



## Bilaga 6

1 (23)

Vad är viktigt att mäta i forskning som undersöker behandling av depression under och efter graviditet — Framtagande av ett Core Outcome Set, rapport 314 (2020)

# Bilaga 6 Inkluderade studier

## Included studies

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
The University of Hong Kong, Kwong Wah Hospital, Hospital Authority Hong Kong. Pilot Study on the Use of Acupuncture for Postpartum Depression. 2011, <a href="https://ClinicalTrials.gov/show/NCT01178008">https://ClinicalTrials.gov/show/NCT01178008</a> .	Completed	RCT-protocol	Postnatal depression	Acupuncture	Acupuncture
Stanford University, Agency for Healthcare Research Quality. Acupuncture and Massage for Depression During Pregnancy. 2008, <a href="https://ClinicalTrials.gov/show/NCT00186654">https://ClinicalTrials.gov/show/NCT00186654</a> .	Completed	RCT-protocol	Antenatal depression	Acupuncture versus massage	Acupuncture
Isrctn. Can electroacupuncture improve symptoms of mild to moderate postnatal depression?; 2019 <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN49447857">http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN49447857</a> .	Ongoing	RCT-protocol	Postnatal depression	Electroacupuncture	Acupuncture
Li W, Yin P, Lao L, Xu S. Effectiveness of Acupuncture Used for the Management of Postpartum Depression: A Systematic Review and Meta-Analysis. <i>Biomed Res Int</i> 2019;2019:6597503.	2019	Systematic review-published	Postnatal depression	Acupuncture	Acupuncture
Tong P, Dong LP, Yang Y, Shi YH, Sun T, Bo P. Traditional Chinese acupuncture and postpartum depression: A systematic review and meta-analysis. <i>J Chin Med Assoc</i> 2019;82:719-26.	2019	Systematic review-published	Postnatal depression	Acupuncture	Acupuncture
Yang L, Di YM, Shergis JL, Li Y, Zhang AL, Lu C, et al. A systematic review of acupuncture and Chinese herbal medicine for postpartum depression. <i>Complement Ther Clin Pract</i> 2018;33:85-92.	2018	Systematic review-published	Postnatal depression	Acupuncture and chinese herbal medicine	Acupuncture
Komori A, Arthur D, Radford S, Tan HY, Zheng L, An M, et al. Acupuncture versus antidepressants in the management of postpartum depression: A systematic review. <i>Br J Midwifery</i> 2018;26:670-81.	2018	Systematic review-published	Postnatal depression	Acupuncture versus antidepressants	Acupuncture
Nct. Tracking Depression Symptoms with a Health Chatbot. <a href="https://clinicaltrials.gov/show/NCT03990389">https://clinicaltrials.gov/show/NCT03990389</a> 2019.	Recruiting	RCT-protocol	Postnatal depression	Chabot Care Group	Care management/org anisation

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
University of Washington, Ochin Inc, Oregon Social Learning Centre, University of Pennsylvania, Washington University School of Medicine, National Institute of Mental Health, et al. Remote Supervision for Implementing Collaborative Care for Perinatal Depression. 2020; <a href="https://ClinicalTrials.gov/show/NCT02976025">https://ClinicalTrials.gov/show/NCT02976025</a>	Recruiting	RCT-protocol	Antenatal depression	Longitudinal Remote Consultation or collaborative care	Care management/org anisation
Women's College Hospital, Canadian Institutes of Health Research. PDA for Antidepressant Use in Pregnancy. 2022; <a href="https://ClinicalTrials.gov/show/NCT03632863">https://ClinicalTrials.gov/show/NCT03632863</a>	Recruiting	RCT-protocol	Antenatal depression	Electronic Patient Decision Aid	Care management/org anisation
King's College London, University of Toronto. Patient Decision Aid for Antidepressant Use in Pregnancy. 2017; <a href="https://ClinicalTrials.gov/show/NCT02492009">https://ClinicalTrials.gov/show/NCT02492009</a>	Completed	RCT-protocol	Antenatal depression	Electronic patient decision aid for antidepressant use in pregnancy	Care management/org anisation
University of Pittsburgh, National Institute of Mental Health. Identification and Therapy of Postpartum Depression. 2012; <a href="https://ClinicalTrials.gov/show/NCT00282776">https://ClinicalTrials.gov/show/NCT00282776</a>	Completed	RCT-protocol	Postnatal depression	Care Management	Care management/org anisation
Lancaster General Hospital University of Pennsylvania, Robert Wood Johnson Foundation. Care Managers for Perinatal Depression (CMPD). 2013; <a href="https://ClinicalTrials.gov/show/NCT00282776">https://ClinicalTrials.gov/show/NCT00282776</a>	Completed	RCT-protocol	Antenatal depression	Care manager	Care management/org anisation
University of Sao Paulo General Hospital, Conselho Nacional de Desenvolvimento Científico e Tecnológico. Efficacy of a Program for the Management of Depression in Pregnant Women in Primary Care in São Paulo, Brazil. 2013; <a href="https://ClinicalTrials.gov/show/NCT01719289">https://ClinicalTrials.gov/show/NCT01719289</a>	Unknown	RCT-protocol	Antenatal depression	Depression management program delivered by nurse assistants	Care management/org anisation
Boston Medical Center, Patient-Centered Outcomes Research Institute, Boston University. Improving Outcomes for Low-Income Mothers with Depression. 2020; <a href="https://ClinicalTrials.gov/show/NCT03221556">https://ClinicalTrials.gov/show/NCT03221556</a>	Enrolling by invitation	RCT-protocol	Postnatal depression	Engagement-Focused Care Coordination intervention versus Problem Solving Education intervention	Care management/org anisation
Hantsoo L, Criniti S, Khan A, Moseley M, Kincler N, Faherty LJ, et al. A Mobile Application for Monitoring and	2018	RCT-published	Antenatal depression	A mobile mood tracking and alert mobile application	Care management/org anisation

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
Management of Depressed Mood in a Vulnerable Pregnant Population. Psychiatr Serv 2018;69:104-7.					
Vigod SN, Hussain-Shamsy N, Stewart DE, Grigoriadis S, Metcalfe K, Oberlander TF, et al. A patient decision aid for antidepressant use in pregnancy: pilot randomized controlled trial. J Affect Disord 2019;251:91-9.	2019	RCT-published	Antenatal depression	Patient decision aid for antidepressant use	Care management/organisation
Moore Simas TA, Flynn MP, Kroll-Desrosiers AR, Carvalho SM, Levin LL, Biebel K, et al. A Systematic Review of Integrated Care Interventions Addressing Perinatal Depression Care in Ambulatory Obstetric Care Settings. Clin Obstet Gynecol 2018;61:573-90.	2018	Systematic review-published	Both	Integrated Care Intervention	Care management/organisation
Royal College of Music, Chelsea, Westminster NHS. Foundation Trust, Imperial College London. The Impact of Creative Interventions on Symptoms of Postnatal Depression. 2016; <a href="https://ClinicalTrials.gov/show/NCT02526407">https://ClinicalTrials.gov/show/NCT02526407</a>	Completed	RCT-protocol	Postnatal depression	Music	Complementary medicine
Fancourt D, Perkins R. Effect of singing interventions on symptoms of postnatal depression: Three-arm randomised controlled trial. Br J Psychiatry 2018;212:119-21.	2018	RCT-published	Postnatal depression	Group singing workshops versus group play workshops	Complementary medicine
Zemestani M, Fazeli Nikoo Z. Effectiveness of mindfulness-based cognitive therapy for comorbid depression and anxiety in pregnancy: a randomized controlled trial. Arch Womens Ment Health 2020;23:207-14.	2019	RCT-published	Antenatal depression	Mindfulness-based cognitive therapy	Complementary medicine
ChiCTR. A semi-randomized controlled trial for mindfulness music therapy in perinatal depression. <a href="http://www.who.int/trialssearch/Trial2.aspx?TrialID=ChiCTR1800020101">http://www.who.int/trialssearch/Trial2.aspx?TrialID=ChiCTR1800020101</a> 2018.	Recruiting	RCT-published	Both	Mindfulness-based music therapy	Complementary medicine
Yang M, Jia G, Sun S, Ye C, Zhang R, Yu X. Effects of an Online Mindfulness Intervention Focusing on Attention Monitoring and Acceptance in Pregnant Women: a Randomized Controlled Trial. J Midwifery Womens Health 2019;64:68-77.	2019	RCT-published	Antenatal depression	Online Mindfulness	Complementary medicine

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
Perkins R, Yorke S, Fancourt D. How group singing facilitates recovery from the symptoms of postnatal depression: a comparative qualitative study. <i>BMC psychology</i> 2018;6:41.	2018	RCT-published	Postnatal depression	Singing and play	Complementary medicine
Smith CA, Shewamene Z, Galbally M, Schmie V, Dahlen H. The effect of complementary medicines and therapies on maternal anxiety and depression in pregnancy: A systematic review and meta-analysis. <i>J Affect Disord</i> 2019;245:428-39.	2019	Systematic review-published	Antenatal depression	Complementary medicine	Complementary medicine
McCloskey RJ, Reno R. Complementary health approaches for postpartum depression: A systematic review. <i>Soc Work Ment Health</i> 2019;17:106-28.	2018	Systematic review-published	Postnatal depression	Complementary health approaches	Complementary medicine
Lawson Health Research Institute. Adjunctive Use of Celecoxib in the Treatment of Bipolar Postpartum Depression. 2019; <a href="https://ClinicalTrials.gov/show/NCT02726659">https://ClinicalTrials.gov/show/NCT02726659</a>	Recruiting	RCT-protocol	Postnatal depression	Celecoxib add-on treatment	Drug
Women, Infants Hospital of Rhode Island, National Institute of Mental Health. Effectiveness of Sertraline Alone and Interpersonal Psychotherapy Alone in Treating Women with Postpartum Depression. 2014; <a href="https://ClinicalTrials.gov/show/NCT00602355">https://ClinicalTrials.gov/show/NCT00602355</a>	Completed	RCT-protocol	Postnatal depression	Antidepressant medication alone and interpersonal psychotherapy alone	Drug
Nct. A Study to Assess the Safety and Efficacy of Brexanolone in the Treatment of Adolescent Female Subjects with Postpartum Depression. <a href="https://clinicaltrials.gov/show/NCT03665038">https://clinicaltrials.gov/show/NCT03665038</a> 2018.	Recruiting	RCT-protocol	Both	Brexanolone	Drug
University of Melbourne, Pfizer. A Randomised Trial of Sertraline, Cognitive Behaviour Therapy & Combined Therapy for Postnatal Depression. 2005; <a href="https://ClinicalTrials.gov/show/NCT02122393">https://ClinicalTrials.gov/show/NCT02122393</a>	Completed	RCT-protocol	Postnatal depression	Cognitive Behaviour Therapy or sertraline or combination	Drug
Irct20130418013058N. The effect of crocin and sertraline in mild to moderate postpartum depression. <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=IRCT20130418013058N11">http://www.who.int/trialsearch/Trial2.aspx?TrialID=IRCT20130418013058N11</a> 2018.	Recruiting	RCT-protocol	Postnatal depression	Crocine and sertraline	Drug

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
Irct20130826014477N. Comparison between the effectiveness of Crocus sativus and Crocin in the treatment of patients with major postpartum depression under common medical care. <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=IRCT20130826014477N5">http://www.who.int/trialsearch/Trial2.aspx?TrialID=IRCT20130826014477N5</a> 2018.	Recruiting	RCT-protocol	Postnatal depression	Crocus sativus and Crocin	Drug
Peking University First Hospital. Low-dose Ketamine and Postpartum Depression in Parturients with Prenatal Depression. 2018; <a href="https://ClinicalTrials.gov/show/NCT03336541">https://ClinicalTrials.gov/show/NCT03336541</a> .	Completed	RCT-protocol	Antenatal depression	Ketamine	Drug
Northwestern University. Postpartum Depression: Transdermal Estradiol Versus Sertraline. 2013; <a href="https://ClinicalTrials.gov/show/NCT00744328">https://ClinicalTrials.gov/show/NCT00744328</a>	Terminated (Recruitment Issues)	RCT-protocol	Postnatal depression	Estrogen patches	Drug
National Institute of Mental Health, National Institutes of Health Clinical Center. Clinical Trial of Estrogen for Postpartum Depression. 2016; <a href="https://ClinicalTrials.gov/show/NCT00059228">https://ClinicalTrials.gov/show/NCT00059228</a>	Terminated	RCT-protocol	Postnatal depression	Estrogen treatment	Drug
Marinus Pharmaceuticals. A Clinical Trial of Intravenous Ganaxolone in Women with Postpartum Depression. 2019; <a href="https://ClinicalTrials.gov/show/NCT03460756">https://ClinicalTrials.gov/show/NCT03460756</a>	Active, not recruiting	RCT-protocol	Both	Ganaxolone	Drug
Nct. Low-dose Ketamine and Postpartum Depression in Parturients with Prenatal Depression. <a href="https://clinicaltrials.gov/show/NCT03927378">https://clinicaltrials.gov/show/NCT03927378</a> 2019.	Not yet recruiting	RCT-protocol	Antenatal depression	Ketamine	Drug
Nct. Efficacy and Tolerability of Sub-Anesthetic Ketamine In Postpartum Depression. <a href="https://clinicaltrials.gov/show/NCT04011592">https://clinicaltrials.gov/show/NCT04011592</a> 2019.	Recruiting	RCT-protocol	Postnatal depression	Ketamine	Drug
Nct. A Clinical Trial of Oral Ganaxolone in Women with Postpartum Depression. <a href="https://clinicaltrials.gov/show/NCT03460756">https://clinicaltrials.gov/show/NCT03460756</a> 2018.	Active, not recruiting	RCT-protocol	Postnatal depression	Oral Administration of Ganaxolone	Drug
Sage Therapeutics. A Study to Evaluate SAGE-217 in Subjects with Severe Postpartum Depression. 2018; <a href="https://ClinicalTrials.gov/show/NCT02978326">https://ClinicalTrials.gov/show/NCT02978326</a>	Completed	RCT-protocol	Postnatal depression	SAGE-217	Drug

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
Sage Therapeutics. A Study to Evaluate SAGE-547 in Patients with Severe Postpartum Depression. 2016; <a href="https://ClinicalTrials.gov/show/NCT02614547">https://ClinicalTrials.gov/show/NCT02614547</a>	Completed	RCT-protocol	Postnatal depression	SAGE-547	Drug
Sage Therapeutics. A Study to Evaluate Efficacy and Safety of SAGE-547 in Participants with Severe Postpartum Depression (547-PPD-202B). 2017; <a href="https://ClinicalTrials.gov/show/NCT02942004">https://ClinicalTrials.gov/show/NCT02942004</a>	Completed	RCT-protocol	Postnatal depression	SAGE-547 Injection infused intravenously	Drug
Sage Therapeutics. A Study to Evaluate Safety and Efficacy of SAGE-547 in Participants with Moderate Postpartum Depression (547-PPD-202C). 2017; <a href="https://ClinicalTrials.gov/show/NCT02942017">https://ClinicalTrials.gov/show/NCT02942017</a>	Completed	RCT-protocol	Postnatal depression	SAGE-547 Injection infused intravenously	Drug
Heinonen E, Szymanska-Von Schultz B, Kaldo V, Nasiell J, Andersson E, Bergmark M, et al. MAGDALENA: study protocol of a randomised, placebo-controlled trial on cognitive development at 2 years of age in children exposed to SSRI in utero. <i>BMJ open</i> 2018;8.	2018	RCT-protocol	Antenatal depression	Sertraline combined with a 12-week period of ICBT	Drug
O'Hara MW, Pearlstein T, Stuart S, Long JD, Mills JA, Zlotnick C. A placebo controlled treatment trial of sertraline and interpersonal psychotherapy for postpartum depression. <i>J Affect Disord</i> 2019;245:524-32.	2019	RCT-published	Postnatal depression	Sertraline and clinical management or clinical management and pill-placebo or Interpersonal Psychotherapy	Drug
Li HJ, Martinez PE, Li X, Schenkel LA, Nieman LK, Rubinow DR, et al. Transdermal estradiol for postpartum depression: results from a pilot randomized, double-blind, placebo-controlled study. <i>Arch Womens Ment Health</i> 2019. <a href="https://doi.org/10.1007/s00737-019-00991-3">https://doi.org/10.1007/s00737-019-00991-3</a>	2019	RCT-published	Postnatal depression	Transdermal estradiol	Drug
Prady SL, Hanlon I, Fraser LK, Mikocka-Walus A. A systematic review of maternal antidepressant use in pregnancy and short- and long-term offspring's outcomes. <i>Arch Womens Ment Health</i> 2018;21:127-40.	2018	Systematic review-published	Antenatal depression	Antidepressant	Drug
Mitchell J, Goodman J. Comparative effects of antidepressant medications and untreated major	2018	Systematic review-published	Antenatal depression	Antidepressant medications	Drug

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
depression on pregnancy outcomes: a systematic review. Arch Womens Ment Health 2018;21:505-16.					
Powell JG, Garland S, Preston K, Piszczatoski C. Brexanolone (Zulresso): Finally, an FDA-Approved Treatment for Postpartum Depression. Ann Pharmacother 2019;1060028019873320.	2019	Systematic review-published	Postnatal depression	Brexanolone	Drug
Zheng W, Cai DB, Zheng W, Sim K, Ungvari GS, Peng XJ, et al. Brexanolone for postpartum depression: A meta-analysis of randomized controlled studies. Psychiatry Res 2019;279:83-89.	2019	Systematic review-published	Postnatal depression	Brexanolone infusion	Drug
De Cagna F, Fusar-Poli L, Damiani S, Rocchetti M, Giovanna G, Mori A, et al. The Role of Intranasal Oxytocin in Anxiety and Depressive Disorders: A Systematic Review of Randomized Controlled Trials. Clin Psychopharmacol Neurosci 2019;17:1-11.	2019	Systematic review-published	Both	Intranasal Oxytocin	Drug
Guan H-B, Wei Y, Wang L-L, Qiao C, Liu C-X. Prenatal Selective Serotonin Reuptake Inhibitor Use and Associated Risk for Gestational Hypertension and Preeclampsia: A Meta-Analysis of Cohort Studies. J Womens Health (Larchmt) 2018;27:791-800.	2018	Systematic review-published	Antenatal depression	Selective Serotonin Reuptake Inhibitor	Drug
Zhao X, Liu Q, Cao S, Pang J, Zhang H, Feng T, et al. A meta-analysis of selective serotonin reuptake inhibitors (SSRIs) use during prenatal depression and risk of low birth weight and small for gestational age. J Affect Disord 2018;241:563-70.	2018	Systematic review-published	Antenatal depression	Selective serotonin reuptake inhibitors	Drug
McGill University, Fonds de la Recherche en Santé du Québec. Study of Home-Based Exercise to Alleviate Postpartum Depression. 2006; <a href="https://ClinicalTrials.gov/show/NCT00384943">https://ClinicalTrials.gov/show/NCT00384943</a>	Completed	RCT-protocol	Postnatal depression	Moderate-intensity Exercise	Excercise
Nct. The Effect of an Exercise Program in Reducing the Severity of Postpartum Depression in Women. <a href="https://clinicaltrials.gov/show/NCT04043533">https://clinicaltrials.gov/show/NCT04043533</a> 2019.	Completed	RCT-protocol	Postnatal depression	Exercises	Excercise



Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
University of Iowa. Efficacy of Yoga for Postpartum Depression. 2012; <a href="https://ClinicalTrials.gov/show/NCT02213601">https://ClinicalTrials.gov/show/NCT02213601</a>	Completed	RCT-protocol	Postnatal depression	Yoga	Excercise
Pritchett RV, Daley AJ, Jolly K. Does aerobic exercise reduce postpartum depressive symptoms? A systematic review and meta-analysis. MIDIRS Midwifery Digest 2018;28:78-86.	2018	Systematic review-published	Postnatal depression	Aerobic exercise	Excercise
Carter T, Bastounis A, Guo B, Jane Morrell C. The effectiveness of exercise-based interventions for preventing or treating postpartum depression: a systematic review and meta-analysis. Arch Womens Ment Health 2019;22:37-53.	2019	Systematic review-published	Postnatal depression	Exercise	Excercise
Ng QX, Venkatanarayanan N, Loke W, Yeo WS, Lim DY, Chan HW, et al. A meta-analysis of the effectiveness of yoga-based interventions for maternal depression during pregnancy. Complement Ther Clin Pract 2019;34:8-12.	2019	Systematic review-published	Antenatal depression	Yoga-based interventions	Excercise
Rhode Island Hospital, The Depressive, Bipolar Disorder Alternative Treatment Foundation, National Institute of Mental Health. Integrated Chronotherapy for Perinatal Depression. 2019; <a href="https://ClinicalTrials.gov/show/NCT02053649">https://ClinicalTrials.gov/show/NCT02053649</a>	Completed	RCT-protocol	Antenatal depression	Triple Chronotherapy	Other
University of Michigan. Sleep-Disordered Breathing and PAP in Perinatal Depression. 2020; <a href="https://ClinicalTrials.gov/show/NCT02507297">https://ClinicalTrials.gov/show/NCT02507297</a>	Recruiting	RCT-protocol	Antenatal depression	Positive airway pressure (PAP)	Other
Thorsteinsson EB, Loi NM, Farr K. Changes in stigma and help-seeking in relation to postpartum depression: non-clinical parenting intervention sample. Peerj 2018;2018:e5893.	2018	RCT-published	Postnatal depression	Video documentary or factsheet related to PPD	Other
University of California Los Angeles, University of California San Francisco. CALM for Pregnant and Post-Partum Women. 2020; <a href="https://ClinicalTrials.gov/show/NCT03351465">https://ClinicalTrials.gov/show/NCT03351465</a>	2020, Withdrawn (Trial was suspended due unanticipated	RCT-protocol	Both	Coordinated Anxiety Learning and Management	Psychotherapy/psychoeducation

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
	funding issues.)				
Nct. The Parenting with Depression Study. <a href="https://clinicaltrials.gov/show/NCT04045132">https://clinicaltrials.gov/show/NCT04045132</a> 2019.	Recruiting	RCT-protocol	Postnatal depression	The Parenting with Depression Study compared with mood gym	Psychotherapy/ psychoeducation
University of Calgary, Alberta Health Services. Video-Feedback Interaction Guidance for Improving Interactions Between Depressed Mothers and Their Infants ("VID-KIDS"). 2020; <a href="https://ClinicalTrials.gov/show/NCT03052374">https://ClinicalTrials.gov/show/NCT03052374</a>	Recruiting	RCT-protocol	Postnatal depression	Video-Feedback Interaction Guidance (VID-KIDS) Intervention Program	Psychotherapy/ psychoeducation
Boyd RC, Price J, Mogul M, Yates T, Guevara JP. Pilot RCT of a social media parenting intervention for postpartum mothers with depression symptoms. <i>J Reprod Infant Psychol</i> 2018;37:290-301.	2018	RCT-protocol	Postnatal depression	Adapted parenting intervention delivered via social media (Facebook)	Psychotherapy/ psychoeducation
Isrctn. Responding to the challenge of depression among pregnant adolescents. <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN16775958">http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN16775958</a> 2019.	Ongoing	RCT-protocol	Antenatal depression	Behavioural activation and problem-solving treatment	Psychotherapy/ psychoeducation
University of Washington, National Institute of Mental Health. MOMCare: Culturally Relevant Washington Treatment Services for Perinatal Depression. 2014; <a href="https://ClinicalTrials.gov/show/NCT01045655">https://ClinicalTrials.gov/show/NCT01045655</a>	Completed	RCT-protocol	Antenatal depression	MOMcare	Psychotherapy/ psychoeducation
Nct. Responsive eHealth Intervention for Perinatal Depression in Healthcare Settings. <a href="https://clinicaltrials.gov/show/NCT03995316">https://clinicaltrials.gov/show/NCT03995316</a> 2019.	Active, not recruiting	RCT-protocol	Both	MomMoodBooster program	Psychotherapy/ psychoeducation
Women's College Hospital, Centre for Addiction, Mental Health, Sunnybrook Health Sciences Centre, University of Toronto. Mother Matters Online Postpartum Support. 2017; <a href="https://ClinicalTrials.gov/show/NCT02953626">https://ClinicalTrials.gov/show/NCT02953626</a>	Completed	RCT-protocol	Postnatal depression	Mother Matters Online Postpartum Support Group	Psychotherapy/ psychoeducation
Children's Hospital of Philadelphia, The Oscar G. Elsa S. Mayer Family Foundation, University of Pennsylvania. Social Media Intervention for Postpartum Depression. 2017; <a href="https://ClinicalTrials.gov/show/NCT02355067">https://ClinicalTrials.gov/show/NCT02355067</a>	Completed	RCT-protocol	Postnatal depression	Parent coaching program: social media and traditional in-person group formats	Psychotherapy/ psychoeducation

