Evidence tables for review question: What approach to information giving during antenatal care is effective (including timing and mode of provision)?

Table 4: Evidence tables

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
Full citation Andersson, E., Christensson, K., Hildingsson, I., Mothers' satisfaction with group antenatal care versus individual antenatal care--a clinical trial, Sexual & reproductive healthcare, 4, 113-120, 2013 **Ref Id** 891828 **Country/ies where the study was carried out** Sweden **Study type** Cluster randomised controlled trial	**Sample size** N=700 (407 analysed) Intervention: n=399 (228 analysed) Control: n=301 (179 analysed) **Characteristics** Maternal age - mean years (range) Intervention: 29.7 (19-44) Control: 29.5 (17-44) p=0.507 Primiparous - number/total Intervention: 292/399 Control: 169/301 p<0.000 **Inclusion criteria** • Pregnant women able to speak	**Interventions** Group based antenatal care: 8 group sessions beginning from 20 weeks' gestational age. An extra session 8-12 weeks after birth. Sessions last 2 hours, some sessions include a 10-minute individual antenatal assessment with the midwife. Topics include fetal development, breastfeeding, childbirth, pain management and parenthood. Control:	**Details** Power analysis: Estimated sample size of 400 women (200 in each arm) needed to detect an 8% difference in satisfaction, with 80% power and significance level of 0.05. Statistical analysis: Intention to treat analysis. Descriptive statistics, t-test and chi-squared tests used in the analysis. Crude and adjusted odds ratio at 95% confidence intervals used.	**Results** Outcomes: Critical outcomes: **Satisfaction with information or support - number of women satisfied with antenatal care n/N:** questionnaire filled out 6 months postpartum OR adjusted for education and parity Intervention: 187/228 Control: 156/179 OR (95% CI): 0.68 (0.38 to 1.21) p=0.19 Adjusted OR (95% CI): 0.75 (0.40 to 1.40) p=0.37 Important outcomes: **Preparedness for labour, birth and parenthood:** questionnaire filled out 6 months postpartum - number of women reporting they felt prepared. OR adjusted for education and parity	**Limitations** Cochrane risk of bias tool V2: Randomisation process: High risk. (No information on concealment or randomisation process. Significant difference in baseline for number of primipara women in each group). Deviations from intended interventions (assignment): Some concern. (Participants aware of assignment. No information on deviations. Appropriate analysis). Missing outcome data: Some concerns. (Outcome data not available for all randomised participants. Possible that missingness could depend on the true value). Measurement of the outcome: All outcomes: Some concerns. (Appropriate method of measurement. Possibility that the assessment was influenced by knowledge of intervention - all self-reported).

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
Aim of the study To compare the satisfaction of women who took part in a group based antenatal care and standard care. **Study dates** September 2008 to December 2010 **Source of funding** No information given.	and understand Swedish. **Exclusion criteria** None specified	Standard antenatal care in Sweden. Women meets the same midwife during 6-9 antenatal visits. Midwives provide health checks as well as antenatal education classes (mainly to first time parents). Individual care.		Felt well prepared for birth- - n/N: Intervention: 152/228 Control: 112/179 OR (95% CI): 0.78 (0.51 to 1.20) Adjusted OR (95% CI): 0.72 (0.47 to 1.13)	Selection of the reported result: Low risk. (Data reported as mentioned in pre-specified plan. Results not selected from multiple measurements). Overall: High risk
Full citation Björklund, U., Marsk, A., Ohman, S. G., Does an information film about prenatal testing in early pregnancy affect women's anxiety and worries? Journal of psychosomatic obstetrics and gynaecology, 34, 9-14, 2013	**Sample size** N=483 (390 analysed) Intervention: n=236 (184 analysed) Control: n=247 (206 analysed) **Characteristics** Mean maternal age - years (SD) Intervention: 32 (4.6) Control: 32.4 (4.8) Nulliparous n/N:	**Interventions** Film about prenatal screening and diagnosis: Women offered prenatal screening information at 10 weeks' gestation at midwife visit. Verbal and written information is on the anomaly scan, CUB and	**Details** Power analysis: No information given Statistical analysis: Two-sided tests. Statistical significance defined as p=0.05 or less. Categorical data analysed using the 2test. For normally distributed variables, student's t-test was used.	**Results** Outcomes: Critical outcomes: **Anxiety:** - measured using Speilberger state-trait anxiety inventory (STAI) range 20-80 - higher scores indicate higher anxiety Trait anxiety - how the person generally feels State anxiety - how the person feels at present	**Limitations** Cochrane risk of bias tool V2: Randomisation process: Some concerns. (No information on allocation concealment. No baseline imbalances). Deviations from intended interventions (assignment): Some concern. (Participants aware of assignment. No information on deviations. No information if analysis performed was by intention to treat).

