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eMethods1. Search strategies

MEDLINE (OvidSP)
1. EPDS.af.
2. Edinburgh Postnatal Depression.af.
3. Edinburgh Depression Scale.af.
4. or/1-3
5. Mass Screening/
6. Psychiatric Status Rating Scales/
7. "Predictive Value of Tests"/
8. "Reproducibility of Results"/
9. exp "Sensitivity and Specificity"/
10. Psychometrics/
11. Prevalence/
12. Reference Values/
13. Reference Standards/
14. exp Diagnostic Errors/
15. Mental Disorders/di, pc [Diagnosis, Prevention & Control]
16. Mood Disorders/di, pc [Diagnosis, Prevention & Control]
17. Depressive Disorder/di, pc [Diagnosis, Prevention & Control]
18. Depressive Disorder, Major/di, pc [Diagnosis, Prevention & Control]
19. Depression, Postpartum/di, pc [Diagnosis, Prevention & Control]
20. Depression/di, pc [Diagnosis, Prevention & Control]
21. validation studies.pt.
22. comparative study.pt.
23. screen*.af.
24. prevalence.af.
25. predictive value*.af.
26. detect*.ti.
27. sensitiv*.ti.
28. valid*.ti.
29. revalid*.ti.
30. predict*.ti.
31. accura*.ti.
32. psychometric*.ti.
33. identif*.ti.
34. specificit*.ab.
35. cut?off*.ab.
36. cut* score*.ab.
37. cut?point*.ab.
38. threshold score*.ab.
39. reference standard*.ab.
40. reference test*.ab.
41. index test*.ab.
42. gold standard.ab.
43. or/5-42
44. 4 and 43

PsycINFO (OvidSP)
1. EPDS.af.
2. Edinburgh Postnatal Depression.af.
3. Edinburgh Depression Scale.af.
4. or/1-3
5. Diagnosis/
6. Medical Diagnosis/
7. Psychodiagnosis/

8. Misdiagnosis/
9. Screening/
10. Health Screening/
11. Screening Tests/
12. Prediction/
13. Cutting Scores/
14. Psychometrics/
15. Test Validity/
16. screen*.af.
17. predictive value*.af.
18. detect*.ti.
19. sensitiv*.ti.
20. valid*.ti.
21. revalid*.ti.
22. accura*.ti.
23. psychometric*.ti.
24. specificit*.ab.
25. cut?off*.ab.
26. cut* score*.ab.
27. cut?point*.ab.
28. threshold score*.ab.
29. reference standard*.ab.
30. reference test*.ab.
31. index test*.ab.
32. gold standard.ab.
33. or/5-32
34. 4 and 33

Web of Science (Web of Knowledge)
#1. TS=(EPDS OR "Edinburgh Postnatal Depression" OR "Edinburgh Depression Scale")
#2. TS=(screen* OR prevalence OR "predictive value*" OR detect* OR sensitiv* OR valid* OR revalid* OR predict* OR accura* OR psychometric* OR identif* OR specificit* OR cutoff* OR "cut off*" OR "cut* score*" OR cutpoint* OR "cut point*" OR "threshold score*" OR "reference standard*" OR "reference test*" OR "index test*" OR "gold standard" OR "reliab*")
#2 AND #1
Databases=SCI-EXPANDED, SSCI, A&HCI

eMethods2. QUADAS-2 coding manual for primary studies included in the present study

Domain 1: Participant Selection

1. **Signalling question 1 – Was a consecutive or random sample of patients enrolled?:** Code as "yes" if a consecutive or random sample of participants were recruited for the study and the percentage of eligible participants who participate is ≥75%. If the study indicates that consecutive or random participants were recruited, but does not give an indication of the total number of eligible participants and how many agreed to participate in the study, this should be rated "unclear". If the percentage of eligible participants included in the study was between ≥50% and <75%, then this should also be marked as "unclear". If a very low rate of eligible participants (<50%) were included in the study, this should be coded "no." In "Notes", please provide the relevant numbers and percentages used to make a determination. If a convenience sample of participants was recruited for the study or if the study was a case-control design, code as "no".

2. **Signalling question 2 – Was a case-control design avoided?:** Code as "yes" if the study did not employ a case-control design. Code as "no" if the study used a case-control design.

3. **Signalling question 3 – Did the study avoid inappropriate exclusions?:** Inappropriate exclusions refer to situations where an important part of the screening population was excluded from the study based on characteristics that could be related to screening results. Code as "yes" if the study does not inappropriately exclude participants. Code as "no" if the study inappropriately excludes participants.

4. **Overall risk of bias**: Rate as "low", "High", or "unclear" as described in QUADAS-2. Please indicate factors in decision in "Notes". NOTE: if signalling question 1 was coded "Unclear" the overall risk of bias is either a) Unclear, in cases where the denominator is not specified, or the percentage cannot be calculated, or method of participant selection is unclear OR b) Low, in cases where the percentage can be calculated, and is between 50-75%. If signalling question 1 is a "no" and signalling questions 2 and 3 are both "yes" then the risk of bias is coded "Unclear".

5. **Applicability concerns:** Code as "low" if study excluded participants who were already diagnosed or treated for depression or if the study included these patients, but they can be excluded using the individual patient data. Also code as "low" if the study did not exclude participants already diagnosed with depression and the overall percentage of these participants is low (e.g., ≤ 2.0% of total participants), even if there is not a variable to exclude them. Code "unclear" if the study did not exclude participants already diagnosed or treated for depression and it is not known how many diagnosed and treated patients were included or if the percentage is moderate (e.g., >2.0% but ≤ 5.0%). Code "High" if already diagnosed and treated patients are included and make up > 5.0% of the total sample and there is not a variable to exclude them. Please see aggregated study information sheet to code this.

Domain 2: Index Test

1. **Signalling question 1 - Were the index test results interpreted without the knowledge of the results of the reference standard?:** Code this item as "N/A" for all studies, as the index test is scored and does not require interpretation.

2. **Signalling question 2 - If a threshold was used, was it pre-specified?:** Code this item as "N/A" for all studies, as individual participant data allows for testing at all thresholds/cut-offs.

3. **Overall risk of bias:** Rate this item as "low" for all studies since the interpretation of the index test is fully automated in scoring self-report depressive symptom questionnaires and the individual participant data allows for testing at all thresholds/cut-offs.

4. **Applicability concerns:** Code "low" if the standard language version of the index test was used or if a translated version was used with an appropriate translation and back-translation process, or a translated version

is located online. Code "unclear" if a translated version was used and it is not clear what steps were taken to ensure the quality of the translation or if only forward translation was used.

Domain 3: Reference Standard

1. **Signalling question 1 – Is the reference standard likely to correctly classify the condition?:** This question will be coded as "yes" for all studies because the use of a validated semi- or fully-structured psychiatric interview to assess participants for a DSM or ICD diagnosis of MDD/MDE is an eligibility requirement.

2. **Signalling question 2 – Were the reference standard results interpreted without knowledge of the results of the index test?:** Code as "yes" if the person administering the diagnostic interview was blinded to the participant's score on the index test, or if the diagnostic interview was administered before the index test. Code as "no" if the person administering the diagnostic interview was not blinded or was aware of the participant's score on the index test. Code as "unclear" if the study does not indicate whether blinding occurred and we cannot ascertain whether blinding occurred.

3. **Study-specific Signalling question 3 – Did a qualified person administer the reference standard?:** Specific clinical training is required. For semi-structured interviews, this will be coded "yes" if a trained mental health diagnostician administered the clinical interview (e.g., psychiatrist, psychologist, clinician, social worker, general practitioner, psychiatric nurse) or if non-clinicians who have comprehensive diagnostic experience and documented adequate training administered the clinical interview (e.g. trained doctoral student, research assistant, nurse, nurse practitioner, advanced practice nurse). Code "no" if individuals without the required training administered the reference standard (e.g., student, research assistant, nurse without documented extensive training necessary). Code "unclear" if the characteristics of personnel who administered the diagnostic interview cannot be ascertained or if a vague description of training is provided (e.g., trained research assistants with no additional information). If the name of the interviewer is provided in the article, but no credentials are listed, then code based on credentials retrieved online for the interviewer.

4. **Overall risk of bias:** The coding of this item should consider blinding of the person administering the diagnostic interview to the participant's score on the index test and the qualifications of individuals administering the reference standard interview.

5. **Applicability concerns:** This item will be coded as "low" for most standard language studies, since the use of a validated semi- or fully-structured psychiatric interview to assess participants for a DSM or ICD diagnosis of MDD/MDE is an eligibility requirement. For translated versions of a validated reference standard, code "low" if a translated version was used with an appropriate translation and back-translation process, or a translated version is located online. Code "unclear" if a translated version was used and it is not clear what steps were taken to ensure the quality of the translation or if only forward translation was used.

Domain 4: Flow and Timing

1. **Signalling question 1 – Was there an appropriate interval between index test and reference standard?:** Only patient data with two weeks or less between the index text and reference standard are included. Thus, code "yes" if index test and reference standard were administered within a week of each other. Code "unclear" if the period was greater than one week (but less than two weeks) or if the timing cannot be ascertained beyond knowing that it was < 2 weeks. Note that this item may be coded differently for different patients from the same study. Please see aggregated study information sheet to code this.

2. **Signalling question 2 – Did all patients receive a reference standard?:** This will typically be coded "yes". If a portion of positive and negative screens receive the reference standard, and the patients selected were chosen randomly, code "yes". If non-random selection based on clinical factors or the index test determined whether or not patients received a reference standard, then code "unclear" or "no". An example of all patients not receiving a reference standard would occur, for instance, if patients who endorsed suicidality on the index test were referred for evaluation and did not receive the reference standard interview.

3. **<u>Signalling question 3 – Did all patients receive the same reference standard?:</u>** This question will typically be coded as "yes" for all studies, since the reference standard is almost always consistent within each study.

4. **<u>Signalling question 4 – Were all patients included in the analysis?:</u>** When coding for this question, compare the number of participants who received the index test to the number of participants who received the reference standard. Code as "yes" if at least 90% of participants who received the index test also received the reference standard, or vice versa, and were included in analyses. Code as "unclear" if this difference is ≥ 80%, but < 90% or if it cannot be determined. Code as "no" if it is < 80%. If the study used randomly selected patients for either the index test or the reference standard, do not count the participants who did not receive the reference standard for that reason as missing. In "Notes", please provide the relevant numbers and percentages used to make a determination.

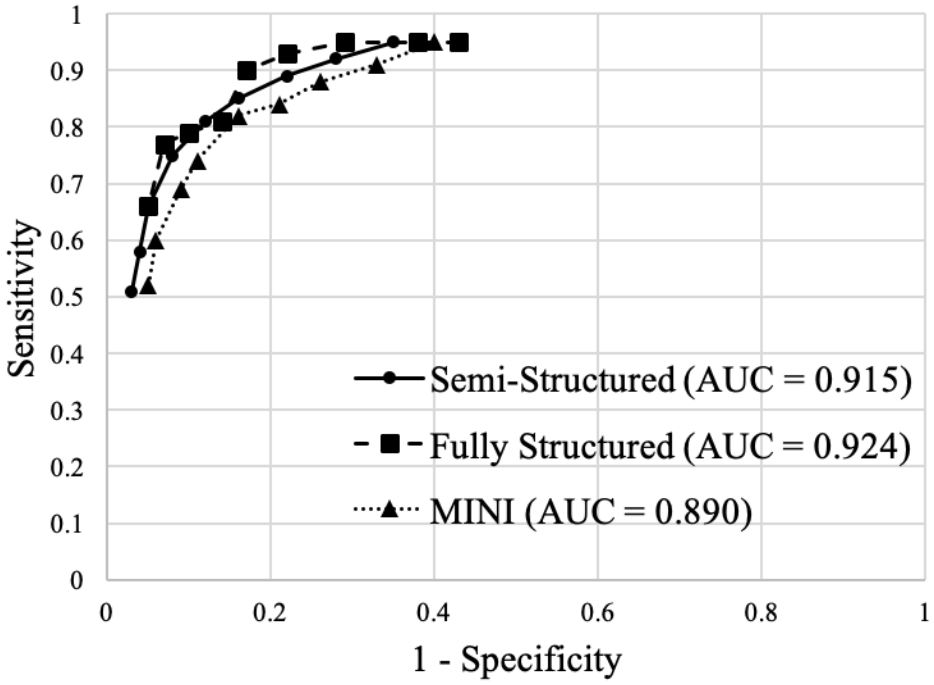
5. Overall risk of bias: Rate as "low", "High", or "unclear" risk of bias. Given that questions 2 and 3 will typically be coded as "yes", use the following rules to code the overall risk of bias:

SQ1 = UNCLEAR and SQ4 = YES: code as UNCLEAR risk of bias
SQ1 = UNCLEAR and SQ4 = UNCLEAR: code as UNCLEAR risk of bias
SQ1 = UNCLEAR and SQ4 = NO: code as HIGH risk of bias if the % in SQ4 is <50% and code as UNCLEAR risk of bias if the % in SQ4 is >=50%
SQ1 = YES and SQ4 = UNCLEAR: code as UNCLEAR risk of bias
SQ1 = YES and SQ4 = YES: code as LOW risk of bias
SQ1 = YES and SQ4 = NO: code as HIGH risk of bias if the % in SQ4 is <50% and code as UNCLEAR risk of bias if the % in SQ4 is >=50%

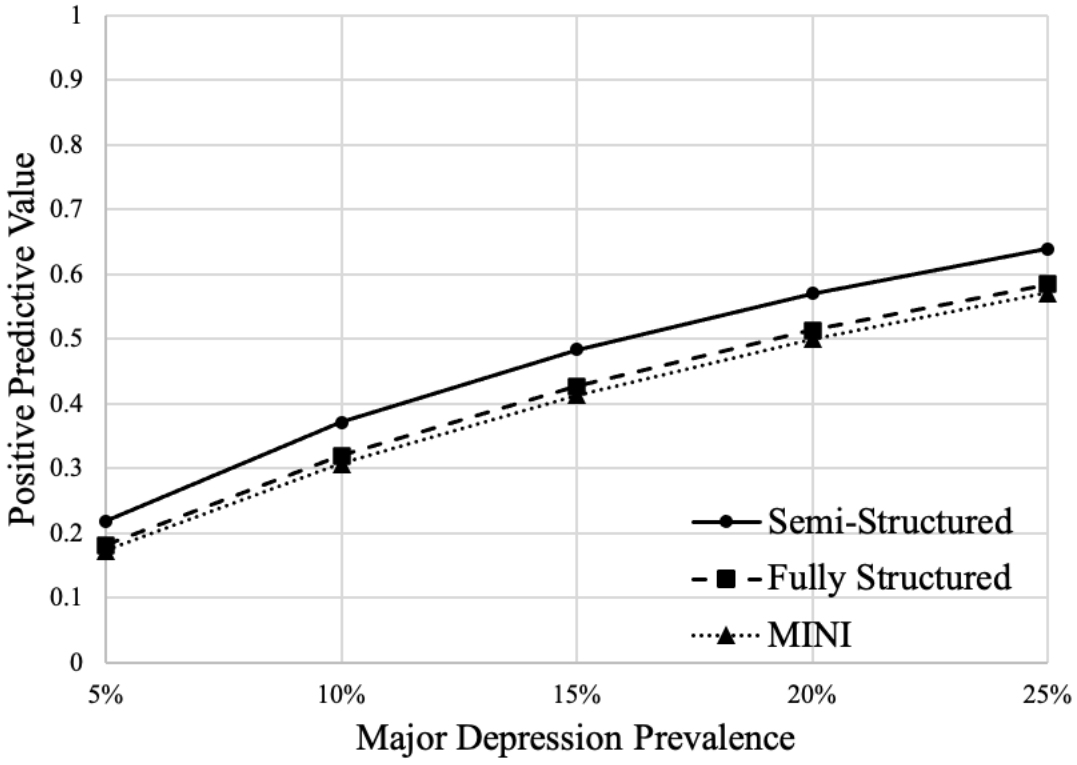
<u>Note</u>: If "IPD" was selected for signalling question 1, and the overall risk of bias rating depends on the individual patient rating in signalling question 1, then rate as "IPD" and indicate which participants should receive which bias rating (for example, participants administered the reference standard within 1 week are rated as "low", whereas those administered the reference standard within 1-2 weeks are rated as "unclear").

Please indicate factors in decision in "Notes".

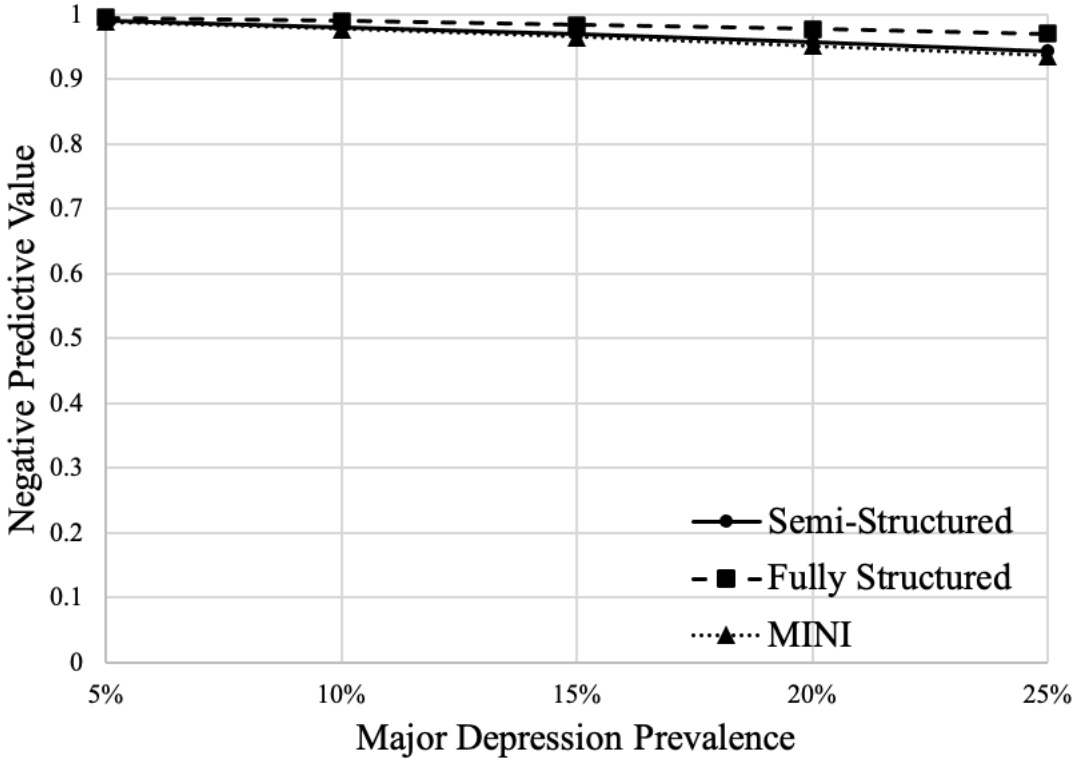
eFigure1. ROC curves comparing sensitivity and specificity estimates for EPDS cutoffs 7-15 among semi-structured diagnostic interviews, fully structured diagnostic interviews, and the Mini International Neuropsychiatric Interview (MINI), along with AUC values