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
Jprn Umin. Behavioral activation therapy program via smartphone for postnatal mothers and babies. <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=JPRN-UMIN000036864">http://www.who.int/trialsearch/Trial2.aspx?TrialID=JPRN-UMIN000036864</a> 2019.	2019	RCT-protocol	Postnatal depression	Behavioral activation therapy program via smartphone	Psychotherapy/psychoeducation
ChiCtr. Construction and validation of a mobile App-based Thinking Healthy intervention for postpartum depression women in China: a randomized controlled trial. <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=ChiCTR1900021329">http://www.who.int/trialsearch/Trial2.aspx?TrialID=ChiCTR1900021329</a> 2019.	Pending	RCT-protocol	Postnatal depression	Mobile App-based Thinking Healthy	Psychotherapy/psychoeducation
Pakistan Institute of Living, Learning. Development and Assessment of a Mobile Phone Based Intervention to Reduce Maternal Depression and Improve Child Health. 2019; <a href="https://ClinicalTrials.gov/show/NCT02526355">https://ClinicalTrials.gov/show/NCT02526355</a>	Completed	RCT-protocol	Postnatal depression	Mobile based Intervention (Learning Through Play Plus) comprised of both LTP and CBT	Psychotherapy/psychoeducation
Sun M, Tang S, Chen J, Li Y, Bai W, Plummer V, et al. A study protocol of mobile phone app-based cognitive behaviour training for the prevention of postpartum depression among high-risk mothers. BMC public health 2019;19:710.	2019	RCT-protocol	Postnatal depression	Mobile phone app based cognitive behaviour training	Psychotherapy/psychoeducation
Women's College Hospital, Sinai Health System. Virtual Psychiatric Care for Perinatal Depression. 2018; <a href="https://ClinicalTrials.gov/show/NCT03291600In;">https://ClinicalTrials.gov/show/NCT03291600In;</a>	Completed	RCT-protocol	Both	Virtual Psychiatric Care	Psychotherapy/psychoeducation
Pakistan Institute of Living, Learning. Change Your Life with Seven Sheets of Paper. 2016; <a href="https://ClinicalTrials.gov/show/NCT02532504">https://ClinicalTrials.gov/show/NCT02532504</a>	Completed	RCT-protocol	Postnatal depression	CBT based intervention called "Change your life with 7 Sheets of paper"	Psychotherapy/psychoeducation
Irct20180823040855N. The Effectiveness of Self-Care-Based Cognitive Behavioral Therapy on Depression. <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=IRCT20180823040855N1">http://www.who.int/trialsearch/Trial2.aspx?TrialID=IRCT20180823040855N1</a> 2018.	Recruiting Complete	RCT-protocol	Antenatal depression	Cognitive-behavioral group therapy	Psychotherapy/psychoeducation
University of North Carolina Chapel Hill, The Foundation of Hope for Research, Treatment of Mental Illness. Partner-Assisted Interpersonal Psychotherapy or Antidepressant Medication for Antenatal Depression. 2013; <a href="https://ClinicalTrials.gov/show/NCT01732055">https://ClinicalTrials.gov/show/NCT01732055</a>	Terminated (Study ended because recruitment goals unmet)	RCT-protocol	Antenatal depression	Partner-Assisted Interpersonal Psychotherapy	Psychotherapy/psychoeducation

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
	and further funding unlikely				
Spaulding Rehabilitation Hospital, Robert Wood Johnson Foundation. Mother-Infant Intervention for Postpartum Depression and Associated Mother-Infant Relationship Dysfunction. 2012; <a href="https://ClinicalTrials.gov/show/NCT02057627">https://ClinicalTrials.gov/show/NCT02057627</a>	Completed	RCT-protocol	Postnatal depression	Perinatal Dyadic Psychotherapy	Psychotherapy/psychoeducation
Nct. 1-Day CBT Workshops for PPD. <a href="https://clinicaltrials.gov/show/NCT03654261">https://clinicaltrials.gov/show/NCT03654261</a> 2018.	Recruiting	RCT-protocol	Postnatal depression	1-Day CBT Workshop	Psychotherapy/psychoeducation
Nct. Efficacy of Brief Acceptance and Commitment Therapy (ACT) for Perinatal Depression. <a href="https://clinicaltrials.gov/show/NCT03837392">https://clinicaltrials.gov/show/NCT03837392</a> 2019.	Recruiting	RCT-protocol	Postnatal depression	Acceptance and Commitment Therapy	Psychotherapy/psychoeducation
I. W. K. Health Centre, Canadian Institutes of Health Research. Mom: Managing Our Mood, Part of The Family Help Program. 2010; <a href="https://ClinicalTrials.gov/show/NCT00795652">https://ClinicalTrials.gov/show/NCT00795652</a>	Completed	RCT-protocol	Postnatal depression	MOM: Managing Our Mood Program: Distance Treatment for postpartum depression	Psychotherapy/psychoeducation
Drexel University. Multidisciplinary Model of Nurse Midwife. 2014; <a href="https://ClinicalTrials.gov/show/NCT01935375">https://ClinicalTrials.gov/show/NCT01935375</a>	Completed	RCT-protocol	Postnatal depression	CNM Interpersonal Psychotherapy	Psychotherapy/psychoeducation
Emory University. Dialectical Behavior Therapy for Pregnant Women. 2020; <a href="https://ClinicalTrials.gov/show/NCT03938350">https://ClinicalTrials.gov/show/NCT03938350</a>	Recruiting	RCT-protocol	Antenatal depression	Dialectical Behavior Therapy (DBT) Skills Training	Psychotherapy/psychoeducation
The University of Hong Kong. Effect of a Telephone-based Intervention on Postnatal Depression. 2014; <a href="https://ClinicalTrials.gov/show/NCT01507649">https://ClinicalTrials.gov/show/NCT01507649</a>	Completed	RCT-protocol	Postnatal depression	Telephone-based cognitive-behavioral intervention	Psychotherapy/psychoeducation
Kaiser Permanente, National Institute of Mental Health, HealthPartners Institute. Behavioral Activation for Perinatal Depression. 2014; <a href="https://ClinicalTrials.gov/show/NCT01401231">https://ClinicalTrials.gov/show/NCT01401231</a>	Completed	RCT-protocol	Antenatal depression	Brief behavioral activation psychotherapy	Psychotherapy/psychoeducation

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
Ministry of Health Malaysia. Behavioural Interventions for Postnatal Depression: a RCT Study. 2018; <a href="https://ClinicalTrials.gov/show/NCT03196726">https://ClinicalTrials.gov/show/NCT03196726</a>	Completed	RCT-protocol	Postnatal depression	Brief Cognitive Behavioral Therapy	Psychotherapy/psychoeducation
University of Pittsburgh, National Institute of Mental Health. Evaluating the Effectiveness of Brief Interpersonal Psychotherapy for Pregnant Women with Depression. 2007; <a href="https://ClinicalTrials.gov/show/NCT00292903">https://ClinicalTrials.gov/show/NCT00292903</a>	Completed	RCT-protocol	Antenatal depression	Brief interpersonal psychotherapy	Psychotherapy/psychoeducation
University of Melbourne, Beyondblue. Three Model Care Pathways for Postnatal Depression. 2007; <a href="https://ClinicalTrials.gov/show/NCT01002027">https://ClinicalTrials.gov/show/NCT01002027</a>	Completed	RCT-protocol	Postnatal depression	CBT by trained nurse or CBT by psychologist or TAU	Psychotherapy/psychoeducation
University of Iowa, National Institute of Mental Health. Clinician Managed Interpersonal Psychotherapy. 2007; <a href="https://ClinicalTrials.gov/show/NCT00043602">https://ClinicalTrials.gov/show/NCT00043602</a>	Completed	RCT-protocol	Postnatal depression	Clinician-Managed Interpersonal Psychotherapy (CM-IPT)	Psychotherapy/psychoeducation
McMaster University. 1-Day CBT Workshops for PPD. 2020; <a href="https://ClinicalTrials.gov/show/NCT03654261">https://ClinicalTrials.gov/show/NCT03654261</a>	Recruiting	RCT-protocol	Postnatal depression	Cognitive Behavioural Therapy	Psychotherapy/psychoeducation
McMaster University, Kids Can Fly Brantford. Peer Administered CBT for PPD. 2019; <a href="https://ClinicalTrials.gov/show/NCT03285139">https://ClinicalTrials.gov/show/NCT03285139</a>	Recruiting	RCT-protocol	Postnatal depression	Cognitive Behavioural Therapy	Psychotherapy/psychoeducation
Irct20171017036845N. Cognitive Behavioral Therapy. <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=IRCT20171017036845N1">http://www.who.int/trialsearch/Trial2.aspx?TrialID=IRCT20171017036845N1</a> 2018.	Recruiting Complete	RCT-protocol	Postnatal depression	Computerized Cognitive behavioral therapy	Psychotherapy/psychoeducation
Irct20180108038265N. Effectiveness of Dialectical Behavioral Therapy to Postpartum Depression. <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=IRCT20180108038265N1">http://www.who.int/trialsearch/Trial2.aspx?TrialID=IRCT20180108038265N1</a> 2018.	Recruiting	RCT-protocol	Postnatal depression	Consultation (dialectical behavioral therapy)	Psychotherapy/psychoeducation
Washington University School of Medicine, National Institute of Mental Health. Mommy-Baby Treatment for Perinatal Depression. 2017; <a href="https://ClinicalTrials.gov/show/NCT01744041">https://ClinicalTrials.gov/show/NCT01744041</a>	Completed	RCT-protocol	Antenatal depression	Dyadic Interpersonal Psychotherapy	Psychotherapy/psychoeducation
Tel-Aviv Sourasky Medical Center. Oxytocin and Dyadic Psychotherapy in the Treatment of Post Partum Depression. 2016; <a href="https://ClinicalTrials.gov/show/NCT02191423">https://ClinicalTrials.gov/show/NCT02191423</a> .	Unknown	RCT-protocol	Postnatal depression	Dyadic psychotherapy and oxytocin or Dyadic psychotherapy and placebo	Psychotherapy/psychoeducation

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
McMaster University, Niagara Region Public Health. Group CBT for PPD in the Public Health Setting. 2019; <a href="https://ClinicalTrials.gov/show/NCT03039530">https://ClinicalTrials.gov/show/NCT03039530</a>	Recruiting	RCT-protocol	Postnatal depression	Group Cognitive Behavioral Therapy	Psychotherapy/psychoeducation
New York State Psychiatric Institute, National Institute of Mental Health. Effectiveness of Group Interpersonal Psychotherapy in Treating Women with Prenatal Depression. 2009; <a href="https://ClinicalTrials.gov/show/NCT00633178">https://ClinicalTrials.gov/show/NCT00633178</a>	Completed	RCT-protocol	Antenatal depression	Group interpersonal psychotherapy	Psychotherapy/psychoeducation
Lancashire Care NHS Foundation Trust, University of Manchester. Exploratory Trial of a Group Psychological Intervention for Postnatal Depression in British Mother's of South Asian Origin. 2013; <a href="https://ClinicalTrials.gov/show/NCT01838889">https://ClinicalTrials.gov/show/NCT01838889</a>	Completed	RCT-protocol	Postnatal depression	Group psychological intervention	Psychotherapy/psychoeducation
Karolinska Institutet. ICBT for Antenatal Depression. 2016; <a href="https://ClinicalTrials.gov/show/NCT02366429">https://ClinicalTrials.gov/show/NCT02366429</a>	Completed	RCT-protocol	Antenatal depression	Internet-delivered Cognitive Behavioral Therapy	Psychotherapy/psychoeducation
Nct. Examining the Effectiveness of Transdiagnostic, Internet-Delivered Cognitive Behaviour Therapy in New Mothers Experiencing Anxiety and Depression. <a href="https://clinicaltrials.gov/show/NCT04012580">https://clinicaltrials.gov/show/NCT04012580</a> 2019.	Recruiting	RCT-protocol	Postnatal depression	Internet-Delivered Cognitive Behaviour Therapy	Psychotherapy/psychoeducation
Pakistan Institute of Living, Learning. Interpersonal Psychotherapy for Maternal Depression. 2015; <a href="https://ClinicalTrials.gov/show/NCT02310529">https://ClinicalTrials.gov/show/NCT02310529</a>	Completed	RCT-protocol	Postnatal depression	Interpersonal Psychotherapy	Psychotherapy/psychoeducation
University of Illinois at Urbana-Champaign, National Institute of Mental Health, University of Denver. Reducing Fetal Exposure to Maternal Depression to Improve Infant Risk Mechanisms. 2020; <a href="https://ClinicalTrials.gov/show/NCT03011801">https://ClinicalTrials.gov/show/NCT03011801</a>	Recruiting	RCT-protocol	Antenatal depression	Interpersonal Therapy	Psychotherapy/psychoeducation
University of Wisconsin Madison, National Institute of Mental Health. Group Therapy for Postpartum Depression. 2008; <a href="https://ClinicalTrials.gov/show/NCT00051246">https://ClinicalTrials.gov/show/NCT00051246</a>	Completed	RCT-protocol	Postnatal depression	Mother-Infant Group Psychotherapy	Psychotherapy/psychoeducation
Pakistan Institute of Living, Learning, Dow University of Health Sciences, University of Manchester. Randomised	Completed	RCT-protocol	Postnatal depression	Multimodal Psychosocial Intervention	Psychotherapy/psychoeducation

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
Control Trial of a Complex Intervention for Postnatal Depression. 2010; <a href="https://ClinicalTrials.gov/show/NCT01309516">https://ClinicalTrials.gov/show/NCT01309516</a>					
Imperial College London. Keeping Well:Online Cognitive Behavioral Therapy (CBT) for Pregnant Women with Depressive Symptoms. 2021; <a href="https://ClinicalTrials.gov/show/NCT01909167">https://ClinicalTrials.gov/show/NCT01909167</a>	Not yet recruiting	RCT-protocol	Antenatal depression	Online Cognitive Behavioral Therapy (CBT)	Psychotherapy/psychoeducation
University of Massachusetts Worcester, Centers for Disease Control, Prevention. PRogram In Support of Moms: An Innovative Stepped-Care Approach for Obstetrics and Gynecology Clinics. 2021; <a href="https://ClinicalTrials.gov/show/NCT02760004">https://ClinicalTrials.gov/show/NCT02760004</a>	Recruiting	RCT-protocol	Both	PRogram In Support of Moms (PRISM) or Enhanced Usual Care group (Access to MCPAP for Moms)	Psychotherapy/psychoeducation
Ctri. Education programme for mothers on depression after delivery. <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=CTRI/2019/02/017418">http://www.who.int/trialsearch/Trial2.aspx?TrialID=CTRI/2019/02/017418</a> 2019.	Not Yet Recruiting	RCT-protocol	Antenatal depression	Psychosocial Education programme	Psychotherapy/psychoeducation
Tel-Aviv Sourasky Medical Center. Treatment of Postpartum Depression with Psychotherapy and Add-on Sertraline. 2010; <a href="https://ClinicalTrials.gov/show/NCT01028482">https://ClinicalTrials.gov/show/NCT01028482</a>	Completed	RCT-protocol	Postnatal depression	Psychotherapy + active sertraline	Psychotherapy/psychoeducation
Lopez M, Baylor College of Medicine. Maternal Mental Health. 2020; <a href="https://ClinicalTrials.gov/show/NCT03777046">https://ClinicalTrials.gov/show/NCT03777046</a>	Recruiting	RCT-protocol	Postnatal depression	Social work consult and treatment with psychology therapy	Psychotherapy/psychoeducation
Nct. Implementation of Prevention and Intervention of Maternal Perinatal Depression to Strengthen Maternal and Child Health. <a href="https://clinicaltrials.gov/show/NCT04069091">https://clinicaltrials.gov/show/NCT04069091</a> 2019.	Not yet recruiting	RCT-protocol	Both	Standard antenatal care and the 'Enjoy your Bump' online self-help intervention employing elements of cognitive behavioral therapy (CBT)	Psychotherapy/psychoeducation
Isrctn. Comparing low intensity talking therapies for antenatal depression: a feasibility trial. <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN11513120">http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN11513120</a> 2019.	Ongoing	RCT-protocol	Antenatal depression	Talking therapy (Interpersonal Counselling (IPC) or brief Cognitive Behavioural Therapy (CBT))	Psychotherapy/psychoeducation

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
Nct. Telehealth Group Intervention for Perinatal Depressive Symptoms. <a href="https://clinicaltrials.gov/show/NCT03932760">https://clinicaltrials.gov/show/NCT03932760</a> 2019.	Recruiting	RCT-protocol	Both	Telehealth group intervention	Psychotherapy/ psychoeducation
Nct. Effectiveness of a Telephone Based Learning Through Play (LTP) Plus Interpersonal Psychotherapy (IPT) for Depressed Mothers. <a href="https://clinicaltrials.gov/show/NCT03430622">https://clinicaltrials.gov/show/NCT03430622</a> 2018.	Active, not recruiting	RCT-protocol	Postnatal depression	Telephone Delivered Learning Through Play (LTP) Plus Interpersonal Psychotherapy (IPT)	Psychotherapy/ psychoeducation
Pactr. Pilot evaluation of a telephone-based psychosocial intervention package for perinatal depression in Nigeria. <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=PACTR201901780867535">http://www.who.int/trialsearch/Trial2.aspx?TrialID=PACTR201901780867535</a> 2019.	Recruiting	RCT-protocol	Antenatal depression	Telephone-based psychosocial intervention	Psychotherapy/ psychoeducation
Fondo Nacional de Desarrollo Científico y Tecnológico Chile. Treatment of Postnatal Depression for Low-Income Mothers in Primary Care in Santiago, Chile. 2007; <a href="https://ClinicalTrials.gov/show/NCT00518830">https://ClinicalTrials.gov/show/NCT00518830</a>	Completed	RCT-protocol	Postnatal depression	The multi-component intervention involved a psychoeducational group, treatment adherence support, and pharmacotherapy if needed. Data were analysed on an intention-to-treat basis	Psychotherapy/ psychoeducation
Moore Simas TA, Brenckle L, Sankaran P, Masters GA, Person S, Weinreb L, et al. The PROgram In Support of Moms (PRISM): study protocol for a cluster randomized controlled trial of two active interventions addressing perinatal depression in obstetric settings. <i>BMC Pregnancy Childbirth</i> 2019;19:256.	2019	RCT-protocol	Both	The PROgram In Support of Moms	Psychotherapy/ psychoeducation
University of Liverpool, National Institute of Mental Health, London School of Hygiene, Tropical Medicine. Thinking Healthy Program - Peer Delivered (Pakistan). 2016; <a href="https://ClinicalTrials.gov/show/NCT02111915">https://ClinicalTrials.gov/show/NCT02111915</a>	Unknown	RCT-protocol	Antenatal depression	Thinking Healthy Program - Peer Delivered	Psychotherapy/ psychoeducation
Loughnan SA, Newby JM, Haskelberg H, Mahoney A, Kladnitski N, Smith J, et al. Internet-based cognitive behavioural therapy (iCBT) for perinatal anxiety and	2018	RCT-protocol	Both	Two brief, Internet-delivered cognitive behavioural therapy interventions—MUMentum	Psychotherapy/ psychoeducation



Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
depression versus treatment as usual: study protocol for two randomised controlled trials. <i>Trials</i> 2018;19:56.				Pregnancy and MUMentum Postnatal	
Zhao Y, Munro-Kramer ML, Shi S, Wang J, Zhao Q. Effects of antenatal depression screening and intervention among Chinese high-risk pregnant women with medically defined complications: a randomized controlled trial. <i>Early Interv Psychiatry</i> 2019;13:1090-8.	2018	RCT-published	Antenatal depression	Antenatal depression screening and intervention	Psychotherapy/psychoeducation
Fuhr DC, Weobong B, Lazarus A, Vanobberghen F, Weiss HA, Singla DR, et al. Delivering the Thinking Healthy Programme for perinatal depression through peers: An individually randomised controlled trial in India. <i>Lancet Psychiatry</i> 2019;6:115-27.	2019	RCT-published	Both	The Thinking Healthy Programme	Psychotherapy/psychoeducation
Loughnan SA, Butler C, Sie AA, Grierson AB, Chen AZ, Hobbs MJ, et al. A randomised controlled trial of 'MUMentum postnatal': Internet-delivered cognitive behavioural therapy for anxiety and depression in postpartum women. <i>Behav Res Ther</i> 2019;116:94-103.	2019	RCT-published	Postnatal depression	'MUMentum postnatal': Internet-delivered cognitive behavioural therapy	Psychotherapy/psychoeducation
Ericksen J, Loughlin E, Holt C, Rose N, Hartley E, Buultjens M, et al. A therapeutic playgroup for depressed mothers and their infants: Feasibility study and pilot randomized trial of community hugs. <i>Infant Ment Health J</i> 2018;39:396-409.	2018	RCT-published	Postnatal depression	10-session mother–infant therapeutic playgroup—Community HUGS (CHUGS)—which combines cognitive and experiential components through psychoeducation, play, music, and movement	Psychotherapy/psychoeducation
Bleker LS, Milgrom J, Sexton-Oates A, Roseboom TJ, Gemmill AW, Holt CJ, et al. Exploring the effect of antenatal depression treatment on children's epigenetic profiles: findings from a pilot randomized controlled trial. <i>Clin Epigenetics</i> 2019;11:18.	2019	RCT-published	Antenatal depression	Cognitive behavioral therapy (CBT)	Psychotherapy/psychoeducation
Parry BL, Meliska CJ, Lopez AM, Sorenson DL, Martinez LF, Orff HJ, et al. Early versus late wake therapy improves mood more in antepartum versus postpartum depression	2019	RCT-published	Both	Early vs late wake therapy	Psychotherapy/psychoeducation

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
by differentially altering melatonin-sleep timing disturbances. <i>J Affect Disord</i> 2019;245:608-16.					
Loughnan SA, Sie A, Hobbs MJ, Joubert AE, Smith J, Haskelberg H, et al. A randomized controlled trial of 'MUMentum Pregnancy': Internet-delivered cognitive behavioral therapy program for antenatal anxiety and depression. <i>J Affect Disord</i> 2019;243:381-90.	2019	RCT-published	Antenatal depression	MUMentum Pregnancy': Internet-delivered cognitive behavioral therapy program	Psychotherapy/ psychoeducation
Yang R, Vigod SN, Hensel JM. Optional Web-Based Videoconferencing Added to Office-Based Care for Women Receiving Psychotherapy During the Postpartum Period: Pilot Randomized Controlled Trial. <i>J Med Internet Res</i> 2019;21:e13172.	2019	RCT-published	Postnatal depression	Optional Web-Based Videoconferencing Added to Office-Based Care for Women Receiving Psychotherapy	Psychotherapy/ psychoeducation
Stein A, Netsi E, Lawrence PJ, Granger C, Kempton C, Craske MG, et al. Mitigating the effect of persistent postnatal depression on child outcomes through an intervention to treat depression and improve parenting: A randomised controlled trial. <i>Lancet Psychiatry</i> 2018;5:134-44.	2018	RCT-published	Postnatal depression	Parenting video-feedback therapy (VFT) intervention versus a control treatment of progressive muscle relaxation (PMR), both added to cognitive behavioural therapy	Psychotherapy/ psychoeducation
Byatt N, Moore Simas TA, Biebel K, Sankaran P, Pbert L, Weinreb L, et al. PProgram In Support of Moms (PRISM): a pilot group randomized controlled trial of two approaches to improving depression among perinatal women. <i>J Psychosom Obstet Gynaecol</i> 2018;39:297-306.	2018	RCT-published	Antenatal depression	PProgram In Support of Moms	Psychotherapy/ psychoeducation
Steardo L, Caivano V, Sampogna G, Di Cerbo A, Fico G, Zinno F, et al. Psychoeducational intervention for perinatal depression: study protocol of a randomized controlled trial. <i>Front Psychiatry</i> 2019;10:55.	2019	RCT-published	Antenatal depression	Psychoeducational Intervention	Psychotherapy/ psychoeducation
Sikander S, Ahmad I, Atif N, Zaidi A, Vanobberghen F, Weiss HA, et al. Delivering the Thinking Healthy Programme for perinatal depression through volunteer peers: A cluster randomised controlled trial in Pakistan. <i>Lancet Psychiatry</i> 2019;6:128-39.	2019	RCT-published	Postnatal depression	The Thinking Healthy Programme	Psychotherapy/ psychoeducation

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
Stamou G, Garcia-Palacios A, Botella C. Cognitive-Behavioural therapy and interpersonal psychotherapy for the treatment of post-natal depression: a narrative review. <i>BMC Psychol</i> 2018;6:28.	2018	Systematic review-published	Postnatal depression	CBT psychological treatments	Psychotherapy/psychoeducation
Huang L, Zhao Y, Qiang C, Fan B. Is cognitive behavioral therapy a better choice for women with postnatal depression? A systematic review and meta-analysis. <i>PLoS one</i> 2018;13:e0205243.	2018	Systematic review-published	Postnatal depression	Cognitive behavioral therapy	Psychotherapy/psychoeducation
Cluxton-Keller F, Bruce ML. Clinical effectiveness of family therapeutic interventions in the prevention and treatment of perinatal depression: A systematic review and meta-analysis. <i>PLoS One</i> 2018;13:e0198730.	2018	Systematic review-published	Both	Family therapeutic interventions	Psychotherapy/psychoeducation
Gillis BD, Parish AL. Group-based interventions for postpartum depression: An integrative review and conceptual model. <i>Arch Psychiatr Nurs</i> 2019;33:290-98.	2019	Systematic review-published	Postnatal depression	Group-based therapy and social support interventions	Psychotherapy/psychoeducation
Loughnan SA, Joubert AE, Grierson A, Andrews G, Newby JM. Internet-delivered psychological interventions for clinical anxiety and depression in perinatal women: a systematic review and meta-analysis. <i>Arch Womens Ment Health</i> 2019.	2019	Systematic review-published	Both	Internet-delivered psychological interventions	Psychotherapy/psychoeducation
Sokol LE. A systematic review and meta-analysis of interpersonal psychotherapy for perinatal women. <i>J Affect Disord</i> 2018;232:316-28.	2018	Systematic review-published	Both	Interpersonal psychotherapy	Psychotherapy/psychoeducation
University of Sao Paulo General Hospital. Repetitive Transcranial Magnetic Stimulation in Postpartum Depression. 2008; <a href="https://ClinicalTrials.gov/show/NCT01452321">https://ClinicalTrials.gov/show/NCT01452321</a>	Completed	RCT-protocol	Postnatal depression	Repetitive transcranial magnetic stimulation	rTMS or tDCS
Vigod S, Murphy K, Dennis C, Oberlander T, Ray J, Daskalakis Z, et al. Transcranial direct current stimulation (tDCS) for depression in pregnancy: a pilot randomized controlled trial. <i>Brain stimulation</i> 2019;12:420-.	2019	RCT-protocol	Antenatal depression	Transcranial direct current stimulation	rTMS or tDCS