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
Ref Id 1187487 **Country/ies where the study was carried out** Sweden **Study type** Randomised controlled trial **Aim of the study** To find out if an information film on prenatal examinations has an effect on anxiety and worry in women. **Study dates** March to July 2009 **Source of funding** No information given.	Intervention: 107/184 (59.1) Control: 117/206 (57.6) **Inclusion criteria** • Women who speak Swedish. • Consent to participate in the study. • Gestational age more than 11 weeks. **Exclusion criteria** • Gestational age less than or equal to 11 weeks. • Women who do not speak Swedish. • Women who did not want prenatal examination information.	invasive testing, with midwife. Women also shown a 25-minute film about prenatal screening and diagnosis. Film included information about detection of fetal anomalies and invasive tests. Film included information about choice, how the examinations are performed, detection rates for some anomalies, and false positive and negative results. Film showed interviews with parents giving their own experiences. Midwife present during the video viewing, but discussion was not encouraged. Women saw the film individually or as a group, or with partners. Separate visit with the midwife or doctor booked		Intervention - mean (SD): Trait anxiety (n=178): 34.0 (9.2) State anxiety (n=177): 32.5 (9.2) Control: Trait anxiety (n=194): 34.7 (8.7) State anxiety (n=191): 32.9 (9.9) **Anxiety (Worry):** - measured using 2 questions from the Cambridge Worry Scale Range 0-5 - higher scores indicate increased worry Worry about something being wrong with baby - mean (SD): Intervention (n=184): 2.02 (1.23) Control (n=203): 2.06 (1.19) Worry about giving birth - mean (SD): Intervention (n=184): 2.15 (1.45) Control (n=205): 2.22 (1.28)	Missing outcome data: Some concerns. (Outcome data not available for all randomised participants. Possible that missingness could depend on the true value). Measurement of the outcome: All outcomes: Some concerns. (Appropriate method of measurement. Possibility that the assessment was influenced by knowledge of intervention - all self-reported). Selection of the reported result: Some concern. (No information on pre-specified plan. Not likely to have been selected). Overall: Some concern

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
		for counselling in early pregnancy. Standard care: Women offered prenatal screening information at 10 weeks' gestation at midwife visit. Verbal and written information is on the anomaly scan, CUB and invasive testing, with midwife. Separate visit with the midwife or doctor booked for counselling in early pregnancy.			
Full citation Brixval, C. S., Axelsen, S. F., Thygesen, L. C., Due, P., Koushede, V., Antenatal education in small classes may increase childbirth self-efficacy: Results from a Danish randomised trial, Sexual &	**Sample size** See Koushede 2017 **Characteristics** See Koushede 2017 **Inclusion criteria** See Koushede 2017 **Exclusion criteria**	**Interventions** See Koushede 2017 .	**Details** Power analysis: Not specified Statistical analysis: Intention to treat analysis. Multinomial logistic regression model used to test differences in childbirth self-efficacy between the intervention and control groups.	**Results** Outcomes: Important outcomes: **Self-efficacy:** Measured with number reporting totally agree or agree - indicating high self-efficacy. Confidence in own ability to make the delivery a positive experience n/N: Intervention: 620/660 Control: 619/675	**Limitations** Cochrane risk of bias tool V2: Randomisation process: Low risk. (Allocation concealed. Computer generated allocation sequence. No baseline imbalances). Deviations from intended interventions (assignment): Some concerns. (Participants were aware of assignment. No information on deviations. Appropriate analysis performed).

