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

Table 5: Clinical evidence profile for comparison group based vs individual based information provision

		Quality assessment					No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group based	Individual based	Relative (95% CI)	Absolute	Quality	Importance
Increase in knowledge (follow-up 1 months; measured with: Mean % of correct answers; range of scores: 0-100; Better indicated by higher values)												
1 (Chi 2016)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	50	-	MD 3.63 higher (3.59 to 3.67 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Increase in knowledge (follow-up 2 months; measured with: Mean % of correct answers; range of scores: 0-100; Better indicated by higher values)												
1 (Chi 2016)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	50	-	MD 2.43 higher (2.41 to 2.45 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Satisfaction with information (follow-up 6 months; assessed with: Number of women reporting 'satisfied')												
1 (Andersson 2013)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	187/228 (82%)	156/179 (87.2%)	OR 0.75 (0.4 to 1.4)	36 fewer per 1000 (from 141 fewer to 33 more)	⊕OOO VERY LOW	CRITICAL
Preparedness for birth (follow-up 6 months; assessed with: Number of women reporting they felt prepared for birth)												
1 (Andersson 2013)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	152/228 (66.7%)	112/179 (62.6%)	OR 0.73 (0.47 to 1.13)	76 fewer per 1000 (from 186 fewer to 28 more)	⊕OOO VERY LOW	IMPORTANT
Self-efficacy (follow-up 1 months; measured with: Likert type questionnaire; range of scores: 8-40; Better indicated by higher values)												
1 (Chi 2016)	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[5]	none	50	50	-	MD 1.38 higher (0.81 lower to 3.57 higher)	⊕⊕OO LOW	IMPORTANT
Self-efficacy (follow-up 2 months; measured with: Likert type questionnaire; range of scores: 8-40; Better indicated by higher values)												

Quality assessment						No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group based	Individual based	Relative (95% CI)	Absolute	Quality	Importance
1 (Chi 2016)	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[5]	none	50	50	-	MD 4.16 higher (2.46 to 5.86 higher)	⊕⊕OO LOW	IMPORTANT

ANC: antenatal care; CI: confidence interval; MD: mean difference; OR: odds ratio.

[1] Evidence downgraded by 2 levels due to high risk of randomisation and measurement of the outcome bias in 1 study
[2] Evidence downgraded by 2 levels because 95% CI cross 2 MIDs for dichotomous outcomes (0.8 or 1.25)
[3] Evidence downgraded by 1 level because 95% CI cross 1 MID for dichotomous outcomes (0.8 or 1.25)
[4] Evidence downgraded by 1 levels due to measurement of the outcome bias in 1 study
[5] Evidence downgraded by 1 level because 95% CI cross 1 MID for continuous outcomes (0.5 x control group SD, for self-efficacy 1mo = 2.80, for self-efficacy 2mo = 2.61)

Table 6: Clinical evidence profile for comparison digital in addition to face-to-face vs face-to-face alone information provision

Quality assessment						No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Digital + face-to-face	Face-to-face alone	Relative (95% CI)	Absolute	Quality	Importance
Anxiety (follow-up 15 weeks; measured with: Spielberger state-trait anxiety inventory, state subscale; range of scores: 20-80; Better indicated by lower values)												
1 (Bjorklund 2013)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	177	191	-	MD 0.4 lower (2.35 lower to 1.55 higher)	⊕⊕⊕O MODERATE	CRITICAL
Anxiety - Worry about baby (follow-up 15 weeks; measured with: adapted Cambridge worry scale; range of scores: 0-5; Better indicated by lower values)												
1 (Bjorklund 2013)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	184	203	-	MD 0.04 lower (0.28 lower to 0.2 higher)	⊕⊕⊕O MODERATE	CRITICAL
Anxiety - Worry about birth (follow-up 15 weeks; measured with: adapted Cambridge worry scale; range of scores: 0-5; Better indicated by lower values)												
1 (Bjorklund 2013)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	184	205	-	MD 0.07 lower (0.34 lower to 0.2 higher)	⊕⊕⊕O MODERATE	CRITICAL

