WHO recommendations on home-based records

for maternal, newborn and child health*

Web annex A. Evidence base (GRADE and CERQual profiles)

* The full guideline document is available at: http://apps.who.int/iris/bitstream/handle/10665/274277/9789241550352-eng.pdf





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This publication forms part of the WHO guideline entitled *WHO recommendations on home-based records for maternal, newborn and child health.* It is being made publicly available as supplied by those responsible for its development for transparency purposes and information, as required by WHO (see the WHO handbook for guideline development, 2nd edition (2014)).

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Acronyms and abbreviations

ANC	antenatal care
CI	confidence interval
cRCT	cluster randomized controlled trial
DTP3	diphtheria-tetanus-pertussis immunization 3 doses
ΡΙϹΟ	population (P), intervention (I), comparator (C), outcome (O)
RCT	randomized controlled trial
SBA	skilled birth attendant
TT2	tetanus toxoid 2 doses
VitA	vitamin A

1. For women during pregnancy and after birth, and for newborns, children and caregivers (P), does use of any home-based records (I), compared with no use of any home-based records (C), improve maternal, newborn and child health outcomes (O)?

1.1 Maternal health

a. Maternal care-seeking

Source: Magwood O, Kpade V, Thavron K, Oliver S, Mayhew A, Pottie K. Effectiveness of home-based records on maternal, newborn and child health outcomes: a systematic review and meta-analysis. 2018b (submitted for publication)

			Quality a	ssessment			No. of participants Ef			ect	Containt	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% CI)	(GRADE)	Importance
Antenata Studies: N	ll care visi Mori et al.	ts: average , 2015 (Mc	e number of vis ongolia); Osaki	sits et al., 2018 (Ir	ndonesia)							
2	cRCTs	Seriousª	Not serious	Serious ^ь	Not serious	None	Mori et al. (2015): mean 6.62 (± 1.53) Osaki et al. (2018): mean 6.3 (± 2.5)	Mori et al. (2015): mean 6.41 (± 1.77) Osaki et al. (2018): mean 5.6 (± 3.1)	Mori (2015): mean difference 0.21 (–0.71 to 1.13)	Not calculated	LOW	
Antenata Studies: N	ll care visi Mori et al.	ts: 6 or mo , 2015 (Mc	re visits ongolia); Osaki	et al., 2018 (Ir	ndonesia)							
2	cRCTs	Serious ^a	Serious ^c	Serious ^b	None	None	306/436	285/519	OR 1.93 (1.48 to 2.53)	152 more per 1000 (from 94 more to 206 more)	VERY LOW	
Antenata Studies: C	ll care visit Dsaki et al	ts: 4 visits ., 2018 (Inc	donesia)									
1	cRCT	Serious ^a	Not serious	Not serious	Not serious	None	133/183	185/271	OR 1.25 (0.81 to 1.95)	Not calculated	MODERATE	
Care-seek Studies: C	king for pi Dsaki et al	regnancy c ., 2018 (Inc	omplications donesia)									
1	cRCT	Serious ^a	Not serious	Not serious	Very serious ^d	None	11/13	36/53	OR 2.60 (0.52 to 13.04)	Not calculated	VERY LOW	

continued...

1

a. Maternal care-seeking - continued

			Quality a	assessment			No. of pa	rticipants	Effect		Containtu	Importance
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% Cl)	(GRADE)	Importance
Maternal Studies: C	immuniz Osaki et al	ation: 2 do ., 2018 (Inc	oses of tetanus donesia)	toxoid vaccina	ation (TT2)							
1	cRCT	Serious ^a	Not serious	Not serious	Not serious	None	139/183	162/271	OR 1.98 (1.29 to 3.04)	Not calculated	MODERATE	
Childbirth Studies: C	h with a sl Dsaki et al	killed birth ., 2018 (Inc	n attendant (SE donesia)	3A) at a health	facility							
1	cRCT	Serious ^a	Not serious	Not serious	Serious ^e	None	79/183	106/271	OR 1.14 (0.75 to 1.74)	Not calculated	LOW	
Care-seek Studies: C	king for po Dsaki et al	ostpartum ., 2018 (Inc	complications donesia)									
1	cRCT	Serious ^a	Not serious	Not serious	Very serious ^f	None	4/6	8/28	OR 5.00 (0.76 to 32.93)	Not calculated	VERY LOW	

^a Allocation concealment and attrition bias.
 ^b Differences in comparison groups (sporadic availability of home-based records versus delay of seven months).
 ^c Mori et al. (2015) report no effect on outcome; Osaki et al. (2018) report significant effect.
 ^d Very low number of events (< 100) and wide Cls.
 ^e Low number of events (< 300).
 ^f Low number of events (< 300) and wide Cls.

b. Maternal self-care practices

Source: Systematic review of effects

			Quality a	ssessment			No. of pa	rticipants	Eff	ect	Containty	/ Importance
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative	Absolute	(GRADE)	Importance
Healthy p Studies: N	oregnancy Mori et al.	behaviou , 2015 (Mc	rs: smoking du ongolia)	ring pregnanc	у							
1	cRCT	Serious ^a	Not serious	Not serious	Very serious ^b	12 control participants received the intervention	5/253	7/247	RR 1.01° (0.90 to 1.04)	Not calculated	VERY LOW	
Healthy p Studies: N	oregnancy Mori et al.,	behaviou , 2015 (Mc	rs: drinking du ongolia)	ring pregnanc	у							
1	cRCT	Serious ^a	Not serious	Not serious	Very serious ^b	12 control participants received the intervention	20/251	35/248	RR 1.07 (0.97 to 1.18)	Not calculated	VERY LOW	
Healthy h Studies: N	nousehold Mori et al.,	environm , 2015 (Mc	ent: smoking a ongolia)	among family	members							
1	cRCT	Serious ^a	Not serious	Not serious	Serious ^d	12 control participants received the intervention	129/252	151/247	RR 0.84 (0.70 to 0.99)	97 fewer per 1000 (from 6 to 177 fewer)	LOW	
Improved Studies: 0	l commun Dsaki, 2018	ication wit 8 (Indones	thin the house ia)	hold: husband	's support (pro	xy)						
1	cRCT	Serious ^e	Not serious	Serious ^f	Serious ^d	None	109/183	119/271	OR 1.82 (1.20 to 2.76)	157 more per 1000 (from 64 to 249 more)	LOW	