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
Women's College Hospital, Mount Sinai Hospital Canada, Centre for Addiction, Mental Health. Transcranial Direct Current Stimulation (tDCS) for Depression in Pregnancy: A Pilot Study. 2017; <a href="https://ClinicalTrials.gov/show/NCT02116127">https://ClinicalTrials.gov/show/NCT02116127</a>	Completed	RCT-protocol	Antenatal depression	Transcranial Direct Current Stimulation	rTMS or tDCS
Kim DR, Wang E, McGeehan B, Snell J, Ewing G, Iannelli C, et al. Randomized controlled trial of transcranial magnetic stimulation in pregnant women with major depressive disorder. <i>Brain stimulation</i> 2019;12:96-102.	2019	RCT-published	Antenatal depression	Transcranial magnetic stimulation	rTMS or tDCS
Cole J, Bright K, Gagnon L, McGirr A. A systematic review of the safety and effectiveness of repetitive transcranial magnetic stimulation in the treatment of peripartum depression. <i>J Psychiatr Res</i> 2019;115:142-50.	2019	Systematic review-published	Both	Repetitive transcranial magnetic stimulation	rTMS or tDCS
Ganho-Avila A, Poleszczyk A, Mohamed MMA, Osorio A. Efficacy of rTMS in decreasing postnatal depression symptoms: A systematic review. <i>Psychiatry Res</i> 2019;279:315-22.	2019	Systematic review-published	Postnatal depression	Repetitive transcranial magnetic stimulation	rTMS or tDCS
Tokyo Medical University, China Medical University Taiwan, Japan Society for the Promotion of Science, University of Toyama, Chiba University, National Center for Child Health Development. The Synchronized Trial on Expectant Mothers with Depressive Symptoms by Omega-3 PUFAs (SYNCHRO). 2017; <a href="https://ClinicalTrials.gov/show/NCT02166424">https://ClinicalTrials.gov/show/NCT02166424</a>	Completed	RCT-protocol	Antenatal depression	Omega-3 polyunsaturated fatty acids	Supplements
Browne PD, Bolte A, Claassen E, de Weerth C. Probiotics in pregnancy: protocol of a double-blind randomized controlled pilot trial for pregnant women with depression and anxiety (PIP pilot trial). <i>Trials</i> 2019;20:440.	2019	RCT-protocol	Antenatal depression	Probiotics.	Supplements
University of Arizona, National Institute of Mental Health. Use of Omega-3 Fatty Acids for Perinatal Depression. 2006; <a href="https://ClinicalTrials.gov/show/NCT00402389">https://ClinicalTrials.gov/show/NCT00402389</a>	Completed	RCT-protocol	Both	Supportive psychotherapy and Omega-3 Fatty Acids (EPA plus DHA) or Supportive psychotherapy and placebo	Supplements

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
Nishi D, Su K-P, Usuda K, Pei-Chen Chang J, Chiang Y-J, Chen H-T, et al. The Efficacy of Omega-3 Fatty Acids for Depressive Symptoms among Pregnant Women in Japan and Taiwan: A Randomized, Double-Blind, Placebo-Controlled Trial (SYNCHRO; NCT01948596). <i>Psychother Psychosom</i> 2019;88:122-4.	2019	RCT-published	Antenatal depression	Omega-3 Fatty Acids	Supplements
Nishi D, Su KP, Usuda K, Chang J-C, Hamazaki K, Ishima T, et al. Plasma estradiol levels and antidepressant effects of omega-3 fatty acids in pregnant women. <i>Brain Behav Immun</i> 2019;85:29-34.	2019	RCT-published	Antenatal depression	Omega-3 fatty acids	Supplements
Rouhi M, Rouhi N, Mohamadpour S, Tajrishi HP-R. Vitamin D reduces postpartum depression and fatigue among Iranian women. <i>Br J Midwifery</i> 2018;26:787-93.	2018	RCT-published	Postnatal depression	Vitamin D	Supplements
Hsu MC, Tung CY, Chen HE. Omega-3 polyunsaturated fatty acid supplementation in prevention and treatment of maternal depression: Putative mechanism and recommendation. <i>J Affect Disord</i> 2018;238:47-61.	2018	Systematic review-published	Both	Omega-3 polyunsaturated fatty acid supplementation	Supplements
University of Colorado Boulder, Kaiser Permanente, Emory University. Randomized Controlled Trial of the Alma Peer Mentoring Program for Pregnant Women Experiencing Depression. 2020; <a href="https://ClinicalTrials.gov/show/NCT02883686">https://ClinicalTrials.gov/show/NCT02883686</a>	Recruiting	RCT-protocol	Antenatal depression	Alma peer-mentoring	Support
Nct. Telephone Coaching Intervention for Postpartum Depression and Anxiety. <a href="https://clinicaltrials.gov/show/NCT04073043">https://clinicaltrials.gov/show/NCT04073043</a> 2019.	Recruiting	RCT-protocol	Postnatal depression	Telephone Coaching	Support
University of Cape Town, National Institute of Mental Health. Task Sharing Counseling Intervention by Community Health Workers for Prenatal Depression in South Africa. 2016; <a href="https://ClinicalTrials.gov/show/NCT01977326">https://ClinicalTrials.gov/show/NCT01977326</a>	Completed	RCT-protocol	Antenatal depression	Basic counselling by lay-health workers	Support
Canadian Research Institute for Social Policy, Women's Health Research Unit, Social Support Research Program, University Health Network Toronto, Edmonton Mental	Completed	RCT-protocol	Postnatal depression	Home visits to promote maternal-child interaction and social support	Support

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
Health Services, Canadian Mental Health Association, et al. Effect of Home-Based Peer Support on Maternal-Infant Interaction and Postpartum Depression. 2009; <a href="https://ClinicalTrials.gov/show/NCT00298311">https://ClinicalTrials.gov/show/NCT00298311</a>					
Washington University School of Medicine, Nurses for Newborns Foundation. Systems of Care for New Moms: Integrating Depression Treatment. 2013; <a href="https://ClinicalTrials.gov/show/NCT01407783">https://ClinicalTrials.gov/show/NCT01407783</a>	Completed	RCT-protocol	Postnatal depression	Problem Solving Tools (PST)	Support
Sawyer A, Kaim A, Le H-N, McDonald D, Mittinty M, Lynch J, et al. The Effectiveness of an App-Based Nurse-Moderated Program for New Mothers with Depression and Parenting Problems (eMums Plus): Pragmatic Randomized Controlled Trial. <i>J Med Internet Res</i> 2019;21:N.PAG-N.PAG.	2019	RCT-published	Postnatal depression	App-Based Nurse-Moderated Program	Support
Nilni YI, Mehralizade A, Mayer L, Milanovic S. Treatment of depression, anxiety, and trauma-related disorders during the perinatal period: A systematic review. <i>Clin Psychol Rev</i> 2018;66:136-48.	2018	Systematic review-published	Antenatal depression	Any	Systematic review- several interventions
Lindensmith R. Interventions to Improve Maternal-Infant Relationships in Mothers with Postpartum Mood Disorders. <i>MCN Am J Matern Child Nurs</i> 2018;43:334-40.	2018	Systematic review-published	Postnatal depression	Any intervention	Systematic review- several interventions
Camacho EM, Shields GE. Cost-effectiveness of interventions for perinatal anxiety and/or depression: a systematic review. <i>BMJ open</i> 2018;8:e022022.	2018	Systematic review-published	Both	Costs effectiveness of any psychological, psychosocial and/or pharmacological intervention	Systematic review- several interventions
Gurung B, Jackson LJ, Monahan M, Butterworth R, Roberts TE. Identifying and assessing the benefits of interventions for postnatal depression: a systematic review of economic evaluations. <i>BMC Pregnancy Childbirth</i> 2018;18:179.	2018	Systematic review-published	Postnatal depression	Costs effectiveness of interventions to prevent or treat PND	Systematic review- several interventions
Alves S, Martins A, Fonseca A, Canavarró MC, Pereira M. Preventing and treating women's postpartum depression: A qualitative systematic review on partner-inclusive interventions. <i>J Child Fam Stud</i> 2018;27:1-25.	2018	Systematic review-published	Both	Non-biological interventions delivered during pregnancy or during the first 12 months postpartum with the primary	Systematic review- several interventions

Reference	Year of publication/ Status for ongoing trials	Study type	Population	Intervention	Intervention category
				aim to prevent or treat postpartum depression (PPD) or symptoms thereof up to 12 months after birth. The interventions targeted women (or both members of the couple) and included both partners in the intervention session	
Goodman SH, Cullum KA, Dimidjian S, River LM, Kim CY. Opening windows of opportunities: Evidence for interventions to prevent or treat depression in pregnant women being associated with changes in offspring's developmental trajectories of psychopathology risk. <i>Dev Psychopathol</i> 2018;30:1179-96.	2018	Systematic review-published	Antenatal depression	Prevention or treatment	Systematic review- several interventions
Nair U, Armfield NR, Chatfield MD, Edirippulige S. The effectiveness of telemedicine interventions to address maternal depression: A systematic review and meta-analysis. <i>J Telemed Telecare</i> 2018;24:639-50.	2018	Systematic review-published	Both	Telemedicine	Systematic review- several interventions
Lin PZ, Xue JM, Yang B, Li M, Cao FL. Effectiveness of self-help psychological interventions for treating and preventing postpartum depression: a meta-analysis. <i>Arch Womens Ment Health</i> 2018;21:491-503.	2018	Systematic review-published	Postnatal depression	Self-help interventions	Systematic review- several interventions



## Bilaga 7

1 (23)

Vad är viktigt att mäta i forskning som undersöker behandling av depression under och efter graviditet — Framtagande av ett Core Outcome Set, rapport 314 (2020)

# Bilaga 7 Karakteristika om utfall



Tabell Utfall i studier.

Utfall	Utfallet förekommer							Skalor/bedömningsformulär som använts för att mäta utfallet/kommentar	Tidpunkter som utfallet mätts
	Totalt antal gånger	I antal studier (totalt antal studier 165)	Procentuell förekomst	Studier av postnatal depression (totalt 88)	Studier av antenatal-depression (totalt 53)	Studier av både postnatal och antenatal-depression (totalt 24)	Som primärt utfalls mått		
Depressiva symtom	188	133	80,6 %	73	40	20	71	EPDS, BDI, dass, Montgomery Asberg Depression Rating Scale, PHQ9, the Inventory of Depression and Anxiety Symptoms (IDAS), Quick Inventory of Depressive Symptoms, Hospital Anxiety and Depression Scale (HADS), CES-D = The Center for Epidemiologic Studies Depression Scale	24, 60 timmar, 34 dagar, 1, 2, 3, 4, 5, 6, 7, 8, 10, 12, 13, 24, 30, 37 veckor 1, 2, 3, 4, 6, 8, 10, 12, 18 månader  Graviditetsvecka: 0–20, 21–40, 32–40, ≥28 veckor 20, 28, 35, 36 veckor, 6 månader  48 timmar, 3, 42 dagar, 4, 3–12, 8–10, 10, 42 veckor 1–3, 2, 6, 5–7, 11–13 månader postpartum  När barnets korrigerad ålder är 1 år, 2 år  När barnet är 8 respektive 12 månader  Varannan vecka i upp till 12 veckor

Depressiva symtom hos partnern	1	1	0,6 %	0	0	1	0	EPDS-Partner	-
Psykiatrisk diagnos på depression	80	57	34,5 %	34	16	7	43	HAMD, MINI, SCID, CIDI	2, 4, 8, 12, 24, 36, 48, 72, 60 timmar 3, 7, 14, 21, 30, 34, 38, 42, 120, 240, 365 dagar, 2, 3, 4, 6, 8, 10, 12 veckor 3, 6, 9, 12, 18, 24 månader, 4–6 veckor efter födsel, 12 månader postpartum, 1 månad innan beräknad förlossning, 3 månader and 12 månader postpartum
Andel som tillfrisknar från depression	24	17	10,3 %	11	2	4	6	BDI, Beck Depressive Inventory; CES-D scale, Center for Epidemiologic Studies Depression Scale; CGI, Clinical Global Impression, EDS, Edinburgh Depression Scale; EPDS, Edinburgh Postpartum Depression Scale; FFQ, HAM-D, Hamilton Rating Scale for Depression; HDRS, Hamilton Depression Rating Scale, MADRS, Montgomery-Asberg Depression Rating Scale, MADRAS≤10, HDRS17≤7, HDRS21≤7, HDRS24≤4, BDI≤13, EPDS≤9, HRSD less than 8 Hamilton rating scale for depression, defined as a PHQ-9 score of less than 5, BDI <10, Hamilton Rating Scale for Depression, Edinburgh Postnatal Depression Scale, the Inventory of Depressive Symptomatology-Self-	60 timmar, 7 dagar, 30 dagar, 6 veckor, 3 månader, 6 månader

								Report, the Clinical Global Impression, Beck Depression Inventory, Clinical Global Impression of Severity, HAM-D total score of $\leq 7$ , assessment of patients' number with seventy percent decrease in average score Beck II questionnaire in comparison with the base line. Edinburgh Postpartum Depression Scale (EPDS) 6 or less	
Återfall i depression	4	4	2,4 %	3	0	1	1	Edinburgh Postnatal Depression Scale (EPDS) and Beck Depression Inventory, Hamilton Rating Scale, Depression Anxiety Stress Scales;	-
Tid till tillfrisknande från depression	1	1	0,6 %	1	0	0	1	Hamilton Rating Scale for Depression, Edinburgh Postnatal Depression Scale, the Inventory of Depressive Symptomatology-Self-Report, the Clinical Global Impression, Beck Depression Inventory	-
Påbörjades behandling mot depression?	7	6	3,6 %	2	3	1	1	Client Service Receipt Inventory (CSRI), The Pattern of Care Schedule (PCS)	4, 12, 24 veckor, 3, 6, 9, 12 månader
Förändringar i medicinering mot depression	3	3	1,8 %	2	1	0	0	Change in Antidepressant Medication	37 dagar
Klinikerskattad bedömning över personens	17	17	10,3 %	9	4	4	2	Clinical Global Impression Scale, Kessler 10-item Psychological Distress scale1, K-10, short	1 dag, 30, 34, 38, 90 dagar, 1, 4, 6 veckor, 3 månader

totala sjukdomsbörda								Warwick-Edinburgh Mental Wellbeing Scale, Structured Clinical Interview for DSM-IV Axis, SCID-IV is a clinical interview which measures current psychological diagnoses and history of diagnoses	
Ångestsymtom	59	51	30,9 %	24	17	10	9	STAI, Beck Anxiety Inventory, Pregnancy Stress and Anxiety Scale, DASS, Penn State Worry Questionnaire (PSWQ), the Inventory of Depression and Anxiety Symptoms (IDAS), Hospital Anxiety and Depression Scale (HADS), Generalized Anxiety Disorder 7-Item, Spielberger State-Trait Anxiety Inventory six item version (STA6), Pregnancy Related Anxiety Questionnaire-Revised (PRAQ-R) score, 14 items from the Anxiety and Stress subscales of the Depression, Anxiety and Stress Scale (DASS), Measured by the Depression and Anxiety Stress Scales (DASS-21)	34, 38 dagar, 1, 2, 3, 4, 8, 9, 10, 12, 26 veckor 1, 2, 4, 6, 8, 12, 18 månader, 1 år postpartum, Prenatal: 20, 28, 36 veckor Postnatal: 4 and 10 veckor
Förlossningsrädsla	0	0	0,0 %	0	0	0	0	-	-
Psykiatrisk diagnos på ångest	8	8	4,8 %	4	3	1	3	HAM-A, SCID, MINI	3, 6, 9, 12 månader
Övriga psykiatriska och	4	2	1,2 %	0	2	0	0	PDSS: Structured Clinical Interview for DSM-5 (SCID-I)	3 månader and 12 månader postpartum

neuropsykiatriska diagnoser									
Sinnesstämning	5	5	3,0 %	0	3	2	0	SAM, Self-Assessment Manikin, Automatic Thoughts Questionnaire (ATQ), Scales of Psychological Well-being, Emotion Regulation Scale (DERS) Score, Experience Sampling Survey	8, 12 veckor 3 månader
Självskadebeteende	0	0	0,0 %	0	0	0	0	-	-
Självmodstankar och självmordsförsök	11	10	6,1 %	6	1	3	2	Beck Depression Inventory, second edition, Item 9 only, BDI-II, Columbia Suicide Severity Rating Scale (CSSRS)	24 timmar, 30, 34, 37, 75 dagar 1 år
Kognitiv förmåga	4	4	2,4 %	2	2	0	0	Mini Mental Status Examination, Leiden Index of Depression Sensitivity-Revised (LEIDS-R) score, Trail Making Test, Wisconsin Card Sorting Test, Controlled Oral Word Association Test, Victoria Stroop Test, Rey Auditory Verbal Learning Test, WAIS-III (adapted for use in Brazil) subtests Similarities, Picture Completion, Digit Span, Digit-Symbol Coding and Social Adjustment Scale-Self Report (SAS-SR; adapted for use in Brazil)	4 veckor post partum
Symtom på ätstörning	2	2	1,2 %	1	1	0	0	The Change in Eating Disorder Symptoms Scale (CHEDS),	10 veckor, 3 och 12 månader

								Structured Clinical Interview for DSM-5 (SCID-I)	
Besök till klinik för förlossningsrädsla (Aurora mottagning)	0	0	0,0 %	0	0	0	0	-	-
Posttraumatiskt stressymtom	1	1	0,6 %	0	1	0	0	Checklist for Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 (PCL-5) Score	8 veckor, 1 år
Psykiatrisk diagnos på posttraumatiskt stressyndrom i relation med barnafödande	0	0	0,0 %	0	0	0	0	-	-
Psykiatrisk diagnos på postpartum psykos	0	0	0,0 %	0	0	0	0	-	-
Våld i nära relation	1	1	0,6 %	1	0	0	0	Experiences of physical violence, infant abuse or neglect, and violence towards others	-
Familjefunktion	4	4	2,4 %	1	2	1	0	Couple Communication Scale, Videotaped couple interactions, : Intimate Bonds Measure and a single item relationship quality measure, Couple Satisfaction Index, Dyadic Adjustment Scale, Home	3 och 6 månader

								Inventory (HI), Itemized neonatal health outcomes questionnaire	
Nöjdhet i förhållandet	9	9	5,5 %	5	3	1	1	The Coding Interactive Behavior Manual (CIB), Dyadic Adjustment Scale (DAS), Revised Dyadic Adjustment Scales (RDAS)	9, 11, 12, 13, 37 veckor, 3, 6 månader, 1 år postpartum
Föräldrarnas bindning till barnet	20	18	10,9 %	10	6	2	0	Maternal Attachment Inventory, Postpartum Bonding Questionnaire S-PBQ, Maternal Antenatal Attachment Scale, MAAS, Maternal Postnatal Attachment Scale (MPAS), Mother-to-Infant Bonding Scale Japanese version; MIBS-J, Postnatal Bonding Questionnaire (PBQ)	Graviditetsvecka 34–38 4, 9, 10, 12, 13, 24, 37 veckor, 3, 6, 12, 18 månader
Barnets anknytning till föräldern	2	2	1,2 %	2	0	0	1	Attachment Q-Sort (AQS)	0, 12 and 24 månader
Föräldraförmåga	13	13	7,9 %	9	2	2	2	Karitane Parenting Confidence Scale (KPCS), The Parenting Sense of Competence Scale, observing mother–infant interactions, Adult Adolescent Parenting Inventory, Chinese version of Parenting Sense of Competence Scale (C-PSOC), the Infant-Toddler version of the Home Inventory, Yale Inventory of Parental Thoughts and Actions	4, 10, 12 veckor 3, 6, 8, 12, 24 månader
Föräldrastress	15	15	9,1 %	11	3	1	2	Parenting Stress Index, Short Form (PSI), The Parental Stress Scale (PSS), Parental Stress	1, 6, 10, 12, 24 veckor 1, 2, 4, 3, 6, 8, 10, 12 månader

								Questionnaire (PARSS), parenting stress inventory	
Symtom på generell/allmän stress	6	5	3,0 %	2	3	0	0	The Kessler 10-item Psychological Distress scale (K-10), Change in Perceived Stress Scale (PSS) Response, Cold Pressor Task from Baseline, Daily Hassles List (APL) score, Perceived Stress Scale (PSS-10)	4 och 12 veckor, 3 och 12 månader
Förälder-barn interaktion	11	11	6,7 %	10	0	1	6	The Paediatric Infant Parent Exam, Nursing Child Assessment Satellite Training (NCAST), The Patient Child Early Relational Assessment (PCERA), Parent-Child Early Relational Assessment	1, 11, 12 veckor 3, 6, 12, 18, 24 månader
Attityder kring föräldraskap	6	4	2,4 %	1	3	0	0	The Parenting Sense of Competence Scale (PSOC), Attitudes Toward Motherhood (AToM), Maternal Adjustment and Maternal Attitude scale (MAMAS), Reward-Probability Index (RPI), Mother Inventory of Reward Experiences (MIRE)	12 veckor, 2 månader, 3 månader, 6 månader
Familje-planering	1	1	0,6 %	0	1	0	0	Self-designed family planning and new pregnancy questionnaire	3 och 6 månader
Vardaglig funktionsnivå/ Aktiviteter i dagliga livet	25	23	13,9 %	8	11	4	0	Behavioral Activation for Depression Scale (BADSD), WHO-Disability Assessment Schedule [WHO-DAS] score, reduction of SIGH-ADS score of 50%, 5 item Sheehan Disability Scale (SDS),	4, 8, 10, 12 veckor, 2, 3, 6, 12, 18 månader



								WHO-Disability Assessment Schedule [WHO-DAS] score, Sheehan Disability Scale, Global Assessment of functioning, Barkin Index of Maternal Functioning, Pregnancy-related daily hassles (PES) score, function Work and Social Adjustment Scale, Cape Town Functional Assessment Instrument for Maternal Depression, Inventory of Functional Status After Childbirth (IFSAC), World Health Organization's Disability Assessment Schedule (WHO-DAS)	
Sömn	9	8	4,8 %	3	3	2	2	Stanford Sleepiness Scale (SSS), PSQI, Pittsburgh Sleep Quality Index, Insomnia Severity Index, melatonin onset, wrist actigraphy	4 och 38 dagar, 2, 4, 6, 10, 12 veckor
Trötthet/ utmattning	2	2	1,2 %	2	0	0	0	Iranian version of FIF: Fatigue Identification Form, multidimensional fatigue inventory	-
Livskvalitet	27	26	15,8 %	17	8	1	1	ReQoL-10, World Health Organisation Quality of Life scale, WHOQOL-BREF, Short Form-36 (SF-36) Questionnaire, EuroQoL-5 Dimensions (EQ-5D), the 12-item Short Form (SF-12) Health Survey, The Manchester Short Assessment of Quality of Life (MANSA)	3,4, 6, 8, 12, 24 veckor, 3, 4, 6 12, 18 månader

Sexuell lust	1	1	0,6 %	1	0	0	0	FSFI Questionnaire.	-
Depressionsrelaterat stigma	2	2	1,2 %	1	1	0	0	Depression Stigma Scale, Change in Go/No-Go Task (GNAT)	12-veckor 3-månader postpartum
Sociala relationer	9	9	5,5 %	7	1	1	0	Social Provisions Scale, Trail Making Test, Wisconsin Card Sorting Test, Controlled Oral Word Association Test, Victoria Stroop Test, Rey Auditory Verbal Learning Test, WAIS-III (adapted for use in Brazil) subtests Similarities, Picture Completion, Digit Span, Digit-Symbol Coding and Social Adjustment Scale-Self Report (SAS-SR; adapted for use in Brazil), Brief Symptom Inventory, Change in Patient-Reported Outcomes Measurement Information System (PROMIS), Postpartum Adjustment Questionnaire (PPAQ)	6, 9, 10 veckor, 3, 6, 12 and 18 månader
Strategier för att hantera utmaningar i livet	1	1	0,6 %	1	0	0	0	Coping Self-Efficacy Scale	2, 4, 6, 8, 10, 12 månader
Förmåga att fatta beslut	4	4	2,4 %	0	4	0	0	Decisional Conflict Scale, Effort-Expenditure for Rewards Task (EEfRT)	4, 12 veckor 3 och 9 månader
Självmedkänsla	1	1	0,6 %	0	1	0	0	Self- Compassion Scale (SCS)	12 veckor, 3 månader
Livsstil	1	1	0,6 %	0	1	0	0	-	-

