

**Supplementary Table 1: Comprehensive summary of data extracted from papers for review**

	Author /Year	Study Location	Study Aims	Data collection Method	n =	Study Population	Analytic Strategy and interpretative Theory	Key Emergent Themes Relating to Barriers in Care	CASP Score (/10)
1	Almond (2011)	Southern England	Understanding equity in provision of PND services	Observed discussions between HVs and postnatal women and interviews	46	HVs (n=16) managers (n=6) English women (n=12) Bangladeshi women (n=9), cohesion worker (n=2) and mental health practitioner (n=1).	Thematic content data analysis	-Unacceptability of PND screening -Policy not implemented in practice -Cultural and language barriers	8
2	Baldwin (2009)	Inner London	Assessment of South Asian mothers well-being by Specialist community public health nurses	Interviews	8	SCPHN working with South Asian mother	Content analysis	-Poor support networks -Culturally specific barriers -Domestic and emotional abuse	5
3	Boath (2013)	Stoke-on-Trent	Teenage mothers' experiences of PND and their care	In-depth interviews	15	First-time mothers aged 16-19 who scored >12 on EPDS	Thematic Framework Analysis	-Consequences of disclosure -Poor continuity of care with preferred HCP -Utilisation of family/friends as alternatives for PNMH services -Poor education about perinatal mental health (PNMH) and mental health services (MHS) -Logistical issues	9
4	Boddy (2017)	England	Men's experiences of partner's admission to MBU for first episode PP	In-depth interviews	7	Partners of women receiving inpatient treatment for first episode PP	Interpretive Phenomenological Analysis	-Normalising symptoms - Poor PNMH education -Failures in system to manage emergencies -PNMH as a barrier	10
5	Brown (2009)	Coventry, Warwickshire	Improve understanding of PNMH service access	Focus-group discussions	68	Midwives (n=50) and midwifery students (n=18) working with PMIs	Thematic Framework Analysis	-Unacceptability of PND screening -HCP reluctant to diagnose -Midwives have poor training on PNMH -Normalising symptoms -Policy not implemented in practice -Unclear referral pathways -Delays being seem by specialist -Failures in system to manage emergencies	4
6	Chew-Graham (2008)	Bristol, Manchester London	Determine GPs' and HVs' roles in management of PND	In-depth interviews	23	GPs (n=(n=19) and HVs (n=14) from RESPOND trial	Inductive thematic analysis approach	-HCPs' reluctant to diagnose -Unacceptability of PND screening -Normalising symptoms -Poor education about PNMH and available treatments -Poor continuity of care and communication -Inappropriate HCP attitudes	8

