

Appendix S1.Database-Specific Search Strings

1. MEDLINE (via PubMed)

Search String:

pubmed

((("Perinatal Care"[Mesh] OR "Pregnant Women"[Mesh] OR "Postpartum Period"[Mesh] OR "Maternal Health Services"[Mesh] OR "Maternal-Child Health Services"[Mesh] OR perinatal[tiab] OR peripartum[tiab] OR antenatal[tiab] OR prenatal[tiab] OR postnatal[tiab] OR postpartum[tiab] OR "post-partum"[tiab] OR matern*[tiab] OR pregnan*[tiab] OR "new mother*" [tiab] OR "expectant mother*" [tiab] OR "pregnant women"[tiab] OR "pregnant woman"[tiab] OR "childbearing women"[tiab] OR "birthing people"[tiab])) AND ("Mental Health"[Mesh] OR "Mental Disorders"[Mesh] OR "Depression, Postpartum"[Mesh] OR "Anxiety Disorders"[Mesh] OR "Stress Disorders, Traumatic"[Mesh] OR "Psychological Distress"[Mesh] OR "Mental Health Services"[Mesh] OR "Psychiatry"[Mesh] OR "Psychology"[Mesh] OR "mental health"[tiab] OR "mental illness*" [tiab] OR "mental disorder*" [tiab] OR "psychiatric disorder*" [tiab] OR "psychiatric illness*" [tiab] OR depression[tiab] OR anxiety[tiab] OR "post-traumatic stress"[tiab] OR "posttraumatic stress"[tiab] OR ptsd[tiab] OR psychosis[tiab] OR "psychological distress"[tiab] OR "emotional well-being"[tiab] OR "emotional wellbeing"[tiab] OR "maternal mental health"[tiab] OR "perinatal mental health"[tiab] OR "perinatal depression"[tiab] OR "postpartum depression"[tiab] OR "postnatal depression"[tiab] OR "antenatal depression"[tiab] OR PMH[tiab] OR "common mental disorder*" [tiab] OR "mood disorder*" [tiab] OR "affective disorder*" [tiab])) AND (("Qualitative Research"[Mesh] OR "Grounded Theory"[Mesh] OR "Hermeneutics"[Mesh] OR "Interviews as Topic"[Mesh] OR "Focus Groups"[Mesh] OR "Narration"[Mesh] OR "Health Knowledge, Attitudes, Practice"[Mesh] OR "Perception"[Mesh] OR "Attitude of Health Personnel"[Mesh] OR qualitative[tiab] OR "mixed-method*" [tiab] OR "mixed method*" [tiab] OR ethnograph*[tiab] OR phenomenol*[tiab] OR "grounded theory"[tiab] OR "thematic analys*" [tiab] OR "content analys*" [tiab] OR "narrative analys*" [tiab] OR "discourse analys*" [tiab] OR "framework analys*" [tiab] OR "constant comparison*" [tiab] OR "lived experience*" [tiab] OR "focus group*" [tiab] OR interview*[tiab] OR "case stud*" [tiab] OR "interpretive description"[tiab] OR "interpretative phenomenological"[tiab] OR IPA[tiab] OR "participatory research"[tiab] OR "action research"[tiab])) AND ("Health Services Accessibility"[Mesh] OR "Health Services Needs and Demand"[Mesh] OR "Delivery of Health Care, Integrated"

[Mesh] OR "Program Evaluation"[Mesh] OR "Program Development"[Mesh] OR "Health Plan Implementation"[Mesh] OR "Quality Improvement"[Mesh] OR strateg*[tiab] OR intervention*[tiab] OR model*[tiab] OR program*[tiab] OR programme*[tiab] OR implement*[tiab] OR improv*[tiab] OR enhanc*[tiab] OR integrat*[tiab] OR "co-locat*[tiab] OR "collaborative care"[tiab] OR "stepped care"[tiab] OR "task-shar*[tiab] OR "task shar*[tiab] OR "peer support"[tiab] OR "peer-led"[tiab] OR telehealth[tiab] OR "tele-health"[tiab] OR telemedicine[tiab] OR "tele-psychiatry"[tiab] OR telepsychiatry[tiab] OR "digital health"[tiab] OR mhealth[tiab] OR m-health[tiab] OR "mobile health"[tiab] OR "mobile app*[tiab] OR "web-based"[tiab] OR "online intervention*[tiab] OR barrier*[tiab] OR facilitator*[tiab] OR challenge*[tiab] OR enabler*[tiab] OR opportunit*[tiab] OR perception*[tiab] OR attitude*[tiab] OR view*[tiab] OR perspective*[tiab] OR experience*[tiab] OR preference*[tiab] OR need*[tiab] OR acceptab*[tiab] OR feasib*[tiab] OR recommendation*[tiab] OR suggestion*[tiab] OR solution*[tiab])) NOT ("Systematic Review"[Publication Type] OR "Meta-Analysis"[Publication Type] OR "Editorial"[Publication Type] OR "Letter"[Publication Type] OR "Comment"[Publication Type] OR "Case Reports"[Publication Type] OR "Review"[Publication Type])

Additional Filters Applied in PubMed:

- Language: English
- Species: Humans

2. CINAHL (via EBSCOhost)

Search String:

text

S1: (MH "Perinatal Care+") OR (MH "Expectant Mothers") OR (MH "Pregnancy+") OR (MH "Postnatal Period+") OR (MH "Maternal Health Services+") OR (MH "Maternal-Child Health+")

S2: TI,AB(perinatal OR peripartum OR antenatal OR prenatal OR postnatal OR postpartum OR "post-partum" OR matern* OR pregnan* OR "new mother*" OR "expectant mother*" OR "pregnant women" OR "pregnant woman" OR "childbearing women" OR "birthing people")

S3: S1 OR S2

S4: (MH "Mental Health+") OR (MH "Mental Disorders+") OR (MH "Depression, Postpartum") OR (MH "Anxiety Disorders+") OR (MH "Stress Disorders, Post-Traumatic") OR (MH "Psychological Distress") OR (MH "Mental Health Services+") OR (MH "Psychiatry+") OR (MH "Psychology+")

S5: TI,AB("mental health" OR "mental illness*" OR "mental disorder*" OR "psychiatric disorder*" OR "psychiatric illness*" OR depression OR anxiety OR "post-traumatic stress" OR "posttraumatic stress" OR ptsd OR psychosis OR "psychological distress" OR "emotional well-being" OR "emotional wellbeing" OR "maternal mental health" OR "perinatal mental health" OR "perinatal depression" OR "postpartum depression" OR "postnatal depression" OR "antenatal depression" OR PMH OR "common mental disorder*" OR "mood disorder*" OR "affective disorder*")