Ordflöde	1	1	0,6 %	0	0	1	0	COWAT-, Controlled Oral Word Association Test	-
Personlighet	2	2	1,2 %	1	0	1	0	Experiences in Close Relationships-Revised (ECR-R), ANPS, Affective Neuroscience Personality Scales, SWAP, Shedler-Westen Assessment Procedure	3, 6 månader
Upplevt socialt stöd och hjälp	12	12	7,3 %	6	4	2	0	Multidimensional Scale of Perceived Social Support score, Social Support Questionnaire, OSLO 3-Items Social Support Scale, Social Support Questionnaire - Short Form (SSQ-SF), The perinatal infant care social support scale (PICSS)	1 månader innan förlossning, 3, 6, 12 månader postpartum, 12 veckor, 3, 6 månader
Socioemotionell kompetens	4	4	2,4 %	2	2	0	0	Emotion Regulation Questionnaire, Psychological aggression of Child Conflict Tactics Scale-1(CTS-1), visual discrimination task with adult facial expressions of emotion as stimuli	0, 12 and 24 månader
Tilltro till självhjälp	4	3	1,8 %	2	0	1	0	Inventory of Attitudes towards Seeking Mental Health Services Scale (IASMHS; 14-question version of the Defense Style Questionnaire DSQ-28 (14 Questions), Patient Activation Measure, Barriers to Access to Care Evaluation scale BACE, Patient Attitudes towards and Ratings of Care for Depression PARC-D	2, 4, 6, 8, 10, 12, 1-3, 11-13 månader

Mentaliseringsförmåga, förmåga till reflektion, förmåga att leva i nuet	6	5	3,0 %	1	3	1	1	Five Facet Mindfulness Questionnaire (FFMQ), self-report questionnaire, The Reflective Functioning Questionnaire (RFQ-8) Score	8 veckor, 1 år
Självkänsla	3	3	1,8 %	3	0	0	0	Rosenberg Self-esteem scale, Maternal Confidence Questionnaire	6, 10 veckor 3, 6 månader
Oönskade händelser	33	29	17,6 %	19	7	3	4	Udvalg for Kliniske Undersogelser Scale, Measured by questions assessing whether participants encountered any adverse effects of treatment, developed any new psychological symptoms, or experienced any unexpected events over the course of treatment, Questionnaire for Side Effect, Frequency, Intensity, and Burden of Side Effects Rating (FIBSER) questionnaire, Toronto Side Effects Questionnaire, Incidence of maternal complications, Itemized neonatal health outcomes questionnaire, Between-group differences will be examined in terms of offspring birth outcomes such as delivery complications.	24 timmar, 11, 30, 37, 38, 42,75, 90 dagar, 1, 2, 4, 6, 9, 12 veckor

Spontan abort, fosterdöd eller dödfödsel	1	1	0,6 %	0	1	0	0	-	-
Perinatal dödlighet	1	1	0,6 %	0	1	0	0	-	-
Infektion under graviditet	1	1	0,6 %	0	1	0	0	Proportion of participants	-
Kvarvarande besvär efter förlossning	4	4	2,4 %	0	4	0	1	Pregnancy Complications Itemized Questionnaire, Self-reported pregnancy complications	4 veckor postpartum, upp till och med 42 dagar efter förlossning
Förlossnings-skada	5	5	3,0 %	0	4	1	0	Structured interview	-
Smärta	1	1	0,6 %	0	1	0	0	Numeric Rating Scale	7, 42 dagar
Graviditets-hypertoni eller preklampsi (havandeskaps-förgiftning)	4	3	1,8 %	0	3	0	0	-	-
Graviditetslängd vid förlossning	6	5	3,0 %	0	5	0	0	-	Vid födsel
Graviditets-diabetes	1	1	0,6 %	0	1	0	0	-	4-6 veckor efter förlossning
Blodförlust för kvinnan i samband med förlossning	2	2	1,2 %	0	2	0	0	Uppskattad mängd blod	Vid födsel

Igångsättning av förlossning	1	1	0,6 %	0	1	0	0	-	-
Förlossnings-sätt	7	6	3,6 %	1	4	1	1	Vaginal, cesarean section or operative vaginal delivery	Vid födseln
Tillväxt hos fostret mätt med ultraljud	1	1	0,6 %	0	1	0	0	-	4 veckor
Komplikationer med moderkakan	1	1	0,6 %	0	1	0	0	-	-
Vaginalt och/eller fekalt mikrobiom	1	1	0,6 %	0	1	0	0	Feecal, vaginal	Graviditetsvecka 34–38 1, 4 vecka post partum
Vårdövergång mellan mödravård, förlossning och eftervård	1	1	0,6 %	0	1	0	1	Patient continuity of care for depression across the transition of care from pregnancy to postpartum	4 månader
Amning	9	8	4,8 %	1	6	1	0	Exclusive breastfeeding, Proportion of participants with exclusive breastfeeding and partial breastfeeding, Time of first breast feeding	24 timmar, 7 dagar, 4 veckor, 42 dagar, 3, 6 månader
Uppmärksamhet hos barnet	3	3	1,8 %	3	0	0	0	The effortful control factor of the parent report early childhood behaviour questionnaire (ECBQ), Parenting Interactions With Children: Checklist of Observations	9, 12 veckor, 6, 12, 18, 24 månader

								Linked to Outcomes (PICCOLO), Face-to-Face Still Face Paradigm	
Tidslängd av gråtperioder hos barnet	1	1	0,6 %	0	1	0	0	Duration (hours/minutes) of crying during 3 day	-
Barnets utveckling	29	19	11,5 %	7	10	2	4	Ages and Stages-3 questionnaires (ASQ-3), Bayley Scales of Infant and Toddler Development-Third Edition (BSID-III), Ages and Stages Social- Emotional Questionnaire, height SD, weight SD, z-score for height and weight, Learning Through Play (LTP) KAP Questionnaire, neurobehavioral functioning using different scales, Infant Characteristics Questionnaire (ICQ), Hammersmith Neonatal Neurological Examination and modified Finnegan Neonatal Abstinence Scales	Vid födsel, 8, 9,10 samt 12 veckor, 3, 6, 12, 18 samt 24 månader
Utvecklings- och beteende- störningar hos barn	2	2	1,2 %	2	0	0	1	Child Behaviour Checklist (CBCL) questionnaire	2, 4, 6, 8, 10, 12, 24 månader
Sömn hos barnet	1	1	0,6 %	0	1	0	0	-	Inom 24 timmar
Vaccinations- status hos barnet	4	4	2,4 %	1	3	0	0	-	3, 6 12, 18 månader

Barnets temperament	11	6	3,6 %	4	2	0	1	Barrier paradigm from the Laboratory Temperament Assessment Battery (Lab-TAB), Infant Behaviour Questionnaire-Revised, Strengths and Difficulties Questionnaire, Early Childhood Behaviour Questionnaire, Infant characteristics questionnaire, Bates Infant Characteristics Questionnaire	9 samt 12 veckor, 3, 6, 12, 18 samt 24 månader
Biologiska parametrar hos barnet	8	6	3,6 %	3	3	0	0	Estradiol in infant (serum), infant salivary cortisol, DNA-methylation in the children, epigenetic effects (child), glucose (child), sertraline (child)	Vid födsel, månadsvis samt 12 månader
Nivå av närvaro på BVC-undersökningar	2	2	1,2 %	1	1	0	0	-	-
Medfödda missbildningar	1	1	0,6 %	0	1	0	0	-	Vid födseln
Antibiotika-användning hos spädbarn	1	1	0,6 %	0	1	0	0	Proportion of infants receiving antibiotics during first month of life	-
Födelsevikt, längd och huvudomfång	11	8	4,8 %	2	6	0	1	Differences in Offspring Birth Length or weight Between Groups	Vid födsel 3 och 6 månader
Liten för tiden	4	3	1,8 %	0	3	0	0	Birth weight <2.500 kg or small for gestational age (SGA), defined as weight for gestation <10th (or 5th) percentile or birth weight is lower	-



								than 2 standard deviations below the mean value for the gestational age	
Apgar hos barnet	4	4	2,4 %	1	3	0	1	One minute and five minute apgar	-
Inläggning intensivvård för barnet	4	4	2,4 %	1	3	0	0	Admission to neonatal care, Differences in Extra Care (NICU, special nursery)	Födelse, 4–6 veckor efter förlossning, upp till 9 månader
Kostnads-effektivitet	9	9	5,5 %	2	5	2	2	Incremental cost-effectiveness ratios in terms of clinical outcomes or in terms of QALY gains associated with the intervention compared with usual care, The Patient Reported Costs Questionnaire (PRCQ), CBA Cost-Benefit Analysis, CCA Cost-Consequence Analysis, CEA Cost-Effectiveness Analysis, CMA Cost-Minimisation Analysis, CUA Cost-Utility Analysis, Cost of Implementing New Strategies (COINS), 1) direct medical costs; 2) indirect medical costs; 3) productivity loss due to patient and family work absence	2, 3, 6 12, 18 månader 1 år 3 år
Nyttjande av hälso- och sjukvård	16	16	9,7 %	11	4	1	0	Mental Health Utilization Questionnaire, the Health Care Utilization questions of the Canadian Community Health Survey , General Help-Seeking Questionnaire and the Mental Help	9, 13, and 37 veckor 2, 4, 3, 6, 8, 10, 12, 18 månader

								Seeking Intention Scale, Collaborative Psychiatric Epidemiology Survey, The National Comorbidity Survey (NCS), Measured by a series of questions asking participants whether they accessed additional services or support, CCHS Maternal Healthcare Utilization, Maternal & Infant Healthcare Utilization	
Fortsatt användning av hälso-sjukvård	3	3	1,8 %	2	0	1	0	Self-report the extent to which they used additional therapies, such as psychotherapy, medication, informal support, or other treatment types, Client Service Receipt Inventory	3 månader
Sjukskrivning	3	3	1,8 %	1	1	1	0	-	3, 6 månader
Tillfredsställelse med interventionen	39	31	18,8 %	16	10	5	5	Acceptability of Coaching Questionnaire, rates of discontinuation, Treatment Credibility and Expectancy Questionnaire, CEQ, Treatment Satisfaction Questionnaire, TSQ, Medical chart review - number of psychiatrist visits (overall, in person, and virtual), and number of minutes per visit, Patient-Reported Costs Questionnaire. This is comprised of open and closed-ended questions regarding: a) time spent travelling to visits and on missed work; and b) cost of travel,	4, 8, 9, 10, 12 veckor 1, 3, 4, 6, 8 månader 1 år

								<p>food, childcare and data charges, Virtual-PND Participant Program Evaluation Questionnaire, self-reported satisfaction with using the MMB program, 5 item Client Satisfaction questionnaire, rate their level of satisfaction with each component of the program on a scale of 1 (not satisfied) to 5 (very satisfied), The Telemedicine Satisfaction Questionnaire, overall program effects-Satisfaction Questionnaire. The scale ranges from 1-5 with higher values representing higher satisfaction, Treatment Credibility and Expectancy Questionnaire, CEQ, Treatment Satisfaction Questionnaire, TSQ, Client Satisfaction Questionnaire, The Client Satisfaction Questionnaire (CSQ-8), interview, Mother Matters Program Evaluation Questionnaire, Proportion of intervention weeks that participant logs in to the forum, 40-item questionnaire designed by the researchers to assess mothers' perceptions of the quality of the intervention, usability (layout, navigation, functionality) and acceptability (overall usefulness, usefulness of specific topics, utility of the site for improving mood and engaging in</p>	
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								healthy behaviours, credibility and program length/duration, eight Likert scale questions, acceptability questionnaire, will be assessed through qualitative participant feedback. We will use a 25-item semi-structured interview to explore participants': (1) attitudes and beliefs related to the content of the intervention; (2) experiences with intervention components (e.g., facilitators' teaching skill, group interactions, and intervention exercises like role play/practices); and (3) barriers and facilitators for implementing the skills learned in the intervention in their daily life. Responses are in text form rather than on a pre-set scale, Itemized treatment acceptability questionnaire, Provider Perspective Survey	
Förtroende mellan den som utövar behandling och patient	2	2	1,2 %	1	1	0	0	Working Alliance Inventory - Short Form (Intervention group only), Measured by the Working Alliance Inventory-Short Revised (WAI-SR)	9 och 12 veckor
Vårdkvalitet	6	5	3,0 %	1	4	0	0	Therapist Evaluation Checklist, Cognitive Therapy Awareness Scale, Likert scale ranging from "Very Poor" to "Excellent" or	8, 12 veckor 3, 6 12, 18 månader

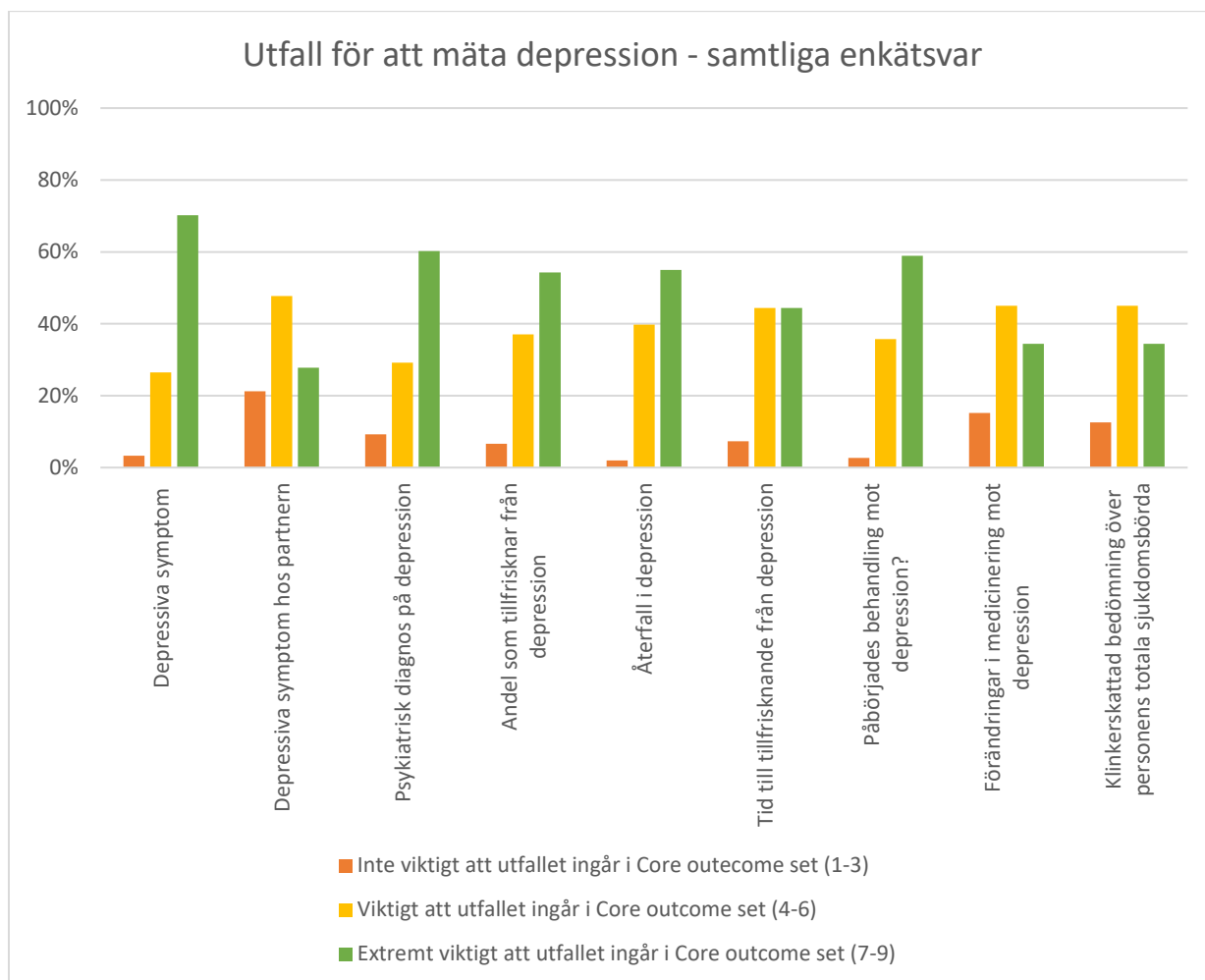
								“Completely Agree” to “Completely Disagree”, Client Satisfaction Questionnaire (CSQ-8)	
Förälderns upplevelse	2	2	1,2 %	1	1	0	1	Qualitative interviews	-
Graviditets- eller förlossnings-upplevelse	3	2	1,2 %	0	2	0	1	Pregnancy Experience Scale	-
Biologiska parametrar	29	15	9,1 %	7	6	2	1	Omega-3 fatty acid composition of red blood cell membranes, estradiol level, saliva samples to test for cortisol and cytokine activity, Corticolimbic brain activity, OXT in saliva (oxytocin), Salivary Cortisol, Genetic Marker 5-HTTLPR, progesterone, Serotonin Transporter Gene Polymorphism, Plasma levels of E2, hsCRP, IL-6, and adiponectin, PUFAs, cortisol samples from hair, brain-derived neurotrophic factor (BDNF) in serum, human chorionic gonadotropin (hCG) in plasma, oxytocin in plasma, phospholipase A2 in plasma, concentration of drug given, haemoglobin, cholesterol	1, 2, 7, 17, 34 dagar, 4, 5, 6, 8, 9, 10, 11, 12 veckor, 6, 12, 18 månader
Vitala parametrar hos kvinnan/ fysisk undersökning	17	6	3,6 %	4	0	2	3	Electrocardiogram, physical examination, heart rate, blood pressure, respiratory rate, oral temperature, physical exam, pulse	4, 10, 14, 34, 38, 90 dagar, 9 veckor, 6, 12 and 18 månader

Kunskap om antidepressiva medicinering under graviditet	2	2	1,2 %	0	2	0	0	True/false knowledge questionnaire	1 år
Partners delaktighet i behandlingen	2	2	1,2 %	0	1	1	0	Family Assessment Device (FAD)	3, 6, 9, 12 månader
Strategier hos anhöriga för att hantera vardagen	1	1	0,6 %	0	1	0	0	The Family Coping Questionnaire (FCQ)	3, 6, 9, 12 månader

Vad är viktigt att mäta i forskning som undersöker behandling av depression under och efter graviditet – Framtagande av ett Core Outcome Set, rapport 314 (2020)

# Bilaga 8 Resultat från Enkät 1

## Utfall för att mäta depression



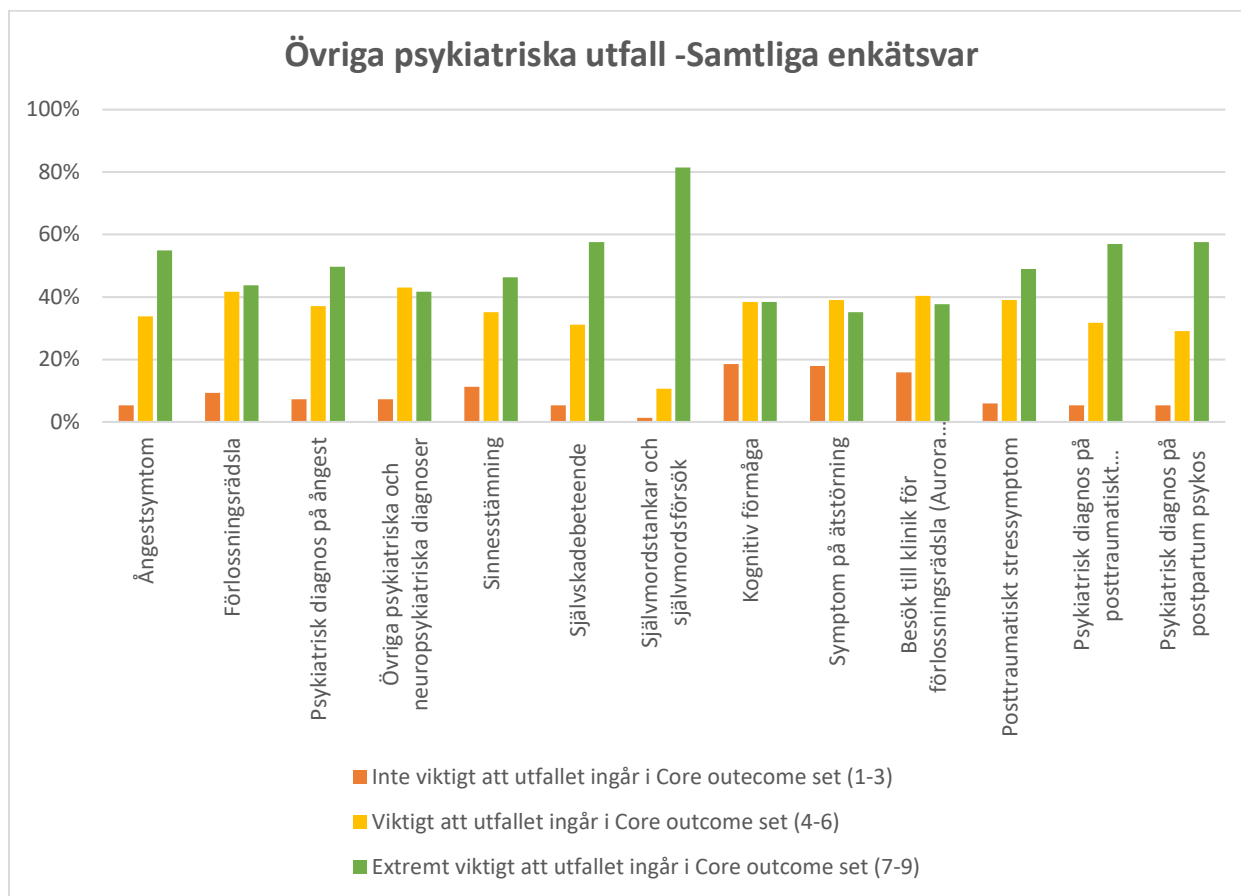
Resultatet i siffror per utfall samt olika perspektiv. För de olika perspektiven är de vanligaste rankingarna markerade.

