Women's health treatment interventions and outcomes

An evidence and gap map review

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Abbreviations

Abbreviation	Explanation
BMI	body mass index
COMET	Core Outcome Measures in Effectiveness Trials
DALY	disability-adjusted life year
DOH	Department of Health
GP	general practitioner
HOMA-IR	Homeostatic Model Assessment for Insulin Resistance
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
ICER	incremental cost-effectiveness ratio
OECD	Organisation for Economic Co-operation and Development
PICO	population, intervention, comparator, and outcome(s)
PICOTS	population, intervention, comparator, outcome(s), time frame, and study design
PRISMA	Preferred Reporting Items for Systematic reviews and Meta-Analyses
PTSD	post-traumatic stress disorder
QALY	quality-adjusted life year
RCT	randomised controlled trial
UK	United Kingdom
USA	United States of America
WHO	World Health Organization

Glossary of terms

Term	Explanation
core outcome set	A standardised group of outcomes that should be measured and reported in clinical trials in certain areas of health and healthcare [1].
cost-benefit analysis	A cost-benefit analysis is a type of full economic evaluation that investigates two or more policy alternatives based on their relative costs and outcomes, which are both expressed in monetary terms. It should value the intervention's relevant costs and outcomes according to the preferences of those affected (i.e. the individuals' willingness to pay) [2].
cost-consequence analysis	A cost-consequence analysis is a type of full economic evaluation that examines two or more policy alternatives based on their relative costs and outcomes, where the outcomes are not summarised in a single measure, and multiple outcomes of interest are reported [2].
cost-effectiveness analysis	A cost-effectiveness analysis is a type of full economic evaluation that assesses two or more policy alternatives in relation to their relative costs and outcomes [2]. Outcomes are measured in a single unit (e.g. life years gained).
cost-minimisation analysis	A cost-minimisation analysis is a type of full economic evaluation that compares the costs of two or more policy alternatives which are all assumed to have equivalent health effects [2].
cost-utility analysis	A cost-utility analysis (a specific type of cost-effectiveness analysis) is a type of full economic evaluation that evaluates two or more policy alternatives based on their relative costs and outcomes. The outcomes are expressed by a generic measure of health status that considers the effect on mortality and morbidity (e.g. quality-adjusted life years and disability-adjusted life years) [2].
disability-adjusted life years	Disability-adjusted life years (DALYs) for a health condition are the sum of the years of life lost due to premature mortality and the years lived with a disability due to cases of the condition in a population. One DALY is the loss of the equivalent of 1 year of full health.
evidence and gap map	Evidence and gap maps are a type of systematic review designed to answer broad, big-picture research questions such as what research exists on a particular topic. Their main purpose is to identify relevant evidence and evidence gaps in the area under investigation.
full economic evaluation	A full economic evaluation is a type of health economic analysis that explicitly compares both the costs (use of resources) and consequences (effects) of the health intervention(s) in question with an alternative course of action, known as the comparator [3]. In contrast, a partial economic evaluation only compares either the costs or consequences of the intervention with the comparator.

hierarchy of evidence	A hierarchy of evidence ranks different types of studies based on the rigour of their research methods. The hierarchy of evidence used in this review is the JBI's Levels of Evidence for Effectiveness [4]. According to this tool, the highest to lowest levels of evidence for effectiveness studies are: experimental designs; quasi-experimental designs; observational analytic designs; observational descriptive studies; and expert opinion and bench research.
ICD-10-AM	The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification is a standardised classification system used by healthcare providers internationally to classify diagnoses.
incidence	Incidence refers to the number of newly diagnosed cases of a health condition over a specified time period.
non-randomised trial	A non-randomised trial is an interventional study where the investigator allocates participants to the different groups that are being compared using a non-random method [5]. As randomisation is not used, these trials do not control for confounding variables.
prevalence	Prevalence refers to the frequency of a health condition occurring in a population in a specified time period.
primary outcome	A primary outcome in a randomised controlled trial or non-randomised trial is used to calculate the required sample size in order for the trial to have adequate statistical power to determine whether or not an effect of the intervention being investigated exists [6]. A primary outcome in a systematic review is the most essential outcome for decision-making, or the outcome that the review would most likely be able to address provided that sufficient studies are identified in order to determine the effects of the intervention under study [7]. Unlike primary trials, systematic reviews are not powered to detect an effect size in their primary outcome.
randomised controlled trial	A randomised controlled trial (RCT) is an interventional study in which study subjects are randomly assigned to one of at least two groups (intervention and control). The experimental/intervention group receives the intervention being evaluated, and the comparison/control group receives an alternative intervention (e.g. routine treatment, placebo). Both groups are followed for a pre-specified length of time in order to evaluate any differences between groups in the outcome(s) of interest. The difference in the outcome(s) is calculated to determine the effectiveness of the intervention. The use of randomisation controls for confounding variables. RCTs are the most rigorous type of study for evaluating the effectiveness of an intervention.
therapeutic interventions	Therapeutic interventions are interventions that treat, alleviate, or delay the effects of existing disease, and thereby decrease the case fatality rate or the level of disability or morbidity associated with a disease [8]. They may target any mode of treatment of a selected

	condition, ranging from the management of cardinal symptom(s) to complete recovery, and include medical interventions (such as surgery and pharmacological treatments), complementary and alternative therapies, and psychological interventions.
usual care	Usual care refers to the care that a healthcare provider would normally give to their patients.

Executive summary

Policy context

In 2022, the Department of Health (DOH) launched the first national *Women's Health Action Plan 2022–2023*, which seeks to improve health outcomes and experiences for women in Ireland. The plan outlines 10 actions which aim to address specific health issues that women, clinicians, and other stakeholders have identified as priorities. These include implementing women's health initiatives and increasing services in areas such as mental health, contraception, gynaecology, and menopause, as well as improving women's experiences of using health services.

The subsequent *Women's Health Action Plan 2024-2025: Phase 2: An Evolution in Women's Health* sets out the next steps to address these actions. Action 6 of the 2024–2025 Action Plan is dedicated to increasing the evidence base for women's health approaches in Ireland by supporting clinical, academic, and applied research. Action 6 acknowledges that there are significant gaps in our knowledge of women's health and of the impact of sex and gender on women's health outcomes and experiences. The DOH requested this evidence review in order to address Action 6 by identifying the existing evidence base and gaps in relation to interventions aimed at improving women's health outcomes for the selected health conditions. This is intended to inform the DOH where evidence gaps exist in certain women's health conditions and guide possible future research.

Research questions

The following questions were agreed with the DOH:

1. What research exists on evaluating the effectiveness of interventions to improve women's health outcomes in selected conditions in Organisation for Economic Co-operation and Development (OECD) member countries?
2. What are the research gaps in evaluating interventions to improve women's health outcomes in the selected conditions?

Methods

Review design

We conducted an evidence and gap map review. Evidence and gap maps are a type of systematic evidence review designed to answer broad, big-picture research questions. They identify and illustrate existing evidence and any evidence gaps relevant to the review question. Our review protocol is registered on PROSPERO, the international prospective register of systematic reviews (registration number: CRD42024534537), and we followed best practice guidance on conducting and reporting evidence and gap maps throughout. Moreover, we recruited two expert consultants to advise on the review method and topic where needed: an associate professor in midwifery (LB) and a professor in general practice/general practitioner (SS).

Eligibility criteria

Eligible studies were English-language randomised controlled trials (RCTs), non-randomised trials, full economic evaluations, systematic reviews including any of these study designs, and protocols of same. The population of interest was biological females of any age who were diagnosed with one or more of the selected health conditions, which are:

- **Abnormal menses/symptoms:** absence of period/abnormally reduced pattern or flow (including amenorrhoea, oligomenorrhoea, and hypomenorrhoea), excessive/prolonged/intermenstrual bleeding (including menorrhagia, hypermenorrhoea, polymenorrhoea, metrorrhagia, menometrorrhagia, abnormal uterine bleeding, and heavy menstrual bleeding), and premenstrual dysphoric disorder
- **Cancers of the female reproductive tract:** cervical, fallopian tube, ovarian, uterine, vaginal, and vulvar cancer
- **Gynaecological-related conditions/pain:** adenomyosis, dysmenorrhoea, endometriosis, pelvic girdle pain, pelvic inflammatory disease (including endometritis, parametritis and pelvic cellulitis, oophoritis, and salpingitis), polycystic ovary syndrome, vulvodynia, uterine fibroids, and other conditions (including pelvic and perineal pain, pelvic congestion syndrome/pelvic venous insufficiency, dyspareunia, interstitial cystitis/painful bladder syndrome, myofascial pelvic pain syndrome, and lumbopelvic pain)
- **Menopausal symptoms:** atrophic vaginitis, vasomotor symptoms, and other symptoms (including fatigue, headache, lack of concentration/memory, lack of energy, reduced sex drive (libido), irregular periods, recurring urinary tract infections, and weight gain).
- **Pelvic floor disorders:** overactive bladder, stress urinary incontinence, and urge urinary incontinence, and other disorders (including hypertonic pelvic floor and urinary retention)
- **Pelvic organ prolapse:** cystocele, cystourethrocele, enterocele, rectocele, urethrocele, uterine prolapse, vaginal prolapse, and other (rectal and anal prolapse)
- **Pelvic and vulvar vaginosis:** bacterial vaginosis, candida, trichomoniasis vaginitis, vaginitis, and vulvitis
- **Female infertility:** anovulation, diminished ovarian reserve, hydrosalpinx, implantation failure, luteal phase deficiency, and other (bicornuate uterus and premature ovarian insufficiency)
- **Early pregnancy loss (<20 weeks):** ectopic pregnancy, gestational trophoblastic disease (including choriocarcinoma, molar pregnancy, and placental-site/epithelioid trophoblastic tumour), incomplete/missed abortion, induced abortion, recurrent pregnancy loss/miscarriage, septic abortion, spontaneous abortion/miscarriage, and threatened abortion; and
- **Postpartum mental health:** postpartum depression and postpartum post-traumatic stress disorder (PTSD).

Studies including a therapeutic intervention that aimed to treat the effects of existing diagnosed conditions and a comparator group that did not receive the intervention being evaluated were included. Protocols (of RCTs, non-randomised trials, full economic evaluations, and systematic reviews) and primary studies (RCTs, non-randomised trials, and full economic evaluations) that were conducted in an OECD member country and published from January 2021 to February 2024, as well as systematic reviews (including RCTs, non-randomised trials, or full economic evaluations) that either do not report the country of their included studies or, where this information is reported, include at least one study from an OECD member country and were published from January 2019 to February 2024, were eligible for inclusion in our review.

Identifying research evidence

We constructed a separate search strategy for each health condition category. Each strategy was built around three concepts: health condition category, therapy/intervention concept, and study design. We

searched four bibliographic databases – MEDLINE, Embase, PsycInfo, and the Cochrane Library (including the Cochrane Database of Systematic Reviews and the Cochrane Central Register of Controlled Trials (CENTRAL)) – as well as the Epistemonikos and PROSPERO platforms and the CinicalTrials.gov clinical trials registry. We imported the search results into EPPI-Reviewer 6, where we conducted de-duplication, screening, and data coding.

Screening and data coding

At both the title and abstract and full-text screening stages, two independent reviewers dual screened 5% of records, with the remaining abstracts each being screened by one reviewer. Evidence and gap maps use a categorical data coding process rather than the detailed data extraction process that is typically conducted in a standard systematic review. In line with best practice guidance, we first developed a predefined coding framework in order to facilitate this process. This included defined categories of the review's eligibility criteria, e.g. study designs, health conditions, interventions, and outcomes. The data in the included studies were coded according to these categories. A single reviewer completed the data coding, and a second independent reviewer validated the coding applied to over 20% of the included studies. Where any screening or coding discrepancies were identified, these were resolved through discussion and consulting a third reviewer where needed. Once data coding was complete, we imported the codes into EPPI-Mapper in order to generate the maps.

Data analysis

An overview of the existing evidence base is visually provided via two interactive maps, which are accompanied by a narrative summary. Evidence and gap map 1: Interventions by health conditions illustrates the existing evidence (i.e. the number of existing studies) and evidence gaps on interventions (rows) that have been evaluated in all the selected health conditions (columns). Evidence and gap map 2: Outcomes by interventions displays the outcomes (rows) that have been reported and not reported for the corresponding interventions (columns) in all the selected health conditions. The user is instructed to first filter the map by the health condition(s) of interest by selecting 'filter' in the top left corner and then selecting the health condition(s) of interest. The map then displays the available evidence for the selected health condition(s). The different study designs are colour coded and illustrated on both evidence and gap maps.

Hierarchy of evidence

The included study designs are coded according to a hierarchy of evidence (i.e. a ranking of different types of studies based on the rigour of their research methods) using the JBI Levels of Evidence for Effectiveness tool, and these study design codes are shown on the evidence and gap maps. According to this hierarchy, the study designs included in this review represent the highest (i.e. most rigorous) level of evidence.

Findings

A total of 2,279 studies, published between January 2019 and February 2024, were included in this evidence and gap map review. The number of each study design included were systematic reviews of RCTs (n=568); systematic reviews of mixed study designs (n=236); RCTs (n=322); non-randomised trials (n=6); protocols (n=1103); and full economic evaluations (n=58). None of the included studies were conducted in Costa Rica, and less than 10 studies were conducted in Luxembourg (n=1), Latvia (n=5), Estonia (n=7), Lithuania (n=8), and Colombia (n=9). The US was the country in which the highest number of included studies were conducted (n=606), followed by the United Kingdom (n=330), Italy (n=319), Turkey (n=283), Spain (n=225), and Canada (n=220).

Evidence and gap map 1: Interventions by health conditions

The findings from Evidence and gap map 1: Interventions by health conditions identified the number of included studies that evaluate interventions in each category of health condition. The five health condition categories with the most evidence (i.e. the highest number of studies overall) from across mainly OECD member countries that was published between January 2019 and February 2024, starting with the category with the most evidence, are: gynaecological-related conditions/pain (n=808 studies); cancers of the female reproductive tract (n=444 studies); female infertility (n=419 studies); pelvic floor disorders (n=202 studies); and menopausal symptoms (n=177 studies).

The five health condition categories with the least evidence (i.e. the lowest number of studies overall) from mostly OECD member countries that was published between January 2019 and February 2024, starting with the category with the least evidence, are: abnormal menses/symptoms (n=45 studies); pelvic and vulvar vaginosis (n=55 studies); postpartum mental health (n=85 studies); pelvic organ prolapse (n=92 studies); and early pregnancy loss (<20 weeks) (n=108 studies). In addition, the specific conditions with the least evidence in these categories are as follows:

- **Abnormal menses/symptoms:** absence of period/abnormally reduced pattern or flow (n=9 studies) and premenstrual dysphoric disorder (n=9 studies)
- **Pelvic and vulvar vaginosis:** vulvitis (n=0 studies)
- **Postpartum mental health:** postpartum PTSD (n=13 studies)
- **Pelvic organ prolapse:** cystourethrocele, enterocele, and urethrocele (n=0)
- **Early pregnancy loss (<20 weeks):** septic abortion (n=0 studies), and

When filtered by Ireland (i.e. to only display studies that have been or are currently being conducted in Ireland and published between January 2019 and February 2024), the map indicated that no studies have been conducted on the following health condition categories:

- Menopausal symptoms
- Pelvic organ prolapse
- Pelvic and vulvar vaginosis
- Early pregnancy loss (<20 weeks), and
- Postpartum mental health.