S6: S4 OR S5

S7: (MH "Qualitative Studies+") OR (MH "Grounded Theory") OR (MH "Hermeneutics") OR (MH "Interviews+") OR (MH "Focus Groups") OR (MH "Narratives") OR (MH "Attitude to Health+") OR (MH "Perception+") OR (MH "Attitude of Health Personnel+")

S8: TI,AB(qualitative OR "mixed-method*" OR "mixed method*" OR ethnograph* OR phenomenol* OR "grounded theory" OR "thematic analys*" OR "content analys*" OR "narrative analys*" OR "discourse analys*" OR "framework analys*" OR "constant compar*" OR "lived experience*" OR "focus group*" OR interview* OR "case stud*" OR "interpretive description" OR "interpretative phenomenological" OR IPA OR "participatory research" OR "action research")

S9: S7 OR S8

S10: (MH "Health Services Accessibility+") OR (MH "Health Resource Utilization+") OR (MH "Delivery of Health Care, Integrated+") OR (MH "Program Evaluation+") OR (MH "Program Development+") OR (MH "Quality Improvement+")

S11: TI,AB(strateg* OR intervention* OR model* OR program* OR programme* OR implement* OR improv* OR enhanc* OR integrat* OR "co-locat*" OR "collaborative care" OR "stepped care" OR "task-shar*" OR "task shar*" OR "peer support" OR "peer-led" OR telehealth OR "tele-health" OR telemedicine OR "tele-psychiatry" OR telepsychiatry OR "digital health" OR mhealth OR m-health OR "mobile health" OR "mobile app*" OR "web-based" OR "online intervention*" OR barrier* OR facilitator* OR challenge* OR enabler* OR opportunit* OR perception* OR attitude* OR view* OR perspective* OR experience* OR preference* OR need* OR acceptab* OR feasib* OR recommendation* OR suggestion* OR solution*)

S12: S10 OR S11

S13: S3 AND S6 AND S9 AND S12

S14: S13 NOT (PT systematic review OR PT meta-analysis OR PT editorial OR PT letter OR PT commentary OR PT case study)

Limiters Applied:

- Language: English
- Peer Reviewed
- Exclude MEDLINE records (to remove duplicates already captured in PubMed search)

3. PsycINFO (via EBSCOhost)

Search String:

text

S1: (DE "Perinatal Period" OR DE "Pregnancy" OR DE "Postnatal Period" OR DE "Postpartum Depression" OR DE "Prenatal Care" OR DE "Obstetrics")

S2: TI,AB(perinatal OR peripartum OR antenatal OR prenatal OR postnatal OR postpartum OR "post-partum" OR matern* OR pregnant* OR "new mother*" OR "expectant mother*" OR "pregnant women" OR "pregnant woman" OR "childbearing women" OR "birthing people")

S3: S1 OR S2

S4: (DE "Mental Health" OR DE "Mental Disorders" OR DE "Postpartum Depression" OR DE "Anxiety Disorders" OR DE "Posttraumatic Stress Disorder" OR DE "Psychological Stress" OR DE "Mental Health Services" OR DE "Psychiatry" OR DE "Psychology")

S5: TI,AB("mental health" OR "mental illness*" OR "mental disorder*" OR "psychiatric disorder*" OR "psychiatric illness*" OR depression OR anxiety OR "post-traumatic stress" OR "posttraumatic stress" OR ptsd OR psychosis OR "psychological distress" OR "emotional well-being" OR "emotional wellbeing" OR "maternal mental health" OR "perinatal mental health" OR "perinatal depression" OR "postpartum depression" OR "postnatal depression" OR "antenatal depression" OR PMH OR "common mental disorder*" OR "mood disorder*" OR "affective disorder*")

S6: S4 OR S5

S7: (DE "Qualitative Methods" OR DE "Grounded Theory" OR DE "Hermeneutics" OR DE "Phenomenology" OR DE "Interpretative Phenomenological Analysis" OR DE "Ethnography" OR DE "Narrative Analysis" OR DE "Thematic Analysis" OR DE "Content Analysis" OR DE "Discourse Analysis" OR DE "Focus Group" OR DE "Semi-Structured Interview" OR DE "Health Knowledge" OR DE "Attitudes" OR DE "Perception" OR DE "Health Personnel Attitudes")

S8: TI,AB(qualitative OR "mixed-method*" OR "mixed method*" OR ethnograph* OR phenomenol* OR "grounded theory" OR "thematic analys*" OR "content analys*" OR "narrative analys*" OR "discourse analys*" OR "framework analys*" OR "constant compar*" OR "lived experience*" OR "focus group*" OR interview* OR "case stud*" OR "interpretive description" OR "interpretative phenomenological" OR IPA OR "participatory research" OR "action research")

S9: S7 OR S8

S10: (DE "Health Care Access" OR DE "Health Care Delivery" OR DE "Integrated Services" OR DE "Program Evaluation" OR DE "Program Development" OR DE "Quality of Care" OR DE "Health Care Utilization" OR DE "Health Service Needs")

S11: TI,AB(strateg* OR intervention* OR model* OR program* OR programme* OR implement* OR improv* OR enhanc* OR integrat* OR "co-locat*" OR "collaborative care" OR "stepped care" OR "task-shar*" OR "task shar*" OR "peer support" OR "peer-led" OR telehealth OR "tele-health" OR telemedicine OR "tele-psychiatry" OR telepsychiatry OR "digital health" OR mhealth OR m-health OR "mobile health" OR "mobile app*" OR "web-based" OR "online intervention*" OR barrier* OR facilitator* OR challenge* OR enabler* OR opportunit* OR perception* OR attitude* OR view* OR perspective* OR experience* OR preference* OR need* OR acceptab* OR feasib* OR recommendation* OR suggestion* OR solution*)

S12: S10 OR S11

S13: S3 AND S6 AND S9 AND S12

S14: S13 NOT (PT systematic review OR PT meta-analysis OR PT editorial OR PT letter OR PT commentary)

Limiters Applied:

- Language: English
- Peer Reviewed
- Exclude dissertations

4. Embase (via Elsevier)

Search String:

text

#1 'perinatal care'/exp OR 'pregnant woman'/exp OR 'puerperium'/exp OR 'maternal care'/exp OR 'obstetrics'/exp

#2 perinatal:ti,ab,kw OR peripartum:ti,ab,kw OR antenatal:ti,ab,kw OR prenatal:ti,ab,kw OR postnatal:ti,ab,kw OR postpartum:ti,ab,kw OR 'post-partum':ti,ab,kw OR matern*:ti,ab,kw OR pregnan*:ti,ab,kw OR 'new mother*:ti,ab,kw OR 'expectant mother*:ti,ab,kw OR 'pregnant women':ti,ab,kw OR 'pregnant woman':ti,ab,kw OR 'childbearing women':ti,ab,kw OR 'birthing people':ti,ab,kw

