask* or blind* or dumm*)).tw. or ('case control' or cohort or 'cross sectional' or 'follow up' or longitudinal or observational or prospective or retrospective or epidemiol* or regist*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading]) Limit exclude medline journals	16
OVID (PsychINFO) 12 Oct 2016	1	(perinatal or antenatal or 'ante natal' or postnatal or 'post natal' or postpartum or 'post partum').mp. or pregnancy.sh. or pregnan*.mp. or puerperal disorders.sh. or post partum period.sh. or puerperal.mp. or puerperium.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] AND hypericum.de,sh. or hypericum.mp. or st john$ wort.mp. or st johns wort.mp. or ginkgo biloba.de,sh. or ginkgo.mp. or gingko.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] AND (systematic.ti,ab. or meta-analysis.pt. or meta-analysis as topic.de,sh. or meta-analysis.de,sh. or meta analy*.tw. or metanaly*.tw. or metaanaly*.tw. or met analy*.tw. or integrative research.ti,ab. or integrative review*.ti,ab. or integrative overview*.ti,ab. or research	10

Database/date	Search #	Search string	Results
		integration*.ti,ab. or research overview*.ti,ab. or collaborative review*.ti,ab. or collaborative overview*.ti,ab. or systematic review*.ti,ab. or technology assessment*.ti,ab. or technology overview*.ti,ab. or 'Technology Assessment, Biomedical'.de,sh. or HTA.ti,ab. or HTAs.ti,ab. or comparative efficacy.ti,ab. or comparative effectiveness.ti,ab. or outcomes research.ti,ab.) OR ((((indirect comparison* or indirect treatment or mixed-treatment) and comparison*) or Embase* or Cinahl* or systematic overview* or methodological overview* or methodologic overview* or methodological review* or methodologic review* or quantitative review* or quantitative overview* or quantitative synthes* or pooled analy* or Cochrane or Medline or Pubmed or Medlars or handsearch* or hand search* or meta-regression* or metaregression* or data synthes* or data extraction or data abstraction* or mantel haenszel or peto or der-simonian or dersimonian or fixed effect*).ti,ab.) OR (('Cochrane Database Syst Rev' or 'health technology assessment' or 'Evid Rep Technol Assess Rep' or 'Evid Rep Technol Assess' or 'Int J Technol Assess Health Care' or 'GMS Health Technol Assess' or 'Health Technol Assess' or 'Health Technol Assess Rep').jn. or randomized controlled trial.pt. or randomized controlled trials as topic.de,sh. or random allocation.de,sh. or double-blind method.de,sh. or single-blind method.de,sh. or random*.tw. or 'Placebos'.sh. or placebo.ti,ab.) OR (((singl* or doubl* or trebl* or tripl*) and (mask* or blind* or dumm*)).tw. or ('case control' or cohort or 'cross sectional' or 'follow up' or longitudinal or observational or prospective or retrospective or epidemiol* or regist*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures])	

AppC1.1.2.5 Omega-3 fatty acids

Database/date	Search #	Search string	Results
PubMed (MEDLINE) 11 Oct 2016	1	(perinatal OR antenatal OR “ante natal” OR postnatal OR “post natal” OR (post AND partum) OR “post partum” OR (“pregnancy”[MH] OR pregnan*) OR (“puerperal disorders”[MH] OR puerperal) OR (“post partum period”[MH] OR puerperium)) AND (“fatty acids, omega-3”[MH] OR omega-3 OR (omega AND fatty)) AND (systematic[sb] OR meta-analysis[pt] OR meta-analysis as topic[mh] OR meta-analysis[mh] OR meta analy*[tw] OR metanaly*[tw] OR metaanaly*[tw] OR met analy*[tw] OR integrative research[tiab] OR integrative review*[tiab] OR integrative overview*[tiab] OR research integration*[tiab] OR research overview*[tiab] OR collaborative review*[tiab] OR collaborative overview*[tiab] OR systematic review*[tiab] OR technology assessment*[tiab] OR technology overview*[tiab] OR "Technology Assessment, Biomedical"[mh] OR HTA[tiab] OR HTAs[tiab] OR comparative efficacy[tiab] OR comparative effectiveness[tiab] OR outcomes research[tiab] OR indirect comparison*[tiab] OR ((indirect treatment[tiab] OR mixed-treatment[tiab]) AND comparison*[tiab]) OR Embase*[tiab] OR Cinahl*[tiab] OR systematic overview*[tiab] OR methodological overview*[tiab] OR methodologic overview*[tiab] OR methodological review*[tiab] OR methodologic review*[tiab] OR quantitative review*[tiab] OR quantitative overview*[tiab] OR quantitative synthes*[tiab] OR pooled analy*[tiab] OR Cochrane[tiab] OR Medline[tiab] OR Pubmed[tiab] OR Medlars[tiab] OR handsearch*[tiab] OR hand search*[tiab] OR meta-regression*[tiab] OR metaregression*[tiab] OR data synthes*[tiab] OR data extraction[tiab] OR data abstraction*[tiab] OR mantel haenszel[tiab] OR peto[tiab] OR der-simonian[tiab] OR dersimonian[tiab] OR fixed effect*[tiab] OR "Cochrane Database Syst Rev"[Journal:__jrid21711] OR "health technology assessment winchester, england"[Journal] OR "Evid Rep Technol Assess (Full Rep)"[Journal] OR "Evid Rep Technol Assess (Summ)"[Journal] OR "Int J Technol Assess Health Care"[Journal] OR "GMS Health Technol Assess"[Journal] OR "Health Technol Assess (Rockv)"[Journal] OR "Health Technol Assess Rep"[Journal]) OR (randomized controlled trial[pt] OR randomized controlled trials as topic[mh] OR random allocation [mh] OR double-blind method[mh] OR single-blind method[mh] OR random*[tw] OR "Placebos"[Mesh] OR placebo[tiab] OR ((singl*[tw] OR doubl*[tw] OR trebl*[tw] OR tripl*[tw]) AND (mask*[tw] OR blind*[tw] OR dumm*[tw])))) OR (“case control” OR cohort OR “cross sectional” OR “follow up” OR longitudinal OR observational OR prospective OR retrospective OR epidemiol* OR regist*) Limit 2012 to date	362
Cochrane Library (all databases) 13 Oct 2016	1	(perinatal OR antenatal OR "ante natal" OR postnatal OR "post natal" OR (post AND partum) OR "post partum" OR pregnan* OR puerperal OR puerperium): Title, Abstract, Keyword AND (omega-3 OR (omega AND fatty)): Title, Abstract, Keyword Limit 2012 to date	194
OVID (Embase) 12 Oct 2016	1	(perinatal or antenatal or 'ante natal' or postnatal or 'post natal' or postpartum or 'post partum').mp. or pregnancy.sh. or pregnan*.mp. or puerperal disorders.sh. or post partum period.sh. or puerperal.mp. or puerperium.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading] AND	37

Database/date	Search #	Search string	Results
		omega 3 fatty acid.de,sh. or omega-3.mp. or (omega and fatty).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading] AND (systematic.ti,ab. or meta-analysis.pt. or meta-analysis as topic.de,sh. or meta-analysis.de,sh. or meta analy*.tw. or metanaly*.tw. or metaanaly*.tw. or met analy*.tw. or integrative research.ti,ab. or integrative review*.ti,ab. or integrative overview*.ti,ab. or research integration*.ti,ab. or research overview*.ti,ab. or collaborative review*.ti,ab. or collaborative overview*.ti,ab. or systematic review*.ti,ab. or technology assessment*.ti,ab. or technology overview*.ti,ab. or 'Technology Assessment, Biomedical'.de,sh. or HTA.ti,ab. or HTAs.ti,ab. or comparative efficacy.ti,ab. or comparative effectiveness.ti,ab. or outcomes research.ti,ab) OR ((((indirect comparison* or indirect treatment or mixed-treatment) and comparison*) or Embase* or Cinahl* or systematic overview* or methodological overview* or methodologic overview* or methodological review* or methodologic review* or quantitative review* or quantitative overview* or quantitative synthes* or pooled analy* or Cochrane or Medline or Pubmed or Medlars or handsearch* or hand search* or meta-regression* or metaregression* or data synthes* or data extraction or data abstraction* or mantel haenszel or peto or der-simonian or dersimonian or fixed effect*).ti,ab.) OR (('Cochrane Database Syst Rev' or 'health technology assessment' or 'Evid Rep Technol Assess Rep' or 'Evid Rep Technol Assess' or 'Int J Technol Assess Health Care' or 'GMS Health Technol Assess' or 'Health Technol Assess' or 'Health Technol Assess Rep').jn. or randomized controlled trial.pt. or randomized controlled trials as topic.de,sh. or random allocation.de,sh. or double-blind method.de,sh. or single-blind method.de,sh. or random*.tw. or 'Placebos'.sh. or placebo.ti,ab.) OR (((singl* or doubl* or trebl* or tripl*) and (mask* or blind* or dumm*)).tw. or ('case control' or cohort or 'cross sectional' or 'follow up' or longitudinal or observational or prospective or retrospective or epidemiol* or regist*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading]) Limit 2012 to date Limit exclude medline journals	
OVID (PsychINFO) 12 Oct 2016	1	(perinatal or antenatal or 'ante natal' or postnatal or 'post natal' or postpartum or 'post partum').mp. or pregnancy.sh. or pregnan*.mp. or puerperal disorders.sh. or post partum period.sh. or puerperal.mp. or puerperium.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] AND omega 3 fatty acid.de,sh. or omega-3.mp. or (omega and fatty).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] AND (systematic.ti,ab. or meta-analysis.pt. or meta-analysis as topic.de,sh. or meta-analysis.de,sh. or meta analy*.tw. or metanaly*.tw. or metaanaly*.tw. or met analy*.tw. or integrative research.ti,ab. or integrative review*.ti,ab. or integrative overview*.ti,ab. or research integration*.ti,ab. or research overview*.ti,ab. or collaborative review*.ti,ab. or collaborative overview*.ti,ab. or systematic review*.ti,ab. or technology assessment*.ti,ab. or technology overview*.ti,ab. or 'Technology Assessment, Biomedical'.de,sh. or HTA.ti,ab. or HTAs.ti,ab. or comparative efficacy.ti,ab. or comparative effectiveness.ti,ab. or outcomes research.ti,ab.) OR ((((indirect comparison* or indirect treatment or mixed-treatment) and comparison*) or Embase* or Cinahl* or systematic overview* or methodological overview* or methodologic overview* or methodological review* or methodologic review* or quantitative review* or quantitative overview* or quantitative synthes* or pooled analy* or Cochrane or Medline or Pubmed or Medlars or handsearch* or hand search* or meta-regression* or metaregression* or data synthes* or data extraction or data abstraction* or mantel haenszel or peto or der-simonian or dersimonian or fixed effect*).ti,ab.) OR (('Cochrane Database Syst Rev' or 'health technology assessment' or 'Evid Rep Technol Assess Rep' or 'Evid Rep Technol Assess' or 'Int J Technol Assess Health Care' or 'GMS Health Technol Assess' or 'Health Technol Assess' or 'Health Technol Assess Rep').jn. or randomized controlled trial.pt. or randomized controlled trials as topic.de,sh. or random allocation.de,sh. or double-blind method.de,sh. or single-blind method.de,sh. or random*.tw. or 'Placebos'.sh. or placebo.ti,ab.) OR (((singl* or doubl* or trebl* or tripl*) and (mask* or blind* or dumm*)).tw. or ('case control' or cohort or 'cross sectional' or 'follow up' or longitudinal or observational or prospective or retrospective or epidemiol* or regist*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]) Limit 2012 to date	27

AppC1.1.2.6 Electroconvulsive therapy and transcranial magnetic stimulation

Database/date	Search #	Search string	Results
PubMed (MEDLINE) 11 Oct 2016	1	(perinatal OR antenatal OR “ante natal” OR postnatal OR “post natal” OR (post AND partum) OR “post partum” OR (“pregnancy”[MH] OR pregnan*) OR (“puerperal disorders”[MH] OR puerperal) OR (“post partum period”[MH] OR puerperium)) AND (“electroconvulsive therapy”[MH] OR “electroconvulsive” OR “electroshock” OR ect OR “transcranial magnetic stimulation”[MH] OR “transcranial magnetic” OR “magnetic stimulation” OR tms) AND (systematic[sb] OR meta-analysis[pt] OR meta-analysis as topic[mh] OR meta-analysis[mh] OR meta analy*[tw] OR metanaly*[tw] OR metaanaly*[tw] OR met analy*[tw] OR integrative research[tiab] OR integrative review*[tiab] OR integrative overview*[tiab] OR research integration*[tiab] OR research overview*[tiab] OR collaborative review*[tiab] OR collaborative overview*[tiab] OR systematic review*[tiab] OR technology assessment*[tiab] OR technology overview*[tiab] OR "Technology Assessment, Biomedical"[mh] OR HTA[tiab] OR HTAs[tiab] OR comparative efficacy[tiab] OR comparative effectiveness[tiab] OR outcomes research[tiab] OR indirect comparison*[tiab] OR ((indirect treatment[tiab] OR mixed-treatment[tiab]) AND comparison*[tiab]) OR Embase*[tiab] OR Cinahl*[tiab] OR systematic overview*[tiab] OR methodological overview*[tiab] OR methodologic overview*[tiab] OR methodological review*[tiab] OR methodologic review*[tiab] OR quantitative review*[tiab] OR quantitative overview*[tiab] OR quantitative synthes*[tiab] OR pooled analy*[tiab] OR Cochrane[tiab] OR Medline[tiab] OR Pubmed[tiab] OR Medlars[tiab] OR handsearch*[tiab] OR hand search*[tiab] OR meta-regression*[tiab] OR metaregression*[tiab] OR data synthes*[tiab] OR data extraction[tiab] OR data abstraction*[tiab] OR mantel haenszel[tiab] OR peto[tiab] OR der-simonian[tiab] OR dersimonian[tiab] OR fixed effect*[tiab] OR "Cochrane Database Syst Rev"[Journal:__jrid21711] OR "health technology assessment winchester, england"[Journal] OR "Evid Rep Technol Assess (Full Rep)"[Journal] OR "Evid Rep Technol Assess (Summ)"[Journal] OR "Int J Technol Assess Health Care"[Journal] OR "GMS Health Technol Assess"[Journal] OR "Health Technol Assess (Rockv)"[Journal] OR "Health Technol Assess Rep"[Journal]) OR (randomized controlled trial[pt] OR randomized controlled trials as topic[mh] OR random allocation [mh] OR double-blind method[mh] OR single-blind method[mh] OR random*[tw] OR "Placebos"[Mesh] OR placebo[tiab] OR ((singl*[tw] OR doubl*[tw] OR trebl*[tw] OR tripl*[tw]) AND (mask*[tw] OR blind*[tw] OR dumm*[tw]))) OR (“case control” OR cohort OR “cross sectional” OR “follow up” OR longitudinal OR observational OR prospective OR retrospective OR epidemiol* OR regist*)	146
Cochrane Library (all databases) 13 Oct 2016	1	(perinatal OR antenatal OR "ante natal" OR postnatal OR "post natal" OR (post AND partum) OR "post partum" OR pregnan* OR puerperal OR puerperium): Title, Abstract, Keyword AND ("electroconvulsive" OR "electroshock" OR ect OR "transcranial magnetic" OR "magnetic stimulation" OR tms): Title, Abstract, Keyword	33
OVID (Embase) 12 Oct 2016	1	(perinatal or antenatal or 'ante natal' or postnatal or 'post natal' or postpartum or 'post partum').mp. or pregnancy.sh. or pregnan*.mp. or puerperal disorders.sh. or post partum period.sh. or puerperal.mp. or puerperium.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading] AND 'electroconvulsive therapy'.de,sh. or 'electroconvulsive'.mp. or 'electroshock'.mp. or ect.mp. or 'transcranial magnetic stimulation'.de,sh. or 'transcranial magnetic'.mp. or 'magnetic stimulation'.mp. or tms.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading] AND (systematic.ti,ab. or meta-analysis.pt. or meta-analysis as topic.de,sh. or meta-analysis.de,sh. or meta analy*.tw. or metanaly*.tw. or metaanaly*.tw. or met analy*.tw. or integrative research.ti,ab. or integrative review*.ti,ab. or integrative overview*.ti,ab. or research integration*.ti,ab. or research overview*.ti,ab. or collaborative review*.ti,ab. or collaborative overview*.ti,ab. or systematic review*.ti,ab. or technology assessment*.ti,ab. or technology overview*.ti,ab. or 'Technology Assessment, Biomedical'.de,sh. or HTA.ti,ab. or HTAs.ti,ab. or comparative efficacy.ti,ab. or comparative effectiveness.ti,ab. or outcomes research.ti,ab) OR ((((indirect comparison* or indirect treatment or mixed-treatment) and comparison*) or Embase* or Cinahl* or systematic overview* or methodological overview* or methodologic overview* or methodological review* or methodologic review* or quantitative review* or quantitative overview* or quantitative synthes* or pooled analy* or Cochrane or Medline or Pubmed or Medlars or handsearch* or hand search* or meta-regression* or metaregression* or data synthes* or data extraction or data abstraction* or mantel haenszel or peto or der-simonian or dersimonian or fixed effect*).ti,ab.) OR (('Cochrane Database Syst Rev' or 'health technology assessment' or 'Evid Rep Technol Assess Rep' or 'Evid Rep Technol Assess' or 'Int J Technol Assess Health Care' or 'GMS Health Technol Assess' or 'Health Technol Assess' or 'Health Technol Assess Rep').jn. or randomized controlled trial.pt. or randomized controlled trials as topic.de,sh. or random allocation.de,sh. or double-blind method.de,sh. or single-blind method.de,sh. or random*.tw. or 'Placebos'.sh. or placebo.ti,ab.) OR (((singl* or doubl* or trebl* or tripl*) and	50

Database/date	Search #	Search string	Results
		(mask* or blind* or dumm*)).tw. or ('case control' or cohort or 'cross sectional' or 'follow up' or longitudinal or observational or prospective or retrospective or epidemiol* or regist*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading]) Limit exclude medline journals	
OVID (PsychINFO) 12 Oct 2016	1	(perinatal or antenatal or 'ante natal' or postnatal or 'post natal' or postpartum or 'post partum').mp. or pregnancy.sh. or pregnan*.mp. or puerperal disorders.sh. or post partum period.sh. or puerperal.mp. or puerperium.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] AND 'electroconvulsive therapy'.de,sh. or 'electroconvulsive'.mp. or 'electroshock'.mp. or ect.mp. or 'transcranial magnetic stimulation'.de,sh. or 'transcranial magnetic'.mp. or 'magnetic stimulation'.mp. or tms.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] AND (systematic.ti,ab. or meta-analysis.pt. or meta-analysis as topic.de,sh. or meta-analysis.de,sh. or meta analy*.tw. or metanaly*.tw. or metaanaly*.tw. or met analy*.tw. or integrative research.ti,ab. or integrative review*.ti,ab. or integrative overview*.ti,ab. or research integration*.ti,ab. or research overview*.ti,ab. or collaborative review*.ti,ab. or collaborative overview*.ti,ab. or systematic review*.ti,ab. or technology assessment*.ti,ab. or technology overview*.ti,ab. or 'Technology Assessment, Biomedical'.de,sh. or HTA.ti,ab. or HTAs.ti,ab. or comparative efficacy.ti,ab. or comparative effectiveness.ti,ab. or outcomes research.ti,ab.) OR ((((indirect comparison* or indirect treatment or mixed-treatment) and comparison*) or Embase* or Cinahl* or systematic overview* or methodological overview* or methodologic overview* or methodological review* or methodologic review* or quantitative review* or quantitative overview* or quantitative synthes* or pooled analy* or Cochrane or Medline or Pubmed or Medlars or handsearch* or hand search* or meta-regression* or metaregression* or data synthes* or data extraction or data abstraction* or mantel haenszel or peto or der-simonian or dersimonian or fixed effect*).ti,ab.) OR (('Cochrane Database Syst Rev' or 'health technology assessment' or 'Evid Rep Technol Assess Rep' or 'Evid Rep Technol Assess' or 'Int J Technol Assess Health Care' or 'GMS Health Technol Assess' or 'Health Technol Assess' or 'Health Technol Assess Rep').jn. or randomized controlled trial.pt. or randomized controlled trials as topic.de,sh. or random allocation.de,sh. or double-blind method.de,sh. or single-blind method.de,sh. or random*.tw. or 'Placebos'.sh. or placebo.ti,ab.) OR (((singl* or doubl* or trebl* or tripl*) and (mask* or blind* or dumm*)).tw. or ('case control' or cohort or 'cross sectional' or 'follow up' or longitudinal or observational or prospective or retrospective or epidemiol* or regist*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures])	59

AppC1.1.3 Economic search

Database/date	Search #	Search string	Results
Ovid MEDLINE and Embase[2] 9 May 2017	1	*economics/	29244
	2	exp "costs and cost analysis"/	513349
	3	(economic adj2 model*).mp.	15752
	4	(cost minimi* or cost-utilit* or health utilit* or economic evaluation* or economic review* or cost outcome or cost analys?s or economic analys?s or budget* impact analys?s).mp.	114439
	5	(cost-effective* or pharmacoeconomic* or pharmaco-economic* or cost-benefit or costs).ti,kf,kw.	144759
	6	(life year or life years or qaly* or cost-benefit analys?s or cost-effectiveness analys?s).ab,kf,kw.	57210
	7	(cost or economic*).ti,kf,kw.	284512
	8	(costs or cost-effectiveness or markov).ab.	454726
	9	7 and 8	112403
	10	1 or 2 or 3 or 4 or 5 or 6 or 9	660108
	11	(perinatal or antenatal or ante natal or postnatal or post natal or (post and partum) or post partum or pregnancy or pregnan* or puerperal disorders or puerperal or post partum period or puerperium).mp.	2131666
	12	(depression or depressive or anxiety or "bipolar disorder" or schizophrenia or "mental health" or "mood disorder" or "mood disorders").mp.	1807269

[2] Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present; Embase Classic+Embase 1947 to 2017 May 09.

Database/date	Search #	Search string	Results
	13	10 and 11 and 12	867
	14	(Australia or Australian or "New South Wales" or "Western Australia" or Victoria or "South Australia" or "Northern Territory" or Tasmania or Queensland or "Australian Capital Territory").mp.	403141
	15	(Australia or Australian or "New South Wales" or "Western Australia" or Victoria or "South Australia" or "Northern Territory" or Tasmania or Queensland or "Australian Capital Territory").ad,cp,jn,jn,pl.	1581437
	16	14 or 15	1682619
	17	13 and 16	**95**
Ovid PsychINFO 9 May 2017	1	*economics/	12632
	2	exp "costs and cost analysis"/	22831
	3	(economic adj2 model*).mp.	1261
	4	(cost minimi* or cost-utilit* or health utilit* or economic evaluation* or economic review* or cost outcome or cost analys?s or economic analys?s or budget* impact analys?s).mp.	17365
	5	(cost-effective* or pharmacoeconomic* or pharmaco-economic* or cost-benefit or costs).ti,kf,kw.	7071
	6	(life year or life years or qaly* or cost-benefit analys?s or cost-effectiveness analys?s).ab,kf,kw.	3169
	7	(cost or economic*).ti,kf,kw.	19069
	8	(costs or cost-effectiveness or markov).ab.	43654
	9	7 and 8	5309
	10	1 or 2 or 3 or 4 or 5 or 6 or 9	40744
	11	(perinatal or antenatal or ante natal or postnatal or post natal or (post and partum) or post partum or pregnancy or pregnan* or puerperal disorders or puerperal or post partum period or puerperium).mp.	63910
	12	(depression or depressive or anxiety or "bipolar disorder" or schizophrenia or "mental health" or "mood disorder" or "mood disorders").mp.	611740
	13	10 and 11 and 12	53 international economic analyses
	14	(Australia or Australian or "New South Wales" or "Western Australia" or Victoria or "South Australia" or "Northern Territory" or Tasmania or Queensland or "Australian Capital Territory").mp.	44007
	15	(Australia or Australian or "New South Wales" or "Western Australia" or Victoria or "South Australia" or "Northern Territory" or Tasmania or Queensland or "Australian Capital Territory").cq,in,jn,lo,pl.	163184
	16	14 or 15	169679
	17	13 and 16	**4**
Cochrane Library 18 May 2017	1	(perinatal or antenatal or ante natal or postnatal or post natal or (post and partum) or post partum or pregnancy or pregnan* or puerperal disorders or puerperal or post partum period or puerperium) in Title, Abstract, Keywords AND (depression or depressive or anxiety or "bipolar disorder" or schizophrenia or "mental health" or "mood disorder" or "mood disorders") in Title, Abstract, Keywords	2328
	2	1 in Economic Evaluations	13
	3	1 in Technology Assessments	16
	4	2 and 3	**29**

AppC1.2 EXCLUSION OF STUDIES

AppC1.2.1 Systematic review search

	Status	No. citations excluded	No. citations included
Identified via literature search			*805*

	Status	No. citations excluded	No. citations included
Identified manually[3]			*5*
Duplicate citation		*92*	
TOTAL	**Included**		**718**
Title/abstract	Excluded	548	
TOTAL	**Included**		**170**
Full paper	Excluded – wrong population	14	
	Excluded – wrong indication	7	
	Excluded – wrong intervention	20	
	Excluded – wrong outcomes	8	
	Excluded – not in English	1	
	Excluded – duplicate data	3	
	Excluded – not a SR	30	
	Excluded – wrong study type	4	
	Excluded – superseded	1	
TOTAL	**Included**		**82**[4]
TOTAL	**Relevant to treatment/prevention**		**42**

AppC1.2.2 Updated searches

AppC1.2.2.1 Online interventions

	Status	No. citations excluded	No. citations included
Identified via literature search			*2112*
Identified manually[5]			*0*
Duplicate citation		*87*	
TOTAL	**Included**		**2025**
Title/abstract	Excluded	1999	
TOTAL	**Included**		**26**
Full paper	Excluded – wrong comparator (not offline version)	16	
	Excluded – no results	10	
TOTAL	**Included**		**0**

AppC1.2.2.2 Pharmacological agents (excluding z-drugs)

	Status	No. citations excluded	No. citations included
Identified via literature search			*1090*
Identified manually[6]			*215*
Duplicate citation		*154*	
TOTAL	**Included**		**1305**
Title/abstract	Excluded	742	
TOTAL	**Included**		**409**
Full paper	Excluded – wrong population	3	
	Excluded – wrong intervention	13	
	Excluded – wrong/no comparator	20	
	Excluded – wrong outcomes	39	
	Excluded – not in English	4	
	Excluded – Abstract only	3	
	Excluded – duplicate data	6	
	Excluded – not adjusted for potential confounding	33	
	Excluded – not limited to/adjusted for maternal psychiatric diagnosis	73	
	Excluded – not a SR	34	
	Excluded – not a clinical study	6	
	Excluded – wrong study type	41	
TOTAL	**Included**		**134**[7]

[3] Via the reference lists of included SRs.
[4] Includes 56 studies assessing screening, treatment or prevention only.
[5] Refers to studies published from December 2014 onwards identified via the SR search and reference lists of included SRs.
[6] Via the SR search and reference lists of included SRs and individual studies.
[7] Includes 3 treatment/prevention studies.

AppC1.2.2.3 Z-drugs

	Status	No. citations excluded	No. citations included
Identified via literature search			*31*
Identified manually[8]			*2*
Duplicate citation		*3*	
TOTAL	**Included**		**30**
Title/abstract	Excluded		22
TOTAL	**Included**		
Full paper	Excluded – wrong outcomes	1	
TOTAL	**Included**		**7**[9]

AppC1.2.2.4 St John's wort and gingko biloba

	Status	No. citations excluded	No. citations included
Identified via literature search			*81*
Identified manually[10]			*0*
Duplicate citation		*14*	
TOTAL	**Included**		**67**
Title/abstract	Excluded	51	
TOTAL	**Included**		**16**
Full paper	Excluded – wrong population	3	
	Excluded – wrong outcomes	6	
	Excluded – not a SR	2	
TOTAL	**Included**		**5**[11]

AppC1.2.2.5 Omega-3 fatty acids

	Status	No. citations excluded	No. citations included
Identified via literature search			*1194*
Identified manually[12]			*0*
Duplicate citation		*251*	
TOTAL	**Included**		**943**
Title/abstract	Excluded	838	
TOTAL	**Included**		**105**
Full paper	Excluded – wrong outcomes	12	
	Excluded – duplicate data	1	
	Excluded – wrong study type	76	
TOTAL	**Included**		**16**[13]

AppC1.2.2.6 Electroconvulsive therapy and transcranial magnetic stimulation

	Status	No. citations excluded	No. citations included
Identified via literature search			*274*
Identified manually[14]			*62*
Duplicate citation		*55*	
TOTAL	**Included**		**281**
Title/abstract	Excluded	257	
TOTAL	**Included**		**24**
Full paper	Excluded – wrong population	1	
	Excluded – wrong intervention	1	
	Excluded – Wrong/no comparator	8	
	Excluded – not a SR	3	
	Excluded – wrong study type	3	
	Excluded – study size	1	

[8] Via the SR search and reference lists of included SRs and individual studies.
[9] Includes harms studies only.
[10] Via the SR search and reference lists of included SRs and individual studies.
[11] Includes harms studies only.
[12] Via the SR search and reference lists of included SRs and individual studies.
[13] Includes eight treatment/prevention studies.
[14] Via the SR search and reference lists of included SRs and individual studies.

	Status	No. citations excluded	No. citations included
	Excluded – unable to retrieve[15]	1	
TOTAL	**Included**		**6[16]**

AppC1.2.3 Economic search

	Status	No. citations excluded	No. citations included
Identified via literature search			*128*
Identified manually			*0*
Duplicate citation		*56*	
TOTAL	**Included**		**72**
Title/abstract	Excluded	65	
TOTAL	**Included**		**7**
Full paper	Excluded – wrong intervention	2	
	Excluded – wrong population	4	
	Excluded – wrong outcome	1	
TOTAL	**Included**		**0**

[15] Authors contacted.
[16] Includes harms studies only.

AppC1.2.4 Excluded studies lists

The following tables provide reasons for exclusion for studies assessed for inclusion based on the full text article/report.

AppC1.2.4.1 Systematic review search

Full text citation	Reason for exclusion
(2011) "Supporting women with postnatal depression through psychological therapies (Structured abstract)." Health Technology Assessment Database.	Not a SR
Akioyamen, L. E., H. Minhas, A. C. Holloway, V. H. Taylor, N. O. Akioyamen and D. Sherifali (2016). "Effects of depression pharmacotherapy in fertility treatment on conception, birth, and neonatal health: A systematic review." Journal of Psychosomatic Research 84: 69-80.	Wrong population
Alderdice, F., J. McNeill and F. Lynn (2013). "A systematic review of systematic reviews of interventions to improve maternal mental health and well-being." Midwifery 29(4): 389-399.	Not a SR
Almeida, L. M., J. Caldas, D. Ayres-de-Campos, D. Salcedo-Barrientos and S. Dias (2013). "Maternal healthcare in migrants: a systematic review." Maternal and child health journal 17(8): 1346-1354.	Wrong/no intervention
Austin, M. P. V., P. Middleton, N. M. Reilly and N. J. Highet (2013). "Detection and management of mood disorders in the maternity setting: The australian clinical practice guidelines." Women and Birth 26(1): 2-9.	Not a SR
Bauer, A., M. Knapp and M. Parsonage (2016). "Lifetime costs of perinatal anxiety and depression." Journal of Affective Disorders 192: 83-90.	Not a SR
Beck, C. T. (2009). "Metasynthesis: A Goldmine for Evidence-Based Practice." AORN Journal 90(5): 701-702,705-710.	Not a SR
Bellantuono, C., F. Bozzi, L. Orsolini and M. Catena-Dell'Osso (2012). "The safety of escitalopram during pregnancy and breastfeeding: A comprehensive review." Human Psychopharmacology 27(6): 534-539.	Not a SR
Biaggi, A., S. Conroy, S. Pawlby and C. M. Pariante (2016). "Identifying the women at risk of antenatal anxiety and depression: A systematic review." Journal of Affective Disorders 191: 62-77.	Wrong/no intervention
Brown, H., C., H. Smith, J., R. Mori and H. Noma (2015) "Giving women their own case notes to carry during pregnancy." Cochrane Database of Systematic Reviews DOI: 10.1002/14651858.CD002856.pub3.	Wrong/no intervention
Brunton, R. J., R. Dryer, A. Saliba and J. Kohlhoff (2015). "Pregnancy anxiety: A systematic review of current scales." Journal of Affective Disorders 176: 24-34.	Wrong indication
Byatt, N., K. M. Deligiannidis and M. P. Freeman (2013). "Antidepressant use in pregnancy: A critical review focused on risks and controversies." Acta Psychiatrica Scandinavica 127(2): 94-114.	Not a SR
Byatt, N., T. A. M. Simas, R. S. Lundquist, J. V. Johnson and D. M. Ziedonis (2012). "Strategies for improving perinatal depression treatment in North American outpatient obstetric settings." Journal of Psychosomatic Obstetrics and Gynecology 33(4): 143-161.	Wrong/no intervention
Catling, C. J., N. Medley, M. Foureur, C. Ryan, N. Leap, A. Teate and C. S. Homer (2015). "Group versus conventional antenatal care for women." The Cochrane database of systematic reviews 2: CD007622.	Wrong/no intervention
Clarke, K., M. King and A. Prost (2013). "Psychosocial Interventions for Perinatal Common Mental Disorders Delivered by Providers Who Are Not Mental Health Specialists in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis." PLoS Medicine 10(10).	Wrong population
Cooney Gary, M., K. Dwan, A. Greig Carolyn, A. Lawlor Debbie, J. Rimer, R. Waugh Fiona, M. McMurdo and E. Mead Gillian (2013) "Exercise for depression." Cochrane Database of Systematic Reviews DOI: 10.1002/14651858.CD004366.pub6.	Wrong population
Coyle, C. W., K. E. Hulse, K. L. Wisner, K. E. Driscoll and C. T. Clark (2015). "Placentophagy: therapeutic miracle or myth?" Archives of Women's Mental Health 18(5): 673-680.	Not a SR
Cuijpers, P., E. Weitz, E. Karyotaki, J. Garber and G. Andersson (2014). "The effects of psychological treatment of maternal depression on children and parental functioning: a meta-analysis." European Child and Adolescent Psychiatry 24(2): 237-245.	Wrong population
DeJong, H., E. Fox and A. Stein (2016). "Rumination and postnatal depression: A systematic review and a cognitive model." Behaviour Research and Therapy 82: 38-49.	Wrong/no intervention
Deligiannidis, K. M. and M. P. Freeman (2014). "Complementary and alternative medicine therapies for perinatal depression." Best Practice and Research: Clinical Obstetrics and Gynaecology 28(1): 85-95.	Not a SR
Dennis, C. L. and T. Dowswell (2013). "Psychosocial and psychological interventions for preventing postpartum depression." Cochrane database of systematic reviews (Online) 2: CD001134.	Wrong population
Dodd, J., M., T. Dowswell and A. Crowther Caroline (2015) "Specialised antenatal clinics for women with a multiple pregnancy for improving maternal and infant outcomes." Cochrane Database of Systematic Reviews DOI: 10.1002/14651858.CD005300.pub4.	Wrong population
Doucet, S., I. Jones, N. Letourneau, C. L. Dennis and E. R. Blackmore (2011). "Interventions for the prevention and treatment of postpartum psychosis: A systematic review." Archives of Women's Mental Health 14(2): 89-98.	Wrong study type
Evans, E. C. and L. F. Bullock (2012). "Optimism and other psychosocial influences on antenatal depression: a systematic review." Nursing & health sciences 14(3): 352-361.	Wrong/no intervention
Figueiredo, B., C. C. Dias, S. Brandão, C. Canário and R. Nunes-Costa (2013). "Breastfeeding and postpartum depression: State of the art review." Jornal de Pediatria 89(4): 332-338.	Not a SR
Focht, A. and C. H. Kellner (2012). "Electroconvulsive therapy (ECT) in the treatment of postpartum psychosis." Journal of ECT 28(1): 31-33.	Not a SR
Gearing, R. E., D. Alonzo and C. Marinelli (2012). "Maternal schizophrenia: Psychosocial treatment for mothers and their children." Clinical Schizophrenia and Related Psychoses 6(1): 27-33B.	Wrong study type
Gentile, S. (2015). "Early pregnancy exposure to selective serotonin reuptake inhibitors, risks of major structural malformations, and hypothesized teratogenic mechanisms." Expert Opinion on Drug Metabolism and Toxicology 11(10): 1585-1597.	Not a SR