^a Serious concerns regarding confounding.
 ^b Very low number of events (< 100).
 ^c In Mori et al. (2015) 12 control participants received the intervention.
 ^d Low number of events (< 300).

^e Allocation concealment and attrition bias in Osaki et al. (2018).

^f Proxy outcome (indirect evidence).

c. Maternal mortality and morbidity

Source: Systematic review of effects

			Quality a	ssessment			No. of parti	cipants	Eff	ect	Cortainty	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative	Absolute	(GRADE)	Importance
Postnata Studies: I	l depressio Mori et al.	on , 2015 (Mong	olia)									
1	cRCT	Seriousª	Not serious	Not serious	Very serious ^b	12 control participants received the intervention	15/253	11/248	RR 0.99 (0.94 to 1.04)	Not calculated	VERY LOW	

^a Serious concerns regarding confounding.
 ^b Very low number of events (< 100).

1.2 Newborn health

a. Newborn care-seeking

Source: Systematic review of effects

			Quality asses	sment			No. of pai	rticipants	Ef	fect	Cortainty	
No. of studies Study design Risk of bias Inconsistency Indirectness Imprecision Other considerations Intervention Control Re								Relative	Absolute	(GRADE)	Importance	
Care-seek Studies: C	Care-seeking for newborn illness Studies: Osaki et al., 2018 (Indonesia)											
1	cRCT	Serious ^a	Not serious	Not serious	Very serious ^b	None	10/14	17/29	OR 1.76 (0.45 to 6.98)	Not calculated	VERY LOW	

^a Allocation concealment and attrition bias in Osaki et al. (2018).

^b Very low number of events (< 100).

b. Newborn care practices

Source: Systematic review of effects

			Quality asses	ssment			No. of par	ticipants	Ef	fect	Contointu	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative	Absolute	(GRADE)	Importance
Immediat Studies: N	e breastfeed ⁄Iori et al., 20	ing 15 (Mongolia	h)									
1	cRCT	Seriousª	Not serious	Not serious	Not serious	12 control participants received the intervention	252/253	244/246	RR 1.07 (0.97 to 1.18)	Not calculated	MODERATE	
Improved Studies: C	communicat Dsaki et al., 20	ion within th 018 (Indonesi	e household: hu a)	usband's suppo	rt (proxy)							
1	cRCT	Serious ^b	Not serious	Serious	Serious ^d	None	65/183	72/271	OR 1.58 (1.02 to 2.46)	89 more per 1000 (from 3 to 176 more)	VERY LOW	

^a Serious concerns regarding confounding.
 ^b Allocation concealment and attrition bias in Osaki et al. (2018).
 ^c Proxy outcome (indirect evidence).
 ^d Low number of events (< 300).

c. Perinatal mortality and morbidity

Source: Systematic review of effects

			Quality ass	essment			No. of par	ticipants	Effec	t	Containtre	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative	Absolute	(GRADE)	Importance
Neonatal Studies: M	deaths ⁄Iori et al., 20)15 (Mongolia	h)									
1	cRCT	Seriousª	Not serious	Not serious	Very serious ^b	12 control participants received the intervention	1/253	2/248	RR 1.00 (0.99 to 1.02)	Not calculated	VERY LOW	
APGAR sc Studies: N	ore Aori et al., 20)15 (Mongolia	a)									
1	cRCT	Seriousª	Not serious	Not serious	Not serious	12 control participants received the intervention	Mean: 7.55 (± 0.89)	Mean: 7.34 (± 1.25)	Mean difference: 0.21 (0.21 to 0.63)	Not calculated	MODERATE	

^a Serious concerns regarding confounding.
 ^b Very low number of events (< 100).

1.3 Child health

a. Vaccination use

Source: Systematic review of effects

			Quality assess	ment			No. of pa	rticipants	Effe	ect	Cortainty	
No. of study design Risk of bias Inconsistency Indirectness Imprecision Other considerations Intervention Control Relative (95% CI)										Absolute (95% CI)	(GRADE)	Importance
3 doses o Studies: L	3 doses of diphtheria–tetanus–pertussis (DTP3) completion Studies: Lakhani et al., 1984 (United Kingdom); Stille et al., 2001 (United States of America [USA])											
2 RCT (1) Non-RCT (1) Very serious ^a Not serious Serious ^b Not serious None							126/313	136/301	OR 0.82 (0.52 to 1.30)	Not calculated	VERY LOW	

^a Stille et al. (2001) non-randomized design and selection bias.
 ^b Differences in DTP completion measurement and differences in intervention design.