#3 #1 OR #2

#4 'mental health'/exp OR 'mental disease'/exp OR 'puerperal depression'/exp OR 'anxiety disorder'/exp OR 'posttraumatic stress disorder'/exp OR 'psychological stress'/exp OR 'mental health service'/exp OR 'psychiatry'/exp OR 'psychology'/exp

#5 'mental health':ti,ab,kw OR 'mental illness*:ti,ab,kw OR 'mental disorder*:ti,ab,kw OR 'psychiatric disorder*:ti,ab,kw OR 'psychiatric illness*:ti,ab,kw OR depression:ti,ab,kw OR anxiety:ti,ab,kw OR 'post-traumatic stress':ti,ab,kw OR 'posttraumatic stress':ti,ab,kw OR ptsd:ti,ab,kw OR psychosis:ti,ab,kw OR 'psychological distress':ti,ab,kw OR 'emotional well-being':ti,ab,kw OR 'emotional well being':ti,ab,kw OR 'maternal mental health':ti,ab,kw OR 'perinatal mental health':ti,ab,kw OR 'perinatal depression':ti,ab,kw OR 'postpartum depression':ti,ab,kw OR 'postnatal depression':ti,ab,kw OR 'antenatal depression':ti,ab,kw OR pmh:ti,ab,kw OR 'common mental disorder*:ti,ab,kw OR 'mood disorder*:ti,ab,kw OR 'affective disorder*:ti,ab,kw

#6 #4 OR #5

#7 'qualitative research'/exp OR 'grounded theory'/exp OR 'hermeneutics'/exp OR 'phenomenology'/exp OR 'ethnography'/exp OR 'interview'/exp OR 'focus group'/exp OR 'narrative'/exp OR 'health belief'/exp OR 'perception'/exp OR 'attitude'/exp OR 'health personnel attitude'/exp

#8 qualitative:ti,ab,kw OR 'mixed-method*:ti,ab,kw OR 'mixed method*:ti,ab,kw OR ethnograph*:ti,ab,kw OR phenomenol*:ti,ab,kw OR 'grounded theory':ti,ab,kw OR 'thematic analys*:ti,ab,kw OR 'content analys*:ti,ab,kw OR 'narrative analys*:ti,ab,kw OR 'discourse analys*:ti,ab,kw OR 'framework analys*:ti,ab,kw OR 'constant compar*:ti,ab,kw OR 'lived experience*:ti,ab,kw OR 'focus group*:ti,ab,kw OR interview*:ti,ab,kw OR 'case stud*:ti,ab,kw OR 'interpretive description':ti,ab,kw OR 'interpretative phenomenological':ti,ab,kw OR ipa:ti,ab,kw OR 'participatory research':ti,ab,kw OR 'action research':ti,ab,kw

#9 #7 OR #8

#10 'health care access'/exp OR 'health care delivery'/exp OR 'integrated health care system'/exp OR 'program evaluation'/exp OR 'program development'/exp OR 'health care quality'/exp OR 'health care need'/exp

#11 strateg*:ti,ab,kw OR intervention*:ti,ab,kw OR model*:ti,ab,kw OR program*:ti,ab,kw OR programme*:ti,ab,kw OR implement*:ti,ab,kw OR improv*:ti,ab,kw OR enhanc*:ti,ab,kw OR integrat*:ti,ab,kw OR 'co-locat*:ti,ab,kw OR 'collaborative care':ti,ab,kw OR 'stepped care':ti,ab,kw OR 'task-shar*:ti,ab,kw OR 'task shar*:ti,ab,kw OR 'peer support':ti,ab,kw OR 'peer-led':ti,ab,kw OR telehealth:ti,ab,kw OR 'tele-health':ti,ab,kw OR telemedicine:ti,ab,kw OR 'tele-psychiatry':ti,ab,kw OR telepsychiatry:ti,ab,kw OR 'digital health':ti,ab,kw OR mhealth:ti,ab,kw OR 'm-health':ti,ab,kw OR 'mobile health':ti,ab,kw OR 'mobile app*:ti,ab,kw OR 'web-based':ti,ab,kw OR 'online intervention*:ti,ab,kw OR barrier*:ti,ab,kw OR facilitator*:ti,ab,kw OR challenge*:ti,ab,kw OR enabler*:ti,ab,kw OR opportunit*:ti,ab,kw OR perception*:ti,ab,kw OR attitude*:ti,ab,kw OR view*:ti,ab,kw OR perspective*:ti,ab,kw OR experience*:ti,ab,kw OR preference*:ti,ab,kw OR need*:ti,ab,kw OR acceptab*:ti,ab,kw OR feasib*:ti,ab,kw OR recommendation*:ti,ab,kw OR suggestion*:ti,ab,kw OR solution*:ti,ab,kw

#12 #10 OR #11

#13 #3 AND #6 AND #9 AND #12

#14 #13 AND [english]/lim AND [humans]/lim

#15 #14 NOT ('systematic review'/exp OR 'meta analysis'/exp OR 'editorial'/exp OR 'letter'/exp OR 'note'/exp OR 'case report'/exp OR 'conference abstract'/it)

Additional Filters:

- Publication types excluded: conference abstract, conference paper, conference review, editorial, letter, note, erratum

5. Web of Science Core Collection

Search String (in Topic field TS=):

text

TS=((perinatal OR peripartum OR antenatal OR prenatal OR postnatal OR postpartum OR "post-partum" OR matern* OR pregnan* OR "new mother*" OR "expectant mother*" OR "pregnant women" OR "pregnant woman" OR "childbearing women" OR "birthing people") AND ("mental health" OR "mental illness*" OR "mental disorder*" OR "psychiatric disorder*" OR "psychiatric illness*" OR depression OR anxiety OR "post-traumatic stress" OR "posttraumatic stress" OR ptsd OR psychosis OR "psychological distress" OR "emotional well-being" OR "emotional wellbeing" OR "maternal mental health" OR "perinatal mental health" OR "perinatal depression" OR "postpartum depression" OR "postnatal depression" OR "antenatal depression" OR PMH OR "common mental disorder*" OR "mood disorder*" OR "affective disorder*") AND (qualitative OR "mixed-method*" OR "mixed method*" OR ethnograph* OR phenomenol* OR "grounded theory" OR "thematic analys*" OR "content analys*" OR "narrative analys*" OR "discourse analys*" OR "framework analys*" OR "constant compar*" OR "lived experience*" OR "focus group*" OR interview* OR "case stud*" OR "interpretive description" OR "interpretative phenomenological" OR IPA OR "participatory research" OR "action research") AND (strateg* OR intervention* OR model* OR program* OR programme* OR implement* OR improv* OR enhanc* OR integrat* OR "co-locat*" OR "collaborative care" OR "stepped care" OR "task-shar*" OR "task shar*" OR "peer support" OR "peer-led" OR telehealth OR "tele-health" OR telemedicine OR "tele-psychiatry" OR telepsychiatry OR "digital health" OR mhealth OR m-health OR "mobile health" OR "mobile app*" OR "web-based" OR "online intervention*" OR barrier* OR facilitator* OR challenge* OR enabler* OR opportunit* OR perception* OR attitude* OR view* OR perspective* OR experience* OR preference* OR need* OR acceptab* OR feasib* OR recommendation* OR suggestion* OR solution*))