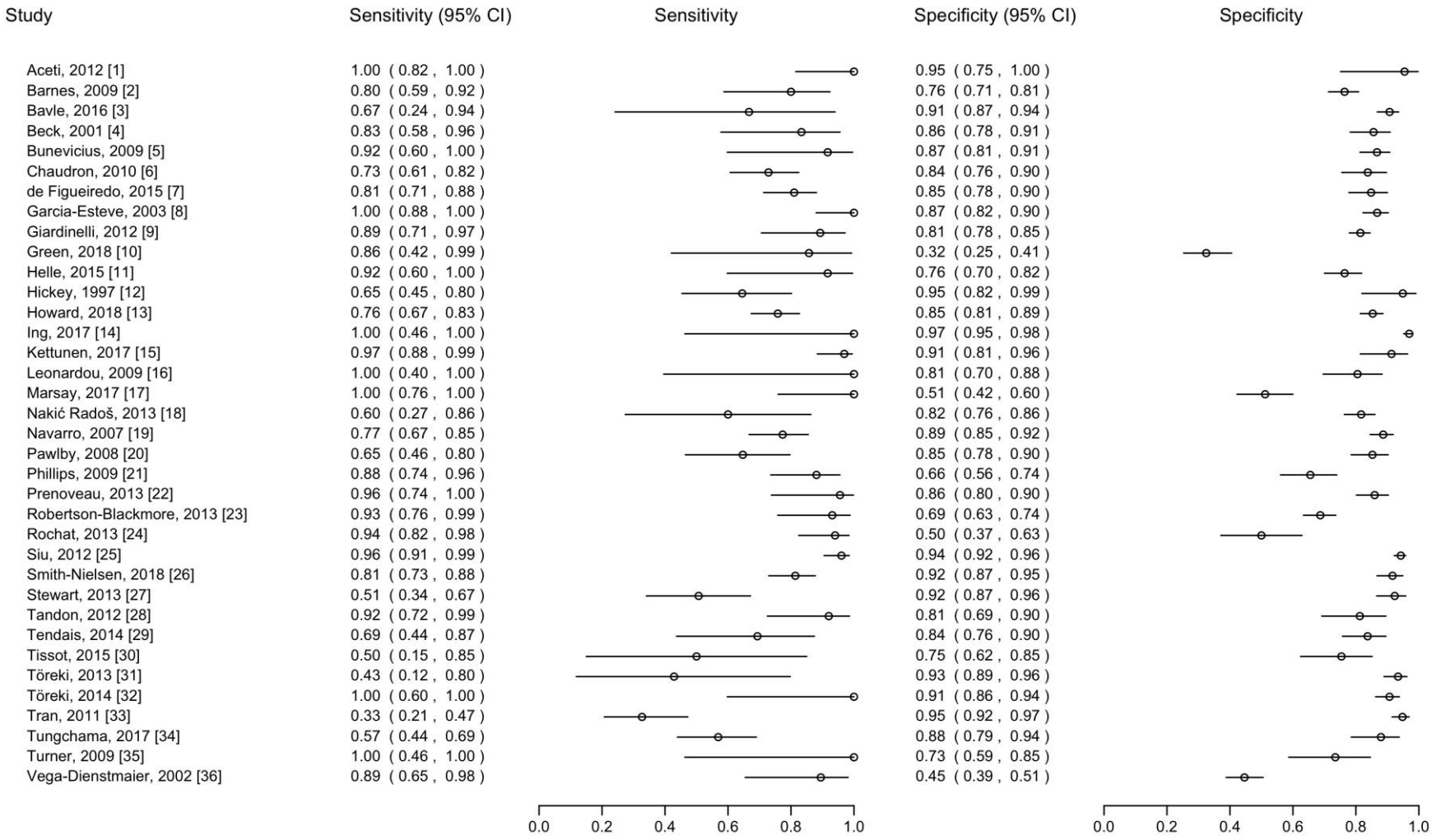
eFigure2a. Nomograms of positive predictive value, for EPDS cutoff 10, for major depression prevalence values of 5 to 25%, for semi-structured diagnostic interviews, fully structured diagnostic interviews, and the MINI



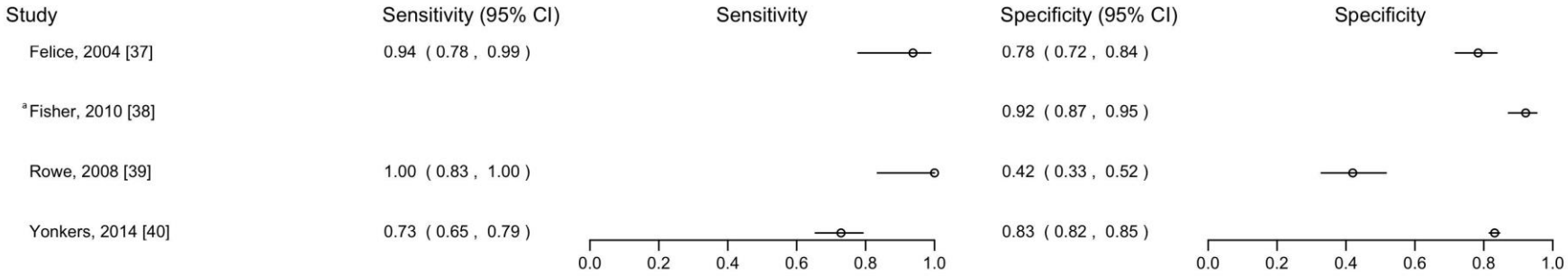
eFigure2b. Nomograms of negative predictive value, for EPDS cutoff 10, for major depression prevalence values of 5 to 25%, for semi-structured diagnostic interviews, fully structured diagnostic interviews, and the MINI



eFigure3a. Forest plots of sensitivity and specificity estimates for EPDS cutoff 10, among studies that used a semi-structured diagnostic interview as the reference standard (N Studies = 36; N Participants = 9,066; N major depression = 1,330)

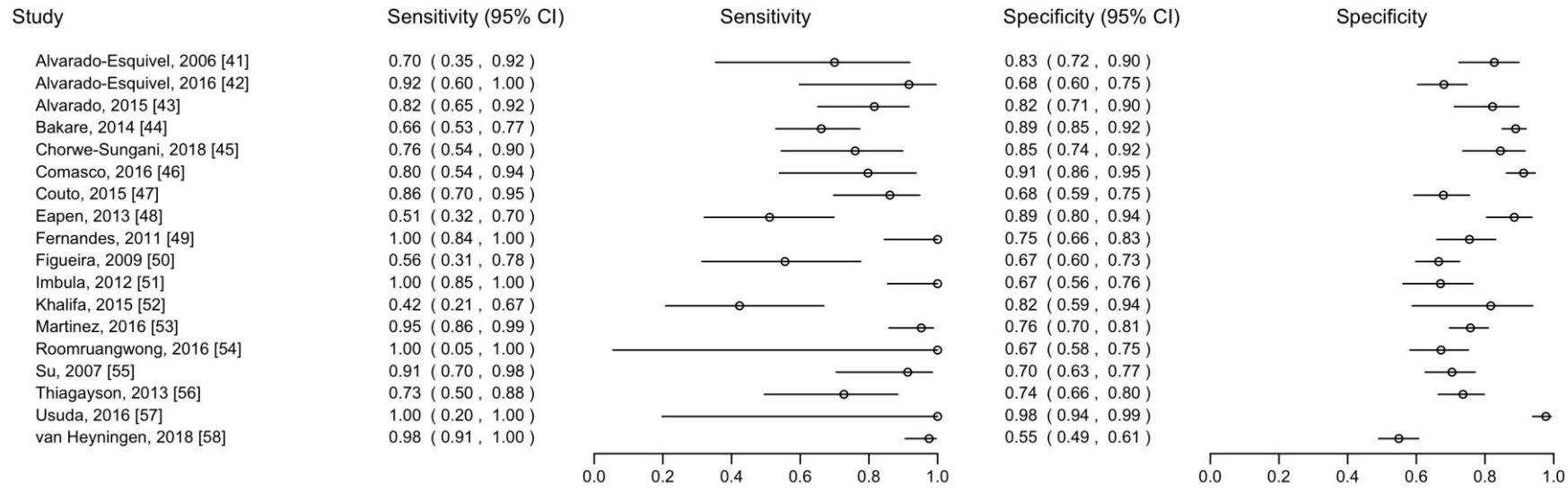


eFigure3b. Forest plots of sensitivity and specificity estimates for EPDS cutoff 10, among studies that used a fully structured diagnostic interview (MINI excluded) as the reference standard (N Studies = 3 for sensitivity and 4 for specificity; N Participants = 3,188; N major depression = 227)

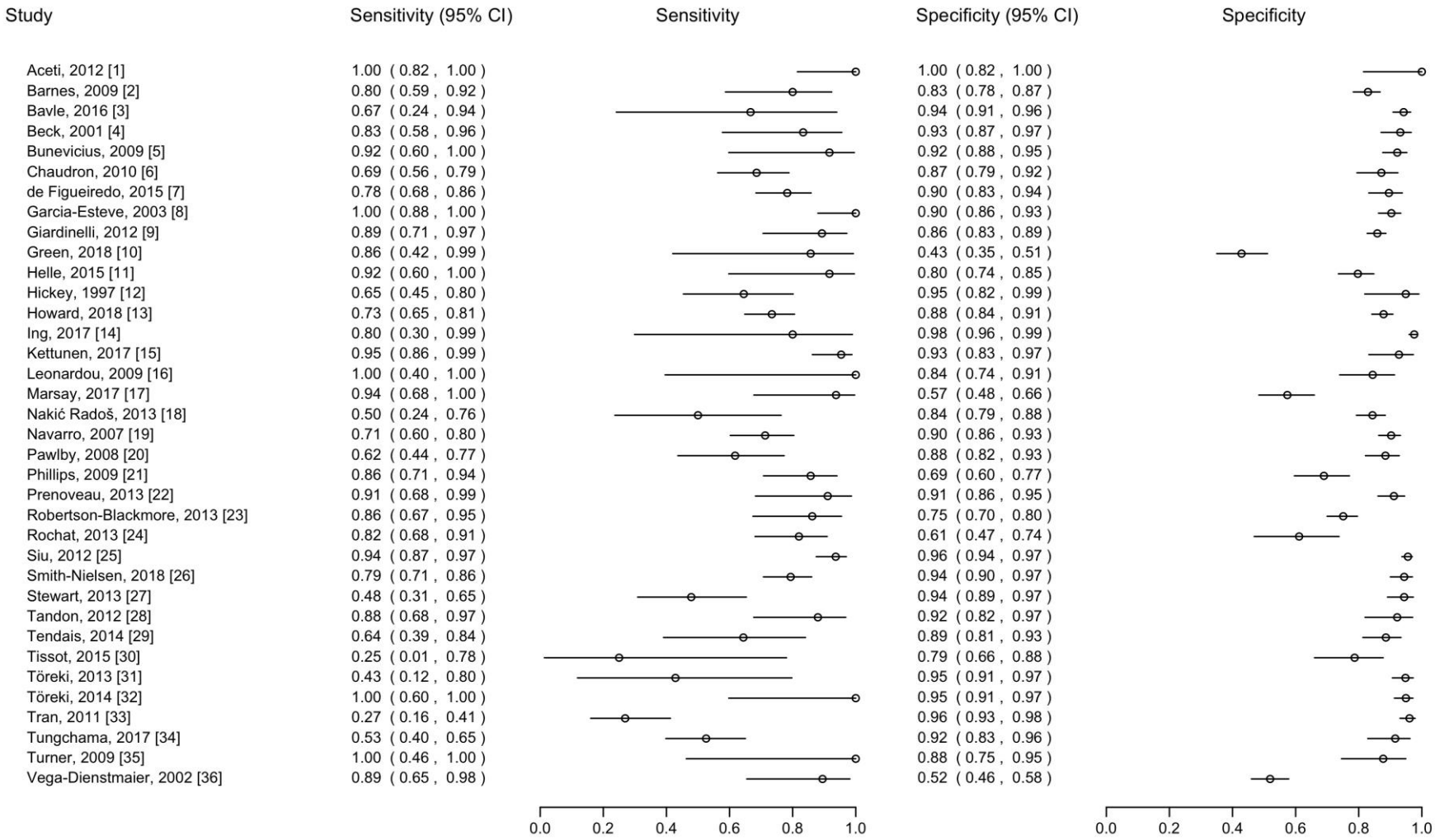


[a]This study had only one major depression case. We excluded this case from the analysis and modified the bivariate model by setting the correlation between random effects to be zero.

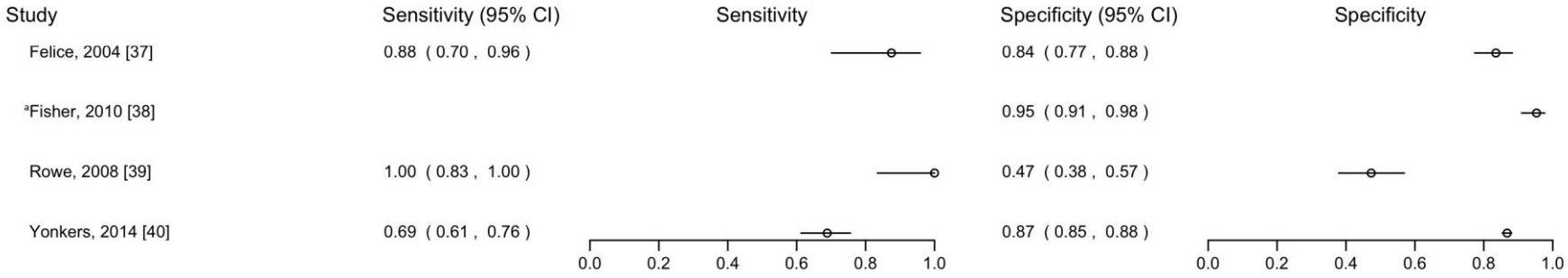
eFigure3c. Forest plots of sensitivity and specificity estimates for EPDS cutoff 10, among studies that used the MINI as the reference standard (N Studies = 18; N Participants = 3,302; N major depression = 511)



eFigure3d. Forest plots of sensitivity and specificity estimates for EPDS cutoff 11, among studies that used a semi-structured diagnostic interview as the reference standard (N Studies = 36; N Participants = 9,066; N major depression = 1,330)

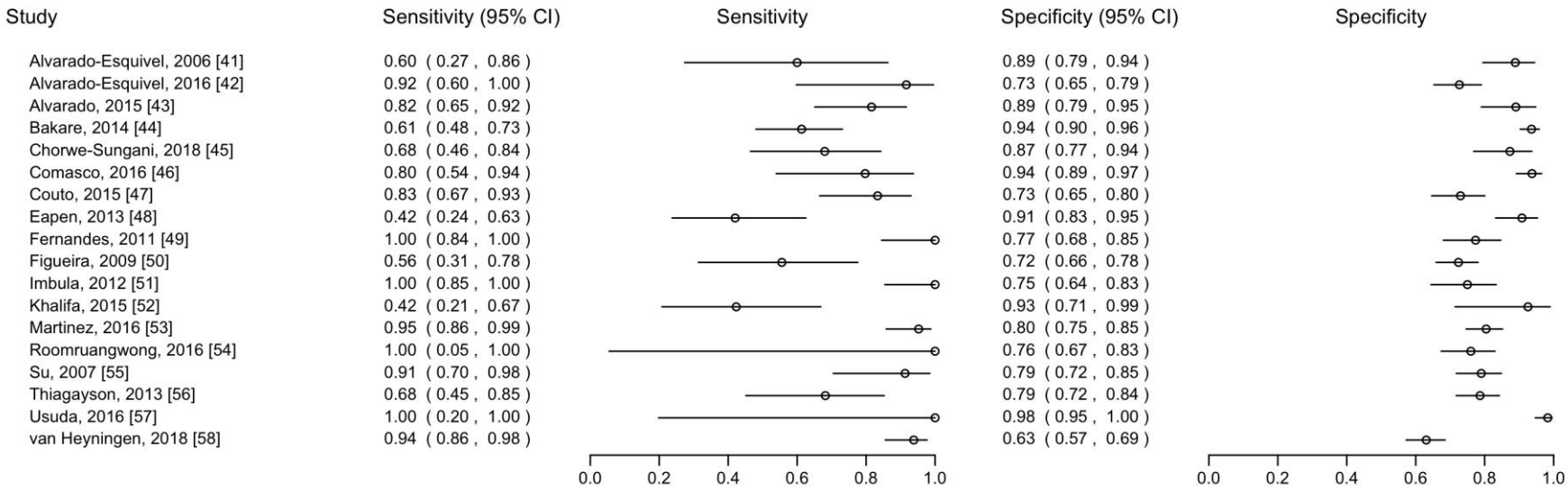


eFigure3e. Forest plots of sensitivity and specificity estimates for EPDS cutoff 11, among studies that used a fully structured diagnostic interview (MINI excluded) as the reference standard (N Studies = 3 for sensitivity and 4 for specificity; N Participants = 3,188; N major depression = 227)

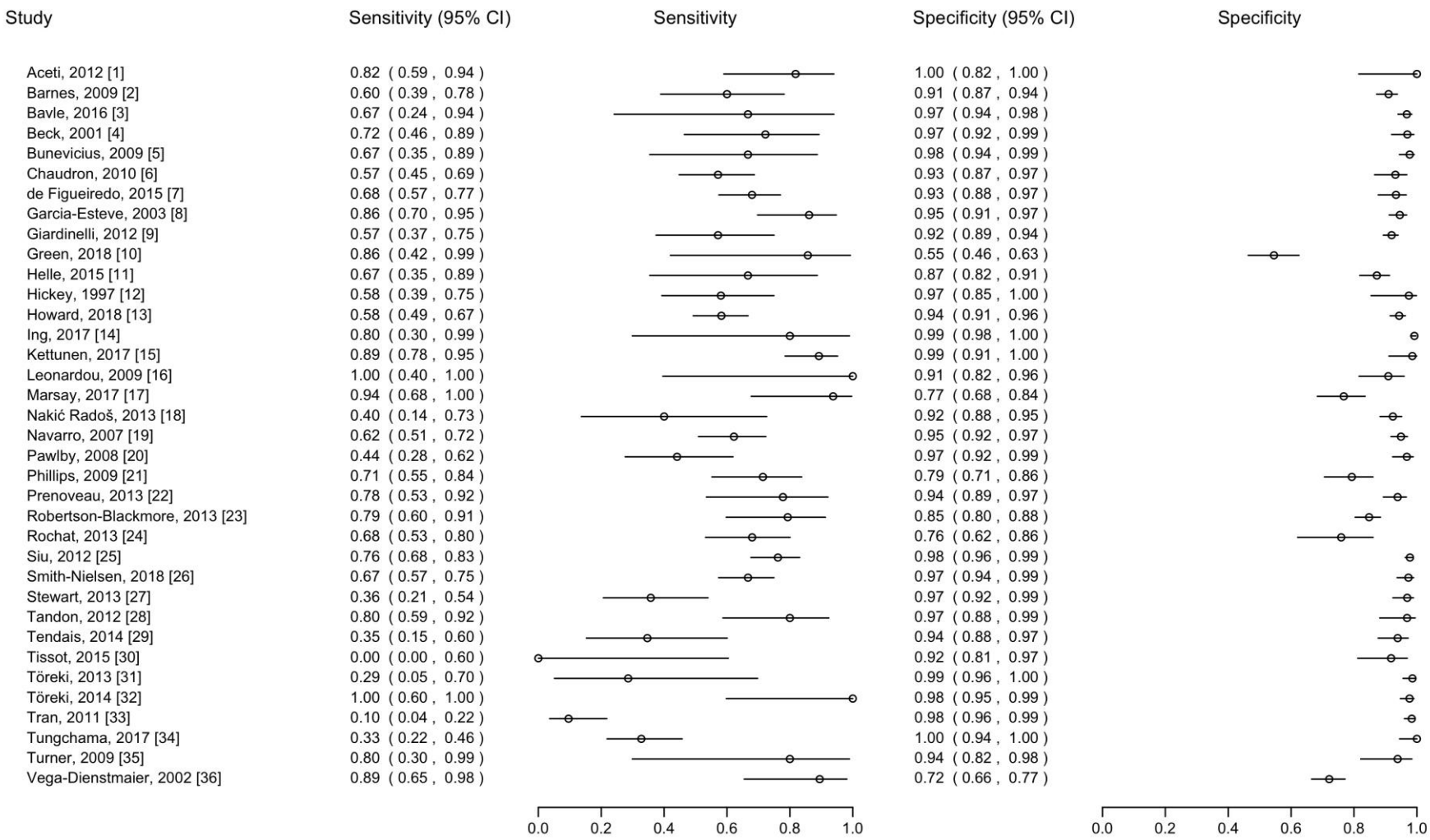


[a]This study had only one major depression case. We excluded this case from the analysis and modified the bivariate model by setting the correlation between random effects to be zero.