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
reproductive healthcare: official journal of the Swedish Association of Midwives, 10, 32-34, 2016 **Ref Id** 630411 **Country/ies where the study was carried out** Denmark **Study type** Randomised controlled trial (From the same trial as Koushede 2017) **Aim of the study** See Koushede 2017 **Study dates** See Koushede 2017 **Source of funding** Not industry funded	See Koushede 2017			Confidence in own ability to handle the birth process no matter how it turns out n/N: Intervention: 455/661 Control: 458/676	Missing outcome data: Some concerns. (Outcome data not available for all randomised participants. Possible that missingness could depend on the true value). Measurement of the outcome: Some concerns. (Appropriate method of measurement. Possibility that the assessment was influenced by knowledge of intervention - self-reported). Selection of the reported result: Low risk. (Data reported as mentioned in the pre-specified plan. Results not selected from multiple outcomes). Overall: Some concerns

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
Full citation Chi, Y. C., Sha, F., Yip, P. S., Chen, J. L., Chen, Y. Y., Randomized comparison of group versus individual educational interventions for pregnant women to reduce their second hand smoke exposure, Medicine (Baltimore), 95, e5072, 2016 **Ref Id** 1188881 **Country/ies where the study was** carried out Taiwan **Study type** Randomised controlled trial **Aim of the study**	**Sample size** N=172 (150 analysed) Intervention group based: n=55 (50 analysed) Intervention individual based: n=57 (50 analysed) Control group: 60 (50 analysed) **Characteristics** Maternal age - number ≤29: Intervention group based: 15 Intervention individual based: 9 Control: 5 30-34: Intervention group based: 28 Intervention individual based: 30 Control: 31 ≥35: Intervention group based: 7 Intervention individual based: 11 Control: 14 **Inclusion criteria**	**Interventions** Group based education: 50-minute educational group session during the first trimester. Content of the session consisted of teaching about the harms of second hand smoking and the benefits of avoiding it. Skills were taught in relation to refusing second hand smoke. Role play used to simulate scenarios where women might face negotiating with household members regarding smoking. Individual based education: 50-minute educational one-to-one session taught during the first trimester.	**Details** Power analysis: A sample size of 50 women in each arm was required to detect a 0.8 change in effect size, with an 85% power at 5% statistical significance. Statistical significance: Baseline characteristics between the groups were analysed using chi-squared. Analysis of variance was used to compare differences in self-efficacy and knowledge.	**Results** Outcomes: Critical outcomes: **Increase in knowledge** - mean % (SD): Mean % of correct answers Baseline: Intervention - group: 86.50 (0.12) Intervention - individual: 87.00 (0.14) Control: 80.13 (0.16) p=0.02 1 month post intervention: Intervention - group: 97.63 (0.09) Intervention - individual: 94.00 (0.11) Control: 76.88 (0.17) 2 months post intervention: Intervention - group: 99.88 (0.01) Intervention - individual: 97.45 (0.06) Control: 89.13 (0.11) Note: There was a statistically significant difference between the intervention groups and the control group at baseline. Important outcomes: **Self-efficacy** - mean score (SD): Self-efficacy for rejecting second hand smoke exposure. Measured using a questionnaire consisting of 8 items and a 5 point Likert type scale. Range 8-40. Higher scores indicate increased self-efficacy.	**Limitations** Cochrane risk of bias tool V2: Randomisation process: Some concerns. (No information on allocation concealment or sequence. No baseline imbalances). Deviations from intended interventions (assignment): Low risk. (Participants not aware of assignment). Missing outcome data: Some concerns. (Outcome data not available for all randomised participants. Possible that missingness could depend on the true value). Measurement of the outcome: Self-efficacy. Some concerns. (Appropriate method of measurement. Possibility that the assessment was influenced by knowledge of intervention - self-reported). Increase in knowledge. Low risk. (Appropriate method of measurement. Assessment could not have been influenced by knowledge of intervention). Selection of the reported result: Some concerns. (No information on outcomes as pre-specified plan not available). Overall: Some concerns