Utfall	Perspektiv	1	2	3	4	5	6	7	8	9
Depressiva symtom	Alla enkätsvar	1 %	0 %	3 %	3 %	5 %	19 %	23 %	15 %	32 %
	Forskar inom fältet	3 %	0 %	0 %	3 %	3 %	13 %	13 %	17 %	47 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	0 %	0 %	18 %	27 %	36 %	0 %	18 %
	Patient eller anhörig perspektiv	0 %	0 %	2 %	0 %	9 %	19 %	12 %	19 %	40 %
	Vårdpersonal	0 %	0 %	4 %	4 %	1 %	19 %	31 %	15 %	24 %
Depressiva symtom hos partnern	Alla enkätsvar	3 %	3 %	15 %	9 %	9 %	30 %	13 %	9 %	7 %
	Forskar inom fältet	10 %	3 %	17 %	17 %	7 %	20 %	17 %	7 %	3 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	27 %	0 %	9 %	18 %	27 %	0 %	9 %
	Patient eller anhörig perspektiv	0 %	7 %	7 %	12 %	7 %	26 %	7 %	16 %	12 %
	Vårdpersonal	1 %	0 %	18 %	4 %	10 %	40 %	12 %	6 %	4 %
Psykiatrisk diagnos på depression	Alla enkätsvar	2 %	1 %	7 %	5 %	10 %	14 %	21 %	19 %	21 %
	Forskar inom fältet	7 %	0 %	3 %	3 %	3 %	13 %	23 %	30 %	17 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	9 %	9 %	0 %	0 %	0 %	27 %	55 %
	Patient eller anhörig perspektiv	0 %	0 %	7 %	5 %	12 %	21 %	16 %	16 %	21 %
	Vårdpersonal	1 %	1 %	7 %	6 %	13 %	12 %	27 %	13 %	16 %
Andel som tillfrisknar från depression	Alla enkätsvar	2 %	1 %	3 %	8 %	9 %	20 %	17 %	15 %	23 %
	Forskar inom fältet	3 %	7 %	0 %	7 %	7 %	17 %	13 %	13 %	33 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	9 %	0 %	9 %	9 %	18 %	9 %	45 %
	Patient eller anhörig perspektiv	2 %	0 %	0 %	12 %	7 %	21 %	21 %	14 %	21 %
	Vårdpersonal	1 %	0 %	6 %	7 %	12 %	22 %	16 %	16 %	15 %
Återfall i depression	Alla enkätsvar	1 %	0 %	1 %	7 %	9 %	23 %	22 %	13 %	21 %
	Forskar inom fältet	3 %	0 %	0 %	10 %	0 %	23 %	23 %	20 %	17 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	9 %	9 %	0 %	18 %	36 %	0 %	27 %
	Patient eller anhörig perspektiv	0 %	0 %	2 %	7 %	14 %	14 %	23 %	14 %	23 %
	Vårdpersonal	0 %	0 %	0 %	6 %	12 %	30 %	18 %	10 %	19 %
Tid till tillfrisknande från depression	Alla enkätsvar	2 %	2 %	3 %	9 %	11 %	25 %	17 %	13 %	14 %
	Forskar inom fältet	3 %	3 %	3 %	10 %	10 %	20 %	13 %	13 %	20 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	9 %	18 %	0 %	0 %	27 %	18 %	18 %



	Patient eller anhörig perspektiv	5 %	2 %	2 %	2 %	14 %	26 %	16 %	9 %	23 %
	Vårdpersonal	0 %	1 %	3 %	12 %	10 %	30 %	18 %	15 %	4 %
Påbörjades behandling mot depression?	Alla enkätsvar	1 %	0 %	1 %	6 %	10 %	20 %	17 %	14 %	28 %
	Forskar inom fältet	3 %	0 %	3 %	17 %	7 %	7 %	20 %	13 %	27 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	0 %	0 %	9 %	18 %	18 %	27 %	18 %
	Patient eller anhörig perspektiv	0 %	0 %	0 %	0 %	7 %	19 %	14 %	12 %	47 %
	Vårdpersonal	1 %	0 %	1 %	6 %	13 %	27 %	18 %	13 %	18 %
Förändringar i medicinering mot depression	Alla enkätsvar	4 %	1 %	11 %	11 %	11 %	23 %	17 %	6 %	11 %
	Forskar inom fältet	7 %	3 %	17 %	13 %	3 %	17 %	30 %	7 %	3 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	9 %	18 %	9 %	9 %	18 %	0 %	27 %
	Patient eller anhörig perspektiv	7 %	0 %	2 %	9 %	12 %	19 %	21 %	9 %	14 %
	Vårdpersonal	1 %	0 %	13 %	10 %	15 %	30 %	9 %	4 %	10 %
Klinikerskattad bedömning över personens totala sjukdoms-börda	Alla enkätsvar	3 %	1 %	8 %	15 %	9 %	21 %	9 %	12 %	13 %
	Forskar inom fältet	7 %	0 %	3 %	20 %	13 %	30 %	7 %	10 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	9 %	18 %	9 %	9 %	18 %	0 %	18 %
	Patient eller anhörig perspektiv	2 %	0 %	7 %	12 %	5 %	12 %	7 %	21 %	16 %
	Vårdpersonal	3 %	1 %	10 %	15 %	9 %	25 %	10 %	9 %	12 %

## Övriga psykiatriska utfall



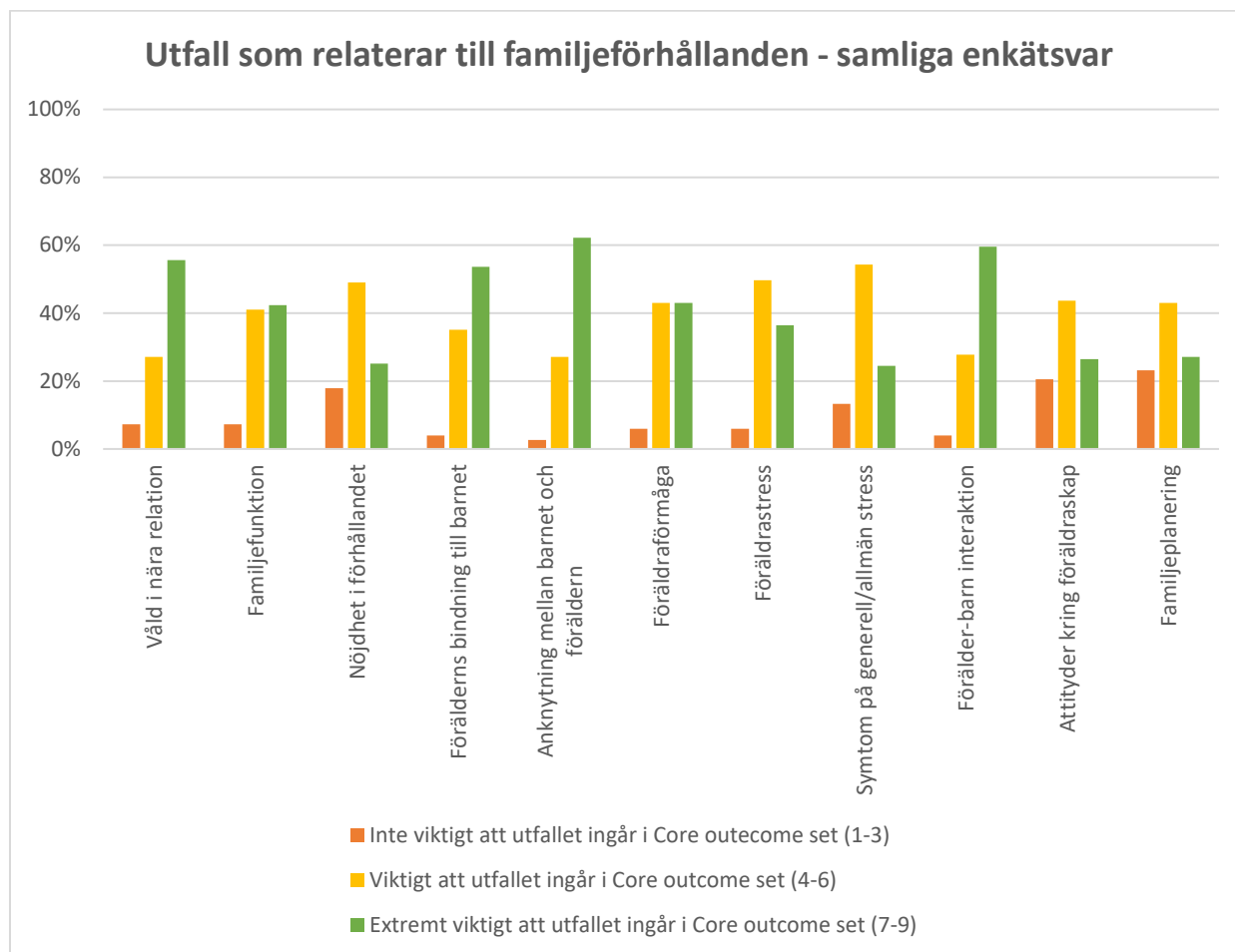
Resultatet i siffror per utfall samt olika perspektiv. För de olika perspektiven är de vanligaste rankingarna markerade.

Utfall	Perspektiv	1	2	3	4	5	6	7	8	9
Ångest-symtom	Alla enkätsvar	0 %	1 %	5 %	7 %	9 %	19 %	28 %	9 %	17 %
	Forskar inom fältet	0 %	0 %	7 %	7 %	10 %	17 %	30 %	3 %	20 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	0 %	18 %	18 %	27 %	9 %	0 %
	Patient eller anhörig perspektiv	0 %	0 %	2 %	0 %	7 %	21 %	33 %	12 %	23 %
	Vårdpersonal	0 %	1 %	3 %	12 %	7 %	18 %	25 %	10 %	15 %
Förlossnings-rädsla	Alla enkätsvar	1 %	1 %	7 %	15 %	11 %	17 %	14 %	11 %	19 %
	Forskar inom fältet	0 %	3 %	7 %	20 %	7 %	23 %	13 %	13 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	36 %	18 %	0 %	9 %	27 %	0 %	0 %
	Patient eller anhörig perspektiv	2 %	2 %	7 %	7 %	7 %	16 %	9 %	12 %	33 %
	Vårdpersonal	0 %	0 %	3 %	16 %	16 %	15 %	15 %	12 %	18 %
Alla enkätsvar	1 %	1 %	6 %	11 %	7 %	19 %	21 %	12 %	17 %	

Psykiatrisk diagnos på ångest	Forskar inom fältet	0 %	0 %	7 %	13 %	3 %	27 %	10 %	13 %	20 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	9 %	0 %	0 %	18 %	27 %	9 %	27 %
	Patient eller anhörig perspektiv	0 %	2 %	2 %	12 %	7 %	14 %	23 %	14 %	19 %
	Vårdpersonal	1 %	0 %	7 %	12 %	9 %	19 %	22 %	10 %	13 %
Övriga psykiatriska och neuro-psykiatriska diagnoser	Alla enkätsvar	1 %	1 %	5 %	9 %	10 %	24 %	20 %	11 %	11 %
	Forskar inom fältet	0 %	0 %	3 %	10 %	3 %	27 %	17 %	13 %	20 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	0 %	18 %	9 %	9 %	18 %	18 %	0 %
	Patient eller anhörig perspektiv	2 %	0 %	5 %	9 %	19 %	12 %	23 %	9 %	9 %
Sinnesstämning	Alla enkätsvar	0 %	1 %	10 %	8 %	5 %	23 %	15 %	16 %	16 %
	Forskar inom fältet	0 %	0 %	13 %	0 %	0 %	20 %	13 %	13 %	30 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	0 %	9 %	27 %	18 %	0 %	9 %
	Patient eller anhörig perspektiv	0 %	0 %	7 %	5 %	2 %	33 %	19 %	19 %	14 %
Självska- beteende	Alla enkätsvar	1 %	1 %	4 %	9 %	6 %	17 %	21 %	15 %	23 %
	Forskar inom fältet	0 %	3 %	7 %	7 %	3 %	20 %	13 %	7 %	33 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	0 %	9 %	9 %	36 %	9 %	0 %	27 %
	Patient eller anhörig perspektiv	2 %	0 %	2 %	12 %	7 %	5 %	21 %	14 %	30 %
Själv- mords- tankar och själv- mords- försök	Alla enkätsvar	1 %	1 %	0 %	5 %	1 %	5 %	14 %	15 %	53 %
	Forskar inom fältet	0 %	0 %	0 %	10 %	0 %	7 %	7 %	17 %	53 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	0 %	0 %	0 %	0 %	27 %	0 %	55 %
	Patient eller anhörig perspektiv	0 %	0 %	0 %	5 %	2 %	2 %	14 %	12 %	60 %
Kognitiv förmåga	Alla enkätsvar	2 %	3 %	14 %	13 %	6 %	19 %	15 %	11 %	13 %
	Forskar inom fältet	3 %	3 %	20 %	17 %	3 %	20 %	10 %	7 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	18 %	18 %	0 %	18 %	9 %	9 %	18 %	0 %
	Patient eller anhörig perspektiv	0 %	0 %	12 %	9 %	2 %	7 %	30 %	9 %	28 %
Symptom på ätstörning	Alla enkätsvar	3 %	2 %	13 %	11 %	11 %	17 %	16 %	10 %	9 %
	Forskar inom fältet	0 %	3 %	13 %	13 %	10 %	20 %	13 %	10 %	10 %

	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	9 %	9 %	18 %	27 %	0 %	0 %
	Patient eller anhörig perspektiv	9 %	2 %	14 %	12 %	9 %	7 %	12 %	12 %	14 %
	Vårdpersonal	1 %	1 %	10 %	10 %	13 %	21 %	18 %	10 %	7 %
Besök till klinik för förlossningsrädsla (Aurora mottagning)	Alla enkätsvar	3 %	2 %	11 %	9 %	11 %	20 %	11 %	12 %	15 %
	Forskar inom fältet	0 %	7 %	23 %	7 %	7 %	23 %	13 %	10 %	3 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	0 %	36 %	0 %	18 %	9 %	9 %	9 %	0 %
	Patient eller anhörig perspektiv	5 %	0 %	5 %	0 %	12 %	16 %	12 %	12 %	35 %
	Vårdpersonal	1 %	1 %	6 %	18 %	12 %	22 %	9 %	13 %	10 %
Post-traumatiskt stress-symtom	Alla enkätsvar	0 %	1 %	5 %	8 %	8 %	23 %	17 %	15 %	17 %
	Forskar inom fältet	0 %	3 %	7 %	3 %	10 %	27 %	23 %	10 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	27 %	9 %	9 %	27 %	9 %	0 %	
	Patient eller anhörig perspektiv	0 %	0 %	0 %	7 %	9 %	21 %	12 %	19 %	23 %
	Vårdpersonal	0 %	0 %	4 %	10 %	6 %	22 %	19 %	16 %	18 %
Psykiatrisk diagnos på post-traumatiskt stressyndrom i relation med barnafödande	Alla enkätsvar	1 %	0 %	5 %	9 %	9 %	13 %	15 %	15 %	27 %
	Forskar inom fältet	3 %	0 %	3 %	17 %	10 %	13 %	13 %	17 %	17 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	0 %	27 %	0 %	27 %	0 %	18 %
	Patient eller anhörig perspektiv	0 %	0 %	0 %	9 %	7 %	7 %	7 %	19 %	42 %
	Vårdpersonal	0 %	0 %	6 %	7 %	7 %	19 %	19 %	13 %	24 %
Psykiatrisk diagnos på postpartum psykos	Alla enkätsvar	1 %	1 %	3 %	9 %	6 %	15 %	16 %	15 %	26 %
	Forskar inom fältet	0 %	3 %	3 %	7 %	10 %	10 %	10 %	13 %	37 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	9 %	18 %	0 %	0 %	9 %	18 %	27 %
	Patient eller anhörig perspektiv	2 %	0 %	2 %	9 %	2 %	23 %	19 %	12 %	19 %
	Vårdpersonal	0 %	0 %	3 %	7 %	7 %	13 %	18 %	18 %	27 %

## Utfall som relaterar till familjeförhållanden



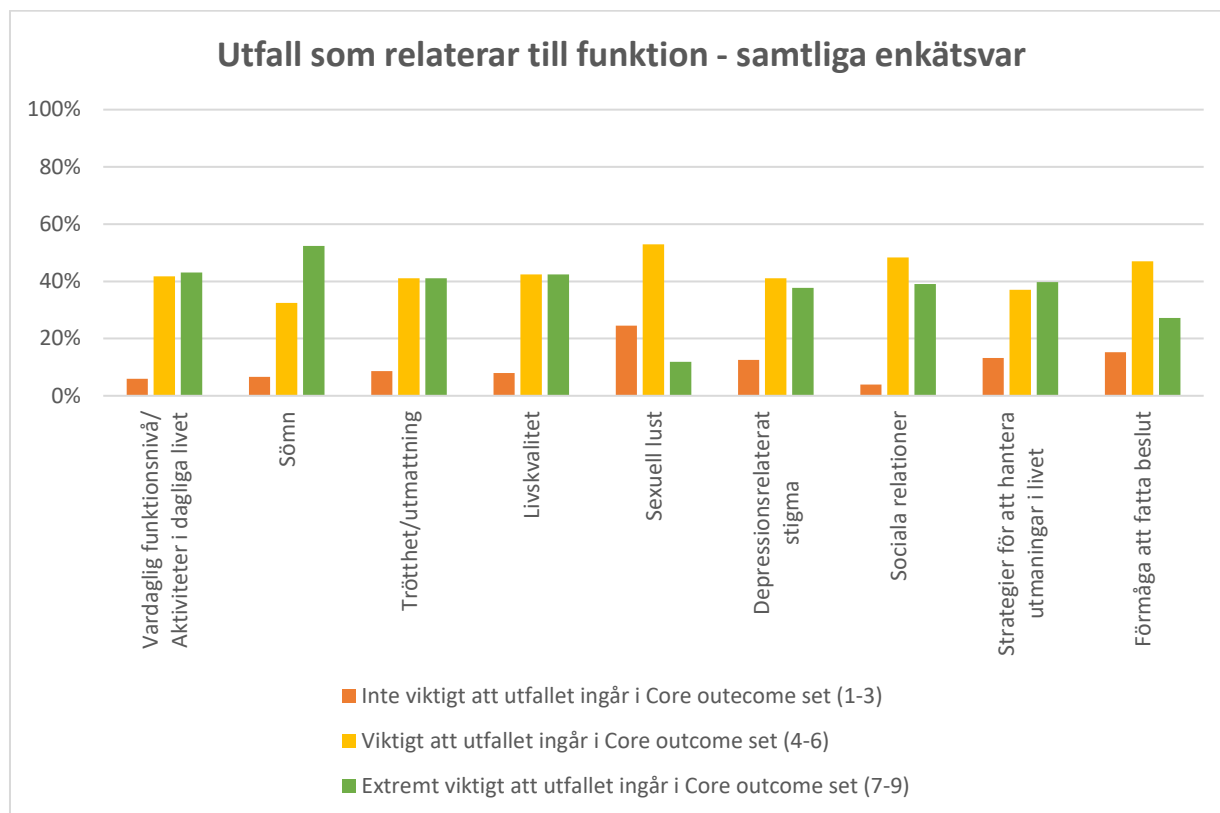
Resultatet i siffror per utfall samt olika perspektiv. För de olika perspektiven är de vanligaste rankingarna markerade.

Utfall	Perspektiv	1	2	3	4	5	6	7	8	9
Våld i nära relation	Alla enkätsvar	1 %	2 %	4 %	9 %	7 %	11 %	8 %	11 %	37 %
	Forskar inom fältet	0 %	7 %	3 %	13 %	7 %	17 %	7 %	3 %	33 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	9 %	18 %	18 %	9 %	9 %	9 %	18 %
	Patient eller anhörig perspektiv	5 %	0 %	7 %	9 %	2 %	12 %	7 %	9 %	35 %
	Vårdpersonal	0 %	1 %	1 %	4 %	9 %	9 %	9 %	15 %	43 %
Familjefunktion	Alla enkätsvar	1 %	2 %	5 %	11 %	6 %	25 %	15 %	16 %	11 %
	Forskar inom fältet	0 %	3 %	3 %	20 %	3 %	23 %	10 %	10 %	17 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	9 %	18 %	18 %	27 %	0 %	0 %
	Patient eller anhörig perspektiv	0 %	2 %	5 %	12 %	2 %	16 %	16 %	16 %	23 %

	Vårdpersonal	1 %	1 %	3 %	6 %	7 %	31 %	15 %	21 %	3 %
Nöjdhet i förhållandet	Alla enkätsvar	1 %	1 %	16 %	15 %	15 %	19 %	12 %	9 %	5 %
	Forskar inom fältet	3 %	0 %	17 %	7 %	7 %	23 %	13 %	10 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	27 %	36 %	18 %	0 %	9 %	0 %	0 %
	Patient eller anhörig perspektiv	0 %	2 %	16 %	12 %	12 %	23 %	14 %	9 %	7 %
	Vårdpersonal	1 %	0 %	13 %	18 %	19 %	18 %	10 %	9 %	1 %
Föräldrarnas bindning till barnet	Alla enkätsvar	1 %	0 %	3 %	8 %	7 %	20 %	12 %	14 %	28 %
	Forskar inom fältet	3 %	0 %	3 %	13 %	7 %	23 %	7 %	13 %	20 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	9 %	18 %	9 %	9 %	0 %	9 %	27 %
	Patient eller anhörig perspektiv	0 %	0 %	0 %	7 %	5 %	19 %	14 %	14 %	37 %
	Vårdpersonal	1 %	0 %	3 %	4 %	9 %	21 %	15 %	15 %	25 %
Anknytning mellan barnet och föräldrarna	Alla enkätsvar	1 %	1 %	1 %	7 %	6 %	15 %	15 %	19 %	28 %
	Forskar inom fältet	3 %	0 %	3 %	7 %	10 %	17 %	17 %	17 %	17 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	0 %	27 %	18 %	9 %	0 %	18 %	18 %
	Patient eller anhörig perspektiv	0 %	2 %	0 %	7 %	7 %	9 %	16 %	21 %	30 %
	Vårdpersonal	0 %	0 %	1 %	3 %	1 %	18 %	15 %	19 %	34 %
Föräldraförmåga	Alla enkätsvar	0 %	1 %	5 %	10 %	11 %	22 %	14 %	10 %	19 %
	Forskar inom fältet	0 %	0 %	7 %	7 %	13 %	30 %	20 %	10 %	3 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	27 %	18 %	9 %	9 %	0 %	9 %
	Patient eller anhörig perspektiv	0 %	0 %	5 %	9 %	12 %	26 %	9 %	9 %	26 %
	Vårdpersonal	0 %	1 %	3 %	9 %	9 %	18 %	15 %	12 %	24 %
Föräldrastress	Alla enkätsvar	1 %	0	5 %	9 %	11 %	29 %	19 %	9 %	9 %
	Forskar inom fältet	0 %	0 %	10 %	3 %	13 %	33 %	13 %	3 %	13 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	18 %	18 %	18 %	0 %	18 %	0 %
	Patient eller anhörig perspektiv	0 %	0 %	0 %	9 %	12 %	21 %	35 %	9 %	7 %
	Vårdpersonal	1 %	0 %	4 %	10 %	9 %	34 %	13 %	10 %	9 %
Symtom på generell/allmän stress	Alla enkätsvar	1 %	1 %	11 %	14 %	15 %	26 %	13 %	7 %	5 %
	Forskar inom fältet	0 %	3 %	10 %	17 %	17 %	23 %	7 %	10 %	3 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	27 %	18 %	9 %	18 %	0 %	0 %
	Patient eller anhörig perspektiv	0 %	0 %	5 %	12 %	12 %	26 %	21 %	12 %	9 %
	Vårdpersonal	3 %	0 %	15 %	12 %	15 %	30 %	10 %	3 %	3 %

<b>Förälder-barn interaktion</b>	Alla enkätsvar	1 %	1 %	2 %	7 %	6 %	15 %	17 %	13 %	30 %
	Forskar inom fältet	0 %	3 %	3 %	7 %	0 %	20 %	23 %	13 %	20 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	0 %	18 %	18 %	9 %	18 %	0 %	18 %
	Patient eller anhörig perspektiv	0 %	0 %	2 %	14 %	7 %	14 %	19 %	5 %	33 %
	Vårdpersonal	1 %	0 %	1 %	1 %	6 %	13 %	12 %	19 %	36 %
<b>Attityder kring föräldraskap</b>	Alla enkätsvar	2 %	3 %	15 %	13 %	7 %	25 %	14 %	7 %	6 %
	Forskar inom fältet	3 %	3 %	20 %	13 %	7 %	27 %	10 %	3 %	3 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	45 %	9 %	0 %	9 %	9 %	9 %	0 %
	Patient eller anhörig perspektiv	2 %	0 %	19 %	9 %	7 %	21 %	12 %	9 %	14 %
	Vårdpersonal	1 %	4 %	6 %	15 %	7 %	28 %	18 %	6 %	3 %
<b>Familjeplanering</b>	Alla enkätsvar	4 %	2 %	17 %	17 %	11 %	16 %	6 %	11 %	10 %
	Forskar inom fältet	7 %	7 %	20 %	17 %	13 %	17 %	3 %	0 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	36 %	27 %	0 %	9 %	0 %	18 %	0 %
	Patient eller anhörig perspektiv	2 %	0 %	7 %	12 %	12 %	14 %	7 %	16 %	26 %
	Vårdpersonal	4 %	1 %	19 %	18 %	10 %	18 %	7 %	12 %	3 %

## Utfall som relaterar till funktion



Resultatet i siffror per utfall samt olika perspektiv. För de olika perspektiven är de vanligaste rankingarna markerade.