Four or fewer studies have been published on each of the remaining health condition categories, except for cancers of the female reproductive tract, on which 21 studies have been conducted in Ireland.

Of the categories of conditions on which there are no included studies conducted in Ireland, four of these have the least evidence from across OECD member countries:

1. Pelvic and vulvar vaginosis
2. Pelvic organ prolapse
3. Early pregnancy loss (<20 weeks), and
4. Postpartum mental health.

Evidence and gap map 2: Outcomes by interventions

In addition to general chronic condition outcomes, condition-specific core outcomes were included in this review. Core outcomes are agreed, standardised outcomes that should be measured and reported in clinical trials. Where there is research on a particular condition, but the research does not report on core outcomes, this represents an evidence gap in outcomes. The findings from Evidence and gap map 2: Outcomes by interventions were used to identify whether or not these core outcomes have been reported in the existing evidence base.

The findings indicated that most core outcomes have been reported in the included studies on the respective health condition. The core outcomes not reported in the included studies are:

- Menstrual regularity in adenomyosis
- Chronic anovulation in polycystic ovary syndrome
- Mortality in ectopic pregnancy and in spontaneous abortion/miscarriage, and
- Suicidal thoughts, attempted suicide, and thoughts of harming the baby in postpartum depression.

Conclusions

This review identifies several evidence gaps in women's health research that need to be addressed in order to improve women's health outcomes on a national and international level. The four categories of health conditions identified in this review (and the specific condition(s) in each category) with the least evidence from OECD member countries and from Ireland specifically are: pelvic and vulvar vaginosis (vulvitis), pelvic organ prolapse (cystourethrocele, enterocele, and urethrocele), early pregnancy loss (<20 weeks) (septic abortion), and postpartum mental health (postpartum PTSD). Most condition-specific core outcomes have been reported in the included studies, with a few exceptions: menstrual regularity in adenomyosis; chronic anovulation in polycystic ovary syndrome; mortality in ectopic pregnancy and in spontaneous abortion/miscarriage; and suicidal thoughts, attempted suicide, and thoughts of harming the baby in postpartum depression. Future research on these conditions should measure and report core outcomes to generate a consistent body of evidence for women's health research, which is fundamental to informing decision-making. Conducting consultations with multidisciplinary experts, specialists, and women representatives would be beneficial to interpret the evidence gaps identified and to inform future research.

1 Introduction

1.1 Policy context

Women's health is receiving increased attention internationally. In 2016, the World Health Organization (WHO) Regional Office for Europe published the *Strategy on women's health and well-being in the WHO European Region* [9]. This strategy aims to encourage national governments to improve the health and well-being of women and girls throughout their lifespan by developing sex-responsive policies and health systems. Its priorities include increasing governance for and progressing health system responses to women's health and well-being; removing discriminatory values, norms, and practices that impact on same; and addressing the effect of gender and social, economic, cultural, and environmental determinants on women's health and well-being [9].

On a national level, Ireland recently developed the *Women's Health Action Plan* 2022–2023, which aims to improve health outcomes and experiences for women in Ireland [10]. To achieve this aim, the plan sets out 10 actions which seek to address specific health issues that women, clinicians, and other stakeholders have identified as priorities. These include implementing women's health initiatives and increasing services in areas such as mental health, contraception, gynaecology, and menopause, as well as improving women's experiences of using health services [10].

Building on this, the subsequent *Women's Health Action Plan 2024–2025* outlines the next steps to address each of these 10 actions [11]. Action 6 is dedicated to growing the evidence base for women's health approaches in Ireland by supporting clinical, academic, and applied research. The action acknowledges that several gaps exist in our knowledge and understanding of women's health and the impact of sex and gender on women's health outcomes and experiences, both on a national and international level.

This evidence review was requested by the Department of Health (DOH) in order to address Action 6 by identifying the existing research and evidence gaps in relation to interventions aimed at improving women's health outcomes for the selected health conditions.

1.2 Background

While women have a higher average life expectancy than men, they tend to experience more ill health and worse health outcomes compared with their male counterparts [12–14]. This is likely due, at least in part, to the historical underrepresentation of women in clinical trials and health research on conditions that can affect both men and women [15]. Moreover, such research often fails to report results separately by sex or gender. For example, a recent review of diabetes research found that out of 155 primary studies, only 10 articles (6.5%) reported all study outcomes separately by sex/gender, and only 21 (13.5%) discussed sex/gender-related issues [16]. Reporting this information is essential to understand sex and gender differences and to provide tailored treatments and care where needed.

There has also been insufficient research investment in conditions that exclusively or disproportionately affect women [17]. An analysis of funding by the United States of America's (USA's) National Institutes of Health found that where a condition is more prevalent in one gender (i.e. ≥60% of those affected are of that gender), funding typically favours men; in other words, either the condition is more prevalent in females and is underfunded relative to its burden, or the condition is more prevalent in males and is overfunded [15]. In addition, the discrepancy between actual funding and the amount that would be proportionate to disease burden is almost twofold for conditions that predominantly occur in females as opposed to males [15]. Moreover, female-specific conditions (i.e. conditions that exclusively occur in females), such as uterine fibroids, endometriosis, and uterine cancer, are among the most underfunded

conditions [15]. As a result, less is known about how various conditions affect women, and medical treatments have been largely designed for men, which can lead to inappropriate treatment when these treatments are applied to women. In addition, women experience female-specific events such as menstruation, pregnancy, and menopause that can significantly impact on their health. Therefore, there is a need to identify and address research gaps in women's health separately, in a systematic and targeted manner.

Other countries have also recently recognised the need to identify and address research gaps in women's health [17], and certain countries, such as Wales and Norway, have previously employed evidence and gap maps as a tool to achieve this [18,19]. An evidence and gap map review is a type of evidence synthesis that can identify gaps that need to be filled with new research evidence [20]. This review will also employ evidence and gap maps in order to identify the existing evidence base and gaps in the evidence in relation to interventions aimed at improving women's health outcomes for selected health conditions.

Existing evidence and gap maps have covered other relevant research areas in women's health. For example, the Wales Centre for Evidence-Based Care conducted a rapid evidence and gap map review of women's health in relation to healthcare professionals' communication with women about women's health issues; access to specialist healthcare; endometriosis; menopause; women's health; and mental health issues [18]. However, it must be noted that the Wales Centre for Evidence-Based Care review searched for systematic reviews on endometriosis, menopause, and menstrual-related mental health from 2021 to 2022 only. Moreover, the identified primary research on these conditions is based on a search of studies reporting research gaps, unmet needs, or priorities only. Therefore, the authors based their findings on research gaps that have been reported in the literature rather than systematically identifying these gaps by searching for existing evidence in order to identify what evidence is missing. No search for primary comparative trials evaluating interventions targeting these conditions was conducted. Therefore, it is likely that this rapid evidence and gap map review does not capture all relevant and recent primary and secondary research.

The Norwegian Institute of Public Health also completed an evidence and gap map review of systematic reviews on the treatment of diseases in women [19]. Female-specific diseases included those related to fertility, pregnancy, childbirth, and the postpartum period, as well as menopause, endometriosis, adenomyosis, vulvodynia, and gynaecological cancer. The treatments included surgery, pharmaceuticals, assisted reproduction, radiation, electrotherapy, psychotherapy, and lifestyle change. However, this evidence and gap map review included only systematic reviews from 2017 to 2021 in which at least one included study was conducted in Norway. As a result, this evidence and gap map review also potentially omits relevant primary and secondary evidence and thus does not provide a complete picture of the evidence gaps in women's health.

Our review aims to provide a more comprehensive picture of the existing evidence and evidence gaps in ongoing, primary, and secondary women's health research in all Organisation for Economic Co-operation and Development (OECD) member countries. The OECD comprises mainly developed, high-income countries which are comparable with Ireland. Identifying existing evidence and evidence gaps in these similar contexts is perhaps most instructive to identify potential research areas to address in Ireland. This is line with the DOH's focus to identify existing evidence and evidence gaps in women's health research in high-income countries. The focus is on conditions that are exclusive to females in order to thoroughly cover these conditions, which have been identified as some of the most underfunded respective to their burden.

1.3 Research questions

The following questions were agreed with the Department of Health (DOH):

1. What research exists on evaluating the effectiveness of interventions to improve women's health outcomes in selected conditions in OECD member countries?
2. What interventions can effectively improve women's health outcomes in selected conditions in OECD member countries?[1]
3. What are the research gaps in evaluating interventions to improve women's health outcomes in the selected conditions?

2 Methods

2.1 Review design

We used an evidence and gap map review in order to undertake this work. Evidence and gap maps are a type of systematic evidence review designed to answer broad, big-picture research questions covering a wider research area than narrowly focused questions [21]. They have been defined as a systematic presentation of all relevant evidence for a specific area [21]. Although broader in scope compared with standard systematic reviews, evidence and gap map reviews are conducted in accordance with the main principles of a systematic review [20].

We conducted this evidence and gap map review in line with best practice guidance for conducting and reporting this type of review [20–23]. The review protocol is registered on PROSPERO, the international prospective register of systematic reviews (registration number: CRD42024534537) [24]. In addition to following best practice standards, we recruited two expert consultants in women's health to advise on methodological and clinical aspects of the review where needed. These consultants were an associate professor in midwifery (LB) and a professor in general practice/general practitioner (GP) (SS), who have extensive research and clinical expertise.

2.1.1 Purpose of evidence and gap maps

A primary purpose of evidence and gap maps is to identify the existing relevant evidence and evidence gaps in the area under investigation. This facilitates a strategic approach for research commissioners to determine what research to commission and for researchers to decide what research to undertake in order to address the identified gaps [20]. Accordingly, along with identifying the existing evidence, the purpose of this evidence and gap map review is to identify the evidence gaps in research on treatment interventions aimed at improving health outcomes in selected conditions among women. This is intended to inform the DOH which where evidence gaps exist in certain women's health conditions and guide possible future research.

The main output of an evidence and gap map review is an interactive map that visually shows the existing evidence applicable to the research question and the areas in which evidence is missing. The purpose of the map is not to report what the available evidence says, but rather to show what evidence is available and not available [21].

[1] This research question was included in the protocol but was not addressed in the review as outlined in Section 2.9.

2.2 Eligibility criteria

The eligibility criteria for this review are set out using the population, intervention, comparator, outcome(s), time frame, and study design (PICOTS) framework and are presented in Table 1, with explanatory information provided in Sections 2.2.1–2.2.6.

Table 1 Eligibility criteria

Element	Inclusion criteria	Exclusion criteria
Population	Females only of any age Studies with females and males of any age where separate outcome data are provided for females Protocols that do not specify if separate outcome data will be reported for males and females Populations diagnosed with one or more of the following conditions: • Abnormal menses/symptoms: – Absence of period/abnormally reduced pattern or flow (including amenorrhoea, oligomenorrhoea, and hypomenorrhoea) – Excessive/prolonged/intermenstrual bleeding (including menorrhagia, hypermenorrhoea, polymenorrhoea, metrorrhagia, menometrorrhagia, abnormal uterine bleeding, and heavy menstrual bleeding), and – Premenstrual dysphoric disorder. • Cancers of the female reproductive tract: – Cervical – Fallopian tube – Ovarian – Uterine – Vaginal, and – Vulvar cancer. • Gynaecological-related conditions/pain: – Adenomyosis – Dysmenorrhoea – Endometriosis – Pelvic girdle pain – Pelvic inflammatory disease (including endometritis, parametritis and pelvic cellulitis, oophoritis, and salpingitis) – Polycystic ovary syndrome – Vulvodynia	Males only Populations who are not diagnosed with any of the listed conditions Animal studies Primary studies that are not conducted in an OECD member country or multicentre trials where <75% of study countries are in the OECD *Original criteria at protocol stage:* Systematic reviews of studies not conducted in OECD member countries or which do not report a subgroup analysis of studies conducted in an OECD member country *Criteria applied at full text screening:* Systematic reviews where study country is reported and there is no included study from an OECD member country

Element	Inclusion criteria	Exclusion criteria
	– Uterine fibroids, and – Other/unspecified (pelvic and perineal pain, pelvic congestion syndrome/pelvic venous insufficiency, dyspareunia, interstitial cystitis/painful bladder syndrome, myofascial pelvic pain syndrome, and lumbopelvic pain). • Menopausal symptoms (must be identified as menopausal symptoms/symptoms being treated in women because they are peri/post/menopausal): – Vasomotor symptoms – Atrophic vaginitis, and – Other/unspecified (fatigue, headache, lack of concentration/memory, lack of energy, reduced sex drive (libido), irregular periods, recurring urinary tract infections, and weight gain). • Pelvic floor disorders: – Overactive bladder – Stress urinary incontinence – Urge urinary incontinence, and – Other/unspecified (hypertonic pelvic floor and urinary retention). • Pelvic organ prolapse: – Cystocele – Cystourethrocele – Enterocele – Rectocele – Urethrocele – Uterine prolapse – Vaginal prolapse, and – Other/unspecified (rectal and anal prolapse). • Pelvic and vulvar vaginosis: – Bacterial vaginosis – Candida – Trichomoniasis vaginitis – Vaginitis, and – Vulvitis. • Female infertility: – Anovulation – Diminished ovarian reserve – Hydrosalpinx – Implantation failure – Luteal phase deficiency, and – Other/unspecified (bicornuate uterus and premature ovarian insufficiency). • Early pregnancy loss (<20 weeks):	

Element	Inclusion criteria	Exclusion criteria
	– Ectopic pregnancy – Gestational trophoblastic disease (including choriocarcinoma, molar pregnancy, and placental-site/epithelioid trophoblastic tumour) – Incomplete/missed abortion – Induced abortion – Recurrent pregnancy loss/miscarriage – Septic abortion – Spontaneous abortion/miscarriage, and – Threatened abortion. • Postpartum mental health: – Postpartum depression (i.e. onset after birth), and – Postpartum post-traumatic stress disorder (PTSD). Primary studies conducted in one or more OECD member countries (in multicentre studies, ≥75% of study countries must be in the OECD)[a] Protocols of studies/reviews being conducted in one or more OECD member countries Protocols that do not report the country in which the study/review is being conducted *Original criteria at protocol stage:* Systematic reviews of studies conducted in OECD member countries only or which report a subgroup analysis of studies conducted in an OECD member country *Criteria applied at full text screening:* Systematic reviews that do not report the country in which their included studies were conducted; however, where this information is reported, we included reviews with one or more primary studies from OECD member countries	
Intervention	Therapeutic interventions targeting at least one of the health outcomes listed below in the population of interest. Therapeutic interventions are interventions that treat/alleviate/delay the effects of existing disease and thus decrease the fatality rate or the disability/morbidity associated with a disease. This includes the following categories of interventions: • Medical interventions	Primary preventive interventions, i.e. those that prevent disease from occurring and thus reduce the incidence (new cases) of disease (e.g. screening and vaccination) Population- or policy-level interventions (e.g. legislation, strategies, and financial incentives and disincentives for healthcare providers) targeting women's health outcomes in one or more of the selected conditions