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
To investigate the effects of group versus individual second hand smoke education on self-efficacy and other outcomes. **Study dates** May 2013 to September 2013 **Source of funding** Not government funded	• Pregnant women of 12 or fewer weeks gestation. • Non smokers • 18 years or older **Exclusion criteria** • Illiterate. • Not a Taiwanese citizen • Those who terminated tier pregnancy during the study period • History of psychiatric or substance use disorders.	Content the same as the group based session. Control: Received treatment as usual. This is standard mandatory government antenatal care. No further details provided.		1 month post intervention: Intervention - group: 33.64 (5.57) Intervention - individual: 32.26 (5.59) Control: 31.52 (4.44) 2 months post intervention: Intervention - group: 38.26 (3.24) Intervention - individual: 34.10 (5.21) Control: 33.50 (4.02)	
Full citation de Leeuw, R. A., van der Horst, S. F. B., de Soet, A. M., van Hensbergen, J. P., Bakker, Pcam, Westerman, M., de Groot, C. J. M., Scheele, F., Digital vs face-to-face information provision in patient counselling for prenatal	**Sample size** N=162 (141 analysed) Intervention Total: n=80 (n=74 analysed) Intervention - instructional video: n=40 Intervention - interactive video: n=40 Control: n=77 (n=67 analysed) **Characteristics** Mean maternal age - years (SD)	**Interventions** Digital and face-to-face: The video group was randomised between an instructional video or an interactive video. After the video the group continued with the usual care of face-to-face information provision and counselling after	**Details** Power analysis: A sample size of 160 women, 80 in each arm, would be needed to show a statistically significant difference in satisfaction, with 80% power at 5% statistical significance. Statistical significance: Aspin-Welch test used to compare the main outcomes of the survey. The difference within groups was analysed using the Wilcoxon signed rank test.	**Results** Outcomes: Critical outcomes: **Knowledge grade difference** pre/post test - mean difference: Knowledge evaluated by a seven question test based on the information provided. Range 1-7. Higher scores indicate increased knowledge. Intervention: +2.07 Control: +0.91 **Satisfaction with information or support** - Satisfaction with the counselling - Mean (SD): Measured using the genetic counselling satisfaction scale. 6-item Likert type	**Limitations** Cochrane risk of bias tool V2: Randomisation process: High risk. (Pseudo randomised allocation sequence. Allocation concealed. No baseline imbalances). Deviations from intended interventions (assignment): Some concerns. (Participants aware of assignment. No information on deviations. No information whether analysis was performed as intention to treat). Missing outcome data: Some concerns. (Outcome data not available for all randomised

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
screening: a noninferiority randomized controlled trial, Prenatal Diagnosis, 39, 456-463, 2019 **Ref Id** 1190636 **Country/ies where the study was carried out** The Netherlands **Study type** Cluster randomised controlled trial **Aim of the study** To compare face-to-face prenatal counselling with two forms of digital information. **Study dates** August 2017 and December 2017	Intervention: 35.1 (4.1) Control: 33.6 (4.5) Multipara - n/N Intervention: 56/80 Control: 55/77 **Inclusion criteria** • 18 years or older. • Spoke Dutch. • Came in for routine prenatal screening counselling. **Exclusion criteria** • Increased risk of chromosomal abnormalities.	the video (as the control group). Video groups and control groups had the same face-to-face information. Video consisted of information of trisomy prevalence in the Dutch population, chromosomal anomaly testing, screening methods and non-invasive and invasive testing. Interactive video had pauses with written information, mandatory questions and rewind/stop options. Face-to-face alone: Usual care. A single consultation of information provision and counselling. Video groups and control groups had the same face-to-face information.		scale. Range from 6-30. Higher score indicates increased satisfaction. Intervention: 3.9 (0.4) Control: 3.9 (0.5) 3.91 (95% CI, 3.38 to 4.42)	participants. Missingness could depend on the true value). Measurement of the outcome: Satisfaction: Some concern. (Appropriate method of measurement. Possibility that the assessment was influenced by knowledge of intervention). Knowledge: Low risk. (Appropriate method of measurement. Assessment could not have been influenced by knowledge of intervention). Selection of the reported result: Some concerns. (No information on outcomes as pre-specified plan not available). Overall: High risk