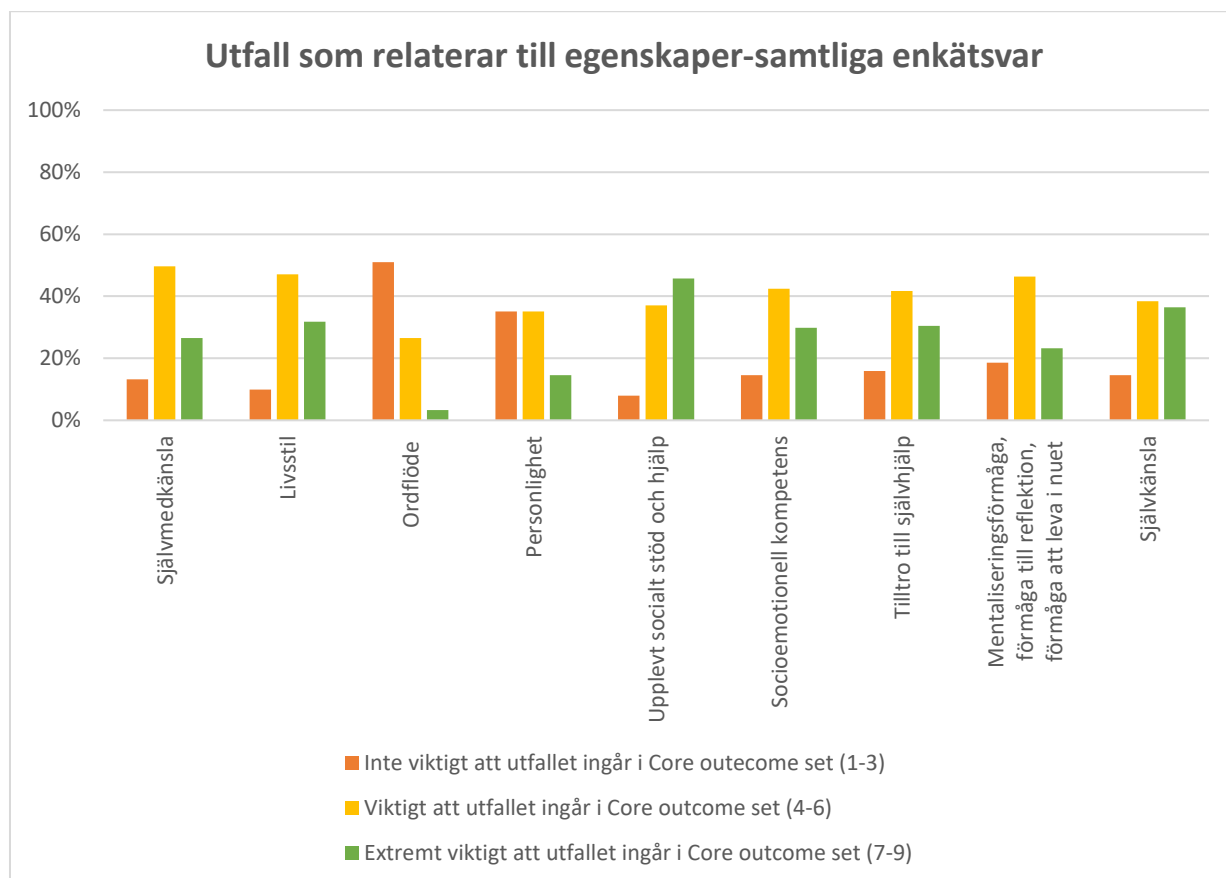
Utfall	Perspektiv	1	2	3	4	5	6	7	8	9
Vardaglig funktionsnivå/ Aktiviteter i dagliga livet	Alla enkätsvar	0 %	1 %	5 %	7 %	12 %	23 %	19 %	11 %	13 %
	Forskar inom fältet	0 %	0 %	10 %	3 %	3 %	30 %	17 %	13 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	9 %	0 %	18 %	9 %	36 %	9 %	0 %
	Patient eller anhörig perspektiv	0 %	0 %	0 %	5 %	7 %	21 %	23 %	16 %	21 %
	Vårdpersonal	0 %	1 %	4 %	10 %	18 %	24 %	15 %	7 %	10 %
Sömn	Alla enkätsvar	1 %	2 %	4 %	5 %	10 %	17 %	19 %	9 %	25 %
	Forskar inom fältet	0 %	7 %	3 %	3 %	3 %	23 %	13 %	7 %	30 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	9 %	9 %	27 %	0 %	18 %	0 %	18 %
	Patient eller anhörig perspektiv	0 %	0 %	0 %	2 %	12 %	12 %	33 %	5 %	33 %
	Vårdpersonal	1 %	0 %	6 %	7 %	9 %	21 %	13 %	13 %	18 %
Trötthet/ utmattning	Alla enkätsvar	1 %	1 %	7 %	6 %	12 %	23 %	18 %	10 %	13 %
	Forskar inom fältet	0 %	3 %	3 %	7 %	13 %	40 %	10 %	7 %	7 %



	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	0 %	18 %	9 %	18 %	0 %	18 %	9 %	9 %
	Patient eller anhörig perspektiv	0 %	0 %	0 %	0 %	12 %	23 %	26 %	12 %	21 %
	Vårdpersonal	0 %	1 %	10 %	9 %	10 %	19 %	16 %	10 %	12 %
Livskvalitet	Alla enkätsvar	1 %	1 %	5 %	7 %	13 %	22 %	18 %	12 %	13 %
	Forskar inom fältet	0 %	7 %	0 %	10 %	13 %	17 %	17 %	17 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	0 %	0 %	27 %	18 %	9 %	18 %
	Patient eller anhörig perspektiv	2 %	0 %	7 %	5 %	9 %	21 %	9 %	19 %	23 %
	Vårdpersonal	1 %	0 %	4 %	9 %	18 %	24 %	24 %	6 %	6 %
Sexuell lust	Alla enkätsvar	3 %	5 %	17 %	20 %	14 %	19 %	5 %	3 %	4 %
	Forskar inom fältet	7 %	7 %	17 %	20 %	7 %	23 %	7 %	3 %	0 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	18 %	9 %	9 %	36 %	9 %	0 %	0 %	0 %
	Patient eller anhörig perspektiv	5 %	0 %	21 %	19 %	19 %	19 %	2 %	2 %	9 %
	Vårdpersonal	1 %	4 %	15 %	22 %	10 %	19 %	7 %	3 %	3 %
Depressionsrelaterat stigma	Alla enkätsvar	1 %	2 %	9 %	17 %	10 %	14 %	13 %	8 %	17 %
	Forskar inom fältet	7 %	3 %	17 %	17 %	7 %	13 %	17 %	0 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	36 %	9 %	9 %	9 %	0 %	18 %	0 %
	Patient eller anhörig perspektiv	0 %	0 %	7 %	12 %	16 %	5 %	16 %	14 %	26 %
	Vårdpersonal	0 %	3 %	3 %	22 %	7 %	21 %	12 %	6 %	16 %
Sociala relationer	Alla enkätsvar	0 %	1 %	3 %	11 %	14 %	24 %	19 %	13 %	7 %
	Forskar inom fältet	0 %	3 %	3 %	17 %	3 %	17 %	7 %	23 %	17 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	0 %	36 %	18 %	0 %	9 %	0 %
	Patient eller anhörig perspektiv	0 %	0 %	0 %	7 %	14 %	30 %	28 %	7 %	9 %
	Vårdpersonal	0 %	0 %	3 %	12 %	15 %	24 %	22 %	12 %	3 %
Strategier för att hantera utmaningar i livet	Alla enkätsvar	3 %	2 %	9 %	9 %	13 %	15 %	19 %	9 %	11 %
	Forskar inom fältet	13 %	3 %	10 %	0 %	10 %	13 %	20 %	10 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	18 %	27 %	0 %	0 %	9 %	9 %
	Patient eller anhörig perspektiv	0 %	0 %	9 %	9 %	12 %	16 %	19 %	7 %	19 %
	Vårdpersonal	0 %	3 %	6 %	12 %	13 %	16 %	22 %	10 %	7 %
Förmåga att fatta beslut	Alla enkätsvar	3 %	3 %	9 %	13 %	17 %	18 %	14 %	7 %	6 %
	Forskar inom fältet	3 %	7 %	7 %	10 %	13 %	20 %	20 %	3 %	3 %

	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	18 %	9 %	27 %	0 %	18 %	0 %	0 %
	Patient eller anhörig perspektiv	5 %	0 %	2 %	12 %	19 %	21 %	9 %	14 %	12 %
	Vårdpersonal	3 %	1 %	13 %	15 %	15 %	18 %	13 %	6 %	4 %

## Utfall som relaterar till egenskaper



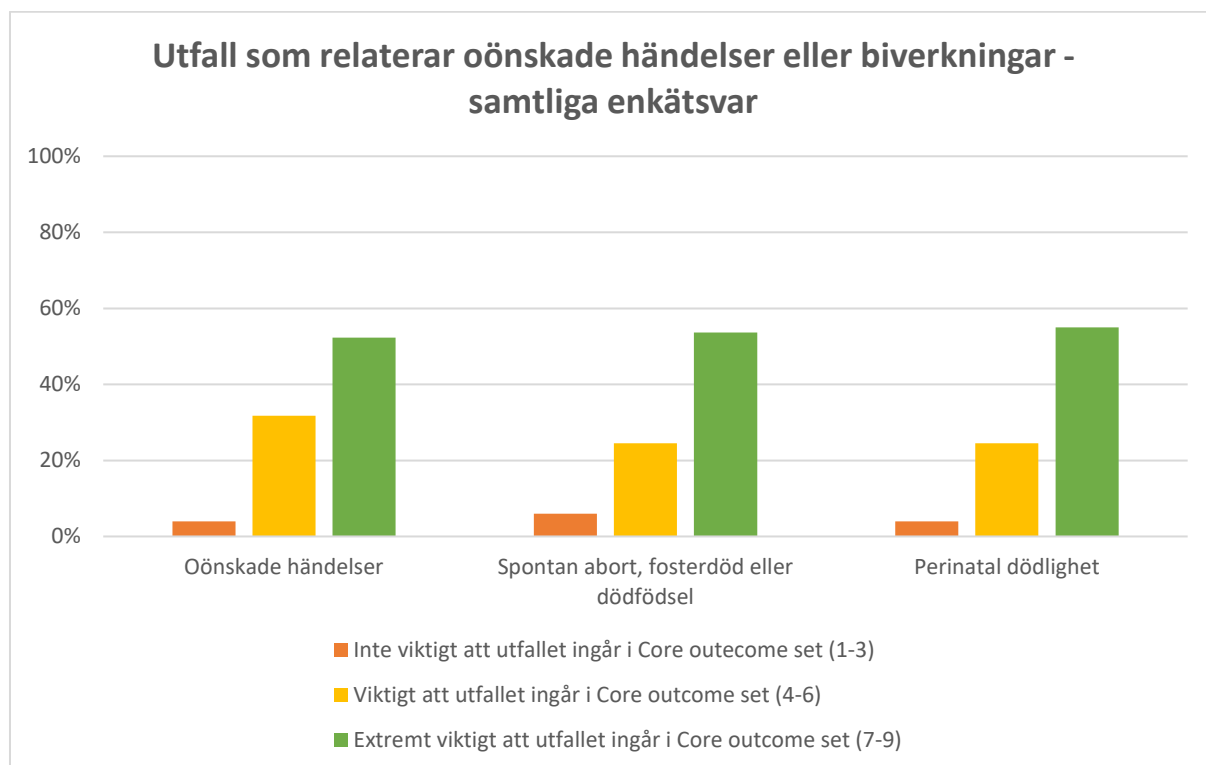
Resultatet i siffror per utfall samt olika perspektiv. För de olika perspektiven är de vanligaste rankingarna markerade.

Utfall	Perspektiv	1	2	3	4	5	6	7	8	9
Självmedkänsla	Alla enkätsvar	1 %	4 %	9 %	17 %	15 %	17 %	12 %	10 %	5 %
	Forskar inom fältet	3 %	13 %	17 %	13 %	10 %	20 %	13 %	0 %	0 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	36 %	27 %	18 %	0 %	0 %	9 %	0 %
	Patient eller anhörig perspektiv	0 %	0 %	2 %	14 %	19 %	14 %	16 %	19 %	12 %
	Vårdpersonal	0 %	3 %	4 %	19 %	15 %	21 %	10 %	9 %	3 %
Livsstil	Alla enkätsvar	2 %	4 %	4 %	17 %	15 %	15 %	17 %	7 %	7 %
	Forskar inom fältet	0 %	3 %	13 %	0 %	13 %	17 %	30 %	3 %	10 %

	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	0 %	27 %	9 %	27 %	18 %	0 %	0 %
	Patient eller anhörig perspektiv	5 %	0 %	2 %	23 %	16 %	19 %	9 %	14 %	5 %
	Vårdpersonal	1 %	6 %	1 %	18 %	16 %	10 %	16 %	6 %	9 %
Ordförande	Alla enkätsvar	18 %	10 %	23 %	10 %	9 %	8 %	3 %	0 %	0 %
	Forskar inom fältet	23 %	10 %	23 %	3 %	10 %	17 %	0 %	0 %	0 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	36 %	18 %	0 %	18 %	0 %	9 %	0 %	0 %	0 %
	Patient eller anhörig perspektiv	16 %	7 %	19 %	16 %	9 %	12 %	2 %	0 %	0 %
	Vårdpersonal	13 %	10 %	30 %	7 %	9 %	1 %	6 %	0 %	0 %
Personlighet	Alla enkätsvar	9 %	6 %	21 %	14 %	12 %	9 %	7 %	5 %	3 %
	Forskar inom fältet	3 %	17 %	23 %	13 %	10 %	3 %	13 %	0 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	0 %	27 %	18 %	27 %	0 %	9 %	0 %	0 %
	Patient eller anhörig perspektiv	9 %	5 %	12 %	19 %	7 %	16 %	7 %	12 %	2 %
	Vårdpersonal	10 %	3 %	24 %	10 %	13 %	9 %	3 %	3 %	3 %
Upplevt socialt stöd och hjälp	Alla enkätsvar	0 %	3 %	5 %	11 %	7 %	20 %	17 %	16 %	13 %
	Forskar inom fältet	0 %	3 %	13 %	17 %	7 %	7 %	13 %	13 %	17 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	0 %	36 %	9 %	27 %	0 %	0 %	9 %
	Patient eller anhörig perspektiv	0 %	0 %	0 %	5 %	5 %	21 %	26 %	26 %	14 %
	Vårdpersonal	0 %	3 %	6 %	7 %	7 %	24 %	15 %	13 %	12 %
Socio-emotionell kompetens	Alla enkätsvar	0 %	3 %	11 %	13 %	16 %	14 %	17 %	9 %	4 %
	Forskar inom fältet	0 %	7 %	20 %	13 %	13 %	10 %	20 %	7 %	0 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	18 %	18 %	9 %	27 %	9 %	9 %	0 %	0 %
	Patient eller anhörig perspektiv	0 %	0 %	7 %	16 %	7 %	19 %	19 %	16 %	7 %
	Vårdpersonal	0 %	1 %	9 %	10 %	21 %	13 %	16 %	6 %	4 %
Tilltro till självhjälp	Alla enkätsvar	1 %	4 %	11 %	12 %	11 %	19 %	15 %	9 %	7 %
	Forskar inom fältet	0 %	3 %	27 %	13 %	10 %	17 %	17 %	3 %	0 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	18 %	27 %	0 %	18 %	0 %	9 %	0 %
	Patient eller anhörig perspektiv	2 %	2 %	7 %	7 %	12 %	23 %	19 %	12 %	9 %
	Vårdpersonal	0 %	4 %	6 %	12 %	12 %	18 %	13 %	10 %	9 %
Mentaliserings-	Alla enkätsvar	1 %	4 %	13 %	17 %	13 %	17 %	14 %	6 %	3 %
	Forskar inom fältet	3 %	7 %	17 %	23 %	7 %	20 %	10 %	3 %	0 %

förmåga, förmåga till reflektion, förmåga att leva i nuet	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	27 %	18 %	9 %	9 %	18 %	9 %	0 %	0 %
	Patient eller anhörig perspektiv	2 %	0 %	7 %	14 %	16 %	16 %	19 %	12 %	5 %
	Vårdpersonal	0 %	1 %	15 %	16 %	15 %	15 %	13 %	4 %	4 %
Självkänsla	Alla enkätsvar	1 %	5 %	9 %	12 %	11 %	16 %	13 %	16 %	7 %
	Forskar inom fältet	0 %	10 %	17 %	17 %	7 %	17 %	7 %	13 %	3 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	27 %	18 %	0 %	27 %	0 %	9 %	0 %
	Patient eller anhörig perspektiv	2 %	0 %	0 %	12 %	7 %	16 %	21 %	23 %	14 %
	Vårdpersonal	0 %	4 %	9 %	9 %	16 %	13 %	13 %	13 %	6 %

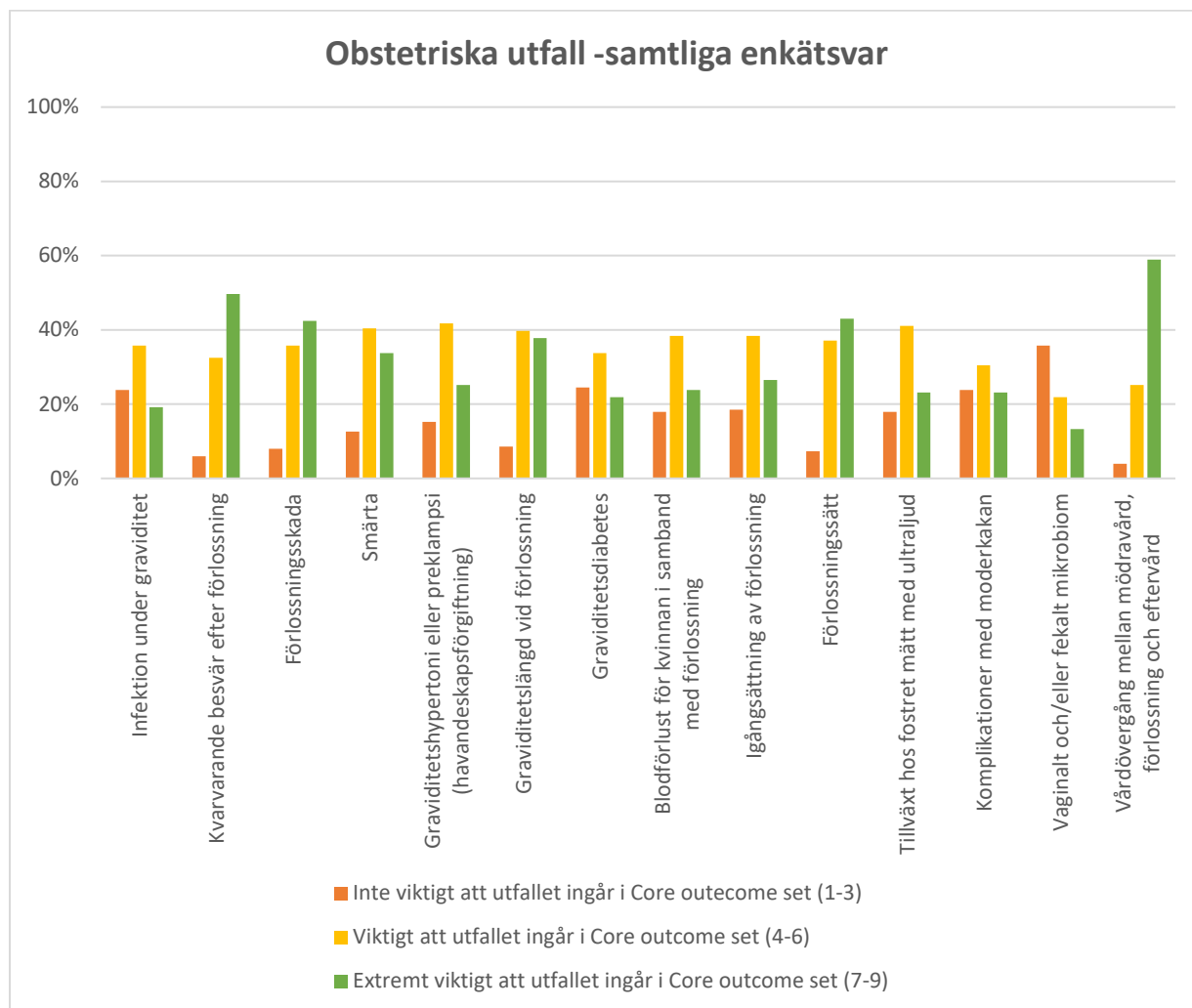
### Utfall som relaterar önskade händelser eller biverkningar



Resultatet i siffror per utfall samt olika perspektiv. För de olika perspektiven är de vanligaste rankingarna markerade.

Utfall	Perspektiv	1	2	3	4	5	6	7	8	9
Oönskade händelser	Alla enkätsvar	1 %	0 %	3 %	12 %	7 %	13 %	23 %	9 %	21 %
	Forskar inom fältet	3 %	0 %	0 %	13 %	3 %	10 %	20 %	7 %	33 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	0 %	0 %	9 %	9 %	27 %	9 %	36 %
	Patient eller anhörig perspektiv	0 %	0 %	2 %	19 %	5 %	9 %	26 %	9 %	21 %
	Vårdpersonal	1 %	0 %	4 %	9 %	10 %	16 %	21 %	10 %	12 %
Spontan abort, fosterdöd eller dödfödelse	Alla enkätsvar	0 %	1 %	5 %	5 %	5 %	15 %	13 %	11 %	30 %
	Forskar inom fältet	0 %	0 %	7 %	7 %	3 %	20 %	10 %	20 %	20 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	0 %	0 %	9 %	27 %	0 %	27 %	18 %
	Patient eller anhörig perspektiv	0 %	2 %	5 %	5 %	0 %	14 %	16 %	5 %	40 %
	Vårdpersonal	0 %	1 %	4 %	4 %	7 %	12 %	15 %	7 %	30 %
Perinatal dödlighet	Alla enkätsvar	0 %	0 %	4 %	6 %	3 %	16 %	9 %	9 %	37 %
	Forskar inom fältet	0 %	0 %	7 %	10 %	3 %	23 %	3 %	17 %	23 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	0 %	0 %	0 %	27 %	9 %	0 %	45 %
	Patient eller anhörig perspektiv	0 %	0 %	5 %	7 %	0 %	14 %	9 %	0 %	49 %
	Vårdpersonal	0 %	0 %	3 %	4 %	4 %	12 %	10 %	13 %	34 %

## Obstetriska utfall



Resultatet i siffror per utfall samt olika perspektiv. För de olika perspektiven är de vanligaste rankingarna markerade.

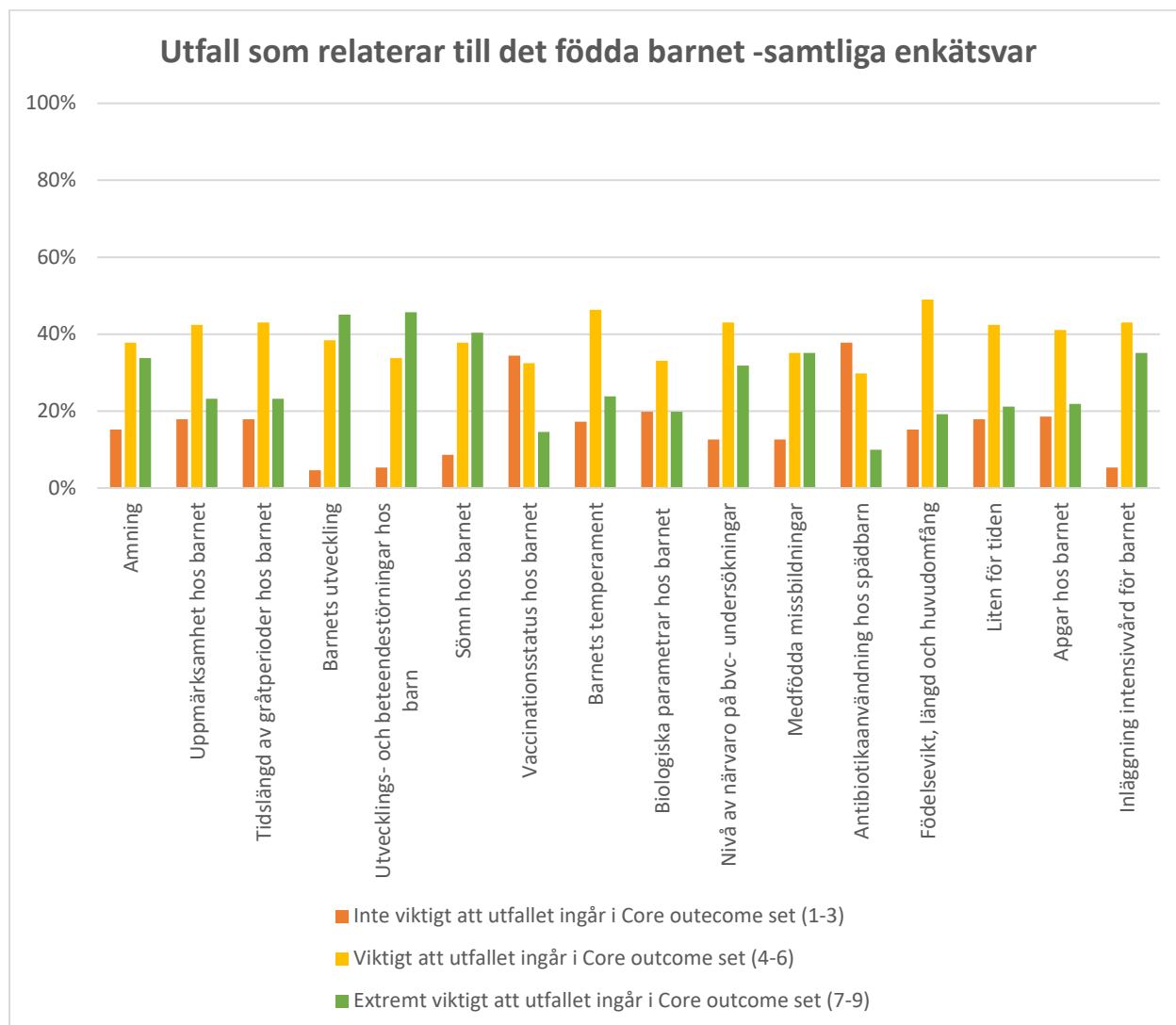
Utfall	Perspektiv	1	2	3	4	5	6	7	8	9
Infektion under graviditet	Alla enkätsvar	3 %	3 %	18 %	12 %	11 %	13 %	5 %	6 %	9 %
	Forskar inom fältet	0 %	3 %	30 %	10 %	13 %	7 %	10 %	0 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	27 %	0 %	9 %	27 %	0 %	9 %	9 %
	Patient eller anhörig perspektiv	5 %	2 %	12 %	14 %	9 %	14 %	0 %	9 %	16 %
	Vårdpersonal	4 %	3 %	15 %	13 %	12 %	12 %	6 %	6 %	4 %
Kvarvarande besvär efter förlossning	Alla enkätsvar	1 %	1 %	5 %	8 %	5 %	19 %	19 %	5 %	26 %
	Forskar inom fältet	3 %	0 %	10 %	13 %	7 %	13 %	20 %	0 %	17 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	18 %	9 %	0 %	27 %	9 %	9 %