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Digital + face-to-face	Face-to-face alone	Relative (95% CI)	Absolute	Quality	Importance
Increase in knowledge (measured with: Mean % of questions answered correctly; range of scores: 0-100; Better indicated by higher values)												
1 (Yee 2014)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	59	64	-	MD 23.4 higher (18.2 to 28.6 higher)	⊕⊕⊕Ο MODERATE	CRITICAL
Increase in knowledge (follow-up 23 days; measured with: Mean % of questions answered correctly; range of scores: 0-100; Better indicated by higher values)												
1 (Yee 2014)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[3]	none	59	64	-	MD 10.9 higher (4.73 to 17.07 higher)	⊕⊕ΟΟ LOW	CRITICAL
Increase in knowledge (measured with: 7 question test on the information provided; range of scores: 1-7; Better indicated by higher values)												
1 (de Leeuw 2019)	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[3]	none	74	67	-	MD 1.16 higher (0.38 to 1.94 higher)	⊕⊕ΟΟ LOW	CRITICAL
Satisfaction with information (measured with: genetic counselling satisfaction scale; range of scores: 6-30; Better indicated by higher values)												
1 (de Leeuw 2019)	randomised trials	very serious[5]	no serious inconsistency	no serious indirectness	no serious imprecision	none	74	67	-	MD 0 higher (0.15 lower to 0.15 higher)	⊕⊕ΟΟ LOW	CRITICAL

ANC: antenatal care; CI: confidence interval; MD: mean difference.

[1] Evidence downgraded by 1 level due to risk of measurement of the outcome bias in 1 study
[2] Evidence downgraded by 1 levels due to high risk of deviation from intended interventions bias in 1 study
[3] Evidence downgraded by 1 level because 95% CI cross 1 MID for continuous outcomes (0.5 x control group SD, for increase in knowledge mean% = 9.45, for increase in knowledge 7 questions = 1.18)
[4] Evidence downgraded by 1 levels due to high risk of randomisation process bias in 1 study
[5] Evidence downgraded by 2 levels due to high risk of randomisation process and measurement of the outcome bias in 1 study

Table 7: Clinical evidence profile for comparison digital in addition to leaflet vs leaflet alone format of ANC information

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Digital + leaflet	Leaflet alone	Relative (95% CI)	Absolute	Quality	Importance
Quality assessment							**No of patients**		**Effect**			
Change in anxiety after intervention (follow-up 20 weeks; measured with: Measured with Spielberger state-trait anxiety inventory, state subscale; range of scores: 20-80; Better indicated by lower values)												
1 (Graham 2000)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	332	317	-	MD 1.9 higher (0.56 to 3.24 higher)	⊕⊕⊕⊖ MODERATE	CRITICAL
Knowledge of anomaly scan (follow-up 20 weeks; assessed with: Number of women reporting they had knowledge)												
1 (Graham 2000)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	357/374 (95.5%)	347/361 (96.1%)	RR 0.99 (0.96 to 1.02)	10 fewer per 1000 (from 38 fewer to 19 more)	⊕⊕⊕⊖ MODERATE	CRITICAL
Knowledge of blood test (follow-up 20 weeks; assessed with: Number of women reporting they had knowledge)												
1 (Graham 2000)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	293/374 (78.3%)	267/361 (74%)	RR 1.06 (0.98 to 1.15)	44 more per 1000 (from 15 fewer to 111 more)	⊕⊕⊕⊖ MODERATE	CRITICAL
Knowledge of amniocentesis (follow-up 20 weeks; assessed with: Number of women reporting they had knowledge)												
1 (Graham 2000)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	251/374 (67.1%)	231/361 (64%)	RR 1.05 (0.94 to 1.16)	32 more per 1000 (from 38 fewer to 102 more)	⊕⊕⊕⊖ MODERATE	CRITICAL
Knowledge of chorionic villus sampling (follow-up 20 weeks; assessed with: Number of women they had knowledge)												
1 (Graham 2000)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	150/374 (40.1%)	135/361 (37.4%)	RR 1.07 (0.89 to 1.29)	26 more per 1000 (from 41 fewer to 108 more)	⊕⊕⊖⊖ LOW	CRITICAL

ANC: antenatal care; CI: confidence interval; MD: mean difference; RR: risk ratio.