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
Source of funding Not specified		The usual face-to-face information consisted of basic information about prenatal screening options and consequences of a positive or negative result.			
Full citation Graham, W., Smith, P., Kamal, A., Fitzmaurice, A., Smith, N., Hamilton, N., Randomised controlled trial comparing effectiveness of touch screen system with leaflet for providing women with information on prenatal tests, British Medical Journal, 320, 155-160, 2000 **Ref Id** 630613	**Sample size** N=1050 randomised (n=875 analysed) Control: n= 526 (n=430 analysed) Intervention: n=524 (n=445 analysed) **Characteristics** Mean maternal age years (SD): Control: 29.7 (5.4) Intervention: 30.1 (5.2) p=0.253 Mean gestational age weeks (SD): Control: 11.8 (2.4) Intervention: 11.7 (2.2) p=0.949 **Inclusion criteria**	**Interventions** Touch screen: Women accessed information on prenatal tests on the touch screen display that was located in the antenatal clinic waiting area. The display was menu driven with 8 main topics and included video clips and voice overs. Microphone headsets were available to ensure privacy. Women in the touch screen group also received the control group	**Details** Power analysis: Sample size of 1000 women needed, 500 in each arm, for a 90% power to detect a difference of 10% at 5% significance level. Statistical analysis: Analysis was by intention to treat. Outcome variables for the two groups were compared using the ÷2 test and McNemar's test for paired data. Significance levels of differences were given with 95% confidence intervals. Confounding factors, parity and education, were adjusted for.	**Results** Outcomes: Critical outcomes: **Anxiety (follow up 9 weeks)** Measured with Spielberger state-trait anxiety inventory (STAI) Each subscale (state and trait) has 20 items and 4 point Likert scale. Ranges for each subscale: 20-80 Before information results from baseline questionnaire at approximately 11 weeks gestation After information from questionnaire at approximately 20 weeks gestation Intervention: n=332 A-state (current state of anxiety) Mean score before information: 35.58 Mean score after information: 34.20 Mean difference (95% confidence interval): 1.38 (0.50 to 2.28) p=0.002	**Limitations** Cochrane risk of bias tool V2: Randomisation process: Low risk. (Allocation concealed. No information about allocation sequence. No baseline differences). Deviations from intended interventions (assignment): Some concern. (Participants aware of assignment. No information on deviations. Appropriate analysis). Missing outcome data: Some concerns. (Outcome data not available for all randomised participants. Possible that missingness could depend on the true value). Measurement of the outcome: Anxiety and Knowledge increase: Some concerns. (Appropriate method of measurement. Possibility that the assessment could have been influenced

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
Country/ies where the study was carried out UK **Study type** Randomised controlled trial **Aim of the study** To investigate whether a touch screen system or an information leaflet is more effective at providing women with information on prenatal tests. **Study dates** April 1997 to January 1998 **Source of funding** Not industry funded	• Women attended a booking appointment at one of the antenatal care clinics at Aberdeen Maternity Hospital. **Exclusion criteria** No information provided.	information leaflets that were available in the antenatal clinic. Control: Women received the information leaflets on prenatal test that were available in the antenatal clinic. The leaflets had similar information to the touch screen but with less detail and different scope.		A-trait (anxiety proneness) Mean score before information: 37.12 Mean score after information: 35.41 Mean difference (95% CI): 1.71 (0.87 to 2.56) p<0.001 Control: n=317 A-state Mean score before information: 35.15 Mean score after information: 35.67 Mean difference (95% CI): -0.52 (-1.54 to 0.50) p=0.317 A-trait Mean score before information: 36.87 Mean score after information: 37.38 Mean difference (95% CI): -0.51 (-1.31 to 0.28) p=0.204 **Increase in knowledge (follow up 9 weeks)** Number of women who had knowledge of 4 prenatal tests (detailed anomaly scan, blood test, amniocentesis, chorionic villus sampling). Intervention n/N: Number before information: Detailed anomaly scan: 348/374 Blood test: 246/374 Amniocentesis: 228/374 Chorionic villus sampling: 121/374 Number after information: Detailed anomaly scan: 357/374 Blood test: 293/374	by knowledge of intervention - self-reported). Selection of the reported result: Some concern. (No information on pre-specified plan. Results unlikely to have been selected from multiple outcomes). Overall: Some concern