Full text citation	Reason for exclusion
Goodman, J. H., K. L. Chenausky and M. P. Freeman (2014). "Anxiety disorders during pregnancy: A systematic review." Journal of Clinical Psychiatry 75(10): e1153-e1184.	Wrong outcomes
Goodman, S. H., M. H. Rouse, A. M. Connell, M. R. Broth, C. M. Hall and D. Heyward (2011). "Maternal Depression and Child Psychopathology: A Meta-Analytic Review." Clinical Child and Family Psychology Review 14(1): 1-27.	Wrong/no intervention
Gressier, F., S. Rotenberg, O. Cazas and P. Hardy (2015). "Postpartum electroconvulsive therapy: A systematic review and case report." General Hospital Psychiatry 37(4): 310-314.	Wrong outcomes
Grigoriadis, S., E. H. VonderPorten, L. Mamisashvili, G. Tomlinson, C. L. Dennis, G. Koren, M. Steiner, P. Mousmanis, A. Cheung, K. Radford, J. Martinovic and L. E. Ross (2013). "The impact of maternal depression during pregnancy on perinatal outcomes: A systematic review and meta-analysis." Journal of Clinical Psychiatry 74(4): e321-e341.	Wrong/no intervention
Grigoriadis, S., G. E. Robinson, K. Fung, L. E. Ross, C. Chee, C. L. Dennis and S. Romans (2009). "Traditional postpartum practices and rituals: Clinical implications." Canadian Journal of Psychiatry 54(12): 834-840.	Wrong/no intervention
Haran, C., M. van Driel, B. L. Mitchell and W. E. Brodribb (2014). "Clinical guidelines for postpartum women and infants in primary care-a systematic review." BMC Pregnancy and Childbirth 14(1).	Not a SR. SR of guidelines.
Hasan, A., P. Falkai, T. Wobrock, J. Lieberman, B. Glenthoj, W. F. Gattaz, F. Thibaut and H. J. Möller (2015). "World Federation of Societies of Biological Psychiatry (WFSBP) Guidelines for Biological Treatment of Schizophrenia Part 3: Update 2015 Management of special circumstances: Depression, Suicidality, substance use disorders and pregnancy and lactation." World Journal of Biological Psychiatry 16(3): 142-170.	Not a SR
Hetherington, E., C. Doktorchik, S. S. Premji, S. W. McDonald, S. C. Tough and R. S. Sauve (2015). "Preterm Birth and Social Support during Pregnancy: A Systematic Review and Meta-Analysis." Paediatric and Perinatal Epidemiology 29(6): 523-535.	Wrong indication
Hofmann, S. G., A. Asnaani, I. J. J. Vonk, A. T. Sawyer and A. Fang (2012). "The efficacy of cognitive behavioral therapy: A review of meta-analyses." Cognitive Therapy and Research 36(5): 427-440.	Wrong population
Jahanfar, S., L. M. Howard and N. Medley (2014). "Interventions for preventing or reducing domestic violence against pregnant women." The Cochrane database of systematic reviews 11: CD009414.	Wrong indication
Jarde, A., M. Morais, D. Kingston, R. Giallo, L. Giglia, G. MacQueen, Y. Wang, J. Beyene and S. D. McDonald (2015). "Does non-pharmacological therapy for antenatal depression reduce risks for the infant?" Archives of Women's Mental Health.	Wrong/no intervention
Jones, C. C., J. Jomeen and M. Hayter (2014) "The impact of peer support in the context of perinatal mental illness: a meta-ethnography (Provisional abstract)." Database of Abstracts of Reviews of Effects, 491-498.	Wrong outcomes
Kamioka, H., K. Tsutani, M. Yamada, H. Park, H. Okuizumi, K. Tsuruoka, T. Honda, S. Okada, S. J. Park, J. Kitayuguchi, T. Abe, S. Handa, T. Oshio and Y. Mutoh (2014). "Effectiveness of music therapy: A summary of systematic reviews based on randomized controlled trials of music interventions." Patient Preference and Adherence 8: 727-754.	Wrong population
Kersten-Alvarez, L. E., C. M. Hosman, J. M. Riksen-Walraven, K. T. M. Van Doesum and C. Hoefnagels (2011). "Which preventive interventions effectively enhance depressed mothers' sensitivity? A meta-analysis." Infant Mental Health Journal 32(3): 362-376.	Wrong indication
Kim, D. R., C. N. Epperson, A. R. Weiss and K. L. Wisner (2014). "Pharmacotherapy of postpartum depression: An update." Expert Opinion on Pharmacotherapy 15(9): 1223-1234.	Not a SR
Kim, D. R., J. L. Snell, G. C. Ewing and J. O'Reardon (2015). "Neuromodulation and antenatal depression: A review." Neuropsychiatric Disease and Treatment 11: 975-982.	Not a SR
Kraljevic, M. and F. F. Warnock (2013). "Early educational and behavioral RCT interventions to reduce maternal symptoms of psychological trauma following preterm birth: a systematic review." The Journal of perinatal & neonatal nursing 27(4): 311-327.	Wrong/no intervention
Lara-Cinisomo, S., S. S. Girdler, K. Grewen and S. Meltzer-Brody (2016). "A Biopsychosocial Conceptual Framework of Postpartum Depression Risk in Immigrant and U.S.-born Latina Mothers in the United States." Women's Health Issues 26(3): 336-343.	Wrong/no intervention
Lassi, Z. S., A. M. Imam, S. V. Dean and Z. A. Bhutta (2014). "Preconception care: Screening and management of chronic disease and promoting psychological health." Reproductive Health 11.	Wrong population
Lawson, A., K. E. Murphy, E. Sloan, E. Uleryk and A. Dalfen (2015). "The relationship between sleep and postpartum mental disorders: A systematic review." Journal of Affective Disorders 176: 65-77.	Wrong/no intervention
Lieberman, K., H. N. Le and D. F. Perry (2014). "A systematic review of perinatal depression interventions for adolescent mothers." Journal of Adolescence 37(8): 1227e1235.	Wrong population
Malhi, G. S., D. M. Bargh, E. Cashman, M. A. Frye and M. Gitlin (2012). "The clinical management of bipolar disorder complexity using a stratified model." Bipolar Disorders 14(SUPPL.2): 66-89.	Not a SR
Marchesi, C., P. Ossola, A. Amerio, B. D. Daniel, M. Tonna and C. De Panfilis (2016). "Clinical management of perinatal anxiety disorders: A systematic review." Journal of Affective Disorders 190: 543-550.	Wrong study type
McDonagh, M. S., A. Matthews, C. Phillipi, J. Romm, K. Peterson, S. Thakurta and J. M. Guise (2014). "Depression drug treatment outcomes in pregnancy and the postpartum period: A systematic review and meta-analysis." Obstetrics and Gynecology 124(3): 526-534.	Duplicate data. Saccone 2016.
Megnin-Viggars, O., I. Symington, L. M. Howard and S. Pilling (2015). "Experience of care for mental health problems in the antenatal or postnatal period for women in the UK: a systematic review and meta-synthesis of qualitative research." Archives of Women's Mental Health 18(6): 745-759.	Wrong outcomes
Nagl, M., K. Linde, H. Stepan and A. Kersting (2015). "Obesity and anxiety during pregnancy and postpartum: A systematic review." Journal of Affective Disorders 186: 293-305.	Wrong/no intervention
Nardi, B., S. Laurenzi, M. Nicolo and C. Bellantuono (2012) "Is the cognitive-behavioural therapy an effective strategy also in the prevention of post partum depression? A critical review (Provisional abstract)." Rivista di Psichiatria 47, 205-213.	Not in English
Newham, J. J., M. Westwood, J. D. Aplin and A. Wittkowski (2012) "State-Trait Anxiety Inventory (STAI) scores during pregnancy following intervention with complementary therapies (Provisional abstract)." Journal of Affective Disorders 142, 22-30.	Wrong study type

Full text citation	Reason for exclusion
Nilaweera, I., F. Doran and J. Fisher (2014). "Prevalence, nature and determinants of postpartum mental health problems among women who have migrated from South Asian to high-income countries: A systematic review of the evidence." Journal of Affective Disorders 166: 213-226.	Wrong/no intervention
O'Connor, E., R. C. Rossom, M. Henninger, H. C. Groom and B. U. Burda (2016). "Primary care screening for and treatment of depression in pregnant and postpartumwomen evidence report and systematic review for the US preventive services task force." JAMA - Journal of the American Medical Association 315(4): 388-406.	Duplicate data. McDonagh HTA report.
Park, M., P. Cuijpers, A. van Straten and C. F. Reynolds (2014). "The Effects of Psychotherapy for Adult Depression on Social Support: A Meta-Analysis." Cognitive Therapy and Research 38(6): 600-611.	Wrong outcomes
Paulden, M., S. Palmer, C. Hewitt and S. Gilbody (2010). "Screening for postnatal depression in primary care: Cost effectiveness analysis." BMJ (Online) 340(7740): 253.	Not a SR
Perry, M., F. Becerra, J. Kavanagh, A. Serre, E. Vargas and V. Becerril (2015). "Community-based interventions for improving maternal health and for reducing maternal health inequalities in high-income countries: A systematic map of research." Globalization and Health 10(1).	Wrong outcomes
Rahman, A., J. Fisher, P. Bower, S. Luchters, T. Tran, M. Yasamy, S. Saxena and W. Waheed (2013). "Interventions for common perinatal mental disorders in women in low- and middle-income countries: A systematic review and meta-analysis." Bulletin of the World Health Organization 91(8): 593-601.	Wrong population
Ram, D. and S. Gandotra (2015). "Antidepressants, anxiolytics, and hypnotics in pregnancy and lactation." Indian Journal of Psychiatry 57: 354-371.	Not a SR
Ramakrishnan, U., B. Imhoff-Kunsch and A. M. Digirolamo (2009). "Role of docosahexaenoic acid in maternal and child mental health." American Journal of Clinical Nutrition 89(3): 958S-962S.	Not a SR
Reinsperger, I., R. Winkler and B. Piso (2015). "Identifying sociomedical risk factors during pregnancy: recommendations from international evidence-based guidelines." Journal of Public Health (Germany) 23(1): 1-13.	Not a SR. SR of guidelines.
Robakis, T. K. and K. E. Williams (2013). "Biologically based treatment approaches to the patient with resistant perinatal depression." Archives of Women's Mental Health 16(5): 343-351.	Not a SR
Rominov, H., P. D. Pilkington, R. Giallo and T. A. Whelan (2016). "A systematic review of interventions targeting paternal mental health in the perinatal period." Infant Mental Health Journal 37(3): 289-301.	Wrong population
Rowan, P. J., S. A. Duckett and J. E. Wang (2015). "State mandates regarding postpartum depression." Psychiatric Services 66(3): 324-328.	Not a SR
Saccone, G., I. Saccone and V. Berghella (2015). "Omega-3 long-chain polyunsaturated fatty acids and fish oil supplementation during pregnancy: which evidence?" Journal of Maternal-Fetal and Neonatal Medicine.	Duplicate data. O'Connor HTA report.
Santos, F., I. Sola, D. Rigau, I. Arevalo-Rodriguez, P. Seron, P. Alonso-Coello, A. Bérard and X. Bonfill (2012). "Quality assessment of clinical practice guidelines for the Prescription of antidepressant drugs during pregnancy." Current Clinical Pharmacology 7(1): 7-14.	Not a SR. SR of guidelines.
Scope, A., A. Booth and P. Sutcliffe (2012). "Women's perceptions and experiences of group cognitive behaviour therapy and other group interventions for postnatal depression: A qualitative synthesis." Journal of Advanced Nursing 68(9): 1909-1919.	Wrong outcomes
Sénat, M. V., L. Sentilhes, A. Battut, D. Benhamou, S. Bydlowski, A. Chantry, X. Deffieux, F. Diers, M. Doret, C. Ducroux-Schouwey, F. Fuchs, G. Gascoin, C. Lebot, L. Marcellin, G. Plu-Bureau, B. Raccah-Tebeka, E. Simon, G. Bréart and L. Marpeau (2016). "Postpartum practice: Guidelines for clinical practice from the French College of Gynaecologists and Obstetricians (CNGOF)." European Journal of Obstetrics Gynecology and Reproductive Biology 202: 1-8.	Not a SR
Sharma, V. and C. J. Pope (2012). "Pregnancy and bipolar disorder: A systematic review." Journal of Clinical Psychiatry 73(11): 1447-1455.	Not a SR
Sockol, L. E., C. N. Epperson and J. P. Barber (2013). "Preventing postpartum depression: A meta-analytic review." Clinical Psychology Review 33(8): 1205-1217.	Superseded
Song, J. E., T. Kim and J. A. Ahn (2015). "A systematic review of psychosocial interventions for women with postpartum stress." Journal of obstetric, gynecologic, and neonatal nursing : JOGNN / NAACOG 44(2): 183-192.	Wrong indication
Stevenson, M. D., A. Scope and P. A. Sutcliffe (2010). "The cost-effectiveness of group cognitive behavioral therapy compared with routine primary care for women with postnatal depression in the UK." Value in Health 13(5): 580-584.	Not a SR
Suto, M., K. Takehara, Y. Yamane and E. Ota (2016). "Effects of prenatal childbirth education for partners of pregnant women on paternal postnatal mental health: A systematic review and meta-analysis protocol." Systematic Reviews 5(1).	Not a SR. Protocol only
Terplan, M., S. Ramanadhan, A. Locke, N. Longinaker and S. Lui (2015). "Psychosocial interventions for pregnant women in outpatient illicit drug treatment programs compared to other interventions." The Cochrane database of systematic reviews 4: CD006037.	Wrong indication
Teychenne, M. and R. York (2013). "Physical activity, sedentary behavior, and postnatal depressive symptoms: A review." American Journal of Preventive Medicine 45(2): 217-227.	Wrong outcomes
Thombs, B. D., A. Benedetti, L. A. Kloda, B. Levis, K. E. Riehm, M. Azar, P. Cuijpers, S. Gilbody, J. P. A. Ioannidis, D. McMillan, S. B. Patten, I. Shrier, R. J. Steele, R. C. Ziegelstein, M. Tonelli, N. Mitchell, L. Comeau, J. Schinazi and S. Vigod (2015). "Diagnostic accuracy of the Edinburgh Postnatal Depression Scale (EPDS) for detecting major depression in pregnant and postnatal women: Protocol for a systematic review and individual patient data meta-analyses." BMJ Open 5(10).	Not a SR. Protocol only.
Van Kampen, M., N. Devoogdt, A. De Groef, A. Gielen and I. Geraerts (2015). "The efficacy of physiotherapy for the prevention and treatment of prenatal symptoms: a systematic review." International Urogynecology Journal and Pelvic Floor Dysfunction 26(11): 1575-1586.	Wrong population
Vlemmix, F., J. K. Warendorf, A. N. Rosman, M. Kok, B. W. J. Mol, J. M. Morris and N. Nassar (2013). "Decision aids to improve informed decision-making in pregnancy care: A systematic review." BJOG: An International Journal of Obstetrics and Gynaecology 120(3): 257-266.	Wrong indication
Wesseloo, R., A. M. Kamperman, T. Munk-Olsen, V. J. M. Pop, S. A. Kushner and V. Bergink (2016). "Risk of postpartum relapse in bipolar disorder and postpartum psychosis: A systematic review and meta-analysis." American Journal of Psychiatry 173(2): 117-127.	Wrong/no intervention

Full text citation	Reason for exclusion
Wong, J. and J. Fisher (2009). "The role of traditional confinement practices in determining postpartum depression in women in Chinese cultures: A systematic review of the English language evidence." Journal of Affective Disorders 116(3): 161-169.	Wrong/no intervention
Yim, I. S., L. R. Tanner Stapleton, C. M. Guardino, J. Hahn-Holbrook and C. Dunkel Schetter (2015). Biological and psychosocial predictors of postpartum depression: Systematic review and call for integration. 11: 99-137.	Wrong/no intervention
Yonemoto, N., T. Dowswell, S. Nagai and R. Mori (2013). "Schedules for home visits in the early postpartum period." The Cochrane database of systematic reviews 7: CD009326.	Wrong/no intervention
Zubaran, C., M. Schumacher, M. R. Roxo and K. Foresti (2010). "Screening tools for postpartum depression: Validity and cultural dimensions." African Journal of Psychiatry (South Africa) 13(5): 357-365.	Not a SR

AppC1.2.4.2 Online interventions

Full text citation	Reason for exclusion
Cook, F., M. Seymour, R. Giallo, W. Cann, J. Nicholson, J. Green and H. Hiscock (2015) "Comparison of methods for recruiting and engaging parents in online interventions: study protocol for the Cry Baby infant sleep and settling program." BMC pediatrics 15, 174 DOI: 10.1186/s12887-015-0502-9.	Wrong comparator
Fisher, J., H. Rowe, K. Wynter, T. Tran, P. Lorgelly, L. H. Amir, J. Proimos, S. Ranasinha, H. Hiscock, J. Bayer and W. Cann (2016). "Gender-informed, psychoeducational programme for couples to prevent postnatal common mental disorders among primiparous women: cluster randomised controlled trial." BMJ Open 6(3): e009396.	Wrong comparator
Heller, H., A. Straten, C. Groot and A. Honig (2014) "The (cost) effectiveness of an online intervention for pregnant women with affective symptoms: Protocol of a randomised controlled trial." BMC pregnancy and childbirth 14, 1-7 DOI: 10.1186/1471-2393-14-273.	Wrong comparator
Hewitt, C. E. and S. M. Gilbody (2009). "Is it clinically and cost effective to screen for postnatal depression: a systematic review of controlled clinical trials and economic evidence." BJOG: An International Journal of Obstetrics & Gynaecology 116(8): 1019-1027.	Not an economic analysis
Hewitt, C., S. Gilbody, S. Brealey, M. Paulden, S. Palmer, R. Mann, J. Green, J. Morrell, M. Barkham, K. Light and D. Richards (2009). "Methods to identify postnatal depression in primary care: an integrated evidence synthesis and value of information analysis." Health Technol Assess 13(36).	Wrong intervention
Hiscock, H., J. Bayer, L. Gold, A. Hampton, O. C. Ukoumunne and M. Wake (2007). "Improving infant sleep and maternal mental health: a cluster randomised trial." Archives of Disease in Childhood 92(11): 952-958.	Wrong intervention
Husain, N., T. Kiran, B. Fatima, I. Chaudhry, Q. Saeed, S. Masood, M. Husain, S. Zafar, N. Gire, M. Alvi, S. Khoja and F. Naeem (2016) "Development and assessment of a mobile phone-based intervention to reduce maternal depression and improve child health." European psychiatry 33, S608-s609 DOI: 10.1016/j.eurpsy.2016.01.2276.	No results
Kelman, A. R., M. L. Stanley, A. Z. Barrera, M. Cree, Y. Heineberg and P. Gilbert (2016). "Comparing Brief Internet-Based Compassionate Mind Training and Cognitive Behavioral Therapy for Perinatal Women: Study Protocol for a Randomized Controlled Trial." JMIR Research Protocols 5(2): e65.	Wrong comparator
Kingston, D., M. Austin, K. Hegadoren, S. McDonald, G. Lasiuk, S. McDonald, M. Heaman, A. Biringer, W. Sword, R. Giallo, T. Patel, M. Lane-Smith and S. Zanten (2016) "Study protocol for a randomized, controlled, superiority trial comparing the clinical and cost- effectiveness of integrated online mental health assessment-referral-care in pregnancy to usual prenatal care on prenatal and postnatal mental health and infant health and development: the Integrated Maternal Psychosocial Assessment to Care Trial (IMPACT)." Trials 15, 72 DOI: 10.1186/1745-6215-15-72.	No results
Kingston, D., S. Janes-Kelley, J. Tyrrell, L. Clark, D. Hamza, P. Holmes, C. Parkes, N. Moyo, S. McDonald and M. P. Austin (2015). "An integrated web-based mental health intervention of assessment-referral-care to reduce stress, anxiety, and depression in hospitalized pregnant women with medically high-risk pregnancies: a feasibility study protocol of hospital-based implementation." JMIR Research Protocols 4(1): e9.	No results
Le, H. N., L. Gold, F. K. Mensah, F. Cook, J. K. Bayer and H. Hiscock (2016). "Health service use and costs for infant behaviour problems and maternal stress." Journal of Paediatrics & Child Health 52(4): 402-409.	Wrong intervention
Matvienko-Sikar, K. and S. Dockray (2016). "Effects of a novel positive psychological intervention on prenatal stress and well-being: A pilot randomised controlled trial." Women & Birth: Journal of the Australian College of Midwives 31: 31.	Wrong comparator
Mihalopoulos, C. and T. Vos (2013). "Cost-effectiveness of preventive interventions for depressive disorders: An overview." Expert Review of Pharmacoeconomics and Outcomes Research 13(2): 237-242.	Wrong population
Mihalopoulos, C., T. Vos, J. Pirkis and R. Carter (2011). "The economic analysis of prevention in mental health programs." Annual Review of Clinical Psychology 7: 169-201.	Wrong population
Milgrom, J. and A. Gemmill (2014). "Feasibility and efficacy of an internet treatment for postnatal depression utilising a behavioural activation approach." Evidence-Based Nursing 17(4): 102.	No results
Milgrom, J., B. Danaher, J. Seeley, C. Schembri, A. Health, J. Ericksen and A. Gemmill (2015). "Mummoodbooster-an interactive internet treatment for postnatal depression." Archives of Women's Mental Health 18 (2): 334-335.	Wrong comparator
Milgrom, J., B. G. Danaher, A. W. Gemmill, C. Holt, C. J. Holt, J. R. Seeley, M. S. Tyler, J. Ross and J. Ericksen (2016). "Internet Cognitive Behavioral Therapy for Women With Postnatal Depression: A Randomized Controlled Trial of MumMoodBooster." Journal of Medical Internet Research 18(3): e54.	Wrong comparator
Ngai, F. W., P. W. C. Wong, K. F. Chung and K. Y. Leung (2016). "The effect of telephone-based cognitive-behavioural therapy on parenting stress: A randomised controlled trial." Journal of Psychosomatic Research 86: 34-38.	Wrong comparator
Ngai, F., P. Wong, K. Leung, P. Chau and K. Chung (2015) "The Effect of Telephone-Based Cognitive-Behavioral Therapy on Postnatal Depression: A Randomized Controlled Trial." Psychotherapy and psychosomatics 84, 294-303 DOI: 10.1159/000430449.	Wrong comparator
NICE (2015) National Collaborating Centre for Mental Health. Antenatal and Postnatal Mental Health: the NICE guideline on Clinical Management and Service Guidance. National Clinical Guideline Number 192: 1-922.	Wrong intervention

Full text citation	Reason for exclusion
Nieminen, K., I. Berg, K. Frankenstein, L. Viita, K. Larsson, U. Persson, L. Spanberger, A. Wretman, K. Silfvernagel, G. Andersson and K. Wijma (2016). "Internet-provided cognitive behaviour therapy of posttraumatic stress symptoms following childbirth-a randomized controlled trial." Cognitive Behaviour Therapy 45(4): 287-306.	Wrong comparator
O'Leary, K. and S. Dockray (2015). "The Effects of Two Novel Gratitude and Mindfulness Interventions on Well-Being." Journal of Alternative and Complementary Medicine 21(4): 243-245.	Wrong comparator
O'Mahen, H. A., D. A. Richards, J. Woodford, E. Wilkinson, J. McGinley, R. S. Taylor and F. C. Warren (2014). "Netmums: a phase II randomized controlled trial of a guided Internet behavioural activation treatment for postpartum depression." Psychological Medicine 44(8): 1675-1689.	Wrong comparator
O'Mahen, H. A., H. Grieve, J. Jones, J. McGinley, J. Woodford and E. L. Wilkinson (2015). "Women's experiences of factors affecting treatment engagement and adherence in internet delivered Behavioural Activation for Postnatal Depression." Internet Interventions 2(1): 84-90.	Wrong comparator
O'Mahen, H., D. Richards, J. Woodford, E. Wilkinson, J. McGinley, R. Taylor and F. Warren (2015) "Netmums: a phase II randomized controlled trial of a guided Internet behavioural activation treatment for postpartum depression." Psychological medicine 44, 1675-1689 DOI: 10.1017/S0033291713002092.	Wrong comparator
Paulden, M., S. Palmer, C. Hewitt and S. Gilbody (2009). "Screening for postnatal depression in primary care: cost effectiveness analysis." BMJ 339: b5203.	Wrong intervention
Petrou, S., C. J. Morrell and M. Knapp (2015). An overview of health economic aspects of perinatal depression. Milgrom, Jeannette [Ed]; Gemmill, Alan W [Ed] (2015) Identifying perinatal depression and anxiety: Evidence-based practice in screening, psychosocial assessment, and management (pp 228-239) xvii, 274 pp Wiley-Blackwell.	Not an economic analysis
Pugh, N. E., H. D. Hadjistavropoulos and D. Dirkse (2016). "A randomised controlled trial of Therapist-Assisted, Internet-delivered Cognitive Behavior Therapy for women with maternal depression." PLoS ONE 11 (3) (no pagination)(e0149186).	Wrong comparator
Ride, J. and E. Lancsar (2016). "Women's preferences for treatment of perinatal depression and anxiety: A discrete choice experiment." PLoS ONE 11 (6) (no pagination)(e0156629).	Wrong outcome
Ride, J., P. Lorgelly, T. Tran, K. Wynter, H. Rowe and J. Fisher (2016). "Preventing postnatal maternal mental health problems using a psychoeducational intervention: the cost-effectiveness of What Were We Thinking." BMJ Open 6(11): e012086.	Wrong population
Ridgeway, J., A. LeBlanc, M. Branda, R. Harms, M. Morris, K. Nesbitt, B. Gostout, L. Barkey, S. Sobolewski, E. Brodrick, J. Inselman, A. Baron, A. Sivly, M. Baker, D. Finnie, R. Chaudhry and A. Famuyide (2015) "Implementation of a new prenatal care model to reduce office visits and increase connectivity and continuity of care: Protocol for a mixed-methods study." BMC pregnancy and childbirth 15 DOI: 10.1186/s12884-015-0762-2.	No results
Rowe, H. J., K. H. Wynter, J. K. Burns and J. R. Fisher (2016). "A complex postnatal mental health intervention: Australian translational formative evaluation." Health Promotion International 07: 07.	Wrong population
Rowe, H., K. Wynter, P. Lorgelly, L. Amir, S. Ranasinha, J. Proimos, W. Cann, H. Hiscock, J. Bayer, J. Burns, J. Ride, I. Bobevski and J. Fisher (2014) "A cluster randomised controlled trial of a brief couple-focused psychoeducational intervention to prevent common postnatal mental disorders among women: Study protocol." BMJ Open 4 DOI: 10.1136/bmjopen-2014-006436.	No results
Rowe, H., K. Wynter, P. Lorgelly, L. Amir, S. Ranasinha, J. Proimos, W. Cann, H. Hiscock, J. Bayer, J. Burns, J. Ride, I. Bobevski and J. Fisher (2016) "A cluster randomised controlled trial of a brief couple-focused psychoeducational intervention to prevent common postnatal mental disorders among women: study protocol." BMJ open 4, e006436 DOI: 10.1136/bmjopen-2014-006436.	No results
Sawyer, A. C., J. Lynch, K. Bowering, D. Jeffs, J. Clark, C. Mpundu-Kaambwa and M. G. Sawyer (2014). "An equivalence evaluation of a nurse-moderated group-based internet support program for new mothers versus standard care: a pragmatic preference randomised controlled trial." BMC Pediatrics 14: 119.	No results
Sawyer, A., J. Lynch, K. Bowering, D. Jeffs, J. Clark, C. Mpundu-Kaambwa and M. Sawyer (2016) "An equivalence evaluation of a nurse-moderated group-based internet support program for new mothers versus standard care: a pragmatic preference randomised controlled trial." BMC pediatrics 14, 119 DOI: 10.1186/1471-2431-14-119.	No results
Scherer, S., J. Alder, J. Gaab, T. Berger, K. Ihde and C. Urech (2016). "Patient satisfaction and psychological well-being after internet-based cognitive behavioral stress management (IB-CBSM) for women with preterm labor: A randomized controlled trial." Journal of Psychosomatic Research 80: 37-43.	Wrong comparator
Shorey, S., Y. P. Ng, D. B. Danbjorg, C. L. Dennis and E. Morelius (2017). "Effectiveness of the 'Home-but not Alone' mobile health application educational programme on parental outcomes: a randomized controlled trial, study protocol." Journal of Advanced Nursing 73(1): 253-264.	No results
Wilkinson, A., S. Anderson and S. B. Wheeler (2017). "Screening for and Treating Postpartum Depression and Psychosis: A Cost-Effectiveness Analysis." Maternal & Child Health Journal 21(4): 903-914.	Wrong intervention

AppC1.2.4.3 Pharmacological agents (excluding z-drugs)

Full text citation	Reason for exclusion
(2015). "Selective serotonin reuptake inhibitors and venlafaxine in early pregnancy and risk of birth defects: population based cohort study and sibling design." Bmj 350: h2235.	Not a clinical study
Adida, M., R. F. McKnight, K. Budge, S. Stockton, G. M. Goodwin and J. R. Geddes (2014). "Lithium toxicity profile: A systematic review and meta-analysis." Annales Medico-Psychologiques 172(3): 212-218.	Not in English
Akioyamen, L. E., H. Minhas, A. C. Holloway, V. H. Taylor, N. O. Akioyamen and D. Sherifali (2016). "Effects of depression pharmacotherapy in fertility treatment on conception, birth, and neonatal health: A systematic review." J Psychosom Res 84: 69-80.	Wrong population
Al Wattar, B. H., A. Placzek, J. Troko, A. M. Pirie, K. S. Khan, D. McCorry, J. Zamora and S. Thangaratinam (2015). "Variation in the reporting of outcomes among pregnant women with epilepsy: a systematic review." Eur J Obstet Gynecol Reprod Biol 195: 193-199.	Wrong outcomes

Full text citation	Reason for exclusion
Alsaad, A. M., S. A. Chaudhry and G. Koren (2015). "First trimester exposure to topiramate and the risk of oral clefts in the offspring: A systematic review and meta-analysis." Reprod Toxicol 53: 45-50.	Wrong/no intervention
Alwan, S., J. Reefhuis, S. A. Rasmussen, R. S. Olney and J. M. Friedman (2007). "Use of selective serotonin-reuptake inhibitors in pregnancy and the risk of birth defects." N Engl J Med 356(26): 2684-2692.	Not limited to/adjusted for maternal psychiatric condition
Ananth, C. V. and A. M. Friedman (2014). "Late pregnancy use of selective serotonin reuptake inhibitors and serotonin and norepinephrine reuptake inhibitors is associated with increased risk of postpartum haemorrhage." Evid Based Nurs 17(3): 76.	Wrong study type
Andersen, J. T., N. L. Andersen, H. Horwitz, H. E. Poulsen and E. Jimenez-Solem (2014). "Exposure to selective serotonin reuptake inhibitors in early pregnancy and the risk of miscarriage." Obstet Gynecol 124(4): 655-661.	Not limited to/adjusted for maternal psychiatric condition
Andrade, S. E., H. McPhillips, D. Loren, M. A. Raebel, K. Lane, J. Livingston, D. M. Boudreau, D. H. Smith, R. L. Davis, M. E. Willy and R. Platt (2009). "Antidepressant medication use and risk of persistent pulmonary hypertension of the newborn." Pharmacoepidemiol Drug Saf 18(3): 246-252.	Not adjusted for potential confounders
Arkilo, D., J. Hanna, D. Dickens, L. Justesen, J. Brunn, S. Garland and P. Penovich (2015). "Pregnancy and neurodevelopmental outcomes with in-utero antiepileptic agent exposure. A pilot study." Eur J Paediatr Neurol 19(1): 37-40.	Wrong study type
Askaa, B., E. Jimenez-Solem, H. Enghusen Poulsen and J. Traerup Andersen (2014). "Maternal Characteristics of Women Exposed to Hypnotic Benzodiazepine Receptor Agonist during Pregnancy." Obstet Gynecol Int 2014: 945621.	Wrong outcomes
Austin, M. P., J. C. Karatas, P. Mishra, B. Christl, D. Kennedy and J. Oei (2013). "Infant neurodevelopment following in utero exposure to antidepressant medication." Acta Paediatr 102(11): 1054-1059.	Not adjusted for potential confounders
Avalos, L. A., H. Chen and D. K. Li (2015). "Antidepressant medication use, depression, and the risk of preeclampsia." CNS Spectr 20(1): 39-47.	Wrong outcomes
Baker, G. A., R. L. Bromley, M. Briggs, C. P. Cheyne, M. J. Cohen, M. Garcia-Finana, A. Gummery, R. Kneen, D. W. Loring, G. Mawer, K. J. Meador, R. Shallcross and J. Clayton-Smith (2015). "IQ at 6 years after in utero exposure to antiepileptic drugs: a controlled cohort study." Neurology 84(4): 382-390.	Wrong study type
Bakker, M. K., W. S. Kerstjens-Frederikse, C. H. Buys, H. E. de Walle and L. T. de Jong-van den Berg (2010). "First-trimester use of paroxetine and congenital heart defects: a population-based case-control study." Birth Defects Res A Clin Mol Teratol 88(2): 94-100.	Not limited to/adjusted for maternal psychiatric condition
Ban, L., K. M. Fleming, P. Doyle, L. Smeeth, R. B. Hubbard, L. Fiaschi and L. J. Tata (2015). "Congenital Anomalies in Children of Mothers Taking Antiepileptic Drugs with and without Periconceptional High Dose Folic Acid Use: A Population-Based Cohort Study." PLoS One 10(7): e0131130.	Wrong study type
Barroso, F. V., E. Araujo Junior, C. A. Guazelli, E. F. Santana, L. C. Rolo, G. Martins Mda and A. F. Moron (2015). "Perinatal outcomes from the use of antiepileptic drugs during pregnancy: a case-control study." J Matern Fetal Neonatal Med 28(12): 1445-1450.	Wrong study type
Battin, M., L. Sadler, V. Masson and C. Farquhar (2016). "Neonatal encephalopathy in New Zealand: Demographics and clinical outcome." J Paediatr Child Health 52(6): 632-636.	Wrong/no intervention
Batton, B., E. Batton, K. Weigler, G. Aylward and D. Batton (2013). "In utero antidepressant exposure and neurodevelopment in preterm infants." Am J Perinatol 30(4): 297-301.	Not adjusted for potential confounders
Bech, B. H., M. I. Kjaersgaard, H. S. Pedersen, P. P. Howards, M. J. Sorensen, J. Olsen, E. T. Parner, L. H. Pedersen, M. Vestergaard and J. Christensen (2014). "Use of antiepileptic drugs during pregnancy and risk of spontaneous abortion and stillbirth: population based cohort study." Bmj 349: g5159.	Wrong study type
Bellantuono, C., M. Vargas, G. Mandarelli, B. Nardi and M. G. Martini (2015). "The safety of serotonin-noradrenaline reuptake inhibitors (SNRIs) in pregnancy and breastfeeding: a comprehensive review." Hum Psychopharmacol 30(3): 143-151.	Not a SR
Bellantuono, C., S. Tofani, G. Di Sciascio and G. Santone (2013). "Benzodiazepine exposure in pregnancy and risk of major malformations: a critical overview." Gen Hosp Psychiatry 35(1): 3-8.	Not a SR
Berard, A., E. Ramos, E. Rey, L. Blais, M. St-Andre and D. Oraichi (2007). "First trimester exposure to paroxetine and risk of cardiac malformations in infants: the importance of dosage." Birth Defects Res B Dev Reprod Toxicol 80(1): 18-27.	Duplicate data. Berard 2015.
Bjork, M. H., G. Veiby, B. A. Engelsen and N. E. Gilhus (2015). "Depression and anxiety during pregnancy and the postpartum period in women with epilepsy: A review of frequency, risks and recommendations for treatment." Seizure 28: 33-39.	Not a SR
Bjork, M. H., G. Veiby, O. Spigset and N. E. Gilhus (2014). "Using the Norwegian mother and child cohort study to determine risk factors for delayed development and neuropsychiatric symptoms in the offspring of parents with epilepsy." Norsk Epidemiologi 24(1-2): 79-89.	Wrong study type
Boden, R., M. Lundgren, L. Brandt, J. Reutfors, M. Andersen and H. Kieler (2012). "Risks of adverse pregnancy and birth outcomes in women treated or not treated with mood stabilisers for bipolar disorder: population based cohort study." Bmj 345: e7085.	Abstract only
Boucher, N., A. Bairam and L. Beaulac-Baillargeon (2008). "A new look at the neonate's clinical presentation after in utero exposure to antidepressants in late pregnancy." J Clin Psychopharmacol 28(3): 334-339.	Not limited to/adjusted for maternal psychiatric condition
Boyle, B., E. Garne, M. Loane, M. C. Addor, L. Arriola, C. Cavero-Carbonell, M. Gatt, N. Lelong, C. Lynch, V. Nelen, A. J. Neville, M. O'Mahony, A. Pierini, A. Rissmann, D. Tucker, N. Zymak-Zakutnia and H. Dolk (2016). "The changing epidemiology of Ebstein's anomaly and its relationship with maternal mental health conditions: a European registry-based study." Cardiol Young: 1-9.	Wrong outcomes
Bracken, M. B. (2015). "Case-control studies require appropriate population controls: an example of error in the SSRI birth defect literature." Eur J Epidemiol 30(11): 1217-1218.	Not a SR
Bromley, R. L., R. Calderbank, C. P. Cheyne, C. Rooney, P. Trayner, J. Clayton-Smith, M. Garcia-Finana, B. Irwin, J. I. Morrow, R. Shallcross and G. A. Baker (2016). "Cognition in school-age children exposed to levetiracetam, topiramate, or sodium valproate." Neurology.	Wrong study type