b. Child care-seeking

Source: Systematic review of effects

	Quality assessment o. of Study Risk of Inconsistency Indirectness Imprecision						No. of par	rticipants	Eff	ect	Containty	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% Cl)	(GRADE)	Importance
Care-seek Studies: C	king for ch Dsaki et al	nildhood il ., 2018 (Inc	lness donesia)									
1	cRCT	Seriousª	Not serious	Not serious	Very serious ^ь	None	Not reported	Not reported	Not reported	Care-seeking from health personnel was similarly observed in both areas	VERY LOW	
Care-seek Studies: E	king for ch Bjerkeli Gr	nildhood il øvdal, Grii	Iness: frequeno msmo & Nilsen	cy of contact v , 2006 (Norwa	vith health serv y)	vices						
1	RCT	Serious ^c	Not serious	Not serious	Very serious ^d	None	Children with more encounters with health care services Non-routine child health centre: 35/155 Doctor outside child health centre: 30/155 Specialist or hospital: 13/155	Children with more encounters with health care services Non-routine child health centre: 35/154 Doctor outside child health centre: 28/154 Specialist or hospital: 16/154	Non-routine child health centre: OR 0.99 (0.58 to 1.69) Doctor outside child health centre: OR 1.08 (0.61 to 1.91) Specialist or hospital: OR 1.25 (0.37 to 1.70)	Not calculated	VERY LOW	
Care-seek Studies: E	king for ch Bjerkeli Gr	nildhood il øvdal, Grii	lness: children msmo & Nilsen	with chronic o , 2006 (Norwa	lisease y)							
1	RCT	Serious	Not serious	Serious ^e	Very serious ^f	None	Not reported	Not reported	Not reported	17% more parents in the control group visited the child health centre	VERY LOW	

^a Allocation concealment and attrition bias.

^b Data not reported.
 ^c High risk for selection bias.

^d Unable to assess number of events as outcome data are ordinal.
 ^e Population is children with chronic illness for this outcome.
 ^f Unable to assess number of events as not reported.

c. Child care practices

Source: Systematic review of effects

			Quality	/ assessment			No. of part	ticipants		Effect	Containtu	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative	Absolute	(GRADE)	Importance
Exclusive Studies: (breastfee Osaki et a	eding l., 2018 (Ir	ndonesia)									
1	cRCT	Serious ^a	Not serious	Not serious	Serious ^ь	None	79/183	132/271	OR 0.76 (0.51 to 1.14)	Not calculated	LOW	
Complem Studies: (nentary fe Osaki et a	eding l., 2018 (Ir	ndonesia)									
1	cRCT	Serious ^a	Not serious	Not serious	Serious ^b	Large effect noted in a positive direction	113/183	74/271	OR 4.35 (2.85 to 6.65)	344 more per 1000 (from 256 to 433 more)	MODERATE	
Continue Studies: (ed breastf Osaki et a	eeding l., 2018 (lr	ndonesia)									
1	cRCT	Serious ^a	Not serious	Not serious	Not serious	None	167/183	224/271	OR 2.31 (1.22 to 4.39)	86 more per 1000 (from 25 to 146 more)	MODERATE	
Infant an Studies: (nd child ill Osaki et a	ness mana I., 2018 (Ir	agement: vitam ndonesia)	nin A (VitA) us	e							
1	cRCT	Seriousª	Not serious	Not serious	Not serious	None	160/183	205/271	OR 2.00 (1.16 to 3.47)	118 more per 1000 (from 47 to 188 more)	MODERATE	
Infant an Studies: (nd child ill Osaki et a	ness mana I., 2018 (Ir	agement: home ndonesia)	e care – cough								
1	cRCT	Serious ^a	Not serious	Not serious	Very serious ^c	Large effect noted in a positive direction	36/45	32/60	OR 3.50 (1.44 to 8.52)	267 more per 1000 (from 89 more to 374 more)	LOW	
Infant an Studies: (nd child ill Osaki et a	ness mana I., 2018 (Ir	agement: home ndonesia)	e care – diarrh	oea							
1	cRCT	Serious ^a	Not serious	Serious ^d	Very serious ^c	None	20/24	25/27	Not reported	Not calculated	VERY LOW	

continued...

c. Child care practices - continued

			Quality	y assessment			No. of part	ticipants		Effect	Cortainty	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative	Absolute	(GRADE)	Importance
Improved communication within the household: husband's support (proxy) Studies: Osaki et al., 2018 (Indonesia)												
1 cRCT Serious ^a Not serious Serious ^a Serious ^b None 78/183 86/271 OR 1.62 (1.06 to 2.48) 109 more per 1000 (from 18 to 200 more) VE												
 Allocatio Low num Very low 	n concealm	ent and attri nts (< 300).	tion bias in Osaki	(2018).								

^c Very low number of events (< 100).
 ^d Diarrhoea only one of many possibly illnesses.
 ^e Proxy outcome (indirect evidence).

d. Child mortality and morbidity

Source: Systematic review of effects

			Quality as	ssessment			No. of part	icipants		Effect	Containth	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative	Absolute	(GRADE)	Importance
Underwe Studies: C	ight chilc Dsaki et a	lren l., 2018 (In	donesia)									
1	cRCT	Serious ^a	Not serious	Not serious	Very serious ^b	None	7/135	35/250	OR 0.33 (0.12 to 0.94)	88 fewer per 1000 (from 31 to 145 fewer)	VERY LOW	
Stunted growth Studies: Osaki et al., 2018 (Indonesia)												
1	cRCT	Serious ^a	Not serious	Not serious	Serious	None	35/133	100/248	OR 0.53 (0.30 to 0.92)	140 fewer per 1000 (from 44 to 237 fewer)	LOW	
Wasting Studies: C	Dsaki et a	l., 2018 (In	donesia)									
1	cRCT	Serious ^a	Not serious	Not serious	Very serious ^b	None	10/133	30/248	OR 0.59 (0.24 to 1.47)	Not calculated	VERY LOW	
Risk of cognitive delay Studies: Dagvadorj et al., 2017 (Mongolia)												
1	cRCT	Very serious ^d	Not serious	Not serious	Very serious ^b	None	17/214	24/172	OR 0.32 (0.14 to 0.73)	90 fewer per 1000 (from 34 to 117 fewer)	VERY LOW	

^a Allocation concealment and attrition bias.
 ^b Very low number of events (< 100).
 ^c Low number of events (< 300).
 ^d High risk for performance, detection and attrition bias; participants were not blinded to intervention.