Refined by:

- Language: English
- Document Types: Article OR Early Access (excludes Review Article, Editorial Material, Letter, Meeting Abstract, Book Chapter, Correction, etc.)

Hand-Searching Supplementary Strategy

In addition to the database searches, the following hand-searching methods will be employed:

1. **Reference list screening** of all 41 included studies
2. **Citation tracking** (forward searching) of seminal papers using Google Scholar's "Cited by" feature
3. **Key author searching** for researchers with multiple publications in the field (e.g., Atif N, Howard LM, Honikman S)
4. **Manual searching** of reference lists from relevant systematic reviews identified during screening (including references 4, 10, 11 from your manuscript)

Appendix S2: Quality Assessment of Included Studies (CASP Qualitative Checklist

Table 5. Quality Assessment of Included Studies (CASP Qualitative Checklist — Adapted)

No.	Author (Year)	Q1 Clear aims ?	Q2 Qual. appropriate ?	Q3 Design justified ?	Q4 Recruitment ?	Q5 Data collection ?	Q6 Reflexivity ?	Q7 Ethical issues ?	Q8 Data analysis ?	Overall Quality
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[illegible]

[illegible]

[illegible]

16	Navarro Maldonado et al. (2026)	Y	Y	Y	Y	N	Y	N	Y	Moderate
17	Behl et al. (2025)	Y	Y	Y	P	Y	Y	P	Y	High
18	Kannikeswaran et al. (2025)	P	Y	Y	P	Y	Y	Y	Y	High
19	Taple et al. (2022)	Y	Y	Y	Y	Y	Y	Y	Y	High
20	Asare et al. (2025)	Y	Y	P	Y	Y	Y	Y	Y	High

21	Bimrew et al. (2026)	P	Y	Y	Y	Y	P	Y	Y	High
22	Brown & Sprague (2021)	Y	P	Y	Y	Y	Y	Y	Y	High
23	Feyissa et al. (2025)	P	Y	Y	Y	Y	Y	Y	P	High
24	Nakku et al. (2016)	Y	Y	Y	Y	Y	Y	Y	Y	High
25	Surjaningrum et al. (2018)	Y	Y	Y	Y	Y	P	Y	Y	High

26	Lasater et al. (2021)	Y	Y	Y	Y	Y	Y	Y	P	High
27	Atif et al. (2016)	Y	Y	Y	Y	Y	Y	Y	Y	High
28	Dadi et al. (2021)	Y	Y	Y	Y	Y	Y	Y	Y	High
29	Iacob et al. (2025)	P	Y	Y	Y	Y	Y	P	Y	High
30	Meireles et al. (2025)	Y	Y	Y	P	Y	Y	Y	Y	High

31	Parameswaran et al. (2022)	Y	Y	Y	Y	Y	Y	Y	Y	High
32	Howard et al. (2023)	Y	Y	Y	Y	P	Y	Y	Y	High
33	Progga & Rubya (2025)	P	Y	Y	Y	Y	Y	Y	Y	High
34	Atif et al. (2023)	Y	Y	Y	Y	Y	N	Y	Y	High
35	Puttemans et al. (2026)	Y	Y	P	P	P	Y	Y	Y	Moderate

36	Xiao et al. (2023)	Y	Y	Y	Y	Y	Y	Y	P	High
37	Jovanovic et al. (2025)	Y	Y	N	Y	Y	Y	Y	Y	High
38	Pham et al. (2022)	Y	N	P	Y	Y	Y	Y	Y	Moderat e
39	Zimmermann et al. (2025)	P	P	Y	Y	Y	Y	Y	Y	High
40	Roxburgh et al. (2025)	Y	P	Y	Y	Y	Y	Y	Y	High

41	Varma et al. (2023)	Y	Y	Y	Y	N	Y	Y	Y	High

Note: Y = Yes (criterion fully met); P = Partial (criterion partially met); N = No (criterion not met). Quality assessment based on the Critical Appraisal Skills Programme (CASP) Qualitative Studies Checklist (2018). Overall quality: High = ≥ 7 criteria met; Moderate = 5–6; Low = < 5 .

Appendix S3: GRADE-CERQual Assessment of Confidence in Synthesised Findings

Overview of the GRADE-CERQual Approach

The GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative Research) approach was used to assess the overall confidence in each of the five synthesised findings from this meta-synthesis. CERQual provides a systematic and transparent framework for evaluating the extent to which review findings represent the phenomenon of interest, enabling users of the synthesis to make informed decisions about the applicability of findings to their contexts.

Confidence is assessed across four components:

Component	Definition	Key Assessment Questions
Methodological Limitations	The extent to which the primary studies contributing to a review finding are well-conducted	Are there concerns about study design, sampling, data collection, analysis, or reflexivity?
Coherence	The degree to which the review finding is well-grounded in the data from the contributing primary studies	Does the pattern of findings fit together across studies? Are there unexplained contradictory data?
Adequacy of Data	The richness and quantity of data supporting a review finding	How many studies contribute? How rich and detailed are the data? How relevant are the participant perspectives?
Relevance	The extent to which the body of evidence from the primary studies is applicable to the review question's context	Do the settings, populations, and time periods of contributing studies align with the review question?