Element	Inclusion criteria	Exclusion criteria
	• Complementary and alternative therapies • Psychological interventions • Physical therapy interventions • Lifestyle interventions • Outreach services, and • Delivery arrangements. The interventions may be conducted on an individual or group level, in person and/or via information and communication technology, and in healthcare or community settings.	Therapeutic interventions not targeting at least one of the outcomes listed below in women diagnosed with one or more of the selected conditions Interventions targeting healthcare providers and/or formal or informal carers that do not report the selected outcomes for women diagnosed with at least one of the selected conditions Clinical diagnostic interventions (e.g. screening tools/tests) for the selected health conditions
Comparator	*Original criteria at protocol stage:* Studies that include a placebo or usual/standard care comparator *Criteria applied at full text screening:* Studies that include a comparator that does not receive the intervention being evaluated (i.e. placebo/no intervention, usual/standard care, or any other different comparator)	*Original criteria at protocol stage:* Studies that do not include a placebo or usual/standard care comparator *Criteria applied at full text screening:* Studies without a comparator that does not receive the intervention being evaluated
Outcomes	Primary trials/protocols that include one or more of the following outcomes defined by the study authors as their primary outcome in the selected conditions, measured using objective and/or validated self-report measures: • Abortion/miscarriage • Adverse events (including complications or side effects of treatment) • Anxiety • Attempted harm to baby • Attempted suicide • BMI • Chronic anovulation • Complete termination of pregnancy • Complicated grief after baby loss • Condition stability/progression • Cure/remission • Depression • Disability-Adjusted Life Years (DALYs) • Empty review (no included studies) • Functional status (e.g. sexual function, pelvic floor muscle strength, or bladder function)	Primary trials/protocols that do not define one or more of the selected outcomes as their primary outcome(s) Primary trials/protocols that define and/or report the selected outcome(s) as non-primary (e.g. secondary) outcomes Primary studies that report any of the selected primary outcomes as being measured using non-validated self-report measures Systematic reviews that do not define one or more of the selected outcomes as their primary or secondary outcome(s) Full economic evaluations that do not report QALYs, DALYs, or ICERs as an outcome

Element	Inclusion criteria	Exclusion criteria
	• Health status • Healthcare utilisation • Incremental Cost-Effectiveness Ratios (ICERs) • Live birth • Menstrual regularity • Metabolic outcomes (e.g. insulin resistance, impaired glucose tolerance, lipid profile, and Homeostatic Model Assessment for Insulin Resistance (HOMA-IR)): • Mortality • Oocyte retrieval/fertilisation • Ovulation rate/stimulation • Parent/infant relationship • Physiological/clinical measure of condition (objective measures, e.g. fibroid size, pelvic organ prolapse severity) • Pregnancy • Quality of life • Quality-Adjusted Life Years (QALYs) • Recurrence • Reproductive hormone/marker • Suicidal thoughts • Symptom control (includes pain) • Thoughts of harming the baby • Treatment success/failure • Waist circumference • Study terminated early/withdrawn Systematic reviews that include one or more of the above women's health outcomes defined by the study authors as their primary or secondary outcome in the selected conditions, measured using objective and/or validated self-report measures Full economic evaluations that include at least one of the following outcomes listed above: • Quality-adjusted life years (QALYs) • Disability-adjusted life years (DALYs), and • Incremental cost-effectiveness ratios (ICERs).	

Element	Inclusion criteria	Exclusion criteria
Time frame	*Covered in search:* Systematic reviews: January 2014 to February 2024 Primary studies and protocols: January 2019 to February 2024 *Limits applied at title and abstract screening* Systematic reviews: January 2019 to February 2024 Primary studies and protocols: January 2021 to February 2024	*Not covered in search:* Systematic reviews published before 2014 Primary studies and protocols published before 2019 *Limits applied at title and abstract screening:* Systematic reviews published before 2019 Primary studies and protocols published before 2021
Study design	Systematic reviews (including rapid systematic reviews) that include one or more of the following primary study designs: • Randomised controlled trials (RCTs) • Non-randomised trials (i.e. investigators allocate participants to the different groups that are being compared using a non-random method), and • Full economic evaluations (cost-minimisation, cost-effectiveness, cost-utility, cost-benefit, and cost-consequence studies). Systematic reviews that include mixed study designs i.e. that include one or more of the above eligible study designs as well as any other study designs e.g. observational studies. However, they must provide separate results from one or more of the above eligible study designs. In relation to meta-analyses: • Where there is only one eligible study (e.g. one RCT) included in a meta-analysis with other study designs (e.g. observational studies), the single statistic for the one eligible study must be reported in the meta-analysis (i.e. single study result, not a pooled estimate). • Where there is more than one eligible study (e.g. four RCTs) included in a meta-analysis with other study designs (e.g. observational studies), there must be a sub-analysis of the eligible studies only i.e. a pooled estimate of the e.g. four RCTs.	Systematic reviews that search fewer than two academic databases, do not report a form of supplemental searching (e.g. grey literature searching or reference chasing), and do not report a quality assessment using a validated tool Conference abstracts Theses/dissertations Opinion pieces/editorials Case reports or series Cross-sectional studies Case-control studies Cohort studies Qualitative studies Before-and-after studies Pilot studies Feasibility studies Scoping reviews Evidence and gap maps Realist systematic reviews

Element	Inclusion criteria	Exclusion criteria
	Systematic review protocols in which any of the following designs are eligible for inclusion in the review: • RCTs • Non-randomised trials, and • Full economic evaluations. Mixed methods systematic reviews if they provide separate quantitative results of the selected outcome(s) from one or more of the above primary study designs Primary studies and protocols of: • RCTs • Non-randomised trials, and • Full economic evaluations.	
Language	*Title and abstract screening stage:* Studies in any language *Full-text screening stage:* Studies in English only	*Title and abstract screening stage:* None *Full-text screening stage:* Studies not available in English

[a] OECD member countries: Australia, Austria, Belgium, Canada, Chile, Colombia, Costa Rica, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Latvia, Lithuania, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Türkiye, the United Kingdom, and the USA.

2.2.1 Population eligibility criteria

The first step in developing the eligibility criteria for this review was selecting which health conditions to include. Considering the extensiveness of the topic of women's health and the time frame for review completion, we agreed with the DOH to focus this evidence and gap map review on health conditions that are exclusive to biological females, with the exception of three health condition categories (pelvic floor disorders, pelvic organ prolapse, and postpartum mental health) that predominantly affect (but are not exclusive to) biological females. The selection of health conditions to include was based on:

- A framework of chronic conditions in women that was developed by the USA's National Institutes of Health [17]
- Data from listening exercises with women conducted by the DOH in Ireland as part of the preparation for the *Women's Health Action Plan 2022–2023* [10], and
- Consultation with the review's experts.

In 2023, the USA's National Institutes of Health published a clinical framework to evaluate its funding of research on chronic conditions in women (see Figure 1). The framework categorised chronic conditions in women into the following four categories:

1. Female-specific
2. More common in women and/or morbidity is greater in women
3. Potentially understudied in women, and
4. High morbidity for women.

Condition Analysis Category	Condition (2019 Disability-Adjusted Life Years [DALYs], United States) Fiscal Year 2020 Spending per 2019 DALY (for Conditions with an Available Research, Condition, and Disease Categorization [RCDC])								
Female-Specific	Cancers of the female reproductive tract* *(900,843)* $372	Dys-Menorrea Abnormal menses *(289,608)*	Fibroids* *(64,009)* $281	Endometriosis* and adenomyosis *(53,777)* $260	Infertility*/ early pregnancy loss *(26,355)* $6,108	Polycystic ovary syndrome *(42,738)*	Pelvic floor disorders Pelvic organ prolapse *(21,613)*	Menopausal symptoms Pelvic inflammatory disease* Vulvodynia* Chronic gynecologic pain disorders Pelvic and vulvar vaginosis	
More Common in Women and/or Morbidity Is Greater in Women	Depressive disorders *(1,704,524)* $353	Migraine and headache *(1,573,325)* $27	Breast cancer* *(1,387,670)* $568	Asthma *(820,435)* $411	Autoimmune diseases (including rheumatoid arthritis,* systemic lupus erythematosus, Sjögren's,* scleroderma*)	Rheumatoid arthritis* *(187,902)* $463	Multiple sclerosis *(143,123)* $866	Sexually transmitted infections (STIs) *(37,316)* $10,558	Temporo-mandibular joint disorder* Chronic fatigue syndrome* Fibromyalgia* Candidiasis Irritable bowel syndrome Interstitial cystitis* HPV infection* Osteoporosis* Eating disorders
Potentially Understudied in Women	Unintentional Injuries (including violence against women*) *(2,050,026)*	Alzheimer's disease and dementia *(1,296,376)* $2,156	Osteoarthritis *(1,257,042)* $85	Endocrine, metabolic, blood, and immune disorders	Recurrent urinary tract infection Interstitial nephritis	HIV *(118,596)* $25,936	Exogenous hormone use Neuropathy Post-traumatic stress disorder Overactive bladder and incontinence Chronic pain (including chronic pelvic pain)		
High Morbidity for Women	Heart disease *(3,396,660)* $472	Lower back pain *(3,168,583)* $17	Chronic obstructive pulmonary disease *(2,568,947)* $449	Drug use disorders *(2,323,237)* $967	Stroke *(2,098,900)* $210	Diabetes *(2,010,853)* $573	Obesity and metabolic disease Influenza and pneumonia		

Figure 1 The National Institutes of Health's framework of chronic conditions in women

Source: Temkin *et al.*, 2023 [17]

* Starred conditions are considered particularly relevant to women's health. Grey boxes represent conditions for which funding estimates are not available.

In order to evaluate their funding, the authors of the framework estimated the burden of each condition in the USA using DALYs [17] and recorded the amount (in US dollars) of National Institutes of Health funding allocated to the condition in the previous year (2020). DALYs for a health condition are the sum of the years of life lost due to premature mortality and the years lived with a disability due to cases of the condition in a population. One DALY is the loss of the equivalent of 1 year of full health. DALYs were obtained from the official record system of the National Institutes of Health's research funding on specific topics and conditions [17]. We selected all conditions in the 'female-specific' category of the framework for this Health Research Board (HRB) review in consultation with the DOH, as these are likely among the most relevant conditions for women's health.

Secondly, based on data from the DOH's listening exercises with women, the HRB agreed to also include premenstrual dysphoric disorder, postpartum depression, and postpartum PTSD, as these were indicated as important conditions to women in Ireland. Finally, we presented the proposed selection of conditions to our review's expert consultants for their input based on their clinical and research expertise. As the selection included broad categories of health conditions (e.g. pelvic floor disorders) that needed to be further specified, we also discussed specific conditions within each category (e.g. overactive bladder, stress urinary incontinence, and urge urinary incontinence) with the expert consultants.

In relation to context, this review included primary studies, protocols, and trial registries of eligible studies conducted in one or more OECD member countries. OECD member countries are mainly developed countries, most of which are high-income and thus comparable with Ireland. This is line with the DOH's focus to identify existing evidence and evidence gaps in women's health research in high-income countries. Identifying the evidence base in similar settings is likely the most informative way for the DOH to identify possible research areas to address in Ireland. In multicentre studies, at least 75% of the included studies must have been conducted in one or more OECD member countries in order to be

eligible for inclusion. This threshold was selected in order to ensure an OECD focus in the included primary studies while preventing the exclusion of relevant studies that have mainly been conducted within OECD member countries.

Where systematic reviews report the country of origin of their included primary studies, they must include at least one eligible study (i.e. an RCT, a non-randomised trial, or a full economic evaluation) conducted in one or more OECD member countries in order to be included in this review. Initially, we planned to only include reviews that report a subgroup analysis of studies conducted in one or more OECD member countries. However, this proved too difficult to apply given that many of the identified reviews do not report the country in which the included primary studies were conducted and, where they do, a subgroup analysis specifically by OECD member country is rarely conducted. Therefore, we felt that this criterion was too narrow and would have led to the exclusion of potentially relevant reviews that include studies from OECD member countries, thereby suggesting an evidence gap that may not exist. As a result, we included systematic reviews that do not report the country in which their included studies were conducted; however, where this information is reported, we included reviews with one or more primary studies from OECD member countries.

2.2.2 Intervention eligibility criteria

Therapeutic interventions are included in this review. Therapeutic interventions have been defined as interventions that treat, alleviate, or delay the effects of existing disease, and thereby decrease the case fatality rate or the level of disability or morbidity associated with a disease [8]. They may target any mode of treatment of a selected condition, ranging from the management of cardinal symptom(s) to complete recovery. Examples include medical interventions such as surgery, pharmacological treatments, and radiation; complementary and alternative therapies; and psychological and lifestyle interventions. Eligible interventions may be carried out at an individual or group level, in person and/or via information and communication technology, and in healthcare or community settings.

The rationale for these eligibility criteria is based on the DOH's focus of interest: to identify possible women's health research to prioritise, focusing on interventions to improve clinical effectiveness outcomes for health conditions in women. In keeping with this, policy interventions occurring at departmental, organisational, or national level were not eligible, nor were those aimed at disease prevention. Interventions targeting healthcare providers and/or formal and informal carers that do not report on the selected outcomes for women diagnosed with at least one of the selected conditions were excluded. Finally, clinical diagnostic interventions (e.g. screening tools/tests) were excluded.

2.2.3 Comparator eligibility criteria

Studies must include a comparator group that does not receive the intervention being evaluated in order to qualify for inclusion. This may be a placebo, no intervention, a usual care approach, or any other intervention that differed from the one being evaluated. Usual care is setting dependent, can incorporate patient preference, and may be defined as best practice care or current treatment in certain studies. Given this variation, we primarily accepted the study author's definition of usual care where provided. In addition, we compiled a document of evidence-based treatment guidelines for the selected conditions (where available) from both the National Institute for Health and Care Excellence in the United Kingdom (UK) [25] and the Scottish Intercollegiate Guidelines Network [26] (Appendix A). Where the study author did not specify a usual care comparator but described a comparator treatment that was outlined in these guidelines, we considered this as usual care.

In our review protocol, this criterion originally stipulated that studies must include either a placebo/no intervention or usual care approach as a comparator in order to qualify for inclusion. However, as

screening commenced it became apparent that placebo/no intervention and usual care comparators are most applicable for medical intervention studies where, for example, placebo drugs are used and usual care medical treatments are often established. Conversely, these comparators are less applicable for interventions like complementary and alternative therapies and lifestyle interventions, in which placebo drugs are not administered and there may be no usual care approach established. As a result, we expanded this criterion so that studies that include a comparator group that received any intervention (i.e. other or alternative intervention) that differed from the one being evaluated also qualified for inclusion.