1.4 Care-seeking across the maternal newborn and child health continuum

Source: Systematic review of effects

			Quality ass	essment			No. of par	ticipants	Effec	:t	Cortainty	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative	Absolute	(GRADE)	Importance
Maternal Studies: (l: TT2, antena Osaki et al., 2	ital care (4 vis 018 (Indonesi	its) (ANC4), SB/ a)	A								
1	cRCT	Serious ^a	Not serious	Not serious	Serious ^b	None	53/183	50/271	OR 1.46 (0.89 to 2.40)	Not calculated	LOW	
Maternal Studies: (l and newbor Osaki et al., 2	n: TT2, ANC4, 018 (Indonesi	SBA, VitA, exc a)	lusive breastf	eeding (ExBF)							
1	cRCT	Seriousª	Not serious	Not serious	Very serious ^c	None	31/183	22/271	OR 2.38 (1.22 to 4.64)	88 more per 1000 (from 24 to 151 more)	VERY LOW	
Maternal Studies: (l, newborn ar Osaki, 2018 (I	nd child: TT2, ndonesia)	ANC4, SBA, Vit	A, ExBF, pract	tised complem	entary feeding after	r six months					
1	cRCT	Seriousª	Not serious	Not serious	Very serious ^c	Large effect noted in a positive direction; however, wide Cls	22/183	5/271	OR 7.13 (2.43 to 20.90)	100 more per 1000 (from 25 to 264 more)	LOW	

^a Allocation concealment and attrition bias.

^b Low number of events (< 300).

^c Very low number of events (< 100) and wide CIs.

2. For women during pregnancy and after birth, and for newborns, children and caregivers (P), does use of any home-based records (I), compared with inconsistent use (low use) of any home-based records (C), improve maternal, newborn and child health outcomes (O)?

No studies.

3. For women during pregnancy and after birth, and for newborns, children and caregivers (P), does use of different types of home-based records (I and C), improve maternal, newborn and child health outcomes (O)?

3.1 Maternal health

a. Maternal care-seeking

Source: Systematic review of effects

			Quality as	sessment			No. of pa	rticipants	Effect		Cortainty	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% CI)	(GRADE)	Importance
Antenata Studies: `	al care (AN Yanagisaw	IC) visits: p va et al., 20	ercentage of w)15 (Cambodia)	omen attend	ing 4 or more	ANC visits (ANC4)					
1	Non-RCT	Seriousª	Not serious	Not serious	Not serious	None	Pre- intervention survey: 33.1% Post- intervention survey: 45.3% Difference: 12.3%	Pre- intervention survey: 29.4% Post- intervention survey: 39.7% Difference: 10.3%	Difference-in- differences: 1.9% Adjusted OR (intervention): 1.55 (1.09 to 2.20) Adjusted OR (control): 1.28 (0.90 to 1.81)	Not calculated	VERY LOW	
Missed ANC appointments: Studies: Lovell et al., 1987 (United Kingdom)												
1	RCT	Serious ^b	Not serious	Not serious	Serious	Mothers in the control group also had access to their notes while waiting in antenatal clinic	73/98	65/105	OR 1.80 (0.99 to 3.28)	Not calculated	LOW	
Childbirt Studies: `	h with an Yanagisaw	SBA va et al., 20)15 (Cambodia)									
1	Non-RCT	Seriousª	Not serious	Not serious	Not serious	None	Pre- intervention survey: 53.8% Post- intervention survey: 77.2% Difference: 23.4%	Pre- intervention survey: 56.6% Post- intervention survey: 67.8% Difference: 11.2%	Difference-in- differences: 12.2% Adjusted OR (intervention): 2.61 (1.81 to 3.78) Adjusted OR (control): 1.09 (0.76 to 1.56)	Not calculated	VERY LOW	

^a High risk for selection, performance and detection bias.

^b High risk for selection, performance, detection and attrition bias.

^c Low number of events (< 300).

b. Maternal care practices

Source: Systematic review of effects

			Quality as	sessment			No. of par	ticipants		Effect	Cortainty	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% CI)	(GRADE)	Importance
Healthy p Studies: I	oregnancy Lovell et a	/ behaviou ll., 1987 (U	rs: smoking at nited Kingdom	8–16 and 32–3)	4 weeks							
1	RCT	Seriousª	Not serious	Not serious	Serious ^ь	Mothers in the control group also had access to their notes while waiting in antenatal clinic	8–16 weeks: 74/98 32–34 weeks: 73/98	8–16 weeks: 79/105 32–34 weeks: 77/105	8–16 weeks: OR 1.01 (0.54 to 1.92) 32–34 weeks: OR 1.06 (0.57 to 1.99)	Not calculated	LOW	
Healthy p Studies: F	oregnancy Elbourne e	/ behaviou et al., 1987	rs: number of c (United Kingd	cigarettes smo lom)	ked							
1	RCT	Seriousª	Not serious	Not serious	Very serious ^c	None	Not reported	Not reported	Not reported	Clinical outcomes and women's health- related behaviour did not exhibit statistically significant differences either between the two groups overall, or in terms of "within- person" changes over the time period in the number of cigarettes smoked	VERY LOW	
Healthy p Studies: I	oregnancy Lovell et a	/ behaviou ll., 1987 (U	rs: drinking at nited Kingdom	8–16 and 32–3)	4 weeks							
1	RCT	Seriousª	Not serious	Not serious	Serious ^ь	Mothers in the control group also had access to their notes while waiting in antenatal clinic	8–16 weeks: 65/98 32–34 weeks: 59/98	8–16 weeks: 77/105 32–34 weeks: 72/105	OR 0.72 (0.39 to 1.31) OR 0.69 (0.39 to 1.24)	Not calculated	LOW	