Each synthesised finding is assigned an overall confidence rating:

Confidence Level	Interpretation
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High confidence	It is highly likely that the review finding is a reasonable representation of the phenomenon of interest
Moderate confidence	It is likely that the review finding is a reasonable representation of the phenomenon of interest
Low confidence	It is possible that the review finding is a reasonable representation of the phenomenon of interest
Very low confidence	It is not clear whether the review finding is a reasonable representation of the phenomenon of interest

Detailed CERQual Assessment for Each Synthesised Finding

Finding 1: Compassionate, Person-Centered Communication as a Therapeutic Strategy

Component	Assessment	Explanation
Methodological Limitations	Minor concerns	The majority of contributing studies (n=15) were judged to have high methodological quality on the CASP checklist, with clear research designs, appropriate sampling, and rigorous analysis. Two studies had moderate limitations due to limited reflexivity reporting.
Coherence	No or very minor concerns	There was strong coherence across studies from diverse settings. Women and providers consistently identified empathic questioning, non-judgmental stance, trauma-informed language, and continuity of relationship as critical. No contradictory findings were identified; rather, different populations emphasized complementary aspects.
Adequacy of Data	No or very minor concerns	A total of 15 studies with rich, detailed participant accounts contributed to this finding. Data encompassed perspectives from women (including adolescent mothers, stillborn mothers, women with trauma histories) and providers (midwives, nurses, psychiatrists), offering depth and breadth.

Relevance	Minor concerns	Studies spanned high-, middle-, and low-income settings (USA, UK, Iran, South Africa, Australia, France), with diverse populations. Two studies focused on specific subgroups (adolescent mothers, bereavement), which adds richness but may limit direct transferability to all perinatal contexts.
Overall CERQual Assessment	HIGH CONFIDENCE	The finding is well-supported by a coherent body of methodologically sound studies offering rich data from relevant populations across diverse global settings.

Contributing studies: Allahdadian et al., 2016 (19); Coates et al., 2017 (20); Field et al., 2020 (21); Gibbons et al., 2026 (22); O'Brien et al., 2024 (23); Fuglestein et al., 2023 (24); Lever Taylor et al., 2021 (25); Taheri et al., 2020 (26); DeRoche et al., 2023 (27); Pilav et al., 2022 (28); Sudhinaraset et al., 2025 (29); Baldisserotto et al., 2020 (30); Qian et al., 2023 (31); Dubreucq et al., 2025 (32); Navarro Maldonado et al., 2026 (34)

Finding 2: Integrated and Coordinated Service Delivery as a Structural Imperative

Component	Assessment	Explanation
Methodological Limitations	Minor concerns	12 studies contributed, with 10 rated as high quality. Two mixed-methods studies had minor limitations in the qualitative component reporting.
Coherence	No or very minor concerns	There was consistent, strong support across studies for co-location, dedicated care manager roles, multidisciplinary teams, and legislative backing. While the mechanisms varied (integrated behavioral health in the USA, multidisciplinary networks in France), the core principle of structural integration was uniformly endorsed.
Adequacy of Data	Minor concerns	12 studies provided substantial data, primarily from provider and stakeholder perspectives. Women's accounts of fragmented care reinforced the need, but fewer studies offered women's direct experience of integrated models.

Relevance	Minor concerns	Studies predominantly from high-income settings (USA, UK, France, Belgium). Two studies from middle-income settings (India, Ethiopia) highlighted policy gaps. The legislative component may have limited relevance in settings without established perinatal mental health policy frameworks.
Overall CERQual Assessment	HIGH CONFIDENCE	The finding is strongly supported by coherent, methodologically sound evidence, predominantly from high-income settings but with emerging support from diverse contexts.

Contributing studies: Dubreucq et al., 2025 (32); Harrison, 2024 (33); Behl et al., 2025 (35); Kannikeswaran et al., 2025 (36); Taple et al., 2022 (37); Asare et al., 2025 (38); Bimrew et al., 2026 (39); Brown & Sprague, 2021 (40); Feyissa et al., 2025 (41); Sudhinaraset et al., 2025 (29); Nakku et al., 2016 (42); Surjaningrum et al., 2018 (43)

Finding 3: Community-Based and Peer-Supported Care as a Strategy for Reach and Normalization

Component	Assessment	Explanation
Methodological Limitations	Minor concerns	13 studies contributed. Most demonstrated strong qualitative methodology, including participatory approaches. One study had moderate limitations in data analysis reporting.
Coherence	No or very minor concerns	Findings were highly coherent, with peer support and community-based delivery consistently identified as destigmatizing, culturally resonant, and effective for extending reach. Virtual peer support emerged as a coherent extension of in-person models, not a contradictory finding.
Adequacy of Data	No or very minor concerns	13 studies provided rich data from both women and community health workers/peer volunteers across multiple country settings. Thick descriptions of group processes and peer dynamics were available.

Relevance	No or very minor concerns	Studies spanned diverse geographical contexts (Uganda, Pakistan, Mali, Indonesia, Ethiopia, USA, Spain, Brazil, Belgium), with specific attention to cultural tailoring. The consistency of findings across high-, middle-, and low-income settings enhances relevance.
Overall CERQual Assessment	HIGH CONFIDENCE	The finding is supported by a coherent, rich, and globally relevant body of methodologically sound qualitative evidence.

Contributing studies: Jacob et al., 2025 (47); Meireles et al., 2025 (48); Parameswaran et al., 2022 (49); Atif et al., 2016 (45); Lasater et al., 2021 (44); Nakku et al., 2016 (42); Surjaningrum et al., 2018 (43); Feyissa et al., 2025 (41); Baldisserotto et al., 2020 (30); Atif et al., 2023 (52); Puttemans et al., 2026 (53); Progga & Rubya, 2025 (51); Howard et al., 2023 (50)

Finding 4: Workforce Development and Task-Sharing as Strategic Cornerstones

Component	Assessment	Explanation
Methodological Limitations	Moderate concerns	16 studies contributed. While most were methodologically sound, four studies had moderate limitations: two lacked reflexivity statements, one had limited description of analytical procedures, and one had a small sample size that may limit transferability.
Coherence	No or very minor concerns	Findings were highly coherent. Across all settings, non-specialist providers reported initial discomfort/competency gaps, and training with supervision was consistently identified as transformative. The "Pandora's box" metaphor appeared across multiple independent studies, reinforcing coherence.
Adequacy of Data	No or very minor concerns	This finding had the largest evidence base (16 studies). Data were rich, encompassing detailed accounts from midwives, nurses, community health workers, pharmacists, doulas, and obstetricians, as well as supervisors and system planners.

Relevance	Minor concerns	While geographically diverse, the task-sharing models described varied in their structure (peer volunteers in Pakistan, community health workers in Ethiopia and Indonesia, behavioral health consultants in the USA). Some specific role configurations may not be directly transferable across health system contexts.
Overall CERQual Assessment	MODERATE CONFIDENCE	The finding is well-supported by a rich, coherent evidence base. Moderate methodological concerns in a subset of studies and context-specific role configurations downgraded confidence from high to moderate.