2.2.4 Outcome eligibility criteria

Primary trials (RCTs, non-randomised trials, and protocols of same) must have defined one or more of the listed eligible outcomes as their primary outcome. A primary outcome in an RCT or non-randomised trial is used to calculate the sample size required in order for the trial to have adequate statistical power to determine whether or not an effect exists for the intervention being investigated [6]. The primary outcome should be predefined and thus reported in protocols.

In contrast, systematic reviews could include one or more of the listed outcomes as their primary or secondary outcomes. Unlike primary trials, systematic reviews are not powered to detect an effect size in their primary outcome; rather, their primary outcome represents the most essential outcome for decision-making, or the outcome that the review would most likely be able to address provided that sufficient studies are identified in order to determine the effects of the intervention under study [7]. Secondary outcomes include other outcomes that are important for decision-making or outcomes that are useful for explaining the effects of the intervention [7]. Full economic evaluations must include QALYs, DALYs, and/or ICERs as outcomes. Similarly, these outcomes do not need to be specified as a primary outcome, as these types of studies are not powered to detect an effect of the intervention.

2.2.5 Time frame eligibility criteria

Our search for systematic reviews covered the period from January 2014 to February 2024. This 10-year period was selected in line with guidance from the JBI, which states that including evidence syntheses completed within the previous 5–10 years will likely retrieve primary research from the previous 30 years that has been included in the identified reviews [27]. Our search for protocols and primary studies covered the period from January 2019 to February 2024. A 5-year period was selected for primary studies in order to capture the most recently published research that may not yet be included in the published systematic reviews that we included in this review. This period was also selected for protocols in order to capture the most current, ongoing research. We expected that protocols registered/published prior to 2019 would have completed and published their planned work and would thus be retrieved in our search for primary studies.

However, in line with our protocol, given the extensive number of papers retrieved from the search and the timeline for review completion, we prioritised screening systematic reviews published from January 2019 to February 2024 (i.e. covering the most recent 5 full years) and primary studies and protocols published/registered from January 2021 to February 2024 (i.e. covering the most recent 3 full years). Following this, we did not have the capacity to screen research published in previous years that was captured in the search (i.e. systematic reviews published from 2014 to 2018 and primary studies and protocols registered/published from 2019 to 2020), and this is a limitation of our research coverage that we discuss in Section 4.3.

2.2.6 Study design eligibility criteria

In addition to RCTs, we included non-randomised trials (as per the Cochrane Effective Practice and Organisation of Care definition). Non-randomised trials are defined as trials where the investigators allocate participants to the different groups being compared using a non-random method [5]. We also included full economic evaluation studies, as these designs are often used in order to evaluate the cost-effectiveness of health interventions. A full economic evaluation is a type of health economic analysis that explicitly compares the costs (use of resources) and consequences (effects) of the health intervention(s) in question with an alternative course of action, known as the comparator [3]. The specification of full economic evaluation designs was informed by recent guidance on systematic reviews with cost and cost-effectiveness outcomes [28] and on economic evaluations used for informing priority setting and healthcare resource allocation [2], which specifies that full economic evaluations include cost-minimisation, cost-effectiveness, cost-utility, cost-benefit, and cost-consequence studies.

Protocols of eligible systematic reviews and primary studies, as well as trial registries, were included in order to capture current, ongoing research not yet completed that would therefore not be retrieved in our search for published systematic reviews or primary studies. We use the term 'protocol' throughout the remainder of this report to include both protocols and trial registries. Conference abstracts and theses/dissertations were excluded for pragmatic reasons given the extent of the literature and the time frame for completing this review; moreover, these do not usually undergo the same peer-review process as published work. In addition, conference abstracts often report research in progress, which may be less likely to be published in peer-reviewed journals compared with registered/published protocols. Pilot and feasibility studies were also excluded, as these formative study designs are often not powered to evaluate the outcome of interest, i.e. the effectiveness of the intervention [29,30].

Our protocol specified that records in any language were eligible for inclusion. While this was applied at the title and abstract screening stage, based on the volume of records retained for full-text screening, we decided to only include full texts that were available in the English language for efficiency. The number of full texts excluded based on language is provided in Figure 3.

2.3 Identifying research evidence

2.3.1 Search approach: Search concepts and terminology

The search comprised controlled vocabulary terms and natural language keywords, combined with appropriate Boolean operators. Figure 2 illustrates the major search concepts of the search strategy. We used validated search filters to identify RCTs and non-randomised trials; the Cochrane Highly Sensitive Search Strategy for identifying randomised trials in MEDLINE (adapted for the EBSCO platform) and the Cochrane Highly Sensitive Search Strategy for identifying randomised trials in Embase (2023 revision); Ovid format [31]. These filters were adapted for use in PsycInfo on the Ovid platform. We also used and adapted a filter for identifying non-randomised trials in Ovid MEDLINE, and adapted the filter for use in Embase and PsycInfo [32].

In order to identify studies from OECD member countries we used the NICE OECD countries' geographic search filters for MEDLINE and Embase (Ovid) filters, and adapted them for PsycInfo [33,34]. In addition, we developed a search filter to focus the search on retrieving studies that contain female-specific data for the categories of health conditions that can also occur in males (i.e.pelvic floor disorders, pelvic organ prolapse, and postpartum mental health). We developed and ran a separate search strategy for each health condition category included in the review. In order to identify relevant health condition terms, we reviewed the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) for the selected conditions [35]. This is a standardised

classification system used by healthcare providers internationally to classify diagnoses. In addition, we studied a range of Cochrane reviews on the health conditions of interest in order to ensure appropriate identification of relevant Medical Subject Headings (MeSH) terms [36–46].

As described in Section 2.2.5, we applied date limits to the search and subsequently revised the date range for inclusion after the search was conducted. The new date limits were applied within EPPI-Reviewer 6 (the review management platform used for this project) [47]. The revised date ranges included systematic reviews published from January 2019 to February 2024, and primary studies and protocols registered/published from January 2021 to February 2024.

A senior information specialist (LF) in the HRB Evidence Centre developed the search strategy. Another information specialist (CL) within the HRB Evidence Centre peer-reviewed the strategy. The full versions of all search strategies, with additional explanatory information, are available in Appendix B.

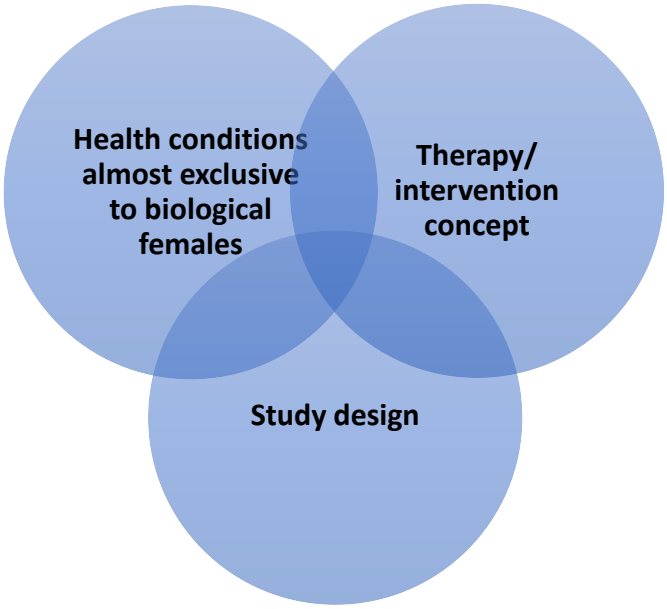

Figure 2 Illustration of search concepts

2.3.2 Information sources

2.3.2.1 Database searching

The search strategy was first constructed for the MEDLINE (via EBSCO) database and was then translated for the Embase (via Ovid), PsycInfo (via Ovid), Cochrane Library (including the Cochrane Database of Systematic Reviews and the Cochrane Central Register of Controlled Trials (CENTRAL)), ClinicalTrials.gov, and Epistemonikos platforms. These sources were selected based on their coverage of relevant subject areas and in order to ensure a broad scope of relevant research sources. In addition, we conducted searches in PROSPERO and the Cochrane Library for relevant protocols. We also consulted the Campbell Collaboration's information retrieval guide [48] in order to ensure an appropriate and comprehensive search. In a deviation from our protocol, we did not search the International HTA Database due to the already large yield from the database searches (at the time, we had retrieved approximately 148,000 records for screening). The International HTA Database primarily consists of technology appraisals published by guidance-producing agencies (such as the National Institute for Health and Care Excellence in the UK or the Health Information and Quality Authority [49]), and we decided that the exclusion of this database would be offset by the large yield of the main database search, and in particular by the broad search for systematic reviews in MEDLINE, Embase, the Cochrane Library, and Epistemonikos.

2.3.2.2 Supplemental searching

During full-text screening, we identified and examined eligible protocols of RCTs, non-randomised trials, full economic evaluations, and systematic reviews to see if they had produced results papers, and whether these results papers had been captured by our search strategy. Protocols with published results papers that had already been found in our search of the literature were removed from the set of included papers and relabelled as being excluded as duplicates.

Of the remaining included protocols, we ascertained whether the protocols were completed (i.e. if the protocol's study/review was completed), ongoing, or unclear. For the completed protocols, we searched for results papers in PubMed and Embase using the protocol ID number and/or the title of the protocol. Where these papers were within our date range of interest (i.e. January 2019 to February 2024 for systematic reviews and January 2021 to February 2024 for primary studies), we screened them for eligibility for inclusion in our review.

Following the publication of articles by Nielsen *et al.* and Lenharo in 2024 [50,51], which outlined concerns about data integrity in a specific set of women's health research papers, the review team searched through our included studies in order to ascertain whether any of those papers were included in our evidence and gap map review. None of the papers of concern were in our set of included papers: if they were retrieved by our search they had been excluded on date or excluded as not taking place in an OECD member country.

2.4 Screening

We imported the search results into EPPI-Reviewer 6 [47] for de-duplication and screening of title and abstract, followed by full text. We also used EPPI-Reviewer's study type classifiers to group systematic reviews, RCTs, and full economic evaluations. Review team members were assigned to screen different types of studies. This allowed familiarisation with specific eligibility criteria for specific study types (e.g. RCTs must specify a listed outcome as a primary outcome) and thus increased efficiency.

As abstracts of systematic reviews were screened first, 5% of these abstracts were dual screened by two independent reviewers (JM, NMG). All remaining abstracts were each screened by one reviewer on the team (JM, NMG, JL, AB, LM, TM, LF, AF, CL, ÁT). Given the extent of the eligibility criteria for this review, especially in relation to the range of selected conditions, the lead researcher (JM) conducted a training session with the screening team in order to explain the eligibility criteria and demonstrate how they applied to examples of records. Weekly meetings were also held to resolve any challenges in applying the criteria in order to make screening decisions and to revise the criteria accordingly.

Similarly, 5% of the papers included for full-text screening were dual screened by two of three reviewers (JM, NMG, ZE), with the remaining papers each screened by one team reviewer (JL, JM, NMG, ZE, LF, AF). The Cohen's kappa statistic [52] was calculated, and indicated a strong level of agreement between reviewers for title and abstract (κ=0.90) and full-text ($\kappa \geq 0.80$) screening [53]. As outlined in the protocol, it was only feasible to dual screen a proportion of records given the large number of papers our search retrieved. This is in line with best practice conduct standards for evidence and gap maps, which state that where large numbers of studies are identified, a sample of studies can be dual screened to estimate the reliability of the screening decisions [22,54]. We dual screened 5% of studies at both screening stages as this was the highest percentage of dual screening that we could complete within the timeline for the review and the maximum capacity available on the team. In addition, all reviewers are experienced in screening, which has been shown to improve the accuracy of single screening in a review. Any disagreements between reviewers regarding eligibility at either stage was resolved through discussion

and consulting one of two review authors (JM or NMG) where needed. Reasons for exclusion were reported at the full-text screening stage, as shown in Figure 3.

2.5 Coding framework

Evidence and gap maps are typically generated using two components of a review's PICO eligibility criteria as the two main dimensions of the map, i.e. the row and column headings [20]. This review produces two maps: map 1 will use the interventions and health conditions, and map 2 will use the outcomes and interventions from the eligibility criteria as their rows and columns, respectively. In order to structure the maps and systematically plot the existing evidence, it is essential to first develop a predefined coding framework [20]. The purpose of the coding framework is to define the PICO components that will be used as the map's rows and columns, i.e. categories of interventions, outcomes, and health conditions in this review. The data in the included studies are coded according to these categories; these codes are then visually represented as evidence on the map. Evidence and gap maps employ this categorical data coding process rather than the more detailed data extraction that is typically undertaken in standard systematic reviews. This is in line with the broader scope and purpose of evidence and gap maps: to provide a high-level description of the relevant evidence base as opposed to addressing a narrowly focused research question [21].

It is recommended that where possible, the coding framework is developed using standardised typologies [20]. The coding framework and accompanying coding guidelines for this review are included in Appendix C. Firstly, we collapsed the selected health conditions into 10 overarching categories based on those used in the framework of chronic conditions in women developed by the National Institutes of Health [17] and discussion with the review's expert consultants. Alongside developing the search strategy for the health condition categories, their subcategories were also defined as part of reviewing the ICD-10-AM for the selected conditions [35].

We developed the categories of interventions in the coding framework using the following sources, including established typologies:

- Medical interventions: the Merriam-Webster Medical Dictionary [55,56], the Mayo Clinic [57], and precision medicine [58]
- Complementary and alternative therapies: complementary and alternative therapies [59]
- Psychological interventions: psychosocial interventions [60] and complex interventions [61]
- Physical therapy interventions: the UK's National Health Service [62]
- Lifestyle interventions: the British Society of Lifestyle Medicine [63], women's health research on self-management interventions [64], and the Behaviour Change Technique Taxonomy (v1) [65]
- Outreach services: a typology of community-based interventions [66], and
- Delivery arrangements: the Effective Practice and Organisation of Care taxonomy of health systems interventions [5].

Moreover, the outcomes included in the coding framework comprised condition-specific and general chronic condition outcomes. Condition-specific outcomes were informed by existing core outcome sets (where available) for the selected conditions identified from the Core Outcome Measures in Effectiveness Trials (COMET) initiative database [1]. Core outcomes are agreed standardised outcomes that should be measured and reported in clinical trials [1]. General outcomes were informed by scoping searches and the research team's experience of chronic condition research.

In addition to the map dimensions, study design is illustrated on the map, and thus was coded according to the relevant categories (i.e. systematic reviews of RCTs, systematic reviews of mixed study designs, RCTs, non-randomised trials, full economic evaluations, and protocols). Moreover, we coded the following contextual study data from the included studies that may be useful for users: population age, comparator(s), country, and whether or not the intervention being evaluated was multicomponent (i.e. if the intervention included more than one component that was not in the comparator). We devised categories for these data based on the relevant eligibility criteria: comparator (usual/standard care, placebo/no intervention, or alternative intervention), country (OECD member countries), and multicomponent (yes/no). As participants of all ages were included, we developed age categories based on stages of the lifespan informed by the categories used in the *Women's Health Action Plan 2024–2025* [11] and definitions of 'childbearing age' [67].