^a High risk for selection, concealment, detection and attrition bias.
 ^b Low number of events (< 300).
 ^c No data reported.

c. Maternal mortality and morbidity

Source: Systematic review of effects

			Quality asse	ssment			No. of par	ticipants	Eff	ect	Cortainty	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% Cl)	(GRADE)	Importance
Clinical or Studies: L	utcomes of t ovell et al., 1	he mother 1987 (United K	(ingdom)									
1	RCT	Serious ^a	Not serious	Serious ^b	Serious ^c	None	55/104	69/108	OR 0.63 (0.37 to 1.10)	Not calculated	VERY LOW	

^a High risk for selection, performance, detection and attrition bias.

^b Study population included a high proportion of one-parent families and of unemployed people; 25% of sample included West Indian and other groups disproportionately affected by social deprivation.
 ^c Small sample size (< 300).

3.2 Newborn health

a. Newborn care practices

Source: Systematic review of effects

		Quality as	sessment			No. of par	ticipants	Effec	t	Containth	
Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative	Absolute	(GRADE)	Importance
astfeeding: 'anagisawa	: percentag a et al., 201	ge of participar 5 (Cambodia)	nts who initiate	ed early breas	tfeeding						
Non-RCT	Seriousª	Not serious	Not serious	Serious ^ь	None	Pre-intervention survey: 23.8% Post-intervention survey: 40.0% Difference: 16.2%	Pre-intervention survey: 30.0% Post-intervention survey: 40.0% Difference: 10.0%	Difference-in- differences: 6.2% OR not reported	Not calculated	VERY LOW	
Immediate breastfeeding Studies: Lovell et al., 1987 (United Kingdom)											
Non-RCT	Serious ^a	Not serious	Serious	Seriousd	None	77/98	81/105	OR 1.09 (0.56 to 2.11)	Not calculated	VERY LOW	
	Study design astfeeding anagisawa Non-RCT e breastfe ovell et al. Non-RCT	Study designRisk of biasastfeeding: percentagianagisawaet al., 201Non-RCTSeriousae breastfeeding ovell et al., 1987 (Unitable)Non-RCTSeriousa	Study designRisk of biasInconsistencystfeeding:percentage of participar anagisawa et al., 2015 (Cambodia)Non-RCTSeriousaNon-RCTSeriousaovell et al., 1987 (United Kingdom)Non-RCTSeriousaNon-RCTSeriousaNon-RCTSeriousaNon-RCTSeriousaNon-RCTSeriousa	Study designRisk of biasInconsistencyIndirectnessstfeeding:percentage of participants who initiate (Cambodia)IndirectnessNon-RCTSeriousaNot seriousNot seriousNon-RCTSeriousaNot seriousSeriousaNon-RCTSeriousaNot seriousSeriousaNon-RCTSeriousaNot seriousSeriousa	Quality assessmentStudy designRisk of biasInconsistencyIndirectnessImprecisionastfeeding: percentagisaria et al., 2015 (Cambodia)swho initiated early breast (Cambodia)early breast early breast (Serious ^a)Non-RCTSerious ^a Not seriousNot seriousSerious ^b e breastfeeding: tovell et al., 1987 (Unitserious)Not seriousSerious ^c Serious ^d	Quality assessmentStudy designRisk of biasInconsistencyIndirectnessImprecisionOther considerationsastfeeding: anagisaw: anagisaw: anagisaw: anagisaw: anagisaw: anagisaw: anagisaw: anagisaw: biasIndirectnessImprecisionOther considerationsNon-RCTSeriousaNot seriousNot seriousSeriousbSeriousbNoneNon-RCTSeriousaNot seriousSeriouscSeriousbNone	Quality assessmentNo. of partStudy designRisk of biasInconsistencyIndirectnessImprecisionOther considerationsInterventionastfeeding: anagisar: anagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: banagisar: 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(GRADE)stefeeding-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-servenus-serve

^a High risk for selection, performance, detection and attrition bias.

^b Sample size and event numbers not available.

Study population included a high proportion of one-parent families and of unemployed people; 25% of sample included West Indian and other groups disproportionately affected by social deprivation.

^d Small sample sizes (< 300).

b. Improved communication within the household

Source: Systematic review of effects

			Quality as	sessment			No. of par	ticipants	E	ffect	Containty	
No. of studies	Study design	Risk of bias	Inconsistency	onsistency Indirectness Imprecision Other considerations Intervention Control Relative Absolute						Absolute	(GRADE)	Importance
Improve Studies:	d communica Elbourne et a											
1	RCT	Seriousª	Not serious	Serious ^b	Very serious ^c	None	Not reported	Not reported	Not reported	Not calculated	VERY LOW	

^a High risk for selection, performance, detection and attrition bias.
 ^b Proxy outcome (indirect evidence).
 ^c Unable to assess number of events as not reported.