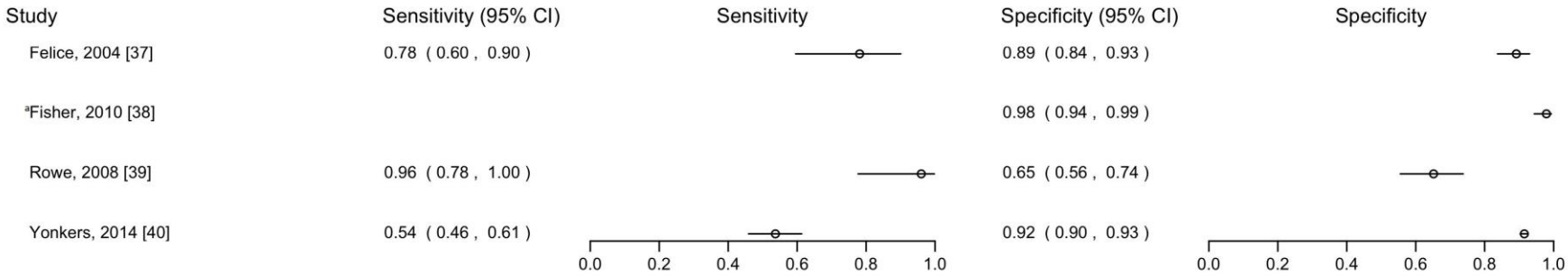
eFigure3f. Forest plots of sensitivity and specificity estimates for EPDS cutoff 11, among studies that used the MINI as the reference standard (N Studies = 18; N Participants = 3,302; N major depression = 511)



eFigure3g. Forest plots of sensitivity and specificity estimates for EPDS cutoff 13, among studies that used a semi-structured diagnostic interview as the reference standard (N Studies = 36; N Participants = 9,066; N major depression = 1,330)

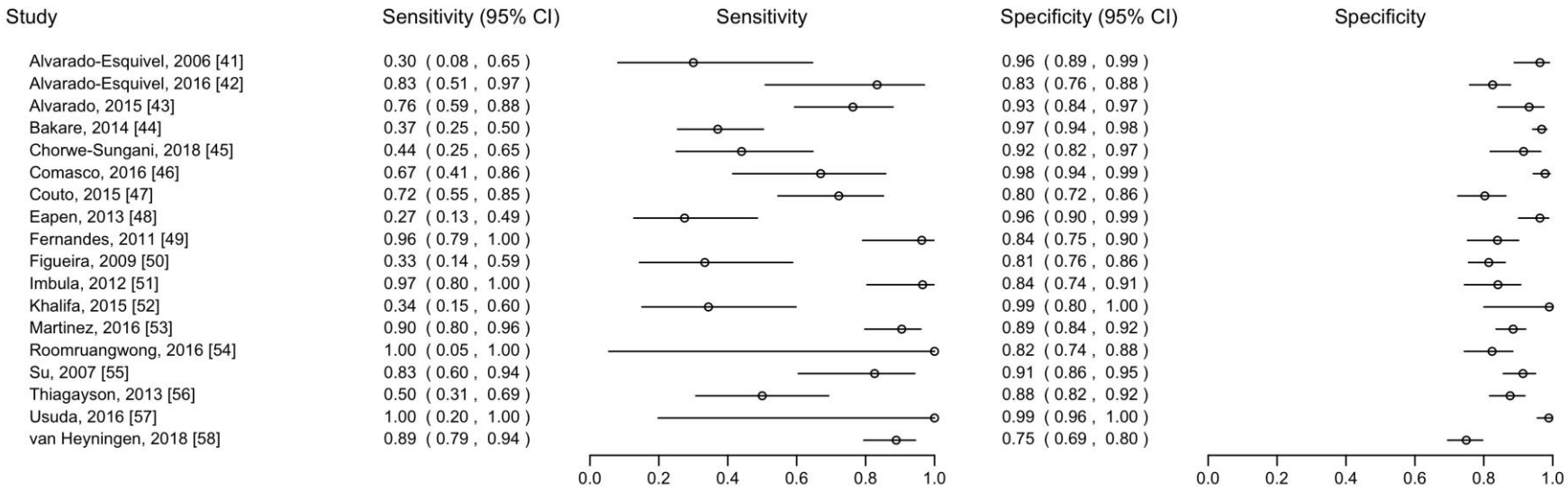


eFigure3h. Forest plots of sensitivity and specificity estimates for EPDS cutoff 13, among studies that used a fully structured diagnostic interview (MINI excluded) as the reference standard (N Studies = 3 for sensitivity and 4 for specificity; N Participants = 3,188; N major depression = 227)



[a]This study had only one major depression case. We excluded this case from the analysis and modified the bivariate model by setting the correlation between random effects to be zero.

eFigure3i. Forest plots of sensitivity and specificity estimates for EPDS cutoff 13, among studies that used the MINI as the reference standard (N Studies = 18; N Participants = 3,302; N major depression = 511)



eTable1. Reasons for exclusion for all articles excluded at full-text level (N = 257)

Reference	Reason For Exclusion
Abiodun OA. Postnatal depression in primary care populations in Nigeria. *General Hospital Psychiatry*. 2006;28:133.	Could not determine eligibility[a]
Abou-Saleh MT, Ghubash R, Karim L, Krymski M, Bhai I. Hormonal aspects of postpartum depression. *Psychoneuroendocrinology*. 1998;23:465.	> 2 weeks between EPDS and diagnostic interview
Aceti F, Baglioni V, Ciolli P, De Bei F, Di Lorenzo F, Ferracuti S, Giacchetti N, Marini I, Meuti V, Motta P, Roma P, Zaccagni M, Williams R. Maternal attachment patterns and personality in postpartum depression. *Rivista di Psichiatria*. 2012;47:214.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Adewuya AO, Eegunranti AB, Lawal AM. Prevalence of postnatal depression in Western Nigerian women: a controlled study. *International Journal of Psychiatry in Clinical Practice*. 2005;9:60.	Could not determine eligibility[a]
Adewuya AO. Early postpartum mood as a risk factor for postnatal depression in Nigerian women. *American Journal of Psychiatry*. 2006;163:1435.	No validated interview to assess major depression
Ahn S, Corwin EJ. The association between breastfeeding, the stress response, inflammation, and postpartum depression during the postpartum period: Prospective cohort study. *International Journal of Nursing Studies*. 2015;52:1582.	No major depression
Al-Modayfer O, Alatiq Y, Khair O, Abdelkawi S. Postpartum depression and related risk factors among Saudi females. *International Journal of Culture and Mental Health*. 2015;8:316.	No validated interview to assess major depression
Alami KM, Kadri N, Berrada S. Prevalence and psychosocial correlates of depressed mood during pregnancy and after childbirth in a Moroccan sample. *Archives of Women's Mental Health*. 2006;9:343.	Could not determine eligibility[a]
Albacar G, Sans T, MartinSantos R, GarciaEsteve L, Guillamat R, Sanjuan J, Canellas F, Carot JM, Gratacos M, Bosch J, Gaviria A, Labad A, Zotes AG, Vilella E. Thyroid function 48 h after delivery as a marker for subsequent postpartum depression. *Psychoneuroendocrinology*. 2010;35:738.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Albacar G, Sans T, MartinSantos R, GarciaEsteve L, Guillamat R, Sanjuan J, Canellas F, Gratacos M, Cavalle P, Arija V, Gaviria A, GutierrezZotes A, Vilella E. An association between plasma ferritin concentrations measured 48h after delivery and postpartum depression. *Journal of Affective Disorders*. 2011;131:136.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Alexander S, Palmer C, Stone PC. Evaluation of screening instruments for depression and anxiety in breast cancer survivors. *Breast Cancer Research & Treatment*. 2010;122:573.	No pregnant or postpartum women
Algul A, Semiz UB, Dundar O, Ates MA, Basoglu C, Ebrinc S, Doruk A, Gecici O, Cetin M. Psychosocial and Hormone Related Risk Factors for Early Postnatal Depressive Symptoms in Turkish Women. *Neurology Psychiatry and Brain Research*. 2008;15:117.	No major depression
Alvarado-Esquivel C, Sifuentes-Alvarez A, Estrada-Martinez S, Salas-Martinez C, Hernandez-Alvarado AB, Ortiz-Rocha SG, Garcia-Lopez CR, Torres-Castorena A, Sandoval-Herrera F. Prevalence of postnatal depression in women attending public hospitals in Durango, Mexico. *Gaceta Medica de Mexico*. 2010;146:1.	No validated interview to assess major depression
Alvarado-Esquivel C, Sifuentes-Alvarez A, Salas-Martinez C. Unhappiness with the Fetal Gender is associated with Depression in Adult Pregnant Women Attending Prenatal Care in a Public Hospital in Durango, Mexico. *International Journal of Biomedical Science*. 2016;12:36.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Areias ME, Kumar R, Barros H, Figueiredo E. Comparative incidence of depression in women and men, during pregnancy and after childbirth. Validation of the Edinburgh Postnatal Depression Scale in Portuguese mothers. *The British Journal of Psychiatry*. 1996;169:30.	No validated interview to assess major depression
Areias ME, Kumar R, Barros H, Figueiredo E. Correlates of postnatal depression in mothers and fathers. *The British Journal of Psychiatry*. 1996;169:36.	No validated interview to assess major depression
Austin MP, Dudley M, Launders C, Dixon C, MacartneyBourne F. Description and evaluation of a domiciliary perinatal mental health service focussing on early intervention. *Archives of Women's Mental Health*. 1999;2:169.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Austin MP, Frilingos M, Lumley J, Hadzi-Pavlovic D, Roncolato W, Acland S, Saint K, Segal N, Parker G. Brief antenatal cognitive behaviour therapy group intervention for the prevention of postnatal depression and anxiety: a randomised controlled trial. *Journal of Affective Disorders*. 2008;105:35.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Austin MP, Hadzi-Pavlovic D, Priest SR, Reilly N, Wilhelm K, Saint K, Parker G. Depressive and anxiety disorders in the postpartum period: how prevalent are they and can we improve their detection? *Archives of Women's Mental Health*. 2010;13:395.	No major depression
Austin MP, Hadzi-Pavlovic D, Saint K,Parker G. Antenatal screening for the prediction of postnatal depression: validation of a psychosocial Pregnancy Risk Questionnaire. *Acta Psychiatrica Scandinavica*. 2005;112:310.	No major depression
Azar R, Paquette D, Zoccolillo M, Baltzer F, Tremblay RE. The association of major depression, conduct disorder, and maternal overcontrol with a failure to show a cortisol buffered response in 4-month-old infants of teenage mothers. *Biological Psychiatry*. 2007;62:573.	No adults
Bagedahl-Strindlund M, Borjesson KM. Postnatal depression: a hidden illness. *Acta Psychiatrica Scandinavica*. 1998;98:272.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Bawahab JA, Alahmadi JR, Ibrahim AM. Prevalence and determinants of antenatal depression among women attending primary health care centers in Western Saudi Arabia. *Saudi Medical Journal*. 2017;38:1237.	No major depression
Bergant AM, Heim K, Ulmer H, Illmensee K. Early postnatal depressive mood: associations with obstetric and psychosocial factors. *Journal of Psychosomatic Research*. 1999;46:391.	No major depression
Bergant AM, Nguyen T, Heim K, Ulmer H, Dapunt O. German language version and validation of the Edinburgh postnatal depression scale. *Deutsche Medizinische Wochenschrift*. 1998;123:35.	No validated interview to assess major depression
Bhusal BR, Bhandari N, Chapagai M, Gavidia T. Validating the Edinburgh Postnatal Depression Scale as a screening tool for postpartum depression in Kathmandu, Nepal. *International Journal of Mental Health Systems*. 2016;10:71.	No validated interview to assess major depression
Bick DE, MacArthur C, Lancashire RJ. What influences the uptake and early cessation of breast feeding? *Midwifery*. 1998;14:242.	No major depression
Bloch M, Rotenberg N, Koren D, Klein E. Risk factors associated with the development of postpartum mood disorders. *Journal of Affective Disorders*. 2005;88:9.	> 2 weeks between EPDS and diagnostic interview
Boath E, Cox J, Lewis M, Jones P, Pryce A. When the cradle falls: the treatment of postnatal depression in a psychiatric day hospital compared with routine primary care. *Journal of Affective Disorders*. 1999;53:143.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Bodenlos KL, Maranda L, Deligiannidis KM. Comparison of the use of the EPDS-3 vs. EPDS-10 to identify women at risk for peripartum depression. *Obstetrics & Gynecology*. 2016;127:89S-90S.	No major depression
Boyce P, Hickey A. Psychosocial risk factors to major depression after childbirth. *Social Psychiatry & Psychiatric Epidemiology*. 2005;40:605.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Boyce P, Stubbs J, Todd A. The Edinburgh Postnatal Depression Scale: validation for an Australian sample. *Australian & New Zealand Journal of Psychiatry*. 1993;27:472.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Bränn E, Papadopoulos F, Fransson E, White R, Edvinsson Å, Hellgren C, Kamali-Moghaddam M, Boström A, Schiöth HB, Sundström-Poromaa I, Skalkidou A. Inflammatory markers in late pregnancy in association with postpartum depression—A nested case-control study. *Psychoneuroendocrinology*. 2017;79:146-59.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Browne JC, Scott KM, Silvers KM. Fish consumption in pregnancy and omega-3 status after birth are not associated with postnatal depression. *Journal of Affective Disorders*. 2006;90:131.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Brugha TS, Wheatley S, Taub NA, Culverwell A, Friedman T, Kirwan P, Jones DR, Shapiro DA. Pragmatic randomized trial of antenatal intervention to prevent post-natal depression by reducing psychosocial risk factors. *Psychological Medicine*. 2000;30:1273.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Bunevicius A, Kusminskas L, Bunevicius R. Validation of the Lithuanian version of the Edinburgh Postnatal Depression Scale. *Medicina*. 2009;45:544.	No validated interview to assess major depression
Bunevicius A, Kusminskas L, Bunevicius R. Validity of the Edinburgh Postnatal Depression Scale. *European Psychiatry*. 2009;24.	No validated interview to assess major depression
Burns A, O'Mahen H, Baxter H, Bennert K, Wiles N, Ramchandani P, Turner K, Sharp D, Thorn J, Noble S, Evans J. A pilot randomised controlled trial of cognitive behavioural therapy for antenatal depression. *BMC Psychiatry*. 2013;13:Art 33.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Byatt N, Biebel K, Simas TAM, Sarvet B, Ravech M, Allison J, Straus J. Improving perinatal depression care: The Massachusetts Child Psychiatry Access Project for Moms. *General Hospital Psychiatry*. 2016;40:12.	No major depression
Byatt N, Cox L, Simas TA, Biebel K, Sankaran P, Swartz HA, Weinreb L. Access to pharmacotherapy amongst women with bipolar disorder during pregnancy: a preliminary study. *Psychiatric Quarterly*. 2018;89:183-90.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Byatt N, Moore Simas TA, Biebel K, Sankaran P, Pbert L, Weinreb L, Ziedonis D, Allison J. PRogram In Support of Moms (PRISM): a pilot group randomized controlled trial of two approaches to improving depression among perinatal women. *Journal of Psychosomatic Obstetrics & Gynecology*. 2018;39:297-306.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Caramlau I, Barlow J, Sembi S, McKenzie-McHarg K, McCabe C. Mums 4 Mums: structured telephone peer-support for women experiencing postnatal depression. Pilot and exploratory RCT of its clinical and cost effectiveness. *Trials*. 2011;12:88.	No original data
Carothers AD, Murray L. Estimating psychiatric morbidity by logistic regression: application to post-natal depression in a community sample. *Psychological Medicine*. 1990;20:695.	No validated interview to assess major depression
Carpiniello B, Pariante CM, Serri F, Costa G, Carta MG. Validation of the Edinburgh Postnatal Depression Scale in Italy. *Journal of Psychosomatic Obstetrics & Gynecology*. 1997;18:280.	No validated interview to assess major depression
Castanon SC, Pinto LJ. Use of the Edinburgh Postnatal Depression Scale to detect postpartum depression *Revista Medica de Chile*. 2008;136:851.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Chaudron LH, Nirodi N. The obsessive-compulsive spectrum in the perinatal period: a prospective pilot study. *Archives of Women's Mental Health*. 2010;13:403.	> 2 weeks between EPDS and diagnostic interview