It is important to note that we coded studies in an inclusive manner (i.e. we double coded the same study to more than one category or subcategory, where appropriate). For example, if one study evaluated medical and psychological interventions in cervical and ovarian cancer, we coded the study to both medical and psychological interventions and to both cervical and ovarian cancer. Therefore, one study may be coded several times in the evidence and gap maps, as appropriate.

2.6 Data coding

We coded data on study design, population, intervention, and outcomes from the included studies that were needed in order to construct the main dimensions (i.e. rows and columns) of the maps in line with the predefined coding framework in EPPI-Reviewer. We also coded contextual study data (i.e. study design, age, country, whether the intervention was multicomponent, and the comparators used) in EPPI-Reviewer. We added these data to the maps as filters, which users can apply at their discretion in order to only display evidence on the maps that is relevant to the selected filter(s). These data codes are included in the coding framework in Appendix C.

Prior to data coding, two independent reviewers (JM, NMG) piloted the coding framework on a sample of 20 included papers. The reviewers discussed and resolved any discrepancies, revised the framework accordingly, and added notes to the accompanying coding guidelines. Following this piloting task, data coding was completed by four reviewers individually (JM, NMG, ZE, JL). A second independent reviewer (JM, JL, PT) then validated the coding applied to over 20% of the included studies. Where inaccuracies were identified, these were discussed and resolved with the data coding team. This is in line with conduct standards for evidence and gap maps, which state that where large numbers of studies are involved, a sample of studies can be recoded in order to assess the reliability of the process [22,68]. We validated the coding applied to over 20% as this percentage was suggested in relevant methodological guidance [68]. In addition, the reviewers met weekly to discuss and resolve any coding challenges throughout the process and to further specify the coding guidelines as needed. Once data coding was complete, the codes were imported into EPPI-Mapper [47] in order to generate the maps.

2.7 Data analysis

In line with the aim of this review, an overview of the existing evidence base is visually provided via two interactive maps, which are accompanied by a narrative summary.

2.7.1 Evidence and gap maps

We developed the following two evidence and gap maps:

1. Evidence and gap map 1: Interventions by health conditions: This map displays interventions as its rows and health conditions as its columns. It illustrates the available evidence on interventions that have been evaluated for all the selected health conditions.
2. Evidence and gap map 2: Outcomes by interventions: This map presents outcomes as its rows and interventions as its columns. The user is instructed to filter the map by the health condition(s) that they are interested in. The map will then display the outcomes that have been reported in the corresponding interventions within the filtered health condition(s).

Information on how to interact with and read the maps is provided in Sections 3.4 and 3.4.

2.7.2 Narrative summary

Following instructions for the user on how to interact with and read the maps, narrative summaries are provided to describe the evidence and evidence gaps shown on each map. In accordance with Evidence and gap map 1: Interventions by health conditions, we describe the available evidence and evidence gaps that exist in each intervention/category of health condition combination. We also note the specific condition in each health condition category with the least evidence. To accompany Evidence and gap map 2: Outcomes by interventions, we present existing core outcomes for the selected health conditions with an accompanying statement indicating whether or not these core outcomes have been reported in the included studies.

2.8 Hierarchy of evidence

Conducting quality assessment is not a mandatory methodological step for evidence and gap map reviews [20,21]. While we considered conducting quality assessment for this review when we were developing our protocol, we deemed this task unfeasible given the number of studies we expected to be included, the time required to complete each assessment, and the timeline for completing the review (circa 10 months). Moreover, in line with the DOH's focus, the purpose of this evidence and gap map review is not to report the quality of evidence but rather to identify the existing evidence and gaps in evidence on treatment interventions for women. Therefore, conducting quality assessment was not essential for the purpose of this review.

To provide an indication of the level of existing evidence we applied the JBI's Levels of Evidence for Effectiveness tool [4] to the included study designs. According to this tool, the highest to lowest levels of evidence are:

- Level 1: experimental designs (participants are randomly assigned to a treatment or control group)
- Level 2: quasi-experimental designs (participants are assigned to a treatment or control group using a non-random method)
- Level 3: observational analytic designs (these describe the relationship between the exposure (e.g. health condition) and an outcome)
- Level 4: observational descriptive studies (these describe the occurrence/presence of an outcome or exposure (e.g. health condition)), and
- Level 5: expert opinion (the scientific views of an expert(s) based on a review of evidence) and bench research (studies conducted with non-humans in a laboratory setting).

Therefore, this evidence and gap map review includes the highest level of evidence for effectiveness (Levels 1.a–1.d), as shown in Table 2. Study designs are coded according to these levels and are illustrated on the maps. This provides an indication of the level of evidence available for each intervention/condition (Evidence and gap map 1: Interventions by health conditions) and each outcome/intervention (Evidence and gap map 2: Outcomes by interventions) combination.

Table 2 JBI's Levels of Evidence for Effectiveness the studies included in this review

Level	Type of evidence	Study design code used in this review
Level 1: Experimental designs		
Level 1.a	Systematic review of RCTs	Systematic review RCTs
Level 1.b	Systematic review of RCTs and other study designs	Systematic review mixed
Level 1.c	RCTs	RCT
Level 1.d	Pseudo-RCTs/non-randomised trials	Non-randomised trial

Full economic evaluations and systematic reviews of same are not coded according to this hierarchy of evidence; rather, their associated RCTs or non-randomised trials are included in the review where eligible and are coded accordingly. Moreover, partial economic evaluations are excluded. Protocols are also not coded in line with this hierarchy, as they are considered evidence in progress rather than completed evidence. However, as described in Section 2.3.2.2, for protocols that should have been completed, we searched for the results paper and, where these studies were eligible for inclusion, they were coded in line with this hierarchy.

2.9 Deviations from the protocol

We have implemented one main change from the protocol. In addition to the two research questions outlined in Section 1.3, the protocol specified the following third question: What interventions can effectively improve women's health outcomes in selected conditions? Beyond identifying the existing evidence and evidence gaps, this research question would have required supplementary data extraction of the main results reported in the included studies on the effectiveness of interventions to improve women's health outcomes. As part of this supplementary extraction, any determinants of health accounted for in the included studies were also to be reported.

However, once we answered Questions 1 and 2, the review team felt that these findings alone addressed the purpose of the review (i.e. to identify the existing evidence and evidence gaps in the selected health conditions among women in order to inform the DOH of the conditions for future possible research prioritisation). We identified significant gaps for the DOH to act on without addressing the effectiveness of the included interventions, and thus answering the proposed third research question would have had limited benefit. We presented the findings for Questions 1 and 2 to the DOH and it was agreed that these were sufficient without addressing intervention effectiveness. This is consistent with the purpose of evidence and gap maps, which is not to report what the existing evidence has found, but rather to provide a high-level overview of what evidence exists and does not exist in the area of interest [21].

Furthermore, we made two changes to expand the eligibility criteria relating to OECD member countries in systematic reviews and the types of comparator interventions in all studies, and another two changes to narrow the time frame of eligible studies and to only include full texts that were available in English. These changes have been explained in Sections 2.2.1 and 2.2.3, and Sections 2.2.5 and 2.2.6, respectively. Finally, a decision was taken not to search the International HTA Database (a database primarily of

technology appraisals published by guidance-producing agencies) after the main database search yielded approximately 148,000 records. This decision is explained in Section 2.3.2.12.3.2.1.

3 Findings

3.1 Search results

Our initial searches of databases and registers identified 148,031 records, of which 34,659 were duplicates, leaving 113,372 records for title and abstract screening. At this point it was clear that the scale of records to be screened was beyond the scope of the review given the time allotted for its completion, and in consultation with the DOH, we narrowed the inclusion criteria based on date. As outlined in Section 2.2.5, we included systematic reviews published between January 2019 and February 2024 (the initial search included systematic reviews published from January 2014), and primary studies (RCTs, non-randomised trials, and full economic evaluations) and protocols of same that were registered/published between January 2021 and February 2024 (the initial search included primary studies published from January 2019). Following the application of the new date limits, we excluded an additional 32,481 records, leaving 80,891 records for title and abstract screening.

Following title and abstract screening, we identified 9,701 records for full-text review, of which we included 2,271 studies. The Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) flow diagram in Figure 3 shows the results of the search and study selection process and the reasons for exclusion. A full list of the excluded records is available on the HRB website as an additional RIS file accompanying this review. A full list of the included studies is also available on the HRB website as an additional RIS file accompanying this review.

3.1.1 Supplemental search results

As outlined in Section 2.3.2.2, we identified and examined protocols of eligible studies in order to determine if they had produced results papers, and whether these results papers had been found by our search strategy. In total, we identified and examined 1,323 protocols. Of these, 220 had published results papers that had already been found in our search of the literature. We removed these protocols from the set of included papers and relabelled them as being excluded as duplicates.

Of the remaining 1,103 included protocols, we ascertained that 625 of them were completed and that the remaining protocols' status was either ongoing or unclear. We searched for results papers from the 625 completed protocols. We found 112 published results papers from the completed protocols that had not been retrieved by our search. Only 24 of these papers were eligible for screening (the papers that were ineligible for screening were published outside of our date range of interest). We could not locate published papers for the remaining 513 completed protocols. Of the 24 papers that were eligible for screening, 8 qualified for inclusion.

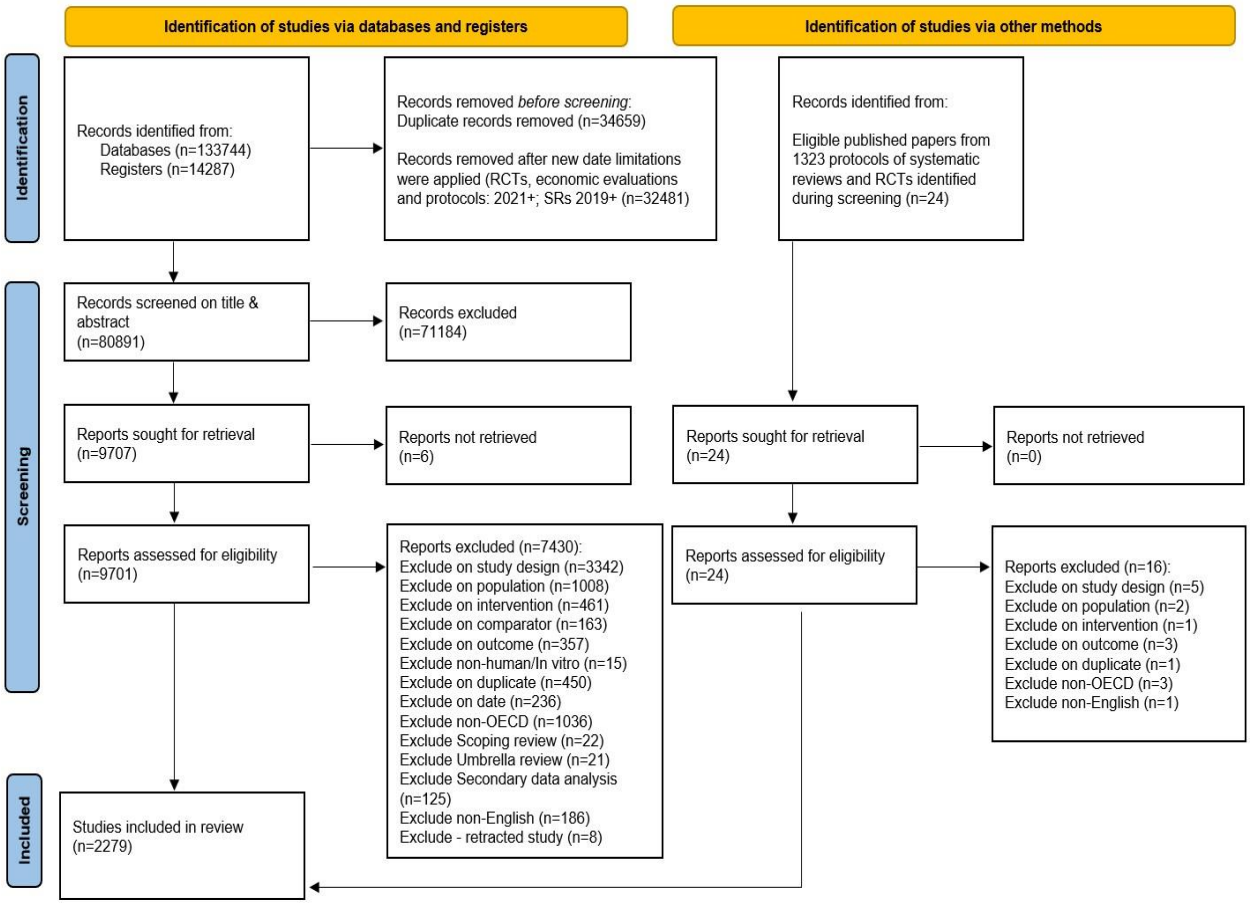

Figure 3 PRISMA flow diagram of the study selection process

Source: Page *et al.*, 2021 [69]

3.2 Characteristics of included studies

As shown in Figure 3 a total of 2,279 studies were included in this review. This includes all eligible study designs which we collectively refer to as 'studies' throughout the remainder of this report. Table 3 provides a breakdown of the number of each study design included.

Table 3 The number of each study design included in the evidence and gap map review

Study design	Number of included studies
Systematic review RCTs	568
Systematic review mixed	236
RCT	322
Non-randomised trial	6
Protocols	1103
Full economic evaluation	58

[a] The sum of the total number of each study design is greater than 2279 as 14 of the studies are coded as full economic evaluation and RCT or systematic review as appropriate.

None of the included studies were conducted in Costa Rica, and <10 studies were conducted in Luxembourg (n=1), Latvia (n=5), Estonia (n=7), Lithuania (n=8), and Colombia (n=9). The US was the

country in which the highest number of included studies were conducted (n=606), followed by the United Kingdom (n=330), Italy (n=319), Turkey (n=283), Spain (n=225), and Canada (n=220).

Of the systematic reviews of RCTs, a total of 139/568 (24%) reviews reported no country information on their included studies i.e. all included studies were conducted in unknown countries. A total of 16/568 (3%) of these reviews included at least one study conducted in an OECD member country, but this information was not reported on the other studies included. Of the systematic reviews with mixed study designs, 57/236 (24%) reported no country information on their included studies. A total of 5/236 (2%) of these reviews included at least one study conducted in an OECD member country, but this information was not reported on the other studies included. A breakdown of the countries in which the included studies were conducted is provided in Appendix D.

3.3 Evidence and gap map 1: Interventions (as rows) by health conditions (as columns)

This evidence and gap map illustrates the available evidence on interventions that have been evaluated in all the selected health conditions (Figure 4). Screenshots of the map are provided in this section for information purposes to accompany the instructions on how to use and read the map. However, these only include a portion of the map, given its size. It is recommended that the reader opens the live evidence and gap map titled Evidence and gap map 1: Interventions by health conditions available here on the HRB website and follows it while reading the findings in Sections 3.3.2–3.3.3.