c. Perinatal mortality and morbidity

Source: Systematic review of effects

			Quality as	sessment			No. of partic	cipants	Effe	ct	Cortainty	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative	Absolute	(GRADE)	Importance
Neonatal deaths or stillbirths Studies: Lovell et al., 1987 (United Kingdom)												
1	RCT	Serious ^a	Not serious	Serious ^b	Very serious ^c	None	2/104	2/108	OR 1.04 (0.1 to 7.52)	Not calculated	VERY LOW	
Newborn outcomes (complications in the baby and stillborn or newborn death) Studies: Lovell et al., 1987 (United Kingdom)												
1	RCT	Seriousª	Not serious	Serious ^b	Very serious ^d	None	Major antenatal complication, complications with the baby, miscarriage, stillborn or neonatal death: 49/104	Major antenatal complication, complications with the baby, miscarriage, stillborn or neonatal death: 39/108	OR 1.58 (0.91 to 2.73)	Not calculated	VERY LOW	

^a High risk for selection, performance, detection and attrition bias.
 ^b Study population included a high proportion of one-parent families and of unemployed people; 25% of sample included West Indian and other groups disproportionately affected by social deprivation.

^c Wide CI and small number of events.

^d Fewer than 100 events.

3.3 Child health

a. Vaccination uptake

Source: Systematic review of effects

			Quality assess	ment			No. of pa	articipants	Ef	fect	Containty	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative	Absolute	(GRADE)	Importance
DTP3 com Studies: U	rTP3 completion tudies: Usman et al., 2009 (Pakistan); Usman et al., 2011 (Pakistan)											
2	RCTs	Not serious	Serious ^a	Not serious	Not serious	None	511/753	354/753	OR 2.39 (1.45 to 3.92)	209 more per 1000 (from 93 to 307 more)	MODERATE	

^a I² value of 82% suggests high heterogeneity between studies.

4. For women during pregnancy and after birth, and for caregivers (P), does any use of home-based records (I), compared with no use of any home-based records (C), improve health service outcomes (O)?

4.1 Quality of care

a. Communication between women/caregivers and health providers

Source: Systematic review of effects

			Quality as	sessment			No. of part	ticipants		Effect	Containtre	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% CI)	(GRADE)	Importance
Commun Studies: E	ication: d Bjerkeli G	lifficulty ta røvdal, Gri	lking to healtl imsmo & Nilser	h personnel (n, 2006 (Norv	proxy) vay)							
1	RCT	Seriousª	Not serious	Serious ^b	Very serious ^c	None	Parents with more difficulty talking to health personnel: Nurse 8/119 Doctor 19/118 Other doctors 16/89 Other health personnel 1/24	Parents with more difficulty talking to health personnel: Nurse 11/115 Doctor 17/122 Other doctors 12/104 Other 6/47	Ordinal outcome measure: Nurse: P = 0.86 Doctor: P = 0.78 Other doctors: P = 0.39 Other: P = 0.60	Not calculated	VERY LOW	
Commun Studies: I	ication: ir Moore et	nfluence o al., 2000 (l	n communicat United Kingdo	ion (proxy) m)								
1	RCT	Very serious ^d	Not serious	Serious ^{b,e}	Very serious ^f	None	Not reported	Not reported	Not reported	With one exception there was no indication of a change [in communication] after using the record	VERY LOW	

continued...

a. Communication between women/caregivers and health providers - continued

			Quality as	sessment			No. of par	ticipants		Effect	Cortainty	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% CI)	(GRADE)	Importance
Communication: received explanation from health personnel (proxy) Studies: Osaki et al., 2018 (Indonesia)												
1	cRCT	Serious ^a	Not serious	Serious ^ь	Serious ^h	Serious concern ⁱ	Improvement from baseline: 131/183	Improvement from baseline: 31/271	Difference in differences: 60.1%	There was a 60.1% higher increase in the people who had ever received explanation in the intervention arm compared with the control; no statistics reported comparing the two groups	VERY LOW	

^a High risk for selection bias.

^b Proxy outcome (indirect evidence).
 ^c Unable to assess number of events as outcome data are ordinal.

^d High risk for selection, attrition and other bias.

Population is children with disabilities.
 Number of cases not reported.

⁹ Allocation concealment and attrition bias in Osaki et al. (2018).

^h Low number of events (< 300).

¹ Comparison group had higher values at baseline.

b. Satisfaction with services

Source: Systematic review of effects

Quality assessment							No. of participants			Effect	Containtu	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% CI)	(GRADE)	Importance
Satisfaction with information provided (proxy) Studies: Bjerkeli Grøvdal, Grimsmo & Nilsen, 2006 (Norway)												
1	RCT	Seriousª	Not serious	Serious ^ь	Very serious ^c	None	Not reported	Not reported	Not reported	Parental satisfaction with information provided about their child's health from different professionals was the same in both groups	VERY LOW	

^a High risk for selection bias.
 ^b Proxy outcome (indirect evidence).
 ^c Number of cases not reported.

c. Continuity of care

Source: Systematic review of effects

Quality assessment								No. of participants		t	Cortainty	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% Cl)	(GRADE)	Importance
Continuity of care after a 2-year follow-up: Maternal and child health (MCH) handbook brought to more than 2 facilities Studies: Osaki et al., 2018 (Indonesia)												
1	cRCT	Serious ^a	Not serious	Not serious	Serious ^b	Serious concern ^c	Improvement from baseline: 94/183	Improvement from baseline: 17/271	Difference in differences 45%	Not calculated	VERY LOW	
Continuit Studies: C	Continuity of care after a 2-year follow-up: MCH handbook brought to more than 2 occasions Studies: Osaki et al., 2018 (Indonesia)											
1	cRCT	Serious ^a	Not serious	Not serious	Serious ^b	Serious concern ^c	Improvement from baseline: 95/183	Improvement from baseline: 36/271	Difference in differences 38.6%	Not calculated	VERY LOW	
Continuit Studies: C	y of care af Saki et al.,	fter a 2-year f 2018 (Indone	follow-up: MCH esia)	handbook fille	ed in by more t	han 2 personnel						
1	cRCT	Serious ^a	Not serious	Not serious	Serious ^b	Serious concern ^c	Improvement from baseline: 76/183	Improvement from baseline: 24/271	Difference in differences 33.7%	Not calculated	VERY LOW	
 Allocation concealment and attrition bias. Low number of events (< 300). Comparison group had higher values at baseline. 												
d. Identification of pregnancy complications												
Source: S	Source: Systematic review of effects											
			a	_								