7	Chew-Graham (2009)*	Bristol, Manchester London	GPs, HVs and women's views on disclosure of PND symptoms	In-depth interviews	28	Women from RESPOND trial scoring >11 on EPDS	Inductive thematic analysis approach	<ul style="list-style-type: none"> <li>-PNMH diagnosis issues</li> <li>-PNMH as a barrier</li> <li>-Stigma and fear of medications</li> <li>-fear of "bad mum" label</li> <li>-poor opinion of HCPs</li> <li>-Unclear roll of HV</li> <li>-“easier not to ask”</li> <li>-inadequate resources</li> </ul>	8
8	Coates (2015)	South East England	PNMH symptoms in new mothers and experiences of assessment	interviews at home (n=15) or via telephone (n=2)	17	Women experiencing distress with baby <1year	<p>Inductive thematic analysis approach</p> <p>-----</p> <p><i>Critical realist approach</i></p>	<ul style="list-style-type: none"> <li>-PNMH diagnosis issues</li> <li>-Unacceptability of PND screening</li> <li>-“it is actually alright to ask for help”</li> <li>-Stigma of PNMH</li> <li>-Inadequate resources</li> <li>-Logistically issues</li> </ul>	10
9	Coates (2014)	South East England	Experiences of postpartum emotional distress	interviews at home (n=15) or via telephone (n=2)	17	Women experiencing distress with baby <1year	Interpretive Phenomenological Analysis	<ul style="list-style-type: none"> <li>-Fear of “bad mum” label</li> <li>-Normalising symptoms</li> <li>-Waiting for help to come</li> <li>-Poor opinion of HCP</li> <li>-Poor support networks</li> </ul>	10
10	Cooke (2012)	UK**	Parents' perceptions of barriers to PNMH services	In-depth interviews	7	Parents (>18years) with psychological distress	Thematic Framework Analysis	<ul style="list-style-type: none"> <li>-Fear of disclosure</li> <li>-Inappropriate HCP attitudes</li> <li>-PNMH as barrier</li> </ul>	5
11	Edge (2007)	Northern England	Explain low PND service access among Black Caribbean women	In-depth interviews	12	Black Caribbean women, >18years, scoring >12 on EPDS	Grounded theory approach using constant comparison method	<ul style="list-style-type: none"> <li>-Poor PNMH awareness</li> <li>-Culturally specific barriers</li> <li>-Fear of “bad mum” label</li> <li>-Fear of medication side effects</li> <li>-Fear of disclosure and stigma</li> <li>-Inappropriate HCPs attitudes</li> </ul>	8
12	Edge (2008)	North West England	Explain low PND service access among Black Caribbean women their absence from UK perinatal research	In-depth interviews	12	Black Caribbean women, >18years, scoring >12 on EPDS	Thematic Framework Analysis	<ul style="list-style-type: none"> <li>-Culturally specific barriers</li> <li>-Inappropriate HCP attitudes</li> <li>-Stigma</li> </ul>	10
13	Edge and MacKian (2010)	North West England	Black Caribbean women's accounts of help-seeking for PND	In-depth interviews	12	Black Caribbean women, >18years, scoring >12 on EPDS	<p>Thematic Framework Analysis</p> <p>-----</p> <p>Draws on social model of depression and MacKian concepts of 'reflexive Communities'</p>	<ul style="list-style-type: none"> <li>-Culturally specific barriers</li> <li>-Poor PNMH awareness</li> </ul>	9

14	Edge (2010)	Northern England	HCPs views about PNMH care for BME women	In-depth interviews and Focus Group discussions	42	GPs (n=5), midwives (n=22), midwifery managers (n=5), hospital doctors (n=2), HVs (n=5), volunteers (n=3)	Thematic Framework Analysis	<ul style="list-style-type: none"> <li>-Physical health over PNMH</li> <li>-Policy not implemented</li> <li>-Diagnostic difficulties</li> <li>-Poor interdisciplinary communication</li> <li>-Unclear referral pathways</li> <li>-Lack of resources</li> <li>-Language barriers</li> </ul>	9
15	Edge (2011)	Northern England	Black Caribbean women's opinion of PND service access	In-depth interviews	42	Black Caribbean women >18years, with PND or knew someone who had PND	Thematic Framework Analysis	<ul style="list-style-type: none"> <li>-Previous negative NHS experience</li> <li>-Inadequate resources</li> <li>-Poor support networks</li> <li>-Culture barriers, poor awareness of PNMH</li> </ul>	9
16	Evans (2017)	East Midlands	Women's experiences of anxiety in pregnancy and their views on the use of anxiety instruments in antenatal care	Focus group discussions	19	Woman >18 years old who had given birth in last nine months. Women had to have considered themselves as having anxiety during pregnancy	Template analysis	<ul style="list-style-type: none"> <li>-Not able to share worries with others and feeling isolated</li> <li>-Poor communication</li> <li>-Unclear referral pathways</li> <li>-Assessment tools as a tick box exercise</li> </ul>	7
17	Gardner (2014)	Manchester	UK-based West African mothers experiences of PND	In-depth interviews	6	Black West African women scoring >10 on EPDS and using self-help parenting groups	Interpretive Phenomenological Analysis	<ul style="list-style-type: none"> <li>-Poor PND awareness</li> <li>-Poor support networks</li> <li>-Lack of religious faith</li> <li>-Logistical issues</li> <li>-Stigma</li> </ul>	8
18	Glover (2014)	Northern England	Women's experiences of PP and their causal explanations	In-depth interviews	7	Women accessing specialist psychiatric services due episode of PP <10years ago	Inductive thematic analysis ----- Draws on the stress-vulnerability model	<ul style="list-style-type: none"> <li>-Normalising symptoms</li> <li>-Poor advice from friends</li> <li>-Poor education about PP</li> <li>-Baby as a barrier</li> <li>-Focus on physical health</li> <li>-Stigma</li> </ul>	9
19	Husain (2015)	Manchester Lancashire	Pilot trial of culturally-adapted PHP for British South Asian women with PND	In-depth interviews (Conducted in Urdu, transcribed in English)	17	British South Asian Women with PND from Bangladesh (n=1) Pakistan (n=14) India (n=2). All participants from ROSHNI-2 trial	Thematic Framework Analysis	<ul style="list-style-type: none"> <li>-Domestic and emotional abuse</li> <li>-Logistical issues</li> <li>-Language and cultural barriers</li> <li>-Lack of anonymity in therapy</li> <li>-Anxiety about treatment</li> </ul>	8
20	Jomeen (2013)	Northern England	HVs' experiences of psychological distress and PMI assessment	Focus Group Discussions	5	HVs attending an optional PNMH training day	Thematic Framework Analysis	<ul style="list-style-type: none"> <li>-Lack of formal PNMH training</li> <li>-Diagnostic issues</li> <li>-Stigma</li> <li>-Issues with interpreters</li> <li>-Poor opinion of HCPs</li> <li>-Issues with referral pathway</li> <li>-Interdisciplinary communication</li> </ul>	9