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
				Amniocentesis: 251/374 Chorionic villus sampling: 150/374 Control n/N: Number before information: Detailed anomaly scan: 311/361 Blood test: 237/361 Amniocentesis: 201/361 Chorionic villus sampling: 111/361 Number after information: Detailed anomaly scan: 347/361 Blood test: 267/361 Amniocentesis: 231/361 Chorionic villus sampling: 135/361	
Full citation Koushede, V., Brixval, C. S., Thygesen, L. C., Axelsen, S. F., Winkel, P., Lindschou, J., Gluud, C., Due, P., Antenatal small-class education versus auditorium-based lectures to promote positive transitioning to parenthood - A randomised trial, PLoS ONE [Electronic	**Sample size** N=1766 Intervention: n=883 Control: n=883 **Characteristics** Mean maternal age at birth -years (SD): Intervention: 30.7 (4.1) Control: 30.8 (4.1) Nulliparous - n/N (%): Intervention: 787/883 (89.1) Control: 785/883 (88.9)	**Interventions** Small group antenatal classes: Groups of 6-8 women had three 2.5 hour sessions of antenatal classes. Sessions were led by a midwife. Sessions focused on relationship and parenthood skills. The sessions aimed to increase self-efficacy, for example by	**Details** Power analysis: Sample size of 1756 was able to detect a minimally relevant difference of 1 on the perceived stress scale with a power of 0.94. Statistical analysis: Mean differences at different time points between groups were examined using a general linear model. Mean square root used to transform the data as it was non-normally distributed.	**Results** Outcomes: Critical outcomes: **Anxiety:** Perceived stress scale (PSS). 10 items. Answers added together for a sum score, range 0-40. Low score indicates better outcomes. At 37 weeks gestation - mean square root (mean): Intervention: 3.22 (10.18) Control: 3.25 (10.50) Mean difference (95% CI): -0.03 (-0.12 to 0.07). Mean difference (95% CI), adjusted for parity and vulnerability: -0.03 (-0.12 to 0.07). Mean difference (95% CI), adjusted	**Limitations** Cochrane risk of bias tool V2: Randomisation process: Low risk. (Allocation concealed. Computer generated allocation sequence. No baseline imbalances). Deviations from intended interventions (assignment): Some concerns. (Participants aware of assignment. No information of deviations. Appropriate analysis). Missing outcome data: Some concerns. (Outcome data not available for all randomised participants. Possible that missingness could depend on the true value).

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
Resource], 12, e0176819, 2017 **Ref Id** 824270 **Country/ies where the study was carried out** Denmark **Study type** Randomised controlled trial (From the same trial as Brixval 2016) **Aim of the study** To investigate the effects of antenatal education in small classes versus auditorium-based lectures on outcomes in childbirth. **Study dates** August 2012 - May 2014 **Source of funding**	**Inclusion criteria** • Pregnant women with a singleton pregnancy. • 18 years or over at enrolment. • Due to give birth at Hvidovre hospital, Denmark. • Speak and understand Danish. • Signed the informed consent form. **Exclusion criteria** • Not signing the consent form.	identification of coping strategies. Control group: Standard education offered at Hvidovre hospital. Two antenatal lectures, 2 hours each. Lectures were on birth and breastfeeding in an auditorium with up to 250 people. Midwives who taught the small class groups were not allowed to teach the lectures in the control group.		for parity, vulnerability and baseline PSS: -0.06 (-0.14 to 0.02) At 9 weeks postpartum - mean square root (mean): Intervention: 3.24 (10.53) Control: 3.27 (10.72) Mean difference (95% CI): -0.03 (-0.13 to 0.08) Mean difference (95% CI), adjusted for parity and vulnerability: -0.03 (-0.13 to 0.07) Mean difference (95% CI), adjusted for parity, vulnerability and baseline PSS: -0.06 (-0.15 to 0.04) At 6 months postpartum - mean square root (mean): Intervention: 3.19 (10.19) Control: 3.26 (10.66) Mean difference (95% CI): -0.07 (-0.18 to 0.03) Mean difference (95% CI), adjusted for parity and vulnerability: -0.07 (-0.18 to 0.03) Mean difference (95% CI), adjusted for parity, vulnerability and baseline PSS: -0.10 (-0.20 to -0.01), p=0.04	Measurement of the outcome: Some concern. (Appropriate method of measurement. Possibility that the assessment was influenced by knowledge of intervention. Selection of the reported result: Low risk. (Data reported as mentioned in the pre-specified plan. Results not selected from multiple outcomes). Overall: Some concerns **Other information** Adherence: 68% adhered to the intervention - participated in all three lectures before birth, and used the website. 59% of the control group attended both lectures.