Quality assessment							No. of participants		Effect		Containty	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% CI)	(GRADE)	Importance
Identifica Studies: N	dentification of pregnancy complications Studies: Mori et al., 2015 (Mongolia)											
1	cRCT	Seriousª	Not serious	Not serious	Very serious ^b	12 control participants received the intervention	31/252	14/247	OR 2.33 (1.21 to 4.51)	66 more per 1000 (from 11 to 157 more)	VERY LOW	

^a Serious concerns regarding confounding.
 ^b Very low number of events (< 100).

5. For women during pregnancy and after birth, and for caregivers (P), does any use of home-based records (I), compared with inconsistent use (low use) of any home-based records (C), improve health service outcomes (O)?

(No studies)

6. For women during pregnancy and after birth, and for caregivers (P), does use of different types of home-based records (I and C) improve health service outcomes (O)?

6.1 Quality of care

a. Communication between women/caregivers and health providers

Source: Systematic review of effects

Quality assessment								No. of participants		ect	Cortainty	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% Cl)	(GRADE)	Importance
Communication: providers explained everything to them Studies: Homer, Davis & Everitt 1999 (Australia)												
1	RCT	Seriousª	Not serious	Not serious	Very serious ^b	None	Not reported	Not reported	Not reported	Statistically significant effect on outcome (P = 0.03)	VERY LOW	
Communi Studies: H	ication: reco lomer, Davi	ords helped ta s & Everitt 19	alk with doctors 99 (Australia)	5								
1	RCT	Serious ^a	Not serious	Not serious	Very serious ^c	None	60/65	58/62	OR 0.83 (0.21 to 3.24)	Not calculated	VERY LOW	
Communi Studies: E	Communication: easier to talk with doctors Studies: Elbourne et al., 1987 (United Kingdom)											
1	RCT	Serious ^d	Not serious	Not serious	Very serious ^e	None	48/132	25/119	Rate ratio 1.73 (1.16 to 2.59) OR 2.15 (1.22 to 3.78)	154 more per 1000 (from 35 to 291 more)	VERY LOW	

^a High risk for selection, performance and attrition bias.

^b Unable to assess number of events as not reported.

^c Small sample size (< 300 events).

^d High risk for selection, performance, detection and attrition bias.

^e Very low number of events (< 100).

b. Satisfaction with services

Source: Systematic review of effects

Quality assessment							No. of participants		Effect		Cortainty	
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% Cl)	(GRADE)	Importance
Satisfaction with services: satisfaction Studies: Lovell et al., 1987 (United Kingdom); Elbourne et al., 1987 (United Kingdom)												
2	RCTs	Very seriousª	Serious ^b	Serious	Not serious	None	66/95 (Lovell et al., 1987) No data provided (Elbourne et al., 1987)	58/102 (Lovell et al., 1987) No data provided (Elbourne et al., 1987)	OR 1.73 (0.96 to 3.10) (Lovell et al., 1987) No data provided (Elbourne et al., 1987)	Not calculated	VERY LOW	
Satisfactio Study: Elb	on with se oourne et	ervices: feeling al., 1987 (Uni	g in control dur ted Kingdom)	ing ANC								
1	RCT	Seriousª	Not serious	Not serious	Very serious ^d	None	Enhanced feeling of control: 66/132	Enhanced feeling of control: 41/119	Rate ratio 1.45 (1.08 to 1.95)	155 more per 1000 (from 28 to 327 more)	VERY LOW	
Satisfactio Study: Ho	Satisfaction with services: positive comments included a sense of control Study: Homer, Davis & Everitt 1999 (Australia)											
1	RCT	Serious ^e	Not serious	Serious ^f	Serious ^g	None	Positive comments, including a sense of control: 58/65	Positive comments, including a sense of control: 55/62	OR 1.05 (0.35 to 3.2)	Not calculated	VERY LOW	

^a High risk for selection, performance, detection and attrition bias.

^b Satisfaction was measured at 32 weeks and postnatally (elements of labour and delivery, including pan relief, position of delivery, induction, episiotomy and the companion during labour). The notes group were more frequently satisfied with these aspects of their care, and significantly more of the notes group reported that they were able to have a companion during labour (Lovell et al., 1987). Study population included a high proportion of one-parent families and of unemployed people; 25% of sample included West Indian and other groups disproportionately affected by social deprivation.

^d Small number of events.

^e High risk for selection, performance and attrition bias.

^f Proxy measure of outcome (indirect evidence).

⁹ Small sample size.

CERQual assessment: Key findings from the qualitative evidence synthesis

Source: Magwood O, Kpade V, Afza R, Oraka C, McWhirter J, Oliver S, et al. Understanding women's, caregivers', and providers' experiences with home-based records: a WHO systematic review of qualitative studies. 2018a (submitted for publication).