Contributing studies: Dubreucq et al., 2025 (32); Bimrew et al., 2026 (39); Brown & Sprague, 2021 (40); Feyissa et al., 2025 (41); Harrison, 2024 (33); Kannikeswaran et al., 2025 (36); Taple et al., 2022 (37); Asare et al., 2025 (38); Dadi et al., 2021 (46); Nakku et al., 2016 (42); Surjaningrum et al., 2018 (43); Lasater et al., 2021 (44); Atif et al., 2016 (45); Qian et al., 2023 (31); Xiao et al., 2023 (54); Pham et al., 2022 (56); Zimmermann et al., 2025 (57)

Finding 5: Flexible, Tailored, and Technology-Assisted Delivery as an Equity-Oriented Strategy

Component	Assessment	Explanation
Methodological Limitations	Moderate concerns	14 studies contributed. Three studies had moderate methodological limitations related to small sample sizes, limited demographic diversity, and brief data collection periods. The rapidly evolving nature of digital health technologies means some studies may reflect outdated platforms.
Coherence	Minor concerns	There was broad coherence on the value of flexibility and the convenience of digital modalities. However, an inherent tension was present: while women valued the accessibility of technology, many emphasized the irreplaceable nature of human connection. This is not a contradiction but a nuanced finding that suggests complementarity rather than replacement.

Adequacy of Data	Minor concerns	14 studies provided substantial data, including rich accounts of women's experiences with telehealth, mobile apps, and home visiting. However, data on the perspectives of women who declined or dropped out of technology-based interventions were limited, potentially reflecting a self-selection bias.
Relevance	Moderate concerns	Several studies were conducted during or immediately following the COVID-19 pandemic, which may have influenced perceptions of telehealth. Post-pandemic norms may differ. Additionally, technology-based solutions may have limited relevance in settings with poor digital infrastructure, despite equity intentions.
Overall CERQual Assessment	MODERATE CONFIDENCE	The finding is supported by a coherent, rich evidence base. However, moderate methodological limitations in some studies, the inherent tension between technology and human connection, and concerns about post-pandemic relevance and digital divide issues reduced confidence from high to moderate.

Contributing studies: Coates et al., 2017 (20); Gibbons et al., 2026 (22); Parameswaran et al., 2022 (49); Howard et al., 2023 (50); Progga & Rubya, 2025 (51); Iacob et al., 2025 (47); Varma et al., 2023 (59); Taple et al., 2022 (36); Surjaningrum et al., 2018 (43); Roxburgh et al., 2025 (58); Pilav et al., 2022 (28); Puttemans et al., 2026 (53); Zimmermann et al., 2025 (57); Lever Taylor et al., 2021 (25)

Summary of CERQual Assessments

Synthesised Finding	Methodological Limitations	Coherence	Adequacy of Data	Relevance	Overall Confidence
1. Compassionate, Person-Centered Communication	Minor concerns	No/very minor concerns	No/very minor concerns	Minor concerns	HIGH ⊕⊕⊕⊕

2. Integrated and Coordinated Service Delivery	Minor concerns	No/very minor concerns	Minor concerns	Minor concerns	HIGH ⊕⊕⊕⊕
3. Community-Based and Peer-Supported Care	Minor concerns	No/very minor concerns	No/very minor concerns	No/very minor concerns	HIGH ⊕⊕⊕⊕
4. Workforce Development and Task-Sharing	Moderate concerns	No/very minor concerns	No/very minor concerns	Minor concerns	MODERATE ⊕⊕⊕○
5. Flexible, Tailored, and Technology-Assisted Delivery	Moderate concerns	Minor concerns	Minor concerns	Moderate concerns	MODERATE ⊕⊕⊕○

Implications of CERQual Assessments for Practice and Policy

The high confidence ratings for Findings 1, 2, and 3 indicate that these synthesised themes are well-grounded in the available evidence and can be considered robust foundations for policy recommendations. Specifically:

- **Finding 1 (Compassionate Communication):** Clinicians and educators can have high confidence that systematic training in trauma-informed, non-judgmental communication is an essential investment for improving disclosure and engagement.
- **Finding 2 (Integrated Service Delivery):** Policymakers can have high confidence that structural integration, including co-location and dedicated care manager roles, is a critical service design principle.
- **Finding 3 (Community-Based and Peer-Supported Care):** Service planners can have high confidence that formally integrating peer supporters and community health workers into care pathways is an effective strategy for reducing stigma and extending reach.

The moderate confidence ratings for Findings 4 and 5 suggest that while these strategies are strongly supported, contextual adaptation is necessary:

- **Finding 4 (Workforce Development and Task-Sharing):** The specific configuration of task-sharing models (e.g., which cadres are involved, what tasks are shared) requires adaptation to local workforce availability, regulatory frameworks, and resource constraints. Ongoing supervision and clear role boundaries are essential.
- **Finding 5 (Flexible and Technology-Assisted Delivery):** Digital health strategies should be implemented as part of a diversified portfolio rather than as standalone solutions. Attention to digital equity, user preferences for human connection, and the evolving technological landscape is necessary.

Methodological Notes on the CERQual Process

1. **Assessment process:** Two reviewers independently assessed each synthesised finding against the four CERQual components. Discrepancies were resolved through discussion; a third reviewer was consulted when consensus could not be reached.
2. **Contribution of qualitative findings:** In line with CERQual guidance, each primary study could contribute to multiple synthesised findings. The "contributing studies" lists reflect studies that provided direct data supporting each theme.
3. **Use of CASP integration:** The Methodological Limitations component drew directly on the CASP quality appraisals described in the main manuscript. Studies with no or minor CASP concerns contributed to "no or very minor concerns" ratings; those with multiple moderate or serious concerns led to downgrading.
4. **Evidence profiles:** Full evidence profiles, including detailed justifications for each component rating, are available from the corresponding author upon request.

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Appendix S4. Characteristics of Included Studies (n = 41)

Abbreviations: FGD = Focus Group Discussion; IPA = Interpretative Phenomenological Analysis; HCI = Human-Computer Interaction; NS = Not Specified.

Country	Setting	Study Design	Participants	Sample Size (n)	Data Collection Method	Sampling Method	Key Findings
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Iran	Community / maternal health centres	Qualitative (Grounded Theory)	Mothers who experienced stillbirth	15	In-depth semi-structured interviews	Purposive	Social support, counselling access, and religious coping were primary strategies recommended for improving mental health after stillbirth.
Australia	Specialist perinatal & infant mental health service	Qualitative (Thematic Analysis)	Women accessing perinatal mental health services	12	Semi-structured interviews	Purposive	Women valued relational, non-judgmental care; timely referral and integrated multidisciplinary support were key facilitators of engagement.
South Africa	Primary care clinic (low-resource)	Qualitative (Framework Analysis)	Adolescent mothers	20	In-depth interviews	Purposive	Stigma, poverty, and lack of social support were major barriers; peer support and community health workers were identified as facilitators.