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
Not industry funded					
Full citation Svensson,J., Barclay,L., Cooke,M., Randomised-controlled trial of two antenatal education programmes, Midwifery, 25, 114-125, 2009 **Ref Id** 116352 **Country/ies where the study was carried out** Australia Study type Randomised controlled trial **Aim of the study** To find out the effects of the 'Having a Baby' programme compared with a regular programme on women's self-efficacy,	**Sample size** N=248 (n=170 analysed) Intervention: n=124 (n=91 analysed) Control: n=124 (n=79 analysed) **Characteristics** Mean maternal age-years (SD) Intervention: 30.08 (4.33) Control: 30.47 (4.19) Nulliparous - number (%) Intervention: 91 (100) Control: 79 (100) **Inclusion criteria** • Primiparous. • English speaking. **Exclusion criteria** Not specified.	**Interventions** The 'having a baby' and control programmes were the same in length. The broad topic areas taught were similar. The differences between the two programmes were in the order they were delivered and the method of presentation. Having a baby programme: 7, 2hour sessions before birth. Additional meeting 6 weeks after birth. Labour, birth and early weeks with the baby were taught as integrated processes in life and not as isolated events. Relaxation strategies were	**Details** Power analysis: Estimated sample size of 140 with 80% power and significance level of 0.05, to detect a significant effect in perceived parenting self-efficacy scores. Statistical analysis: Continuous data analysed using independent t-tests.	**Results** Outcomes: Critical outcomes: **Anxiety:** Maternal worry about the baby - measured using the Cambridge Worry Scale. 10 item, 6 point Likert scale (0 to 5). Higher scores indicate more worry. Range 0-50. Prenatal scores (before the programme): Intervention: 5.66 (SD 3.2) Control: 5.99 (SD 3.23) Postnatal scores (8 weeks after birth): Intervention: 2.04 (SD 2.49) Control: 2.14 (SD 2.51) **Increase in knowledge:** Assessment of knowledge developed by researcher. 11 topics. Each topic rated on a 6 point Likert scale (0-5). Higher score indicates increased knowledge. Scores were summed to give a total. Range 0-55. Pre-programme - mean (SD): Intervention: 12.41 (2.78) Control: 13.21 (2.95) p=0.068 Post-programme (before birth) - mean (SD):	**Limitations** Cochrane risk of bias tool V2: Randomisation process: Low risk of bias. (Allocation concealed. Allocation sequence generated by drawing lots type of process. No baseline imbalances). Deviations from intended interventions (assignment): Some concern. (Participants aware of assignment. No information on deviations. No information on whether there was an intention-to-treat analysis). Missing outcome data: Some concerns. (Outcome data not available for all randomised participants. Possible that missingness could depend on the true value). Measurement of the outcome: Anxiety and Self efficacy: Some concerns. (Appropriate method of measurement. Possibility that the assessment was influenced by knowledge of intervention - self-reported). Increase in knowledge: Low risk (Appropriate method of measurement. Unlikely the assessment was influenced by knowledge of intervention).