Chee CY, Chong YS, Ng TP, Lee DT, Tan LK, Fones CS. The association between maternal depression and frequent non-routine visits to the infant's doctor--a cohort study. *Journal of Affective Disorders*. 2008;107:247.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Chee CYI, Lee DTS, Chong YS, Tan LK, Ng TR, Fones CSL. Confinement and other psychosocial factors in perinatal depression: A transcultural study in Singapore. *Journal of Affective Disorders*. 2005;89:157.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Chen H, Bautista D, Ch'ng YC, Li W, Chan E, Rush AJ. Screening for postnatal depression in Chinese-speaking women using the Hong Kong translated version of the Edinburgh Postnatal Depression Scale. *Asia-Pacific psychiatry: Official Journal of the Pacific Rim College of Psychiatrists*. 2013;5:E64.	No validated interview to assess major depression
Chibanda D, Verhey R, Gibson LJ, Munetsi E, Machando D, Rusakaniko S, Munjoma R, Araya R, Weiss HA, Abas M. Validation of screening tools for depression and anxiety disorders in a primary care population with high HIV prevalence in Zimbabwe. *Journal of Affective Disorders*. 2016;198:50.	No EPDS
Clarke PJ. Validation of two postpartum depression screening scales with a sample of First Nations and Metis women. *Canadian Journal of Nursing Research*. 2008;40:113.	No major depression
Class QA, Verhulst J, Heiman JR. Exploring the heterogeneity in clinical presentation and functional impairment of postpartum depression. *Journal of Reproductive and Infant Psychology*. 2013;31:183.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Clifford C, Day A, Cox J, Werrett J. A cross-cultural analysis of the use of the Edinburgh Post-Natal Depression Scale (EPDS) in health visiting practice. *Journal of Advanced Nursing*. 1999;30:655.	No validated interview to assess major depression
Coleman R, Morison L, Paine K, Powell RA, Walraven G. Women's reproductive health and depression: a community survey in the Gambia, West Africa. *Social Psychiatry & Psychiatric Epidemiology*. 2006;41:720.	No validated interview to assess major depression
Cooper PJ, Murray L, Wilson A, Romaniuk H. Controlled trial of the short- and long-term effect of psychological treatment of post-partum depression. I. Impact on maternal mood. *The British Journal of Psychiatry*. 2003;182:412.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Costas J, Gratacos M, Escaramis G, Martin-Santos R, de Diego Y, Baca-Garcia E, Canellas F, Estivill X, Guillamat R, Guitart M,Gutierrez-Zotes A, Garcia-Esteve L, Mayoral F, Molto MD, Phillips C, Roca M, Carracedo A, Vilella E, Sanjuan J. Association study of 44 candidate genes with depressive and anxiety symptoms in post-partum women. *Journal of Psychiatric Research*. 2010;44:717.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Cox J. Use and misuse of the Edinburgh Postnatal Depression Scale (EPDS): a ten point 'survival analysis'. *Archives of Women's Mental Health*. 2017;20:789.	No original data
Cox JL, Chapman G, Murray D, Jones P. Validation of the Edinburgh Postnatal Depression Scale (EPDS) in non-postnatal women. *Journal of Affective Disorders*. 1996;39:185.	No validated interview to assess major depression
Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *The British Journal of Psychiatry*. 1987;150:782.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Cox JL, Murray D, Chapman G. A controlled study of the onset, duration and prevalence of postnatal depression. *The British Journal of Psychiatry*. 1993;163:27.	No validated interview to assess major depression
de Souza Ribeiro Martins C, dos Santos Motta JV, Quevedo LA, de Matos MB, Pinheiro KAT, de Mattos Souza LD, da Silva RA, Pinheiro RT, da Cunha Coelho FM. Comparison of two instruments to track depression symptoms during pregnancy in a sample of pregnant teenagers in Southern Brazil. *Journal of Affective Disorders*. 2015;177:95.	No adults
Dennis CL, Hodnett E, Kenton L, Weston J, Zupancic J, Stewart DE, Kiss A. Effect of peer support on prevention of postnatal depression among high risk women: multisite randomised controlled trial. *BMJ*. 2009;338:a3064.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
di Giacomo E, Colmegna F, Pescatore F, Aspesi F, Fotiadou M, Clerici M. The burden of personality disorders on the DSM 5 addiction to tobacco during pregnancy. *Comprehensive Psychiatry*. 2018;84:101-5.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Drozd F, Andersen CE, Haga SM, Slinning K, Bjørkli CA. User experiences and perceptions of internet interventions for depression. InInnovations in Global Maternal Health: Improving Prenatal and Postnatal Care Practices 2020. *IGI Global* . 2018;27:369-94.	No original data
e Couto TC, Brancaglion MY, Cardoso MN, Faria GC, Garcia FD, Nicolato R, Aguiar RA, Leite HV, Corrêa H. Suicidality among pregnant women in Brazil: prevalence and risk factors. *Archives of Women's Mental Health*. 2016;19:343-8.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Ebeigbe PN, Akhigbe KO. Incidence and associated risk factors of postpartum depression in a tertiary hospital in Nigeria. *Nigerian Postgraduate Medical Journal*. 2008;15:15.	No major depression
Eberhard-Gran M, Eskild A, Tambs K, Schei B, Opjordsmoen S. The Edinburgh Postnatal Depression Scale: validation in a Norwegian community sample. *Nordic Journal of Psychiatry*. 2001;55:113.	No validated interview to assess major depression
Ekeroma AJ, Ikenasio-Thorpe B, Weeks S, Kokaua J, Puniani K, Stone P, Foliaki SA. Validation of the Edinburgh Postnatal Depression Scale (EPDS) as a screening tool for postnatal depression in Samoan and Tongan women living in New Zealand. *New Zealand Medical Journal*. 2012;125:41.	> 2 weeks between EPDS and diagnostic interview
Ekuklu G, Tokuc B, Eskiocak M, Berberoglu U, Saltik A. Prevalence of postpartum depression in Edirne, Turkey, and related factors. *Journal of Reproductive Medicine*. 2004;49:908.	No major depression
El-Ibiary SY, Hamilton SP, Abel R, Erdman CA, Robertson PA, Finley PR. A pilot study evaluating genetic and environmental factors for postpartum depression. *Innovations in Clinical Neuroscience*. 2013;10:15.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Elliott SA, Leverton TJ, Sanjack M, Turner H, Cowmeadow P, Hopkins J, Bushnell D. Promoting mental health after childbirth: a controlled trial of primary prevention of postnatal depression. *British Journal of Clinical Psychology*. 2000;39:223.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Esiwe C, Baillon S, Rajkonwar A, Lindesay J, Lo N, Dennis M. Screening for depression in older people on acute medical wards: the validity of the Edinburgh Depression Scale. *Age and Ageing*. 2016;45:554-8.	No EPDS
Fairbrother N, Young AH, Janssen P, Antony MM, Tucker E. Depression and anxiety during the perinatal period. *BMC Psychiatry*. 2015;15:Art 206.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Farhat A, Saeidi R, Mohammadzadeh A, Hesari H. Prevalence of Postpartum Depression; a longitudinal study Iranian. *Journal of Neonatology*. 2015;6:39.	No major depression
Fingerhut CG. Differentiating unipolar and bipolar depression in postpartum women. *Dissertation Abstracts International: Section B: The Sciences and Engineering*. 2016;77:No Pagination Specified.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Flynn HA, Sexton M, Ratliff S, Porter K, Zivin K. Comparative performance of the Edinburgh Postnatal Depression Scale and the Patient Health Questionnaire-9 in pregnant and postpartum women seeking psychiatric services. *Psychiatry Research*. 2011;187:130.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Gallanti AME, Rodriguez CEAM, Rodriguez IM, Sosa MA. Puerperal depression and its association with demographic and social factors, the way of resolution of pregnancy and the newborn clinical evolution. *Medula*. 2015;24:25.	No major depression
Gelabert E, Subira S, Plaza A, Torres A, Navarro P, Imaz ML, Valdes M, Garcia-Esteve L, Martin-Santos R. The Vulnerable Personality Style Questionnaire: psychometric properties in Spanish postpartum women. *Archives of Women's Mental Health*. 2011;14:115.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Gemmill AW, Leigh B, Ericksen J, Milgrom J. A survey of the clinical acceptability of screening for postnatal depression in depressed and non-depressed women. *BMC Public Health*. 2006;6:211.	No major depression
George C, Lalitha AR, Antony A, Kumar AV, Jacob KS. Antenatal depression in coastal South India: prevalence and risk factors in the community. *International Journal of Social Psychiatry*. 2016;62:141-7.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Georgiopoulos AM, Bryan TL, Wollan P, Yawn BP. Routine screening for postpartum depression. *Journal of Family Practice*. 2001;50:117.	No major depression
Gerardin P, Wendland J, Bodeau N, Galin A, Bialobos S, Tordjman S, Mazet P, Darbois Y, Nizard J, Dommergues M, Cohen D. Depression during pregnancy: Is the developmental impact earlier in boys? A prospective case-control study. *Journal of Clinical Psychiatry*. 2011;72:378.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Gerardin P. Characteristics and clinical consequences of prenatal depression. Main results of a prospective case-control study on perinatal depression from pregnancy to one year-old infant. *Neuropsychiatrie de L'enfance et de L'adolescence*. 2012;60:138.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Ghubash R, Abou-Saleh MT, Daradkeh TK. The validity of the Arabic Edinburgh Postnatal Depression Scale. *Social Psychiatry & Psychiatric Epidemiology*. 1997;32:474.	> 2 weeks between EPDS and diagnostic interview
Ghubash R, Abou-Saleh MT. Postpartum psychiatric illness in Arab culture: prevalence and psychosocial correlates. *The British Journal of Psychiatry*. 1997;171:65.	> 2 weeks between EPDS and diagnostic interview
Ginsburg GS, Barlow A, Goklish N, Hastings R, Baker EV, Mullany B, Tein JY, Walkup J. Postpartum Depression Prevention for Reservation-Based American Indians: Results from a Pilot Randomized Controlled Trial. *Child & Youth Care Forum*. 2012;41:229.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Goeb JL, Ferel S, Guetta J, Guibert J, Guedeney A, Coste J, Dulioust E, Jouannet P, Golse B. Assisted Reproductive Techniques when the Man is Hiv Seropositive. *Psychiatrie De L Enfant*. 2009;52:63.	No major depression
Gollan JK, Wisniewski SR, Luther JF, Eng HF, Dills JL, Sit D, Ciolino JD, Wisner KL. Generating an efficient version of the Edinburgh Postnatal Depression Scale in an urban obstetrical population. *Journal of Affective Disorders*. 2017;208:615-20.	No validated interview to assess major depression
Goutaudier N, Lopez A, Sejourne N, Denis A, Chabrol H. Premature birth: subjective and psychological experiences in the first weeks following childbirth, a mixed-methods study. *Journal of Reproductive and Infant Psychology*. 2011;29:364.	No major depression
Goyal D, Park VT, McNiesh S. Postpartum depression among Asian Indian mothers. *MCN: The American Journal of Maternal/Child Nursing*. 2015;40:256.	No major depression
Grant KA, Bautovich A, McMahon C, Reilly N, Leader L, Austin MP. Parental care and control during childhood: Associations with maternal perinatal mood disturbance and parenting stress. *Archives of Women's Mental Health*. 2012;15:297.	Could not determine eligibility[a]
Grant KA, McMahon C, Austin MP, Reilly N, Leader L, Ali S. Maternal prenatal anxiety, postnatal caregiving and infants' cortisol responses to the still-face procedure. *Developmental Psychobiology*. 2009;51:625.	Could not determine eligibility[a]
Grant KA, McMahon C, Reilly N, Austin MP. Maternal sensitivity moderates the impact of prenatal anxiety disorder on infant responses to the still-face procedure. *Infant Behavior & Development*. 2010;33:453.	Could not determine eligibility[a]
Grigoriadis S, de Camps Meschino D, Barrons E,Bradley L, Eady A, Fishell A, Mamisachvili L, Cook GS, O'Keefe M, Romans S, Ross LE. Mood and anxiety disorders in a sample of Canadian perinatal women referred for psychiatric care. *Archives of Women's Mental Health*. 2011;14:325.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Guedeney N, Fermanian J. Validation study of the French version of the Edinburgh Postnatal Depression Scale (EPDS): new results about use and psychometric properties. *European Psychiatry: The Journal of The Association of European Psychiatrists*. 1998;13:83.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Guintivano J, Sullivan PF, Stuebe AM, Penders T, Thorp J, Rubinow DR, Meltzer-Brody S. Adverse life events, psychiatric history, and biological predictors of postpartum depression in an ethnically diverse sample of postpartum women. *Psychological Medicine*. 2018;48:1190-200.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Gutierrez-Zotes A, Labad J, Martin-Santos R, Garcia-Esteve L, Gelabert E, Jover M, Guillamat R, Mayoral F, Gornemann I, Canellas F, Gratacos M, Guitart M, Roca M, Costas J, Ivorra JL, Navines R, de Diego-Otero Y, Vilella E, Sanjuan J. Coping strategies and postpartum depressive symptoms: A structural equation modelling approach. *European Psychiatry: The Journal of The Association of European Psychiatrists*. 2015;30:701.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Gutiérrez-Zotes A, Labad J, Martín-Santos R, García-Esteve L, Gelabert E, Jover M, Guillamat R, Mayoral F, Gornemann I, Canellas F, Gratacós M. Coping strategies for postpartum depression: a multi-centric study of 1626 women. *Archives of Women's Mental Health*. 2016;19:455-61.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Gutierrez-Zotes JA, Farnos A, Vilella E, Labad J. Higher psychoticism as a predictor of thoughts of harming one's infant in postpartum women: a prospective study. *Comprehensive Psychiatry*. 2013;54:1124.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Hamdan A, Tamim H. Psychosocial risk and protective factors for postpartum depression in the United Arab Emirates. *Archives of Women's Mental Health*. 2011;14:125.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Hamdan A, Tamim H. The relationship between postpartum depression and breastfeeding. *International Journal of Psychiatry in Medicine*. 2012;43:243.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Hanusa BH, Scholle SH, Haskett RF, Spadaro K, Wisner KL. Screening for depression in the postpartum period: a comparison of three instruments. *Journal of Women's Health*. 2008;17:585.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Harris B, Huckle P, Thomas R, Johns S, Fung H. The use of rating scales to identify post-natal depression. *The British Journal of Psychiatry*. 1989;154:813.	Could not determine eligibility[a]
Harris B, Othman S, Davies JA, Weppner GJ, Richards CJ, Newcombe RG, Lazarus JH, Parkes AB, Hall R, Phillips DI. Association between postpartum thyroid dysfunction and thyroid antibodies and depression. *BMJ*. 1992;305:152.	No validated interview to assess major depression
Harvey ST, Pun PK. Analysis of positive Edinburgh depression scale referrals to a consultation liaison psychiatry service in a two-year period. *International Journal of Mental Health Nursing*. 2007;16:161.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Hatton DC, HarrisonHohner J, Matarazzo J, Edwards P, Lewy A, Davis L. Missed antenatal depression among high risk women: A secondary analysis. *Archives of Women's Mental Health*. 2007;10:121.	No validated interview to assess major depression
Henshaw C, Foreman D, Cox J. Postnatal blues: a risk factor for postnatal depression. *Journal of Psychosomatic Obstetrics & Gynecology*. 2004;25:267.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Herz E, Thoma M, Umek W, Gruber K, Linzmayer L, Walcher W, Philipp T, Putz M. Non-psychotic post-partum depression. *Geburtshilfe und Frauenheilkunde*. 1997;57:282.	No major depression
Holden JM. Postnatal depression: its nature, effects, and identification using the Edinburgh Postnatal Depression scale. *Birth*. 1991;18:211.	No original data
Holt WJ. The detection of postnatal depression in general practice using the Edinburgh postnatal depression scale. *New Zealand Medical Journal*. 1995;108:57.	> 2 weeks between EPDS and diagnostic interview
Howard LM, Flach C, Mehay A, Sharp D, Tylee A. The prevalence of suicidal ideation identified by the Edinburgh Postnatal Depression Scale in postpartum women in primary care: findings from the RESPOND trial. *BMC Pregnancy & Childbirth*. 2011;11:57.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Huang J, Zhang L, He M, Qiang X, Xiao X, Huang S, Zhang D, Tang M. Comprehensive evaluation of postpartum depression and correlations between postpartum depression and serum levels of homocysteine in Chinese women. *Zhong Nan da Xue Xue Bao. Yi Xue Ban Journal of Central South University Medical Sciences*. 2015;40:311.	No validated interview to assess major depression
Huang YC, Mathers NJ. Postnatal depression and the experience of South Asian marriage migrant women in Taiwan: survey and semi-structured interview study. *International Journal of Nursing Studies*. 2008;45:924.	No major depression
Hudson C, Spry E, Borschmann R, Becker D, Moran P, Olsson C, Coffey C, Romaniuk H, Bayer JK, Patton GC. Preconception personality disorder and antenatal maternal mental health: A population-based cohort study. *Journal of Affective Disorders*. 2017;209:169-76.	No major depression
Husain N, Cruickshank K, Husain M, Khan S, Tomenson B, Rahman A. Social stress and depression during pregnancy and in the postnatal period in British Pakistani mothers: a cohort study. *Journal of Affective Disorders*. 2012;140:268.	Could not determine eligibility[a]
Husain N, Kiran T, Sumra A, Naeem Zafar S, Ur Rahman R, Jafri F, Ansari S, Husain M, Adelekan ML, Bashir Chaudhry I. Detecting maternal depression in a low-income country: comparison of the self-reporting questionnaire and the edinburgh postnatal depression scale. *Journal of Tropical Pediatrics*. 2014;60:129.	Could not determine eligibility[a]
Ibanez G, Bernard JY, Rondet C, Peyre H, Forhan A, Kaminski M, Cubizolles MJS, EDEN Mother-Child Cohort Study Group. Effects of antenatal maternal depression and anxiety on children's early cognitive development: A prospective cohort study. *PLoS One*. 2015;10:Art e0135849.	No major depression
Idaiani S, Kusumawardani N, Isfandari S. The determinants of perinatal depression (PND) in Tebet Merdeka, Jakarta and Sindangbarang, Bogor Indonesia. *Asean Journal of Psychiatry*. 2018;19:54	No major depression
Ikeda M, Hayashi M, Kamibeppu K. The relationship between attachment style and postpartum depression. *Attachment & Human Development*. 2014;16:557.	> 2 weeks between EPDS and diagnostic interview