Full text citation	Reason for exclusion
Brummelte, S., L. A. Galea, A. M. Devlin and T. F. Oberlander (2013). "Antidepressant use during pregnancy and serotonin transporter genotype (SLC6A4) affect newborn serum reelin levels." Dev Psychobiol 55(5): 518-529.	Wrong outcomes
CADTH (2014) "Developmental effects of in utero exposure to prescription drug abuse in infants and young children: harms (Structured abstract)." Health Technology Assessment Database.	Wrong/no intervention
Calderon-Margalit, R., C. Qiu, A. Ornoy, D. S. Siscovick and M. A. Williams (2009). "Risk of preterm delivery and other adverse perinatal outcomes in relation to maternal use of psychotropic medications during pregnancy." Am J Obstet Gynecol 201(6): 579.e571-578.	Not limited to/adjusted for maternal psychiatric condition
Campbell, E., F. Kennedy, A. Russell, W. H. Smithson, L. Parsons, P. J. Morrison, B. Liggan, B. Irwin, N. Delanty, S. J. Hunt, J. Craig and J. Morrow (2014). "Malformation risks of antiepileptic drug monotherapies in pregnancy: updated results from the UK and Ireland Epilepsy and Pregnancy Registers." J Neurol Neurosurg Psychiatry 85(9): 1029-1034.	Wrong study type
Camunas Palacin, A., J. Grigg, H. Gilbert, R. Worsley, E. Gavrilidis and J. Kulkarni (2016). "Safety of atypical antipsychotic drugs during pregnancy." Psiquiatria Biologica 23(1): 23-28.	Not in English
Carvalho, A. F., M. S. Sharma, A. R. Brunoni, E. Vieta and G. A. Fava (2016). "The Safety, Tolerability and Risks Associated with the Use of Newer Generation Antidepressant Drugs: A Critical Review of the Literature." Psychother Psychosom 85(5): 270-288.	Not a SR
Casper, R. C., B. E. Fleisher, J. C. Lee-Ancajas, A. Gilles, E. Gaylor, A. DeBattista and H. E. Hoyme (2003). "Follow-up of children of depressed mothers exposed or not exposed to antidepressant drugs during pregnancy." J Pediatr 142(4): 402-408.	Not adjusted for potential confounders
Chambers, C. D., K. A. Johnson, L. M. Dick, R. J. Felix and K. L. Jones (1996). "Birth outcomes in pregnant women taking fluoxetine." N Engl J Med 335(14): 1010-1015.	Not limited to/adjusted for maternal psychiatric condition
Chambers, C. D., S. Hernandez-Diaz, L. J. Van Marter, M. M. Werler, C. Louik, K. L. Jones and A. A. Mitchell (2006). "Selective serotonin-reuptake inhibitors and risk of persistent pulmonary hypertension of the newborn." N Engl J Med 354(6): 579-587.	Not limited to/adjusted for maternal psychiatric condition
Chaudhry, S. A., G. Jong and G. Koren (2014). "The fetal safety of Levetiracetam: a systematic review." Reprod Toxicol 46: 40-45.	Wrong/no intervention
Chun-Fai-Chan, B., G. Koren, I. Fayez, S. Kalra, S. Voyer-Lavigne, A. Boshier, S. Shakir and A. Einarson (2005). "Pregnancy outcome of women exposed to bupropion during pregnancy: a prospective comparative study." Am J Obstet Gynecol 192(3): 932-936.	Not adjusted for potential confounders
Ciesielski, T. H., C. J. Marsit and S. M. Williams (2015). "Maternal psychiatric disease and epigenetic evidence suggest a common biology for poor fetal growth." BMC Pregnancy Childbirth 15: 192.	Wrong/no comparator
Colvin, L., L. Slack-Smith, F. J. Stanley and C. Bower (2011). "Dispensing patterns and pregnancy outcomes for women dispensed selective serotonin reuptake inhibitors in pregnancy." Birth Defects Res A Clin Mol Teratol 91(3): 142-152.	Not limited to/adjusted for maternal psychiatric condition
Costei, A. M., E. Kozer, T. Ho, S. Ito and G. Koren (2002). "Perinatal outcome following third trimester exposure to paroxetine." Arch Pediatr Adolesc Med 156(11): 1129-1132.	Not limited to/adjusted for maternal psychiatric condition
Czeizel, A. (1987). "Lack of evidence of teratogenicity of benzodiazepine drugs in Hungary." Reprod Toxicol 1(3): 183-188.	Wrong outcomes
Czeizel, A. E., B. A. Szegal, J. M. Joffe and J. Racz (1999). "The effect of diazepam and promethazine treatment during pregnancy on the somatic development of human offspring." Neurotoxicol Teratol 21(2): 157-167.	Wrong outcomes
Davidson, S., D. Prokonov, M. Taler, R. Maayan, D. Harell, I. Gil-Ad and A. Weizman (2009). "Effect of exposure to selective serotonin reuptake inhibitors in utero on fetal growth: potential role for the IGF-I and HPA axes." Pediatr Res 65(2): 236-241.	Wrong outcomes
Davis, R. L., D. Rubanowice, H. McPhillips, M. A. Raebel, S. E. Andrade, D. Smith, M. U. Yood and R. Platt (2007). "Risks of congenital malformations and perinatal events among infants exposed to antidepressant medications during pregnancy." Pharmacoepidemiol Drug Saf 16(10): 1086-1094.	Not limited to/adjusted for maternal psychiatric condition
de Jong, J., E. Garne, L. T. de Jong-van den Berg and H. Wang (2016). "The Risk of Specific Congenital Anomalies in Relation to Newer Antiepileptic Drugs: A Literature Review." Drugs Real World Outcomes 3(2): 131-143.	Wrong/no comparator
de Jonge, L., E. Garne, R. Gini, S. E. Jordan, K. Klungsoyr, M. Loane, A. J. Neville, A. Pierini, A. Puccini, D. S. Thayer, D. Tucker, A. Vinkel Hansen and M. K. Bakker (2015). "Improving Information on Maternal Medication Use by Linking Prescription Data to Congenital Anomaly Registers: A EUROmediCAT Study." Drug Saf 38(11): 1083-1093.	Wrong outcomes
de Jonge, L., H. E. de Walle, L. T. de Jong-van den Berg, I. M. van Langen and M. K. Bakker (2015). "Actual Use of Medications Prescribed During Pregnancy: A Cross-Sectional Study Using Data from a Population-Based Congenital Anomaly Registry." Drug Saf 38(8): 737-747.	Wrong outcomes
de Vries, N. K., C. N. van der Veere, S. A. Reijneveld and A. F. Bos (2013). "Early neurological outcome of young infants exposed to selective serotonin reuptake inhibitors during pregnancy: results from the observational SMOK study." PLoS One 8(5): e64654.	Wrong outcomes
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Ebbing, M. and K. Klungsoyr (2014). "[Antiepileptic drugs and congenital malformations]." Tidsskr Nor Laegeforen 134(16): 1543-1544.	Not in English
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Einarson, A., A. Pistelli, M. DeSantis, H. Malm, W. D. Paulus, A. Panchaud, D. Kennedy, T. R. Einarson and G. Koren (2008). "Evaluation of the risk of congenital cardiovascular defects associated with use of paroxetine during pregnancy." Am J Psychiatry 165(6): 749-752.	Not adjusted for potential confounders
Einarson, A., B. Fatoye, M. Sarkar, S. V. Lavigne, J. Brochu, C. Chambers, P. Mastroiacovo, A. Addis, D. Matsui, L. Schuler, T. R. Einarson and G. Koren (2001). "Pregnancy outcome following gestational exposure to venlafaxine: a multicenter prospective controlled study." Am J Psychiatry 158(10): 1728-1730.	Not adjusted for potential confounders
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El Marroun, H., V. W. Jaddoe, J. J. Hudziak, S. J. Roza, E. A. Steegers, A. Hofman, F. C. Verhulst, T. J. White, B. H. Stricker and H. Tiemeier (2012). "Maternal use of selective serotonin reuptake inhibitors, fetal growth, and risk of adverse birth outcomes." Arch Gen Psychiatry 69(7): 706-714.	Wrong/no comparator
Engelstad, H. J., R. D. Roghair, C. A. Calarge, T. T. Colaizy, S. Stuart and S. E. Haskell (2014). "Perinatal outcomes of pregnancies complicated by maternal depression with or without selective serotonin reuptake inhibitor therapy." Neonatology 105(2): 149-154.	Not adjusted for potential confounders
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Goracci, A., M. Valdagno, E. Maltinti, S. Sillari and A. Fagiolini (2015). "[Antidepressant use in pregnancy: a critical review of the risk and benefits]." Riv Psichiatr 50(3): 118-126	Not in English
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Handal, M., S. Skurtveit, K. Furu, S. Hernandez-Diaz, E. Skovlund, W. Nystad and R. Selmer (2015). "Motor development in children prenatally exposed to selective serotonin reuptake inhibitors: a large population-based pregnancy cohort study." Bjog.	Not limited to/adjusted for maternal psychiatric condition
Hanley, G. E., K. Smolina, B. Mintzes, T. F. Oberlander and S. G. Morgan (2016). "Postpartum Hemorrhage and Use of Serotonin Reuptake Inhibitor Antidepressants in Pregnancy." Obstet Gynecol 127(3): 553-561.	Wrong study type
Hanley, G. E., U. Brain and T. F. Oberlander (2013). "Infant developmental outcomes following prenatal exposure to antidepressants, and maternal depressed mood and positive affect." Early Hum Dev 89(8): 519-524.	Wrong outcomes
Hantsoo, L., D. Ward-O'Brien, K. A. Czarkowski, R. Gueorguieva, L. H. Price and C. N. Epperson (2014). "A randomized, placebo-controlled, double-blind trial of sertraline for postpartum depression." Psychopharmacology (Berl) 231(5): 939-948.	Duplicate data. Included in NICE 2015 SR.
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Henriksen, D. P., A. Pottegard, E. Jimenez-Solem and P. Damkier (2015). "In utero SSRI exposure and risk of clubfoot." Epidemiology 26(3): e34-35.	Not a SR
Hernandez-Diaz, S., R. Mittendorf, C. R. Smith, W. A. Hauser, M. Yerby and L. B. Holmes (2014). "Association between topiramate and zonisamide use during pregnancy and low birth weight." Obstet Gynecol 123(1): 21-28.	Wrong/no intervention
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Jimenez-Solem, E. (2014). "Exposure to antidepressants during pregnancy--prevalences and outcomes." Dan Med J 61(9): B4916.	Wrong/no comparator
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Jordan, A. E., G. L. Jackson, D. Deardorff, G. Shivakumar, D. D. McIntire and J. S. Dashe (2008). "Serotonin reuptake inhibitor use in pregnancy and the neonatal behavioral syndrome." J Matern Fetal Neonatal Med 21(10): 745-751.	Not adjusted for potential confounders
Joseph, K. S., O. Sheehy, A. Mehrabadi, M. L. Urquia, J. A. Hutcheon, M. Kramer and A. Berard (2015). "Can drug effects explain the recent temporal increase in atonic postpartum haemorrhage?" Paediatr Perinat Epidemiol 29(3): 220-231.	Not limited to/adjusted for maternal psychiatric condition
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Kallen, B. A. and P. Otterblad Olausson (2003). "Maternal drug use in early pregnancy and infant cardiovascular defect." Reprod Toxicol 17(3): 255-261.	Not limited to/adjusted for maternal psychiatric condition
Kallen, B. A. and P. Otterblad Olausson (2007). "Maternal use of selective serotonin re-uptake inhibitors in early pregnancy and infant congenital malformations." Birth Defects Res A Clin Mol Teratol 79(4): 301-308.	Not limited to/adjusted for maternal psychiatric condition
Kallen, B. and M. Reis (2012). "Neonatal complications after maternal concomitant use of SSRI and other central nervous system active drugs during the second or third trimester of pregnancy." J Clin Psychopharmacol 32(5): 608-614.	Not limited to/adjusted for maternal psychiatric condition
Kallen, B. and P. O. Olausson (2008). "Maternal use of selective serotonin re-uptake inhibitors and persistent pulmonary hypertension of the newborn." Pharmacoepidemiol Drug Saf 17(8): 801-806.	Not limited to/adjusted for maternal psychiatric condition
Kallen, B. and P. Otterblad Olausson (2006). "Antidepressant drugs during pregnancy and infant congenital heart defect." Reprod Toxicol 21(3): 221-222.	Not adjusted for potential confounders
Kaplan, Y. C., I. Nulman and G. Koren (2015). "Dose-Dependent Risk of Malformations With Antiepileptic Drugs: An Analysis of Data From the EURAP Epilepsy and Pregnancy Registry." Ther Drug Monit 37(5): 557-558.	Wrong study type
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Kieler, H., H. Malm, M. Artama, A. Engeland, K. Furu, M. Gissler, M. Norgaard, O. Stephansson, U. Valdimarsdottir, H. Zoega and B. Haglund (2015). "Use of antidepressants and association with elective termination of pregnancy: population based case-control study." Bjog 122(12): 1618-1624.	Not limited to/adjusted for maternal psychiatric condition
Kilic, D., H. Pedersen, M. I. Kjaersgaard, E. T. Parner, M. Vestergaard, M. J. Sorensen, J. Olsen, B. H. Bech, J. Christensen and L. H. Pedersen (2014). "Birth outcomes after prenatal exposure to antiepileptic drugs--a population-based study." Epilepsia 55(11): 1714-1721.	Wrong study type
Kim, D. R., C. N. Epperson, A. R. Weiss and K. L. Wisner (2014). "Pharmacotherapy of postpartum depression: an update." Expert Opin Pharmacother 15(9): 1223-1234.	Not a SR
Kim, D. R., E. Pinheiro, J. F. Luther, H. F. Eng, J. L. Dills, S. R. Wisniewski and K. L. Wisner (2016). "Is third trimester serotonin reuptake inhibitor use associated with postpartum hemorrhage?" J Psychiatr Res 73: 79-85.	Wrong study type
Kivisto, J., S. M. Lehto, K. Halonen, L. Georgiadis and S. Heinonen (2016). "Maternal Use of Selective Serotonin Reuptake Inhibitors and Lengthening of the Umbilical Cord: Indirect Evidence of Increased Foetal Activity-A Retrospective Cohort Study." PLoS One 11(4): e0154628.	Wrong outcomes
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Knickmeyer, R. C., S. Meltzer-Brody, S. Woolson, R. M. Hamer, J. K. Smith, K. Lury and J. H. Gilmore (2014). "Rate of Chiari I malformation in children of mothers with depression with and without prenatal SSRI exposure." Neuropsychopharmacology 39(11): 2611-2621.	Wrong outcomes
Knudsen, T. M., A. V. Hansen, E. Garne and A. M. Andersen (2014). "Increased risk of severe congenital heart defects in offspring exposed to selective serotonin-reuptake inhibitors in early pregnancy--an epidemiological study using validated EUROCAT data." BMC Pregnancy Childbirth 14: 333.	Not limited to/adjusted for maternal psychiatric condition
Koren, G. (2011). "The effect of ascertainment bias in evaluating gestational antidepressant exposure." J Popul Ther Clin Pharmacol 18: e174-175.	Not a clinical study
Kornum, J. B., R. B. Nielsen, L. Pedersen, P. B. Mortensen and M. Norgaard (2010). "Use of selective serotonin-reuptake inhibitors during early pregnancy and risk of congenital malformations: updated analysis." Clin Epidemiol 2: 29-36.	Not limited to/adjusted for maternal psychiatric condition
Kulin, N. A., A. Pastuszak, S. R. Sage, B. Schick-Boschetto, G. Spivey, M. Feldkamp, K. Ormond, D. Matsui, A. K. Stein-Schechman, L. Cook, J. Brochu, M. Rieder and G. Koren (1998). "Pregnancy outcome following maternal use of the new selective serotonin reuptake inhibitors: a prospective controlled multicenter study." Jama 279(8): 609-610.	Not adjusted for potential confounders
Kulkarni, J., R. Worsley, H. Gilbert, E. Gavrilidis, T. E. Van Rheenen, W. Wang, K. McCauley and P. Fitzgerald (2014). "A prospective cohort study of antipsychotic medications in pregnancy: the first 147 pregnancies and 100 one year old babies." PLoS One 9(5): e94788.	Wrong study type
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Laegreid, L., G. Hagberg and A. Lundberg (1992). "The effect of benzodiazepines on the fetus and the newborn." Neuropediatrics 23(1): 18-23.	Not adjusted for potential confounders
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Larsen, E. R., P. Damkier, L. H. Pedersen, J. Fenger-Gron, R. L. Mikkelsen, R. E. Nielsen, V. J. Linde, H. E. Knudsen, L. Skaarup and P. Videbech (2015). "Use of psychotropic drugs during pregnancy and breast-feeding." Acta Psychiatr Scand Suppl(445): 1-28.	Not a SR
Larsen, E. R., P. Damkier, L. H. Pedersen, J. Fenger-Gron, R. L. Mikkelsen, R. E. Nielsen, V. J. Linde, H. E. Knudsen, L. Skaarup and P. Videbech (2015). "Use of psychotropic drugs during pregnancy and breast-feeding." Acta Psychiatr Scand Suppl(445): 1-28.	Not a SR
Latendresse, G. and R. J. Ruiz (2011). "Maternal corticotropin-releasing hormone and the use of selective serotonin reuptake inhibitors independently predict the occurrence of preterm birth." J Midwifery Womens Health 56(2): 118-126.	Not limited to/adjusted for maternal psychiatric condition
Leibovitch, L., N. Rymer-Haskel, I. Schushan-Eisen, J. Kuint, T. Strauss and A. Maayan-Metzger (2013). "Short-term neonatal outcome among term infants after in utero exposure to serotonin reuptake inhibitors." Neonatology 104(1): 65-70.	Not limited to/adjusted for maternal psychiatric condition
Lennestal, R. and B. Kallen (2007). "Delivery outcome in relation to maternal use of some recently introduced antidepressants." J Clin Psychopharmacol 27(6): 607-613.	Not limited to/adjusted for maternal psychiatric condition
Leppee, M., J. Culig, M. Eric and S. Sijanovic (2010). "The effects of benzodiazepines in pregnancy." Acta Neurol Belg 110(2): 163-167.	Not adjusted for potential confounders
Levinson-Castiel, R., P. Merlob, N. Linder, L. Sirota and G. Klinger (2006). "Neonatal abstinence syndrome after in utero exposure to selective serotonin reuptake inhibitors in term infants." Arch Pediatr Adolesc Med 160(2): 173-176.	Not adjusted for potential confounders
Lewis, A. J., M. Galbally, G. Opie and A. Buist (2010). "Neonatal growth outcomes at birth and one month postpartum following in utero exposure to antidepressant medication." Aust N Z J Psychiatry 44(5): 482-487.	Not limited to/adjusted for maternal psychiatric condition
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Lindqvist, P. G., J. Nasiell, L. L. Gustafsson and L. Nordstrom (2014). "Selective serotonin reuptake inhibitor use during pregnancy increases the risk of postpartum hemorrhage and anemia: a hospital-based cohort study." J Thromb Haemost 12(12): 1986-1992.	Wrong study type
Liu, X., J. Olsen, L. H. Pedersen, E. Agerbo, W. Yuan and J. Li (2015). "Antidepressant use during pregnancy and asthma in the offspring." Pediatrics 135(4): e911-917.	Wrong outcomes
Lorenzo, L. and A. Einarson (2014). "Antidepressant use in pregnancy: an evaluation of adverse outcomes excluding malformation." Isr J Psychiatry Relat Sci 51(2): 94-104.	Not a SR
Louik, C., A. E. Lin, M. M. Werler, S. Hernandez-Diaz and A. A. Mitchell (2007). "First-trimester use of selective serotonin-reuptake inhibitors and the risk of birth defects." N Engl J Med 356(26): 2675-2683.	Not limited to/adjusted for maternal psychiatric condition
Louik, C., S. Kerr and A. A. Mitchell (2014). "First-trimester exposure to bupropion and risk of cardiac malformations." Pharmacoepidemiol Drug Saf 23(10): 1066-1075.	Not limited to/adjusted for maternal psychiatric condition
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Lupattelli, A., O. Spigset, G. Koren and H. Nordeng (2014). "Risk of vaginal bleeding and postpartum hemorrhage after use of antidepressants in pregnancy: a study from the Norwegian Mother and Child Cohort Study." J Clin Psychopharmacol 34(1): 143-148.	Wrong study type
Lupattelli, A., O. Spigset, G. Koren and H. Nordeng (2014). "Risk of vaginal bleeding and postpartum hemorrhage after use of antidepressants in pregnancy: a study from the Norwegian Mother and Child Cohort Study." J Clin Psychopharmacol 34(1): 143-148.	Wrong/no comparator
Malm, H., M. Artama, M. Gissler and A. Ritvanen (2011). "Selective serotonin reuptake inhibitors and risk for major congenital anomalies." Obstet Gynecol 118(1): 111-120.	Not limited to/adjusted for maternal psychiatric condition
Malm, H., T. Klaukka and P. J. Neuvonen (2005). "Risks associated with selective serotonin reuptake inhibitors in pregnancy." Obstet Gynecol 106(6): 1289-1296.	Not limited to/adjusted for maternal psychiatric condition
Manakova, E. and L. Hubickova (2011). "Antidepressant drug exposure during pregnancy. CZTIS small prospective study." Neuro Endocrinol Lett 32 Suppl 1: 53-56.	Not adjusted for potential confounders
Mandy, W. and M. C. Lai (2016). "Annual Research Review: The role of the environment in the developmental psychopathology of autism spectrum condition." J Child Psychol Psychiatry 57(3): 271-292.	Not a SR
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Marchesi, C., P. Ossola, A. Amerio, B. D. Daniel, M. Tonna and C. De Panfilis (2016). "Clinical management of perinatal anxiety disorders: A systematic review." J Affect Disord 190: 543-550.	Wrong study type
Margulis, A. V., M. A. Mittleman, R. J. Glynn, L. B. Holmes and S. Hernandez-Diaz (2015). "Effects of gestational age at enrollment in pregnancy exposure registries." Pharmacoepidemiol Drug Saf 24(4): 343-352.	Wrong study type
Maschi, S., A. Clavenna, R. Campi, B. Schiavetti, M. Bernat and M. Bonati (2008). "Neonatal outcome following pregnancy exposure to antidepressants: a prospective controlled cohort study." Bjog 115(2): 283-289.	Not limited to/adjusted for maternal psychiatric condition

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McElhatton, P. R., H. M. Garbis, E. Elefant, T. Vial, B. Bellemin, P. Mastroiacovo, J. Arnon, E. Rodriguez-Pinilla, C. Schaefer, T. Pexieder, P. Merlob and S. Dal Verme (1996). "The outcome of pregnancy in 689 women exposed to therapeutic doses of antidepressants. A collaborative study of the European Network of Teratology Information Services (ENTIS)." Reprod Toxicol 10(4): 285-294.	Not adjusted for potential confounders
Meador, K. J., G. A. Baker, N. Browning, M. J. Cohen, R. L. Bromley, J. Clayton-Smith, L. A. Kalayjian, A. Kanner, J. D. Liporace, P. B. Pennell, M. Privitera and D. W. Loring (2014). "Breastfeeding in children of women taking antiepileptic drugs: cognitive outcomes at age 6 years." JAMA Pediatr 168(8): 729-736.	Wrong study type
Merlob, P., E. Birk, L. Sirota, N. Linder, M. Berant, B. Stahl and G. Klinger (2009). "Are selective serotonin reuptake inhibitors cardiac teratogens? Echocardiographic screening of newborns with persistent heart murmur." Birth Defects Res A Clin Mol Teratol 85(10): 837-841.	Wrong outcomes
Michielsen, L. A., F. M. van der Heijden, P. K. Janssen and H. J. Kuijpers (2014). "Effects of maternal psychotropic drug dosage on birth outcomes." Neuropsychiatr Dis Treat 10: 13-18.	Wrong outcomes
Milgrom, J., A. W. Gemmill, J. Ericksen, G. Burrows, A. Buist and J. Reece (2015). "Treatment of postnatal depression with cognitive behavioural therapy, sertraline and combination therapy: a randomised controlled trial." Aust N Z J Psychiatry 49(3): 236-245.	Wrong study type
Mines, D., P. Tennis, S. M. Curkendall, D. K. Li, C. Peterson, E. B. Andrews, B. Calingaert, H. Chen, G. Deshpande, D. B. Esposito, N. Everage, C. N. Holick, N. M. Meyer, E. T. Nkhoma, S. Quinn, K. J. Rothman and K. A. Chan (2014). "Topiramate use in pregnancy and the birth prevalence of oral clefts." Pharmacoepidemiol Drug Saf 23(10): 1017-1025.	Wrong study type
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Molenaar, N. M., M. E. Brouwer, C. L. Bockting, G. J. Bonsel, C. N. van der Veere, H. W. Torij, W. J. Hoogendijk, J. J. Duvekot, H. Burger and M. P. Lambregtse-van den Berg (2016). "Stop or go? Preventive cognitive therapy with guided tapering of antidepressants during pregnancy: study protocol of a pragmatic multicentre non-inferiority randomized controlled trial." BMC Psychiatry 16: 72.	Not a clinical study. Protocol only.
Molyneaux, E., K. Trevillion and L. M. Howard (2015). "Antidepressant treatment for postnatal depression." JAMA 313(19): 1965-1966.	Duplicate data. Molyneaux 2014.
Moreno, E., F. J. Vazquez-Polo and M. A. Negrin (2014). "Objective Bayesian meta-analysis for sparse discrete data." Stat Med 33(21): 3676-3692.	Not a SR
Mortensen, J. T., J. Olsen, H. Larsen, J. Bendsen, C. Obel and H. T. Sorensen (2003). "Psychomotor development in children exposed in utero to benzodiazepines, antidepressants, neuroleptics, and anti-epileptics." Eur J Epidemiol 18(8): 769-771.	Not limited to/adjusted for maternal psychiatric condition
Mulder, E. J., F. F. Ververs, R. de Heus and G. H. Visser (2011). "Selective serotonin reuptake inhibitors affect neurobehavioral development in the human fetus." Neuropsychopharmacology 36(10): 1961-1971.	Not limited to/adjusted for maternal psychiatric condition
Munch, T. N., M. L. Rasmussen, J. Wohlfahrt, M. Juhler and M. Melbye (2014). "Risk factors for congenital hydrocephalus: a nationwide, register-based, cohort study." J Neurol Neurosurg Psychiatry 85(11): 1253-1259.	Wrong outcomes
Muzik, M. and S. E. Hamilton (2016). "Use of Antidepressants During Pregnancy?: What to Consider when Weighing Treatment with Antidepressants Against Untreated Depression." Matern Child Health J.	Not a SR
Nezvalova-Henriksen, K., O. Spigset, R. E. Brandlistuen, E. Ystrom, G. Koren and H. Nordeng (2016). "Effect of prenatal selective serotonin reuptake inhibitor (SSRI) exposure on birthweight and gestational age: a sibling-controlled cohort study." Int J Epidemiol.	Wrong outcomes
Noera, K., V. K. Vera, V. D. V. Peter, D. Koert, D. Martine and A. Honig (2015) "The role of the serotonergic system in the development of poor neonatal adaptation in infants exposed to antidepressants in utero." Journal of perinatal medicine 43 DOI: 10.1515/jpm-2015-2002.	Not adjusted for potential confounders
Nordeng, H., M. M. van Gelder, O. Spigset, G. Koren, A. Einarson and M. Eberhard-Gran (2012). "Pregnancy outcome after exposure to antidepressants and the role of maternal depression: results from the Norwegian Mother and Child Cohort Study." J Clin Psychopharmacol 32(2): 186-194.	Not limited to/adjusted for maternal psychiatric condition
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Nulman, I. and G. Koren (1996). "The safety of fluoxetine during pregnancy and lactation." Teratology 53(5): 304-308.	Not limited to/adjusted for maternal psychiatric condition
Nulman, I., G. Koren, J. Rovet, M. Barrera, A. Pulver, D. Streiner and B. Feldman (2012). "Neurodevelopment of children following prenatal exposure to venlafaxine, selective serotonin reuptake inhibitors, or untreated maternal depression." Am J Psychiatry 169(11): 1165-1174.	Not adjusted for potential confounders
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Nulman, I., J. Rovet, D. E. Stewart, J. Wolpin, P. Pace-Asciak, S. Shuhaiber and G. Koren (2002). "Child development following exposure to tricyclic antidepressants or fluoxetine throughout fetal life: a prospective, controlled study." Am J Psychiatry 159(11): 1889-1895.	Not limited to/adjusted for maternal psychiatric condition
Oberlander, T. F., M. Papsdorf, U. M. Brain, S. Misri, C. Ross and R. E. Grunau (2010). "Prenatal effects of selective serotonin reuptake inhibitor antidepressants, serotonin transporter promoter genotype (SLC6A4), and maternal mood on child behavior at 3 years of age." Arch Pediatr Adolesc Med 164(5): 444-451.	Not adjusted for potential confounders
Oberlander, T. F., P. Reebye, S. Misri, M. Papsdorf, J. Kim and R. E. Grunau (2007). "Externalizing and attentional behaviors in children of depressed mothers treated with a selective serotonin reuptake inhibitor antidepressant during pregnancy." Arch Pediatr Adolesc Med 161(1): 22-29.	Not limited to/adjusted for maternal psychiatric condition

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O'Connor, A. B., L. O'Brien, W. A. Alto and J. Wong (2016). "Does concurrent in utero exposure to buprenorphine and antidepressant medications influence the course of neonatal abstinence syndrome?" J Matern Fetal Neonatal Med 29(1): 112-114.	Wrong/no intervention
O'Connor, E., R. C. Rossom, M. Henninger, H. C. Groom and B. U. Burda (2016). "Primary Care Screening for and Treatment of Depression in Pregnant and Postpartum Women: Evidence Report and Systematic Review for the US Preventive Services Task Force." JAMA 315(4): 388-406.	Duplicate data. O'Connor HTA.
O'Dowd, A. (2014). "Antidepressants in pregnancy are linked to ADHD but not to autism, says study." Bmj 349: g5315.	Not a SR
Ohtani, H., M. Tanaka, M. Sasagawa, M. Mizobuchi, K. Fukushima, M. Kato and Y. Inoue (2015). "Japanese results of the European registry of Antiepileptic Drugs and Pregnancy (EURAP): (second report)." Journal of the Japan Epilepsy Society 33(3): 663-671.	Wrong study type
Ornoy, A., J. Arnon, S. Shechtman, L. Moerman and I. Lukashova (1998). "Is benzodiazepine use during pregnancy really teratogenic?" Reprod Toxicol 12(5): 511-515.	Not adjusted for potential confounders
Orsolini, L. and C. Bellantuono (2015). "Serotonin reuptake inhibitors and breastfeeding: a systematic review." Hum Psychopharmacol 30(1): 4-20.	Not a SR
Ostuzzi, G. and C. Barbui (2014). "Autism spectrum disorders: weighing the risk of SSRI exposure in pregnancy." Epidemiol Psychiatr Sci 23(3): 231-233.	Not a SR
Ozdemir, O., M. E. Sari, A. Kurt, V. S. Sakar and C. R. Atalay (2015). "Pregnancy outcome of 149 pregnancies in women with epilepsy: Experience from a tertiary care hospital." Interventional Medicine and Applied Science 7(3): 108-113.	Wrong study type
Ozerdem, A. and F. Akdeniz (2014). "Pregnancy and postpartum in bipolar disorder." Neuropsychiatry 4(1): 95-107.	Not a SR
Palmsten, K., S. Hernandez-Diaz, K. F. Huybrechts, P. L. Williams, K. B. Michels, E. D. Achtyes, H. Mogun and S. Setoguchi (2013). "Use of antidepressants near delivery and risk of postpartum hemorrhage: cohort study of low income women in the United States." Bmj 347: f4877.	Wrong study type
Pastuszak, A. and V. Milich (1996). "Prospective assessment of pregnancy outcome following first trimester exposure to benzodiazepines." Canadian Journal of Clinical Pharmacology 3(4): 167-171.	Abstract only
Pastuszak, A., B. Schick-Boschetto, C. Zuber, M. Feldkamp, M. Pinelli, S. Sihn, A. Donnenfeld, M. McCormack, M. Leen-Mitchell, C. Woodland and et al. (1993). "Pregnancy outcome following first-trimester exposure to fluoxetine (Prozac)." Jama 269(17): 2246-2248.	Not adjusted for potential confounders
Paulus, W. D., S. Schloemp, K. Sterzik and F. Stoz (2005). Atypical antipsychotic agents in early pregnancy. European Teratology Society. Haarlen, The Netherlands, Reproductive Toxicology. 20: 477.	Abstract only
Pearson, K. H., R. M. Nonacs, A. C. Viguera, V. L. Heller, L. F. Petrillo, M. Brandes, J. Hennen and L. S. Cohen (2007). "Birth outcomes following prenatal exposure to antidepressants." J Clin Psychiatry 68(8): 1284-1289.	Not limited to/adjusted for maternal psychiatric condition
Pedersen, L. H. (2014). "Meta-analysis: antidepressant exposure during pregnancy is associated with poor neonatal adaptation." Evid Based Med 19(2): 76.	Not a SR
Pedersen, L. H., T. B. Henriksen and J. Olsen (2010). "Fetal exposure to antidepressants and normal milestone development at 6 and 19 months of age." Pediatrics 125(3): e600-608.	Wrong outcomes
Pedersen, L. H., T. B. Henriksen, M. Vestergaard, J. Olsen and B. H. Bech (2009). "Selective serotonin reuptake inhibitors in pregnancy and congenital malformations: population based cohort study." Bmj 339: b3569.	Not limited to/adjusted for maternal psychiatric condition
Petersen, I., R. L. McCrea, C. J. Sammon, D. P. Osborn, S. J. Evans, P. J. Cowen, N. Freemantle and I. Nazareth (2016). "Risks and benefits of psychotropic medication in pregnancy: cohort studies based on UK electronic primary care health records." Health Technol Assess 20(23): 1-176.	Duplicate data. Petersen HTA.
Ram, D. and S. Gandotra (2015). "Antidepressants, anxiolytics, and hypnotics in pregnancy and lactation." Indian J Psychiatry 57(Suppl 2): S354-371.	Not a SR
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Reebye, P. N., T. W. Ng, S. Misri and I. Stikarovska (2012). "Affect Expression and Self-Regulation Capacities of Infants Exposed in utero to Psychotropics." Front Psychiatry 3: 11.	Not limited to/adjusted for maternal psychiatric condition
Reebye, P., S. J. Morison, H. Panikkar, S. Misri and R. E. Grunau (2002). "Affect expression in prentally psychotropic exposed and nonexposed mother-infant dyads." J Ment Health 23(4): 403-416.	Not limited to/adjusted for maternal psychiatric condition
Reefhuis, J., O. Devine, J. M. Friedman, C. Louik and M. A. Honein (2015). "Specific SSRIs and birth defects: Bayesian analysis to interpret new data in the context of previous reports." Bmj 351: h3190.	Not limited to/adjusted for maternal psychiatric condition
Reis, M. and B. Kallen (2010). "Delivery outcome after maternal use of antidepressant drugs in pregnancy: an update using Swedish data." Psychol Med 40(10): 1723-1733.	Not limited to/adjusted for maternal psychiatric condition
Roca, A., L. Garcia-Esteve, M. L. Imaz, A. Torres, S. Hernandez, F. Botet, E. Gelabert, S. Subira, A. Plaza, M. Valdes and R. Martin-Santos (2011). "Obstetrical and neonatal outcomes after prenatal exposure to selective serotonin reuptake inhibitors: the relevance of dose." J Affect Disord 135(1-3): 208-215.	Not limited to/adjusted for maternal psychiatric condition
Rurak, D., K. Lim, A. Sanders, U. Brain, W. Riggs and T. F. Oberlander (2011). "Third trimester fetal heart rate and Doppler middle cerebral artery blood flow velocity characteristics during prenatal selective serotonin reuptake inhibitor exposure." Pediatr Res 70(1): 96-101.	Wrong outcomes