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
knowledge and baby worry. **Study dates** January to December 2002 **Source of funding** No information provided		presented as life skills. Take home activities provided at the end of each session - included resources in your community for a new parent, roles and responsibilities of parents. Less lecture and video based learning, and more group learning and discussions than the control. Experiential activities are reality based (for example a bath of a 1-day old baby, and discussions with mother and parents). Control: 7, 2hour sessions before birth. Labour, birth and early weeks with the baby were pre-set topics taught with little		Intervention: 16.79 (2.06) Control: 16.07 (2.31) Post-natal (8 weeks post birth) - mean (SD): Intervention: 13.20 (3.60) Control: 12.38 (3.9) Important outcomes: **Self-efficacy:** 25 item self-report pre and postnatal parent expectations survey (PES). 11 point Likert scale (0-10). Higher score indicates increased self-efficacy. Range 0-250 Pre-programme - mean (SD): Intervention: 172 (32.46) Control: 174 (29.13) p=0.596 Post-natal (8 weeks after birth) - mean (SD): Intervention: 206 (21.02) Control: 190 (22.28) p<0.001	Selection of the reported result: Some concern. (No information on pre-specified plan. Results unlikely to have been selected from multiple outcomes). Overall: Some concern

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
		integration between them. Relaxation strategies were taught as labour skills. More lecture and video based learning, and less group learning than the intervention. Discussions and demonstrations with models (for example bath with a doll).			
Full citation Yee, L. M., Wolf, M., Mullen, R., Bergeron, A. R., Cooper Bailey, S., Levine, R., Grobman, W. A., A randomized trial of a prenatal genetic testing interactive computerized information aid, Prenatal Diagnosis 34, 552-557, 2014 **Ref Id** 1188347	**Sample size** N=150 (123 analysed) Intervention: 75 (59 analysed) Control: 75 (64 analysed) **Characteristics** Maternal age - mean years (SD): Intervention: 26.0 (5.0) Control: 27.3 (5.5) p=0.13 Primigravida: Intervention: 16% Control: 14.7% p=0.82	**Interventions** Interactive education tool: Standard care counselling - meet with a genetic counsellor. Interactive education tool that enables users to view 3D models of the internal body. Guides covering prenatal testing, anatomy, common genetic abnormalities, invasive and non-invasive testing.	**Details** Power analysis: Sample size of 150 required to detect at least 7% improvement in the questionnaire with 80% power and significance of 0.05. Statistical analysis: Student t-tests used for group comparisons. All tests were two-tailed. p<0.05 defined as statistically significant.	**Results** Outcomes: Critical outcomes: **Increase in knowledge** - mean % (SD) of questions answered correctly: 23 item questionnaire designed to test knowledge of prenatal screening and testing. Immediately after intervention: Intervention: 69.4% (±14.2%) 15.96 questions answered correctly (3.27) Control: 46.0% (±15.2%) 10.58 (3.50) p<0.001 23 days after intervention (n=123): Intervention: 60.6% (± 16.0%) 13.94 questions answered correctly (3.68)	**Limitations** Cochrane risk of bias tool V2: Randomisation process: Some concerns. (No information on allocation concealment. No baseline imbalances). Deviations from intended interventions (assignment): High risk. (Participants aware of assignment. 48% of participants received additional counselling as part of prenatal care. No information if this is balanced between groups. Likely to affect outcomes. No information on whether analysis was on intention to treat). Missing outcome data: Some concerns. (Outcome data not available for all randomised participants.

Study details	Participants	Interventions	Methods	Outcomes and Results	Comments
Country/ies where the study was carried out US **Study type** Randomised controlled trial **Aim of the study** To find out if the use of an interactive tool for prenatal screening and diagnosis would improve women's understanding **Study dates** August 2010 to March 2011. **Source of funding** Not industry funded.	**Inclusion criteria** • Gestational age between 6 and 26 weeks. • Not yet had any prenatal testing. • Able to speak English. **Exclusion criteria** • Women carrying multiple gestations.	Section for writing notes which could be discussed later. Standard care: Standard care counselling - meet with a genetic counsellor.		Control: 49.7% (± 18.9%) 11.43 (4.35) p=0.001	Possible that missingness could depend on the true value). Measurement of the outcome: Low risk. (Appropriate method of measurement. Assessment could not have been influenced by knowledge of intervention). Selection of the reported result: Low risk. (Data reported as mentioned in the pre-specified plan. Results not selected from multiple outcomes). Overall: High risk

CI: confidence interval; CUB: combined ultrasound and biochemical; OR: odds ratio; PES: parent expectation survey; PSS; perceived stress scale; SD: standard deviation