Key finding	Contributing studies	Overall CERQual assessment	Explanation for assessment
Health care providers valued the educational and logistical aspect of home-based records	Harrison et al., 1998 (South Africa); Phipps, 2001 (Australia); Grippo & Fracolli, 2008 (Brazil); Hagiwara et al., 2013 (Palestine); Lee et al., 2016 (United States of America [USA]); King et al., 2017 (Canada)	Low confidence	Moderate concerns about methodological limitations. Major concerns about coherence as most studies consistently report about providers valuing the records, but one suggested they did not. Moderate concerns about adequacy as most studies did not show rich data, saturation or member checking.
Women, caregivers' and providers' preference for home-based records	Harrison et al., 1998 (South Africa); Kitayama et al., 2014 (USA); Yanagisawa et al., 2015 (Cambodia)	Low confidence	Moderate concerns about methodological limitations. Studies consistently reported patient and provider values but for different record types. Major concerns about relevance of the finding to the question; moderate concerns about coherence and adequacy as most studies did not show rich data, saturation or member checking.
Home-based records improved the knowledge of mothers and helped them share in pregnancy decision-making, and improved caregivers' knowledge about their children's health status	Phipps, 2001 (Australia); Byczkowski, Munafo & Britto, 2014 (USA); Kitayama et al., 2014 (USA); Yanagisawa et al., 2015 (Cambodia); Lee et al., 2016 (USA); Kelly, Hoonakker & Dean, 2017 (USA)	Moderate confidence	Moderate concerns about methodological limitations. Studies consistently reported benefit of records even across a range of record types. Major concerns about adequacy as many studies did not show rich data, saturation or member checking.
The use of home-based records for maternal and child health facilitated communication between mothers/caregivers and health care professionals, and improved person-centred care	Hully & Hyne, 1993 (United Kingdom); Phipps, 2001 (Australia); Grippo & Fracolli, 2008 (Brazil); Hunter et al., 2008 (United Kingdom); Clendon & Dignam, 2010 (New Zealand); Hamilton & Wyver, 2012 (Australia); Hagiwara et al., 2013 (Palestine); Byczkowski, Munafo & Britto, 2014 (USA); Quinlivan, Lyons & Peterson, 2014 (Australia); Sharp et al., 2014 (USA); Lee et al., 2016 (USA); King et al., 2017 (Canada)	Low confidence	Moderate concerns about methodological limitations. Moderate concerns about relevance of the finding to the question, and about adequacy because of the limited number of participants in studies.

Key finding	Contributing studies	Overall CERQual assessment	Explanation for assessment
The use of home-based records for maternal and child health decreased fear during patient– provider interactions among users and improved confidence and feelings of empowerment	Hully & Hyne, 1993 (United Kingdom); Grippo & Fracolli, 2008 (Brazil); Clendon & Dignam, 2010 (New Zealand); Hamilton & Wyver, 2012 (Australia); Quinlivan, Lyons & Peterson, 2014 (Australia); Sharp et al., 2014 (USA); Lee et al., 2016 (USA)	Low confidence	Moderate concerns about methodological limitations. Across a variety of record types, increase in confidence and decrease in fear were consistently reported. Major concerns about relevance as low-income countries were not represented; moderate concerns about richness of data.
Mothers and caregivers had concerns about the privacy of online or electronic health records	Byczkowski, Munafo & Britto, 2014 (USA); Kitayama et al., 2014 (USA); Quinlivan, Lyons & Peterson, 2014 (Australia); Sharp et al., 2014 (USA); O'Connor et al., 2016 (United Kingdom)	Low confidence	Moderate concerns about methodological limitations. Major concerns about relevance as low-income countries not represented. Major concerns with coherence as fear of privacy reported consistently except in one study.
Mothers who shared home-based records for maternal health with partners or husbands increased partners' or husbands' involvement with pregnancies and helped deal with misconceptions about pregnancy held by other family members	Phipps, 2001 (Australia); Hagiwara et al., 2013 (Palestine); Yanagisawa et al., 2015 (Cambodia)	Low confidence	Moderate concerns about methodological limitations. Moderate concerns about relevance of the finding to the research question, adequacy due to limited number of studies, and overall richness of data.
The use of home-based records for child health improved family engagement with child care	Grippo & Fracolli, 2008 (Brazil); Clendon & Dignam, 2010 (New Zealand); King et al., 2017 (Canada)	Low confidence	Moderate concerns about methodological limitations. Moderate concerns about relevance to the research question, major concern about relevance as low-income countries not represented.
Home-based records acted as a point of commonality between caregivers/mothers and nurses, and allowed nurses to provide more comprehensive/tailored health education	Clendon & Dignam, 2010 (New Zealand); Hamilton & Wyver, 2012 (Australia); Hagiwara et al., 2013 (Palestine); Yanagisawa et al., 2015 (Cambodia); Lee et al, 2016 (USA)	Low confidence	Moderate concerns about methodological limitations. Moderate concerns about relevance of the finding to the research question and about adequacy because of the limited number of studies.
The use of home-based records for maternal and child health facilitated continuity of care	Hully & Hyne, 1993 (United Kingdom); Hamilton & Wyver, 2012 (Australia); Quinlivan, Lyons & Peterson, 2014 (Australia); King et al., 2017 (Canada)	Very low confidence	Moderate concerns about methodological limitations. Moderate concerns about relevance of the finding to the research question; major concerns about relevance as low- income countries not represented; moderate concerns about adequacy because of limited number of studies and participants.

carnet de santé

IMMUNIZATION PASSPORT

pregnancy case notes

MATERNAL AND CHILD HEALTH BOOK

child health and development passport

cartillas nacionales de salud

CARTÃO DE SAÚDE INFANTILE

family health book

carte de vaccination

road to health booklet

CHILD HEALTH RECORD

infant immunization card

CHILD HEALTH PROFILE BOOK

BABY BOOK

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