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Sahingoz, M., G. Yuksel, C. Karsidag, F. Uguz, E. O. Sonmez, B. B. Annagur and A. Annagur (2014). "Birth weight and preterm birth in babies of pregnant women with major depression in relation to treatment with antidepressants." J Clin Psychopharmacol 34(2): 226-229.	Not adjusted for potential confounders
Salisbury, A. L., K. E. O'Grady, C. L. Battle, K. L. Wisner, G. M. Anderson, L. R. Stroud, C. L. Miller-Loncar, M. E. Young and B. M. Lester (2016). "The Roles of Maternal Depression, Serotonin Reuptake Inhibitor Treatment, and Concomitant Benzodiazepine Use on Infant Neurobehavioral Functioning Over the First Postnatal Month." Am J Psychiatry 173(2): 147-157.	Wrong outcomes
Salisbury, A. L., K. L. Wisner, T. Pearlstein, C. L. Battle, L. Stroud and B. M. Lester (2011). "Newborn neurobehavioral patterns are differentially related to prenatal maternal major depressive disorder and serotonin reuptake inhibitor treatment." Depress Anxiety 28(11): 1008-1019.	Wrong/no comparator
Salkeld, E., L. E. Ferris and D. N. Juurlink (2008). "The risk of postpartum hemorrhage with selective serotonin reuptake inhibitors and other antidepressants." J Clin Psychopharmacol 28(2): 230-234.	Not limited to/adjusted for maternal psychiatric condition
Santucci, A. K., L. T. Singer, S. R. Wisniewski, J. F. Luther, H. F. Eng, J. L. Dills, D. K. Sit, B. H. Hanusa and K. L. Wisner (2014). "Impact of prenatal exposure to serotonin reuptake inhibitors or maternal major depressive disorder on infant developmental outcomes." J Clin Psychiatry 75(10): 1088-1095.	Wrong/no comparator
Selmer, R., B. Haglund, K. Furu, M. Andersen, M. Norgaard, H. Zoega and H. Kieler (2016). "Individual-based versus aggregate meta-analysis in multi-database studies of pregnancy outcomes: the Nordic example of selective serotonin reuptake inhibitors and venlafaxine in pregnancy." Pharmacoepidemiol Drug Saf 25(10): 1160-1169.	Not limited to/adjusted for maternal psychiatric condition
Shallcross, R., R. L. Bromley, C. P. Cheyne, M. Garcia-Finana, B. Irwin, J. Morrow and G. A. Baker (2014). "In utero exposure to levetiracetam vs valproate: development and language at 3 years of age." Neurology 82(3): 213-221.	Wrong/no intervention
Sivojelezova, A., S. Shuhaiber, L. Sarkissian, A. Einarson and G. Koren (2005). "Citalopram use in pregnancy: prospective comparative evaluation of pregnancy and fetal outcome." Am J Obstet Gynecol 193(6): 2004-2009.	Not adjusted for potential confounders
Skarsgard, E. D., C. Meaney, K. Bassil, M. Brindle, L. Arbour and R. Moineddin (2015). "Maternal risk factors for gastroschisis in Canada." Birth Defects Res A Clin Mol Teratol 103(2): 111-118.	Wrong outcomes
Skurtveit, S., R. Selmer, C. Roth, S. Hernandez-Diaz and M. Handal (2014). "Prenatal exposure to antidepressants and language competence at age three: results from a large population-based pregnancy cohort in Norway." BJOG121(13): 1621-1631.	Wrong outcomes
Smit, M., H. Wennink, M. Heres, K. M. Dolman and A. Honig (2015). "Mirtazapine in pregnancy and lactation: data from a case series." J Clin Psychopharmacol 35(2): 163-167.	Wrong/no comparator
Smith, M. V., A. Sung, B. Shah, L. Mayes, D. S. Klein and K. A. Yonkers (2013). "Neurobehavioral assessment of infants born at term and in utero exposure to serotonin reuptake inhibitors." Early Hum Dev 89(2): 81-86.	Not limited to/adjusted for maternal psychiatric condition
Smith, V. and N. Brown (2014). "Prenatal valproate exposure and risk of autism spectrum disorders and childhood autism." Arch Dis Child Educ Pract Ed 99(5): 198.	Not a SR
Stika, L., K. Elisova, L. Honzakova, H. Hrochova, H. Plechatova, J. Strnadova, B. Skop, J. Svihovec, M. Vachova and O. Vinar (1990). "Effects of drug administration in pregnancy on children's school behaviour." Pharm Weekbl Sci 12(6): 252-255.	Not limited to/adjusted for maternal psychiatric condition
Suri, R., A. S. Lin, L. S. Cohen and L. L. Altshuler (2014). "Acute and long-term behavioral outcome of infants and children exposed in utero to either maternal depression or antidepressants: a review of the literature." J Clin Psychiatry 75(10): e1142-1152.	Not a SR
Suri, R., G. Hellemann, Z. N. Stowe, L. S. Cohen, A. Aquino and L. L. Altshuler (2011). "A prospective, naturalistic, blinded study of early neurobehavioral outcomes for infants following prenatal antidepressant exposure." J Clin Psychiatry 72(7): 1002-1007.	Not adjusted for potential confounders
Suri, R., L. Altshuler, G. Hellemann, V. K. Burt, A. Aquino and J. Mintz (2007). "Effects of antenatal depression and antidepressant treatment on gestational age at birth and risk of preterm birth." Am J Psychiatry 164(8): 1206-1213.	Not adjusted for potential confounders
Sutter-Dallay, A. L., M. Bales, E. Pambrun, N. M. Glangeaud-Freudenthal, K. L. Wisner and H. Verdoux (2015). "Impact of prenatal exposure to psychotropic drugs on neonatal outcome in infants of mothers with serious psychiatric illnesses." J Clin Psychiatry 76(7): 967-973.	Not limited to/adjusted for maternal psychiatric condition
Suzuki, S. (2015). "Relapse of depression during pregnancy and postpartum periods in Japanese women associated with self-interruption of their medications: Selective serotonin reuptake inhibitors." Asian J Psychiatr 18: 99.	Wrong study type
Szegda, K., G. Markenson, E. R. Bertone-Johnson and L. Chasan-Taber (2014). "Depression during pregnancy: a risk factor for adverse neonatal outcomes? A critical review of the literature." J Matern Fetal Neonatal Med 27(9): 960-967.	Wrong/no intervention
Tennis, P., K. A. Chan, S. M. Curkendall, D. K. Li, D. Mines, C. Peterson, E. B. Andrews, B. Calingaert, H. Y. Chen, G. Deshpande, N. Everage, C. N. Holick, N. M. Meyer, E. T. Nkhoma, S. Quinn, K. J. Rothman and D. B. Esposito (2015). "Topiramate use during pregnancy and major congenital malformations in multiple populations." Birth Defects Res A Clin Mol Teratol 103(4): 269-275.	Wrong/no intervention
Toh, S., A. A. Mitchell, C. Louik, M. M. Werler, C. D. Chambers and S. Hernandez-Diaz (2009). "Antidepressant use during pregnancy and the risk of preterm delivery and fetal growth restriction." J Clin Psychopharmacol 29(6): 555-560.	Not limited to/adjusted for maternal psychiatric condition
Tomson, T., D. Battino, E. Bonizzoni, J. Craig, D. Lindhout, E. Perucca, A. Sabers, S. V. Thomas and F. Vajda (2015). "Dose-dependent teratogenicity of valproate in mono- and polytherapy: an observational study." Neurology 85(10): 866-872.	Wrong study type
Tomson, T., D. Battino, E. Bonizzoni, J. J. Craig, D. Lindhout, E. Perucca, A. Sabers, S. V. Thomas and F. Vajda (2015). "Antiepileptic drugs and intrauterine death: A prospective observational study from EURAP." Neurology 85(7): 580-588.	Wrong study type
Uguz, F. and V. Sharma (2016). "Mood stabilizers during breastfeeding: a systematic review of the recent literature." Bipolar Disord 18(4): 325-333.	Wrong/no comparator

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Urato, A. C. (2014). "Antidepressant exposure in utero is associated with an increased risk of cardiovascular malformation." Evid Based Med 19(2): 72.	Not a SR
Vajda, F. J., T. J. O'Brien, C. M. Lander, J. Graham and M. J. Eadie (2014). "The teratogenicity of the newer antiepileptic drugs - an update." Acta Neurol Scand 130(4): 234-238.	Wrong study type
Vajda, F. J., T. J. O'Brien, C. M. Lander, J. Graham and M. J. Eadie (2016). "Antiepileptic drug combinations not involving valproate and the risk of fetal malformations." Epilepsia 57(7): 1048-1052.	Wrong study type
Vajda, F. J., T. J. O'Brien, J. E. Graham, A. A. Hitchcock, C. M. Lander and M. J. Eadie (2016). "Antiepileptic drugs, foetal malformations and spontaneous abortions." Acta Neurol Scand.	Wrong study type
Vajda, F. J., T. J. O'Brien, J. Graham, C. M. Lander and M. J. Eadie (2014). "Prediction of the hazard of foetal malformation in pregnant women with epilepsy." Epilepsy Res 108(6): 1013-1017.	Wrong study type
Vajda, F. J., T. J. O'Brien, J. Graham, C. M. Lander and M. J. Eadie (2016). "Is carbamazepine a human teratogen?" J Clin Neurosci 23: 34-37.	Wrong study type
Vasilakis-Scaramozza, C., A. Aschengrau, H. Cabral and S. S. Jick (2013). "Antidepressant use during early pregnancy and the risk of congenital anomalies." Pharmacotherapy 33(7): 693-700.	Not adjusted for potential confounders
Veiby, G., A. K. Daltveit, B. A. Engelsen and N. E. Gilhus (2014). "Fetal growth restriction and birth defects with newer and older antiepileptic drugs during pregnancy." J Neurol 261(3): 579-588.	Wrong study type
Vereczkey, A., B. Gerencser, A. E. Czeizel and I. Szabo (2014). "Association of certain chronic maternal diseases with the risk of specific congenital heart defects: a population-based study." Eur J Obstet Gynecol Reprod Biol 182: 1-6.	Wrong/no intervention
Verrotti, A., E. Mencaroni, M. Castagnino and G. Zaccara (2015). "Foetal safety of old and new antiepileptic drugs." Expert Opin Drug Saf 14(10): 1563-1571.	Not a SR
Viale, L., J. Allotey, F. Cheong-See, D. Arroyo-Manzano, D. McCorry, M. Bagary, L. Mignini, K. S. Khan, J. Zamora and S. Thangaratinam (2015). "Epilepsy in pregnancy and reproductive outcomes: a systematic review and meta-analysis." Lancet 386(10006): 1845-1852.	Abstract only
Videman, M., A. Tokariev, S. Stjerna, R. Roivainen, E. Gaily and S. Vanhatalo (2016). "Effects of prenatal antiepileptic drug exposure on newborn brain activity." Epilepsia 57(2): 252-262.	Wrong outcomes
Viggedal, G., B. S. Hagberg, L. Laegreid and M. Aronsson (1993). "Mental development in late infancy after prenatal exposure to benzodiazepines--a prospective study." J Child Psychol Psychiatry 34(3): 295-305.	Not adjusted for potential confounders
Viktorin, A., P. Lichtenstein, C. Lundholm, C. Almqvist, B. M. D'Onofrio, H. Larsson, M. Landen and P. K. Magnusson (2016). "Selective serotonin re-uptake inhibitor use during pregnancy: association with offspring birth size and gestational age." Int J Epidemiol 45(1): 170-177.	Not limited to/adjusted for maternal psychiatric condition
Warnock, F., R. Bakeman, K. Shearer, S. Misri and T. Oberlander (2009). "Caregiving behaviour and ineractions of prenatally depressed mothers (anti-depressant treated and non-antidepressent treated) during newborn acute pain." Infant Mental Health Journal 30: 384-406.	Wrong outcomes
Weikum, W. M., L. C. Mayes, R. E. Grunau, U. Brain and T. F. Oberlander (2013). "The impact of prenatal serotonin reuptake inhibitor (SRI) antidepressant exposure and maternal mood on mother-infant interactions at 3 months of age." Infant Behav Dev 36(4): 485-493.	Wrong outcomes
Weikum, W. M., T. F. Oberlander, T. K. Hensch and J. F. Werker (2012). "Prenatal exposure to antidepressants and depressed maternal mood alter trajectory of infant speech perception." Proc Natl Acad Sci U S A 109 Suppl 2: 17221-17227.	Wrong outcomes
Weikum, W. M., U. Brain, C. M. Chau, R. E. Grunau, W. T. Boyce, A. Diamond and T. F. Oberlander (2013). "Prenatal serotonin reuptake inhibitor (SRI) antidepressant exposure and serotonin transporter promoter genotype (SLC6A4) influence executive functions at 6 years of age." Front Cell Neurosci 7: 180.	Wrong outcomes
Weissman, M. M., P. Wickramaratne, D. J. Pilowsky, E. Poh, L. A. Batten, M. Hernandez, M. F. Flament, J. A. Stewart, P. McGrath, P. Blier and J. W. Stewart (2015) "Treatment of maternal depression in a medication clinical trial and its effect on children." The American journal of psychiatry 172, 450-459 DOI: 10.1176/appi.ajp.2014.13121679.	Wrong study type
Wemakor, A., K. Casson, E. Garne, M. Bakker, M. C. Addor, L. Arriola, M. Gatt, B. Khoshnood, K. Klungsoyr, V. Nelen, M. O'Mahoney, A. Pierini, A. Rissmann, D. Tucker, B. Boyle, L. de Jong-van den Berg and H. Dolk (2015). "Selective serotonin reuptake inhibitor antidepressant use in first trimester pregnancy and risk of specific congenital anomalies: a European register-based study." Eur J Epidemiol 30(11): 1187-1198.	Not limited to/adjusted for maternal psychiatric condition
Wen, S. W., Q. Yang, P. Garner, W. Fraser, O. Olatunbosun, C. Nimrod and M. Walker (2006). "Selective serotonin reuptake inhibitors and adverse pregnancy outcomes." Am J Obstet Gynecol 194(4): 961-966.	Not limited to/adjusted for maternal psychiatric condition
Wesseloo, R., A. M. Kamperman, T. Munk-Olsen, V. J. Pop, S. A. Kushner and V. Bergink (2016). "Risk of Postpartum Relapse in Bipolar Disorder and Postpartum Psychosis: A Systematic Review and Meta-Analysis." Am J Psychiatry 173(2): 117-127.	Wrong/no comparator
Wichman, C. L., K. M. Moore, T. R. Lang, J. L. St Sauver, R. H. Heise, Jr. and W. J. Watson (2009). "Congenital heart disease associated with selective serotonin reuptake inhibitor use during pregnancy." Mayo Clin Proc 84(1): 23-27.	Not adjusted for potential confounders
Wilson, K. L., C. M. Zelig, J. P. Harvey, B. S. Cunningham, B. M. Dolinsky and P. G. Napolitano (2011). "Persistent pulmonary hypertension of the newborn is associated with mode of delivery and not with maternal use of selective serotonin reuptake inhibitors." Am J Perinatol 28(1): 19-24.	Not limited to/adjusted for maternal psychiatric condition
Winterfeld, U., G. Klinger, A. Panchaud, S. Stephens, J. Arnon, H. Malm, B. Te Winkel, M. Clementi, A. Pistelli, E. Manakova, G. Eleftheriou, P. Merlob, Y. C. Kaplan, T. Buclin and L. E. Rothuizen (2015). "Pregnancy outcome following maternal exposure to mirtazapine: a multicenter, prospective study." J Clin Psychopharmacol 35(3): 250-259.	Not limited to/adjusted for maternal psychiatric condition
Winterfeld, U., P. Merlob, D. Baud, V. Rousson, A. Panchaud, L. E. Rothuizen, N. Bernard, T. Vial, L. M. Yates, A. Pistelli, M. Ellfolk, G. Eleftheriou, L. C. de Vries, A. P. Jonville-Bera, M. Kadioglu, J. Biollaz and T. Buclin (2016). "Pregnancy outcome following maternal exposure to pregabalin may call for concern." Neurology 86(24): 2251-2257.	Wrong/no intervention

Full text citation	Reason for exclusion
Wisner, K. L., D. K. Sit, B. H. Hanusa, E. L. Moses-Kolko, D. L. Bogen, D. F. Hunker, J. M. Perel, S. Jones-Ivy, L. M. Bodnar and L. T. Singer (2009). "Major depression and antidepressant treatment: impact on pregnancy and neonatal outcomes." Am J Psychiatry 166(5): 557-566.	Wrong/no comparator
Wogelius, P., M. Norgaard, M. Gislum, L. Pedersen, E. Munk, P. B. Mortensen, L. Lipworth and H. T. Sorensen (2006). "Maternal use of selective serotonin reuptake inhibitors and risk of congenital malformations." Epidemiology 17(6): 701-704.	Not limited to/adjusted for maternal psychiatric condition
Wood, A. (2014). "Prenatal exposure to sodium valproate is associated with increased risk of childhood autism and autistic spectrum disorder." Evid Based Nurs 17(3): 84.	Not a SR
Wood, A. G., C. Nadebaum, V. Anderson, D. Reutens, S. Barton, T. J. O'Brien and F. Vajda (2015). "Prospective assessment of autism traits in children exposed to antiepileptic drugs during pregnancy." Epilepsia 56(7): 1047-1055.	Wrong study type
Yazdy, M. M., A. A. Mitchell, C. Louik and M. M. Werler (2014). "Use of selective serotonin-reuptake inhibitors during pregnancy and the risk of clubfoot." Epidemiology 25(6): 859-865.	Wrong outcomes
Yonkers, K. A., E. R. Norwitz, M. V. Smith, C. J. Lockwood, N. Gotman, E. Luchansky, H. Lin and K. Belanger (2012). "Depression and serotonin reuptake inhibitor treatment as risk factors for preterm birth." Epidemiology 23(5): 677-685.	Wrong/no comparator
Yonkers, K. A., M. V. Smith, A. Forray, C. N. Epperson, D. Costello, H. Lin and K. Belanger (2014). "Pregnant women with posttraumatic stress disorder and risk of preterm birth." JAMA Psychiatry 71(8): 897-904.	Not limited to/adjusted for maternal psychiatric condition
Zeskind, P. S. and L. E. Stephens (2004). "Maternal selective serotonin reuptake inhibitor use during pregnancy and newborn neurobehavior." Pediatrics 113(2): 368-375.	Not limited to/adjusted for maternal psychiatric condition

AppC1.2.4.4 Z-drugs

Full text citation	Reason for exclusion
Hashmi, A. M., S. K. Bhatia and I. S. Khawaja (2016). "Insomnia during pregnancy: Diagnosis and rational interventions." Pakistan Journal of Medical Sciences 32(4): 1030-1037.	Wrong outcomes

AppC1.2.4.5 St John's wort and gingko biloba

Full text citation	Reason for exclusion
Abd El Aal, D. E. M., M. S. Abdellah, A. Y. Shahine and M. S. Zakhera (2014) "Effects of oral ginkgo biloba extract on fetal weight in fetuses with intrauterine growth restriction." Fertility and sterility 102, e282-e283 DOI: 10.1016/j.fertnstert.2014.07.962.	Wrong population
Dante, G., G. Pedrielli, E. Annessi and F. Facchinetti (2013). "Herb remedies during pregnancy: a systematic review of controlled clinical trials." J Matern Fetal Neonatal Med 26(3): 306-312.	Wrong outcomes
Dugoua, J. J., E. Mills, D. Perri and G. Koren (2006). "Safety and efficacy of ginkgo (Ginkgo biloba) during pregnancy and lactation." Can J Clin Pharmacol 13(3): e277-284.	Wrong outcomes
Dugoua, J. J., E. Mills, D. Perri and G. Koren (2006). "Safety and efficacy of St. John's wort (hypericum) during pregnancy and lactation." Can J Clin Pharmacol 13(3): e268-276.	Wrong outcomes
Freeman, M. P., D. Mischoulon, E. Tedeschini, T. Goodness, L. S. Cohen, M. Fava and G. I. Papakostas (2010). "Complementary and alternative medicine for major depressive disorder: a meta-analysis of patient characteristics, placebo-response rates, and treatment outcomes relative to standard antidepressants." J Clin Psychiatry 71(6): 682-688.	Wrong population
Izzo, A. A., S. Hoon-Kim, R. Radhakrishnan and E. M. Williamson (2016). "A Critical Approach to Evaluating Clinical Efficacy, Adverse Events and Drug Interactions of Herbal Remedies." Phytother Res 30(5): 691-700.	Wrong outcomes
Kalra, S., L. Born, M. Sarkar and A. Einarson (2005). "The safety of antidepressant use in pregnancy." Expert Opin Drug Saf 4(2): 273-284.	Not a SR
Klier, C. M., B. Schmid-Siegel, M. R. Schafer, G. Lenz, A. Saria, A. Lee and G. Zernig (2006). "St. John's wort (Hypericum perforatum) and breastfeeding: plasma and breast milk concentrations of hyperforin for 5 mothers and 2 infants." J Clin Psychiatry 67(2): 305-309.	Wrong outcomes
Lee, A., R. Minhas, N. Matsuda, M. Lam and S. Ito (2003). "The safety of St. John's wort (Hypericum perforatum) during breastfeeding." J Clin Psychiatry 64(8): 966-968.	Wrong outcomes
Manber, R., J. J. Allen and M. E. Morris (2002). "Alternative treatments for depression: empirical support and relevance to women." J Clin Psychiatry 63(7): 628-640.	Not a SR
Qureshi, N. A. and A. M. Al-Bedah (2013). "Mood disorders and complementary and alternative medicine: a literature review." Neuropsychiatr Dis Treat 9: 639-658.	Wrong population

AppC1.2.4.6 Omega-3 fatty acids

Full text citation	Reason for exclusion
Ahmed, S., M. Makrides, N. Sim, A. McPhee, J. Quinlivan, R. Gibson and W. Umberger (2015) "Analysis of hospital cost outcome of DHA-rich fish-oil supplementation in pregnancy: Evidence from a randomized controlled trial." Prostaglandins, leukotrienes, and essential fatty acids 102-103, 5-11 DOI: 10.1016/j.plefa.2015.08.002.	Wrong outcomes

Full text citation	Reason for exclusion
Berman, D., R. Limb, E. Somers, C. Clinton, V. Romero and E. Mozurkewich (2015) "Prenatal omega-3 supplementation and risk of eczema among offspring at age 36 months: Long-term follow-up of the mothers, omega-3, & mental health trial." American journal of obstetrics and gynecology 212, S162 DOI: 10.1016/j.ajog.2014.10.347.	Wrong outcomes
Bernard, J. Y., M. De Agostini, A. Forhan, B. de Lauzon-Guillain, M. A. Charles and B. Heude (2013). "The dietary n6:n3 fatty acid ratio during pregnancy is inversely associated with child neurodevelopment in the EDEN mother-child cohort." J Nutr 143(9): 1481-1488.	Wrong outcomes
Best, K. P., M. Gold, D. Kennedy, J. Martin and M. Makrides (2016). "Omega-3 long-chain PUFA intake during pregnancy and allergic disease outcomes in the offspring: a systematic review and meta-analysis of observational studies and randomized controlled trials." Am J Clin Nutr 103(1): 128-143.	Wrong outcomes
Best, K., T. Sullivan, D. Palmer, M. Gold, D. Kennedy, J. Martin and M. Makrides (2016) "Prenatal fish oil supplementation and allergy: 6-Year follow-up of a randomized controlled trial." Pediatrics 137 DOI: 10.1542/peds.2015-4443.	Wrong outcomes
Borja-Hart, N. L. and J. Marino (2010). "Role of omega-3 Fatty acids for prevention or treatment of perinatal depression." Pharmacotherapy 30(2): 210-216.	Not SR
Brantsaeter, A. L., B. E. Birgisdottir, H. M. Meltzer, H. E. Kvalem, J. Alexander, P. Magnus and M. Haugen (2012). "Maternal seafood consumption and infant birth weight, length and head circumference in the Norwegian Mother and Child Cohort Study." Br J Nutr 107(3): 436-444.	Wrong outcomes
Brei, C., L. Stecher, D. Much, M. T. Karla, U. Amann-Gassner, J. Shen, C. Ganter, D. C. Karampinos, S. Brunner and H. Hauner (2016). "Reduction of the n-6:n-3 long-chain PUFA ratio during pregnancy and lactation on offspring body composition: follow-up results from a randomized controlled trial up to 5 y of age." Am J Clin Nutr 103(6): 1472-1481.	Wrong outcomes
Browne, J. C., K. M. Scott and K. M. Silvers (2006). "Fish consumption in pregnancy and omega-3 status after birth are not associated with postnatal depression." J Affect Disord 90(2-3): 131-139.	Not a RCT
Campoy, C., M. Escolano-Margarit, R. Ramos, M. Parrilla-Roure, G. Csabi, J. Beyer, M. Ramirez-Tortosa, A. Molloy, T. Decsi and B. Koletzko (2011) "Effects of prenatal fish-oil and 5-methyltetrahydrofolate supplementation on cognitive development of children at 6.5 y of age1-5." American journal of clinical nutrition 94, 1880s-1888s DOI: 10.3945/ajcn.110.001107.	Not SR
Caritis, S., R. Venkataramanan, E. Thom, M. Harper, M. Klebanoff, Y. Sorokin, J. Thorp, M. Varner, R. Wapner, J. Iams, M. Carpenter, W. Grobman, B. Mercer, A. Sciscione, D. Rouse and S. Ramin (2014) "Relationship between 17-alpha hydroxyprogesterone caproate concentration and spontaneous preterm birth." American journal of obstetrics and gynecology 210, 128.e121-126 DOI: 10.1016/j.ajog.2013.10.008.	Not SR
Carlsen, K., L. Pedersen, K. Bonnelykke, K. D. Stark, L. Lauritzen and H. Bisgaard (2013). "Association between whole-blood polyunsaturated fatty acids in pregnant women and early fetal weight." Eur J Clin Nutr 67(9): 978-983.	Wrong outcomes
Carlson, S., J. Colombo, B. Gajewski, K. Gustafson, D. Mundy, J. Yeast, M. Georgieff, L. Markley, E. Kerling and D. Shaddy (2013) "DHA supplementation and pregnancy outcomes." The American journal of clinical nutrition 97, 808-815 DOI: 10.3945/ajcn.112.050021.	Not SR
Cheatham, C., A. Nerhammer, M. Asserhøj, K. Michaelsen and L. Lauritzen (2011) "Fish oil supplementation during lactation: effects on cognition and behavior at 7 years of age." Lipids 46, 637-645 DOI: 10.1007/s11745-011-3557-x.	Not SR
Chong, M. F., Y. L. Ong, P. C. Calder, M. Colega, J. X. Wong, C. S. Tan, A. L. Lim, H. L. Fisk, S. Cai, W. W. Pang, B. F. Broekman, S. M. Saw, K. Kwek, K. M. Godfrey, Y. S. Chong, P. Gluckman, M. J. Meaney and H. Chen (2015). "Long-chain polyunsaturated fatty acid status during pregnancy and maternal mental health in pregnancy and the postpartum period: results from the GUSTO study." J Clin Psychiatry 76(7): e848-856.	Not a RCT
Cosatto, V. F., P. L. Else and B. J. Meyer (2010). "Do pregnant women and those at risk of developing post-natal depression consume lower amounts of long chain omega-3 polyunsaturated fatty acids?" Nutrients 2(2): 198-213.	Not a RCT
da Rocha, C. M. and G. Kac (2012). "High dietary ratio of omega-6 to omega-3 polyunsaturated acids during pregnancy and prevalence of post-partum depression." Matern Child Nutr 8(1): 36-48.	Not a RCT
Decsi, T., C. Campoy and B. Koletzko (2005) "Effect of N-3 polyunsaturated fatty acid supplementation in pregnancy: the Nuheal trial." Advances in experimental medicine and biology 569, 109-113 DOI: 10.1007/1-4020-3535-7_15.	Wrong outcomes
Dotterud, C., O. Storrø, M. Simpson, R. Johnsen and T. Øien (2013) "The impact of pre- and postnatal exposures on allergy related diseases in childhood: a controlled multicentre intervention study in primary health care." BMC public health 13, 123 DOI: 10.1186/1471-2458-13-123.	Wrong outcomes
Dunlop, A., R. Taylor, V. Tangpricha, S. Fortunato and R. Menon (2012) "Maternal micronutrient status and preterm versus term birth for black and white US women." Reproductive sciences (Thousand Oaks, Calif.) 19, 939-948 DOI: 10.1177/1933719112438442.	Not SR
Dunstan, J., K. Simmer, G. Dixon and S. Prescott (2008) "Cognitive assessment of children at age 2(1/2) years after maternal fish oil supplementation in pregnancy: a randomised controlled trial." Archives of disease in childhood. Fetal and neonatal edition 93, F45-50 DOI: 10.1136/adc.2006.099085.	Not SR
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Fard, F. E., M. Mirghafourvand, S. Mohammad-Alizadeh-Charandabi, A. Farshbaf-Khalili and M. A. Jafaraabadi (2016). "The relationship of nutritional regime with postpartum depression in women." Iranian Journal of Obstetrics, Gynecology and Infertility 18(182): 1-10.	Not a RCT
Fereidooni, B. and E. Jenabi (2014). "The use of omega 3 on pregnancy outcomes: a single-center study." J Pak Med Assoc 64(12): 1363-1365.	Not a RCT
Freeman, M. and P. Sinha (2007) "Tolerability of omega-3 fatty acid supplements in perinatal women." Prostaglandins, leukotrienes, and essential fatty acids 77, 203-208 DOI: 10.1016/j.plefa.2007.09.004.	Not SR

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Freeman, M. P., J. R. Hibbeln, K. L. Wisner, B. H. Brumbach, M. Watchman and A. J. Gelenberg (2006). "Randomized dose-ranging pilot trial of omega-3 fatty acids for postpartum depression." Acta Psychiatr Scand 113(1): 31-35.	Not SR
Freeman, M. P., J. R. Hibbeln, K. L. Wisner, M. Watchman and A. J. Gelenberg (2006). "An open trial of Omega-3 fatty acids for depression in pregnancy." Acta Neuropsychiatr 18(1): 21-24.	Not a RCT
Freeman, M., J. Hibbeln, K. Wisner, B. Brumbach, M. Watchman and A. Gelenberg (2006) "Randomized dose-ranging pilot trial of omega-3 fatty acids for postpartum depression." Acta psychiatrica Scandinavica 113, 31-35 DOI: 10.1111/j.1600-0447.2005.00660.x.	Not SR
Freeman, M., M. Davis, P. Sinha, K. Wisner, J. Hibbeln and A. Gelenberg (2008) "Omega-3 fatty acids and supportive psychotherapy for perinatal depression: a randomized placebo-controlled study." Journal of affective disorders 110, 142-148 DOI: 10.1016/j.jad.2007.12.228.	Not SR
Gawlik, N., M. Makrides, L. Yelland and L. Kettler (2014) "Does DHA supplementation during pregnancy improve children's language development? a 4-year follow-up of a double-blind, multicenter, randomized controlled trial." Journal of paediatrics and child health 50, 11.	Not SR
Gould, J. F., K. Treyvaud, L. N. Yelland, P. J. Anderson, L. G. Smithers, R. A. Gibson, A. J. McPhee and M. Makrides (2016). "Does n-3 LCPUFA supplementation during pregnancy increase the IQ of children at school age? Follow-up of a randomised controlled trial." BMJ Open 6(5): e011465.	Not SR
Gould, J., M. Makrides and L. Smithers (2013) "Maternal dha supplementation during pregnancy and cognitive development: A randomised controlled trial and an assessment of executive functioning in early childhood." Journal of paediatrics and child health 49, 37-38 DOI: 10.1111/jpc.12132.	Not SR
Gould, J., M. Makrides, J. Colombo and L. Smithers (2014) "Randomized controlled trial of maternal omega-3 long-chain PUFA supplementation during pregnancy and early childhood development of attention, working memory, and inhibitory control." The American journal of clinical nutrition 99, 851-859 DOI: 10.3945/ajcn.113.069203.	Not SR
Grieger, J. A. and V. L. Clifton (2015). "A review of the impact of dietary intakes in human pregnancy on infant birthweight." Nutrients 7(1): 153-178.	Wrong outcomes
Harper, M., E. Thom, M. Klebanoff, J. Thorp, Y. Sorokin, M. Varner, R. Wapner, S. Caritis, J. Iams, M. Carpenter, A. Peaceman, B. Mercer, A. Sciscione, D. Rouse, S. Ramin and G. Anderson (2010) "Omega-3 fatty acid supplementation to prevent recurrent preterm birth: a randomized controlled trial." Obstetrics and gynecology 115, 234-242 DOI: 10.1097/AOG.0b013e3181cbd60e.	Not SR
Harris, M., M. Reece, J. McGregor, J. Wilson, S. Burke, M. Wheeler, J. Anderson, G. Auld, J. French and K. Allen (2015) "The Effect of Omega-3 Docosahexaenoic Acid Supplementation on Gestational Length: Randomized Trial of Supplementation Compared to Nutrition Education for Increasing n-3 Intake from Foods." BioMed Research International DOI: 10.1155/2015/123078.	Not SR
Harris, M., M. Stacy, S. Baker, K. McGirr and D. Davalos (2014) "The omega smart baby project: Effect of maternal DHA on infant development." FASEB journal 28.	Not SR
Helland, I. B., L. Smith, B. Blomen, K. Saarem, O. D. Saugstad and C. A. Drevon (2008). "Effect of supplementing pregnant and lactating mothers with n-3 very-long-chain fatty acids on children's IQ and body mass index at 7 years of age." Pediatrics 122(2): e472-479.	Not SR
Helland, I. B., L. Smith, K. Saarem, O. D. Saugstad and C. A. Drevon (2003). "Maternal supplementation with very-long-chain n-3 fatty acids during pregnancy and lactation augments children's IQ at 4 years of age." Pediatrics 111(1): e39-44.	Not SR
Huras, H., J. Kalinka, M. Radon-Pokracka, K. Kusmierska-Urban, M. Kufelnicka-Babout, M. Nowak, K. Rytlewski, P. Ossowski, G. A. Wojtowicz and A. Reron (2014) "Effects of pentoxifylline and docosahexaenoic acid supplemental treatment in intrauterine growth restriction." Journal of maternal-fetal & neonatal medicine 27, 131 DOI: 10.3109/14767058.2014.924236.	Not SR
Hurtado, J. A., C. Iznaola, M. Pena, J. Ruiz, L. Pena-Quintana, N. Kajarabille, Y. Rodriguez-Santana, P. Sanjurjo, L. Aldamiz-Echevarria, J. Ochoa and F. Lara-Villoslada (2015). "Effects of Maternal Omega-3 Supplementation on Fatty Acids and on Visual and Cognitive Development." J Pediatr Gastroenterol Nutr 61(4): 472-480.	Not SR
Judge, M. P., X. Cong, O. Harel, A. B. Courville and C. J. Lammi-Keefe (2012). "Maternal consumption of a DHA-containing functional food benefits infant sleep patterning: an early neurodevelopmental measure." Early Hum Dev 88(7): 531-537.	Not SR
Kaviani, M., L. Saniee, S. Azima, F. Sharif and M. Sayadi (2014). "The Effect of Omega-3 Fatty Acid Supplementation on Maternal Depression during Pregnancy: A Double Blind Randomized Controlled Clinical Trial." Int J Community Based Nurs Midwifery 2(3): 142-147.	Not SR
Keenan, K., A. Hipwell, J. Bortner, A. Hoffmann and R. McAloon (2014) "Association between fatty acid supplementation and prenatal stress in African Americans: a randomized controlled trial." Obstetrics and gynecology 124, 1080-1087 DOI: 10.1097/AOG.0000000000000559.	Not SR
Keim, S. A., J. L. Daniels, A. M. Siega-Riz, A. H. Herring, N. Dole and P. C. Scheidt (2012). "Breastfeeding and long-chain polyunsaturated fatty acid intake in the first 4 post-natal months and infant cognitive development: an observational study." Matern Child Nutr 8(4): 471-482.	Not a RCT
Kesmodel, U., S. F. Olsen and J. D. Salvig (1997). "Marine n-3 fatty acid and calcium intake in relation to pregnancy induced hypertension, intrauterine growth retardation, and preterm delivery. A case-control study." Acta Obstet Gynecol Scand 76(1): 38-44.	Not a RCT
Kim, D. R., C. N. Epperson, A. R. Weiss and K. L. Wisner (2014). "Pharmacotherapy of postpartum depression: an update." Expert Opin Pharmacother 15(9): 1223-1234.	Not SR
Koletzko, B., C. C. Boey, C. Campoy, S. E. Carlson, N. Chang, M. A. Guillermo-Tuazon, S. Joshi, C. Prell, S. H. Quak, D. R. Sjarif, Y. Su, S. Supapannachart, Y. Yamashiro and S. J. Osendarp (2014). "Current information and Asian perspectives on long-chain polyunsaturated fatty acids in pregnancy, lactation, and infancy: systematic review and practice recommendations from an early nutrition academy workshop." Ann Nutr Metab 65(1): 49-80.	Not SR
Lauritzen, L., M. Jørgensen, S. Olsen, E. Straarup and K. Michaelsen (2005) "Maternal fish oil supplementation in lactation: effect on developmental outcome in breast-fed infants." Reproduction, nutrition, development 45, 535-547 DOI: 10.1051/rnd:2005044.	Not SR