	Patient eller anhörig perspektiv	0 %	0 %	2 %	2 %	5 %	7 %	16 %	7 %	53 %
	Vårdpersonal	0 %	1 %	1 %	7 %	4 %	33 %	18 %	6 %	15 %
Förlossnings-skada	Alla enkätsvar	1 %	1 %	6 %	11 %	9 %	17 %	13 %	7 %	23 %
	Forskar inom fältet	3 %	0 %	13 %	13 %	17 %	7 %	17 %	7 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	9 %	9 %	9 %	18 %	27 %	0 %	9 %
	Patient eller anhörig perspektiv	0 %	0 %	2 %	5 %	2 %	14 %	14 %	2 %	51 %
	Vårdpersonal	1 %	1 %	4 %	13 %	9 %	22 %	7 %	12 %	13 %
Smärta	Alla enkätsvar	2 %	1 %	9 %	15 %	8 %	18 %	14 %	9 %	11 %
	Forskar inom fältet	3 %	3 %	10 %	17 %	3 %	27 %	10 %	10 %	3 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	27 %	0 %	18 %	18 %	27 %	0 %	0 %
	Patient eller anhörig perspektiv	2 %	0 %	0 %	19 %	7 %	9 %	9 %	16 %	28 %
	Vårdpersonal	1 %	1 %	12 %	13 %	9 %	19 %	16 %	4 %	6 %
Graviditets-hypertoni eller preklampsi (havandeskaps-förgiftning)	Alla enkätsvar	1 %	2 %	12 %	15 %	10 %	17 %	8 %	7 %	10 %
	Forskar inom fältet	0 %	0 %	17 %	13 %	10 %	17 %	10 %	7 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	18 %	9 %	9 %	9 %	18 %	9 %	9 %	0 %
	Patient eller anhörig perspektiv	5 %	0 %	9 %	9 %	14 %	16 %	9 %	7 %	19 %
	Vårdpersonal	0 %	1 %	12 %	19 %	7 %	18 %	6 %	7 %	6 %
Graviditetslängd vid förlossning	Alla enkätsvar	3 %	1 %	5 %	9 %	11 %	20 %	15 %	9 %	14 %
	Forskar inom fältet	0 %	0 %	13 %	3 %	3 %	27 %	13 %	7 %	17 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	0 %	9 %	27 %	27 %	18 %	0 %	0 %
	Patient eller anhörig perspektiv	5 %	0 %	5 %	9 %	5 %	21 %	12 %	9 %	30 %
	Vårdpersonal	3 %	1 %	3 %	10 %	16 %	15 %	18 %	10 %	4 %
Graviditets-diabetes	Alla enkätsvar	4 %	3 %	17 %	12 %	9 %	13 %	10 %	5 %	7 %
	Forskar inom fältet	0 %	0 %	13 %	7 %	17 %	23 %	13 %	3 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	0 %	9 %	9 %	9 %	18 %	18 %	9 %	0 %
	Patient eller anhörig perspektiv	5 %	5 %	21 %	14 %	5 %	9 %	5 %	5 %	14 %
	Vårdpersonal	4 %	4 %	18 %	13 %	7 %	10 %	10 %	6 %	3 %
Blodförlust för kvinnan i samband med förlossning	Alla enkätsvar	5 %	3 %	9 %	11 %	10 %	18 %	9 %	5 %	9 %
	Forskar inom fältet	7 %	7 %	10 %	10 %	13 %	20 %	7 %	3 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	0 %	27 %	18 %	0 %	18 %	0 %	9 %	0 %
	Patient eller anhörig perspektiv	5 %	0 %	2 %	19 %	9 %	12 %	7 %	9 %	19 %

	Vårdpersonal	4 %	4 %	10 %	4 %	10 %	21 %	13 %	3 %	6 %
Igångsättning av förlossning	Alla enkätsvar	3 %	3 %	13 %	12 %	11 %	16 %	9 %	9 %	9 %
	Forskar inom fältet	3 %	3 %	20 %	13 %	7 %	23 %	3 %	10 %	0 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	18 %	9 %	18 %	18 %	18 %	0 %	0 %	0 %
	Patient eller anhörig perspektiv	2 %	0 %	7 %	2 %	14 %	7 %	16 %	14 %	26 %
	Vårdpersonal	3 %	3 %	13 %	16 %	9 %	18 %	7 %	6 %	4 %
Förlossningssätt	Alla enkätsvar	2 %	3 %	3 %	12 %	8 %	17 %	11 %	13 %	19 %
	Forskar inom fältet	0 %	0 %	3 %	20 %	7 %	17 %	13 %	13 %	13 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	9 %	18 %	27 %	0 %	9 %	9 %
	Patient eller anhörig perspektiv	2 %	2 %	0 %	7 %	14 %	9 %	14 %	9 %	35 %
	Vårdpersonal	3 %	4 %	1 %	12 %	3 %	21 %	10 %	15 %	13 %
Tillväxt hos fostret mätt med ultraljud	Alla enkätsvar	2 %	5 %	11 %	17 %	8 %	16 %	9 %	7 %	8 %
	Forskar inom fältet	3 %	7 %	17 %	13 %	3 %	20 %	3 %	3 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	9 %	18 %	0 %	36 %	9 %	0 %	0 %
	Patient eller anhörig perspektiv	2 %	2 %	9 %	16 %	5 %	19 %	9 %	12 %	16 %
	Vårdpersonal	1 %	4 %	10 %	19 %	13 %	9 %	10 %	6 %	3 %
Komplikationer med moderkakan	Alla enkätsvar	5 %	5 %	15 %	5 %	10 %	15 %	5 %	7 %	11 %
	Forskar inom fältet	7 %	0 %	17 %	10 %	20 %	10 %	3 %	7 %	3 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	9 %	18 %	9 %	0 %	27 %	9 %	0 %	0 %
	Patient eller anhörig perspektiv	5 %	2 %	9 %	2 %	12 %	14 %	7 %	5 %	26 %
	Vårdpersonal	3 %	7 %	16 %	4 %	6 %	16 %	4 %	9 %	7 %
Vaginalt och/eller fekal mikrobiom	Alla enkätsvar	9 %	8 %	19 %	8 %	5 %	9 %	6 %	2 %	5 %
	Forskar inom fältet	17 %	7 %	13 %	17 %	3 %	3 %	10 %	3 %	0 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	18 %	27 %	0 %	9 %	9 %	0 %	0 %	0 %
	Patient eller anhörig perspektiv	5 %	2 %	21 %	5 %	7 %	12 %	7 %	5 %	16 %
	Vårdpersonal	10 %	10 %	18 %	7 %	4 %	9 %	4 %	0 %	1 %
Vårdövergång mellan mödravård, förlossning och eftervård	Alla enkätsvar	0 %	1 %	3 %	7 %	7 %	11 %	15 %	17 %	27 %
	Forskar inom fältet	0 %	0 %	10 %	13 %	10 %	3 %	3 %	27 %	13 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	9 %	9 %	18 %	9 %	18 %	9 %	0 %
	Patient eller anhörig perspektiv	0 %	0 %	0 %	0 %	2 %	14 %	14 %	9 %	56 %
	Vårdpersonal	0 %	1 %	0 %	9 %	7 %	12 %	21 %	18 %	19 %



## Utfall som relaterar till det födda barnet



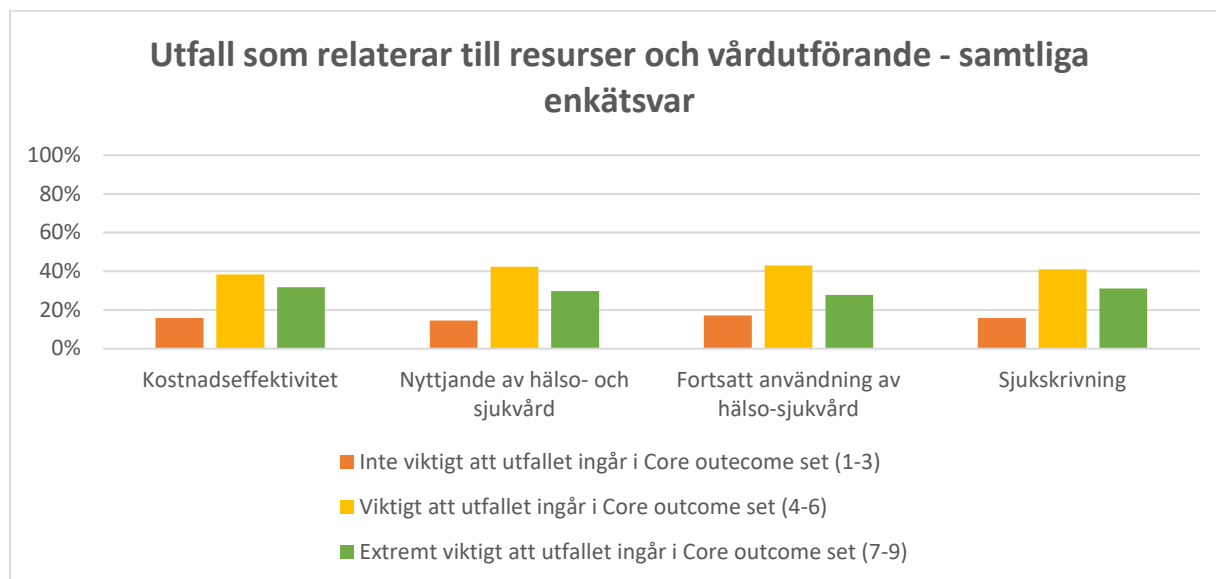
Resultatet i siffror per utfall samt olika perspektiv. För de olika perspektiven är de vanligaste rankingarna markerade.

Utfall	Perspektiv	1	2	3	4	5	6	7	8	9
Amning	Alla enkätsvar	3 %	4 %	9 %	10 %	10 %	18 %	11 %	6 %	17 %
	Forskar inom fältet	0 %	7 %	20 %	3 %	13 %	13 %	7 %	3 %	23 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	9 %	9 %	9 %	27 %	18 %	0 %	9 %
	Patient eller anhörig perspektiv	7 %	2 %	5 %	5 %	7 %	26 %	7 %	2 %	28 %
	Vårdpersonal	1 %	4 %	6 %	16 %	10 %	13 %	15 %	10 %	7 %
Uppmärksamhet hos barnet	Alla enkätsvar	3 %	3 %	11 %	10 %	17 %	16 %	13 %	5 %	5 %
	Forskar inom fältet	0 %	0 %	10 %	13 %	27 %	13 %	7 %	3 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	9 %	36 %	0 %	27 %	0 %	9 %	0 %	0 %
	Patient eller anhörig perspektiv	5 %	2 %	9 %	7 %	14 %	16 %	16 %	5 %	12 %
	Vårdpersonal	3 %	4 %	9 %	12 %	12 %	19 %	13 %	7 %	0 %
Tidslängd av gråtperioder hos barnet	Alla enkätsvar	3 %	2 %	13 %	8 %	16 %	19 %	15 %	5 %	3 %
	Forskar inom fältet	3 %	3 %	23 %	13 %	10 %	17 %	3 %	10 %	3 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	9 %	9 %	27 %	27 %	9 %	9 %	0 %
	Patient eller anhörig perspektiv	2 %	0 %	5 %	5 %	21 %	19 %	23 %	2 %	9 %
	Vårdpersonal	4 %	3 %	13 %	7 %	13 %	19 %	15 %	4 %	0 %
Barnets utveckling	Alla enkätsvar	1 %	1 %	3 %	13 %	11 %	15 %	21 %	11 %	13 %
	Forskar inom fältet	0 %	0 %	0 %	17 %	13 %	7 %	17 %	13 %	20 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	9 %	9 %	9 %	0 %	36 %	9 %	18 %
	Patient eller anhörig perspektiv	2 %	2 %	2 %	14 %	9 %	19 %	21 %	14 %	12 %
	Vårdpersonal	0 %	1 %	3 %	10 %	10 %	19 %	21 %	7 %	10 %
Utvecklings- och beteendestörningar hos barn	Alla enkätsvar	1 %	1 %	4 %	11 %	5 %	18 %	21 %	12 %	13 %
	Forskar inom fältet	0 %	0 %	3 %	7 %	10 %	17 %	17 %	10 %	20 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	9 %	0 %	0 %	27 %	36 %	0 %	9 %
	Patient eller anhörig perspektiv	0 %	0 %	5 %	9 %	9 %	21 %	19 %	12 %	12 %
	Vårdpersonal	1 %	0 %	3 %	15 %	1 %	15 %	22 %	15 %	10 %
Sömn hos barnet	Alla enkätsvar	1 %	3 %	5 %	9 %	9 %	20 %	21 %	11 %	9 %
	Forskar inom fältet	0 %	3 %	10 %	10 %	10 %	27 %	10 %	10 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	9 %	0 %	45 %	9 %	9 %	0 %

	Patient eller anhörig perspektiv	2 %	0 %	0 %	2 %	9 %	7 %	33 %	19 %	19 %
	Vårdpersonal	1 %	4 %	3 %	12 %	10 %	21 %	21 %	6 %	4 %
Vaccinationssatus hos barnet	Alla enkätsvar	11 %	11 %	13 %	10 %	8 %	15 %	6 %	3 %	6 %
	Forskar inom fältet	17 %	7 %	3 %	13 %	10 %	17 %	7 %	3 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	27 %	18 %	0 %	0 %	27 %	0 %	0 %	0 %
	Patient eller anhörig perspektiv	12 %	5 %	16 %	7 %	9 %	19 %	7 %	2 %	12 %
	Vårdpersonal	7 %	13 %	15 %	12 %	7 %	9 %	6 %	3 %	3 %
Barnets temperament	Alla enkätsvar	3 %	4 %	11 %	17 %	12 %	18 %	11 %	7 %	5 %
	Forskar inom fältet	0 %	7 %	17 %	13 %	17 %	7 %	10 %	10 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	18 %	0 %	9 %	18 %	9 %	9 %	18 %	0 %	9 %
	Patient eller anhörig perspektiv	2 %	0 %	5 %	14 %	16 %	28 %	9 %	7 %	9 %
	Vårdpersonal	1 %	6 %	12 %	19 %	7 %	18 %	12 %	7 %	1 %
Biologiska parametrar hos barnet	Alla enkätsvar	5 %	3 %	11 %	16 %	9 %	9 %	9 %	5 %	6 %
	Forskar inom fältet	3 %	3 %	7 %	20 %	13 %	7 %	13 %	10 %	3 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	18 %	9 %	0 %	18 %	9 %	18 %	9 %	0 %	0 %
	Patient eller anhörig perspektiv	2 %	0 %	9 %	12 %	9 %	9 %	9 %	2 %	16 %
	Vårdpersonal	6 %	4 %	16 %	16 %	6 %	7 %	6 %	6 %	1 %
Nivå av närvaro på bvc-undersökningar	Alla enkätsvar	5 %	2 %	6 %	11 %	13 %	19 %	19 %	5 %	8 %
	Forskar inom fältet	0 %	3 %	7 %	10 %	20 %	23 %	10 %	3 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	9 %	9 %	9 %	0 %	18 %	36 %	0 %	0 %
	Patient eller anhörig perspektiv	9 %	2 %	9 %	7 %	7 %	14 %	28 %	5 %	12 %
	Vårdpersonal	3 %	0 %	3 %	15 %	15 %	21 %	15 %	6 %	6 %
Medfödda missbildningar	Alla enkätsvar	2 %	4 %	7 %	11 %	9 %	15 %	12 %	11 %	12 %
	Forskar inom fältet	0 %	7 %	3 %	13 %	13 %	20 %	7 %	10 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	0 %	18 %	9 %	0 %	9 %	27 %	9 %	0 %
	Patient eller anhörig perspektiv	2 %	5 %	9 %	7 %	7 %	9 %	12 %	14 %	16 %
	Vårdpersonal	1 %	3 %	4 %	12 %	10 %	18 %	12 %	10 %	12 %
Antibiotika-användning hos spädbarn	Alla enkätsvar	11 %	7 %	20 %	10 %	9 %	11 %	3 %	2 %	5 %
	Forskar inom fältet	17 %	3 %	13 %	20 %	10 %	10 %	3 %	3 %	3 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	36 %	0 %	18 %	0 %	9 %	27 %	0 %	0 %	0 %
	Patient eller anhörig perspektiv	9 %	7 %	16 %	5 %	9 %	9 %	2 %	2 %	14 %

	Vårdpersonal	6 %	9 %	25 %	10 %	7 %	10 %	4 %	1 %	0 %
Födelsevikt, längd och huvudomfång	Alla enkätsvar	3 %	4 %	9 %	15 %	11 %	23 %	11 %	3 %	5 %
	Forskar inom fältet	3 %	0 %	3 %	10 %	13 %	30 %	10 %	10 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	27 %	9 %	27 %	18 %	9 %	0 %	0 %	0 %
	Patient eller anhörig perspektiv	0 %	2 %	7 %	16 %	7 %	26 %	16 %	2 %	9 %
	Vårdpersonal	4 %	3 %	12 %	15 %	12 %	19 %	10 %	1 %	1 %
Liten för tiden	Alla enkätsvar	2 %	6 %	10 %	12 %	11 %	20 %	7 %	9 %	5 %
	Forskar inom fältet	0 %	7 %	13 %	10 %	10 %	20 %	7 %	17 %	3 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	0 %	0 %	0 %	73 %	0 %	0 %	0 %
	Patient eller anhörig perspektiv	7 %	0 %	9 %	9 %	9 %	21 %	9 %	7 %	9 %
	Vårdpersonal	0 %	9 %	10 %	16 %	13 %	10 %	7 %	7 %	4 %
Apgar hos barnet	Alla enkätsvar	3 %	4 %	11 %	13 %	11 %	18 %	12 %	3 %	7 %
	Forskar inom fältet	0 %	3 %	13 %	7 %	13 %	17 %	17 %	0 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	18 %	18 %	0 %	27 %	9 %	0 %	0 %
	Patient eller anhörig perspektiv	5 %	2 %	7 %	7 %	16 %	7 %	19 %	5 %	14 %
	Vårdpersonal	4 %	4 %	12 %	18 %	7 %	24 %	6 %	3 %	3 %
Inläggning intensivvård för barnet	Alla enkätsvar	1 %	0 %	5 %	15 %	8 %	20 %	12 %	9 %	15 %
	Forskar inom fältet	0 %	0 %	0 %	13 %	10 %	30 %	10 %	10 %	13 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	18 %	0 %	36 %	9 %	0 %	0 %
	Patient eller anhörig perspektiv	0 %	0 %	2 %	14 %	12 %	14 %	7 %	9 %	23 %
	Vårdpersonal	1 %	0 %	6 %	16 %	6 %	16 %	16 %	9 %	12 %

## Utfall som relaterar till resurser och vårdutförande

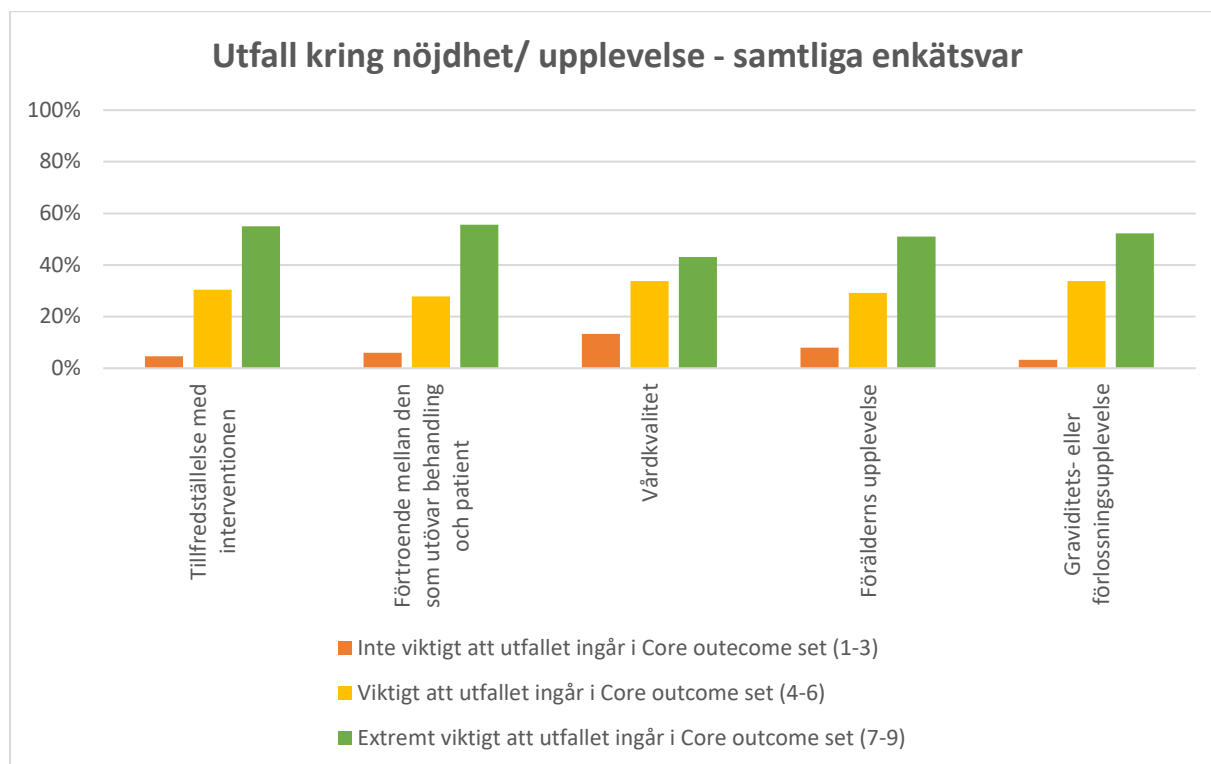


Resultatet i siffror per utfall samt olika perspektiv. För de olika perspektiven är de vanligaste rankingarna markerade.

Utfall	Perspektiv	1	2	3	4	5	6	7	8	9
Kostnads-effektivitet	Alla enkätsvar	5 %	3 %	8 %	10 %	8 %	21 %	13 %	11 %	9 %
	Forskar inom fältet	0 %	7 %	3 %	7 %	3 %	17 %	17 %	27 %	10 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	0 %	9 %	9 %	36 %	27 %	0 %	9 %
	Patient eller anhörig perspektiv	7 %	5 %	14 %	2 %	14 %	21 %	7 %	7 %	14 %
	Vårdpersonal	6 %	1 %	7 %	16 %	6 %	19 %	12 %	7 %	4 %
Nyttjande av hälso- och sjukvård	Alla enkätsvar	3 %	3 %	9 %	11 %	11 %	20 %	13 %	7 %	9 %
	Forskar inom fältet	3 %	3 %	10 %	7 %	17 %	13 %	17 %	7 %	13 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	0 %	9 %	18 %	36 %	9 %	0 %	9 %
	Patient eller anhörig perspektiv	2 %	0 %	7 %	12 %	12 %	16 %	21 %	7 %	12 %
	Vårdpersonal	3 %	3 %	12 %	13 %	7 %	22 %	7 %	9 %	6 %
Fortsatt användning av hälso-sjukvård	Alla enkätsvar	3 %	3 %	11 %	12 %	14 %	17 %	14 %	4 %	10 %
	Forskar inom fältet	0 %	7 %	10 %	7 %	23 %	13 %	17 %	7 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	9 %	0 %	9 %	9 %	27 %	18 %	0 %	9 %
	Patient eller anhörig perspektiv	2 %	0 %	7 %	14 %	12 %	14 %	19 %	2 %	23 %
	Vårdpersonal	4 %	3 %	15 %	13 %	12 %	19 %	9 %	4 %	3 %
Sjukskrivning	Alla enkätsvar	3 %	3 %	10 %	13 %	11 %	17 %	15 %	5 %	12 %
	Forskar inom fältet	3 %	7 %	10 %	10 %	17 %	7 %	17 %	3 %	17 %

	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	9 %	18 %	0 %	36 %	9 %	0 %	9 %
	Patient eller anhörig perspektiv	2 %	0 %	12 %	7 %	12 %	16 %	14 %	9 %	21 %
	Vårdpersonal	4 %	3 %	9 %	18 %	9 %	19 %	15 %	3 %	4 %

## Utfall kring nöjdhet/ upplevelse

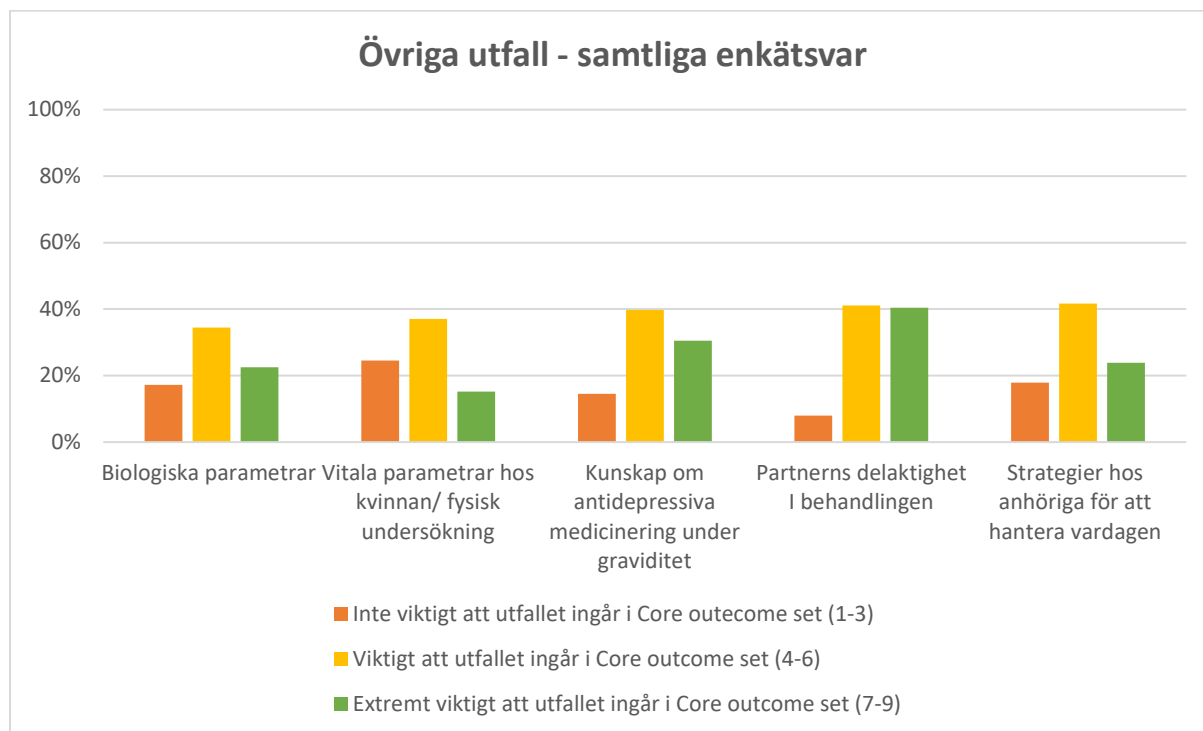


Resultatet i siffror per utfall samt olika perspektiv. För de olika perspektiven är de vanligaste rankingarna markerade.