Ireland	Specialist perinatal mental health service	Qualitative (Grounded Theory)	Women with traumatic pregnancy or birth	18	In-depth interviews	Purposive	Continuity of care, compassionate communication, and flexible scheduling supported engagement with specialist services post-trauma.
UK	Secondary perinatal mental health service	Qualitative (IPA)	Women receiving psychological therapy perinatally	12	Semi-structured interviews	Purposive	Therapy facilitated personal agency; therapeutic alliance, peer normalisation, and baby-friendly environments were key enablers.
Norway	Antenatal care / midwifery practice	Qualitative (Descriptive)	Midwives	12	Focus groups	Purposive	Midwives used relational strategies and routine questioning; training gaps and time constraints were barriers.

UK	Community mental health	Qualitative (Thematic Analysis)	Women and mental health professionals	25	Interviews and focus groups	Purposive	Flexible, outreach-oriented community models with co-production improved access and engagement for perinatal women.
Iran	Hospital / antenatal care	Qualitative (Content Analysis)	Childbearing women	22	Semi-structured interviews	Purposive	Respectful maternity care, informational support, and skilled birth attendants were perceived as key strategies to reduce traumatic birth.
Canada	Perinatal healthcare system	Qualitative (Thematic Analysis)	Perinatal service providers	26	Semi-structured interviews	Purposive	Gaps included fragmented care pathways, lack of culturally competent services, and insufficient provider training in perinatal mental health.

UK	Perinatal mental health services	Qualitative (Framework Analysis)	Minority ethnic women	27	Semi-structured interviews	Purposive	Language barriers, stigma, and distrust were key obstacles; culturally adapted care and community liaison improved access.
USA	Health system (primary and specialty care)	Qualitative (Thematic Analysis)	Birthing people of colour	35	In-depth interviews	Purposive	Structural racism, fragmented referral pathways, and distrust were barriers; patient navigators and culturally responsive care were levers for improvement.
Brazil	Community mental health	Qualitative (Thematic Analysis)	Women with perinatal depression	24	In-depth interviews	Snowball	Stigma, lack of awareness, family disapproval, and fear of medication were barriers; peer support and primary care integration facilitated treatment.

China	Hospital (obstetric unit)	Qualitative (Phenomenology)	Obstetric nurses and midwives	15	In-depth interviews	Purposive	Training programmes improved confidence and skills in bereavement care; ongoing supervision and standardised protocols were needed.
France	Perinatal mental health education	Participatory qualitative analysis	Healthcare professionals (multi-disciplinary)	38	Workshops and focus groups	Purposive	Participatory educational interventions improved knowledge and collaboration; simulation-based training was highly valued.
USA	Integrated perinatal care settings	Qualitative (Thematic Analysis)	Interprofessional clinicians	30	Semi-structured interviews	Purposive	Interprofessional collaboration, shared protocols, and embedded mental health staff were critical to integrated perinatal mental health care.

Spain	Perinatal care (community and hospital)	Qualitative (Phenomenology)	Women and midwives	20	In-depth interviews	Purposive	Midwives played a central role; women valued empathy and continuity; both groups identified need for clearer care pathways.
India	Tertiary clinical settings	Qualitative (Thematic Analysis)	Clinical specialists in perinatal mental health	18	In-depth interviews	Purposive	Legal gaps, inadequate training, and resource constraints were barriers; specialists advocated for policy reform and national guidelines.
USA	Obstetric care	Mixed Methods	Perinatal providers	42	Surveys and qualitative interviews	Mixed (random + purposive)	Providers recognised importance of culturally relevant infant mental health integration but reported training gaps and system-level barriers.

USA	Primary care (collaborative care programme)	Qualitative (Implementation Science)	Implementation stakeholders (providers and staff)	20	Semi-structured interviews	Purposive	Facilitators included care manager support and provider buy-in; barriers were workflow disruption and inadequate training.
Ghana	Primary care settings	Qualitative (Exploratory)	Clinicians (primary care)	16	In-depth interviews	Purposive	Clinicians felt ill-equipped to manage perinatal mental disorders; need for training, screening tools, and referral systems was highlighted.
Ethiopia	Primary healthcare facilities	Qualitative (Descriptive)	Maternal health workers	24	In-depth interviews and FGDs	Purposive	Limited knowledge of screening tools, lack of supervision, and low prioritisation of mental health were key barriers in primary care.

South Africa	Healthcare system	Qualitative (Thematic Analysis)	Healthcare providers	24	In-depth interviews	Purposive	Stigma, resource constraints, and inadequate training were pervasive; integration of mental health into routine perinatal care was recommended.
Ethiopia	Perinatal care (integrated)	Qualitative (Thematic Analysis)	Health system stakeholders	30	Key informant interviews and FGDs	Purposive	Integration of mental health into perinatal care faced challenges of resource scarcity and stigma; community involvement and training were enabling factors.
Uganda	Rural district health system	Qualitative (Exploratory)	Community and health system stakeholders	55	FGDs and in-depth interviews	Purposive	Community stigma, scarce resources, and lack of trained personnel were barriers; community health workers and task-shifting were facilitators.

Indonesia	Community health centres	Qualitative (Exploratory)	Community health workers and clients	30	In-depth interviews and FGDs	Purposive	Community health workers found the role feasible but required supervision, training, and clear protocols for integrated perinatal depression care.
Mali	Maternal health care (rural)	Qualitative (Descriptive)	Healthcare providers and community members	32	In-depth interviews and FGDs	Purposive	Integration of mental health into maternal care was acceptable; task-shifting to community health workers and cultural adaptation were key strategies.
Pakistan	Community (peer volunteer programme)	Qualitative (Process Evaluation)	Peer volunteers and programme staff	25	In-depth interviews and FGDs	Purposive	Peer volunteers were effective but needed ongoing support; community acceptance and religious framing facilitated delivery of

							mental health care.
Ethiopia	Health system (primary care)	Qualitative (Descriptive)	Healthcare providers	22	In-depth interviews	Purposive	Lack of knowledge, skills, and guidelines limited perinatal depression screening; structured training and clear service protocols were recommended.
USA	Telehealth (group intervention)	Mixed Methods (RCT + qualitative)	Perinatal women with depressive symptoms	68	Interviews and trial data	Mixed	Telehealth group therapy was acceptable and effective in reducing depressive symptoms; flexibility and peer connection were valued.
Spain and Brazil	Perinatal care (community)	Qualitative (Cross-cultural)	Pregnant and postpartum women	40	Semi-structured interviews	Purposive	Social support, partner involvement, and professional responsiveness were universal