21	Lam (2012)	Manchester	Investigate Chinese women's postnatal experiences	In-depth interviews (conducted in Chinese and English)	8	UK-based, postnatal, Chinese women. EPDS from 2-17***	Grounded theory approach	-Poor information available -Utilisation of family, friends and online forums as an alternative for PNMH services -Language barrier -Fear of family conflict -Conflicting advice from professionals and family -preoccupied with baby	9
22	McGookin (2017)	Manchester	Student Midwives awareness, knowledge and experience of antenatal anxiety	Semi-structured in-depth interviews (19-30 minutes)	7	Student Midwives (year 1-3)	Thematic analysis	-Fear of consequences of disclosure -lack of education and awareness about mental health -poor training -inappropriate staff attitudes -Lack of time and resources	7
23	McGrath (2013)	North West England	Understanding PP recovery	In-depth interviews conducted via phone (n=1) or face-to-face (n=11)	12	Women with any postnatal psychosis according to International classification of Disease- version 10 (ICD-10)	Grounded theory approach ----- Draws on 'Recovery framework' and 'Biopsychosocial models of illness'	-PNMH as a barrier -Fear of "bad mum" label -Stigma	10
24	Millet (2018)	London	Women's and HCPs experience of access to <i>Improving Access to Psychological therapies</i> (IAPT) services during perinatal period	Interviews with service users (n=12) and therapists (n=14)	26	Women referred to mental health services who spoke English and had a baby aged 6-9 months at time of interview. Therapists working for IAPT.	Thematic Analysis	-Normalising symptoms -Fear of "bad mum" label and consequences of disclosure -IAPT not tailored to individual with PNMH conditions -Non baby-friendly environment -Lack of family support	9
25	Nicholls (2007)	Sussex	Experiences of postnatal-PTSD in couples relationship	In-depth interviews	12	Couples where either women (n=3), partner (n=1) or both (n=2) fulfilled DSM-IV criteria for postnatal-PTSD ****	Thematic Framework Analysis	-Difficulty of discussing PNMH -Support networks -Previous negative NHS experience	8
26	Patel (2013)	North West of England	PND illness beliefs	In-depth interviews	11	Women with PND or depression in pregnancy which continued after birth and scored >10 on EPDS	Grounded Theory ----- Draws on 'Leventhal's self-regulation model of illness beliefs'	-Fear of "bad mum" label -Normalising symptoms and unknown cause of symptoms -Stigma -PNMH as barrier	9
27	Phillips (2015)	UK	Student midwives awareness of PMIs	Focus group discussions (2 groups lasting 1 hour)	9	Student midwives within 6 months of completing degree.	Thematic Framework Analysis	-Poor resources -"easier not to ask" -Inadequate education about PNMH	8