Inglis AJ, Hippman CL, Carrion PB, Honer WG, Austin JC. Mania and depression in the perinatal period among women with a history of major depressive disorders. *Archives of Women's Mental Health*. 2014;17:137.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Jadresic E, Araya R, Jara C. Validation of the Edinburgh Postnatal Depression Scale (EPDS) in Chilean postpartum women. *Journal of Psychosomatic Obstetrics & Gynecology*. 1995;16:187.	No validated interview to assess major depression
Jaju S, Al Kharusi L, Gowri V. Antenatal prevalence of fear associated with childbirth and depressed mood in primigravid women. *Indian Journal of Psychiatry*. 2015;57:158.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Jardri R, Maron M, Pelta J, Thomas P, Codaccioni X, Goudemand M, Delion P. Impact of midwives' training on postnatal depression screening in the first week post delivery: a quality improvement report. *Midwifery*. 2010;26:622.	> 2 weeks between EPDS and diagnostic interview
Ji S, Long Q, Newport DJ, Na H, Knight B, Zach EB, Morris NJ, Kutner M, Stowe ZN. Validity of depression rating scales during pregnancy and the postpartum period: impact of trimester and parity. *Journal of Psychiatric Research*. 2011;45:213.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Josefsson A, Larsson C, Sydsjo G, Nylander PO. Temperament and character in women with postpartum depression. *Archives of Women's Mental Health*. 2007;10:3.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Keshavarzi F, Yazdchi K, Rahimi M, Rezaei M, Farnia V, Davarinejad O, Abdoli N, Jalili M. Post partum depression and thyroid function. *Iranian Journal of Psychiatry*. 2011;6:117.	No major depression
Kim K, Hong JP, Cho MJ, Fava M, Mischoulon D, Lee DW, Heo JY, Jeon HJ. Loss of sexual interest and premenstrual mood change in women with postpartum versus non-postpartum depression: A nationwide community sample of Korean adults. *Journal of Affective Disorders*. 2016;191:222-9.	No EPDS
Kingston D, Austin MP, van Zanten SV, Harvalik P, Giallo R, McDonald SD, MacQueen G, Vermeyden L, Lasiuk G, Sword W, Biringer A. Pregnant women's views on the feasibility and acceptability of web-based mental health e-screening versus paper-based screening: a randomized controlled trial. *Journal of Medical Internet Research*. 2017;19:e88.	Could not determine eligibility[a]
Kirkan TS, Aydin N, Yazici E, Akcali Aslan P, Acemoglu H, Daloglu AG. The depression in women in pregnancy and postpartum period: A follow-up study. *International Journal of Social Psychiatry*. 2015;61:343.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Klier CM, Muzik M, Dervic K, Mossaheb N, Benesch T, Ulm B, Zeller M. The role of estrogen and progesterone in depression after birth. *Journal of Psychiatric Research*. 2007;41:273.	> 2 weeks between EPDS and diagnostic interview
Knight J, Martin J, Patil A. Principal Component Analysis of EPDS Questions to Identify Trends in Depressive Symptoms Among At-Risk Populations. *Obstetrics & Gynecology*. 2016;127:96S-7S.	No validated interview to assess major depression
Knorring LV. Review of Depression in women with focus on the postpartum period. *Nordic Journal of Psychiatry*. 2003;57:390.	No validated interview to assess major depression
Kohlhoff J, Hickinbotham R, Knox C, Roach V, Barnett Am B. Antenatal psychosocial assessment and depression screening in a private hospital. *Australian & New Zealand Journal of Obstetrics & Gynaecology*. 2016;56:173.	No major depression
Koss J, Bidzan M, Smutek J, Bidzan L. Influence of Perinatal Depression on Labor-Associated Fear and Emotional Attachment to the Child in High-Risk Pregnancies and the First Days After Delivery. *Medical Science Monitor*. 2016;22:1028.	No major depression
Koukounari A, Stringaris A, Maughan B. Pathways from maternal depression to young adult offspring depression: an exploratory longitudinal mediation analysis. *International Journal of Methods in Psychiatric Research*. 2017;26:e1520.	No major depression
Lai BP, Tang AK, Lee DT, Yip AS, Chung TK. Detecting postnatal depression in Chinese men: a comparison of three instruments. *Psychiatry Research*. 2010;180:80.	No pregnant or postpartum women
Lau Y, Wang Y, Yin L, Chan KS, Guo X. Validation of the Mainland Chinese version of the Edinburgh Postnatal Depression Scale in Chengdu mothers. *International Journal of Nursing Studies*. 2010;47:1139.	Could not determine eligibility[a]
Lawrie TA, Hofmeyr GJ, de Jager M, Berk M. Validation of the Edinburgh Postnatal Depression Scale on a cohort of South African women. *South African Medical Journal. Suid-Afrikaanse Tydskrif Vir Geneeskunde*. 1998;88:1340.	No validated interview to assess major depression
Lee DT, Wong CK, Ungvari GS, Cheung LP, Haines CJ, Chung TK. Screening psychiatric morbidity after miscarriage: application of the 30-item General Health Questionnaire and the Edinburgh Postnatal Depression Scale. *Psychosomatic Medicine*. 1997;59:207.	No pregnant or postpartum women
Lee DT, Yip AS, Chan SS, Tsui MH, Wong WS, Chung TK. Postdelivery screening for postpartum depression. *Psychosomatic Medicine*. 2003;65:357.	No major depression
Lee DT, Yip AS, Chiu HF, Chung TK. Screening for postnatal depression using the double-test strategy. *Psychosomatic Medicine*. 2000;62:258.	No major depression
Lee DT, Yip AS, Chiu HF, Leung TY, Chung TK. Screening for postnatal depression: are specific instruments mandatory? *Journal of Affective Disorders*. 2001;63:233.	No major depression
Lee DT, Yip SK, Chiu HF, Leung TY, Chan KP, Chau IO, Leung HC, Chung TK. Detecting postnatal depression in Chinese women. Validation of the Chinese version of the Edinburgh Postnatal Depression Scale. *The British Journal of Psychiatry*. 1998;172:433.	No validated interview to assess major depression
Leverton TJ, Elliott SA. Is the EPDS a magic wand ?: 1. A comparison of the Edinburgh Postnatal Depression Scale and health visitor report as predictors of diagnosis on the Present State Examination. *Journal of Reproductive and Infant Psychology*. 2000;18:279.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Lewis BA, Gjerdingen DK, Avery MD, Guo H, Sirard JR, Bonikowske AR, Marcus BH. Examination of a telephone-based exercise intervention for the prevention of postpartum depression: design, methodology, and baseline data from The Healthy Mom study. *Contemporary Clinical Trials*. 2012;33:1150.	No major depression
Lewis BA, Gjerdingen DK, Avery MD, Sirard JR, Guo H, Schuver K, Marcus BH. A randomized trial examining a physical activity intervention for the prevention of postpartum depression: the healthy mom trial. *Mental Health and Physical Activity*. 2014;7:42-9.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Littlewood E, Ali S, Ansell P, Dyson L, Gascoyne S, Hewitt C, Keding A, Mann R, McMillan D, Morgan D, Swan K. Identification of depression in women during pregnancy and the early postnatal period using the Whooley questions and the Edinburgh Postnatal Depression Scale: protocol for the Born and Bred in Yorkshire: PeriNatal Depression Diagnostic Accuracy (BaBY PaNDA) study. *BMJ Open*. 2016;6:e011223.	No original data
Logsdon MC, Myers JA. Comparative performance of two depression screening instruments in adolescent mothers. *Journal of Women's Health*. 2010;19:1123.	No adults
Lukasik A, Blaszczyk K, Wojcieszyn M, Belowska A. Characteristic of affective disorders of the first week of puerperium. *Ginekologia polska*. 2003;74:1194.	No validated interview to assess major depression
Lundh W, Gyllang C. Use of the Edinburgh Postnatal Depression Scale in some Swedish child health care centres. *Scandinavian Journal of Caring Sciences*. 1993;7:149.	No validated interview to assess major depression
Lydsdottir LB, Howard LM, Olafsdottir H, Thome M, Tyrfingsson P, Sigurdsson JF. The mental health characteristics of pregnant women with depressive symptoms identified by the Edinburgh Postnatal Depression Scale. *Journal of Clinical Psychiatry*. 2014;75:393.	> 2 weeks between EPDS and diagnostic interview
Mallett P, Andrew M, Hunter C, Smith J, Richards C, Othman S, Lazarus J, Harris B. Cognitive function, thyroid status and postpartum depression. *Acta Psychiatrica Scandinavica*. 1995;91:243.	No validated interview to assess major depression
Maloney DM. Postnatal depression: a study of mothers in the metropolitan area of Perth, Western Australia. *Journal - Australian College of Midwives*. 1998;11:18.	No major depression
Mao HJ, Li HJ, Chiu H, Chan WC, Chen SL. Effectiveness of antenatal emotional self-management training program in prevention of postnatal depression in Chinese women. *Perspectives in Psychiatric Care*. 2012;48:218.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Marley JV, Kotz J, Engelke C, Williams M, Stephen D, Coutinho S. Validity and acceptability of kimberley mum's mood scale to screen for perinatal anxiety and depression in remote aboriginal health care settings. *PLoS One*. 2017;12:e0168969.	No EPDS
MartinSantos R, Gelabert E, Subira S, Gutierrezzotes A, Langorh K, Jover M, Torrens M, Guillamat R, Mayoral F, Canellas F, Iborra JL, Gratacos M, Costas J, Gornemann I, Navines R, Gutart M, Roca M, De Frutos R, Vilella E, Valdes M, Garcia Esteve L, Sanjuan J. Research Letter: Is neuroticism a risk factor for postpartum depression? *Psychological Medicine*. 2012;42:1559.	No original data
Mason L, Poole H. Healthcare professionals' views of screening for postnatal depression. *Community Practitioner*. 2008;81:30.	No pregnant or postpartum women
Matijasevich A, Munhoz TN, Tavares BF, Barbosa AP, da Silva DM, Abitante MS, Dall'Agnol TA, Santos IS. Validation of the Edinburgh Postnatal Depression Scale (EPDS) for screening of major depressive episode among adults from the general population. *BMC Psychiatry*. 2014;14:284.	No pregnant or postpartum women
Matthews J, Huberty JL, Leiferman JA, McClain D, Larkey LK. Perceptions, uses of, and interests in complementary health care approaches in depressed pregnant women: the PAW survey. *Journal of Evidence-Based Complementary & Alternative Medicine*. 2017;22:81-95.	No major depression
Matthey S, Valenti B, Souter K, Ross-Hamid C. Comparison of four self-report measures and a generic mood question to screen for anxiety during pregnancy in English-speaking women. *Journal of Affective Disorders*. 2013;148:347.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Matthey S. Differentiating between Transient and Enduring distress on the Edinburgh Depression Scale within screening contexts. *Journal of Affective Disorders*. 2016;196:252.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Matthey S. Does an early postpartum Edinburgh Postnatal Depression Scale (EPDS) really detect the majority of women with elevated EPDS scores at 16-weeks postpartum? *Archives of Women's Mental Health*. 2017;20:811-2.	No original data
Matthey S. Using the Edinburgh Postnatal Depression Scale to screen for anxiety disorders. *Depression & Anxiety*. 2008;25:926.	No pregnant or postpartum women
Mauri M, Banti S, Borri C, Rambelli C, Ramacciotti D, Oppo A, Montagnani MS, Camilleri V, Cortopassi S, Cianelli E, Ciberti A, Mariani MG, Cassano GB. Depressive Symptomatology in Pregnancy Detected with Epds: the Problem of False Positive. *European Psychiatry*. 2010;25.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Mazhari S, Nakhaee N. Validation of the Edinburgh Postnatal Depression Scale in an Iranian sample. *Archives of Women's Mental Health*. 2007;10:293.	No validated interview to assess major depression
Mazzeo SE, SlofOp't Landt MC, Jones I, Mitchell K, Kendler KS, Neale MC, Aggen SH, Bulik CM. Associations among postpartum depression, eating disorders, and perfectionism in a population-based sample of adult women. *International Journal of Eating Disorders*. 2006;39:202.	No major depression
McMahon CA, Boivin J, Gibson FL, Hammarberg K, Wynter K, Fisher JR. Older maternal age and major depressive episodes in the first two years after birth: Findings from the Parental Age and Transition to Parenthood Australia (PATPA) study. *Journal of Affective Disorders*. 2015;175:454.	No major depression
Meltzer-Brody S, Zerwas S, Leserman J, Holle AV, Regis T, Bulik C. Eating disorders and trauma history in women with perinatal depression. *Journal of Women's Health*. 2011;20:863.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Meuti V, Aceti F, Giacchetti N, Carluccio GM, Zaccagni M, Marini I, Giancola O, Ciolli P, Biondi M. Perinatal Depression and Patterns of Attachment: A Critical Risk Factor? *Depression Research and Treatment*. 2015;2015:105012.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Milgrom J, Gemmill AW, Ericksen J, Burrows G, Buist A, Reece J. Treatment of postnatal depression with cognitive behavioural therapy, sertraline and combination therapy: A randomised controlled trial. *Australian and New Zealand Journal of Psychiatry*. 2015;49:236.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Miller L, Gur M, Shanok A, Weissman M. Interpersonal psychotherapy with pregnant adolescents: two pilot studies. *Journal of Child Psychology & Psychiatry & Allied Disciplines*. 2008;49:733.	No adults
Mirabella F, Michielin P, Piacentini D, Veltro F, Barbano G, Cattaneo M, Palumbo G, Gigantesco A. Effectiveness of a postnatal psychological treatment for women who had screened positive for depression. *Rivista di Psichiatria*. 2016;51:260-9.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Moayedoddin A, Moser D, Nanzer N. The impact of brief psychotherapy centred on parenthood on the anxio-depressive symptoms of mothers during the perinatal period. *Swiss Medical Weekly*. 2013;143:w13769.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Mochache K, Mathai M, Gachuno O, Vander Stoep A, Kumar M. Depression during pregnancy and preterm delivery: a prospective cohort study among women attending antenatal clinic at Pumwani Maternity Hospital. *Annals of General Psychiatry*. 2018;17:31.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Murray D, Cox JL, Chapman G, Jones P. Childbirth: life event or start of a long-term difficulty? Further data from the Stoke-on-Trent controlled study of postnatal depression. *The British Journal of Psychiatry*. 1995;166:595.	No validated interview to assess major depression
Murray D, Cox JL. Screening for depression during pregnancy with the Edinburgh Depression Scale (EPDS). *Journal of Reproductive and Infant Psychology*. 1990;8:99.	No validated interview to assess major depression
Murray L, Carothers AD. The validation of the Edinburgh Post-natal Depression Scale on a community sample. *The British Journal of Psychiatry*. 1990;157:288.	No validated interview to assess major depression
O'Mahen H, Himle JA, Fedock G, Henshaw E, Flynn H. A pilot randomized controlled trial of cognitive behavioral therapy for perinatal depression adapted for women with low incomes. *Depression and Anxiety*. 2013;30:679.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
O'Neill T. Postnatal depression--aetiological factors. *Irish Medical Journal*. 1990;83:17.	> 2 weeks between EPDS and diagnostic interview
Ortiz Collado MA, Saez M, Favrod J, Hatem M. Antenatal psychosomatic programming to reduce postpartum depression risk and improve childbirth outcomes: a randomized controlled trial in Spain and France. *BMC Pregnancy & Childbirth*. 2014;14:22.	No major depression
Owoeye AO, Aina OF, Morakinyo O. Risk factors of postpartum depression and EPDS scores in a group of Nigerian women. *Tropical Doctor*. 2006;36:100.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Parker G, Hegarty B, Granville-Smith I, Ho J, Paterson A, Gokiert A, Hadzi-Pavlovic D. Is essential fatty acid status in late pregnancy predictive of post-natal depression? *Acta Psychiatrica Scandinavica*. 2015;131:148.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Parker GB, Hegarty B, Paterson A, Hadzi-Pavlovic D, Granville-Smith I, Gokiert A. Predictors of post-natal depression are shaped distinctly by the measure of 'depression'. *Journal of Affective Disorders*. 2015;173:239.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Patton GC, Romaniuk H, Spry E, Coffey C, Olsson C, Doyle LW, Oats J, Hearps S, Carlin JB, Brown S. Prediction of perinatal depression from adolescence and before conception (VIHCS): 20-year prospective cohort study. *Lancet*. 2015;386:875.	No major depression
Peindl KS, Wisner KL, Hanusa BH. Identifying depression in the first postpartum year: guidelines for office-based screening and referral. *Journal of Affective Disorders*. 2004;80:37.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Petri E, Palagini L, Bacci O, Borri C, Teristi V, Corezzi C, Faraoni S, Antonelli P, Cargioli C, Banti S, Perugi G. Maternal–foetal attachment independently predicts the quality of maternal–infant bonding and post-partum psychopathology. *The Journal of Maternal-Fetal & Neonatal Medicine*. 2018;31:3153-9.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Pham D, Cormick G, Amyx MM, Gibbons L, Doty M, Brown A, Norwood A, Daray FM, Althabe F, Belizán JM. Factors associated with postpartum depression in women from low socioeconomic level in Argentina: A hierarchical model approach. *Journal of Affective Disorders*. 2018;227:731-8.	No major depression
Phillips J, Sharpe L, Nemeth D. Maternal psychopathology and outcomes of a residential mother-infant intervention for unsettled infant behaviour. *Australian & New Zealand Journal of Psychiatry*. 2010;44:280.	> 2 weeks between EPDS and diagnostic interview
Piacentini D, Leveni D, Primerano G, Cattaneo M, Volpi L, Biffi G, Mirabella F. Prevalence and risk factors of postnatal depression among women attending antenatal courses. *Epidemiologia Epsichiatria Sociale*. 2009;18:214.	> 2 weeks between EPDS and diagnostic interview
Pitanupong J, Liabsuetrakul T, Vittayanont A. Validation of the Thai Edinburgh Postnatal Depression Scale for screening postpartum depression. *Psychiatry Research*. 2007;149:253.	No validated interview to assess major depression
Pollock JI, Manaseki-Holland S, Patel V. Detection of depression in women of child-bearing age in non-Western cultures: a comparison of the Edinburgh Postnatal Depression Scale and the Self-Reporting Questionnaire-20 in Mongolia. *Journal of Affective Disorders*. 2006;92:267.	No adults
Quispel C, Schneider TA, Hoogendijk WJ, Bonsel GJ, Lambregtse-van den Berg MP. Successful five-item triage for the broad spectrum of mental disorders in pregnancy–a validation study. *BMC Pregnancy Childbirth*. 2015;15:51.	No major depression cases

Reck C, Stehle E, Reinig K, Mundt C. Maternity blues as a predictor of DSM-IV depression and anxiety disorders in the first three months postpartum. *Journal of Affective Disorders*. 2009;113:77.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Reck C, Struben K, Backenstrass M, Stefenelli U, Reinig K, Fuchs T, Sohn C, Mundt C. Prevalence, onset and comorbidity of postpartum anxiety and depressive disorders. *Acta Psychiatrica Scandinavica*. 2008;118:459.	> 2 weeks between EPDS and diagnostic interview
Regmi S, Sligl W, Carter D, Grut W, Seear M. A controlled study of postpartum depression among Nepalese women: validation of the Edinburgh Postpartum Depression Scale in Kathmandu. *Tropical Medicine & International Health*. 2002;7:378.	No major depression
Robakis TK, Williams KE, Crowe S, Kenna H, Gannon J, Rasgon NL. Optimistic outlook regarding maternity protects against depressive symptoms postpartum. *Archives of Women's Mental Health*. 2015;18:197.	No validated interview to assess major depression
Roca A, Imaz ML, Torres A, Plaza A, Subira S, Valdes M, Martin-Santos R, Garcia-Esteve L. Unplanned pregnancy and discontinuation of SSRIs in pregnant women with previously treated affective disorder. *Journal of Affective Disorders*. 2013;150:807.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Rojas G, Fritsch R, Solis J, Gonzalez M, Guajardo V, Araya R. Quality of life of women depressed in the post-partum period. *Revista Medica de Chile*. 2006;134:713.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Rubertsson C, Borjesson K, Berglund A, Josefsson A, Sydsjo G. The Swedish validation of Edinburgh Postnatal Depression Scale (EPDS) during pregnancy. *Nordic Journal of Psychiatry*. 2011;65:414.	No validated interview to assess major depression
Saleh ES, El-Bahei W, El-Hadidy MA, Zayed A. Predictors of postpartum depression in a sample of Egyptian women. *Neuropsychiatric Disease and Treatment*. 2012;9:Art 15.	No EPDS
Sanjuan J, MartinSantos R, GarciaEsteve L, Carot JM, Guillamat R, GutierrezZotes A, Gornemann I, Canellas F, BacaGarcia E, Jover M, Navines R, Valles V, Vilella E, de Diego Y, Castro JA, Ivorra JL, Gelabert E, Guitart M, Labad A, Mayoral F, Roca M, Gratacos M, Costas J, van Os J, de Frutos R. Mood changes after delivery: Role of the serotonin transporter gene. *The British Journal of Psychiatry*. 2008;193:383.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Santos IS, Matijasevich A, Tavares BF, Barros AJ, Botelho IP, Lapolli C, Magalhaes PV, Barbosa AP, Barros FC. Validation of the Edinburgh Postnatal Depression Scale (EPDS) in a sample of mothers from the 2004 Pelotas Birth Cohort Study. *Cadernos de Saude Publica*. 2007;23:2577.	No validated interview to assess major depression
Santos IS, Matijasevich A, Tavares BF, da Cruz Lima AC, Riegel RE, Lopes BC. Comparing validity of Edinburgh scale and SRQ20 in screening for post-partum depression. *Clinical Practice & Epidemiology in Mental Health [Electronic Resource]: CP & EMH*. 2007;3:18.	No validated interview to assess major depression
Santos IS, Tavares BF, Munhoz TN, Manzolli P, de Ávila GB, Jannke E, Matijasevich A. Patient health questionnaire-9 versus Edinburgh postnatal depression scale in screening for major depressive episodes: a cross-sectional population-based study. *BMC Research Notes*. 2016;9:453.	No pregnant or postpartum women
Savarimuthu RJ, Ezhilarasu P, Charles H, Antonisamy B, Kurian S, Jacob KS. Post-partum depression in the community: a qualitative study from rural South India. *International Journal of Social Psychiatry*. 2010;56:94.	Could not determine eligibility[a]
Sejourne N, Alba J, Onorrus M, Goutaudier N, Chabrol H. Intergenerational transmission of postpartum depression. *Journal of Reproductive and Infant Psychology*. 2011;29:115.	No validated interview to assess major depression
Seth S, Lewis AJ, Saffery R, Lappas M, Galbally M. Maternal Prenatal Mental Health and Placental 11 beta-HSD2 Gene Expression: Initial Findings from the Mercy Pregnancy and Emotional Wellbeing Study. *International Journal of Molecular Sciences*. 2015;16:27482.	No major depression
Silver M, Moore CM, Villamarin V, Jaitly N, Hall JE, Rothschild AJ, Deligiannidis KM. White matter integrity in medication-free women with peripartum depression: a tract-based spatial statistics study. *Neuropsychopharmacology*. 2018;43:1573.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Silverman ME, Reichenberg A, Savitz DA, Cnattingius S, Lichtenstein P, Hultman CM, Larsson H, Sandin S. The risk factors for postpartum depression: A population-based study. *Depression and Anxiety*. 2017;34:178-87..	No EPDS
Simpson W, Glazer M, Michalski N, Steiner M, Frey BN. Comparative efficacy of the generalized anxiety disorder 7-item scale and the Edinburgh Postnatal Depression Scale as screening tools for generalized anxiety disorder in pregnancy and the postpartum period. *Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie*. 2014;59:434.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Sit DK, Flint C, Svidergol D, White J, Wimer M, Bish B, Wisner KL. Best practices: an emerging best practice model for perinatal depression care. *Psychiatric Services*. 2009;60:1429.	No validated interview to assess major depression
Slade P, Morrell CJ, Rigby A, Ricci K, Spittlehouse J, Brugha TS. Postnatal women's experiences of management of depressive symptoms: a qualitative study. *British Journal of General Practice*. 2010;60.	No major depression
Smith-Nielsen J, Steele H, Mehlhase H, Cordes K, Steele M, Harder S, Væver MS. Links among high EPDS scores, state of mind regarding attachment, and symptoms of personality disorder. *Journal of Personality Disorders*. 2015;29:771-93.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Spinelli MG, Endicott J, Goetz RR, Segre LS. Reanalysis of efficacy of interpersonal psychotherapy for antepartum depression versus parenting education program: initial severity of depression as a predictor of treatment outcome. *The Journal of Clinical Psychiatry*. 2016;77:535-40.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Sundaram S, Harman JS, Cook RL. Maternal morbidities and postpartum depression: An analysis using the 2007 and 2008 pregnancy risk assessment monitoring system. *Women's Health Issues*. Jul 2014;24:e381.	No EPDS
Sutter-Dallay AL, Giaconne-Marcesche V, Glatigny-Dallay E, Verdoux H. Women with anxiety disorders during pregnancy are at increased risk of intense postnatal depressive symptoms: a prospective survey of the MATQUID cohort. *European Psychiatry*. 2004;19:459.	> 2 weeks between EPDS and diagnostic interview