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Lee, H. S., A. Barraza-Villarreal, C. Biessy, T. Duarte-Salles, P. D. Sly, U. Ramakrishnan, J. Rivera, Z. Herceg and I. Romieu (2014). "Dietary supplementation with polyunsaturated fatty acid during pregnancy modulates DNA methylation at IGF2/H19 imprinted genes and growth of infants." Physiol Genomics 46(23): 851-857.	Wrong outcomes
Leung, B. M., B. J. Kaplan, C. J. Field, S. Tough, M. Eliasziw, M. F. Gomez, L. J. McCargar and L. Gagnon (2013). "Prenatal micronutrient supplementation and postpartum depressive symptoms in a pregnancy cohort." BMC Pregnancy Childbirth 13: 2.	Not a RCT
Loomans, E. M., B. R. Van den Bergh, M. Schelling, T. G. Vrijkotte and M. van Eijsden (2014). "Maternal long-chain polyunsaturated fatty acid status during early pregnancy and children's risk of problem behavior at age 5-6 years." J Pediatr 164(4): 762-768.	Not a RCT
Luxwolda, M. F., R. S. Kuipers, E. R. Boersma, S. A. van Goor, D. A. Dijck-Brouwer, A. F. Bos and F. A. Muskiet (2014). "DHA status is positively related to motor development in breastfed African and Dutch infants." Nutr Neurosci 17(3): 97-103.	Not a RCT
Lyall, K., K. L. Munger, E. J. O'Reilly, S. L. Santangelo and A. Ascherio (2013). "Maternal dietary fat intake in association with autism spectrum disorders." Am J Epidemiol 178(2): 209-220.	Not a RCT
Makrides, M., J. F. Gould, N. R. Gawlik, L. N. Yelland, L. G. Smithers, P. J. Anderson and R. A. Gibson (2014). "Four-year follow-up of children born to women in a randomized trial of prenatal DHA supplementation." Jama 311(17): 1802-1804.	Not SR
Makrides, M., R. A. Gibson, A. J. McPhee, L. Yelland, J. Quinlivan and P. Ryan (2010). "Effect of DHA supplementation during pregnancy on maternal depression and neurodevelopment of young children: a randomized controlled trial." Jama 304(15): 1675-1683.	Not SR
Mardones, F., M. Urrutia, L. Villarroel, A. Rioseco, O. Castillo, J. Rozowski, J. Tapia, G. Bastias, J. Bacallao and I. Rojas (2008) "Effects of a dairy product fortified with multiple micronutrients and omega-3 fatty acids on birth weight and gestation duration in pregnant Chilean women." Public health nutrition 11, 30-40 DOI: 10.1017/S1368980007000110.	Not SR
Markhus, M. W., S. Skotheim, I. E. Graff, L. Froyland, H. C. Braarud, K. M. Stormark and M. K. Malde (2013). "Low omega-3 index in pregnancy is a possible biological risk factor for postpartum depression." PLoS ONE 8(7).	Not a RCT
Meldrum, S., J. Dunstan, J. Foster, K. Simmer and S. Prescott (2015) "Maternal fish oil supplementation in pregnancy: a 12 year follow-up of a randomised controlled trial." Nutrients 7, 2061-2067 DOI: 10.3390/nu7032061.	Not SR
Morse, N. L. (2012). "Benefits of docosahexaenoic acid, folic acid, vitamin D and iodine on foetal and infant brain development and function following maternal supplementation during pregnancy and lactation." Nutrients 4(7): 799-840.	Not SR
Mozurkewich, E., C. Clinton, J. Chilimigras, S. Hamilton, L. Allbaugh, D. Berman, S. Marcus, V. Romero, M. Treadwell, K. Keeton, A. Vahratian, R. Schrader, J. Ren and Z. Djuric (2013) "The Mothers, Omega-3, and Mental Health Study: a double-blind, randomized controlled trial." American journal of obstetrics and gynecology 208, 313.e311-319 DOI: 10.1016/j.ajog.2013.01.038.	Not SR
Mulder, K., D. King and S. Innis (2014) "Omega-3 fatty acid deficiency in infants before birth identified using a randomized trial of maternal DHA supplementation in pregnancy." PloS one 9, e83764 DOI: 10.1371/journal.pone.0083764.	Not SR
Olsen, S. F., M. L. Osterdal, J. D. Salvig, L. M. Mortensen, D. Rytter, N. J. Secher and T. B. Henriksen (2008). "Fish oil intake compared with olive oil intake in late pregnancy and asthma in the offspring: 16 y of registry-based follow-up from a randomized controlled trial." Am J Clin Nutr 88(1): 167-175.	Not SR
Onwude, J., R. Lilford, H. Hjartardottir, A. Staines and D. Tuffnell (1995) "A randomised double blind placebo controlled trial of fish oil in high risk pregnancy." British journal of obstetrics and gynaecology 102, 95-100.	Not SR
Parker, G., B. Hegarty, I. Granville-Smith, J. Ho, A. Paterson, A. Gokiert and D. Hadzi-Pavlovic (2015). "Is essential fatty acid status in late pregnancy predictive of post-natal depression?" Acta Psychiatr Scand 131(2): 148-156.	Not a RCT
Ramakrishnan, U., A. Girolamo, L. Schnaas, A. Stein, M. Wang, R. Martorell, L. Neufeld and J. Rivera (2010) "Effect of prenatal supplementation with docosahexanoic acid on infant development: A randomized placebo-controlled trial in Mexico." FASEB journal 24.	Not SR
Ramakrishnan, U., A. Stein, S. Parra-Cabrera, M. Wang, B. Imhoff-Kunsch, S. Juárez-Márquez, J. Rivera and R. Martorell (2010) "Effects of docosahexaenoic acid supplementation during pregnancy on gestational age and size at birth: randomized, double-blind, placebo-controlled trial in Mexico." Food and nutrition bulletin 31, S108-116.	Not SR
Ramakrishnan, U., A. Stinger, A. M. DiGirolamo, R. Martorell, L. M. Neufeld, J. A. Rivera, L. Schnaas, A. D. Stein and M. Wang (2015). "Prenatal Docosahexaenoic Acid Supplementation and Offspring Development at 18 Months: Randomized Controlled Trial." PLoS One 10(8): e0120065.	Not SR
Ramakrishnan, U., I. Gonzalez-Casanova, L. Schnaas, A. DiGirolamo, A. D. Quezada, B. C. Pallo, W. Hao, L. M. Neufeld, J. A. Rivera, A. D. Stein and R. Martorell (2016). "Prenatal supplementation with DHA improves attention at 5 y of age: a randomized controlled trial." Am J Clin Nutr 104(4): 1075-1082.	Not SR
Rees, A. M., M. P. Austin, C. Owen and G. Parker (2009). "Omega-3 deficiency associated with perinatal depression: case control study." Psychiatry Res 166(2-3): 254-259.	Not a RCT
Rees, A., M. Austin and G. Parker (2008) "Omega-3 fatty acids as a treatment for perinatal depression: randomized double-blind placebo-controlled trial." The Australian and New Zealand journal of psychiatry 42, 199-205 DOI: 10.1080/00048670701827267.	Not SR
Rees, A., S. Sirois and A. Wearden (2014). "Maternal docosahexaenoic acid intake levels during pregnancy and infant performance on a novel object search task at 22 months." Child Dev 85(6): 2131-2139.	Not a RCT
Saccone, G., V. Berghella, G. M. Maruotti, L. Sarno and P. Martinelli (2015). "Omega-3 supplementation during pregnancy to prevent recurrent intrauterine growth restriction: systematic review and meta-analysis of randomized controlled trials." Ultrasound Obstet Gynecol 46(6): 659-664.	Duplicate data. Saccone 2016.
Sallis, H., C. Steer, L. Paternoster, G. Davey Smith and J. Evans (2014). "Perinatal depression and omega-3 fatty acids: a Mendelian randomisation study." J Affect Disord 166: 124-131.	Not a RCT

Full text citation	Reason for exclusion
Shapiro, G. D., W. D. Fraser and J. R. Seguin (2012). "Emerging risk factors for postpartum depression: Serotonin transporter genotype an omega-3 fatty acid status." The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie 57(11): 704-712.	Not SR
Shiraishi, M., M. Matsuzaki, Y. Yatsuki, R. Murayama, E. Severinsson and M. Haruna (2015). "Associations of dietary intake and plasma concentrations of eicosapentaenoic and docosahexaenoic acid with prenatal depressive symptoms in Japan." Nurs Health Sci 17(2): 257-262.	Not a RCT
Steenweg-de Graaff, J. C., H. Tiemeier, M. G. Basten, J. Rijlaarsdam, H. Demmelmair, B. Koletzko, A. Hofman, V. W. Jaddoe, F. C. Verhulst and S. J. Roza (2015). "Maternal LC-PUFA status during pregnancy and child problem behavior: the Generation R Study." Pediatr Res 77(3): 489-497.	Not a RCT
Steenweg-de Graaff, J., H. Tiemeier, A. Ghassabian, J. Rijlaarsdam, V. W. Jaddoe, F. C. Verhulst and S. J. Roza (2016). "Maternal Fatty Acid Status During Pregnancy and Child Autistic Traits: The Generation R Study." Am J Epidemiol 183(9): 792-799.	Not a RCT
Steer, C. D., E. Lattka, B. Koletzko, J. Golding and J. R. Hibbeln (2013). "Maternal fatty acids in pregnancy, FADS polymorphisms, and child intelligence quotient at 8 y of age." Am J Clin Nutr 98(6): 1575-1582.	Not a RCT
Stein, A. D., M. Wang, J. A. Rivera, R. Martorell and U. Ramakrishnan (2012). "Auditory- and visual-evoked potentials in Mexican infants are not affected by maternal supplementation with 400 mg/d docosahexaenoic acid in the second half of pregnancy." J Nutr 142(8): 1577-1581.	Not SR
Strom, M., E. L. Mortensen, T. I. Halldorsson, I. Thorsdottir and S. F. Olsen (2009). "Fish and long-chain n-3 polyunsaturated fatty acid intakes during pregnancy and risk of postpartum depression: a prospective study based on a large national birth cohort." Am J Clin Nutr 90(1): 149-155.	Not a RCT
Su, K. P., S. Y. Huang, T. H. Chiu, K. C. Huang, C. L. Huang, H. C. Chang and C. M. Pariante (2008). "Omega-3 fatty acids for major depressive disorder during pregnancy: results from a randomized, double-blind, placebo-controlled trial." J Clin Psychiatry 69(4): 644-651.	Not SR
Suzuki, T. (2011). "Maternal depression and child development after prenatal DHA supplementation." Jama 305(4): 359-360; author reply 360-351.	Not SR
Vaz Jdos, S., G. Kac, P. Emmett, J. M. Davis, J. Golding and J. R. Hibbeln (2013). "Dietary patterns, n-3 fatty acids intake from seafood and high levels of anxiety symptoms during pregnancy: findings from the Avon Longitudinal Study of Parents and Children." PLoS One 8(7): e67671.	Not a RCT
Vaz, J. S., G. Kac, A. E. Nardi and J. R. Hibbeln (2014). "Omega-6 fatty acids and greater likelihood of suicide risk and major depression in early pregnancy." J Affect Disord 152-154: 76-82.	Not a RCT
Verly-Miguel, M. V., D. R. Farias, J. Pinto Tde, J. Lepsch, A. E. Nardi and G. Kac (2015). "Serum docosahexaenoic acid (DHA) is inversely associated with anxiety disorders in early pregnancy." J Anxiety Disord 30: 34-40.	Not a RCT
Williams, J. A., V. C. Romero, C. M. Clinton, D. M. Vazquez, S. M. Marcus, J. L. Chilimigras, S. E. Hamilton, L. J. Allbaugh, A. M. Vahratian, R. M. Schrader and E. L. Mozurkewich (2016). "Vitamin D levels and perinatal depressive symptoms in women at risk: a secondary analysis of the mothers, omega-3, and mental health study." BMC Pregnancy Childbirth 16(1): 203.	Not SR
Zeilmaker, M. J., J. Hoekstra, J. C. van Eijkeren, N. de Jong, A. Hart, M. Kennedy, H. Owen and H. Gunnlaugsdottir (2013). "Fish consumption during child bearing age: a quantitative risk-benefit analysis on neurodevelopment." Food Chem Toxicol 54: 30-34.	Not a RCT
Zornoza-Moreno, M., S. Fuentes-Hernandez, V. Carrion, M. V. Alcantara-Lopez, J. A. Madrid, C. Lopez-Soler, M. Sanchez-Solis and E. Larque (2014). "Is low docosahexaenoic acid associated with disturbed rhythms and neurodevelopment in offsprings of diabetic mothers?" Eur J Clin Nutr 68(8): 931-937.	Not a RCT

AppC1.2.4.7 Electroconvulsive therapy and transcranial magnetic stimulation

Full text citation	Reason for exclusion
Abdulwadud, O. (2001) "Electro convulsive therapy (ECT) in the management of bipolar mood disorder during pregnancy (Structured abstract)." Health Technology Assessment Database, 7.	Unable to retrieve. Author contacted.
Agrawal, P., M. S. Bhatia and S. C. Malik (1997). "Post partum psychosis: a clinical study." Int J Soc Psychiatry 43(3): 217-222.	Wrong study type
Bulbul, F., U. S. Copoglu, G. Alpak, A. Unal, B. Demir, M. F. Tastan and H. A. Savas (2013). "Electroconvulsive therapy in pregnant patients." Gen Hosp Psychiatry 35(6): 636-639.	Wrong/no comparator
Bulut, M., Y. Bez, M. C. Kaya, U. S. Copoglu, F. Bulbul and H. A. Savas (2013). "Electroconvulsive therapy for mood disorders in pregnancy." J ect 29(2): e19-20.	Wrong/no comparator
Dennis, C. L. and D. E. Stewart (2004). "Treatment of postpartum depression, part 1: a critical review of biological interventions." J Clin Psychiatry 65(9): 1242-1251.	Wrong intervention
Doucet, S., I. Jones, N. Letourneau, C.-L. Dennis and E. R. Blackmore (2011). "Interventions for the prevention and treatment of postpartum psychosis: A systematic review." Archives of Women's Mental Health 14(2): 89-98.	Wrong study type
Focht, A. and C. H. Kellner (2012). "Electroconvulsive therapy (ECT) in treatment of postpartum psychosis." The Journal of ECT 28(1): 31-33.	Not a SR
Forssman, H. (1955). "Follow-up study of sixteen children whose mothers were given electric convulsive therapy during gestation." Acta Psychiatr Neurol Scand 30(3): 437-441.	Wrong/no comparator
Garcia, K. S., P. Flynn, K. J. Pierce and M. Caudle (2010). "Repetitive transcranial magnetic stimulation treats postpartum depression." Brain Stimulation 3(1): 36-41.	Wrong/no comparator
Gressier, F., S. Rotenberg, O. Cazas and P. Hardy (2015). "Postpartum electroconvulsive therapy: A systematic review and case report." General Hospital Psychiatry 37(4): 310-314.	Wrong study type
Kim, D. R., J. L. Snell, G. C. Ewing and J. O'Reardon (2015). "Neuromodulation and antenatal depression: A review." Neuropsychiatric Disease and Treatment 11.	Not a SR

Full text citation	Reason for exclusion
Kimmel, M. C., S. Lara-Cinisomo, K. Melvin, A. Di Florio, A. Brandon and S. Meltzer-Brody (2016). "Treatment of severe perinatal mood disorders on a specialized perinatal psychiatry inpatient unit." Archives of Women's Mental Health 19(4): 645-653.	Wrong/no comparator
Loo, C. K., T. F. McFarquhar and P. B. Mitchell (2008). "A review of the safety of repetitive transcranial magnetic stimulation as a clinical treatment for depression." Int J Neuropsychopharmacol 11(1): 131-147.	Not a SR
Myczkowski, M. L., A. M. Dias, T. Luvisotto, D. Arnaut, B. B. Bellini, C. G. Mansur, J. Renno, G. Tortella, P. L. Ribeiro and M. A. Marcolin (2012). "Effects of repetitive transcranial magnetic stimulation on clinical, social, and cognitive performance in postpartum depression." Neuropsychiatric Disease and Treatment 8.	Study size. Less than 10 patients per arm.
Ozdemir, A., C. A. Poyraz, E. Erten, E. Cirakoglu and N. Tomruk (2016). "Electroconvulsive Therapy in Women: A Retrospective Study from a Mental Health Hospital in Turkey." Psychiatr Q 87(4): 769-779.	Wrong/no comparator
Ray-Griffith, S. L., J. L. Coker, N. Rabie, L. A. Eads, K. J. Golden and Z. N. Stowe (2016). "Pregnancy and Electroconvulsive Therapy: A Multidisciplinary Approach." J ect 32(2): 104-112.	Wrong/no comparator
Tarhan, N., F. G. Sayar, O. Tan and G. Kagan (2012). "Efficacy of high-frequency repetitive transcranial magnetic stimulation in treatment-resistant depression." Clin EEG Neurosci 43(4): 279-284.	Wrong population
Vladimirova, R., V. Stoyanova, S. Krastev, V. Milanova and T. Kondurdjiev (2015). "Electroconvulsive therapy of perinatal mental disorders - Clinical efficiency." General Medicine 16(3): 36-44.	Wrong/no comparator

AppC1.2.4.8 Economic studies

Full text citation	Reason for exclusion
Hiscock, H., J. Bayer, L. Gold, A. Hampton, O. C. Ukoumunne and M. Wake (2007). "Improving infant sleep and maternal mental health: a cluster randomised trial." Archives of Disease in Childhood 92(11): 952-958.	Wrong intervention
Le, H. N., L. Gold, F. K. Mensah, F. Cook, J. K. Bayer and H. Hiscock (2016). "Health service use and costs for infant behaviour problems and maternal stress." Journal of Paediatrics & Child Health 52(4): 402-409.	Wrong intervention
Mihalopoulos, C. and T. Vos (2013). "Cost-effectiveness of preventive interventions for depressive disorders: An overview." Expert Review of Pharmacoeconomics and Outcomes Research 13(2): 237-242.	Wrong population
Mihalopoulos, C., T. Vos, J. Pirkis and R. Carter (2011). "The economic analysis of prevention in mental health programs." Annual Review of Clinical Psychology 7: 169-201.	Wrong population
Ride, J. and E. Lancsar (2016). "Women's preferences for treatment of perinatal depression and anxiety: A discrete choice experiment." PLoS ONE 11 (6) (e0156629).	Wrong outcomes
Ride, J., P. Lorgelly, T. Tran, K. Wynter, H. Rowe and J. Fisher (2016). "Preventing postnatal maternal mental health problems using a psychoeducational intervention: the cost-effectiveness of What Were We Thinking." BMJ Open 6(11): e012086.	Wrong population
Rowe, H. J., K. H. Wynter, J. K. Burns and J. R. Fisher (2016). "A complex postnatal mental health intervention: Australian translational formative evaluation." Health Promotion International 07: 07.	Wrong population

Appendix C2 INCLUDED STUDIES - TREATMENT

AppC2.1 TREATMENT WITH PSYCHOSOCIAL INTERVENTIONS

AppC2.1.1 Psychoeducation

AppC2.1.1.1 Identified studies

The literature search identified one SR (NICE 2015) relating to the assessment of psychologically (CBT/IPT)-informed psychoeducation. A summary of the characteristics of the NICE 2015 SR is presented in **Table AppC2.1-1**.

Table AppC2.1-1 Characteristics of the included studies – psychoeducation (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 17 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Psychological interventions, including psychologically (CBT/IPT)-informed psychoeducation (group or individual)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction

Abbreviations: CBT, cognitive behavioural therapy; IPT, interpersonal psychotherapy; MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.1-2 lists the 17 individual RCTs included in NICE 2015, two of which were from Australia (Austin 2008; Hagan 2004). The other RCTs were from the United States (11 RCTs), China (two RCTs), United Kingdom (one RCT), Hungary (one RCT).

Sixteen RCTs (N=2,955) compared psychologically-informed psychoeducation with treatment as usual or enhanced treatment as usual. Psychoeducation was CBT-informed in 10 RCTs, IPT-informed in five RCTs, and CBT- and IPT-informed in one RCT. In one of these RCTs the intervention was aimed at women with subthreshold symptoms of OCD (Timpano 2011), and in the remaining 15 RCTs the intervention was intended for women with symptoms of depression or subthreshold symptoms of depression. The timing of the intervention was antenatal in four RCTs, postnatal in four RCTs, and both antenatal and postnatal in eight RCTs. In all RCTs the intervention was delivered face-to-face but one study (Gao 2010) also involved one postnatal telephone follow-up. The intervention setting was hospital or home (one RCT), clinic and telephone (one RCT) and not reported in 14 RCTs.

For the RCTs that compared psychoeducation with enhanced treatment as usual, the comparator involved a psychoeducational booklet (Tandon 2011; Austin 2008), non-mental health focused education and support group (Kozinsky 2012; Gao 2010), and a psychoeducation group without the CBT component (Timpano 2011). In some cases, these comparators could be considered to be active interventions.

NICE 2015 included one RCT from the United States (Spinelli 2003; N=38) that compared face-to-face IPT-informed high-intensity (16 sessions) group psychoeducation with an active intervention (which was described as a non-mental health-focused education and support group) in pregnant women with a diagnosis of MDD.

Table AppC2.1-2 Individual included studies in published SRs – psychoeducation (treatment)

Study		NICE 2015
Search date		*Apr 2014*
Kozinsky 2012	RCT	✓
Leung 2012	RCT	✓
Bernard 2011	RCT	✓
Le 2011	RCT	✓
Silverstein 2011	RCT	✓
Tandon 2011	RCT	✓
Timpano 2011	RCT	✓
Zlotnick 2011	RCT	✓
Gao 2010	RCT	✓
Austin 2008	RCT	✓
El-Mohandes 2008	RCT	✓
Munoz 2007	RCT	✓
Zlotnick 2006	RCT	✓
Hagan 2004	RCT	✓
Spinelli 2003	RCT	✓
Honey 2002	RCT	✓
Zlotnick 2001	RCT	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.1.2 Psychoeducational booklet

AppC2.1.2.1 Identified studies

The literature search identified no SRs that relate to this intervention.

AppC2.1.3 Social/peer support

AppC2.1.3.1 Identified studies

The literature search identified two SRs relating to the assessment of social or peer support (NICE 2015; Leger 2015). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC2.1-3**.

Table AppC2.1-3 Characteristics of the included studies – social/peer support (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 6 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Psychosocial interventions (including peer-mediated support and support groups)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction
Leger 2015	SR/narrative *[Search restricted to 2000-2010]* 6 RCT	Postpartum women with depression	Social support provided by another woman or women	Not specified	Change in depressive symptoms, satisfaction

Abbreviations: MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.1-4 lists the individual studies included in the identified SRs. Due to its quality and comprehensiveness, the NICE 2015 SR was chosen as the foundation review for this intervention. NICE 2015 included four RCTs (N=867) that compared social support (peer-mediated support or support group) with treatment as usual (or waitlist) in postnatal women with symptoms of depression. One RCT was from

Taiwan (Chen 2000) and the other three were from Canada. The Taiwanese RCT assessed face-to-face group support, whereas the Canadian RCTs assessed individual telephone support. In one RCT (Letourneau 2011), peer-mediated support was provided at home and/or via the telephone and the intervention included mother–infant relationship content.

NICE 2015 also included one Australian RCT (Armstrong 2003; N=20) that compared a combined psychosocial (informal support group) and physical exercise (pram walking) intervention with enhanced treatment as usual (telephone support), and another Australian RCT (Armstrong 2004; N=24) that compared social support group with physical exercise (a pram walking exercise program). In both RCTs the interventions were aimed at postnatal women with symptoms of depression.

The Leger 2015 SR included a small RCT (N=22) that was not included in NICE 2015 but provided qualitative information only (Murphy 2008).

Table AppC2.1-4 Individual included studies in published SRs – social/peer support (treatment)

Study		NICE 2015	Leger 2015
Search date		*Apr 2014*	*2010*
Letourneau 2011	RCT	✓[17]	
Dennis 2010	RCT	[18]	✓
Barnes 2009	CRCT	Excluded[19]	✓
Dennis 2009	RCT	✓	✓
Murphy 2008	RCT		✓
Armstrong 2004	RCT	✓[20]	
Armstrong 2003	RCT	✓[21]	Excluded[22]
Dennis 2003	RCT	✓	✓
Fogarty 2002	RCT		✓
Chen 2000	RCT	✓	Excluded[23]

Abbreviations: CRCT, cluster randomised controlled trial; RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.1.4 Home visits

AppC2.1.4.1 Identified studies

The literature search identified one SR (NICE 2015) relating to the assessment of home visits. A summary of the characteristics of the NICE SR is presented in **Table AppC2.1-5**.

Table AppC2.1-5 Characteristics of the included studies – home visits (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 5 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Psychosocial interventions (including home visits)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction

Abbreviations: MA, meta-analysis; PND, postnatal depression; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.1-6 lists the five individual studies included in NICE 2015, one of which was from Australia (Armstrong 1999). The five RCTs (N=1,616) compared face-to-face, home-based listening visits (non-

[17] The control arm was waitlist.
[18] NICE 2015 appeared to analyse Dennis 2009 and Dennis 2010 together.
[19] Excluded on the basis that group allocation was not randomised.
[20] Study compared social support with physical exercise.
[21] Study intervention was combined social support and physical exercise.
[22] Excluded on the basis that the intervention combined exercise and social support.
[23] Excluded on the basis that group support was professionally facilitated.

directive counselling) with treatment as usual or enhanced treatment as usual (Medicaid enhanced prenatal/postnatal services) in women with a diagnosis of depression (Tamaki 2008) or symptoms (or subthreshold symptoms) of depression. The intervention was postnatal in two RCTs (Armstrong 1999; Tamaki 2008) and antenatal and postnatal in the remaining three RCTs.

The intervention in the Australian study was a structured program of weekly child health nurse visits (Armstrong 1999). The focus of the program was to: i) establish a relationship of trust with the infant's family; ii) enhance parenting self-esteem and confidence by reinforcement of success; iii) provide anticipatory guidance for normal child development problems such as crying or sleep behaviour variants; iv) promote preventive child health care; and v) facilitate access to appropriate community services. The Australian study recruited women in the immediate postnatal period who were regarded as 'high risk'. High risk was defined at two levels: a) at least one of the following four: sole parenthood; ambivalence to the pregnancy (sought termination, no antenatal care); physical forms of domestic violence; childhood abuse of either parent; b) three or more of the following: maternal age<18 years old; unstable housing (3 or more moves in 2 years, homelessness); financial stress (often concerned about enough food or making ends meet); maternal education<10 years; low family income (<$16,000 per annum); social isolation; history of mental health disorder (either parent); alcohol or drug abuse; domestic violence other than physical abuse. At baseline, 23% had EPDS >12 (mean baseline EPDS 8.7 [SD 3.5]).

Table AppC2.1-6 Individual included studies in published SRs – home visits (treatment)

Study		NICE 2015
Search date		*Apr 2014*
Dugravier 2013	RCT	✓
Roman 2009	RCT	✓
Tamaki 2008	RCT	✓
Duggan 2007	RCT	✓
Armstrong 1999	RCT	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.1.5 Non-mental health focused education/support

AppC2.1.5.1 Identified studies

The literature search identified one SR (NICE 2015) relating to the assessment of non-mental health focused education or support. A summary of the characteristics of the NICE 2015 SR is presented in **Table AppC2.1-7**.

Table AppC2.1-7 Characteristics of the included studies – non-mental health-focused education/support (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 1 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Psychological or psychosocial interventions	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction

Abbreviations: MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.1-8 lists the one RCT from Tanzania (Kaaya 2013) included in NICE 2015. Kaaya 2013 (N=331) compared a face-to-face group counselling intervention for HIV-positive women (antenatal and postnatal)

with treatment as usual. Approximately 73% of the study sample had symptoms of depression (Hopkins Symptom Checklist [HSCL]-25>1.06).

Table AppC2.1-8 Individual included studies in published SRs – non-mental health-focused education/support (treatment)

Study		NICE 2015
Search date		*Apr 2014*
Kaaya 2013	RCT	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.1.6 Pre-delivery discussion

AppC2.1.6.1 Identified studies

The literature search identified one SR (NICE 2015) relating to the assessment of pre-delivery discussion. NICE 2015 included two RCTs that assessed pre-delivery discussion/psychoeducation for fear of childbirth (symptoms of tokophobia). However, the outcomes reported in the studies (mode of delivery, feeling safe during childbirth, fear during childbirth, maternal attitude to motherhood) are not relevant to the current review and therefore this intervention type will not be discussed further.

AppC2.1.7 Post-delivery discussion

AppC2.1.7.1 Identified studies

The literature search identified no SRs that relate to this intervention.

AppC2.1.8 Post-miscarriage self-help

AppC2.1.8.1 Identified studies

The literature search identified one SR (NICE 2015) relating to the assessment of post-miscarriage self-help. A summary of the characteristics of the NICE 2015 SR is presented in **Table AppC2.1-9**.

Table AppC2.1-9 Characteristics of the included studies – post-miscarriage self-help (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 2 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Psychological or psychosocial interventions (including self-help and facilitated self-help)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction

Abbreviations: MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.1-10 lists the individual studies included in the NICE 2015 SR. NICE 2015 included one RCT from Germany that compared online post-miscarriage self-help with treatment as usual in women with complicated grief (N=83; Kersting 2011), and one multi-armed RCT from the United States that compared post-miscarriage self-help (video and workbook) with post-miscarriage facilitated self-help (video and workbook delivery and face-to-face support) with treatment as usual in women with symptoms of depression (N=341; Swanson 2009).

Table AppC2.1-10 Individual included studies in published SRs – post-miscarriage self-help (treatment)

Study		NICE 2015
Search date		*Apr 2014*
Kersting 2011	RCT	✓
Swanson 2009[24]	RCT	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.1.9 Seeing and/or holding stillborn infant

AppC2.1.9.1 Identified studies

The literature search identified no SRs that relate to this intervention.

AppC2.1.10 Mother–infant relationship interventions

AppC2.1.10.1 Identified studies

The literature search identified three SRs relating to the assessment of mother–infant relationship interventions (O'Connor 2016; Tsivios 2015; NICE 2015). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC2.1-11**.

Table AppC2.1-11 Characteristics of the included studies – mother-infant relationship interventions (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
O'Connor 2016	SR/MA *[Search Jan 2015]* 1 RCT	Pregnant and postpartum women who screen positive for depression in primary care	Psychotherapy, antidepressants or collaborative care	Not specified	Change in depressive symptoms, remission
NICE 2015	SR/MA *[Search Apr 2014]* 8 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Psychosocial interventions (including mother–infant relationship interventions)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction
Tsivos 2015	SR *[Search Dec 2014]* 16 RCT, 3 SG	Postpartum women who screen positive for depression or with a professional diagnosis of depression	Interventions for PND, with assessment of either mother–infant dyad relationship or child developmental outcomes in addition to maternal mood as primary outcomes	Not specified	Change in maternal depression. Mother–infant interaction Child outcomes

Abbreviations: MA, meta-analysis; PND, postnatal depression; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.1-12 lists the individual studies included in the three identified SRs. Due to its currency, quality and comprehensiveness, the NICE 2015 SR was chosen as the foundation review for this intervention. NICE 2015 included six RCTs (N=691) that compared mother–infant relationship interventions with treatment as usual. The intervention was individual in all but one RCT that involved a group intervention (Sleed 2013). Participants had a diagnosis of MDD in two RCTs (van Doesum 2008[25]; Cooper 2003), symptoms of depression in three RCTs (Salomonsson 2011; Zelkowitz 2008; Horowitz 2001), and subthreshold symptoms of depression in one RCT (Sleed 2013).

[24] Four-armed trial: post-miscarriage self-help; post-miscarriage facilitated self-help; post-miscarriage counselling; treatment as usual.
[25] 95% of sample had diagnosis of a major depressive episode or dysthymia.

NICE 2015 also included two RCTs with active comparators. One Australian RCT (Bilszta 2012; N=51) assessed an in-hospital mother–infant relationship intervention with video feedback compared with a mother–infant relationship intervention with verbal feedback in women with a diagnosis of MDD (this trial also included a treatment as usual arm but data could not be extracted due to non-random assignment to that condition). NICE 2015 also included an RCT from the United Kingdom (Stein 2006; N=80) that assessed a home-based mother–infant relationship intervention compared with listening visits in women with a diagnosed eating disorder (participants in both study arms also received facilitated self-help aimed at their eating disorder).

The O'Connor 2016 SR included one RCT (N=42) that assessed a mother–infant intervention and was published after the NICE 2015 literature search. Goodman 2015 compared perinatal dyadic psychotherapy (home-based, nurse-delivered) with usual care plus depression monitoring by phone to depressed first-time mothers.

The Tsivos 2015 SR sought to identify studies that assessed either mother–infant dyad relationship or child developmental outcomes in addition to maternal mood as primary outcomes. The types of interventions evaluated in this review varied greatly with respect to their focus, with some interventions focused on the dyadic interaction, whereas others focused on maternal depression. Several of the RCTs included in Tsivos 2015 were included in NICE 2015 under other intervention types.

Table AppC2.1-12 Individual included studies in published SRs – mother-infant relationship interventions (treatment)

Study		O'Connor 2016	NICE 2015	Tsivos 2015
Search date		*Jan 2015*	*Apr 2014*	*2014*
Goodman 2015	RCT	✓		✓
Tsivos 2015	RCT			✓
Beeber 2013	RCT		Excluded[26]	✓
Horowitz 2013	RCT			✓
Sleed 2013	RCT		✓	
Bilszta 2012	RCT		✓[27]	
Salomonsson 2011	RCT		✓	
Kersten-Alvarez 2010	RCT		[28]	✓
Mulcahy 2010	RCT		[29]	✓
Logsdon 2009	RCT			✓[30]
O'Higgins 2008	RCT		[31]	✓
van Doesum 2008	RCT		✓	✓
Zelkowitz 2008	RCT		✓	
Forman 2007	RCT			✓[32]
Milgrom 2006	RCT			✓
Stein 2006	RCT		✓[33]	
Cooper 2003	RCT		✓	✓
Murray 2003	RCT		[34]	✓
Horowitz 2001	RCT		✓	✓
Field 1996	RCT			✓[35]
Onozawa 2001	RCT			✓[35]
Clark 2008	SG			✓
Jung 2007	SG			✓

[26] Excluded on the basis that the age of infant was over one year.
[27] Study compared mother-infant relationship intervention (video feedback) versus mother–infant relationship intervention (verbal feedback).
[28] NICE 2015 treated Kernstel-Alvarez 2010 and van Doesum 2008 as a single study with multiple publications.
[29] Included in the NICE 2015 SR as a structured psychological intervention (IPT).
[30] Study intervention was antidepressant therapy.
[31] Included in the NICE 2015 SR as a massage intervention.
[32] Study intervention was IPT with a focus on maternal depression.
[33] Study compared a mother-infant relationship intervention (plus facilitated self-help for eating disorders) with listening visits (plus facilitated self-help for eating disorders).
[34] NICE 2015 treated the Cooper 2003 and Murray 2003 as a single study with multiple publications.
[35] Study intervention was baby massage.

Study		O'Connor 2016	NICE 2015	Tsivos 2015
Clark 2003	SG			✓

Abbreviations: RCT, randomised controlled trial; SG, single group; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.1.11 Co-parenting interventions

AppC2.1.11.1 Identified studies

The literature search identified one SR (NICE 2015) relating to the assessment of co-parenting interventions. A summary of the characteristics of the NICE 2015 SR is presented in **Table AppC2.1-13**.

Table AppC2.1-13 Characteristics of the included studies – co-parenting interventions (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 1 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Psychological or psychosocial interventions	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction

Abbreviations: MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.1-14 lists the one study included in NICE 2015. The Canadian RCT (N=29; Misri 2000) compared a face-to-face co-parenting intervention with enhanced treatment as usual (monitoring) in postpartum women with a diagnosis of MDD.

Table AppC2.1-14 Individual included studies in published SRs – co-parenting interventions (treatment)

Study		NICE 2015
Search date		*Apr 2014*
Misri 2000	RCT	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.1.12 Mindfulness

AppC2.1.12.1 Identified studies

The literature search identified four SRs relating to the assessment of mindfulness (Taylor 2016; Lavender 2016; Hall 2016; NICE 2015). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC2.1-15**.

Table AppC2.1-15 Characteristics of the included studies – mindfulness interventions (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
Taylor 2016	SR/MA *[Search Feb 2016]* 3/17 studies were in women with mental health problems (1 RCT, 2 single group)	Pregnant or postpartum women (a subset of studies included women with depression or anxiety)	Mindfulness-based interventions (mindfulness-based cognitive therapy, mindfulness-based stress reduction or an intervention described as based on mindfulness practices and principles)	Not specified	Change in symptoms of depression, anxiety, stress and/or mindfulness
Lavender 2016	SR/thematic analysis *[Search 2015* 1 RCT[36], 1 single group	Pregnant and postpartum women experiencing symptoms relating to stress, depression and/or anxiety	Mental health interventions used for depression and/or anxiety	Not specified	Change in mental health status

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
Hall 2016	SR *[Search Aug 2014]* 5/11 studies were in women with mental health problems (2 RCT[36], 3 single group)	Pregnant women (a subset of studies included women with depression or anxiety)	Mindfulness training, including practices that incorporate the use of mindfulness with other modalities (e.g. yoga, CBT, and programs such as MBSR, MBCT, MiCBT, DBT and ACT)	Not specified	Change in perceived stress, anxiety, depression and mindful awareness
NICE 2015	SR/MA *[Search Apr 2014]* 2 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Psychosocial interventions	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction

Abbreviations: ACT, Acceptance and Commitment Therapy; CBT, cognitive behavioural therapy; DBT, Dialectical Behavioural Therapy; MA, meta-analysis; MBCT, Mindfulness-Based Cognitive Therapy; MBSR, Mindfulness-Based Stress Reduction; MiCBT, Mindfulness-integrated Cognitive Behavioural Therapy; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.1-16 lists the individual studies included in the four identified SRs. Due to its quality and comprehensiveness, the NICE 2015 SR was chosen as the foundation review for this intervention. NICE 2015 included two RCTs from the United States (N=81), that compared antenatal, face-to-face, group mindfulness training with enhanced treatment as usual (non-mental health-focused education and support [book]) or waitlist. The intervention in the Guardino 2014 RCT was aimed at women with elevated levels of perceived stress or pregnancy-specific anxiety. The Vieten 2008 RCT recruited pregnant women with mood concerns (answered affirmatively to the question ‘‘Have you had a history of mood concerns for which you sought some form of treatment, such as psychotherapy, counseling, or medication?’’). Vieten 2008 was classified as a study of treatment rather than prevention because 31% of all participants exceeded a score of 16 on the CES-D, and the mean baseline CES-D score in the intervention group was 20.4, which is above the clinical cut-off of 16. As discussed in **Section AppC3.1.12**, other SRs (Taylor 2016, Hall 2016, Morrell 2016) appeared to consider this RCT as a prevention study.

The Lavender 2016 SR included only one RCT (Woolhouse 2014), which was also included in Hall 2016 but not the other SRs. The Woolhouse publication reported on the findings from two studies: a single group pre-post intervention for women with mental health problems (N=20), and an RCT for a universal pregnant population (N=32). According to the publication, baseline mean scores for depression, anxiety and stress were above clinical cut-offs in the non-randomised single group study. In the universal sample (RCT), none of the baseline mean scores were above clinical cut-off for depression, anxiety and/or stress; however, around one-third of participants in the universal sample fell into the clinical range. As such, the classification of the Woolhouse studies into categories of prevention or treatment was often ambiguous in the SRs that included them.

[36] Only a proportion of women in the RCT scored above the clinical cut-off at baseline.

Table AppC2.1-16 Individual included studies in published SRs – mindfulness interventions (treatment)

Study		Taylor 2016	Lavender 2016	Hall 2016	NICE 2015
Search date		*Feb 2016*	*2015*	*Aug 2014*	*Apr 2014*
Guardino 2014	RCT	✓		✓	✓
Woolhouse 2014[37]	RCT	[38]	✓	✓	
Vieten 2008[39]	RCT	[40]		[40]	✓
Dimidjian 2015	SG			✓[41]	
Miklowitz 2015[42]	SG	✓			
Goodman 2014	SG	✓	✓	✓	
Woolhouse 2014[37]	SG	[38]		✓	

Abbreviations: RCT, randomised controlled trial; SG, single group; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.2 TREATMENT WITH PSYCHOLOGICAL INTERVENTIONS

AppC2.2.1 Structured psychological interventions (CBT or IPT)

AppC2.2.1.1 Identified studies

The literature search identified 10 SRs relating to the assessment of structured psychological interventions (CBT or IPT). Five of the identified SRs assessed CBT only (Lavender 2016, Sockol 2015, Perveen 2013, Scope 2013, Stevenson 2010b), two assessed IPT only (Claridge 2014, Miniati 2014), and the remaining three SRs assessed both CBT and IPT (O'Connor 2016, NICE 2015, Sockol 2011). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC2.2-1**.

An additional three SRs were identified in the literature search but were excluded due to their restricted scope. Collado 2016 focused solely on depression psychotherapies among Latinos, Chowdhary 2014 focused solely on the content and delivery of psychological interventions by non-specialist health workers in low and middle income countries, and Leis 2009 focused solely on home-based interventions for PND[43].