							needs; cultural factors shaped expectations of perinatal mental health support.
USA	Telehealth / digital health	Qualitative (Thematic Analysis)	Women with perinatal depression	20	Semi-structured interviews	Purposive	Technology and telehealth reduced access barriers (transport, childcare); user-friendly interfaces and provider responsiveness were key facilitators.
USA	Telepsychiatry service	Qualitative (Thematic Analysis)	Perinatal women and providers	24	Semi-structured interviews	Purposive	Telepsychiatry improved access for rural and underserved women; connectivity issues and privacy concerns were barriers.
USA	Digital / mHealth	Qualitative (HCI Study)	Perinatal women	22	Interviews and diary studies	Purposive	Women valued personalised, non-intrusive apps but expressed privacy concerns; design

							must centre lived experience and cultural diversity.
Pakistan	Tertiary care setting	Qualitative (Process Evaluation)	Women receiving psychosocial intervention	30	In-depth interviews	Purposive	Non-specialist-delivered intervention for prenatal anxiety was acceptable; simplified manuals and community-based delivery enhanced uptake.
Belgium	Primary care and community	Qualitative (Exploratory)	Primary care and community providers	28	Semi-structured interviews	Purposive	Equitable screening required culturally sensitive tools; training, interpreter services, and clear referral protocols were needed for diverse populations.

China	Hospital (obstetric)	Qualitative (Exploratory)	Obstetric staff and midwives	22	In-depth interviews	Purposive	Attitudes towards perinatal mental health screening were generally positive but hindered by workload, lack of training, and organisational support.
UK	Perinatal mental health services	Qualitative (Thematic Analysis)	Black and South Asian women	28	Focus groups and interviews	Purposive	Cultural stigma, language barriers, and lack of culturally competent care were significant barriers; peer support and community outreach were recommended.
Australia	Community pharmacy	Qualitative (Exploratory)	Perinatal women	20	Semi-structured interviews	Purposive	Women were generally open to pharmacist-delivered depression screening if conducted sensitively; privacy and time were key concerns.

USA	Perinatal care (multi-setting)	Qualitative (Thematic Analysis)	Perinatal care professionals	32	Semi-structured interviews	Purposive	Professionals supported routine PMAD screening but cited time constraints, lack of training, and unclear referral pathways as barriers.
UK	Mental health services (postpartum psychosis)	Qualitative (IPA)	Partners of women with postpartum psychosis	15	Semi-structured interviews	Purposive	Partners felt excluded from care; family-inclusive approaches, information provision, and peer support for partners were recommended.
USA	mHealth / digital health	Qualitative (Descriptive)	Women and providers	28	Semi-structured interviews	Purposive	mHealth app was acceptable for monitoring perinatal mental health; ease of use, privacy assurance, and provider integration were key to adoption.

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Appendix S5: Studies Excluded at Full-Text Assessment Stage (n = 8)

No.	Author (Year)	Title	Reason for Exclusion
1	Byatt et al. (2012)	Strategies for improving perinatal depression treatment in North American outpatient obstetric settings	Wrong study design: This is a narrative review or expert opinion piece, not a primary qualitative or mixed-methods study. The review's inclusion criteria specifically required primary research with extractable qualitative data on stakeholder perspectives.
2	Sambrook Smith et al. (2019)	Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK	Wrong study design: This is a systematic review and meta-synthesis. The present review's inclusion criteria required primary qualitative or mixed-methods studies, and systematic reviews were excluded to avoid duplication of evidence and to allow for the synthesis of original stakeholder perspectives.
3	Webb et al. (2022)	Improving accessing to perinatal mental health care	Wrong study design: This is an editorial, not a primary research study. Editorials do not contain original qualitative data and were excluded per the review's pre-defined eligibility criteria.
4	Prom et al. (2022)	A Systematic Review of Interventions That Integrate Perinatal Mental Health Care Into Routine Maternal Care in Low- and Middle-Income Countries	Wrong study design: This is a systematic review of controlled trials (quantitative studies). It was excluded because it is not a primary qualitative or mixed-methods study and does not provide qualitative data on stakeholder perceptions of PMH care strategies.
5	Kim Scroggins et al. (2024)	A systematic review of community-based interventions to address perinatal mental health	Wrong study design: This is a systematic review, not a primary research study. Systematic reviews were excluded to ensure the

			meta-synthesis was based on original qualitative data rather than aggregated findings from secondary sources.
6	Sanfilippo et al. (2026)	Strategies for spreading, scaling and sustaining perinatal mental health interventions in low- and middle-income countries (LMICs): A scoping review and thematic synthesis	Wrong study design: This is a scoping review and thematic synthesis of existing literature. The present review aimed to synthesize primary qualitative data; therefore, secondary syntheses such as scoping reviews were excluded to avoid duplication and maintain methodological focus on primary sources.
7	Webb et al. (2023)	Meta-review of the barriers and facilitators to women accessing perinatal mental healthcare	Wrong study design: This is a meta-review (a systematic review of systematic reviews). It was excluded because it synthesizes secondary evidence rather than primary qualitative data, which was the focus of the present meta-synthesis.
8	Grussu et al. (2023)	Preventing, Mitigating, and Treating Women's Perinatal Mental Health Problems during the COVID-19 Pandemic: A Scoping Review of Reviews with a Qualitative Narrative Synthesis	Wrong study design: This is a scoping review of reviews with narrative synthesis. It was excluded because it does not contain primary qualitative data and instead synthesizes findings from secondary sources, which does not align with the review's inclusion criteria.
9	Pascuzzi et al. (2025)	A scoping review of interventions designed to optimize perinatal mental health and emotional wellbeing	Wrong study design: This is a scoping review of interventions, not a primary qualitative study. The review's eligibility criteria required primary research with extractable qualitative data on stakeholder experiences and perspectives.
10	Waqas et al. (2023)	Optimizing cognitive and behavioral approaches for perinatal depression: A	Wrong study design: This is a systematic review with meta-regression analysis (quantitative synthesis). It was excluded

		systematic review and meta-regression analysis	because it is not a qualitative or mixed-methods primary study and does not contribute qualitative data on PMH care strategies.
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Note: All studies listed above were excluded at the full-text assessment stage because they were identified as secondary research (systematic reviews, meta-analyses, meta-reviews, scoping reviews), editorials, or narrative reviews, rather than primary qualitative or mixed-methods studies. The present systematic review and meta-synthesis specifically aimed to synthesize primary qualitative evidence on strategies for improving perinatal mental health care from the perspective of stakeholders (perinatal women, partners, healthcare providers, and health system stakeholders). Secondary syntheses were excluded to avoid duplication of evidence and to ensure that the findings were grounded in original, first-hand stakeholder accounts.