Tam LW, Newton RP, Dern M, Parry BL. Screening women for postpartum depression at well baby visits: resistance encountered and recommendations. *Archives of Women's Mental Health*. 2002;5:79.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Tan EC, Chua TE, Lee TMY, Tan HS, Ting JLY, Chen HY. Case-control study of glucocorticoid receptor and corticotrophin-releasing hormone receptor gene variants and risk of perinatal depression. *BMC Pregnancy and Childbirth*. 2015;15:283.	No major depression
Tang Y,Shi S, Lu W, Chen Y, Wang Q, Zhu Y, Yang J, Yu W, Luo J, Cheng UN. Prenatal psychological prevention trial on postpartum anxiety and depression. *Chinese Mental Health Journal*. 2009;23:83.	Could not determine eligibility[a]
Tavaragi MS, Patil R, Desai M, Arunkumar C. Prevalence Study of Postpartum Depression and its Correlation with Socio-Demographic Variables at a Tertiary Care Hospital, KIMS, Huballi Indian. *Journal of Psychiatry*. 2018;60:133.	No major depression
Teng HW, Hsu CS, Shih SM, Lu ML, Pan JJ, Shen WW. Screening postpartum depression with the Taiwanese version of the Edinburgh Postnatal Depression scale. *Comprehensive Psychiatry*. 2005;46:261.	Could not determine eligibility[a]
Tesfaye M, Hanlon C, Wondimagegn D, Alem A. Detecting postnatal common mental disorders in Addis Ababa, Ethiopia: validation of the Edinburgh Postnatal Depression Scale and Kessler Scales. *Journal of Affective Disorders*. 2010;122:102.	No validated interview to assess major depression
Thangavelautham Suhitharan TP, Chen H, Assam PN, Sultana R, Han NL, Tan EC, Sng BL. Investigating analgesic and psychological factors associated with risk of postpartum depression development: a case–control study. *Neuropsychiatric Disease and Treatment*. 2016;12:1333.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Tharner A, Luijk MPCM, van IJzendoorn MH, BakermansKranenburg MJ, Jaddoe VWV, Hofman A, Verhulst FC, Tiemeier H. Maternal lifetime history of depression and depressive symptoms in the prenatal and early postnatal period do not predict infant-mother attachment quality in a large, population-based Dutch cohort study. *Attachment & Human Development*. 2012;14:63.	> 2 weeks between EPDS and diagnostic interview
Thorpe K. A study of the use of the Edinburgh Postnatal Depression Scale with parent groups outside the postpartum period. *Journal of Reproductive and Infant Psychology*. 1993;11:119.	No pregnant or postpartum women
Tietz A, Zietlow AL, Reck C. Maternal bonding in mothers with postpartum anxiety disorder: the crucial role of subclinical depressive symptoms and maternal avoidance behaviour. *Archives of Women's Mental Health*. 2014;17:433.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Trevillion K, Domoney J, Pickles A, Bick D, Byford S, Heslin M, Milgrom J, Mycroft R, Pariante C, Ryan E, Hunter M. Depression: an exploratory parallel-group randomised controlled trial of Antenatal guided self help for WomeN (DAWN): study protocol for a randomised controlled trial. *Trials*. 2016;17:503.	No original data
Ueda M, Yamashita H, Yoshida K. Impact of infant health problems on postnatal depression: pilot study to evaluate a health visiting system. *Psychiatry & Clinical Neurosciences*. 2006;60:182.	> 2 weeks between EPDS and diagnostic interview
Uguz F, Akman C, Sahingoz M, Kaya N, Kucur R. One year follow-up of post-partum-onset depression: the role of depressive symptom severity and personality disorders. *Journal of Psychosomatic Obstetrics & Gynecology*. 2009;30:141.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Usuda K, Nishi D, Okazaki E, Makino M, Sano Y. Optimal cut-off score of the Edinburgh Postnatal Depression Scale for major depressive episode during pregnancy in Japan. *Psychiatry and Clinical Neurosciences*. 2017;71:836-42.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Uwakwe R, Okonkwo JE. Affective (depressive) morbidity in puerperal Nigerian women: validation of the Edinburgh Postnatal Depression Scale. *Acta Psychiatrica Scandinavica*. 2003;107:251.	No validated interview to assess major depression
Van Der Zee-Van AI, Boere-Boonekamp MM, Groothuis-Oudshoorn CG, IJzerman MJ, Haasnoot-Smallegange RM, Reijneveld SA. Post-up study: postpartum depression screening in well-child care and maternal outcomes. *Pediatrics*. 2017;140:e20170110.1.	> 2 weeks between EPDS and diagnostic interview
Varela P, Spyropoulou AC, Kalogerakis Z, Vousoura E, Moraitou M, Zervas IM. Association between gestational diabetes and perinatal depressive symptoms: evidence from a Greek cohort study. *Primary Health Care Research & Development*. 2017;18:441-7.	No major depression
Venkatesh KK, Zlotnick C, Triche EW, Ware C, Phipps MG. Accuracy of brief screening tools for identifying postpartum depression among adolescent mothers. *Pediatrics*. 2014;133:e45.	No adults
Venter MD, Smets J, Raes F, Wouters K, Franck E, Hanssens M, Jacquemyn Y, Sabbe BGC, Eede FVD. Impact of childhood trauma on postpartum depression: A prospective study. *Archives of Women's Mental Health*. 2016;19:337.	No major depression
Verkerk GJ, Denollet J, Van Heck GL, Van Son MJ, Pop VJ. Personality factors as determinants of depression in postpartum women: a prospective 1-year follow-up study. *Psychosomatic Medicine*. 2005;67:632.	No validated interview to assess major depression
Verkerk GJM, Pop VJM, Van Son MJM, Van Heck GL. Prediction of depression in the postpartum period: A longitudinal follow-up study in high-risk and low-risk women. *Journal of Affective Disorders*. 2003;77:159.	> 2 weeks between EPDS and diagnostic interview
Viktorin A, Meltzer-Brody S, Kuja-Halkola R, Sullivan PF, Landen M, Lichtenstein P, Magnusson PK. Heritability of Perinatal Depression and Genetic Overlap With Nonperinatal Depression. *American Journal of Psychiatry*. 2016;173:158.	No EPDS
Wang Y, Guo X, Lau Y, Chan KS, Yin L, Chen J. Psychometric evaluation of the Mainland Chinese version of the Edinburgh Postnatal Depression Scale. *International Journal of Nursing Studies*. 2009;46:813.	Could not determine eligibility[a]
Warner R, Appleby L, Whitton A, Faragher B. Attitudes toward motherhood in postnatal depression: development of the Maternal Attitudes Questionnaire. *Journal of Psychosomatic Research*. 1997;43:351.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Warnock FF, Bakeman R, Shearer K, Misri S, Oberlander T. Caregiving behavior and interactions of prenatally depressed mothers (antidepressant-treated and non-antidepressant-treated) during newborn acute pain. *Infant Mental Health Journal*. 2009;30:384.	Could not determine eligibility[a]
Wenz-Gross M, Weinreb L, Upshur C. Screening for post-traumatic stress disorder in prenatal care: Prevalence and characteristics in a low-income population. *Maternal and Child Health Journal*. 2016;20:1995-2002.	No major depression
Weobong B, Akpalu B, Doku V, Agyei SO, Hurt L, Kirkwood B, Prince M. The comparative validity of screening scales for postnatal common mental disorder in Kintampo, Ghana. *Journal of Affective Disorders*. 2009;113:109.	No validated interview to assess major depression
Werrett J, Clifford C. Validation of the Punjabi version of the Edinburgh postnatal depression scale (EPDS). *International Journal of Nursing Studies*. 2006;43:227.	No major depression
Wickberg B, Hwang CP. Counselling of postnatal depression: a controlled study on a population based Swedish sample. *Journal of Affective Disorders*. 1996;39:209.	No validated interview to assess major depression
Wickberg B, Hwang CP. The Edinburgh Postnatal Depression Scale: validation on a Swedish community sample. *Acta Psychiatrica Scandinavica*. 1996;94:181.	No validated interview to assess major depression
Williams JA, Romero VC, Clinton CM, Vazquez DM, Marcus SM, Chilimigras JL, Hamilton SE, Allbaugh LJ, Vahratian AM, Schrader RM, Mozurkewich EL. Vitamin D levels and perinatal depressive symptoms in women at risk: a secondary analysis of the mothers, omega-3, and mental health study. *BMC Pregnancy and Childbirth*. 2016;16:203.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Wisner KL, Sit DK, McShea M, Luther JF, Eng HF, Dills JL, Moses-Kolko EL, Wisniewski SR. Telephone-Based Depression Care Management for Postpartum Women: A Randomized Controlled Trial. *The Journal of Clinical Psychiatry*. 2017;78:1369-75.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Wu M, Li X, Feng B, Wu H, Qiu C, Zhang W. Correlation between sleep quality of third-trimester pregnancy and postpartum depression. *Medical Science Monitor*. 2014;20:2740.	Could not determine eligibility[a]
Yamashita H, Yoshida K, Nakano H, Tashiro N. Postnatal depression in Japanese women. Detecting the early onset of postnatal depression by closely monitoring the postpartum mood. *Journal of Affective Disorders*. 2000;58:145.	No validated interview to assess major depression
Yelland C, Girke T, Tottman C, Williams AS. Clinical characteristics and mental health outcomes for women admitted to an Australian Mother–Baby Unit: a focus on borderline personality disorder and emotional dysregulation? *Australasian Psychiatry*. 2015;23:683-7.	No validated interview to assess major depression
Yonkers KA, Ramin SM, Rush AJ, Navarrete CA, Carmody T, March D, Heartwell SF, Leveno KJ. Onset and persistence of postpartum depression in an inner-city maternal health clinic system. *American Journal of Psychiatry*. 2001;158:1856.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Yoshida K, Yamashita H, Ueda M, Tashiro N. Postnatal depression in Japanese mothers and the reconsideration of 'Satogaeri bunben'. *Pediatrics International*. 2001;43:189.	No validated interview to assess major depression
Zammit S, Thomas K, Thompson A, Horwood J, Menezes P, Gunnell D, Hollis C, Wolke D, Lewis G, Harrison G. Maternal tobacco, cannabis and alcohol use during pregnancy and risk of adolescent psychotic symptoms in offspring. *The British Journal of Psychiatry*. 2009;195:294.	No pregnant or postpartum women
Zelkowitz P, Milet TH. Postpartum psychiatric disorders: Their relationship to psychological adjustment and marital satisfaction in the spouses. *Journal of Abnormal Psychology*. 1996;105:281.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Zlotnick C, Capezza NM, Parker D. An interpersonally based intervention for low-income pregnant women with intimate partner violence: A pilot study. *Archives of Women's Mental Health*. 2011;14:55.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Zubaran C, Foresti K, Schumacher MV, Amoretti AL, Thorell MR, Muller LC. The correlation between postpartum depression and health status. *Maternal & Child Health Journal*. 2010;14:751.	> 2 weeks between EPDS and diagnostic interview

[a]It was not possible to determine eligibility based on the published report, and we were not able to obtain clarification from authors despite multiple attempts.

eTable2a. Characteristics of included primary studies (N = 58)

First Author, Year	Country	Recruited Population	Diagnostic Interview	Classification System	Total N	Major Depression N (%)
Semi-structured Interviews						
Aceti, 2012[1]	Italy	Pregnant women in the third trimester	SCID	DSM-IV	44	22 (50)
Barnes, 2009[2]	UK	Socially disadvantaged mothers at 2 months postpartum	SCID	DSM-III-R	347	25 (7)
Bavle, 2016[3]	India	Pregnant women recruited from an outpatient obstetrics department in a tertiary care hospital	SCID	DSM-IV	318	6 (2)
Beck, 2001[4]	USA	Postpartum mothers	SCID	DSM-IV	150	18 (12)
Bunevicius, 2009[5]	Lithuania	Pregnant women 12 to 16 weeks pregnant attending an obstetric clinic	SCID	DSM-III-R	230	12 (5)
Chaudron, 2010[6]	USA	Postpartum women recruited from Well-Child Care visits with infants 0-14 months of age	SCID	DSM-IV	187	70 (37)
de Figueiredo, 2015[7]	Brazil	Postpartum women enrolled in prenatal care outpatient services in a Brazilian city	SCID	DSM_IV	241	94 (39)
Garcia-Esteve, 2003[8]	Spain	Women at 6 weeks postpartum	SCID	DSM-III-R	334	36 (11)
Giardinelli, 2012[9]	Italy	Women between 28 and 32 weeks pregnant recruited from a obstetric course in Florence	SCID	DSM-IV	588	28 (5)
Green, 2018[10]	Kenya	Pregnant and postpartum women receiving maternity services	SCID	DSM-V	161	7 (4)
Helle, 2015[11]	Germany	Mothers with very low birthweight and normal weight infants between 4 and 6 weeks postpartum	SCID	DSM-IV	224	12 (5)
Hickey, 1997[12]	Australia	Postpartum women recruited in the hospital after delivery	SCID	DSM-III-R	72	31 (43)
Howard, 2018[13]	UK	Pregnant women recruited from an inner-city London maternity service	SCID	DSM-IV	527	130 (25)
Ing, 2017[14]	Thailand	Postpartum migrant and refugee women	SCID	DSM-IV	625	5 (1)
Kettunen, 2017[15a]	Finland	Postpartum women recruited from antenatal clinics	SCID	DSM-IV	134	65 (49)
Leonardou, 2009[16]	Greece	Postpartum women recruited from private and public maternity wards on their second day postpartum	SCID	DSM-III-R	81	4 (5)
Marsay, 2017[17]	South Africa	Pregnant women between 22 and 28 weeks' gestation	SCID	DSM-V	145	16 (11)
Navarro, 2007[18]	Spain	Women presenting for postpartum care at 6 weeks	SCID	DSM-IV	401	84 (21)
Nakić Radoš, 2013[19]	Croatia	Women between 6 and 8 weeks postpartum	SCID	DSM-IV-TR	272	10 (4)
Pawlby, 2008[20]	UK	Women at 12 months postpartum	CIS	ICD-9	190	34 (18)
Phillips, 2009[21]	Australia	Postpartum mothers with unsettled infants	SCID	DSM-IV	158	42 (27)
Prenoveau, 2013[22]	UK	Postpartum women at 10 months recruited from mixed health centres	SCID	DSM-IV	219	20 (9)
Robertson-Blackmore, 2013[23]	USA	Women at 18 weeks' gestation	SCID	DSM-IV-TR	358	29 (8)
Rochat, 2013[24]	South Africa	Women recruited from their antenatal appointment at a primary health care clinic between 26 and 34 weeks of pregnancy	SCID	DSM-IV	104	50 (48)
Siu, 2012[25]	China	Postpartum women	SCID	DSM-IV	805	126 (16)
Smith-Nielsen, 2018[26b]	Denmark	Postpartum women	SCID	DSM-V	320	118 (36)
Stewart, 2013[27]	Malawi	Pregnant women attending an antenatal clinic in rural Malawi	SCID	DSM-IV	186	34 (18)
Tandon, 2012[28]	USA	Pregnant and postpartum women enrolled in home visitation programs	SCID	DSM IV	89	25 (28)
Tendais, 2014[29]	Portugal	Pregnant women recruited in an obstetrics outpatient unit	SCID	DSM-IV	141	18 (13)
Tissot, 2015[30]	Switzerland	Women at 3 months postpartum	DIGS	DSM-IV	65	4 (6)
Töreki, 2013[31]	Hungary	Women at 12 weeks antenatal	SCID	DSM-IV	219	7 (3)
Töreki, 2014[32]	Hungary	Women between 6 and 8 weeks postpartum	SCID	DSM-IV	265	8 (3)
Tran, 2011[33]	Vietnam	Pregnant and postpartum Vietnamese women recruited from the commune health centre	SCID	DSM-IV	359	52 (14)

Tungchama, 2017[34]	Nigeria	Postpartum women recruited from welfare clinics	SCID	DSM-IV	147	64 (44)
Turner, 2009[35]	Italy	Women from a regional epilepsy center in Italy between 5 and 8 weeks postpartum	SCID	DSM-IV-TR	54	5 (9)
Vega-Dienstmaier, 2002[36]	Peru	Women up to 12 months postpartum	SCID	DSM-IV	306	19 (6)
Fully Structured Interviews						
Felice, 2004[37]	Malta	Pregnant women attending an antenatal clinic	CIS-R	ICD-10	226	32 (14)
Fisher, 2010[38b]	Australia	Postpartum women recruited in Australian maternal and child health centres at 6 months postpartum	CIDI	DSM-IV	192	1 (1)[c]
Rowe, 2008[39]	Australia	English speaking women admitted with their up to 1-year-old infants to private parenting centers	CIDI	DSM-IV	137	25 (18)
Yonkers, 2014[40]	USA	Women at 17 weeks' gestation	CIDI	DSM-IV	2634	170 (6)
Mini International Neuropsychiatric Interviews (MINI)						
Alvarado, 2015[41]	Chile	Pregnant women up to 28 weeks' gestation	MINI	DSM-IV	111	38 (34)
Alvarado-Esquivel, 2006[42]	Mexico	Women within 3 months postpartum	MINI	DSM-IV	91	10 (11)
Alvarado-Esquivel, 2016[43]	Mexico	Pregnant women recruited at a public hospital	MINI	DSM-IV	184	12 (7)
Bakare, 2014[44]	Nigeria	Postpartum women	MINI	DSM-IV	405	62 (15)
Chorwe-Sungani, 2018[45]	Malawi	Pregnant women recruited from antenatal clinics	MINI	DSM-IV	96	25 (26)
Couto, 2015[46]	Brazil	Women in their second trimester of pregnancy recruited at antenatal care in a public hospital	MINI	DSM-IV-TR	173	36 (21)
Comasco, 2016[47]	Sweden	Pregnant women	MINI	DSM-IV	220	18 (8)
Eapen, 2013[48]	Australia	Women attending an antenatal clinic in Sydney	MINI	DSM-IV	131	26 (20)
Fernandes, 2011[49]	India	Rural women in their third trimester	MINI	DSM-IV	133	27 (20)
Figueira, 2009[50]	Brazil	Postpartum mothers recruited from hospitalization records	MINI	DSM-IV	239	18 (8)
Imbula, 2012[51]	Democratic Republic of Congo	Women between 1 and 10 months postpartum recruited from 'well-baby' clinics	MINI	DSM-IV-TR	117	29 (25)
Khalifa, 2015[52]	Sudan	Women at 3 months postpartum	MINI	ICD-10	40	18 (45)
Martinez, 2016[53]	Chile	Postpartum mothers participating in a child health monitoring program	MINI	DSM-IV	298	63 (21)
Roomruangwong, 2016[54]	Thailand	Pregnant women at the end of their term	MINI	DSM-IV-TR	126	1 (1)
Su, 2007[55]	Taiwan	Women in their second and third trimesters	MINI	DSM-IV	185	23 (12)
Thiagayson, 2013[56]	Singapore	Inpatient high-risk pregnant women at 23 weeks or more of gestation	MINI	DSM-IV	200	22 (11)
Usuda, 2016[57]	Japan	Pregnant women between 12-24 weeks of gestation recruited at maternity hospital in Japan	MINI	DSM-IV	177	2 (1)
van Heyningen, 2018[58]	South Africa	Pregnant women recruited from primary care antenatal clinics	MINI	DSM-IV	376	81 (22)

Abbreviations: CIDI: Composite International Diagnostic Interview; CIS: Clinical Interview Schedule; CIS-R: Clinical Interview Schedule Revised; DIGS: Diagnostic Interview for Genetic Studies; DSM: Diagnostic and Statistical Manual of Mental Disorders; ICD: International Classification of Diseases; MINI: Mini Neuropsychiatric Diagnostic Interview; SCID: Structured Clinical Interview for DSM Disorders; UK: United Kingdom; USA: United States of America.

[a]The primary study used a case-control design, but was unable to provide statistical weights to reflect sampling procedures.

[b]This study was not retrieved at the time of electronic database search.