Table AppC2.2-1 Characteristics of the included studies – CBT/IPT (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
Lavender 2016	SR/thematic analysis *[Search 2015]* 1 RCT	Pregnant and postpartum women experiencing symptoms relating to stress, depression and/or anxiety	Mental health interventions used for depression and/or anxiety	Not specified	Change in mental health status
O'Connor 2016	SR/MA *[Search Jan 2015]* 9 RCT, 1 CCT	Pregnant and postpartum women who screen positive for depression in primary care	Psychotherapy, antidepressants or collaborative care	Not specified	Change in depressive symptoms, remission

[37] Woolhouse 2014 reported on the findings from two studies: a single group pre-post intervention for women with mental health problems, and an RCT for a universal pregnant population. According to the publication, baseline mean scores for depression, anxiety and stress were above clinical cut-offs in the non-randomised single group study. In the RCT (universal sample), none of the baseline mean scores were above clinical cut-offs but around one-third of participants fell into the clinical range.
[38] Identified but not considered in the SR to be a treatment study.
[39] Study participants were pregnant women who had previously sought treatment for 'mood concerns'.
[40] Identified but considered in the SR as a prevention study.
[41] Recorded as Dimidjian 2014 in the Hall 2016 SR. The SR noted that this study recruited women with a history of MDD and participants were not excluded if receiving psychotropic medications or psychotherapy. As such, some participants may have received the intervention as prevention while others received it as treatment.
[42] Participants had a lifetime diagnosis of MDD with current subthreshold symptoms of depression.
[43] Of the four RCTs included in Leis 2009 that involved CBT, two are included in NICE 2015. A third RCT (Chabrol 2002) was not mentioned in NICE 2015 but is discussed in Section AppC3.2.1. The fourth RCT (Appleby 1997) is not included in this review as it compared CBT with CBT (reduced sessions) or CBT plus pharmacological treatment.

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
Sockol 2015	SR/MA *[Search Dec 2014]* 22 RCT, 4 QRCT	Pregnant and postpartum women with unipolar depression defined by diagnostic criteria or symptom severity	Cognitive behavioural interventions, including specific variants of CBT (e.g. behavioural activation, problem-solving therapy) and multi-modal interventions with cognitive behavioural components	Treatment as usual, enhanced treatment as usual, waitlist, active treatment	Change in depressive symptoms
NICE 2015	SR/MA *[Search Apr 2014]* 17 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Structured psychological interventions (CBT or IPT)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction
Claridge 2014	SR/MA *[Search Aug 2013]* 4 RCT, 2 QRCT, 1 CCT, 5 OBS	Pregnant and postpartum women with depression	Relational intervention or individual IPT	Control condition or studies with pre-post data	Change in depressive symptoms
Miniati 2014	SR *[Search May 2013]* 5 RCT, 2 QRCT 4 OBS	Postpartum women with depression	IPT	Not specified	Change in depressive symptoms
Perveen 2013	SR/MA *[Search Mar 2013]* 5 RCT	Postpartum women with depression	CBT (individual or group)	Standard postpartum care	Change in depressive symptoms (response/remission)
Scope 2013	SR/MA *[Search Mar 2011]* 3 RCT, 2 QRCT, 2 OBS	Postpartum women with depression diagnosed by diagnostic criteria or screened positive on EPDS	Interventions that included elements designated as deriving from cognitive behavioural principles (including psycho-educational activities), in a group setting.	Routine primary care, usual care, waiting list, individual CBT, group-based counselling, medication, group behavior therapy, group IPT	Change in depressive symptoms (response/remission)
Sockol 2011	SR/MA *[Search Sep 2010]* 15 RCT, 5 OBS	Pregnant and postpartum women with unipolar depression defined by diagnostic criteria or symptom severity	Specified/manualised psychological intervention or antidepressant treatment	Treatment as usual, enhanced treatment as usual, waiting list, active treatment	Change in depressive symptoms
Stevenson 2010b	SR/MA *[Search Jan 2008]* 5 RCT, 1 OBS	Postpartum women with depression diagnosed by diagnostic criteria or scoring above cut-off on the EPDS	Interventions that included elements designated as deriving from cognitive behavioural principles (including psycho-educational activities), in a group setting.	Routine primary care, waiting list, individual CBT, group-based counselling, medication, group behavior therapy and group IPT	Change in depressive symptoms

Abbreviations: CBT, cognitive behavioural therapy; IPT, interpersonal psychotherapy; MA, meta-analysis; OBS, observational study; QRCT, quasi-randomised controlled trial; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.2-2 lists the individual studies included in the 10 identified SRs. Two SRs included IPT studies only (Claridge 2014; Miniati 2014), five SRs included studies of CBT only (Lavender 2016; Sockol 2015; Perveen 2013; Scope 2013; Stevenson 2010b), and three SRs included CBT and IPT studies (O'Connor 2016; NICE 2015; Sockol 2011). The RCT by Clark et al (2003) was included in two SRs that focus solely on IPT (Claridge 2014; Miniati 2014) and two SRs that focus solely on CBT (Scope 2013; Stevenson 2010b).

The NICE 2015 SR was chosen as the foundation review due to its currency, high quality and comprehensiveness. While the NICE 2015 SR separated structured psychological interventions (CBT or IPT) from psychologically (CBT/IPT)-informed psychoeducation (which is covered in **Section AppC2.1.1**), several of the other SRs combined these interventions. The SR by Stevenson 2010b and Scope 2013 included

studies of group programs that included elements derived from cognitive behavioural principles, including psycho-educational activities. The Sockol 2015 SR included studies that assessed specific variants of CBT (e.g. behavioral activation, problem solving therapy) and studies that included cognitive behavioral components as part of a multi-modal intervention.

The Sockol 2015 SR included three RCTs that were published after the NICE literature search date in 2014. One of these RCTs was from Germany and assessed an intervention that consisted of psychoeducation, introduction to cognitive behavioral strategies, performance of exercises/role playing, and progressive muscle relaxation (Bittner 2014). The second RCT was from Zimbabwe and assessed group problem-solving therapy for HIV-positive and HIV-negative mothers (Chibanda 2014). The third RCT was a multimodal intervention from China that involved CBT in combination with systemic family therapy (Hou 2014).

NICE 2015 included 14 RCTs (N=2,099) that compared face-to-face structured psychological interventions (CBT or IPT) with treatment as usual or enhanced treatment as usual in women with a diagnosis of depression (MDD, major depressive episode, minor depression, depressive disorder) or symptoms of depression (in two RCTs). The intervention was IPT in four RCTs (Mulcahy 2010; Grote 2009; Cooper 2003; O'Hara 2000) and CBT in the remaining 10 RCTs. Four of the included RCTs were from Australia; three were CBT studies (Milgrom 2011b; Milgrom 2005; Prendergast 2001) and one was an IPT study (Mulcahy 2010).

Across the 14 RCTs, the timing, format and setting of the intervention varied considerably. In nine RCTs (including the four Australian studies) the intervention was postnatal, two RCTs assessed antenatal interventions, and in three RCTs the intervention was both antenatal and postnatal. The format was individual in 12 RCTs, group in one RCT (Milgrom 2005), and both individual and group in one RCT (Mulcahy 2010). The setting was at home in seven RCTs, at the clinic in three RCTs and not reported in four RCTs.

The comparator also varied across the 14 included RCTs. One RCT compared CBT plus home visits with home visits only, one RCT compared IPT with waitlist, six RCTs compared CBT or IPT with treatment as usual, and six RCTs compared CBT or IPT with enhanced treatment as usual. Enhanced treatment as usual involved single session psychoeducation; GP training; single session post-delivery discussion; non-specific emotional support and mothercraft advice; and psychoeducation booklet, monitoring and improved access to support.

NICE 2015 also included four RCTs that compared CBT or IPT with active interventions. One RCT from the United States (Hayden 2012; N=34 in completer analysis[44]) compared face-to-face individual CBT with listening visits in pregnant women with a diagnosis of MDD. One RCT from the United Kingdom (Morrell 2009a/2009b; N=3,449) compared face-to-face individual CBT with listening visits in postpartum women with symptoms of depression. One RCT from Brazil (Pinheiro 2014; N=60) compared face-to-face individual CBT with relational constructivist therapy in postpartum women with symptoms of depression. One RCT from the United States (Field 2013a; N=48) compared face-to-face group IPT with a support group in pregnant women with a diagnosis of MDD or dysthymia.

[44] In Hayden 2012, the number of randomised women is unclear.

Table AppC2.2-2 Individual included studies in published SRs – CBT/IPT (treatment)

Study		Lavender 2016	O'Connor 2016	Sockol 2015	NICE 2015	Claridge 2014	Miniati 2014	Perveen 2013	Scope 2013	Sockol 2011	Stevenson 2010b
		CBT	CBT, IPT	CBT	CBT, IPT	IPT	ITP	CBT	CBT group	CBT, IPT	CBT group
Search date		*2015*	*Jan 2015*	*Dec 2014*	*Apr 2014*	*Aug 2013*	*May 2013*	*Mar 2013*	*Mar 2011*	*Sep 2010*	*Jan 2008*
Bittner 2014	RCT			✓[45]							
Chibanda 2014	RCT			✓							
Hou 2014	RCT			✓							
O'Mahen 2014	RCT			✓	[46]						
Pinheiro 2014	RCT			✓	✓						
Pugh 2014	RCT			✓							
Ammerman 2013[47]	RCT		✓	✓	✓						
Burns 2013	RCT				✓						
Field 2013	RCT				✓						
Leung 2013	QRCT			✓[45]							
McGregor 2013	QRCT			✓							
O'Mahen 2013a	RCT	✓	✓	✓	✓						
O'Mahen 2013b[48]	RCT	[49]		✓	[50]						
Hayden 2012	RCT			✓	✓						
Kozinszky 2012	RCT		✓[51]		[52]						
Reay 2012	RCT						✓				
Le 2011	RCT				[52]			✓			
Milgrom 2011b[53]	RCT		✓	✓	✓						
Mulcahy 2010	RCT				✓	✓	✓			✓	
Nylen 2010	RCT						✓				
Puckering 2010	RCT			✓	Excluded[54]						
Wiklund 2010	RCT		✓	✓[45]	✓					✓	
Grote 2009	RCT				✓[55]	✓[56]	✓			✓	
Morrell 2009a/2009b	RCT				✓[55]			✓			
Cho 2008	RCT			✓	✓						
Rahman 2008	RCT			✓[57]	✓[55]						

[45] Classified in the SR as an 'indicated prevention study', in which all participants reported elevated levels of depressive symptoms at pre-treatment. Meta-analysed with treatment studies.
[46] Captured in NICE 2015 as O'Mahen 2013c (Epub ahead of print) and was classified as a self-help intervention (see Section AppC2.2.5).
[47] The intervention was individual CBT and home visits.
[48] Assessed an internet-based behavioural activation treatment.
[49] Classified in the SR as an 'online modified behavioural activation' intervention. Behavioural activation uses behavioral features of CBT, but excludes the cognitive elements of this therapy.
[50] Classified in the SR as a 'facilitated guided self-help' intervention.
[51] Other SRs (e.g. Sockol 2015) classified this RCT as a prevention rather than treatment trial.
[52] Classified in NICE 2015 as a psychologically-informed psychoeducation intervention (see Section AppC2.1.1).
[53] The intervention was CBT (nurse-led and psychologist-led combined) plus GP training.
[54] Excluded from NICE 2015 on the basis that data could not be extracted.
[55] This study was classified as an 'indicated prevention' trial in the Morrell 2016 HTA (see Section AppC3.2.1).
[56] Classified in Claridge 2014 as a study in women without a depression diagnosis.
[57] Classified in Sockol 2015 as a quasi-randomised controlled trial but included in NICE as an RCT.

Study		Lavender 2016	O'Connor 2016	Sockol 2015	NICE 2015	Claridge 2014	Miniati 2014	Perveen 2013	Scope 2013	Sockol 2011	Stevenson 2010b
		CBT	**CBT, IPT**	**CBT**	**CBT, IPT**	**IPT**	**ITP**	**CBT**	**CBT group**	**CBT, IPT**	**CBT group**
Rojas 2007	RCT			✓	Excluded[58]				✓		✓
McKee 2006	RCT			✓[45]	Excluded[59]						
Pearlstein 2006	QRCT					✓	✓			✓	
Tezel 2006	QRCT			✓	Excluded[60]						
Craig 2005	RCT									✓	
Milgrom 2005	RCT		✓		✓				✓	✓	✓
Misri 2004[61]	RCT			✓	Excluded					✓	
Ugarriza 2004	RCT			✓	Excluded[62]						
Clark 2003	QRCT					✓	✓		✓[63]	✓	✓[64]
Cooper 2003	RCT		✓	✓	✓[65]			✓		✓	
Spinelli 2003	RCT				[52]	✓				✓	
Chabrol 2002	RCT			✓[66]						✓[66]	
Honey 2002	RCT		✓	✓	[52]			✓	✓		✓
Prendergast 2001	RCT		✓	✓	✓			✓		✓	
O'Hara 2000	RCT				✓	✓	✓			✓	
Appleby 1997[67]	RCT									✓	
Meager 1996	QRCT								✓[63]	✓	✓[68]
McGregor 2014	CCT		✓								
Spinelli 2013	CCT					✓					
OBS studies		0	0	0		5	4	0	2	5	1

Abbreviations: CBT, cognitive behavioural therapy; CCT, controlled clinical trial; IPT, interpersonal psychotherapy; QRCT, quasi-randomised controlled trial; RCT, randomized controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

[58] Excluded in NICE 2015 on the basis that it was outside scope (organisation of care).
[59] Excluded in NICE 2015 on the basis that mental health outcomes could not be extracted.
[60] Excluded in NICE 2015 on the basis that group allocation was not randomised.
[61] Misri 2004 compared paroxetine with paroxetine plus CBT.
[62] Excluded in NICE 2015 on the basis that it is a non-UK study.
[63] Scope 2013 SR considered this to be a non-RCT.
[64] Stevenson 2010b SR considered this to be non-RCT because no randomisation was performed; participants were matched and sequentially assigned to groups.
[65] The intervention in the relevant study arm of this four-armed RCT was IPT (psychodynamic therapy).
[66] Classified in Morrell 2016 as a prevention study (see Section AppC3.2.1).
[67] The interventions assessed were CBT vs CBT (fewer sessions) or CBT plus pharmacological treatment.
[68] Stevenson 2010b SR considered this to be non-RCT because the randomisation method was not described.

AppC2.2.2 Directive counselling

AppC2.2.2.1 Identified studies

The literature search identified one SR (NICE 2015) relating to the assessment of directive counselling. A summary of the characteristics of the NICE 2015 SR is presented in **Table AppC2.2-3**.

Table AppC2.2-3 Characteristics of the included studies – directive counselling (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 1 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Psychological or psychosocial interventions	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction

Abbreviations: MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.2-4 lists the one Australian RCT included in the NICE 2015 SR. Milgrom 2005 (N=146) compared face-to-face directive counselling (individual and group) with treatment as usual in postpartum women with a diagnosis of minor depression or MDD.

Table AppC2.2-4 Individual included studies in published SRs – directive counselling (treatment)

Study		NICE 2015
Search date		*Apr 2014*
Milgrom 2005	RCT	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.2.3 Non-directive counselling

AppC2.2.3.1 Identified studies

The literature search identified three SRs relating to the assessment of non-directive counselling (O'Connor 2016; NICE 2015; Leis 2009). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC2.2-5**.

Table AppC2.2-5 Characteristics of the included studies – non-directive counselling (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
O'Connor 2016	SR/MA *[Search Jan 2015]* 4 RCT	Pregnant and postpartum women who screen positive for depression in primary care	Psychotherapy, antidepressants or collaborative care	Not specified	Change in depressive symptoms, remission
NICE 2015	SR/MA *[Search Apr 2014]* 5 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Psychological or psychosocial interventions (including listening visits)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction
Leis 2009	SR *[Search Feb 2008]* 1 RCT	Pregnant and postpartum women	Home-based psychological interventions	Not specified	Change in depression

Abbreviations: MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.2-6 lists the individual studies included in the three identified SRs. The NICE 2015 SR was chosen as the foundation review due to its high quality and comprehensiveness. NICE 2015 included five RCTs (N=1,018) that compared face-to-face non-directive counselling (listening visits) in the home with treatment as usual in postpartum women with symptoms (or subthreshold symptoms) of depression or a diagnosis of depression or MDD.

O'Connor 2016 included one additional RCT from the United States (Segre 2015; N=66) that was published after the NICE 2015 literature search and focused on non-directive counselling for impoverished mothers by point-of-care providers.

Table AppC2.2-6 Individual included studies in published SRs – non-directive counselling (treatment)

Study		O'Connor 2016	NICE 2015	Leis 2009
Search date		*Jan 2015*	*Apr 2014*	*Feb 2008*
Segre 2015	RCT	✓		
Morrell 2009a/2009b	RCT		✓	
Wiggins 2005	RCT		✓	[69]
Cooper 2003	RCT	✓	✓	
Holden 1989	RCT	✓	✓	✓
Wickberg 1996	RCT	✓	✓	

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.2.4 Case management/individual treatment

AppC2.2.4.1 Identified studies

The literature search identified no SRs that relate to this intervention.

AppC2.2.5 Self-help or facilitated self-help

AppC2.2.5.1 Identified studies

The literature search identified one SR (NICE 2015) relating to the assessment of self-help. A summary of the characteristics of the NICE 2015 SR is presented in **Table AppC2.2-7**.

Table AppC2.2-7 Characteristics of the included studies – self-help (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 3 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Psychological or psychosocial interventions (including self-help and facilitated self-help)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction

Abbreviations: MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.2-8 lists the three individual RCTs included in the NICE 2015 SR. All three RCTs (N=1,136) compared facilitated self-help with treatment as usual. The Australian study by Milgrom et al (2011a) assessed facilitated self-help (workbook delivery and telephone support) in pregnant women with subthreshold symptoms of depression. The other two RCTs from the United Kingdom assessed facilitated self-help in postpartum women. In O'Mahen 2013b, facilitated self-help involved internet delivery and online (chat room) support for women with symptoms of depression. In O'Mahen 2013c, self-help involved internet delivery and telephone support in women with a diagnosis of MDD.

[69] Classified in the SR as a prevention study rather than treatment.

Table AppC2.2-8 Individual included studies in published SRs – self-help (treatment)

Study		NICE 2015
Search date		*Apr 2014*
O'Mahen 2013b	RCT	✓
O'Mahen 2013c	RCT	✓
Milgrom 2011a	RCT	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.2.6 Post-traumatic birth counselling

AppC2.2.6.1 Identified studies

The literature search identified one SR (NICE 2015) relating to the assessment of post-traumatic birth counselling. A summary of the characteristics of the NICE 2015 SR is presented in **Table AppC2.2-9**.

Table AppC2.2-9 Characteristics of the included studies – post-traumatic birth counselling (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 1 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Psychological or psychosocial interventions (including post-traumatic birth counselling)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction

Abbreviations: MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.2-10 lists the one Australian RCT included in the NICE 2015 SR. Gamble 2005 (N=103) compared individual post-traumatic birth counselling (face-to-face and telephone) with treatment as usual in women with a diagnosis of PTSD.

Table AppC2.2-10 Individual included studies in published SRs – post-traumatic birth counselling (treatment)

Study		NICE 2015
Search date		*Apr 2014*
Gamble 2005	RCT	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.2.7 Post-miscarriage counselling

AppC2.2.7.1 Identified studies

The literature search identified one SR (NICE 2015) relating to the assessment of post-miscarriage counselling. A summary of the characteristics of the NICE 2015 SR is presented in **Table AppC2.2-11**.

Table AppC2.2-11 Characteristics of the included studies – post-miscarriage counselling (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 3 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Psychological or psychosocial interventions (including post-miscarriage interventions)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction

Abbreviations: MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.2-12 lists the individual studies included in the NICE 2015 SR. Three RCTs (N=269) compared post-miscarriage counselling with treatment as usual or enhanced treatment as usual (medical

investigations into causes of miscarriage without counselling). One RCT from the United States (Swanson 2009) assessed face-to-face nurse-led counselling in postpartum women with symptoms of depression. Another RCT from the United States (Neugebauer 2006) assessed interpersonal counselling via telephone in postpartum women with symptoms of depression. One RCT from the United Kingdom (Nikcevic 2007) assessed face-to-face psychological counselling (with medical investigations into causes of miscarriage) in postpartum women with symptoms of anxiety.

Table AppC2.2-12 Individual included studies in published SRs – post-miscarriage counselling (treatment)

Study		NICE 2015
Search date		*Apr 2014*
Swanson 2009	RCT	✓
Nikcevic 2007	RCT	✓
Neugebauer 2006	RCT	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.3 TREATMENT WITH ONLINE INTERVENTIONS

AppC2.3.1 Online interventions

AppC2.3.1.1 Identified studies

The literature search identified two SRs relating to the assessment of computer- or web-based treatment interventions (Ashford 2016; Lee 2016). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC2.3-1**.

Table AppC2.3-1 Characteristics of the included studies – online interventions (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
Lee 2016	SR *[Search Mar 2015]* 3 RCT, 1 SG	Pregnant and postpartum women with mental health issues	Internet/web/online/ computer intervention	Not specified	Maternal mental health
Ashford 2016	SR *[Search Dec 2014]* *5 RCT, 2 SG*	Pregnant and postpartum women	Computer- or web-based interventions with a self-help component[70]	Not specified	Maternal mental health

Abbreviations: RCT, randomised controlled trial; SG, single group study; SR, systematic review.

Table AppC2.3-2 lists the seven individual studies included in the two identified SRs. No additional studies of web-or computer-based treatment interventions were identified in NICE 2015 or the other SRs included in the current report. Due to the small number of studies and their heterogeneous methodological designs and quality, the authors of both SRs (Ashford 2016; Lee 2016) considered meta-analysis inappropriate and therefore information was synthesised and reported narratively.

With the exception of the RCT of the 'Maternal Depression Online' intervention that was published in a thesis (Pugh 2014), all other RCTs included in Ashford 2016 were included in NICE 2015 (as self-help or post-miscarriage self-help interventions) and have been included in other sections of the current report. Across the RCTs, the comparator was either waitlist control (Pugh 2014; Kersting 2013; Kersting 2011) or treatment as usual (O'Mahen 2014; O'Mahen 2013b). Ashford 2016 also included two studies with a quasi-

[70] Access to therapy material without or with minimal assistance of a therapist or mental health professional. Studies were excluded if they investigated online support groups only or e-counselling (therapeutic content not available on a website, but through contact with a therapist via Skype, instant messaging or email).

experimental pretest-posttest design (Kim 2014; Danaher 2013). No studies compared an online intervention with an offline version of the same intervention.

The majority of interventions were developed for the treatment of depression in pregnant women (Kim 2014) or postpartum women (O'Mahen 2014; Pugh 2014; Danaher 2013; O'Mahen 2013b). An intervention called 'NetMums' was assessed in two RCTs (O'Mahen 2014; O'Mahen 2013b); however, the design of the intervention changed considerably after the first evaluation and therefore the two interventions are reported separately. One intervention with two publications targeted complicated grief and mental health after pregnancy loss: one publication reported pilot data (Kersting 2011) and another reported data from a full RCT (Kersting 2013).

The included interventions originated from the United States (Kim 2014; Pugh 2014), the United Kingdom (O'Mahen 2014; O'Mahen 2013b), the United States and Australia (Danaher 2013) and Germany (Kersting 2013; Kersting 2011). Six of the seven studies assessed web-based interventions and one (Kim 2014) assessed a computer-based intervention called 'Good Days Ahead'. Referral of study participants varied across the studies and included self-referral only (O'Mahen 2014; Pugh 2014; O'Mahen 2013b; Kersting 2011) and combinations of self-referral and health professional referral (Kim 2014; Danaher 2013; Kersting 2013). The majority of studies included only women but two studies (Kersting 2013; Kersting 2011) included women and their partners.

The therapeutic approach used in the majority of interventions was CBT (Kim 2014; Pugh 2014; Danaher 2013; Kersting 2013; Kersting 2011), but two studies used behavioural activation (O'Mahen 2014; O'Mahen 2013b). Some sort of therapist contact was included in the majority of programs. Contact was either face-to-face (Kim 2014), on the phone (O'Mahen 2014; Danaher 2013), via email (Pugh 2014; Kersting 2013; Kersting 2011), or in real-time online (O'Mahen 2013b) and occurred mostly on a weekly basis. In Kersting 2013 and Kersting 2011, support was provided in the form of written feedback for writing assignments, with assignments personalised by a therapist.

The duration of the interventions ranged from 5 weeks to 17 weeks across the studies. Sample attrition between pre- and post-intervention time points ranged from 11.3% (Danaher 2013) to 62% (O'Mahen 2013b).

Table AppC2.3-2 Individual included studies in published SRs – online interventions (treatment)

Study		Lee 2016	Ashford 2016
Search date		*Mar 2015*	*Dec 2014*
O'Mahen 2014	RCT	✓[71]	✓[71]
Pugh 2014 *[doctoral dissertation]*	RCT		✓
Kersting 2013	RCT	✓[72]	✓[72,73]
O'Mahen 2013b	RCT	✓[74]	✓[74]
Kersting 2011	RCT		✓[72,74]
Kim 2014	SG		✓
Danaher 2013	SG	✓[75]	✓[75]

Abbreviations: RCT, randomised controlled trial; SG, single group study; SR, systematic review.
Note: Review shown in shading is the foundation review.

A literature search was conducted to identify RCTs of online interventions published after the literature search date of the Ashford 2016 SR. Based on advice from the EWG for the current Guideline, only those studies that compared an online intervention with an offline version of the same intervention were considered eligible. No additional studies, published in full, were identified in the literature search update.

[71] Captured in NICE 2015 as O'Mahen 2013c (Epub ahead of print) and was classified as a self-help intervention (see **Section AppC2.2.5**).
[72] Study recruited women with a recent loss of pregnancy.
[73] Classified in NICE 2015 as a post-miscarriage self-help intervention for the prevention of mental health problems (see **Section AppC3.1.8**).
[74] Classified in NICE 2015 as a post-miscarriage self-help intervention for the treatment of mental health problems (see **Section AppC2.1.8**).
[75] Excluded in NICE 2015 because group allocation was not randomised.

AppC2.4 TREATMENT WITH PHARMACOLOGICAL INTERVENTIONS

AppC2.4.1 Antidepressants

AppC2.4.1.1 Identified studies

Seven SRs were identified that included evidence of the efficacy and safety of antidepressants for the treatment of perinatal depression. Of the four SRs providing quantitative evidence, NICE 2015 and Molyneaux 2014 were chosen as the foundation reviews because they were the most up-to-date. It should be noted that both SRs were included because they grouped the studies in different ways.

Table AppC2.4-1 Characteristics of the included studies – antidepressants (treatment)

Study ID	Study characteristics Country Timeframe	Population (N)	Intervention/s or exposure/s[76]	Comparator/s	Outcomes
Quantitative studies					
NICE 2015	SR including 6 RCTs	Women who have mental health problems during the postnatal period	SSRIs Sertraline Paroxetine Fluoxetine + psychological Sertraline + psychological Sertraline	General standard care Placebo Placebo + psychological Nortriptyline	**Non-response** **Depression outcomes** General mental health Service utilisation Leaving the study early **Adverse events**
McDonagh 2014	SR including no direct RCT evidence	Pregnant women and women during the first 12 months after delivery, who received treatment for a depressive episode	Antidepressants	Placebo Usual care Other antidepressants Other non-pharmacological treatments	Danger to self Danger to infant Depression Anxiety Functional capacity Delivery and postpartum parameters Social services utilisation Health system resource utilisation Adherence or persistence
Molyneaux 2014	SR including 6 RCTs	Women with postnatal depression onset up to 6 months after giving birth	Antidepressants	Placebo Usual care Other antidepressants	Response Remission Adverse events
Sockol 2011	SR including 2 RCTs and other non-randomised studies	Women with perinatal depression	Antidepressants Non-pharmacological agents Psychotherapy	Placebo Usual care Other antidepressants	Depression symptomatology
Qualitative studies					
De Crescenzo 2014	SR including 6 RCTs	Women with a clinical diagnosis of MDD within the first six months after delivery	SSRI	Placebo Psychotherapy Other antidepressants	Response Remission Depression symptomatology
Sharma 2013	SR including 6 RCTs	Women with postpartum depression	Antidepressants	Placebo Psychotherapy Other antidepressants	Remission

[76] Only interventions and comparators relevant to the consideration of antidepressants are included here.

Study ID	**Study characteristics** **Country** **Timeframe**	**Population** **(N)**	**Intervention/s or exposure/s**[76]	**Comparator/s**	**Outcomes**
Ng 2010	SR including 3 RCTs and other non-randomised studies	Women with postpartum depression	Antidepressants Hormones Dietary supplements	Placebo Psychotherapy Other antidepressants Other non-pharmacological treatments	Response Remission Depression symptomatology

Note: Intervention/s, comparator/s and outcome/s shown in bold are those included in the Summary of Findings tables.
Abbreviations: MDD, major depressive disorder; RCT, randomised controlled trial; SRI, serotonin reuptake inhibitor; SSRI, selective serotonin reuptake inhibitor; SR, systematic review.

Table AppC2.4-2 Individual included studies in published SRs – antidepressants (treatment)

		Quantitative evidence			Qualitative evidence			
	Study type	**NICE 2015**	**Molyneaux 2014**	**Sockol 2011**	**De Crescenzo 2014**	**Sharma 2013**	**Ng 2010**	**Craig 2009**
Search date		*Apr 2014*	*Jul 2014*	*Sep 2010*	*Feb 2013*	*2013*	*Sep 2009*	*May 2008*
Hantsoo 2014	RCT	✓	✓					
Bloch 2012	RCT	✓	✓		✓	✓		
Sharp 2010	RCT	✓	✓		✓	✓		
Yonkers 2008	RCT	✓	✓	✓	✓	✓	✓	
Wisner 2006	RCT	✓	✓		✓	✓	✓	✓
Misri 2004 (escitalopram)	RCT				✓		✓	
Misri 2004 (paroxetine)	RCT					✓		
Appleby 1997	RCT	✓	✓		✓	✓	✓	✓

Abbreviations: RCT, randomised controlled trial.

Note: Review shown in shading is the foundation review.

AppC2.4.2 Antipsychotics

No SRs or individual RCTs were identified from the SR or updated searches that assessed the effect of antipsychotics on the treatment of mental health disorders during pregnancy or postnatally.

AppC2.4.3 Anticonvulsants

No SRs or individual RCTs were identified from the SR or updated searches that assessed the effect of anticonvulsants on the treatment of mental health disorders during pregnancy or postnatally.

AppC2.4.4 Benzodiazepines or z-drugs

No SRs or individual RCTs were identified from the SR or updated searches that assessed the effect of benzodiazepines or on the treatment of mental health disorders during pregnancy or postnatally.

AppC2.4.5 Lithium

No SRs or individual RCTs were identified from the SR or updated searches that assessed the effect of antipsychotics on the treatment of mental health disorders during pregnancy or postnatally.

AppC2.5 TREATMENT WITH COMPLEMENTARY INTERVENTIONS

AppC2.5.1 Omega-3 fatty acids

AppC2.5.1.1 Identified studies

Eight SRs were identified that included evidence of the efficacy and safety of omega-3 fatty acids for the treatment of perinatal depression. Of the four SRs providing quantitative evidence, NICE 2015 was chosen as the foundation reviews because it was the most up-to-date, included the most studies and provided its findings in SoF tables.

Table AppC2.5-1 Characteristics of the included studies – omega-3 fatty acids (treatment)

Study ID	Study characteristics Country Timeframe	Population (N)	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR including 4 RCTs	Women who have mental health problems during the peri- or postnatal period (N=251)	Omega-3 fatty acids	Placebo	**Non-response** **Depression outcomes** Service utilisation Leaving the study early **Adverse events**
Grosso 2014	SR including 3 RCTs	Depression – included a subset of studies of MDD in pregnant women	Omega-3 fatty acids	Placebo	**Mean depression score**
Dennis 2013	SR including 2 RCTs	Pregnant women with antenatal depression (N=95)	Omega-3 fatty acids	Placebo	**Response** **Remission** **Depression symptomatology** **Adverse events**
Jans 2010	SR including 7 RCTs (3 RCTs in depressed women)	Pregnant or post-partum women, either depressed or non-depressed (N=110)	Omega-3 fatty acids	Placebo	**Depression symptoms**
Qualitative studies					
Ortega 2012	SR including 38 RCTs (3 RCTs in women with perinatal depression)	Not limited (included subset of women with perinatal depression)	Omega-3 fatty acids	Placebo	Various

Study ID	**Study characteristics** **Country** **Timeframe**	**Population** **(N)**	**Intervention/s**	**Comparator/s**	**Outcomes**
Wojcicki 2011	SR including 5 RCT, 3 cohort studies and 2 pilot studies (4 RCTs in depressed women)	Pregnant women	Omega-3 fatty acids	Placebo Other omega-3 fatty acids	**Depression symptoms**
Ng 2010	SR including 3 RCTs	Women experiencing depression during the 12 months immediately after childbirth	Omega-3 fatty acids	Placebo Other omega-3 fatty acids	**Response** **Adverse events**
Freeman 2009	SR including 5 RCTs	Pregnant or postpartum women with MDD	Omega-3 fatty acids	Placebo Other omega-3 fatty acids	**Depression symptoms**

Note: Exposure/s, comparator/s and outcome/s shown in bold are those included in the Summary of Findings tables.
Abbreviations: RCT, randomised controlled trial; SR, systematic review.

Table AppC2.5-2 Individual included studies in published SRs – omega-3 fatty acids (treatment)

Study ID	Study type	Quantitative evidence				Qualitative evidence			
		NICE 2015	Grosso 2014	Dennis 2013	Jans 2010	Ortega 2012	Wojcicki 2011	Ng 2010	Freeman 2009
Search date		*Apr 2014*	*Aug 2013*	*Jan 2013*	*Dec 2009*	*Apr 2011*	*Aug 2010*	*Sep 2009*	*NR*
Mozurkewich 2013	RCT	✓							
Freeman 2008	RCT	✓	✓	✓	✓	✓	✓	✓	✓
Rees 2008	RCT	✓	✓		✓	✓	✓	✓	✓
Su 2008	RCT	✓	✓	✓	✓	✓	✓		✓
Freeman 2006	RCT						✓	✓	✓✓

Abbreviations: RCT, randomised controlled trial.

Note: Review shown in shading is the foundation review.

AppC2.5.2 St John's wort

No SRs or individual RCTs were identified that assessed the effect of St John's wort on the **treatment** of mental health disorders during pregnancy, or maternal side effects.

AppC2.5.3 Gingko biloba

No SRs or individual RCTs were identified that assessed the effect of gingko biloba on the **treatment** of mental health disorders during pregnancy, or maternal side effects.

AppC2.6 TREATMENT WITH PHYSICAL INTERVENTIONS

AppC2.6.1 Exercise

AppC2.6.1.1 Identified studies

The literature search identified three SRs relating to the assessment of exercise interventions (NICE 2015; Daley 2015; Daley 2009). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC2.1-11**.

Table AppC2.6-1 Characteristics of the included studies – exercise (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 4 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Physical interventions, including physical activity	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction
Daley 2015	SR/MA *[Search Feb 2014]* 4 RCT	Pregnant women diagnosed with antenatal depression	Any type of exercise intervention (including exercise as a co-intervention)	Usual care, control groups or any other comparator	Change in depression symptoms
Daley 2009	SR/MA *[Search Mar 2008]* 4 RCT, 1 QRCT	Postpartum women with a diagnosis of PND or screened positive for probable depression	Exercise, defined as any planned, structured and repetitive bodily movement (including exercise as a co-intervention)	No treatment or any other treatments	Change in depression symptoms

Abbreviations: MA, meta-analysis; QRCT, quasi-randomised controlled trial; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.1-4 lists the individual studies included in the identified SRs. Due to its currency and high quality, the NICE 2015 SR was chosen as the foundation review for this intervention. NICE 2015 included three RCTs (N=191) that compared physical activity with treatment as usual. One RCT from the United Kingdom (Daley 2008; N=38) assessed individual exercise consultations in the home setting (with follow-up support calls) in postpartum women with symptoms of depression (>12 on the EPDS). Another RCT from the United Kingdom (Daley 2014; N=94) assessed individual and group exercise consultations with support follow-up calls in postpartum women with a diagnosis of MDD. An RCT from the United States (Field 2013b; N=92) compared group Tai-chi/yoga, specifically designed for women in their second and third trimester of pregnancy, with waitlist control in pregnant women that met diagnostic criteria for depression.

NICE 2015 also included an Australian RCT that compared a 12-week group pram walking exercise program with a 12-week mutual support group in postpartum women with symptoms of depression (Armstrong 2004; N=24). The mutual support group was facilitated by a nurse/social worker and involved unstructured discussion for social and emotional but not practical support.

The Daley 2015 SR included three RCTs that were not included in NICE 2015, all of which assessed yoga as an intervention (or co-intervention) and are included in the current report in **Section AppC2.6.2** (yoga intervention).

The Daley 2009 SR included one RCT (published as conference abstracts only) and one quasi-randomised study that were not included in NICE 2015. On the basis of the available evidence (published before March 2008), the authors of the Daley 2009 SR concluded that it is uncertain whether exercise reduces symptoms of PND due to heterogeneity.

Table AppC2.6-2 Individual included studies in published SRs – exercise (treatment)

Study		NICE 2015	Daley 2015	Daley 2009
		Antenatal or postnatal	Antenatal	Postnatal
Search date		*Apr 2014*	*Feb 2014*	*Mar 2008*
Daley 2014	RCT	✓		
Field 2013a	RCT		✓	
Field 2013b	RCT	✓	✓	
Field 2012	RCT		✓	
Mitchell 2012	RCT		✓	
Daley 2008	RCT	✓		✓
Da Costa 2006	RCT			✓
Armstrong 2004	RCT	✓		✓
Armstrong 2003	RCT	[77]		✓
Heh 2008	QRCT	Excluded[78]		✓

Abbreviations: QRCT, quasi-randomised controlled trial; RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.6.2 Yoga

AppC2.6.2.1 Identified studies

The literature search identified two SRs relating to the assessment of yoga (Gong 2015; Marc 2011). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC2.6-3**.