Utfall	Perspektiv	1	2	3	4	5	6	7	8	9
Tillfredsställelse med interventionen	Alla enkätsvar	2 %	1 %	1 %	5 %	8 %	17 %	23 %	16 %	17 %
	Forskar inom fältet	0 %	3 %	3 %	17 %	7 %	20 %	7 %	13 %	20 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	0 %	0 %	0 %	55 %	9 %	18 %	0 %	0 %
	Patient eller anhörig perspektiv	2 %	0 %	0 %	0 %	5 %	19 %	16 %	14 %	40 %
	Vårdpersonal	1 %	1 %	1 %	4 %	3 %	16 %	34 %	21 %	3 %
Förtroende mellan den som utövar behandling och patient	Alla enkätsvar	1 %	1 %	4 %	4 %	9 %	15 %	17 %	13 %	26 %
	Forskar inom fältet	3 %	3 %	7 %	10 %	10 %	13 %	20 %	10 %	13 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	0 %	18 %	0 %	27 %	18 %	27 %	0 %	0 %

	Patient eller anhörig perspektiv	0 %	0 %	0 %	2 %	2 %	5 %	14 %	12 %	58 %
	Vårdpersonal	0 %	1 %	3 %	3 %	9 %	22 %	15 %	16 %	16 %
Vårdkvalitet	Alla enkätsvar	1 %	4 %	8 %	7 %	7 %	19 %	16 %	10 %	17 %
	Forskar inom fältet	3 %	13 %	17 %	10 %	10 %	10 %	10 %	3 %	13 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	0 %	18 %	0 %	27 %	18 %	9 %	9 %	0 %
	Patient eller anhörig perspektiv	0 %	0 %	0 %	7 %	2 %	16 %	16 %	16 %	37 %
	Vårdpersonal	0 %	3 %	7 %	7 %	6 %	25 %	19 %	9 %	9 %
	Alla enkätsvar	1 %	2 %	5 %	7 %	5 %	17 %	17 %	13 %	22 %
Föräldrarnas upplevelse	Forskar inom fältet	0 %	7 %	7 %	10 %	3 %	27 %	10 %	3 %	13 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	9 %	0 %	18 %	36 %	18 %	0 %	9 %	0 %
	Patient eller anhörig perspektiv	2 %	0 %	2 %	0 %	0 %	14 %	16 %	16 %	44 %
	Vårdpersonal	0 %	0 %	7 %	7 %	4 %	15 %	22 %	15 %	15 %
	Alla enkätsvar	0 %	1 %	2 %	9 %	11 %	13 %	17 %	12 %	23 %
	Graviditets- eller förlossningsupplevelse	Forskar inom fältet	0 %	7 %	3 %	20 %	13 %	7 %	20 %	7 %
HTA-organisation, myndighet, strateg eller beslutsfattare		0 %	0 %	0 %	18 %	36 %	9 %	9 %	9 %	0 %
Patient eller anhörig perspektiv		0 %	0 %	0 %	2 %	9 %	7 %	9 %	9 %	56 %
Vårdpersonal		0 %	0 %	3 %	7 %	7 %	21 %	22 %	16 %	10 %

## Övriga utfall



Resultatet i siffror per utfall samt olika perspektiv. För de olika perspektiven är de vanligaste rankingarna markerade.

Utfall	Perspektiv	1	2	3	4	5	6	7	8	9
Biologiska parametrar	Alla enkätsvar	5 %	5 %	8 %	13 %	11 %	11 %	11 %	3 %	9 %
	Forskar inom fältet	3 %	7 %	13 %	17 %	10 %	10 %	10 %	7 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	18 %	9 %	0 %	9 %	9 %	9 %	18 %	9 %	0 %
	Patient eller anhörig perspektiv	2 %	0 %	2 %	7 %	12 %	16 %	12 %	5 %	21 %
	Vårdpersonal	4 %	6 %	10 %	16 %	10 %	7 %	9 %	0 %	3 %
Vitala parametrar hos kvinnan/ fysisk undersökning	Alla enkätsvar	3 %	8 %	14 %	17 %	7 %	14 %	7 %	3 %	6 %
	Forskar inom fältet	3 %	7 %	23 %	7 %	7 %	17 %	10 %	0 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	0 %	18 %	9 %	9 %	18 %	27 %	0 %	0 %	0 %
	Patient eller anhörig perspektiv	2 %	2 %	12 %	21 %	7 %	9 %	9 %	7 %	16 %
	Vårdpersonal	3 %	10 %	12 %	19 %	4 %	13 %	4 %	1 %	0 %
Kunskap om antidepressiva medicinering under graviditet	Alla enkätsvar	1 %	2 %	11 %	17 %	15 %	9 %	13 %	8 %	9 %
	Forskar inom fältet	0 %	3 %	10 %	17 %	27 %	7 %	10 %	10 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	18 %	0 %	9 %	18 %	9 %	9 %	9 %	0 %



	Patient eller anhörig perspektiv	0 %	0 %	5 %	16 %	7 %	12 %	16 %	7 %	21 %
	Vårdpersonal	1 %	0 %	18 %	18 %	13 %	7 %	13 %	7 %	4 %
Partners delaktighet i behandlingen	Alla enkätsvar	1 %	2 %	5 %	11 %	10 %	20 %	23 %	8 %	9 %
	Forskar inom fältet	0 %	7 %	10 %	13 %	3 %	20 %	27 %	3 %	7 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	0 %	9 %	18 %	18 %	18 %	9 %	9 %	0 %
	Patient eller anhörig perspektiv	0 %	2 %	2 %	7 %	9 %	9 %	33 %	9 %	21 %
	Vårdpersonal	0 %	0 %	4 %	12 %	12 %	27 %	18 %	9 %	4 %
Strategier hos anhöriga för att hantera vardagen	Alla enkätsvar	1 %	5 %	12 %	9 %	15 %	18 %	12 %	3 %	9 %
	Forskar inom fältet	0 %	17 %	17 %	17 %	17 %	10 %	0 %	7 %	3 %
	HTA-organisation, myndighet, strateg eller beslutsfattare	9 %	0 %	36 %	9 %	9 %	9 %	9 %	0 %	9 %
	Patient eller anhörig perspektiv	0 %	0 %	5 %	5 %	7 %	19 %	21 %	2 %	26 %
	Vårdpersonal	1 %	3 %	10 %	7 %	21 %	22 %	12 %	3 %	0 %

## Bilaga 9 Resultat från Enkät 2

### Resultat enkät 2

	Pati- ent	Vård- per- sonal	Forsk- are	HTA, myn- dig- heter m.m.	Pati- ent	Vård- per- sonal	Forsk- are	HTA, myn- dig- heter m.m.	Pati- ent	Vård- per- sonal	Forsk- are	HTA, myn- dig- heter m.m.
Utfall	Oviktig (1–3)				Viktig (4–6)				Extremt viktig (7–9)			
Depressiva symtom	3 %	4 %	0 %	0 %	18 %	22 %	16 %	22 %	79 %	74 %	84 %	78 %
Depressiva symtom hos partnern	18 %	18 %	23 %	33 %	36 %	62 %	58 %	67 %	45 %	20 %	19 %	0 %
Psykiatrisk diagnos på depression	0 %	8 %	0 %	0 %	53 %	28 %	26 %	0 %	47 %	64 %	74 %	100 %
Andel som tillfrisknar från depression	21 %	12 %	3 %	13 %	39 %	46 %	20 %	25 %	39 %	42 %	77 %	63 %
Återfall i depression	12 %	4 %	7 %	13 %	30 %	56 %	30 %	50 %	58 %	40 %	63 %	38 %
Tid till tillfrisknande från depression	24 %	12 %	7 %	11 %	33 %	56 %	50 %	67 %	42 %	32 %	43 %	22 %
Påbörjades behandling mot depression?	0 %	4 %	3 %	13 %	33 %	32 %	19 %	25 %	67 %	64 %	77 %	63 %
Förändringar i mediciner mot depression	20 %	10 %	10 %	11 %	50 %	62 %	48 %	78 %	30 %	28 %	42 %	11 %
Kliniker-skattad bedömning över personens totala sjukdoms-börda	10 %	12 %	4 %	33 %	52 %	46 %	61 %	33 %	39 %	42 %	36 %	33 %
Ångest-symtom	7 %	6 %	3 %	11 %	27 %	50 %	30 %	67 %	67 %	44 %	67 %	22 %

	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.
Utfall	Oviktig (1–3)				Viktig (4–6)				Extremt viktig (7–9)			
Förlossningsrädsla	10 %	12 %	17 %	0 %	27 %	50 %	43 %	100 %	63 %	38 %	40 %	0 %
Psykiatrisk diagnos på ångest	14 %	4 %	3 %	0 %	52 %	60 %	60 %	44 %	34 %	36 %	37 %	56 %
Övriga psykiatriska och neuro-psykiatriska diagnoser	11 %	10 %	3 %	0 %	57 %	46 %	53 %	44 %	32 %	44 %	43 %	56 %
Sinnesstämning	7 %	12 %	7 %	44 %	50 %	42 %	37 %	33 %	43 %	46 %	57 %	22 %
Självskadebeteende	3 %	2 %	7 %	11 %	31 %	36 %	33 %	56 %	66 %	62 %	60 %	33 %
Självmoders-tankar och självmords-försök	3 %	4 %	0 %	0 %	10 %	2 %	10 %	0 %	86 %	94 %	90 %	100 %
Kognitiv förmåga	24 %	26 %	17 %	33 %	34 %	44 %	59 %	67 %	41 %	30 %	24 %	0 %
Symtom på ätstörning	24 %	20 %	13 %	22 %	45 %	56 %	60 %	78 %	31 %	24 %	27 %	0 %
Besök till klinisk förlossningsrädsla (Aurora mottagning)	21 %	20 %	23 %	33 %	38 %	46 %	50 %	67 %	41 %	34 %	27 %	0 %
Post-traumatiskt stressymtom	10 %	14 %	10 %	22 %	30 %	38 %	33 %	56 %	60 %	48 %	57 %	22 %
Psykiatrisk diagnos på post-traumatiskt stressyndrom i relation med barnafödande	7 %	12 %	14 %	0 %	20 %	38 %	43 %	56 %	73 %	50 %	43 %	44 %
Psykiatrisk diagnos på postpartum psykos	3 %	10 %	4 %	0 %	27 %	14 %	32 %	38 %	70 %	76 %	64 %	63 %
Våld i nära relation	7 %	2 %	3 %	0 %	45 %	32 %	43 %	33 %	48 %	66 %	53 %	67 %
Familjefunktion	10 %	18 %	7 %	11 %	53 %	46 %	47 %	67 %	37 %	36 %	47 %	22 %

	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.
Utfall	Oviktig (1–3)				Viktig (4–6)				Extremt viktig (7–9)			
Nöjdhet i förhållandet	17 %	24 %	23 %	33 %	67 %	54 %	43 %	67 %	17 %	22 %	33 %	0 %
Föräldrarnas bindning till barnet	3 %	8 %	3 %	11 %	27 %	32 %	30 %	67 %	70 %	60 %	67 %	22 %
Barnets anknytning till föräldern	3 %	8 %	7 %	11 %	34 %	30 %	33 %	67 %	62 %	62 %	60 %	22 %
Föräldraförmåga	7 %	12 %	10 %	22 %	33 %	40 %	50 %	67 %	60 %	48 %	40 %	11 %
Föräldrastress	7 %	12 %	13 %	22 %	43 %	49 %	47 %	78 %	50 %	39 %	40 %	0 %
Symtom på generell-/allmän stress	17 %	16 %	17 %	33 %	47 %	59 %	63 %	67 %	37 %	24 %	20 %	0 %
Förälder-barn interaktion	10 %	8 %	7 %	0 %	40 %	33 %	43 %	63 %	50 %	58 %	50 %	38 %
Attityder kring föräldraskap	34 %	22 %	13 %	67 %	34 %	57 %	63 %	22 %	31 %	20 %	23 %	11 %
Familjeplanering	27 %	43 %	37 %	56 %	30 %	43 %	37 %	44 %	43 %	14 %	27 %	0 %
Vardaglig funktions-nivå/ Aktiviteter i dagliga livet	0 %	10 %	3 %	22 %	57 %	62 %	50 %	22 %	43 %	28 %	47 %	56 %
Sömn	3 %	6 %	0 %	33 %	27 %	46 %	47 %	22 %	70 %	48 %	53 %	44 %
Trötthet/ utmattnings	0 %	12 %	7 %	33 %	33 %	52 %	60 %	44 %	67 %	36 %	33 %	22 %
Livskvalitet	4 %	16 %	7 %	22 %	36 %	50 %	43 %	11 %	61 %	34 %	50 %	67 %
Sexuell lust	40 %	24 %	27 %	67 %	50 %	58 %	50 %	33 %	10 %	18 %	23 %	0 %
Depressionsrelaterat stigma	13 %	18 %	28 %	56 %	23 %	45 %	45 %	33 %	63 %	37 %	28 %	11 %
Sociala relationer	7 %	10 %	10 %	33 %	63 %	60 %	50 %	67 %	30 %	30 %	40 %	0 %
Strategier för att hantera utmaningar i livet	7 %	14 %	21 %	44 %	45 %	48 %	38 %	44 %	48 %	38 %	41 %	11 %
Förmåga att fatta beslut	14 %	20 %	20 %	44 %	66 %	54 %	57 %	56 %	21 %	26 %	23 %	0 %

	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.
Utfall	Oviktig (1–3)				Viktig (4–6)				Extremt viktig (7–9)			
Självmed-känsla	21 %	26 %	41 %	56 %	41 %	58 %	45 %	22 %	38 %	16 %	14 %	22 %
Livsstil	18 %	18 %	10 %	33 %	64 %	60 %	55 %	67 %	18 %	22 %	34 %	0 %
Ordflöde	56 %	65 %	75 %	78 %	40 %	26 %	21 %	22 %	4 %	9 %	4 %	0 %
Personlighet	35 %	60 %	55 %	78 %	46 %	33 %	31 %	22 %	19 %	6 %	14 %	0 %
Upplevt socialt stöd och hjälp	3 %	8 %	10 %	11 %	41 %	62 %	52 %	67 %	55 %	30 %	38 %	22 %
Socio-emotionell kompetens	17 %	16 %	28 %	33 %	55 %	64 %	48 %	56 %	28 %	20 %	24 %	11 %
Tilltro till självhjälp	14 %	26 %	34 %	44 %	54 %	50 %	41 %	33 %	32 %	24 %	24 %	22 %
Mentali-serings-förmåga, förmåga till reflektion, förmåga att leva i nuet	21 %	20 %	28 %	67 %	50 %	50 %	52 %	33 %	29 %	30 %	21 %	0 %
Självkänsla	7 %	18 %	28 %	44 %	31 %	58 %	45 %	33 %	62 %	24 %	28 %	22 %
Oönskade händelser	7 %	4 %	17 %	0 %	57 %	54 %	24 %	33 %	36 %	42 %	59 %	67 %
Spontan abort, fosterdöd eller dödfödsel	7 %	6 %	18 %	11 %	26 %	29 %	21 %	33 %	67 %	65 %	61 %	56 %
Perinatal dödlighet	8 %	2 %	18 %	0 %	15 %	29 %	18 %	22 %	77 %	69 %	64 %	78 %
Infektion under graviditet	35 %	41 %	37 %	56 %	38 %	46 %	37 %	22 %	27 %	13 %	26 %	22 %
Kvarvarande besvär efter förlossning	4 %	10 %	21 %	22 %	29 %	39 %	41 %	44 %	68 %	51 %	38 %	33 %
Förlossnings skada	4 %	10 %	17 %	33 %	18 %	43 %	52 %	22 %	79 %	47 %	31 %	44 %
Smärta	14 %	18 %	14 %	22 %	25 %	49 %	52 %	56 %	61 %	33 %	34 %	22 %
Graviditets-hypertoni eller preklampsi (havande-skapsför-giftning)	13 %	23 %	27 %	56 %	54 %	50 %	31 %	33 %	33 %	27 %	42 %	11 %

	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.
Utfall	Oviktig (1–3)				Viktig (4–6)				Extremt viktig (7–9)			
Graviditets-längd vid förlossning	7 %	15 %	15 %	33 %	45 %	52 %	37 %	56 %	48 %	33 %	48 %	11 %
Graviditets-diabetes	42 %	36 %	26 %	67 %	35 %	44 %	33 %	11 %	23 %	20 %	41 %	22 %
Blodförlust för kvinnan i samband med förlossning	23 %	32 %	35 %	89 %	38 %	43 %	27 %	0 %	38 %	25 %	38 %	11 %
Igång-sättning av förlossning	7 %	21 %	30 %	78 %	44 %	49 %	41 %	22 %	48 %	30 %	30 %	0 %
Förlossnings sätt	10 %	10 %	26 %	33 %	24 %	47 %	33 %	44 %	66 %	43 %	41 %	22 %
Tillväxt hos fostret mätt med ultraljud	14 %	35 %	28 %	44 %	57 %	48 %	40 %	56 %	29 %	17 %	32 %	0 %
Komplika-tioner med moderkakan	11 %	37 %	38 %	56 %	44 %	41 %	27 %	33 %	44 %	22 %	35 %	11 %
Vaginalt och/eller fekal mikrobiom	38 %	59 %	57 %	78 %	31 %	30 %	30 %	22 %	31 %	11 %	13 %	0 %
Vårdöver-gång mellan mödravård, förlossning och eftervård	0 %	16 %	17 %	25 %	14 %	27 %	28 %	38 %	86 %	57 %	55 %	38 %
Amning	24 %	23 %	18 %	11 %	41 %	40 %	43 %	78 %	34 %	38 %	39 %	11 %
Uppmärk-samhet hos barnet	11 %	28 %	30 %	25 %	63 %	49 %	44 %	75 %	26 %	23 %	26 %	0 %
Tidslängd av gråtperioder hos barnet	15 %	28 %	33 %	38 %	56 %	49 %	41 %	50 %	30 %	23 %	26 %	13 %
Barnets utveckling	14 %	0 %	19 %	11 %	52 %	45 %	37 %	44 %	34 %	55 %	44 %	44 %
Utvecklings- och beteende-störningar hos barn	7 %	11 %	15 %	11 %	46 %	34 %	37 %	33 %	46 %	55 %	48 %	56 %

	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.
Utfall	Oviktig (1–3)				Viktig (4–6)				Extremt viktig (7–9)			
Sömn hos barnet	7 %	9 %	25 %	22 %	32 %	53 %	46 %	33 %	61 %	38 %	29 %	44 %
Vaccinations status hos barnet	50 %	51 %	41 %	78 %	29 %	38 %	37 %	22 %	21 %	11 %	22 %	0 %
Barnets tempera-ment	22 %	29 %	32 %	67 %	48 %	58 %	46 %	0 %	30 %	13 %	21 %	33 %
Biologiska parametrar hos barnet	35 %	39 %	57 %	56 %	38 %	53 %	13 %	11 %	27 %	8 %	30 %	33 %
Nivå av närvaro på BVC-undersökningar	33 %	23 %	29 %	11 %	26 %	51 %	25 %	44 %	41 %	26 %	46 %	44 %
Medfödda miss-bildningar	24 %	15 %	21 %	33 %	28 %	46 %	50 %	56 %	48 %	39 %	29 %	11 %
Antibiotika-användning hos spädbarn	52 %	51 %	56 %	44 %	24 %	37 %	20 %	56 %	24 %	12 %	24 %	0 %
Födelsevikt, längd och huvud-omfång	37 %	27 %	24 %	33 %	44 %	56 %	40 %	67 %	19 %	18 %	36 %	0 %
Liten för tiden	30 %	18 %	21 %	44 %	52 %	51 %	38 %	56 %	19 %	31 %	42 %	0 %
Apgar hos barnet	37 %	29 %	28 %	22 %	44 %	47 %	28 %	67 %	19 %	24 %	44 %	11 %
Inläggning intensivvård för barnet	8 %	9 %	19 %	0 %	36 %	52 %	31 %	78 %	56 %	39 %	50 %	22 %
Kostnads-effektivitet	28 %	28 %	12 %	22 %	48 %	46 %	42 %	33 %	24 %	26 %	46 %	44 %
Nyttjande av hälso- och sjukvård	25 %	23 %	8 %	11 %	43 %	64 %	54 %	78 %	32 %	13 %	38 %	11 %
Fortsatt användning av hälso-sjukvård	29 %	28 %	16 %	22 %	50 %	57 %	48 %	56 %	21 %	15 %	36 %	22 %
Sjuk-skrivning	15 %	14 %	18 %	11 %	37 %	63 %	39 %	78 %	48 %	22 %	43 %	11 %
Tillfreds-ställelse med	3 %	2 %	4 %	0 %	24 %	43 %	37 %	78 %	72 %	55 %	59 %	22 %

	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.	Pati-ent	Vård-per-sonal	Forsk-are	HTA, myn-dig-heter m.m.
Utfall	Oviktig (1–3)				Viktig (4–6)				Extremt viktig (7–9)			
Interventionen												
Förtroende mellan den som utövar behandling och patient	0 %	6 %	12 %	11 %	10 %	41 %	38 %	67 %	90 %	53 %	50 %	22 %
Vårdkvalitet	0 %	14 %	7 %	33 %	34 %	41 %	41 %	33 %	66 %	45 %	52 %	33 %
Förälderns upplevelse	3 %	8 %	15 %	22 %	24 %	37 %	37 %	67 %	72 %	55 %	48 %	11 %
Graviditets- eller förlossningsupplevelse	0 %	2 %	11 %	22 %	21 %	33 %	39 %	44 %	79 %	65 %	50 %	33 %
Biologiska parametrar	26 %	30 %	38 %	63 %	48 %	60 %	38 %	0 %	26 %	10 %	25 %	38 %
Vitala parametrar hos kvinnan/ fysisk undersökning	22 %	29 %	29 %	63 %	48 %	55 %	46 %	38 %	30 %	17 %	25 %	0 %
Kunskap om anti-depressiva medicinering under graviditet	16 %	29 %	21 %	38 %	56 %	49 %	46 %	38 %	28 %	22 %	32 %	25 %
Partnerns delaktighet i behandlingen	11 %	12 %	21 %	22 %	29 %	55 %	50 %	78 %	61 %	33 %	29 %	0 %
Strategier hos anhöriga för att hantera vardagen	4 %	17 %	32 %	33 %	48 %	63 %	50 %	67 %	48 %	21 %	18 %	0 %
Separation/skilsmässofrekvens	33 %	25 %	29 %	33 %	37 %	52 %	32 %	56 %	30 %	23 %	39 %	11 %
Förmåga att återgå till tidigare arbete/byte av yrke	21 %	25 %	14 %	44 %	46 %	60 %	43 %	44 %	32 %	15 %	43 %	11 %
Förekomst av tvångstankar	12 %	13 %	14 %	56 %	36 %	52 %	57 %	11 %	52 %	35 %	29 %	33 %



	Pati- ent	Vård- per- sonal	Forsk- are	HTA, myn- dig- heter m.m.	Pati- ent	Vård- per- sonal	Forsk- are	HTA, myn- dig- heter m.m.	Pati- ent	Vård- per- sonal	Forsk- are	HTA, myn- dig- heter m.m.
Utfall	Oviktig (1–3)				Viktig (4–6)				Extremt viktig (7–9)			
Rädsla för att något ska hända barnet	11 %	8 %	14 %	56 %	25 %	54 %	50 %	0 %	64 %	38 %	36 %	44 %
Tankar på att skada barnet, (inkluderar tankar kring utvidgat suicid)	0 %	2 %	0 %	0 %	22 %	18 %	21 %	22 %	78 %	80 %	79 %	78 %
I vilken grad depressionsbehandlingen fullföljs	4 %	2 %	0 %	11 %	41 %	33 %	21 %	44 %	56 %	65 %	79 %	44 %
Självkänned om kopplat till mentalt mående	11 %	6 %	14 %	44 %	25 %	50 %	46 %	33 %	64 %	44 %	39 %	22 %