[c]This case was excluded from the bivariate random-effects meta-analyses.

eTable2b. Characteristics of eligible primary studies that did not provide data for the present study (N = 25)

First Author, Year	Country	Recruited Population	Diagnostic Interview	Total N	Major Depression N (%)	Could study have been added as a published dataset?	Reason for not contributing data
Semi-structured Interviews							
Aydin, 2004[59]	Turkey	Women within their first postpartum year attending primary health care clinics in the province of Erzurum	SCID	341	34 (10)	Yes (Published accuracy results for EPDS cutoff 13)	The author indicated that the data no longer exist
Banti, 2011[60]	Italy	Pregnant women presenting to the local health service in the region of Tuscany between 12 and 15 weeks' gestation	SCID	1066	NR	No (Primary study did not report accuracy results for any EPDS cutoff)	The author initially responded but did not provide data and did not respond to further emails
Brodey, 2016[61]	USA	Pregnant women recruited from private obstetrics clinics in Atlanta, Georgia and Tulsa, Oklahoma as well as women within 150 days postpartum	SCID	879	NR	No (Published data ineligible: number of major depression cases not reported)	The author indicated that she/he was not willing to share data
Chibanda, 2010[62]	Zimbabwe	HIV-infected and uninfected women attending two primary care clinics in Chitungwiza six weeks postpartum	SCID	210	NR	No (Published data ineligible: reported accuracy estimates were not for major depression, they were for a broader definition of depression)	The author indicated that the data no longer exist
Crotty, 2004[63]	Ireland	Women between 6 and 8 weeks postpartum	SCAN	113	48 (42)	No (Published data ineligible: reported accuracy estimates were not for major depression, they were for a broader definition of depression)	The author provided a dataset but could not clarify distripencies between the data and the published study
Gausia, 2007[64]	Bangladesh	Women 6 to 8 weeks postpartum attending an urban childhood immunization clinic in Bangladesh	SCID	100	3 (3)	No (Published data ineligible: reported accuracy estimates were not for major depression, they were for a broader definition of depression)	The author provided a dataset but could not distinguish between major and minor depression cases
Gorman, 2004[65]	France, Ireland, Italy, USA, UK, Portugal, Austria, Switzerland	Women in their third trimester of pregnancy from 10 sites in 8 countries	SCID	289	10 (3)	No (Primary study did not report accuracy results for any EPDS cutoff)	The author indicated that too much work was involved and she/he did not have time
Li, 2011[66]	China	Women between 2 and 12 weeks postpartum recruited from postnatal clinics of the three regional public hospitals in Changsha, China	SCID	387	24 (6)	No (Primary study did not report accuracy results for any EPDS cutoff)	The author never replied despite multiple attempts to contact
Moses-Kolko, 2012[67]	USA	Postpartum women within 16 weeks of delivery	SCID	33	13 (39)	No (Primary study did not report accuracy results for any EPDS cutoff)	The author never replied despite multiple attempts to contact
Priest, 2013[68]	Australia	Women at 2 months postpartum who delivered healthy term infants	SADS	292	NR	No (Primary study did not report accuracy results for any EPDS cutoff)	The author initially responded but did not provide data and did not respond to further emails

Stuebe, 2013[69]	USA	Women in the third trimester of a singleton pregnancy who intended to breastfeed for at least 3 months	SCID	47	8 (17)	No (Primary study did not report accuracy results for any EPDS cutoff)	The author indicated that she/he was not willing to share data
Fully Structured Interviews							
Barnett, 1999[70]	Australia	Pregnant women during their second trimester from four antenatal clinics in South-Western Sydney	DIS	316	21 (7)	Yes (Published accuracy results for EPDS cutoffs 8-10,12, and 13)	The author never replied despite multiple attempts to contact
Bergink, 2011[71]	The Netherlands	Pregnant women at 12 weeks' gestation from 5 community midwifery practices in and around the city of Eindhoven	CIDI	845	47 (6)	Yes (Published accuracy results for EPDS cutoffs 9-14)	The author indicated that the data no longer exist
Mahmud, 2003[72]	Malaysia	Women between 4 and 12 weeks postpartum attending a health clinic in Kedah	CIDI	64	9 (14)	No (Published data ineligible: reported accuracy estimates were not for major depression, they were for a broader definition of depression)	The author indicated that the data no longer exist
Matthey, 2001[73]	Australia	Women between 6 and 7 weeks postpartum who attended an evening preparation for parenthood class with their partners in South West Sydney	DIS	230	11 (5)	No (Published data ineligible: reported accuracy estimates were not for major depression, they were for a broader definition of depression)	The author indicated that too much work was involved and she/he did not have time
O'Brien, 2004[74]	UK	Mother of children with serial weights that crossed 2 major centiles on standardized growth charts or fell below the second centile.	CIS-R	216	31 (14)	No (Primary study did not report accuracy results for any EPDS cutoff)	The author provided a dataset, but could not clarify distripencies between the data and the published study
Mini International Neuropsychiatric Interviews (MINI)							
Adewuya, 2006[75]	Nigeria	Women between 32 and 36 weeks pregnant recruited from the antenatal clinics in western Nigeria	MINI	86	9 (10)	Yes (Published accuracy results for EPDS cutoffs 10-16)	The author initially responded but did not provide data and did not respond to further emails
Adouard, 2005[76]	France	Women between 28 and 34 weeks' gestation attending antenatal consultations for pregnancy complication in a major Parisian maternity facility	MINI	60	15 (25)	Yes (Published accuracy results for EPDS cutoffs 10-13)	The author indicated that the data no longer exist
Agoub, 2005[77]	Morocco	Postpartum women at their first postnatal visit 15 to 20 days after delivery	MINI	144	27 (19)	Yes (Published accuracy results for EPDS cutoffs 10-13)	The author never replied despite multiple attempts to contact
Benvenuti, 1999[78]	Italy	Women between 8 and 12 weeks postpartum in Florence's metropolitan area	MINI	113	18 (16)	No (Published data ineligible: reported accuracy estimates were not for major depression, they were for a broader definition of depression)	The author initially responded but did not provide data and did not respond to further emails
Berle, 2003[79]	Norway	Women attending routine postnatal visits between 6 and 12 weeks postpartum	MINI	100	27 (27)	No (Published data ineligible: did not incorporate appropriate sampling weights)	The author indicated that too much work was involved and she/he did not have time
Christl, 2013[80]	Australia	Mothers with unsettled infants aged up to 12 months from a family care centre in Canterbury	MINI	232	13 (6)	No (Primary study did not report accuracy results for any EPDS cutoff)	The author initially responded but did not provide data and did not respond to further emails
Pedersen, 2016[81]	USA	Euthyroid women between 35 to 36 weeks pregnant recruited from a public health obstetrics clinic	MINI	199	NR	No (Primary study did not report accuracy results for any EPDS cutoff)	The author indicated that too much work was involved and she/he did not have time

Pinheiro, 2013[82]	Brazil	Women between 32 and 36 weeks pregnant recruited from the antenatal clinics in western Nigeria	MINI	207	27 (13)	No (Primary study did not report accuracy results for any EPDS cutoff)	The author initially responded but did not provide data and did not respond to further emails
van der Westhuizen, 2018[83]	South Africa	Pregnant women between 20 and 28 weeks' gestation	MINI	662	31 (5)	Yes (Published accuracy results for EPDS cutoffs 10-18)	The author's decision to contribute is still pending

Abbreviations: CIDI: Composite International Diagnostic Interview; CIS-R: Clinical Interview Schedule Revised; DIS: Diagnostic Interview Schedule; MINI: Mini International Neuropsychiatric Interview; NR: Not Reported; SADS: Schedule for Affective Disorders and Schizophrenia; SCAN: Schedule for Clinical Assessment in Neuropsychiatry; SCID: Structured Clinical Interview for DSM Disorders; UK: United Kingdom; USA: United States of America.

eTable3a. Coefficients and p-values for one-stage meta-regressions assessing interactions between reference standard category and logit(sensitivity) and logit(1-specificity)

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.641	<0.001	-0.980	<0.001	-1.310	<0.001	-1.680	<0.001	-2.086	<0.001	-2.555	<0.001	-2.933	<0.001	-3.401	<0.001	-3.746	<0.001
d0fully	0.361	0.402	0.477	0.266	0.432	0.334	0.431	0.369	0.5	0.306	0.735	0.188	0.733	0.211	0.741	0.255	0.761	0.236
d0mini	0.235	0.324	0.253	0.303	0.254	0.323	0.336	0.193	0.358	0.192	0.456	0.150	0.478	0.142	0.561	0.125	0.666	0.065
d1[b]	2.987	<0.001	2.439	<0.001	2.116	<0.001	1.837	<0.001	1.529	<0.001	1.111	<0.001	0.695	<0.001	0.351	0.061	0.072	0.663
d1fully	0.047	0.960	0.383	0.633	0.552	0.459	0.613	0.500	0.572	0.444	0.405	0.556	0.560	0.388	0.786	0.213	0.520	0.337
d1mini	0.034	0.943	-0.061	0.884	-0.091	0.818	-0.127	0.753	0.000	1.000	-0.080	0.820	0.099	0.769	0.042	0.898	-0.040	0.890

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3b. Coefficients and p-values for one-stage meta-regressions assessing interactions between pregnant vs. postpartum status and logit(sensitivity) and logit(1-specificity), among participants administered a semi-structured diagnostic interview

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.471	0.166	-0.715	0.041	-1.034	0.005	-1.465	<0.001	-2.200	<0.001	-2.668	<0.001	-2.999	<0.001	-3.186	<0.001	-3.63	<0.001
d0postpartum	-0.102	0.584	-0.160	0.402	-0.168	0.410	-0.130	0.540	0.063	0.782	0.058	0.818	0.030	0.905	-0.152	0.580	-0.095	0.737
d1[b]	3.279	<0.001	3.099	<0.001	2.198	0.001	1.558	0.015	1.381	0.028	0.917	0.121	0.294	0.585	-0.117	0.830	-0.554	0.254
d1postpartum	-0.223	0.559	-0.376	0.309	-0.037	0.919	0.163	0.649	0.084	0.813	0.109	0.746	0.232	0.451	0.276	0.376	0.370	0.183

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3c. Coefficients and p-values for one-stage meta-regressions assessing interactions between age and logit(sensitivity) and logit(1-specificity), among participants administered a semi-structured diagnostic interview

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.377	0.028	-0.906	<0.001	-0.880	<0.001	-1.167	<0.001	-1.597	<0.001	-1.701	<0.001	-1.462	<0.001	-2.399	<0.001	-1.856	<0.001
d0age	-0.009	0.003	-0.003	0.433	-0.015	<0.001	-0.018	<0.001	-0.017	<0.001	-0.030	<0.001	-0.052	<0.001	-0.036	<0.001	-0.068	<0.001
d1[b]	4.039	<0.001	4.182	<0.001	3.694	<0.001	3.828	<0.001	3.918	<0.001	2.719	<0.001	2.428	<0.001	2.185	<0.001	1.786	<0.001
d1age	-0.037	0.004	-0.056	<0.001	-0.052	<0.001	-0.067	<0.001	-0.080	<0.001	-0.055	<0.001	-0.059	<0.001	-0.063	<0.001	-0.059	<0.001

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3d. Coefficients and p-values for one-stage meta-regressions assessing interactions between country human development index and logit(sensitivity) and logit(1-specificity), among participants administered a semi-structured diagnostic interview

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.688	<0.001	-1.043	<0.001	-1.411	<0.001	-1.793	<0.001	-2.223	<0.001	-2.633	<0.001	-3.024	<0.001	-3.566	<0.001	-3.916	<0.001
d0hdi.h	-0.213	0.679	-0.149	0.780	-0.020	0.971	0.063	0.908	0.181	0.761	0.204	0.772	0.181	0.799	0.225	0.784	0.158	0.842
d0hdi.lm	0.346	0.353	0.395	0.296	0.523	0.179	0.547	0.155	0.589	0.159	0.239	0.638	0.332	0.510	0.583	0.317	0.638	0.259
d1[b]	3.071	<0.001	2.571	<0.001	2.292	<0.001	1.972	<0.001	1.711	<0.001	1.227	<0.001	0.753	<0.001	0.408	0.027	0.124	0.434
d1hdi.h	-0.226	0.794	0.132	0.891	0.335	0.701	0.555	0.514	0.054	0.942	0.341	0.620	0.600	0.348	0.644	0.302	0.609	0.245
d1hdi.lm	-0.979	0.083	-0.693	0.262	-1.059	0.053	-0.994	0.057	-1.075	0.023	-0.841	0.059	-0.655	0.113	-0.607	0.133	-0.589	0.094

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3e. Coefficients and p-values for one-stage meta-regressions assessing interactions between year of study publication[a] and logit(sensitivity) and logit(1-specificity), among participants administered a semi-structured diagnostic interview

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[b]	7.689	0.581	4.984	<0.001	4.204	0.775	-2.881	0.124	-9.546	0.001	0.526	0.971	-3.618	0.78	-14.000	<0.001	-11.667	<0.001
d0.year	-7.905	0.708	-11.711	<0.001	-6.916	0.756	3.396	0.344	3.125	0.714	-15.289	0.591	-6.996	0.808	15.129	<0.001	10.335	<0.001
d1[c]	-45.555	0.573	-32.251	<0.001	-29.962	0.726	8.815	0.416	44.855	0.009	-16.982	0.842	4.533	0.952	61.783	<0.001	45.886	<0.001
d1.year	12.195	0.727	2.689	0.197	6.397	0.851	0.500	0.926	-14.851	0.003	-7.796	0.774	-8.597	0.73	-10.354	<0.001	-8.671	0.006

[a]Year of study publication was centred for modelling purposes
[b]d0 corresponds to the model coefficient for logit(1-specificity)
[c]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3f. Coefficients and p-values for one-stage meta-regressions assessing interactions between QUADAS-2 Domain 1 overall bias and logit(sensitivity) and logit(1-specificity), among participants administered a semi-structured diagnostic interview

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.801	0.004	-1.094	<0.001	-1.350	<0.001	-1.735	<0.001	-2.025	<0.001	-2.679	<0.001	-3.084	<0.001	-3.589	<0.001	-3.830	<0.001
d0.D1B	0.224	0.492	0.158	0.640	0.053	0.879	0.074	0.833	-0.097	0.798	0.149	0.738	0.187	0.676	0.206	0.693	0.057	0.911
d1[b]	2.031	<0.001	1.809	<0.001	1.441	0.001	1.268	0.002	0.903	0.013	0.614	0.072	0.193	0.529	-0.230	0.431	-0.473	0.065
d1.D1B	1.153	0.015	0.881	0.099	0.931	0.056	0.758	0.109	0.837	0.051	0.659	0.10	0.662	0.066	0.783	0.022	0.730	0.015

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3g. Coefficients and p-values for one-stage meta-regressions assessing interactions between QUADAS-2 Domain 3 overall bias and logit(sensitivity) and logit(1-specificity), among participants administered a semi-structured diagnostic interview

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.832	0.001	-1.148	<0.001	-1.510	<0.001	-1.886	<0.001	-2.273	<0.001	-2.653	<0.001	-3.064	<0.001	-3.431	<0.001	-3.761	<0.001
d0.D3B	0.302	0.318	0.263	0.392	0.311	0.331	0.320	0.314	0.282	0.421	0.128	0.757	0.181	0.664	-0.016	0.974	-0.050	0.917
d1[b]	2.465	<0.001	2.156	<0.001	1.970	<0.001	1.626	<0.001	1.407	<0.001	0.963	0.004	0.622	0.042	0.232	0.424	0.005	0.984
d1.D3B	0.643	0.194	0.472	0.376	0.250	0.621	0.306	0.517	0.168	0.708	0.201	0.619	0.091	0.809	0.164	0.646	0.086	0.786

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3h. Coefficients and p-values for one-stage meta-regressions assessing interactions between QUADAS-2 Domain 4 overall bias and logit(sensitivity) and logit(1-specificity), among participants administered a semi-structured diagnostic interview

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.462	0.020	-0.828	<0.001	-1.175	<0.001	-1.558	<0.001	-1.955	<0.001	-2.492	<0.001	-2.918	<0.001	-3.371	<0.001	-3.710	<0.001
d0.D4B	-0.377	0.194	-0.322	0.277	-0.290	0.347	-0.263	0.394	-0.297	0.381	-0.168	0.674	-0.067	0.867	-0.150	0.750	-0.172	0.711
d1[b]	2.886	<0.001	2.464	<0.001	2.139	<0.001	1.800	<0.001	1.446	<0.001	1.146	<0.001	0.746	0.003	0.353	0.140	0.016	0.939
d1.D4B	0.025	0.960	0.001	0.998	-0.011	0.982	0.057	0.901	0.152	0.719	-0.097	0.801	-0.131	0.713	-0.024	0.944	0.092	0.760

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3i. Coefficients and p-values for one-stage meta-regressions assessing interactions between QUADAS-2 Domain 2 applicability concerns and logit(sensitivity) and logit(1-specificity), among participants administered a semi-structured diagnostic interview

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.704	<0.001	-1.038	<0.001	-1.358	<0.001	-1.735	<0.001	-2.120	<0.001	-2.603	<0.001	-2.988	<0.001	-3.493	<0.001	-3.878	<0.001
d0.D2A	0.463	0.274	0.417	0.336	0.330	0.465	0.386	0.392	0.194	0.701	0.226	0.703	0.270	0.649	0.388	0.571	0.653	0.322
d1[b]	2.659	<0.001	2.148	<0.001	1.876	<0.001	1.646	<0.001	1.362	<0.001	0.940	<0.001	0.554	0.002	0.240	0.183	-0.018	0.910
d1.D2A	1.548	0.037	2.042	0.007	1.607	0.016	1.125	0.070	0.986	0.088	0.983	0.053	0.775	0.094	0.634	0.161	0.497	0.209

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3j. Coefficients and p-values for one-stage meta-regressions assessing interactions between QUADAS-2 Domain 3 applicability concerns and logit(sensitivity) and logit(1-specificity), among participants administered a semi-structured diagnostic interview

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.563	0.003	-0.877	<0.001	-1.174	<0.001	-1.565	<0.001	-1.950	<0.001	-2.443	<0.001	-2.836	<0.001	-3.293	<0.001	-3.686	<0.001
d0.D3A	-0.182	0.537	-0.244	0.415	-0.331	0.291	-0.281	0.365	-0.349	0.309	-0.307	0.445	-0.271	0.502	-0.356	0.455	-0.254	0.589
d1[b]	2.790	<0.001	2.304	<0.001	1.980	<0.001	1.727	<0.001	1.376	<0.001	0.994	<0.001	0.591	0.009	0.305	0.166	0.063	0.748
d1.D3A	0.305	0.550	0.458	0.385	0.416	0.406	0.273	0.557	0.374	0.390	0.265	0.497	0.231	0.518	0.094	0.787	0.002	0.994

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3k. Coefficients and p-values for one-stage meta-regressions assessing interactions between pregnant vs. postpartum status and logit(sensitivity) and logit(1-specificity), among participants administered the MINI

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.551	0.257	-0.925	0.071	-1.186	0.034	-1.441	0.006	-1.549	0.006	-1.576	0.018	-1.947	0.005	-2.462	0.001	-2.879	<0.001
d0postpartum	0.109	0.750	0.150	0.679	0.101	0.799	0.079	0.831	-0.124	0.755	-0.379	0.423	-0.367	0.462	-0.251	0.631	-0.108	0.839
d1[b]	5.060	<0.001	3.350	<0.001	2.459	0.003	2.480	0.009	2.118	0.024	1.506	0.124	1.649	0.08	0.977	0.276	0.359	0.653
d1postpartum	-1.386	0.115	-0.758	0.179	-0.379	0.504	-0.583	0.372	-0.453	0.484	-0.338	0.62	-0.615	0.348	-0.433	0.489	-0.247	0.657

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3l. Coefficients and p-values for one-stage meta-regressions assessing interactions between age and logit(sensitivity) and logit(1-specificity), among participants administered the MINI

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.394	0.100	-0.500	0.047	-0.519	0.055	-0.655	0.016	-0.710	0.017	-1.430	<0.001	-1.874	<0.001	-2.018	<0.001	-2.365	<0.001
d0age	0.000	0.953	-0.008	0.228	-0.019	0.007	-0.024	0.001	-0.036	<0.001	-0.023	0.011	-0.020	0.052	-0.028	0.017	-0.023	0.066
d1[b]	4.585	<0.001	1.571	0.028	1.497	0.017	1.684	0.007	1.702	0.005	1.588	0.006	1.162	0.040	0.337	0.533	1.152	0.027
d1age	-0.048	0.103	0.028	0.249	0.017	0.422	0.001	0.978	-0.007	0.708	-0.019	0.254	-0.012	0.465	0.002	0.891	-0.04	0.012

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3m. Coefficients and p-values for one-stage meta-regressions assessing interactions between country human development index and logit(sensitivity) and logit(1-specificity), among participants administered the MINI

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.767	<0.001	-1.095	<0.001	-1.447	<0.001	-1.744	<0.001	-2.087	<0.001	-2.400	<0.001	-2.881	<0.001	-3.212	<0.001	-3.500	<0.001
d0hdi.h	0.868	0.006	0.921	0.006	0.978	0.006	0.982	0.003	0.997	0.005	1.010	0.020	1.216	0.006	1.238	0.005	1.364	0.001
d0hdi.lm	0.268	0.424	0.239	0.498	0.271	0.477	0.315	0.372	0.162	0.672	-0.033	0.944	0.181	0.705	0.084	0.864	0.187	0.694
d1[b]	3.595	<0.001	2.308	<0.001	1.729	<0.001	1.461	0.004	1.336	0.009	0.893	0.089	0.778	0.124	0.215	0.648	-0.209	0.610
d1hdi.h	-0.571	0.600	-0.005	0.994	0.242	0.720	0.380	0.627	0.146	0.851	0.008	0.992	-0.069	0.927	0.251	0.724	0.424	0.492
d1hdi.lm	-0.899	0.406	-0.126	0.858	0.278	0.689	0.265	0.741	0.281	0.727	0.403	0.627	0.072	0.926	0.180	0.803	0.172	0.783