Table AppC2.6-3 Characteristics of the included studies – yoga (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
Gong 2015	SR/MA *[Search Jul 2014]* 4/6 RCT were in women with depression	Pregnant women with depression	Physical-exercise-based yoga (such as stretching, savasana, or other asana postures) or integrated yoga (included pranayama, meditation or deep relaxation)	Usual care or any other physical or mental care	Change in depression

[77] Included in NICE 2015 as a social support intervention (see Section AppC2.1.3).
[78] Excluded on the basis that it is not an RCT.

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
Marc 2011	SR/MA *[Search Nov 2010]* 1/6 RCT in women with depression	Pregnant women	Mind-body interventions for anxiety	Any form of standard care, other pharmacological or non-pharmacological interventions, other types of mind-body interventions or no treatment	Anxiety (primary outcome) Other maternal outcomes (e.g. depression, perceived stress, pain experience, sleep, BP, quality of life, mode of delivery, use of medication, hospitalization)

Abbreviations: BP, blood pressure; MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.6-4 lists the individual studies included in the identified SRs. The Gong 2015 SR was chosen as the foundation review due to its currency and comprehensiveness. Gong 2015 included four RCTs that assessed yoga in pregnant women with a diagnosis of depression. Three RCTs examined the effect of 12 weeks of exercise-based yoga (Field 2013b; Field 2012; Mitchell 2012); however, the comparator varied between studies. In Field 2013b (N=92) the comparator was a social support group. In Field 2012 (N=84) the comparator involved massage and standard prenatal care. In Mitchell 2012 (N=24) the comparator was parenting education sessions. The fourth RCT (Field 2013a; N=92) compared 12 weeks of yoga integrated with Tai chi, with a social support group.

The Marc 2011 SR included only one RCT (Vieten 2008) that assessed an eight-week mindfulness intervention that incorporated experiential exercises and was facilitated by a licensed clinical psychologist trained in mindfulness-based interventions, as well as a certified prenatal yoga instructor. This RCT, which reported no benefits of the intervention on depression or anxiety symptoms, is included in the current report as a mindfulness intervention (see **Section AppC2.1.12**).

Table AppC2.6-4 Individual included studies in published SRs – yoga (treatment)

Study		Gong 2015	Marc 2011
Search date		*Jul 2014*	*Nov 2010*
Field 2013a	RCT	✓	
Field 2013b	RCT	✓	
Field 2012	RCT	✓	
Mitchell 2012	RCT	✓	
Vieten 2008	RCT		✓

Abbreviations: NR, not reported; RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.6.3 Acupuncture

AppC2.6.3.1 Identified studies

The literature search identified three SRs relating to the assessment of exercise interventions (NICE 2015; Dennis 2013; Sniezek 2013). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC2.1-11**.

Table AppC2.6-5 Characteristics of the included studies – acupuncture (treatment)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 3 RCT	Pregnant and postpartum women who have mental health problems (formal diagnosis or subthreshold symptoms)	Physical interventions, including physical activity	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction
Dennis 2013	SR/MA *[Search Jan 2013]* 2 RCT	Pregnant women with antenatal depression	Interventions other than pharmacological, psychosocial or psychological, including acupuncture	Standard or usual care	Depression, anxiety or maternal stress Maternal mortality and serious morbidity including self-harm and suicide attempts Maternal-infant attachment
Sniezek 2013	SR/MA *[Search date not reported]* 2/6 RCT were in pregnant women	Women with a clinical diagnosis of depression or anxiety	Manual acupuncture (as monotherapy or as adjunctive therapy)	Sham acupuncture, other manual therapy, pharmacologic treatment, psychotherapy, no treatment (waitlist), or any other reasonable control	Change in depression or anxiety symptoms

Abbreviations: MA, meta-analysis; OBS, observational study; RCT, randomised controlled trial; SR, systematic review.

Table AppC2.6-6 lists the individual studies included in the identified SRs. The NICE 2015 SR was chosen as the foundation review due to its currency, high quality and comprehensiveness. NICE 2015 included two RCTS from the United States (Manber 2010; Manber 2004) that compared depression-specific acupuncture with non-depression specific acupuncture and with massage, in pregnant women with a diagnosis of MDD (N=210).

NICE 2015 also included one RCT from China (Chung 2012; N=20) that compared electro-acupuncture with non-invasive sham acupuncture in postpartum women with a diagnosis of MDD.

Table AppC2.6-6 Individual included studies in published SRs – acupuncture (treatment)

Study		NICE 2015	Dennis 2013	Sniezek 2013
Search date		*Apr 2014*	*Jan 2013*	*NR*
Chung 2012	RCT	✓		
Manber 2010	RCT	✓	✓	✓
Manber 2004	RCT	✓	✓	✓

Abbreviations: NR, not reported; RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC2.6.4 Electroconvulsive therapy

AppC2.6.4.1 Identified studies

No SRs or individual RCTs were identified from the scoping or updated searches that assessed the effect of ECT on the treatment of mental health disorders during pregnancy or maternal side effects.

AppC2.6.5 Transcranial magnetic stimulation

AppC2.6.5.1 Identified studies

No SRs or individual RCTs were identified from the scoping or updated searches that assessed the effect of TMS on the treatment of mental health disorders during pregnancy or maternal side effects.

One abstract describing an upcoming RCT of the use of TMS for depression during pregnancy was identified (Kim et al., 2013); however, no results have been published to date. In addition, one RCT was identified by the search. However, it included only 14 subjects (eight in one arm and six in the other) and was excluded from consideration for being too small (Myczkowski 2012).

Appendix C3 INCLUDED STUDIES - PREVENTION

AppC3.1 PREVENTION WITH PSYCHOSOCIAL INTERVENTIONS

AppC3.1.1 Psychoeducation

AppC3.1.1.1 Identified studies

The literature search identified three SRs relating to the assessment of psychoeducation (NICE 2015; Morrell 2016; Clatworthy 2012). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC3.1-1**.

Table AppC3.1-1 Characteristics of the included studies – psychoeducation (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 3 RCT	Pregnant and postpartum women who are considered to be 'at risk' of developing mental health problems	Psychological interventions, including psychologically (CBT/IPT)-informed psychoeducation (group or individual)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction
Morrell 2016	SR/NMA *[Search 2012-2013]* 6 RCT	Pregnant or postpartum women at increased risk or high risk of PND	Psychological interventions and approaches that comprise components of a psychotherapeutic approach	Usual care	Change in depression or anxiety symptoms; depression or anxiety diagnosis Birth, infant or family outcomes
Clatworthy 2012	SR *[Search Oct 2010]* 4 RCT	Pregnant women perceived to be at risk of PND	Any antenatal intervention (non-pharmaceutical) with the primary aim of reducing PND	Not specified	Change in depression symptoms, PND diagnosis Study retention rate

Abbreviations: CBT, cognitive behavioural therapy; IPT, interpersonal psychotherapy; MA, meta-analysis; NMA, network meta-analysis; PND, postnatal depression; RCT, randomised controlled trial; SR, systematic review.

Table AppC3.1-2 lists the individual studies included in the three identified SRs. Due to its currency, high quality and comprehensiveness, NICE 2015 was chosen as the foundation review. NICE 2015 included three RCTs (N=360) of psychologically-informed psychoeducation interventions. The intervention was administered antenatally in two RCTs (Phipps 2013; Brugha 2000) and both antenatally and postnatally in Gorman 1997. In all RCTs, the intervention involved face-to-face psychoeducation (five or six sessions) delivered to individuals (Gorman 1997), groups (Brugha 2000) or both individuals and groups (Phipps 2013).

The SRs by Morrell 2016 and Clatworthy 2012 included a broader definition of psychoeducation. As such, there is some inconsistency between SRs in terms of how the individual RCTs have been classified, with some alternatively classified as psychoeducational booklet interventions, or non-mental health focused interventions.

The Morrell 2016 SR included one RCT of a psychoeducational intervention that was not included in NICE 2015. The RCT by Tam et al (2003; N=516) assessed an educational counselling intervention in China that was provided by a trained research nurse in the postnatal ward to women who had unexpected antenatal, intrapartum or postpartum events leading to suboptimal outcomes during pregnancy and childbirth. The authors partly attributed the negative study findings to methodological issues. Another RCT (Weidner 2010) was classified in NICE 2015 as a psychosomatic rather than psychoeducational intervention. Morrell 2016 also included four studies that assessed the effectiveness of education on preparing for parenting (Walkup 2009; Sen 2006; Brugha 2000; Buist 1999); however, these were classified and analysed as 'educational interventions' in Morrell 2016, and were considered separately from the psychotherapeutic interventions. These four studies are discussed in **Section AppC3.1.5** (non-mental health focused education and support).

The Clatworthy 2012 SR included four RCTs, all of which assessed group psychoeducation; no data extraction was performed. One of the four RCTs was included in NICE 2015 and another was specifically excluded from the NICE 2015 SR. The remaining two RCTs are captured in **Section AppC3.1.5** under non-mental health focused education and support.

Table AppC3.1-2 Individual included studies in published SRs – psychoeducation (prevention)

Study		NICE 2015	Morrell 2016	Clatworthy 2012
		Psychologically-informed psychoeducation	Psychoeducation	Group psychoeducation
Search date		*Apr 2014*	*2012-2013*	*Oct 2010*
Phipps 2013	RCT	✓	[79]	
Lara 2010	RCT	Excluded[80]	[81]	✓
Weidner 2010	RCT	[82]	✓[83]	
Walkup 2009	RCT		✓	
Sen 2006	RCT	[84]	✓	
Tam 2003	RCT		✓	
Brugha 2000	RCT	✓	✓	✓
Buist 1999	RCT		✓	✓
Gorman 1997	RCT	✓		
Stamp 1995	RCT	[84]		✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC3.1.2 Psychoeducational booklet

AppC3.1.2.1 Identified studies

The literature search identified two SRs relating to the assessment of psychoeducational booklets (NICE 2015; Morrell 2016). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC3.1-3**.

Table AppC3.1-3 Characteristics of the included studies – psychoeducational booklet (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 2 RCT	Pregnant and postpartum women who are considered to be 'at risk' of developing mental health problems	Psychological interventions, including psychoeducational booklet	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction
Morrell 2016	SR/NMA *[Search 2012-2013]* 4 RCT	Pregnant or postpartum women at increased risk or high risk of PND	Psychological interventions and approaches that comprise components of a psychotherapeutic approach	Usual care	Change in depression or anxiety symptoms; depression or anxiety diagnosis Birth, infant or family outcomes

Abbreviations: MA, meta-analysis; NMA, network meta-analysis; PND, postnatal depression; RCT, randomised controlled trial; SR, systematic review.

Table AppC3.1-4 lists the individual studies included in the two identified SRs. The NICE 2015 SR included two large RCTs from Australia and the United States that assessed the effectiveness of a booklet on PND compared with treatment as usual or enhanced treatment as usual. The Australian RCT (N=600; Webster 2003) provided the psychoeducational booklet to pregnant women, whereas Howell 2012 (N=540) provided the booklet and telephone support to postpartum women.

[79] Classified in the SR as an IPT based intervention.
[80] Excluded on the basis of >50% study dropout.
[81] Classified in the SR as a booklet on PND rather than psychoeducation.
[82] Classified in the SR as a psychosomatic intervention (not psychoeducation).
[83] Classified in the SR as an 'indicated preventive' intervention.
[84] Classified in the SR as a non-mental health-focused education and support intervention (see Section AppC3.1.5).

The Morrell 2016 SR included two additional RCTs from Mexico and Taiwan. The RCT from Mexico (Lara 2010) was excluded by NICE 2015 on the basis that more than half of study participants dropped out of the study. The Taiwanese study (Heh 2003) was not included in NICE 2015 but was relatively small in terms of sample size. Seventy women were randomised to receive informational support about PND during the sixth week postpartum.

As NICE 2015 extracted individual study data and undertook a meta-analysis, it was chosen as the foundation review for this intervention.

Table AppC3.1-4 Individual included studies in published SRs – psychoeducational booklet (prevention)

Study		NICE 2015	Morrell 2016
Search date		*Apr 2014*	*2012-2013*
Howell 2012	RCT	✓	✓
Lara 2010	RCT	Excluded[85]	✓
Heh 2003	RCT		✓
Webster 2003	RCT	✓	✓[86]

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC3.1.3 Social/peer support

AppC3.1.3.1 Identified studies

The literature search identified two SRs relating to the assessment of social/peer support (NICE 2015; Morrell 2016). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC3.1-5**.

Table AppC3.1-5 Characteristics of the included studies – social/peer support (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 1 RCT	Pregnant and postpartum women who are considered to be 'at risk' of developing mental health problems	Psychosocial interventions (includes peer-mediated support and support groups)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction
Morrell 2016	SR/NMA *[Search 2012-2013]* 6 RCT, 1 QRCT	Pregnant or postpartum women at increased risk or high risk of PND	Psychological interventions and approaches that comprise components of a psychotherapeutic approach	Usual care	Change in depression or anxiety symptoms; depression or anxiety diagnosis Birth, infant or family outcomes

Abbreviations: MA, meta-analysis; NMA, network meta-analysis; PND, postnatal depression; RCT, randomised controlled trial; SR, systematic review.

Table AppC3.1-6 lists the individual studies included in the two identified SRs. NICE 2015 included only one social support RCT (N=117) from the United Kingdom, which was also included in the Morrell 2016 SR. The RCT (Harris 2006) compared antenatal and postnatal peer-mediated support (which included one-to-one befriending and psychoeducational group meetings) with treatment as usual in women at risk of depression.

Morrell 2016 used a broader definition of social support and included studies of peer-mediated support as well as social support provided by lay and professional service providers. Morrell 2016 included an additional six RCTs, one of which was classified in NICE 2015 as a treatment study and two were specifically excluded from NICE 2015 for methodological reasons. Of the remaining three RCTs, one focused on peer mentor support given to pregnant women living with human immunodeficiency virus (HIV) in South Africa

[85] Excluded on the basis of >50% study dropout.
[86] Classified in the SR as an 'indicated preventative' intervention.

(Richter 2014), another assessed the effectiveness of a booklet and video provided by a nurse to pregnant adolescents in the United States (Logsdon 2005), and the third assessed the impact of a supportive labour companion doula for low risk pregnant women from a low income, multi-cultural urban population in South Africa (Wolman 1993). As these three studies focus on very specific populations, the findings may not be sufficiently generalisable to the target population in Australia. Given its alignment with the current Guideline, NICE 2015 was therefore chosen as the foundation review for this intervention.

Table AppC3.1-6 Individual included studies in published SRs – social/peer support (prevention)

Study		NICE 2015	Morrell 2016
Search date		*Apr 2014*	*2012-2013*
Richter 2014/Rotheram 2014	RCT		✓
Cupples 2011	RCT	Excluded[87]	✓
Barnes 2009	QRCT	Excluded[88]	✓
Dennis 2009	RCT	[89]	✓[90]
Harris 2006/Dennis 2013	RCT	✓	✓[90]
Logsdon 2005	RCT		✓
Wolman 1993/Trotter 1992/Nikodem 1998	RCT		✓

Abbreviations: QRCT, quasi-randomised controlled trial; RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC3.1.4 Home visits

AppC3.1.4.1 Identified studies

The literature search identified two SRs relating to the assessment of home visits (NICE 2015; Leis 2009). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC3.1-7**.

Table AppC3.1-7 Characteristics of the included studies – home visits (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 5 RCT	Pregnant and postpartum women who are considered to be 'at risk' of developing mental health problems	Psychosocial interventions (including home visits)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction
Leis 2009	SR *[Search Feb 2008]* 1 RCT	Pregnant and postpartum women	Home-based psychological interventions	Not specified	Change in depression

Abbreviations: MA, meta-analysis; PND, postnatal depression; RCT, randomised controlled trial; SR, systematic review.

Table AppC3.1-8 lists the five individual studies included in NICE 2015, one of which was from Australia (Spittle 2010). The five RCTs (N=1,146) assessed home visits to provide emotional and practical support and information, predominantly for women with psychosocial risk factors, but also including adolescent mothers (Easterbrooks 2013; Aracena 2009; Barnet 2007). The intervention was antenatal in one RCT from the United States (Easterbrooks 2013) and both antenatal and postnatal in the three other RCTs from Chile, the United Kingdom and the United States. The Australian RCT assessed home visits provided by a physiotherapist and psychologist to women at risk of mental health problems due to preterm delivery (Spittle 2010). The intervention involved a psychological component directed at the mother and family, and a physiotherapy component directed at the infant.

[87] Excluded from NICE 2015 on the basis that no mental health outcomes were reported.
[88] Excluded from NICE 2015 on the basis that group allocation was not randomised.
[89] Included in NICE 2015 but classified as a treatment rather than prevention study (see Section AppC2.1.3).
[90] Classified in the SR as an 'indicated preventative intervention'.

The Leis 2009 SR sought to assess home-based interventions to prevent and treat PND and identified only one RCT (Wiggins 2005) that was classified by Leis and colleagues as a preventive intervention, but is included in NICE 2015 as a treatment study (see **Section AppC2.2.3** on non-directive counselling).

Table AppC3.1-8 Individual included studies in published SRs – home visits (prevention)

Study		NICE 2015	Leis 2009
Search date		*Apr 2014*	*Feb 2008*
Easterbrooks 2013	RCT	✓	
Spittle 2010/2009/Spencer Smith 2012	RCT	✓	
Aracena 2009	RCT	✓	
Barlow 2007	RCT	✓	
Barnet 2007	RCT	✓	
Wiggins 2005	RCT	[91]	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC3.1.5 Non-mental health focused education/support

AppC3.1.5.1 Identified studies

The literature search identified two SRs relating to the assessment of non-mental health focused education and support (NICE 2015; Morrell 2016). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC3.1-9**.

Table AppC3.1-9 Characteristics of the included studies – non-mental health-focused education/support (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 4 RCT	Pregnant and postpartum women who are considered to be 'at risk' of developing mental health problems	Psychosocial interventions (includes non-mental health focused education and support)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction
Morrell 2016	SR/NMA *[Search 2012-2013]* 5 RCT	Pregnant or postpartum women at increased risk or high risk of PND	Psychological interventions and approaches that comprise components of a psychotherapeutic approach	Usual care	Change in depression or anxiety symptoms; depression or anxiety diagnosis Birth, infant or family outcomes

Abbreviations: MA, meta-analysis; NMA, network meta-analysis; PND, postnatal depression; RCT, randomised controlled trial; SR, systematic review.

Table AppC3.1-10 lists the individual studies included in the two identified SRs. NICE 2015 included four RCTs (N=844) under the category of non-mental health focused education and support, one of which was from Australia (Stamp 1995). The included studies compared non-mental health focused education and support with treatment as usual or enhanced treatment as usual for women with a range of risk factors including psychosocial risk factors (Kieffer 2013), preterm delivery and low birthweight baby (Melnyk 2006), and multiple (twin) pregnancy (Sen 2006). In one RCT (Melnyk 2006) the intervention involved written and audiotaped education provided individually to postpartum women at hospital. In the other three RCTs the intervention involved face-to-face education and support provided antenatally and postnatally to women in a group format (Stamp 1995) or in a group format supplemented with individual home visits (Kieffer 2013; Sen 2006). The setting varied within and across studies, and involved community, home, hospital and clinic settings.

[91] Classified in NICE 2015 as a non-directive counselling treatment study (see Section AppC2.2.3).

Morrell 2016 included five RCTs that assessed the effectiveness of education on preparing for parenting, two of which were included in NICE 2015 as non-mental health focused education and support, and another that was classified in NICE 2015 as a psychologically-informed psychoeducation intervention (Brugha 2000). NICE 2015 missed an RCT from the United States by Walkup et al (2009) and an Australian RCT by Buist et al (1999). Walkup 2009 (N=167) assessed a paraprofessional-delivered in-home intervention for young reservation-based American Indian mothers. Buist 1999 (N=44) assessed an educational intervention focusing on parenting and coping strategies delivered during pregnancy and postpartum in an individual and group format.

As NICE 2015 included more recent studies, it was chosen as the foundation review for this intervention.

Table AppC3.1-10 Individual included studies in published SRs – non-mental health-focused education/support (prevention)

Study		NICE 2015	Morrell 2016
Search date		*Apr 2014*	*2012-2013*
Kieffer 2013	RCT	✓	[92]
Walkup 2009	RCT		✓
Melnyk 2006	RCT	✓	
Sen 2006	RCT	✓	✓
Brugha 2000	RCT	[93]	✓
Buist 1999	RCT		✓
Stamp 1995	RCT	✓	✓[94]

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC3.1.6 Pre-delivery discussion

AppC3.1.6.1 Identified studies

The literature search identified no SRs that relate to this intervention.

AppC3.1.7 Post-delivery discussion

AppC3.1.7.1 Identified studies

The literature search identified two SRs relating to the assessment of post-delivery discussion (NICE 2015; Morrell 2016). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC3.1-11**.

Table AppC3.1-11 Characteristics of the included studies – post-delivery discussion (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 1 RCT	Pregnant and postpartum women who are considered to be 'at risk' of developing mental health problems	Psychosocial interventions	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction
Morrell 2016	SR/NMA *[Search 2012-2013]* 2 RCT	Pregnant or postpartum women at increased risk or high risk of PND	Psychological interventions and approaches that comprise components of a psychotherapeutic approach	Usual care	Change in depression or anxiety symptoms; depression or anxiety diagnosis Birth, infant or family outcomes

Abbreviations: MA, meta-analysis; NMA, network meta-analysis; PND, postnatal depression; RCT, randomised controlled trial; SR, systematic review.

[92] Classified in the SR as a universal preventive social support intervention.
[93] Classified in the SR as a psychologically-informed psychoeducation intervention.
[94] Classified in the SR as an 'indicated preventive' intervention.

Table AppC3.1-12 lists the individual studies included in the two identified SRs. NICE 2015 was chosen as the foundation review for this intervention. Both NICE 2015 and Morrell 2016 included one RCT from Australia (Small 2000; N=1,041) that assessed individual, face-to-face, midwife-led post-delivery discussion (single session) for women who had an operative delivery.

Morrell 2016 included a second RCT that assessed midwife-led counselling after childbirth for women who reported a distressing birth experience (Gamble 2005). This RCT was classified in NICE 2015 as a treatment rather than preventive intervention (see **Section AppC2.2.6** on post-traumatic birth counselling).

Table AppC3.1-12 Individual included studies in published SRs – post-delivery discussion (prevention)

Study		NICE 2015	Morrell 2016
Search date		*Apr 2014*	*2012-2013*
Gamble 2005	RCT	[95]	✓
Small 2000/2006	RCT	✓	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC3.1.8 Post-miscarriage self-help

AppC3.1.8.1 Identified studies

The literature search identified one SR (NICE 2015) relating to the assessment of post-miscarriage self-help. NICE 2015 used the term post-miscarriage as a proxy for loss of baby during pregnancy due to miscarriage, termination due to fetal abnormality, or stillbirth. A summary of the characteristics of the NICE 2015 SR is presented in **Table AppC3.1-13**.

Table AppC3.1-13 Characteristics of the included studies – post-miscarriage self-help (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 1 RCT	Pregnant and postpartum women who are considered to be 'at risk' of developing mental health problems	Psychosocial interventions	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction

Abbreviations: MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC3.1-14 lists the one study that was included in NICE 2015. Kersting 2013 (N=228) assessed a five-week cognitive behavioural internet-based self-help therapy for parents after the loss of a child during pregnancy (due to miscarriage, termination due to fetal abnormality, or stillbirth). The self-help intervention was based on CBT principles and participants were assigned written tasks (10 x 45-minute assignments) which were personalised by the therapist for each participant. At baseline, 37% study participants had an IES score >35 (baseline IES-R mean score 31.1 [SD 8.6]). The RCT was conducted in European German-speaking countries.

Table AppC3.1-14 Individual included studies in published SRs – post-miscarriage self-help (prevention)

Study		NICE 2015
Search date		*Apr 2014*
Kersting 2013	RCT	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

[95] Classified in the SR as a post-traumatic birth counselling intervention for treatment rather than prevention.

AppC3.1.9 Seeing and/or holding stillborn infant

AppC3.1.9.1 Identified studies

The literature search identified one SR that reviewed protocols for women following stillbirth (NICE 2015). A summary of the characteristics of the NICE 2015 SR is presented in **Table AppC3.1-15**.

Table AppC3.1-15 Characteristics of the included studies – seeing and/or holding stillborn infant (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 4 cohort studies	Pregnant and postpartum women who are considered to be 'at risk' of developing mental health problems	Psychosocial interventions	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction

Abbreviations: MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC3.1-16 lists the four individual studies (N=2,7272; reported across six papers) included in NICE 2015. All included studies compared mental health outcomes in women who saw and/or held their stillborn infants compared with those who did not. One study was a nested cohort within a case-control study (Hughes 2002) and the other three were retrospective cohort studies. The length of time since the stillbirth varied considerably within and between studies, ranging from less than one year to 18 years. One study only recruited women who had previously experienced a stillbirth and were pregnant with another child (Hughes 2002).

In addition, NICE 2015 excluded two studies with insufficient data for the comparison group (>90% saw and held the stillborn infant).

Table AppC3.1-16 Individual included studies in published SRs – seeing and/or holding stillborn infant (prevention)

Study		NICE 2015
Search date		*Apr 2014*
Gravensteen 2013	Cohort	✓
Radestad 2009a/Surkan 2008	Cohort	✓
Cacciattore 2008	Cohort	✓
Hughes 2002/Turton 2009	Nested cohort[96]	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC3.1.10 Mother–infant relationship interventions

AppC3.1.10.1 Identified studies

The literature search identified two SRs relating to the assessment of mother–infant relationship interventions (NICE 2015; Morrell 2016). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC3.1-17**.

[96] Nested cohort within a case-control study.

Table AppC3.1-17 Characteristics of the included studies – mother-infant relationship interventions (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 4 RCT	Pregnant and postpartum women who are considered to be 'at risk' of developing mental health problems	Psychosocial interventions (including mother–infant relationship interventions)	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction
Morrell 2016	SR/NMA *[Search 2012-2013]* 3 RCT	Pregnant or postpartum women at increased risk or high risk of PND	Psychological interventions and approaches that comprise components of a psychotherapeutic approach	Usual care	Change in depression or anxiety symptoms; depression or anxiety diagnosis Birth, infant or family outcomes

Abbreviations: MA, meta-analysis; NMA, network meta-analysis; PND, postnatal depression; RCT, randomised controlled trial; SR, systematic review.

Table AppC3.1-18 lists the individual studies included in the two identified SRs. Due to its currency, high quality and comprehensiveness, NICE 2015 was chosen as the foundation review. The four RCTs (N=799) included in NICE 2015 compared face-to-face mother–infant relationship interventions with treatment as usual in women with psychosocial risk factors (Cooper 2009) or with premature or low birthweight babies (Ravn 2012; Meijssen 2010a; Newnham 2009). One RCT was from Australia (Newnham 2009) while the others were from Norway, the Netherlands, and South Africa. The intervention was delivered antenatally and postnatally at home in Cooper 2009, and postnatally (at home, or both at hospital and home) in the remaining three RCTs.

Morrell 2016 included three RCTS that assessed mother–infant relationship interventions, the most recent of which (Wilson 2013) was not included in NICE 2015. Wilson 2013 was a small RCT (N=35) that assessed a targeted intervention underpinned by attachment theory and aimed at pregnant women with additional health and social care needs.

Table AppC3.1-18 Individual included studies in published SRs – mother-infant relationship interventions (prevention)

Study		NICE 2015	Morrell 2016
Search date		*Apr 2014*	*2012-2013*
Wilson 2013	RCT		✓
Ravn 2012	RCT	✓	
Meijssen 2010a/2010b/2011	RCT	✓	
Cooper 2009	RCT	✓	[97]
Newnham 2009	RCT	✓	
Petrou 2006	RCT	[98]	✓
Armstrong 1999	RCT	[99]	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC3.1.11 Co-parenting interventions

AppC3.1.11.1 Identified studies

The literature search identified no SRs that relate to this intervention.

[97] Classified as a universal preventive intervention study rather than a selective preventive or indicated preventive study.
[98] Included in NICE 2015 as an economic study rather than a source of clinical evidence for mother-infant relationship interventions.
[99] Classified in the SR as a study of home visit interventions for treatment rather than prevention.

AppC3.1.12 Mindfulness

AppC3.1.12.1 Identified studies

The literature search identified three SRs that assessed the effectiveness of mindfulness (Taylor 2016; Hall 2016; Morrell 2016). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC3.1-19**.

Table AppC3.1-19 Characteristics of the included studies – mindfulness (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
Taylor 2016	SR/MA *[Search Feb 2016]* 4/18 studies were in women at risk (2 RCT, 2 single group)	Pregnant or postpartum women (a subset of studies included women at increased risk of depression or anxiety)	Mindfulness-based interventions (mindfulness-based cognitive therapy, mindfulness-based stress reduction or an intervention described as based on mindfulness practices and principles)	Not specified	Change in symptoms of depression, anxiety, stress and/or mindfulness
Hall 2016	SR *[Search Aug 2014]* 4/11 studies were in women at risk (1 RCT, 3 single group)	Pregnant women (a subset of studies included women at increased risk of depression or anxiety)	Mindfulness training, including practices that incorporate the use of mindfulness with other modalities (e.g. yoga, CBT, and programs such as MBSR, MBCT, MiCBT, DBT and ACT)	Not specified	Change in perceived stress, anxiety, depression and mindful awareness
Morrell 2016	SR/NMA *[Search 2012-2013]* 1 RCT	Pregnant or postpartum women at increased risk or high risk of PND	Psychological interventions and approaches that comprise components of a psychotherapeutic approach	Usual care	Change in depression or anxiety symptoms; depression or anxiety diagnosis Birth, infant or family outcomes

Abbreviations: ACT, Acceptance and Commitment Therapy; CBT, cognitive behavioural therapy; DBT, Dialectical Behavioural Therapy; MA, meta-analysis; MBCT, Mindfulness-Based Cognitive Therapy; MBSR, Mindfulness-Based Stress Reduction; MiCBT, Mindfulness-integrated Cognitive Behavioural Therapy; NMA, network meta-analysis; PND, postnatal depression; RCT, randomised controlled trial; SR, systematic review.

Table AppC3.1-20 lists the individual studies included in the three identified SRs. Only two RCTs were identified, the most recent of which (a pilot RCT by Dimidjian et al, 2016) was only included in the Taylor 2016 SR. The Dimidjian 2016 RCT (N=55) assessed the effectiveness of a Mindfulness-Based Cognitive Therapy (MBCT) intervention on the prevention of depression in pregnant women who were currently well but had a history of major depression.

The RCT by Vieten et al (2008) was included in all three SRs. This RCT was also identified by NICE 2015 but was classified as a study of treatment rather than prevention because 31% of all participants exceeded a score of 16 on the CES-D, and the mean baseline CES-D score in the intervention group was 20.4, which is above the clinical cut-off of 16. The Morrell 2016 SR classified Vieten 2008 as an indicated prevention study. The Vieten 2008 RCT is therefore included in the current review as a treatment study in **Section AppC2.1.12**.

Table AppC3.1-20 Individual included studies in published SRs – mindfulness (prevention)

Study		Taylor 2016	Hall 2016	Morrell 2016
Search date		*Feb 2016*	*Aug 2014*	*2012-2013*
Dimidjian 2016	RCT	✓		
Vieten 2008	RCT	✓	✓	✓
Dimidjian 2015	SG	✓	✓[100]	

[100] Recorded as Dimidjian 2014 in the Hall 2016 SR. The SR noted that this study recruited women with a history of MDD and participants were not excluded if receiving psychotropic medications or psychotherapy. As such, some participants may have received the intervention as treatment rather than prevention.

Study		Taylor 2016	Hall 2016	Morrell 2016
Woolhouse 2014[101]	SG		✓[102]	
Muzik 2012	SG	✓	✓	

Abbreviations: RCT, randomised controlled trial; SG, single group; SR, systematic review.
Note: Review shown in shading is the foundation review.

None of three published SRs was considered appropriate as a foundation review for the current Guideline: Taylor 2016 didn't conduct analyses limited to prevention studies; Morrell 2016 only included one non-prevention study; and Hall 2016 did not undertake a meta-analysis or describe the prevention studies in isolation.

AppC3.2 PREVENTION WITH PSYCHOLOGICAL INTERVENTIONS

AppC3.2.1 Structured psychological interventions (CBT or IPT)

AppC3.2.1.1 Identified studies

The literature search identified three SRs relating to the assessment of structured psychological interventions (CBT or IPT). Two SRs assessed the effectiveness of CBT or IPT (Morrell 2016; Clatworthy 2012), while the third SR assessed CBT only (Sockol 2015). A summary of the characteristics of the identified SRs, ordered by literature search date, is presented in **Table AppC3.2-1**.

One additional SR that assessed systemically oriented psychotherapies for the treatment of perinatal depression (Claridge 2014) included six RCTs of IPT in women without a diagnosis of depression. Four of these RCTs are included in the SRs below. The remaining two RCTs are included in the NICE 2015 SR as psychologically-informed psychoeducation interventions (**Section AppC2.1.1**).

Table AppC3.2-1 Characteristics of the included studies – CBT/IPT (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
Sockol 2015	SR/MA *[Search Dec 2014]* 10 RCT, 1 QRCT	Pregnant and postpartum women who did not all meet criteria for a depressive episode or have symptoms above a cutoff indicative of clinically significant depressive symptoms at baseline[103]	Cognitive behavioural interventions, including specific variants of CBT (e.g. behavioural activation, problem-solving therapy) and multi-modal interventions with cognitive behavioural components	Treatment as usual, enhanced treatment as usual, waitlist, active treatment	Change in depressive symptoms
Morrell 2016	SR/NMA *[Search 2012-2013]* 18 RCT (11 CBT, 7 IPT)	Pregnant or postpartum women at increased risk or high risk of PND	Psychological interventions and approaches that comprise components of a psychotherapeutic approach	Usual care	Change in depression or anxiety symptoms; depression or anxiety diagnosis Birth, infant or family outcomes

[101] Woolhouse 2014 reported on the findings from two studies: a single group pre-post intervention for women with mental health problems, and an RCT for a universal pregnant population.
[102] Hall 2016 included the RCT and single group studies reported in the Woolhouse 2014 publication. According to the publication, baseline mean scores for depression, anxiety and stress were above clinical cut-offs in the non-randomised single group study. As such, this study could be considered treatment rather than prevention.
[103] Indicated prevention trials, in which all participants exhibited clinically significant levels of depressive symptoms prior to treatment, were classified as treatment studies.

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
Clatworthy 2012	SR *[Search Oct 2010]* 6 RCT (2 CBT, 4 IPT)	Pregnant women perceived to be at risk of PND	Any antenatal intervention (non-pharmaceutical) with the primary aim of reducing PND	Not specified	Change in depressive symptoms, PND diagnosis, study retention rate

Abbreviations: CBT, cognitive behavioural therapy; IPT, interpersonal psychotherapy; MA, meta-analysis; NMA, network meta-analysis; OBS, observational study; QRCT, quasi-randomised controlled trial; RCT, randomised controlled trial; SR, systematic review.

Table AppC3.2-2 lists the individual studies included in the three identified SRs, with the intervention categorised as either CBT-based or IPT-based.

Of note, the NICE 2015 SR did not include structured psychological interventions (CBT and IPT) as an explicit preventive intervention type for women considered to be 'at risk' of mental health problems in the perinatal period, and NICE 2015 is therefore not included in this section. However, nearly all of the RCTs included in the SRs by Morrell 2016, Sockol 2015 and Clatworthy 2012 were classified under alternative intervention types in NICE 2015, and are therefore accounted for in other sections of the current report. NICE 2015 noted that there is considerable inconsistency across studies in how disorders in the perinatal period are characterised (e.g. psychiatric diagnosis compared with scoring above a threshold on a scale) and in how researchers define their trials as preventive or as treatment; this makes it difficult to assess 'like for like' within meta-analyses. The NICE 2015 SR therefore used inclusion criteria and/or baseline mean symptom scores to make the distinction between prevention and treatment studies.[104] Many other SRs were not as transparent or consistent in their approach to categorising a study as prevention or treatment.

Nevertheless, for the assessment of structured psychological interventions (CBT or IPT), the Morrell 2016 HTA was chosen as the foundation review for both CBT and IPT. Of the 18 RCTs included in Morrell 2016, 17 were included in NICE 2015 under alternative intervention types (most often 'psychologically-informed psychoeducation' or 'structured psychological interventions' for treatment rather than prevention) or were excluded from NICE 2015 due to methodological reasons. There was only one RCT from France (Chabrol 2002; N=258) that was not mentioned in the NICE 2015 SR, but was judged by Morrell 2016 to be at high risk of bias. Chabrol 2002 assessed an individual CBT-based intervention that involved one cognitive behavioural prevention session during hospitalisation to pregnant women at risk of depression.

Morrell 2016 included five 'selective preventive'[105] intervention RCTs for structured psychological interventions, three of which were CBT-based and two were IPT-based. Comparisons were made with educational information in one RCT (Phipps 2013) and usual care in the other four RCTs. One Australian RCT (Hagan 2004) provided the intervention in a group format, while the other four RCTs incorporated individual sessions. None of the interventions were provided in the home setting. One RCT provided the intervention in the antenatal period only (Phipps 2013) whereas two RCTs initiated the intervention postnatally (Silverstein 2011; Hagan 2004) and two RCTs provided the intervention across the perinatal period from pregnancy to after childbirth (Zlotnick 2011; Chabrol 2002). Interventions were provided by a variety of service providers.