28	Plunkett (2017)	North West England	Role of baby in PP recovery from	In-depth interviews phone (n=7) or face-to-face (n=5)	12	Women who had experienced PP. (checked on a "symptom checklist")	Thematic Framework Analysis ----- *****	-Baby as motivating recovery factor -Fear of disclosure	10
29	Radcliffe (2011)	Three UK hospital trusts	Provider experiences of services access and stigmatisation for substance-misusing women	In-depth interviews and participant observations	46	Community midwives, specialist midwives, postnatal ward staff, sonographers (n=22). Perinatal women accessing substance-misuse clinics (n=24)	Grounded Theory ----- Uses a 'social constructionist approach'	-Poor diagnostic tools -Stigma -Logistical issues (eg. lack of diary to keep appointments)	4
30	Rothera (2008)	Trent, Leicestershire, Northampton, Rutland	To highlight issues with PNMH management	In-depth interviews and Focus Group discussions	39	HVs(n=4), Midwife (n=4), GP's (n=3), mental health practitioner (n=2), community psychiatric nurse (n=8), obstetrician (n=5), psychiatrists (n=9), managers (n=4)	Analytic induction and data reduction	-Failure to manage emergencies -Policy not implemented -Poor HCP PHM education and awareness -Interdisciplinary communication	7
31	Rowan (2010)	Southern England	Exploration of policy recommendation implementation	In-depth interviews	8	Managers of maternity services, community midwives, community psychiatric nurses and psychiatrists	Thematic Framework Analysis	-Policy not implemented -Issues with catchment areas -Poor awareness about PNMH treatments	8
32	Slade (2010)	Trent	Women's experiences of HVs identifying and managing PND (part of PoNDER trial).	In-depth interviews	30	Women in PoNDER trial with 6-week PNDS score >18	template approach	-Poor support networks -Fear of disclosure and stigma -Unclear role of HV and poor training -Poor continuity of care -Inadequate resources -Negative experiences of HCP	9
33	Wan (2008)	Manchester Liverpool	Explored providers' perspectives of support needs of mothers with schizophrenia	In-depth interviews	28	Midwives (n=15), obstetric consultant (n=1), psychiatrist (n=1), registered mental health nurses (n=7), manager (n=1) nursery nurse (n=3). Recruited from MBUs (n=9) or antenatal clinics (n=19).	Thematic Framework Analysis	-Fear of consequences -Lack of midwifery training -PNMH as barrier -Interdisciplinary communication -Lack of education about PNMH -Continuity of care -Support networks -Lack of resources	10
34	Wittkowski (2011)	Greater Manchester	South Asian mothers' understanding of PND	In-depth interviews	10	South Asian mothers scoring >12 on EPDS	Grounded Theory approach	-Fear of upsetting others, losing job and stigma -Cultural and language barriers -Racial discrimination -Poor PNMH awareness -Poor social support networks -Interdisciplinary communication	8

35	Wyatt (2015)	England	How women and their significant others make sense of PP experiences	In-depth interviews	7	Women with PP and their carers (partners (n=5), family members (n=1) friends (n=1))	Interpretive Phenomenological Analysis	-Poor social support networks -Fear of "bad mum" label -Poor knowledge of PNMH amongst carers -Feeling guilty for feeling ill	9
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**Table 4.1 Key:**

*\*Quotes from the Chew-Graham 2008 study population were also included in this paper*

*\*\*Paper quotes: "Culturally and socio-economically diverse, urban region of UK"*

*\*\*\*This review will only extract data from participants scoring >10 on EPDS*

*\*\*\*\*This review will only extract data from the women within the study diagnosed with birth-related PTSD*

*\*\*\*\*\*Paper mentions there is limited theory and pre-existing research on this topic so recognises it may not be possible to map findings onto a formal theory*