[1] Evidence downgraded by 1 levels due to risk of measurement of the outcome bias in 1 study
[2] Evidence downgraded by 1 level because 95% CI cross 1 MID for dichotomous outcomes (0.8 or 1.25)

Table 8: Clinical evidence profile for comparison enhanced ANC programme (interactive group based teaching and life skills) vs standard ANC programme (lecture based learning)

			Quality assessment				No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Enhanced ANC programme	Standard ANC programme	Relative (95% CI)	Absolute	Quality	Importance
Anxiety (follow-up 8 weeks post-partum; measured with: Cambridge Worry Scale; range of scores: 0-50; Better indicated by lower values)												
1 (Svensson 2009)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	91	79	-	MD 0.1 lower (0.85 lower to 0.65 higher)	⊕⊕⊕O MODERATE	CRITICAL
Increase in knowledge (measured with: Assessment developed by researchers; range of scores: 0-55; Better indicated by higher values)												
1 (Svensson 2009)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	91	79	-	MD 0.72 higher (0.06 to 1.38 higher)	⊕⊕⊕O MODERATE	CRITICAL
Increase in knowledge (follow-up 8 weeks post-partum; measured with: Assessment developed by researchers; range of scores: 0-55; Better indicated by higher values)												
1 (Svensson 2009)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	91	79	-	MD 0.82 higher (0.31 lower to 1.95 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Self-efficacy (follow-up 8 weeks post-partum; measured with: Parent expectations survey; range of scores: 0-250; Better indicated by higher values)												
1 (Svensson 2009)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	91	79	-	MD 16 higher (9.46 to 22.54 higher)	⊕⊕OO LOW	IMPORTANT

ANC: antenatal care; CI: confidence interval; MD: mean difference.

[1] Evidence downgraded by 1 level due to risk of measurement of the outcome bias in 1 study
[2] Evidence downgraded by 1 level because 95% CI cross 1 MID for continuous outcomes (0.5 x control group SD, for increase in knowledge pre-birth =1.16, for self-efficacy = 11.14)

Table 9: Clinical evidence profile for comparison small group vs large group information provision for ANC

		Quality assessment					No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Small group	Large group	Relative (95% CI)	Absolute	Quality	Importance
Anxiety (follow-up 9 weeks post-partum; measured with: Perceived stress scale; range of scores: 0-40; Better indicated by lower values)												
1 (Koushede 2017)	randomised trials	serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	883	883	-	MD 0.06 lower (0.15 lower to 0.03 higher)	⊕⊕OO LOW	CRITICAL
Anxiety (follow-up 6 months post-partum; measured with: Perceived Stress Scale; range of scores: 0-40; Better indicated by lower values)												
1 (Koushede 2017)	randomised trials	serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	883	883	-	MD 0.1 lower (0.2 lower to 0 higher)	⊕⊕OO LOW	CRITICAL
Self-efficacy - positive delivery (assessed with: Number reporting totally agree or agree with confident with ability to make delivery a positive experience)												
1 (Brixval 2016)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	620/660 (93.9%)	619/675 (91.7%)	RR 1.02 (0.99 to 1.06)	18 more per 1000 (from 9 fewer to 55 more)	⊕⊕⊕O MODERATE	IMPORTANT
Self-efficacy - handle birth process (assessed with: Number reporting totally agree or agree with confident with ability to handle birth process)												
1 (Brixval 2016)	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	455/661 (68.8%)	458/676 (67.8%)	RR 1.02 (0.94 to 1.09)	14 more per 1000 (from 41 fewer to 61 more)	⊕⊕⊕O MODERATE	IMPORTANT

ANC: antenatal care; CI: confidence interval; MD: mean difference; RR: risk ratio.

[1] Evidence downgraded by 1 level due to risk of measurement of the outcome bias in 1 study
[2] Perceived stress scale not a direct measure of anxiety