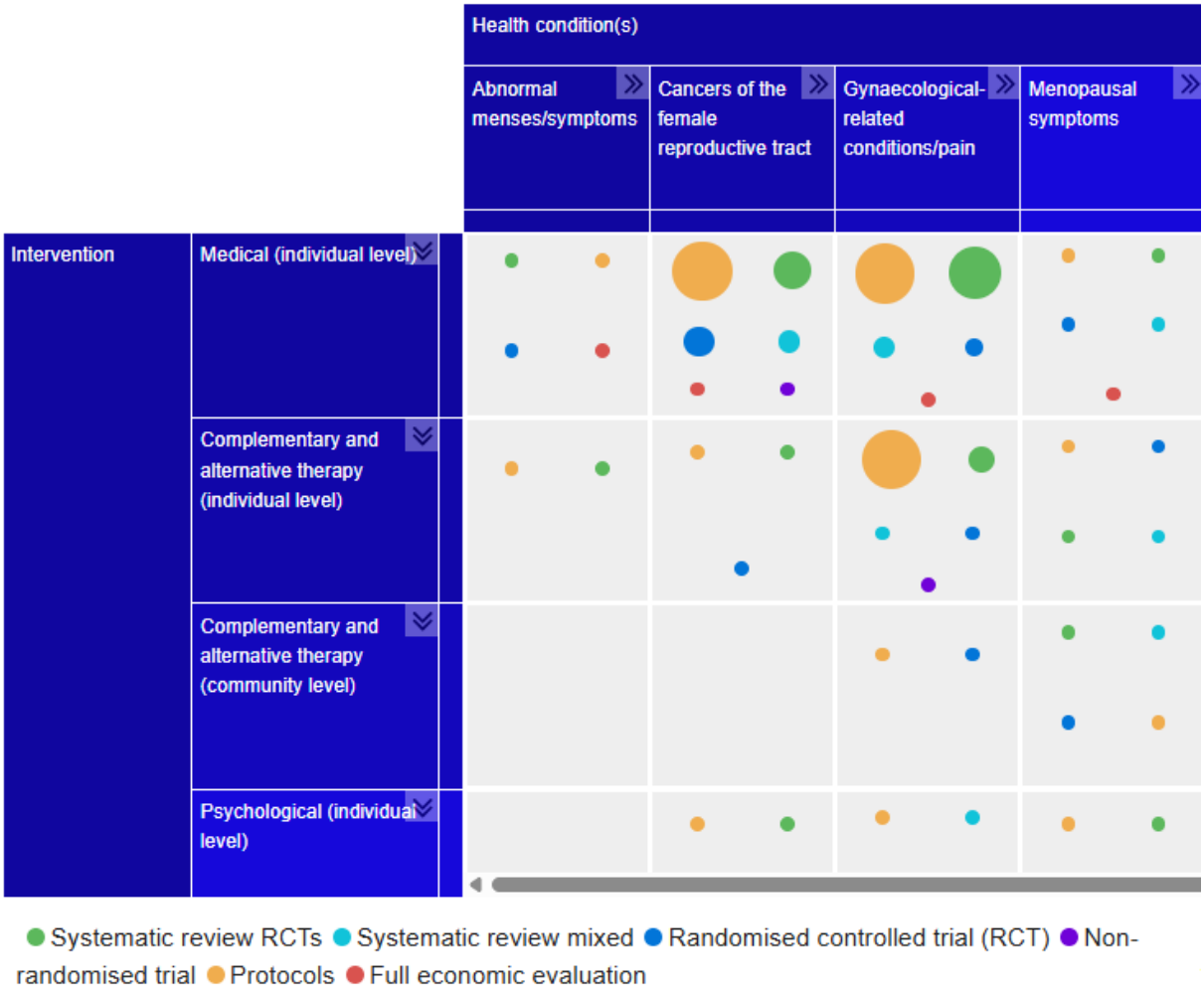

Figure 4 Screenshot of Evidence and gap map 1: Interventions by health conditions

The six different study designs are represented by different coloured bubbles on the map. The legend for the colour codes representing each study design is displayed below the map, and this information is also shown when the user hovers over a cell on the live map. The size of the bubble represents the number of studies that are available, i.e. the bigger the bubble, the more studies of this type of study design exist for each intervention/condition combination. The exact number of studies that each bubble represents is also displayed when the user hovers the respective cell.

In order to find the existing evidence for an intervention/condition combination, users start reading the map from the intervention rows listed on the left, locate the intervention of interest (e.g. psychological interventions (individual level)), and read across the columns to the relevant health condition category (e.g. menopausal symptoms). This cell displays the evidence that exists for the intervention/condition combination through the bubbles that are either present or absent. Figure 5 demonstrates this example.

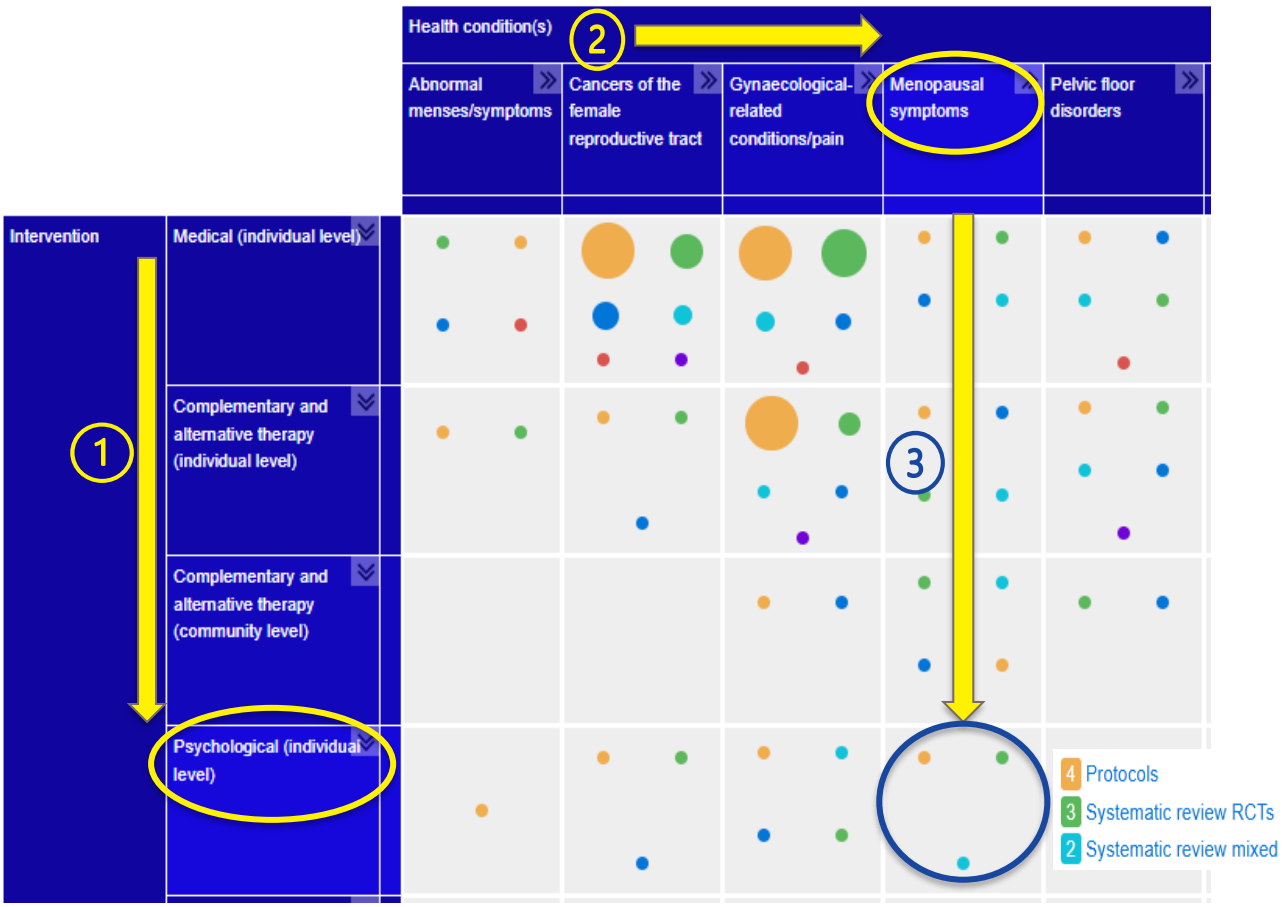

Figure 5 Illustration of how to read the map to find the existing evidence for an intervention/condition combination

When the user clicks on a cell (e.g. the 'psychological interventions (individual level)' and 'menopausal symptoms' combination), the list of corresponding studies (n=9) and their database records will appear, as shown in Figure 6.

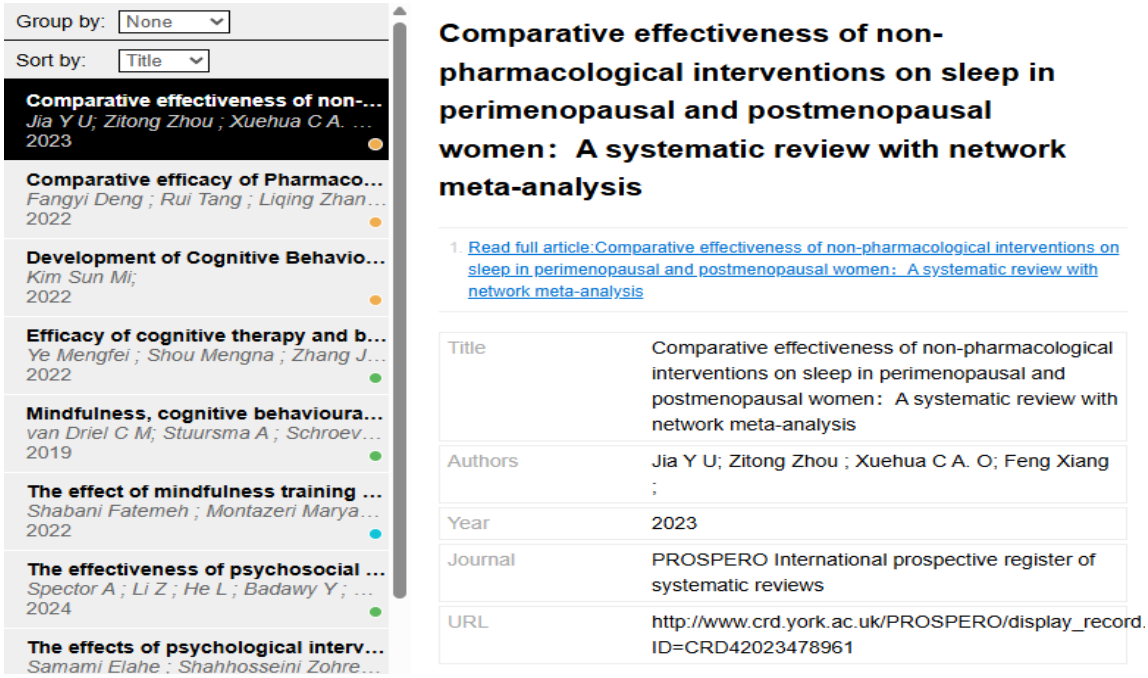

Figure 6 Example of the list of studies and database records for studies identified in a selected cell

Furthermore, users can expand or collapse the overarching categories of interventions and/or conditions in order to view this information for only subcategories of interventions and specific conditions. For example, the user can expand 'abnormal menses/symptoms' and 'medical interventions' to find what evidence exists on pharmacological treatments for premenstrual dysphoric disorder Figure 7.

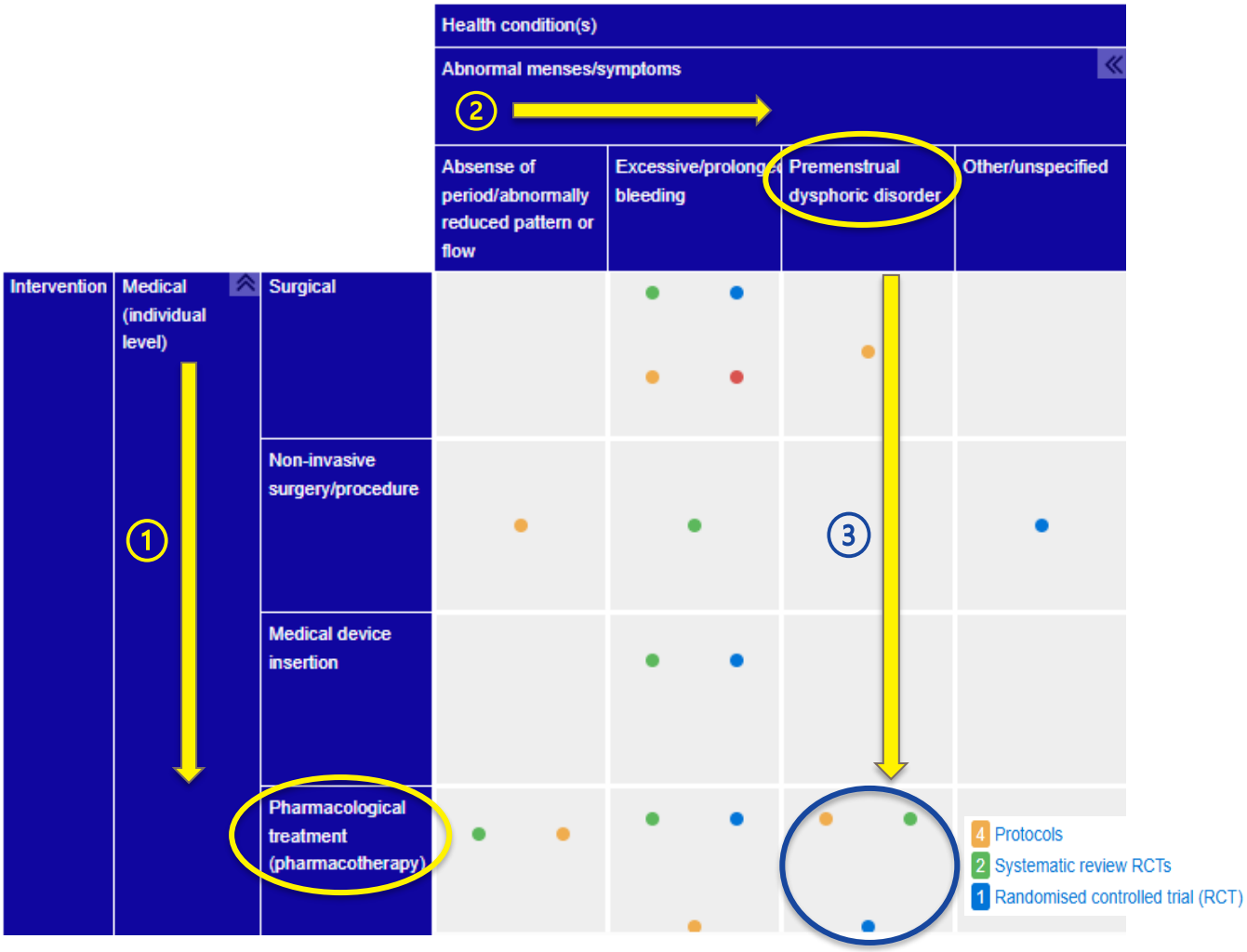

Figure 7 Example of expanding intervention and condition categories to view the evidence for a specific intervention/condition combination

As shown on the map, some intervention categories have an individual and community level, e.g. complementary and alternative therapies and psychological interventions. Individual-level interventions are those that have been delivered one-to-one (e.g. between a therapist and client, or a doctor and patient). Community-level interventions are those that have been delivered in a group context and which typically take place in community settings [66] (e.g. peer support therapy or an exercise class). One intervention category, delivery arrangements, refers to how, when, and where healthcare is organised and delivered and who delivers the healthcare [5], and is thus classified as a health system-level intervention.