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3n. Coefficients and p-values for one-stage meta-regressions assessing interactions between year of study publication[a] and logit(sensitivity) and logit(1-specificity), among participants administered the MINI

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[b]	71.836	0.073	43.283	0.058	33.562	<0.001	24.460	0.340	18.829	0.441	13.794	0.601	19.276	0.459	12.507	<0.001	12.880	0.537
d0.year	-28.260	0.412	-36.695	0.312	-26.120	<0.001	-21.875	0.563	-19.174	0.638	-8.163	0.868	0.405	0.994	-2.007	0.802	-8.816	0.872
d1[c]	-391.246	0.074	-238.074	0.056	-187.136	<0.001	-139.205	0.320	-110.713	0.407	-85.640	0.552	-117.720	0.408	-83.153	<0.001	-86.810	0.446
d1.year	140.620	0.152	66.200	0.287	54.807	<0.001	38.434	0.582	28.859	0.669	28.947	0.676	51.154	0.451	33.761	<0.001	28.357	0.621

[a]Year of study publication was centred for modelling purposes
[b]d0 corresponds to the model coefficient for logit(1-specificity)
[c]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3o. Coefficients and p-values for one-stage meta-regressions assessing interactions between QUADAS-2 Domain 1 overall bias and logit(sensitivity) and logit(1-specificity), among participants administered the MINI

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.826	0.003	-1.178	<0.001	-1.489	<0.001	-1.79	<0.001	-2.126	<0.001	-2.475	<0.001	-2.797	<0.001	-3.220	<0.001	-3.413	<0.001
d0.D1B	0.590	0.075	0.638	0.070	0.619	0.111	0.649	0.073	0.586	0.142	0.563	0.244	0.518	0.309	0.608	0.247	0.554	0.302
d1[b]	4.593	<0.001	2.656	<0.001	2.121	<0.001	2.094	0.001	1.837	0.002	1.397	0.027	1.217	0.043	0.457	0.424	-0.218	0.663
d1.D1B	-1.805	0.120	-0.493	0.450	-0.264	0.680	-0.594	0.412	-0.503	0.463	-0.492	0.499	-0.560	0.425	-0.099	0.882	0.331	0.573

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3p. Coefficients and p-values for one-stage meta-regressions assessing interactions between QUADAS-2 Domain 3 overall bias and logit(sensitivity) and logit(1-specificity), among participants administered the MINI

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.211	0.368	-0.512	0.038	-0.888	0.001	-1.078	<0.001	-1.494	<0.001	-1.949	<0.001	-2.295	<0.001	-2.537	<0.001	-2.773	<0.001
d0.D3B	-0.345	0.271	-0.369	0.264	-0.277	0.447	-0.442	0.187	-0.380	0.301	-0.212	0.633	-0.230	0.623	-0.423	0.370	-0.393	0.413
d1[b]	2.281	<0.001	1.665	<0.001	1.458	<0.001	1.117	0.017	0.975	0.027	0.413	0.345	0.200	0.646	-0.017	0.969	-0.231	0.555
d1.D3B	1.848	0.056	1.105	0.039	0.818	0.143	1.012	0.117	0.930	0.126	1.141	0.061	1.124	0.060	0.724	0.215	0.437	0.407

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3q. Coefficients and p-values for one-stage meta-regressions assessing interactions between QUADAS-2 Domain 4 overall bias and logit(sensitivity) and logit(1-specificity), among participants administered the MINI

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.443	0.015	-0.748	<0.001	-1.075	<0.001	-1.358	0	-1.71	<0.001	-2.034	<0.001	-2.377	<0.001	-2.724	<0.001	-2.961	<0.001
d0.D4B	0.173	0.656	0.106	0.798	0.106	0.812	0.103	0.808	-0.024	0.958	-0.212	0.696	-0.27	0.638	-0.328	0.580	-0.288	0.635
d1[b]	3.458	<0.001	2.381	<0.001	1.968	<0.001	1.836	<0.001	1.645	<0.001	1.104	0.003	0.917	0.012	0.435	0.205	0.073	0.809
d1.D4B	-0.992	0.339	-0.249	0.707	-0.093	0.885	-0.640	0.373	-0.620	0.378	-0.223	0.771	-0.409	0.580	-0.184	0.793	-0.210	0.733

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3r. Coefficients and p-values for one-stage meta-regressions assessing interactions between QUADAS-2 Domain 2 applicability concerns and logit(sensitivity) and logit(1-specificity), among participants administered the MINI

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.357	0.041	-0.672	<0.001	-1.007	<0.001	-1.241	<0.001	-1.599	<0.001	-1.966	<0.001	-2.300	<0.001	-2.634	<0.001	-2.881	<0.001
d0.D2A	-0.272	0.52	-0.294	0.512	-0.241	0.621	-0.498	0.259	-0.596	0.202	-0.597	0.293	-0.707	0.232	-0.808	0.178	-0.761	0.222
d1[b]	2.981	<0.001	2.243	<0.001	1.907	<0.001	1.591	<0.001	1.370	<0.001	0.967	0.008	0.751	0.035	0.391	0.243	0.131	0.646
d1.D2A	1.306	0.313	0.324	0.671	0.134	0.854	0.400	0.646	0.507	0.545	0.379	0.661	0.288	0.730	-0.060	0.939	-0.609	0.359

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable3s. Coefficients and p-values for one-stage meta-regressions assessing interactions between QUADAS-2 Domain 3 applicability concerns and logit(sensitivity) and logit(1-specificity), among participants administered the MINI

Cutoff	7		8		9		10		11		12		13		14		15	
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0[a]	-0.220	0.314	-0.553	0.018	-0.869	0.001	-1.081	<0.001	-1.433	<0.001	-1.836	<0.001	-2.178	<0.001	-2.476	<0.001	-2.779	<0.001
d0.D3A	-0.372	0.229	-0.342	0.302	-0.362	0.314	-0.506	0.123	-0.566	0.109	-0.482	0.264	-0.516	0.256	-0.620	0.177	-0.454	0.338
d1[b]	2.720	<0.001	2.104	<0.001	1.860	<0.001	1.427	0.001	1.172	0.004	0.713	0.091	0.521	0.219	0.211	0.605	-0.095	0.794
d1.D3A	1.205	0.215	0.523	0.370	0.224	0.688	0.624	0.337	0.781	0.198	0.758	0.227	0.709	0.257	0.440	0.465	0.303	0.575

[a]d0 corresponds to the model coefficient for logit(1-specificity)
[b]d1 corresponds to the model coefficient for logit(sensitivity)

eTable4a. Estimates of EPDS sensitivity and specificity for semi-structured studies, based on IPD alone and incorporating results from studies that did not contribute primary data but published eligible accuracy results

	IPD only[a]				IPD + Published Accuracy Results						
Cutoff	**Sensitivity**	**95% CI**	**Specificity**	**95% CI**	**N Studies**	**N Participants**	**N Major Depression**	**Sensitivity**	**95% CI**	**Specificity**	**95% CI**
10	0.85	(0.79, 0.90)	0.84	(0.79, 0.88)	36	9,066	1,330	0.85	(0.79, 0.90)	0.84	(0.79, 0.88)
11	0.81	(0.75, 0.87)	0.88	(0.85, 0.91)	36	9,066	1,330	0.81	(0.75, 0.87)	0.88	(0.85, 0.91)
12	0.75	(0.67, 0.81)	0.92	(0.89, 0.94)	36	9,066	1,330	0.75	(0.67, 0.81)	0.92	(0.89, 0.94)
13	0.66	(0.58, 0.74)	0.95	(0.92, 0.96)	37	9,407	1,364	0.67	(0.59, 0.74)	0.94	(0.92, 0.96)

[a]N Studies = 36; N Participants = 9,066; N major depression = 1,330
Abbreviations: CI: confidence interval; IPD: individual participant data

eTable4b. Estimates of EPDS sensitivity and specificity for fully structured studies (MINI excluded), based on IPD alone and incorporating results from studies that did not contribute primary data but published eligible accuracy results

	IPD only[a]				IPD + Published Accuracy Results						
Cutoff	**Sensitivity**	**95% CI**	**Specificity**	**95% CI**	**N Studies[b]**	**N Participants**	**N Major Depression**	**Sensitivity**	**95% CI**	**Specificity**	**95% CI**
10[c]	0.93	(0.64, 0.99)	0.78	(0.57, 0.90)	6	4,349	295	0.89	(0.77, 0.95)	0.82	(0.67, 0.91)
11	0.90	(0.58, 0.98)	0.83	(0.62, 0.94)	5	4,033	274	0.84	(0.70, 0.92)	0.88	(0.75, 0.95)
12	0.81	(0.56, 0.94)	0.86	(0.70, 0.94)	6	4,349	295	0.76	(0.58, 0.88)	0.90	(0.79, 0.96)
13	0.79	(0.50, 0.94)	0.90	(0.75, 0.96)	6	4,349	295	0.70	(0.47, 0.86)	0.93	(0.83, 0.98)

[a]N Studies = 3 for sensitivity and 4 for specificity; N Participants = 3,188; N major depression = 227
[b]N Studies = 1 less for sensitivity
[c]For the analysis combining IPD with published accuracy results, the default optimizer in glmer failed, thus bobyqa was used instead
Abbreviations: CI: confidence interval; IPD: individual participant data

eTable4c. Estimates of EPDS sensitivity and specificity for MINI studies, based on IPD alone and incorporating results from studies that did not contribute primary data but published eligible accuracy results

	IPD only[a]				IPD + Published Accuracy Results						
Cutoff	**Sensitivity**	**95% CI**	**Specificity**	**95% CI**	**N Studies**	**N Participants**	**N Major Depression**	**Sensitivity**	**95% CI**	**Specificity**	**95% CI**
10	0.84	(0.74, 0.91)	0.79	(0.73, 0.84)	22	4,254	593	0.87	(0.78, 0.93)	0.78	(0.72, 0.84)
11	0.82	(0.71, 0.89)	0.84	(0.79, 0.89)	22	4,254	593	0.84	(0.74, 0.91)	0.84	(0.77, 0.89)
12	0.74	(0.60, 0.85)	0.89	(0.83, 0.92)	22	4,254	593	0.77	(0.65, 0.86)	0.88	(0.81, 0.92)
13	0.69	(0.54, 0.81)	0.91	(0.87, 0.94)	22	4,254	593	0.71	(0.59, 0.81)	0.91	(0.85, 0.95)

[a]N Studies = 18; N Participants = 3,302; N major depression = 511
Abbreviations: CI: confidence interval; IPD: individual participant data; MINI: Mini International Neuropsychiatric Interview

eTable5. Estimates of heterogeneity at EPDS cutoffs 10, 11, and 13 for each reference standard category

	Semi-structured Diagnostic Interviews				Fully Structured Diagnostic Interviews				Mini International Neuropsychiatric Interviews			
	R^a		τ^2		R^a		τ^2		R^a		τ^2	
	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity
Cutoff 10	3.270	5.122	1.245	0.798	6.372	10.530	1.833	0.974	2.858	4.071	1.411	0.522
Cutoff 11	3.148	4.771	1.052	0.832	6.325	10.614	1.657	1.189	2.933	3.912	1.352	0.564
Cutoff 13	3.149	4.299	0.862	1.077	5.109	8.804	1.131	1.175	3.436	3.832	1.527	0.768

[a]R is the ratio of the estimated standard deviation of the pooled sensitivity (or specificity) from the random-effects model to the estimated standard deviation of the pooled sensitivity (or specificity) from the corresponding fixed-effects model

eTable6a. Comparisons of sensitivity and specificity estimates across EPDS cutoffs 7-15 among participants age < 25 and among participants age ≥ 25, among participants administered a semi-structured diagnostic interview

	Age < 25[a]				Age ≥ 25[b]			
Cutoff	**Sensitivity**	**95% CI**	**Specificity**	**95% CI**	**Sensitivity**	**95% CI**	**Specificity**	**95% CI**
7	0.94	(0.87, 0.97)	0.64	(0.54, 0.73)	0.94	(0.91, 0.97)	0.65	(0.59, 0.71)
8	0.93	(0.85, 0.97)	0.70	(0.61, 0.78)	0.91	(0.86, 0.95)	0.73	(0.66, 0.78)
9	0.88	(0.79, 0.93)	0.75	(0.67, 0.82)	0.89	(0.83, 0.93)	0.79	(0.73, 0.84)
10	0.85	(0.76, 0.91)	0.81	(0.74, 0.87)	0.86	(0.79, 0.91)	0.84	(0.80, 0.88)
11	0.80	(0.70, 0.87)	0.87	(0.81, 0.91)	0.83	(0.83, 0.83)	0.89	(0.89, 0.89)
12	0.76	(0.65, 0.84)	0.90	(0.85, 0.94)	0.75	(0.67, 0.82)	0.93	(0.89, 0.95)
13	0.68	(0.57, 0.77)	0.93	(0.89, 0.96)	0.67	(0.58, 0.74)	0.95	(0.92, 0.97)
14	0.60	(0.48, 0.70)	0.95	(0.92, 0.97)	0.59	(0.50, 0.68)	0.97	(0.95, 0.98)
15	0.54	(0.44, 0.64)	0.96	(0.93, 0.97)	0.51	(0.43, 0.59)	0.98	(0.96, 0.99)

[a]N Studies = 31; N Participants = 2,244; N major depression = 358
[b]N Studies = 36; N Participants = 6,801; N major depression = 972
Abbreviations: CI: confidence interval

eTable6b. Comparisons of sensitivity and specificity estimates across EPDS cutoffs 7-15 among participants age < 25 and among participants age ≥ 25, among participants administered the MINI

	Age < 25[a]				Age ≥ 25[b]			
Cutoff	**Sensitivity**	**95% CI**	**Specificity**	**95% CI**	**Sensitivity**	**95% CI**	**Specificity**	**95% CI**
7	0.97	(0.90, 0.99)	0.62	(0.54, 0.69)	0.94	(0.86, 0.98)	0.59	(0.51, 0.67)
8	0.95	(0.88, 0.98)	0.69	(0.61, 0.76)	0.90	(0.83, 0.95)	0.66	(0.58, 0.74)
9	0.93	(0.84, 0.97)	0.76	(0.68, 0.83)	0.86	(0.77, 0.91)	0.73	(0.65, 0.80)
10	0.89	(0.78, 0.95)	0.82	(0.74, 0.88)	0.83	(0.72, 0.90)	0.78	(0.71, 0.84)
11	0.88	(0.75, 0.94)	0.86	(0.79, 0.91)	0.81	(0.69, 0.89)	0.84	(0.78, 0.89)
12	0.84	(0.69, 0.93)	0.92	(0.84, 0.96)	0.70	(0.56, 0.81)	0.87	(0.82, 0.91)
13	0.78	(0.62, 0.88)	0.94	(0.88, 0.97)	0.67	(0.52, 0.79)	0.91	(0.86, 0.94)
14	0.66	(0.50, 0.78)	0.95	(0.90, 0.98)	0.60	(0.43, 0.75)	0.93	(0.90, 0.96)
15	0.60	(0.44, 0.73)	0.95	(0.91, 0.97)	0.51	(0.36, 0.64)	0.95	(0.92, 0.97)

[a]N Studies = 14; N Participants = 844; N major depression = 171
[b]N Studies = 18; N Participants = 2,381; N major depression = 340
Abbreviations: CI: confidence interval

eTable7. QUADAS-2 ratings for each primary study included in the present study

First Author, Year	Domain 1: Participant Selection					Domain 2: Index Text				Domain 3: Reference Standard					Domain 4: FLow and Timing				
	SQ1	SQ2	SQ3	RoB	AC	SQ1	SQ2	RoB	AC	SQ1	SQ2	SQ3	RoB	AC	SQ1	SQ2	SQ3	SQ4	RoB
Semi-Structured Interviews																			
Aceti, 2012[1]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	U/C	Yes	U/C	U/C	U/C	U/C	U/C	Yes	Yes	No	High
Barnes, 2009[2]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	Low	Yes	Yes	Yes	Yes	Low
Bavle, 2016[3]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	Yes	U/C
Beck, 2001[4]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Bunevicius, 2009[5]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Chaudron, 2010[6]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	U/C	U/C	Low	U/C	Yes	Yes	U/C	U/C
de Figueiredo, 2015[7]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	No	High
Garcia-Esteve, 2003[8]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	U/C	U/C
Giardinelli, 2012[9]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	U/C	U/C	Yes	Yes	Yes	U/C
Green, 2018[10]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low
Helle, 2015[11]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	Low	U/C	Yes	Yes	U/C	U/C
Hickey, 1997[12]	U/C	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	Low	U/C	Yes	Yes	U/C	U/C
Howard, 2018[13]	No	Yes	Yes	U/C	Low	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	U/C	U/C	Yes	Yes	Yes	U/C
Ing, 2017[14]	U/C	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Kettunen, 2017[15]	No	No	Yes	High	Low	N/A	N/A	Low	U/C	Yes	No	Yes	High	U/C	U/C	Yes	Yes	Yes	U/C
Leonardou, 2009[16]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Marsay, 2017[17]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Navarro, 2007[18]	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low
Nakić Radoš, 2013[19]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	U/C	U/C	U/C	Yes	Yes	Yes	Yes	Low
Pawlby, 2008[20]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	U/C	U/C
Phillips, 2009[21]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Prenoveau, 2013[22]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	IPD[b]	Yes	Yes	U/C	U/C
Robertson-Blackmore, 2013[23]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	Low	Yes	U/C	Yes	Yes	U/C
Rochat, 2013[24]	U/C	Yes	Yes	Low	U/C	N/A	N/A	Low	U/C	Yes	U/C	U/C	U/C	Low	Yes	Yes	Yes	Yes	Low
Siu, 2012[25]	No	Yes	Yes	High	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Smith-Nielsen, 2018[26a]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	No	U/C	High	U/C	Yes	Yes	Yes	Yes	Low
Stewart, 2013[27]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	No	U/C
Tandon, 2012[28]	No	Yes	U/C	High	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Tendais, 2014[29]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	U/C	U/C	Low	U/C	U/C	Yes	U/C	U/C
Tissot, 2015[30]	No	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	U/C	U/C
Töreki, 2013[31]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low
Töreki, 2014[32]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low
Tran, 2011[33]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low
Tungchama, 2017[34]	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	Low	Yes	Yes	Yes	Yes	Low
Turner, 2009[35]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	U/C	U/C	Yes	Yes	Yes	U/C
Vega-Dienstmaier, 2002[36]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	U/C	Yes	U/C	U/C	U/C	U/C	Yes	Yes	Yes	Yes	Low
Fully Structured Interviews																			
Felice, 2004[37]	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Fisher, 2010[38b]	U/C	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Rowe, 2008[39]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Yonkers, 2014[40]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	U/C	Yes	Yes	Yes	U/C	U/C

Mini International Neuropsychiatric Interview (MINI)																			
Alvarado, 2015[41]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low
Alvarado-Esquivel, 2006[42]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low
Alvarado-Esquivel, 2016[43]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	U/C	Yes	Yes	Yes	Yes	Low
Bakare, 2014[44]	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	U/C	Yes	Yes	Yes	Yes	Low
Chorwe-Sungani, 2018[45]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Couto, 2015[46]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	U/C	Yes	Yes	U/C	U/C
Comasco, 2016[47]	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	U/C	Yes	Yes	Yes	Yes	Low
Eapen, 2013[48]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	No	U/C
Fernandes, 2011[49]	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Figueira, 2009[50]	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Imbula, 2012[51]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	U/C	U/C	Yes	Yes	Yes	U/C
Khalifa, 2015[52]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	No	Yes	No	High
Martinez, 2016[53]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	U/C	Yes	Yes	Yes	Yes	Low
Roomruangwong, 2016[54]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	U/C	Yes	Yes	Yes	Yes	Low
Su, 2007[55]	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Thiagayson, 2013[56]	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Usuda, 2016[57]	U/C	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	U/C	Yes	Yes	Yes	Yes	Low
van Heyningen, 2018[58]	U/C	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low

Abbreviations: AC: acceptability concern, RoB: risk of bias, SQ: signalling question, N/A: not applicable; U/C: Unclear

[a]Did not retrieve at the time of electronic database search

[b]Rating varies at the individual participant level

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