Morrell 2016 also included 13 'indicated preventive'[106] intervention RCTs for structured psychological interventions, eight of which were CBT-based and five were IPT-based. Comparisons were made with educational information in two RCTs (Ginsburg 2012; Austin 2008) and with usual care in the other 11 RCTs. Five RCTs evaluated group sessions, seven evaluated individual sessions, and one evaluated both group and individual sessions. Three RCTs took place in the home setting (Ginsburg 2012; Morrell 2009a/2009b;

[104] Where participants in a trial had a psychiatric diagnosis, the study was included in the treatment review. However, where the disordered group were defined based on symptomatology, consistent criteria were used to categorise subthreshold symptoms and symptoms of the disorder into the treatment review and below threshold symptoms into the prevention review.

[105] Defined as women with significantly higher than average risk of PND because they had one or more social risk factors.

[106] Defined as women at high risk of developing PND on the basis of psychological risk factors, above average scores on psychological measures or other indications of a predisposition to PND but who did not meet diagnostic criteria for PND at that time.

McKee 2006). Two RCTs were undertaken in the antenatal period only (Ginsburg 2012; Munoz 2007), one in the postnatal period only (Morrell 2009a/2009b), and the remainder were undertaken in both antenatal and postnatal periods. The interventions were provided by different health-care providers in all except one RCT (Le 2011) where the intervention was provided by a group facilitator.

The Sockol 2015 SR used a broad definition of what constitutes CBT; specific variants of CBT were also included (e.g. behavioral activation, problem solving therapy), as well as multi-modal interventions that included cognitive behavioral components. All except one of the 11 studies included in Sockol 2015 were included in NICE 2015 under alternative intervention types or were excluded from NICE 2015 due to methodological reasons. The one study that was not included in NICE 2015 was a quasi-randomised controlled trial.

Clatworthy 2012 only identified studies published up to October 2010. Of the six RCTs included in Clatworthy 2012, all were included in NICE 2015 under alternative intervention types or were excluded from NICE 2015 due to methodological reasons.

Table AppC3.2-2 Individual included studies in published SRs – CBT/IPT (prevention)

Study		**Sockol 2015**	**Morrell 2016**	**Clatworthy 2012**
		CBT	**CBT, IPT**	**CBT, IPT**
Search date		*Dec 2014*	*2012-2013*	*Oct 2010*
CBT				
Tandon 2014	RCT	✓[107]		
Ginsburg 2012	RCT		✓[108,109]	
Bernard 2011	RCT	✓[107]		
Le 2011	RCT	✓[107]	✓[107,108]	
Milgrom 2011a	RCT	✓[110]		
Silverstein 2011	RCT	✓[107]	✓[107]	
Futterman 2010	QRCT	✓		
Lara 2010	RCT	✓[111]		
Morrell 2009a/2009b	RCT		✓[108,112]	
Austin 2008	RCT	✓[107]	✓[107,108]	✓[107]
Cho 2008	RCT			✓[112]
El-Mohandes 2008	RCT		✓[108,107]	
Rahman 2008	RCT		✓[108,112]	
Munoz 2007	RCT	✓[107]	✓[108,107]	
McKee 2006	RCT	[113]	✓[108,114]	
Hagan 2004	RCT	✓[107]	✓[107]	
Chabrol 2002	RCT		✓	
Brugha 2000	RCT	✓[115]		
IPT				
Phipps 2013	RCT		✓[115]	

[107] Classified in NICE 2015 as a psychologically (CBT/IPT)-informed psychoeducation intervention for treatment rather than prevention (see Section AppC2.1.1).
[108] Classified in the Morrell 2016 SR as an indicated preventive intervention study (i.e. women at high risk of developing PND on the basis of psychological risk factors, above average scores on psychological measures or other indications of a predisposition to PND but who did not meet diagnostic criteria for PND at that time). Other studies were classified as selective preventive intervention studies (i.e. women with significantly higher than average risk of PND because they had one or more social risk factors).
[109] NICE 2015 excluded this study for not being culturally relevant.
[110] Classified in NICE 2015 as a self-help intervention for treatment rather than prevention (see Section AppC2.2.5).
[111] Excluded from NICE 2015 due to >50% drop-out.
[112] Classified in NICE 2015 as a structured psychological intervention (CBT/IPT) for treatment rather than prevention (see Section AppC2.2.1).
[113] Classified in Sockol 2015 as an 'indicated prevention' study and was analysed as a treatment study.
[114] Excluded from NICE 2015 because data could not be extracted.
[115] Classified in NICE 2015 as a psychologically (CBT/IPT)-informed psychoeducational intervention for prevention (see Section AppC3.1.1).

Study		Sockol 2015	Morrell 2016	Clatworthy 2012
		CBT	CBT, IPT	CBT, IPT
Zlotnick 2011	RCT		✓[107]	
Grote 2009	RCT		✓[108,112]	✓[112]
Crockett 2008	RCT		✓[108,114]	✓[114]
Zlotnick 2006	RCT		✓[108,107]	✓[107]
Zlotnick 2001	RCT		✓[108,107]	✓[107]
Gorman 1997	RCT		✓[108,115]	

Abbreviations: CBT, cognitive behavioural therapy; IPT, interpersonal psychotherapy; QRCT, quasi-randomised controlled trial; RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC3.2.2 Directive counselling

AppC3.2.2.1 Identified studies

The literature search identified no SRs that relate to this intervention.

AppC3.2.3 Non-directive counselling

AppC3.2.3.1 Identified studies

A SR by Leis et al (2009) sought to assess home-based interventions and identified one non-directive counselling RCT that was classified in the SR as a preventive intervention, but was classified in NICE 2015 as a treatment intervention. The RCT (Wiggins 2005) has been included in **Section AppC2.2.3** together with other studies of non-directive counselling treatment interventions.

AppC3.2.4 Case management/individual treatment

AppC3.2.4.1 Identified studies

The literature search identified one SR relating to the assessment of case management/individual treatment. A summary of the characteristics of the identified SR (NICE 2015) is presented in **Table AppC3.2-3**.

Table AppC3.2-3 Characteristics of the included studies – case management/individual treatment (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 1 RCT	Pregnant and postpartum women who are considered to be 'at risk' of developing mental health problems	Psychosocial interventions	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction

Abbreviations: MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC3.2-4 lists the one relevant RCT included in NICE 2015. Meyer 1994 (N=34) assessed case management and individualised treatment in women who had preterm delivery and low birthweight babies at a Women and Infant's Hospital in the United States. The in-hospital intervention was co-ordinated by one clinician (care manager) from an interdisciplinary team which included pediatrics, psychology, nursing, and physical therapy. Intervention strategies were customised according to the infant's and family's needs. The intervention addressed four major domains including: infant behaviour and characteristics; family organisation and functioning; caregiving environment; and home discharge and community resources.

Treatment as usual consisted of standard nursery care, which included medical and nursing treatment of the infant, and assignment of a social worker.

Table AppC3.2-4 Individual included studies in published SRs – case management/individual treatment (prevention)

Study		NICE 2015
Search date		*Apr 2014*
Meyer 1994	RCT	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC3.2.5 Self-help or facilitated self-help

AppC3.2.5.1 Identified studies

The literature search identified no SRs that relate to this intervention.

AppC3.2.6 Post-traumatic birth counselling

AppC3.2.6.1 Identified studies

The literature search identified no SRs that relate to this intervention.

AppC3.2.7 Post-miscarriage counselling

AppC3.2.7.1 Identified studies

The literature search identified no SRs that relate to this intervention.

AppC3.3 PREVENTION WITH ONLINE INTERVENTIONS

AppC3.3.1 Online interventions

AppC3.3.1.1 Identified studies

The literature search identified one SR (Ashford 2016) relating to the assessment of computer- or web-based interventions for the prevention of mental health problems. A summary of the characteristics of the Ashford 2016 SR is presented in **Table AppC2.3-1**. A second SR (Lee 2016) aimed to identify and review web-based interventions for the prevention and treatment of mood disorders in the perinatal period; however, no studies of preventive interventions were identified.

Table AppC3.3-1 Characteristics of the included studies – online interventions (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
Ashford 2016	SR *[Search Dec 2014]* *2 RCT, 1 CCT, 1 SG*	Pregnant and postpartum women	Computer- or web-based interventions with a self-help component[116]	Not specified	Maternal mental health

Abbreviations: CCT, controlled clinical trial; RCT, randomised controlled trial; SG, single group study; SR, systematic review.

[116] Access to therapy material without or with minimal assistance of a therapist or mental health professional. Studies were excluded if they investigated online support groups only or e-counselling (therapeutic content not available on a website, but through contact with a therapist via Skype, instant messaging or email).

Table AppC2.3-2 lists the four individual studies included in the Ashford 2016 SR as preventive interventions. Of note, Ashford 2016 classified an RCT of a cognitive behavioural web-based intervention (Kersting 2013) as a treatment study (see **Section AppC2.3.1.1**), whereas NICE 2015 classified this study as a preventive intervention (see **Section AppC3.1.8** on post-miscarriage self-help interventions). No additional studies of web-or computer-based preventive interventions were identified by the SRs included in the current report.

Of the four prevention studies included in Ashford 2016, two were RCTs (Scherer 2013; King 2009), one was a modified partially randomised patient preference trial (Klein 2012), and one was a quasi-experimental pretest-posttest study without a control group (Cornsweet Barber 2013). Of the two RCTs, one was published within a thesis and the other was a conference abstract; neither were included in the NICE 2015 SR.

The four identified preventive interventions varied in the mental health issue and timeframe for which they they were developed. For pregnant women, web- and computer-based interventions were developed for stress and anxiety (Cornsweet Barber 2013) and mental health of women diagnosed with preterm labour (Scherer 2013). For the postpartum period, web-based interventions were developed for stress (King 2009) and for overall psychological health of women and their partners following miscarriage (Klein 2012). Due to the small number of studies and their heterogeneous methodological designs and quality, the authors of the Ashford 2016 SR considered that data synthesis in the form of a meta-analysis would be inappropriate and therefore information was synthesised and reported narratively.

Only one of the studies (King 2009; N=57) compared an online intervention with an offline (face-to-face) intervention. The web-based 'LivingSMART' intervention from the United States was a postpartum stress management program based on Herbert Benson's theory of relaxation responses and stress management techniques. The comparator was a face-to-face version of the same program. The educational information, handouts, additional resources, and relaxation training, was the same for each group. The study found that levels of stress and anxiety (assessed using the PSS and STAI) were significantly reduced at endpoint in the online intervention group, whereas there was no significant reduction in stress and anxiety in the face-to-face control group. Post-intervention depression scores (assessed using the BDI-II) were not significantly lower than pre-intervention scores in either group.

One RCT from Switzerland (Scherer 2013; N=44) assessed a web-based stress management program for women diagnosed with preterm labour. 'TOPAS' was a six-week German-language CBT-based intervention that included support in the form of a weekly written exchange. The comparator was a distraction placebo analogue procedure (six online sessions), which was based on distraction and was irrelevant to the target population. The study found that stress, anxiety and depression levels (assessed using the PSS, STAI, Pregnancy-Related Anxiety Test, and the EPDS) declined significantly from pre-treatment to post-treatment in both groups; however, there was no significant between-group effects over time.

A pretest-posttest study from New Zealand (Cornsweet Barber 2013; N=9) assessed a 15-step (8-12 weeks) computer-based intervention that targeted antenatal stress and anxiety. The intervention was based on relaxation, mindfulness and biofeedback. The intervention resulted in a significant reduction in depression (assessed using the EPDS) but no significant changes in anxiety (using the STAI-Trait) or perceived stress (using the PSS). There were no reported drop-outs from the study.

A pilot patient preference study from the United Kingdom (Klein 2012; N=67) assessed a web-based mental wellbeing promotion intervention that was aimed at women and their partners after miscarriage. The intervention ('Miscarriage Matters') involved comprehensive coverage of obstetric and psychological matters relating to miscarriage and subsequent pregnancy (in accordance with the Royal College of Obstetricians and Gynaecologists). The 12-week intervention was compared with a control group. Using an intention-to-treat analysis, there were no significant between-group differences in anxiety or depression

(assessed using the HADS and SF-36) at three months after program registration. Attrition was similar in the two groups (37.5% versus 35.8% in the intervention and control groups respectively).

Table AppC3.3-2 Individual included studies in published SRs – online interventions (prevention)

Study		Ashford 2016
Search date		*Dec 2014*
Scherer 2013 *[conference abstract]*	RCT	✓
King 2009 *[doctoral dissertation]*	RCT	✓
Cornsweet Barber 2013	SG	✓
Klein 2012	CCT	✓[117]

Abbreviations: RCT, randomised controlled trial; SG, single group study; SR, systematic review.
Note: Review shown in shading is the foundation review.

A literature search was conducted to identify RCTs of online interventions published after the literature search date of the Ashford 2016 SR. Based on advice from the EWG for the current Guideline, only those studies that compared an online intervention with an offline version of the same intervention were considered eligible. No additional studies, published in full, were identified in the literature search update.

[117] Study recruited women with a recent loss of pregnancy.

AppC3.4 PREVENTION WITH PHARMACOLOGICAL INTERVENTIONS

AppC3.4.1 Antidepressants

AppC3.4.1.1 Included studies

AppC3.4.1.1.1 Systematic reviews

Two SRs were identified that provided evidence regarding the use of antidepressants to **prevent** perinatal depression in women at risk (Morrell 2016; NICE 2015). Both SRs included the same two studies; however, the NICE 2015 SR was chosen as the foundation review because it presented the results in Summary of Findings tables.

Table AppC3.4-1 Characteristics of the included studies – antidepressants (prevention)

Study ID	Study characteristics	Population (N)	Intervention/s[118]	Comparator/s	Outcomes
Morrell 2016	SR including 2 RCTs	All pregnant/postnatal women (universal) Pregnant/postnatal women with one or more social risk factors (selective) **Pregnant/postnatal women at high risk with one or more psychological factors (indicated)**	Various including **SSRIs and TCAs**	Various including **Placebo**	**Depression diagnosis** **Depression symptoms** Anxiety diagnosis Anxiety symptoms Birth outcome Infant outcome Family outcomes
NICE 2015	SR including 2 RCTs	Pregnant/postnatal women with no risk factors Pregnant/postnatal women with risk factors (identified) **Pregnant/postnatal women with risk factors (prophylaxis)**	Various including **SSRIs and TCAs**	Various including **placebo**	Maternal outcomes Symptom-based Diagnosis of mental health problems Symptomatology **Relapse** Service utilisation Experience of care Quality of life Harm Mother/infant interaction and care

Note: Intervention/s, comparator/s and outcome/s shown in bold are those included in the Summary of Findings tables.
Abbreviations: RCT, randomised controlled trial; SR, systematic review; SSRI, selective serotonin reuptake inhibitor; TCA, tricyclic antidepressant.

Table AppC3.4-2 Individual included studies in published SRs – antidepressants (prevention)

		Quantitative evidence	
	Study type	**Morrell 2016**	**NICE 2015**
Search date		*Dec 2012*	*Apr 2014*
Wisner 2001	RCT	✓	✓
Wisner 2004	RCT	✓	✓

Abbreviations: RCT, randomised controlled trial.
Note: Review shown in shading is the foundation review.

AppC3.4.2 Antipsychotics

AppC3.4.2.1 Included studies

No SRs were identified that assessed the effect of antipsychotics on the prevention of mental health disorders during pregnancy, or maternal side effects. One Cochrane review was identified that aimed to assess the effect of preventive interventions (including antipsychotics, mood stabilisers and oestrogen) for postnatal psychosis; however, no RCTs were identified (Essali 2013).

[118] Only interventions and comparators relevant to the consideration of antidepressants are included here.

AppC3.5 PREVENTION WITH COMPLEMENTARY INTERVENTIONS

AppC3.5.1 Omega-3 fatty acids

AppC3.5.1.1 Included studies

AppC3.5.1.1.1 Systematic reviews

One SR was identified that provided evidence regarding the use of omega-3 fatty acids to prevent perinatal depression in women at risk (Miller 2013). This evidence was provided by one RCT, Mozurkewich 2013, which was included in the NICE 2015 SR assessment of the use of omega-3 fatty acid for the treatment of perinatal depression (although only for the mean depression scores outcome).

Table AppC3.5-1 Characteristics of the included studies – omega-3 fatty acids (prevention)

Study ID	Study characteristics	Population (N)	Exposure/s	Comparator/s	Outcomes
Miller 2013	SR including 1 RCT	Pregnant women at risk of developing depression (N=126)	EPA-rich supplement DHA-rich supplement	Placebo EPA-rich supplement DHA-rich supplement	**Diagnosis of depression** **Depression mean score** Started antidepressant Maternal blood loss NICU admission of neonate

Note: Exposure/s, comparator/s and outcome/s shown in bold are those included in the Summary of Findings tables.
Abbreviations: DHA, docosahexaenoic acid; EPA, eicosapentaenoic acid; NICU, neonatal intensive care unit; RCT, randomised controlled trial; SR, systematic review.

Table AppC3.5-2 Individual included studies in published SRs: omega-3 fatty acids (prevention)

		Quantitative evidence
	Study type	**Miller 2013**
Search date		*Apr 2013*
Mozurkewich 2013[119]	RCT	✓

Abbreviations: RCT, randomised controlled trial.
Note: Review shown in shading is the foundation review.

AppC3.5.1.2 Quality assessment

Note: Quality assessment completed using the Scottish Intercollegiate Guideline Network (SIGN) checklist for systematic reviews.

AppC3.5.2 St John's wort

AppC3.5.2.1 Included studies

No SRs or individual RCTs were identified that assessed the effect of St John's wort on the **prevention** of mental health disorders during pregnancy, or maternal side effects.

AppC3.5.3 Gingko biloba

AppC3.5.3.1 Included studies

No SRs or individual RCTs were identified that assessed the effect of gingko biloba on the **prevention** of mental health disorders during pregnancy, or maternal side effects.

[119] Results from this study were included in the NICE 2015 assessment of omega-3 fatty acids for treatment.

AppC3.6 PREVENTION WITH PHYSICAL INTERVENTIONS

AppC3.6.1 Exercise

AppC3.6.1.1 Included studies

The literature search identified one SR (Daley 2015) relating to the assessment of exercise. A summary of the characteristics of the Daley 2015 SR is presented in **Table AppC3.6-1**.

Table AppC3.6-1 Characteristics of the included studies – exercise (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
Daley 2015	SR/MA *[Search Feb 2014]* 1 RCT	Pregnant women at risk of antenatal depression	Any type of exercise intervention (including exercise as a co-intervention)	Usual care, control groups or any other comparator	Change in depression symptoms

Abbreviations: MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC3.6-2 lists the one RCT identified by Daley 2015 that was conducted in women at risk of depression. The RCT from the United States (Vieten 2008) assessed an eight-week mindfulness intervention that incorporated experiential exercises and was facilitated by a licensed clinical psychologist trained in mindfulness-based interventions, as well as a certified prenatal yoga instructor. The Daley 2015 SR notes that 35% of women in the RCT had reported being treated for a psychiatric disorder in the past, 32% had taken psychotropic medication in the past, 52% exceeded a score of 14 on the perceived stress scale at baseline, and 31% exceeded a score of 16 on the CES-D. As such, the SR authors considered the RCT to have recruited depressed women, and the study was meta-analysed in Daley 2015 with other RCTs for the treatment of antenatal depression (see **Section AppC2.6.1**).

Vieten 2008 was classified in the NICE 2015 SR as a mindfulness intervention for the treatment of perinatal mental health problems (see **Section AppC2.1.12**).

Table AppC3.6-2 Individual included studies in published SRs – exercise (prevention)

Study		NICE 2015
Search date		*Apr 2014*
Vieten 2008	RCT	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC3.6.2 Yoga

AppC3.6.2.1 Included studies

The literature search identified no SRs that specifically relate to this intervention. Refer to **Section AppC3.6.1** for discussion of an RCT that assessed a mindfulness intervention with an exercise component that involved yoga.

AppC3.6.3 Acupuncture

AppC3.6.3.1 Included studies

The literature search identified one SR (NICE 2015) relating to the assessment of acupuncture. A summary of the characteristics of the NICE 2015 SR is presented in **Table AppC3.6-3**.

Table AppC3.6-3 Characteristics of the included studies – acupuncture (prevention)

Study ID	Study characteristics	Population	Intervention/s	Comparator/s	Outcomes
NICE 2015	SR/MA *[Search Apr 2014]* 1 RCT	Pregnant and postpartum women who are considered to be 'at risk' of developing mental health problems	Physical interventions, including acupuncture	Treatment as usual, enhanced treatment as usual, no treatment, waitlist control, other active interventions	Symptom-based Service utilisation Experience of care Quality of life Harm Quality of mother–infant interaction

Abbreviations: MA, meta-analysis; RCT, randomised controlled trial; SR, systematic review.

Table AppC3.6-4 lists the one RCT that was included in NICE 2015. The RCT from Brazil (Haddad-Rodrigues 2013; N=29) assessed acupuncture, delivered over 12 weeks by a licensed nurse acupuncturist, to postpartum women with preterm infants with very low birthweight. Placebo acupuncture was applied using the same needles customised to not perforate skin. A toothpick was used to create the sensation of needle perforation. After needle insertion, a beige micropore tape was placed on top of each needle for fixation.

Table AppC3.6-4 Individual included studies in published SRs – acupuncture (prevention)

Study		NICE 2015
Search date		*Apr 2014*
Haddad-Rodrigues 2013	RCT	✓

Abbreviations: RCT, randomised controlled trial; SR, systematic review.
Note: Review shown in shading is the foundation review.

AppC3.6.4 Electroconvulsive therapy

AppC3.6.4.1 Included studies

No SRs or individual RCTs were identified from the SR or updated searches that assessed the effect of electroconvulsive therapy (ECT) on the prevention of mental health disorders during pregnancy or maternal side effects.

AppC3.6.5 Transcranial magnetic stimulation

AppC3.6.5.1 Included studies

No SRs or individual RCTs were identified from the SR or updated searches that assessed the effect of transcranial magnetic stimulation (TMS) on the prevention of mental health disorders during pregnancy or maternal side effects.

Appendix C4 ASSESSMENT OF EVIDENCE

AppC4.1 PREVENTION WITH ONLINE INTERVENTIONS

AppC4.1.1 Summary of individual studies

Only one RCT was identified that compared an online intervention with an offline version of the same intervention. The RCT (King 2009) was published as a thesis dissertation.

Table AppC4.1-1 Characteristics of included RCTs – online versus offline interventions

Study ID *[Risk of bias]*	Study characteristics Country	Population (N)	Intervention	Comparator	Outcomes in PICO
King 2009 *[High risk]*	Single centre, parallel-group RCT United States	Women aged 18 years of age and older who had given birth within the 12 months, had internet access, and could participate 1 hour a week for 4 weeks. Participants were recruited through support groups for mothers, local internet community search engines, social networking sites, and posting flyers in local businesses, medical offices, and hospitals. (N = 57)	Web-based postpartum stress management program (4 treatment sections over 4 weeks)	Face-to-face version of the same postpartum stress management program	Change in depression, anxiety, and perceived stress

Abbreviations: PICO, Population, Intervention, Comparator, Outcome; RCT, randomised controlled trial.

AppC4.1.2 Results of individual studies

King 2009 did not report mean differences between groups in post-intervention mean scores, or in change from baseline mean scores.

Table AppC4.1-2 Results of included RCTs – online versus offline interventions

Study ID	Outcome	Intervention	Comparator	Study type	N	Risk estimate
King 2009	Depression mean scores (BDI)	Online stress management program	Offline stress management program	RCT	57 randomised 38 analysed	Mean difference NR Pretest (mean±SD) Online: 40.12±11.291 Offline: 33.14±7.094 Posttest (mean±SD) Online: 31.67±5.924 Offline: 29.62±5.687
King 2009	Anxiety mean scores (STAI)	Online stress management program	Offline stress management program	RCT	57 randomised 38 analysed	Mean difference NR Pretest (mean±SD) Online: 48.71±10.833 Offline: 40.24±10.535 Posttest (mean±SD) Online: 35.38±6.937 Offline: 34.65±6.285
King 2009	Perceived stress mean scores (PSS)	Online stress management program	Offline stress management program	RCT	57 randomised 38 analysed	Mean difference NR Pretest (mean±SD) Online: 34.06±6.408 Offline: 29.14±7.023 Posttest (mean±SD) Online: 25.47±5.502 Offline: 25.9±5.147

Abbreviations: BDI, Beck Depression Inventory; M, mean; NR, not reported; PSS, Perceived Stress Scale; RCT, randomised controlled trial; SD, standard deviation; STAI, State Trait Anxiety Inventory.

Appendix C5 QUALITY ASSESSMENT

Gong 2015

Study type: systematic review and meta-analysis	**Gong 2015**
INTERNAL VALIDITY	
The research question is clearly defined and the inclusion/ exclusion criteria must be listed in the paper	Yes
A comprehensive literature search is carried out	Yes
At least two people should have selected studies	Unclear
At least two people should have extracted data	Yes
The status of publication was not used as an inclusion criterion	Yes
The excluded studies are listed	Yes
The relevant characteristics of the included studies are provided	Yes
The scientific quality of the included studies was assessed and reported	Yes
Was the scientific quality of the included studies used appropriately?	Yes
Appropriate methods are used to combine the individual study findings	Yes
The likelihood of publication bias was assessed appropriately	No
Conflicts of interest are declared	No (not for included studies)
FUNDING/CONFLICT OF INTEREST	
The authors declare that they have no competing interests. This research was supported by grants from the Military Research Foundation and National Instrumentation Program.	
OVERALL ASSESSMENT OF SR	
What is your overall assessment of the methodological quality of this review?	High

Note: Quality assessment completed using the Scottish Intercollegiate Guideline Network (SIGN) checklist for systematic reviews.

King 2009

Study identification:		**King 2009**
INTERNAL VALIDITY		
1.1	The study addresses an appropriate and clearly focused question.	Yes
1.2	The assignment of subjects to treatment groups is randomised.	Yes. All participants were provided with a research packet that was coded with a random number from Jaccard and Becker's (2002) Table of Random Numbers to randomly assign participants to one of the two groups.
1.3	An adequate concealment method is used.	Can't say. No details of allocation concealment were provided.
1.4	The design keeps subjects and investigators 'blind' about treatment allocation.	Can't say. Blinding was not mentioned. However, for this study subjects could not be blinded to treatment allocation. Investigators could be blinded to outcome assessment but as the study uses self-report instruments, unblinded investigators is not likely to represent a source of bias.
1.5	The treatment and control groups are similar at the start of the trial.	Can't say. Demographic and disease characteristics are provided for the entire cohort rather than by study arm. Page 125 states that there were no statistically significant differences between groups on pretest scores for the PSS, STAI, and BDI-II.
1.6	The only difference between groups is the treatment under investigation.	No. Individuals in the face-to-face program were able to have direct contact with the researcher as well as other participants. Individuals in the internet-based program were able to email or call the researcher, but there was no peer-support element.
1.7	All relevant outcomes are measured in a standard, valid and reliable way.	Yes, validated instruments were used to assess change in perceived stress, anxiety and depression. However, no statistical analyses were conducted to assess between-group differences at baseline, or change from baseline. No diagnostic tools were used to identify cases of postpartum depression, anxiety or stress. Posttreatment measures were collected one week after the last session so it is not known if treatment effects were sustained.
1.8	What percentage of the individuals or clusters recruited into each treatment arm of the study dropped out before the study was completed?	Drop-outs were unacceptably high: 41% in the online group and 25% in the control group. It is not clear whether subjects dropped out prior to, or after, the first session. Statistical analyses indicated that overall attrition was random.
1.9	All the subjects are analysed in the groups to which they were randomly allocated (often referred to as intention to treat analysis).	No, analysis based only on participants for whom outcome data were obtained (available case analysis). Analyses were all based on continuous outcomes.
1.10	Where the study is carried out at more than one site, results are comparable for all sites.	Not applicable. Only one study site.
OVERALL ASSESSMENT OF THE STUDY		
2.1	How well was the study done to minimise bias? *Studies which have poor randomisation or treatment allocation concealment are likely to be low quality.*	Low quality (-). No details of allocation concealment were provided. Demographic and disease characteristics were not provided by study arm so the adequacy of the random allocation method could not be assessed.
2.2	Taking into account clinical considerations, your evaluation of the methodology used, and the statistical power of the study, are you certain that the overall effect is due to the study intervention?	Low certainty in the overall effect due to inadequate study size, particularly due to the high drop-out rate (especially in the online intervention group). Although participants were given activity and participation logs to fill out each week, no participants in either group kept up with their logs and therefore, did not report their frequency using the techniques.

Study identification:		**King 2009**
2.3	Are the results of this study directly applicable to the patient group targeted by this guideline?	No. The study was not targeted to women with risk factors for mental health problems in the perinatal period. Participants were recruited through support groups for mothers, local internet community search engines, social networking sites, and posting flyers in local businesses, medical offices, and hospitals. Eligibility requirements were: (a) women 18 years of age and older who had given birth within the 12 months, (b) had internet access, and (c) could participate 1 hour a week for 4 weeks.
2.4	Notes: The authors concluded that the findings indicate that the online program was more effective than the direct care program. Due to the small sample size and high drop-out rate, the current reviewers do not consider the findings to be reliable.	

Note: Overall assessment of the study could be rated as: High quality (++); Acceptable (+); Low quality (-); Unacceptable – reject 0.

Miller 2013

Study type: systematic review and meta-analysis	**Miller 2013**
INTERNAL VALIDITY	
The research question is clearly defined and the inclusion/ exclusion criteria must be listed in the paper	Yes
A comprehensive literature search is carried out	Yes
At least two people should have selected studies	Yes
At least two people should have extracted data	Yes
The status of publication was not used as an inclusion criterion	Yes
The excluded studies are listed	Yes
The relevant characteristics of the included studies are provided	Yes
The scientific quality of the included studies was assessed and reported	Yes
Was the scientific quality of the included studies used appropriately?	Yes
Appropriate methods are used to combine the individual study findings	Yes
The likelihood of publication bias was assessed appropriately	Yes
Conflicts of interest are declared	Yes
FUNDING/CONFLICT OF INTEREST	
RANZCOG research foundation, Australia. The contact author (Brendan Miller) of this Cochrane review received a grant of $500 from the RANZCOG research foundation which he used to partly fund his attendance at a Cochrane review completion workshop in Melbourne, Australia in May 2012.	
OVERALL ASSESSMENT OF SR	
What is your overall assessment of the methodological quality of this review?	High

Note: Quality assessment completed using the Scottish Intercollegiate Guideline Network (SIGN) checklist for systematic reviews.

Molyneaux 2014

Study type: systematic review and meta-analysis	**Molyneaux 2014**
Internal validity	
The research question is clearly defined and the inclusion/ exclusion criteria must be listed in the paper	Yes
A comprehensive literature search is carried out	Yes
At least two people should have selected studies	Yes
At least two people should have extracted data	Yes
The status of publication was not used as an inclusion criterion	Yes
The excluded studies are listed	Yes
The relevant characteristics of the included studies are provided	Yes
The scientific quality of the included studies was assessed and reported	Yes
Was the scientific quality of the included studies used appropriately?	Yes
Appropriate methods are used to combine the individual study findings	Yes
The likelihood of publication bias was assessed appropriately	Yes
Conflicts of interest are declared	Yes
Funding/conflict of interest	
Louise M Howard is Chair of the National Institute for Health and Care Excellence (NICE) (update) guideline on antenatal and postnatal mental health. She is Chief Investigator of an NIHR Programme Grant for Applied Research on the effectiveness of perinatal mental health services (RP-RP-DG-1108-10012) and has funding from an NIHR Research Professorship on maternal mental health, and a grant from Tommy's baby charity (with the support of a corporate social responsibility grant from Johnson & Johnson) on antipsychotics in pregnancy. Her work is also supported by the NIHRMental Health Biomedical Research Centre at the South London and Maudsley NHS Foundation Trust and King's College London. The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health. Kylee Trevillion is project manager on an NIHR Programme Grant for Applied Research on the effectiveness of perinatal mental health services (RP- RP-DG-1108-10012). Emma Molyneaux is supported by a Medical Research Council (MRC) PhD Studentship and Tommy's baby charity. There are no other declarations of interest.	
Overall assessment of SR	
What is your overall assessment of the methodological quality of this review?	High

Note: Quality assessment completed using the Scottish Intercollegiate Guideline Network (SIGN) checklist for systematic reviews.

Morrell 2016

Study type: systematic review and meta-analysis	**Morrell 2016**
INTERNAL VALIDITY	
The research question is clearly defined and the inclusion/ exclusion criteria must be listed in the paper	Yes
A comprehensive literature search is carried out	Yes
At least two people should have selected studies	Yes
At least two people should have extracted data	Yes
The status of publication was not used as an inclusion criterion	Yes
The excluded studies are listed	Yes
The relevant characteristics of the included studies are provided	Yes
The scientific quality of the included studies was assessed and reported	Yes
Was the scientific quality of the included studies used appropriately?	Yes
Appropriate methods are used to combine the individual study findings	Yes
The likelihood of publication bias was assessed appropriately	No
Conflicts of interest are declared	No (not for included studies)
FUNDING/CONFLICT OF INTEREST	
This report presents independent research funded by the National Institute for Health Research (NIHR). The HTA programme, part of the National Institute for Health Research (NIHR), was set up in 1993. It produces high-quality research information on the effectiveness, costs and broader impact of health technologies for those who use, manage and provide care in the NHS. The journal is indexed in NHS Evidence via its abstracts included in MEDLINE and its Technology Assessment Reports inform National Institute for Health and Care Excellence (NICE) guidance.	
OVERALL ASSESSMENT OF SR	
What is your overall assessment of the methodological quality of this review?	High

Note: Quality assessment completed using the Scottish Intercollegiate Guideline Network (SIGN) checklist for systematic reviews.

NICE 2015

Study type: systematic review and meta-analysis	**NICE 2015**
INTERNAL VALIDITY	
The research question is clearly defined and the inclusion/ exclusion criteria must be listed in the paper	Yes
A comprehensive literature search is carried out	Yes
At least two people should have selected studies	Yes
At least two people should have extracted data	Yes
The status of publication was not used as an inclusion criterion	Yes
The excluded studies are listed	Yes
The relevant characteristics of the included studies are provided	Yes
The scientific quality of the included studies was assessed and reported	Yes
Was the scientific quality of the included studies used appropriately?	Yes
Appropriate methods are used to combine the individual study findings	Yes
The likelihood of publication bias was assessed appropriately	Yes
Conflicts of interest are declared	Yes
FUNDING/CONFLICT OF INTEREST	
The guideline was commissioned by NICE and developed within the National Collaborating Centre for Mental Health (NCCMH). The NCCMH is a collaboration of the professional organisations involved in the field of mental health, national service user and carer organisations, a number of academic institutions and NICE. The NCCMH is funded by NICE and is led by a partnership between the Royal College of Psychiatrists and the British Psychological Society's Centre for Outcomes Research and Effectiveness, based at University College London. The GDG was convened by the NCCMH and supported by funding from NICE. The GDG included women who have experienced a mental health problem in the pregnancy or the postnatal period, and professionals from psychiatry, clinical psychology, general practice, nursing, health visitors, obstetrics, midwifery and the private and voluntary sectors, and a mother infant specialist. All GDG members made formal declarations of interest at the outset, which were updated at every GDG meeting.	
OVERALL ASSESSMENT OF SR	
What is your overall assessment of the methodological quality of this review?	High

Note: Quality assessment completed using the Scottish Intercollegiate Guideline Network (SIGN) checklist for systematic reviews.

Appendix C6 EVIDENCE PROFILE TABLES

AppC6.1 PREVENTION WITH ONLINE INTERVENTIONS

Only one RCT was identified that compared an online intervention with an offline version of the same intervention (King 2009). Mean differences in post-intervention depression, anxiety and perceived stress scores were calculated for the purposes of the current review using aggregated data (means and standard deviations) reported in the publication.

Table AppC6.1-1 Evidence profile table: online versus offline interventions

Quality assessment							Summary of findings				
Outcome *No. participants* **(No. studies)**	**Additional risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Publication bias**	**Overall quality of evidence**	**Study event rates**		**Risk estimate (95% CI)**	**Anticipated absolute effects**	
							With control	**With intervention**		**Risk with control**	**Risk with intervention**
Depression mean scores											
38[120] (1 – RCT)[121]	Serious (a)	None	Serious (b)	Serious (c)	Not suspected	●○○○ Very low	**Offline version of intervention** NA	**Online postpartum intervention** NA	MD 2.05 (-1.67, 5.77)	-	-
Anxiety mean scores											
38[120] (1 – RCT)[121]	Serious (a)	None	Serious (b)	Serious (c)	Not suspected	●○○○ Very low	**Offline version of intervention** NA	**Online postpartum intervention** NA	MD 0.73 (-3.52, 4.98)	-	-
Perceived stress mean scores											
38[120] (1 – RCT)[121]	Serious (a)	None	Serious (b)	Serious (c)	Not suspected	●○○○ Very low	**Offline version of intervention** NA	**Online postpartum intervention** NA	MD -0.43 (-3.85, 2.99)	-	-

Footnotes:
a. High risk of bias due to unclear allocation concealment and high rate of attrition
b. Study not targeted to women at risk of mental health problems in the perinatal period
c. 95% CI crosses both line of no effect and measure of appreciable benefit or harm (SMD -0.5/0.5)

Abbreviations: CI, confidence interval; MD, mean difference; NA, not applicable; RCT, randomised controlled trial.

[120][120] N=57 randomised, 38 analysed (17 online, 21 offline)
[121] King 2009.

Appendix C7 REFERENCES

Citation details for individual RCTs referred to in the text can be found in the included systematic review that cited them.

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