Users can also apply the following filters on the map to only show the evidence related to the selected filter(s): study design, study country, population age, multicomponent intervention status, comparator(s) used, and outcome(s) evaluated. To do this, the user can click 'Filters' in the top left-hand corner of the screen. The list of filters will then appear, as shown in Figure 8 from which the user can select the filter(s) of interest and then click 'update' to apply them to the map.

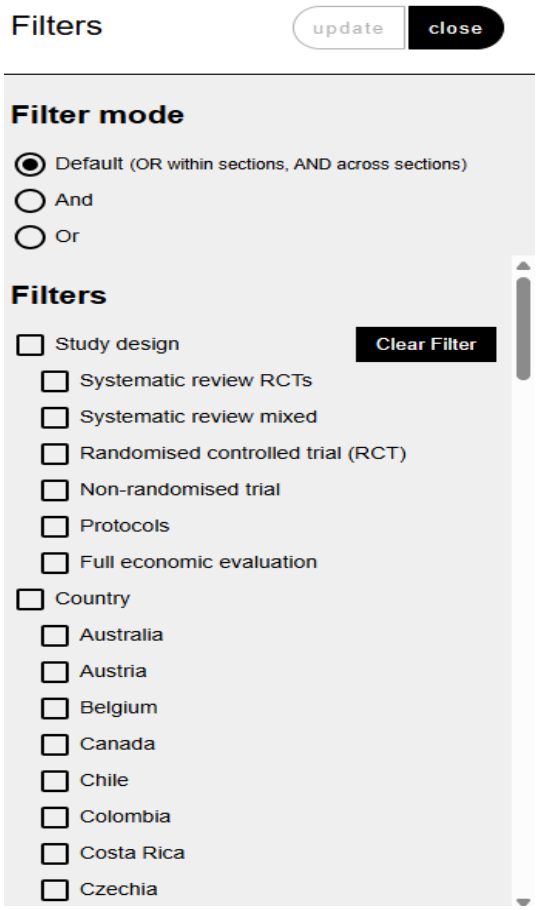

Figure 8 List of filters users can apply to the map to only display the evidence related to the selected filter(s)

3.3.1 How evidence gaps are illustrated on the maps

There are three main ways in which evidence gaps are represented on evidence and gap maps, and these pertain to both Evidence and gap map 1: Interventions by health conditions and Evidence and gap map 2: Outcomes by interventions:

1. Empty cell
2. Sparse cell, and
3. No bubble or a small bubble.

3.3.1.1 Empty cell

An empty cell means that no studies were identified for that intervention/condition or outcome/intervention combination (Figure 9).

Figure 9 Illustration of an empty cell on an evidence and gap map

3.3.1.2 Sparse cell

A sparsely populated cell in comparison with more densely populated cells indicates that, overall, less evidence exists for that intervention/condition or outcome/intervention combination (Figure 10).

Figure 10 Illustration of a sparsely populated (left) compared with a densely populated (right) cell on an evidence and gap map

3.3.1.3 No bubble or a small bubble

Evidence gaps are also represented by no bubble or a small bubble for a specific study design type in a cell. In these maps, the following applies:

- No red bubble (full economic evaluation) in a cell means that no full economic evaluation was found for that intervention/condition or outcome/intervention combination (Figure 11).
- No dark blue bubble (RCT) or purple bubble (non-randomised trial) means that no primary trials were identified for the selected intervention/condition or outcome/intervention combination (Figure 12). It must be noted that non-randomised trials are viewed as an alternative option when RCTs are not ethical or practical to conduct. Thus, if RCT evidence exists, evidence from non-randomised trials is not needed. Only if there is no bubble for non-randomised trials and no bubble for RCTs does this indicate an evidence gap in relation to primary trials.
- No green bubble (systematic review RCTs) or light blue bubble (systematic review mixed) means that no secondary/systematic review evidence was found for the selected intervention/condition or outcome/intervention combination (Figure 13).
- No yellow bubble (protocols) means that no ongoing research was identified for the selected intervention/condition or outcome/intervention combination (Figure 14).

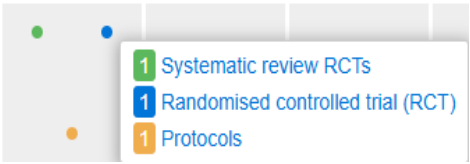

Figure 11 Example of a cell with no full economic evaluations identified for the respective intervention/condition or outcome/intervention combination

Figure 12 Example of a cell with no primary trials identified for the respective intervention/condition or outcome/intervention combination

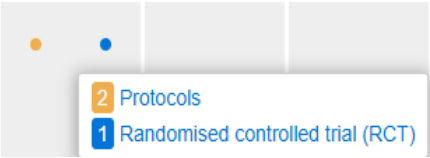

Figure 13 Example of a cell with no systematic reviews identified for the respective intervention/condition or outcome/intervention combination

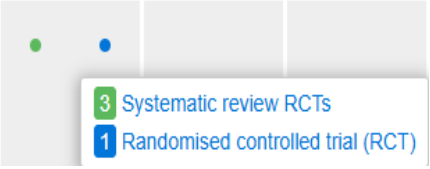

Figure 14 Example of a cell with no protocols identified for the respective intervention/condition or outcome/intervention combination

Moreover, the size of the bubble represents the volume of evidence for that type of study. Therefore, the smaller the bubble is, the fewer studies of this type of study design exist for that intervention/condition or outcome/intervention combination. For example, Figure 15 shows that the yellow bubble for protocols is the biggest (n=176), followed by the green bubble for systematic reviews of RCTs (n=60), etc.

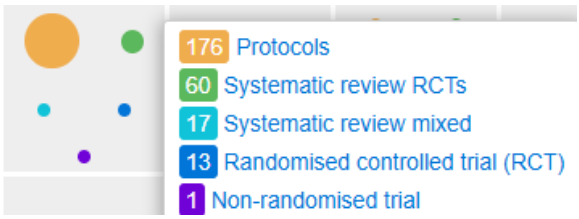

Figure 15 Illustration of how the size of a bubble represents the volume of evidence identified

3.3.2 Findings from evidence and gap map 1

Evidence and gap map 1: Interventions by health conditions is available here on the HRB website. Table 4 shows the total number of included studies and the number of specific study designs that evaluate interventions in each category of health condition published between January 2019 and February 2024. The number of included studies for each specific health condition is provided in Appendix E.

Table 4 Total number of included studies and number of specific study designs in each category of health condition

Health condition category	Total number of included studies on each condition category	Systematic review RCTs	Systematic review mixed	RCT	Non-randomised trial	Protocols	Full economic evaluation
Abnormal menses/symptoms	45	19	0	9	0	15	2
Cancers of the female reproductive tract	444	94	50	75	1	200	24
Gynaecological-related conditions/pain	808	199	76	71	3	453	6
Menopausal symptoms	177	51	13	39	0	73	1
Pelvic floor disorders	202	41	26	52	1	74	8
Pelvic organ prolapse	92	9	16	23	1	36	7
Pelvic and vulvar vaginosis	55	15	4	9	0	27	0
Female infertility	419	138	45	22	1	206	7
Early pregnancy loss (<20 weeks)	108	31	9	13	0	51	4
Postpartum mental health	85	25	13	15	0	32	0

As shown, the five categories of conditions with the most evidence (i.e. the highest number of studies overall), starting with the category with the most evidence, are: gynaecological-related conditions/pain; cancers of the female reproductive tract; female infertility; pelvic floor disorders; and menopausal symptoms. The five categories of conditions with the least evidence (i.e. the lowest number of studies overall), starting with the category with the least evidence, are: abnormal menses/symptoms; pelvic and vulvar vaginosis; postpartum mental health; pelvic organ prolapse; and early pregnancy loss (<20 weeks).

Of the intervention categories included, the highest number of studies were identified evaluating medical interventions in all health condition categories except for the following three: menopausal symptoms, in which the highest number of studies evaluated complementary and alternative therapies (individual level) (n=80); pelvic floor disorders, in which the highest number of studies evaluated physical therapy interventions (individual level) (n=89); and postpartum mental health, in which the highest number of studies evaluated psychological interventions (individual level) (n=40).

Certain categories of interventions (on an individual and community level) were not evaluated in any of the included studies on certain health conditions. No studies were identified evaluating physical therapy interventions in abnormal menses/symptoms or pelvic and vulvar vaginosis; psychological interventions in pelvic organ prolapse or pelvic and vulvar vaginosis; or lifestyle interventions in pelvic and vulvar vaginosis. Studies evaluating outreach services were only identified in gynaecological-related conditions/pain and pelvic floor disorders. Outreach services were not evaluated in the other eight health condition categories.

3.3.2.1 Findings from Ireland

As described in Section 3.3, users can filter the map by country in order to show research conducted in the country(ies) selected by the filter. We filtered the map by Ireland to show what conditions have been researched in this context specifically, as this may guide the DOH on what research to prioritise on a national/local level. The map demonstrated the following findings from Ireland:

- No studies have been published between January 2019 and February 2024 on menopausal symptoms; pelvic organ prolapse; pelvic and vulvar vaginosis; early pregnancy loss (<20 weeks); or postpartum mental health.
- Abnormal menses/symptoms (n=1 study): One systematic review evaluating medical interventions was identified. It is important to note that these systematic reviews do not include only studies conducted in Ireland; rather, they include at least one primary study that was conducted in Ireland.
- Pelvic floor disorders (n=3 studies): One RCT evaluating medical interventions and two systematic reviews evaluating physical therapy interventions (individual level) were identified.
- Female infertility (n=3 studies): Three systematic reviews evaluating medical interventions were identified.
- Gynaecological-related conditions/pain (n=4 studies): Three systematic reviews evaluating medical interventions and one systematic review evaluating delivery arrangements were identified.
- Cancers of the female reproductive tract (n=21 studies): Eight systematic reviews, seven protocols, and five RCTs evaluating medical interventions were identified, and one systematic review evaluating delivery arrangements was identified.

3.3.3 Findings from each category of health condition

A summary of the evidence and evidence gaps identified for interventions evaluated in each category of health condition in publications released between January 2019 and February 2024 is provided in Sections 3.3.3.1–3.3.3.10. These summaries include:

- The number of each type of study identified evaluating each category of intervention for the respective health condition category
- Instances where no studies or no particular types of studies were found, and
- The specific health condition(s) in each category with the lowest number of studies.

The number of included studies on each specific health condition and on the other/unspecified conditions in each category is provided in Appendix E. As with all the other included study designs, for completeness we note if no non-randomised trials were identified. However, as discussed in Section 3.3.1, if RCT evidence exists, evidence from non-randomised trials is not needed. Therefore, only if there are no non-randomised trials and no RCTs does this indicate an evidence gap for primary trials.

3.3.3.1 Abnormal menses/symptoms

The abnormal menses/symptoms category comprised the following specific health conditions: absence of period/abnormally reduced pattern or flow, excessive/prolonged/intermenstrual bleeding, and premenstrual dysphoric disorder. We found the following evidence and evidence gaps for interventions in this health condition category:

- **Medical interventions (n=37 studies):** Evidence was found from RCTs (n=8), systematic reviews of RCTs (n=17), full economic evaluations (n=2), and protocols (n=10). No systematic reviews of mixed study designs or non-randomised trials were identified.
- **Complementary and alternative therapies (individual level) (n=7 studies):** Evidence was found from systematic reviews of RCTs (n=1) and protocols (n=6). No primary trials (i.e. RCTs or non-randomised trials), systematic reviews of mixed study designs, or full economic evaluations were identified.
- **Psychological interventions (individual level) (n=2 studies):** Evidence was found from protocols (n=2). No primary trials (i.e. RCTs or non-randomised trials), systematic reviews (i.e. of RCTs or mixed study designs), or full economic evaluations were found.
- **Lifestyle interventions (individual level) (n=6 studies):** Evidence was found from systematic reviews of RCTs (n=3), RCTs (n=1), and protocols (n=2). No systematic reviews of mixed study designs, non-randomised trials, or full economic evaluations were found.
- **Delivery arrangements (n=3 studies):** Evidence was found from systematic reviews of RCTs (n=1), RCTs (n=1), and protocols (n=1). No systematic reviews of mixed study designs, non-randomised trials, or full economic evaluations were found.
- No studies evaluating the following interventions were identified: complementary and alternative therapies (community level), psychological interventions (community level), physical therapy interventions (individual and community level), lifestyle interventions (community level), and outreach services.
- The specific health conditions with the lowest number of studies were absence of period/abnormally reduced pattern or flow (n=9) and premenstrual dysphoric disorder (n=9). Absence of period/abnormally reduced pattern or flow includes amenorrhoea (menstruation is absent for 90 days or more), oligomenorrhoea (more than 35 days between menstruation or 6–8 menstrual cycles per year), and hypomenorrhoea (low bleeding, <30 mL per menstrual cycle).

3.3.3.2 Cancers of the female reproductive tract

Cancers of the female reproductive tract consisted of cervical, fallopian tube, ovarian, uterine, vaginal, and vulvar cancer. We found the following evidence and evidence gaps for interventions in this health condition category:

- **Medical interventions (n=410 studies):** Evidence was found from all types of studies: systematic reviews of RCTs (n=90), systematic reviews of mixed study designs (n=49), RCTs (n=71), non-randomised trials (n=1), protocols (n=175), and full economic evaluations (n=24).

- **Complementary and alternative therapies (individual level) (n=12 studies):** Evidence was found from systematic reviews of RCTs (n=2), RCTs (n=2), and protocols (n=8). No systematic reviews of mixed study designs, non-randomised trials, or full economic evaluations were found.
- **Psychological interventions (individual level) (n=11 studies):** Evidence was found from systematic reviews of RCTs (n=2), RCTs (n=1), and protocols (n=8). No systematic reviews of mixed study designs, non-randomised trials, or full economic evaluations were found.
- **Psychological interventions (community level) (n=4 studies):** Evidence was found from systematic reviews of RCTs (n=1) and protocols (n=3). No systematic reviews of mixed study designs, primary trials (i.e. RCTs or non-randomised trials), or full economic evaluations were found.
- **Physical therapy interventions (individual level) (n=3 studies):** Evidence was found from systematic reviews of RCTs (n=1) and protocols (n=2). No systematic reviews of mixed study designs, primary trials (i.e. RCTs or non-randomised trials), or full economic evaluations were found.
- **Lifestyle interventions (individual level) (n=21 studies):** Evidence was found from systematic reviews of RCTs (n=4), RCTs (n=1), and protocols (n=16). No systematic reviews of mixed study designs, non-randomised trials, or full economic evaluations were found.
- **Lifestyle interventions (community level) (n=4 studies):** Evidence was found from systematic reviews of RCTs (n=2) and protocols (n=2). No systematic reviews of mixed study designs, primary trials (i.e. RCTs or non-randomised trials) or full economic evaluations were found.
- **Delivery arrangements (n=44 studies):** Evidence was found from systematic reviews of RCTs (n=5), systematic reviews of mixed study designs (n=9), RCTs (n=2), protocols (n=27), and full economic evaluations (n=1). No non-randomised trials were identified.
- No studies were identified evaluating the following interventions: complementary and alternative therapies (community level), physical therapy interventions (community level), and outreach services.
- The specific health condition with the lowest number of studies was vaginal cancer (n=8).

3.3.3.3 Gynaecological-related conditions/pain

This health category included the following specific conditions: adenomyosis, dysmenorrhoea, endometriosis, pelvic girdle pain, pelvic inflammatory disease, polycystic ovary syndrome, vulvodynia, and uterine fibroids, and other/unspecified conditions (pelvic and perineal pain, pelvic congestion syndrome (PCS)/pelvic venous insufficiency, dyspareunia, interstitial cystitis/painful bladder syndrome, myofascial pelvic pain syndrome (MPPS), and lumbopelvic pain). We found the following evidence and evidence gaps for interventions in this health condition category:

- **Medical interventions (n=422 studies):** Evidence was found from systematic reviews of RCTs (n=122), systematic reviews of mixed study designs (n=49), RCTs (n=41), protocols (n=205), and full economic evaluations (n=5). No non-randomised trials were identified.
- **Complementary and alternative therapies (individual level) (n=267 studies):** Evidence was found from systematic reviews of RCTs (n=60), systematic reviews of mixed study designs (n=17), RCTs (n=13), non-randomised trials (n=1), and protocols (n=176). No full economic evaluations were found.
- **Complementary and alternative therapies (community level) (n=7 studies):** Evidence was found from RCTs (n=1) and protocols (n=6). No systematic reviews (i.e. of RCTs or mixed study designs), non-randomised trials, or full economic evaluations were identified.

- **Psychological interventions (individual level) (n=30 studies):** Evidence was found from systematic reviews of RCTs (n=2), systematic reviews of mixed study designs (n=6), RCTs (n=3), and protocols (n=19). No non-randomised trials or full economic evaluations were found.
- **Psychological interventions (community level) (n=7 studies):** Evidence was found from systematic reviews of RCTs (n=1), systematic reviews of mixed study designs (n=1), RCTs (n=1), and protocols (n=4). No non-randomised trials or full economic evaluations were identified.
- **Physical therapy interventions (individual level) (n=86 studies):** Evidence was found from systematic reviews of RCTs (n=9), systematic reviews of mixed study designs (n=9), RCTs (n=5), protocols (n=62), and full economic evaluations (n=1). No non-randomised trials were identified.
- **Physical therapy interventions (community level) (n=5 studies):** Evidence was found from systematic reviews of RCTs (n=1), systematic reviews of mixed study designs (n=1), and protocols (n=3). No primary trials (i.e. RCTs or non-randomised trials) or full economic evaluations were found.
- **Lifestyle interventions (individual level) (n=123 studies):** Evidence was found from systematic reviews of RCTs (n=28), systematic reviews of mixed study designs (n=12), RCTs (n=11), non-randomised trials (n=2), and protocols (n=70). No full economic evaluations were identified.
- **Lifestyle interventions (community level) (n=21 studies):** Evidence was found from systematic reviews of RCTs (n=8), systematic reviews of mixed study designs (n=1), RCTs (n=2), non-randomised trials (n=1), and protocols (n=9). No full economic evaluations were found.
- **Outreach services (n=1 study):** Evidence was found from protocols (n=1). No primary trials (i.e. RCTs or non-randomised trials), systematic reviews (i.e. of RCTs or mixed study designs), or full economic evaluations were identified.
- **Delivery arrangements (n=66 studies):** Evidence was found from all types of studies: systematic reviews of RCTs (n=15), systematic reviews of mixed study designs (n=7), RCTs (n=11), non-randomised trials (n=1), protocols (n=31), and full economic evaluations (n=1).
- The specific health condition with the lowest number of studies was pelvic inflammatory disease (n=11).

3.3.3.4 Menopausal symptoms

Menopausal symptoms comprised atrophic vaginitis and vasomotor symptoms, and other/unspecified general menopausal symptoms (fatigue, headache, lack of concentration/memory, lack of energy, reduced sex drive (libido), irregular periods, recurring urinary tract infections, and weight gain). We found the following evidence and evidence gaps for interventions in this health condition category:

- **Medical interventions (n=69 studies):** Evidence was found from systematic reviews of RCTs (n=22), systematic reviews of mixed study designs (n=3), RCTs (n=14), protocols (n=29), and full economic evaluations (n=1). No non-randomised trials were identified.
- **Complementary and alternative therapies (individual level) (n=80 studies):** Evidence was found from systematic reviews of RCTs (n=18), systematic reviews of mixed study designs (n=9), RCTs (n=20), and protocols (n=33). No non-randomised trials or full economic evaluations were found.
- **Complementary and alternative therapies (community level) (n=6 studies):** Evidence was found from systematic reviews of RCTs (n=3), systematic reviews of mixed study designs (n=1), RCTs (n=1), and protocols (n=1). No non-randomised trials or full economic evaluations were found.

- **Psychological interventions (individual level) (n=9 studies):** Evidence was found from systematic reviews of RCTs (n=3), systematic reviews of mixed study designs (n=2), and protocols (n=4). No primary trials (i.e. RCTs or non-randomised trials) or full economic evaluations were found.
- **Psychological interventions (community level) (n=2 studies):** Evidence was found from systematic reviews of RCTs (n=1) and systematic reviews of mixed study designs (n=1). No primary trials (i.e. RCTs or non-randomised trials), protocols, or full economic evaluations were identified.
- **Physical therapy interventions (individual level) (n=9 studies):** Evidence was found from systematic reviews of RCTs (n=4), systematic reviews of mixed study designs (n=1), and protocols (n=4). No primary trials (i.e. RCTs or non-randomised trials) or full economic evaluations were found.
- **Lifestyle interventions (individual level) (n=25 studies):** Evidence was found from systematic reviews of RCTs (n=8), systematic reviews of mixed study designs (n=5), RCTs (n=4), and protocols (n=8). No non-randomised trials or full economic evaluations were identified.
- **Lifestyle interventions (community level) (n=6 studies):** Evidence was found from systematic reviews of RCTs (n=3), systematic reviews of mixed study designs (n=1), RCTs (n=1), and protocols (n=1). No non-randomised trials or full economic evaluations were identified.
- **Delivery arrangements (n=6 studies):** Evidence was found from systematic reviews of RCTs (n=2), systematic reviews of mixed study designs (n=1), and protocols (n=3). No primary trials (i.e. RCTs or non-randomised trials) or full economic evaluations were found.
- No studies were identified evaluating physical therapy interventions (community level) or outreach services.
- The specific health condition with the lowest number of studies was atrophic vaginitis (n=51).

3.3.3.5 Pelvic floor disorders

The pelvic floor disorders category included overactive bladder, stress urinary incontinence, and urge urinary incontinence, and other/unspecified conditions (hypertonic pelvic floor and urinary retention). We found the following evidence and evidence gaps for interventions in this health condition category:

- **Medical interventions (n=77 studies):** Evidence was found from systematic reviews of RCTs (n=13), systematic reviews of mixed study designs (n=17), RCTs (n=19), protocols (n=24), and full economic evaluations (n=4). No non-randomised trials were identified.
- **Complementary and alternative therapies (individual level) (n=39 studies):** Evidence was found from systematic reviews of RCTs (n=13), systematic reviews of mixed study designs (n=4), RCTs (n=4), non-randomised trials (n=1), and protocols (n=17). No full economic evaluations were found.
- **Complementary and alternative therapies (community level) (n=4 studies):** Evidence was found from systematic reviews of RCTs (n=3) and RCTs (n=1). No systematic reviews of mixed study designs, non-randomised trials, protocols, or full economic evaluations were identified.
- **Psychological interventions (individual level) (n=1 study):** Evidence was found from systematic reviews of RCTs (n=1). No systematic reviews of mixed study designs, primary trials (i.e. RCTs or non-randomised trials), protocols, or full economic evaluations were found.
- **Physical therapy interventions (individual level) (n=89 studies):** Evidence was found from all types of studies: systematic reviews of RCTs (n=21), systematic reviews of mixed study designs (n=9), RCTs (n=24), non-randomised trials (n=1), protocols (n=32), and full economic evaluations (n=2).

- **Physical therapy interventions (community level) (n=9 studies):** Evidence was found from systematic reviews of RCTs (n=3), systematic reviews of mixed study designs (n=1), RCTs (n=2), protocols (n=2), and full economic evaluations (n=1). No non-randomised trials were identified.
- **Lifestyle interventions (individual level) (n=33 studies):** Evidence was found from systematic reviews of RCTs (n=10), systematic reviews of mixed study designs (n=2), RCTs (n=6), protocols (n=12), and full economic evaluations (n=3). No non-randomised trials were identified.
- **Lifestyle interventions (community level) (n=3 studies):** Evidence was found from systematic reviews of RCTs (n=1), systematic reviews of mixed study designs (n=1), and protocols (n=1). No primary trials (i.e. RCTs or non-randomised trials) or full economic evaluations were found.
- **Outreach services (n=1 study):** Evidence was found from protocols (n=1).No primary trials (i.e. RCTs or non-randomised trials), systematic reviews (i.e. of RCTs or mixed study designs), or full economic evaluations were found.
- **Delivery arrangements (n=34 studies):** Evidence was found from systematic reviews of RCTs (n=9), systematic reviews of mixed study designs (n=3), RCTs (n=11), protocols (n=9), and full economic evaluations (n=2). No non-randomised trials were identified.
- No studies were identified evaluating psychological interventions (community level).
- The specific health condition with the lowest number of studies was overactive bladder (n=40).

3.3.3.6 Pelvic organ prolapse

The pelvic organ prolapse category consisted of cystocele, cystourethrocele, enterocele, rectocele, urethrocele, uterine prolapse, and vaginal prolapse, and other/unspecified prolapses (rectal and anal prolapse). We found the following evidence and evidence gaps for interventions in this health condition category:

- **Medical interventions (n=75 studies):** Evidence was found from all types of studies: systematic reviews of RCTs (n=15), systematic reviews of mixed study designs (n=5), RCTs (n=20), non-randomised trials (n=1), protocols (n=29), and full economic evaluations (n=5).
- **Complementary and alternative therapies (individual level) (n=3 studies):** Evidence was found from systematic reviews of mixed study designs (n=2) and protocols (n=1). No systematic reviews of RCTs, primary trials (i.e. RCTs or non-randomised trials), or full economic evaluations were identified.
- **Complementary and alternative therapies (community level) (n=1 study):** Evidence was found from systematic reviews of mixed study designs (n=1). No systematic reviews of RCTs, primary trials (i.e. RCTs or non-randomised trials), protocols, or full economic evaluations were found.
- **Physical therapy interventions (individual level) (n=12 studies):** Evidence was found from systematic reviews of RCTs (n=4), systematic reviews of mixed study designs (n=1), RCTs (n=2), and protocols (n=5). No non-randomised trials or full economic evaluations were identified.
- **Physical therapy interventions (community level) (n=3 studies):** Evidence was found from systematic reviews of RCTs (n=1), RCTs (n=1), and protocols (n=1). No systematic reviews of mixed study designs, non-randomised trials, or full economic evaluations were found.
- **Lifestyle interventions (individual level) (n=8 studies):** Evidence was identified from systematic reviews of RCTs (n=2), systematic reviews of mixed study designs (n=1), RCTs (n=2), protocols (n=2), and full economic evaluations (n=1). No non-randomised trials were identified.

- **Lifestyle interventions (community level) (n=3 studies):** Evidence was found from systematic reviews of RCTs (n=1), systematic reviews of mixed study designs (n=1), and protocols (n=1). No primary trials (i.e. RCTs or non-randomised trials) or full economic evaluations were identified.
- **Delivery arrangements (n=27 studies):** Evidence was identified from systematic reviews of RCTs (n=2), systematic reviews of mixed study designs (n=4), RCTs (n=7), protocols (n=11), and full economic evaluations (n=3). No non-randomised trials were identified.
- No studies were identified evaluating psychological interventions (individual or community level) or outreach services.
- The specific health conditions with the lowest number of studies were cystourethrocele, enterocele, and urethrocele (n=0).

3.3.3.7 Pelvic and vulvar vaginosis

This category included the following specific health conditions: bacterial vaginosis, candida, trichomoniasis vaginitis, vaginitis, and vulvitis. We found the following evidence and evidence gaps for interventions in this health condition category:

- **Medical interventions (n=39 studies):** Evidence was found from systematic reviews of RCTs (n=7), systematic reviews of mixed study designs (n=2), RCTs (n=8), and protocols (n=22). No non-randomised trials or full economic evaluations were identified.
- **Complementary and alternative therapies (individual level) (n=19 studies):** Evidence was found from systematic reviews of RCTs (n=10), systematic reviews of mixed study designs (n=2), RCTs (n=1), and protocols (n=6). No non-randomised trials or full economic evaluations were identified.
- **Delivery arrangements (n=1 study):** Evidence was found from systematic reviews of RCTs (n=1). No systematic reviews of mixed study designs, primary trials (i.e. RCTs or non-randomised trials), protocols, or full economic evaluations were identified.
- No studies were identified evaluating complementary and alternative therapies (community level), psychological interventions (individual or community level), physical therapy interventions (individual or community level), lifestyle interventions (individual or community level), or outreach services.
- The specific health condition with the lowest number of studies was vulvitis (n=0).

3.3.3.8 Female infertility

This category comprised anovulation, diminished ovarian reserve, hydrosalpinx, implantation failure, and luteal phase deficiency, and other/unspecified conditions (bicornuate uterus and premature ovarian insufficiency). We found the following evidence and evidence gaps for interventions in this health condition category:

- **Medical interventions (n=335 studies):** Evidence was found from systematic reviews of RCTs (n=112), systematic reviews of mixed study designs (n=39), RCTs (n=19), protocols (n=158), and full economic evaluations (n=7). No non-randomised trials were identified.
- **Complementary and alternative therapies (individual level) (n=74 studies):** Evidence was found from systematic reviews of RCTs (n=23), systematic reviews of mixed study designs (n=5), RCTs (n=2), and protocols (n=44). No non-randomised trials or full economic evaluations were identified.
- **Complementary and alternative therapies (community level) (n=3 studies):** Evidence was found from systematic reviews of RCTs (n=1), systematic reviews of mixed study designs (n=1), and RCTs (n=1). No non-randomised trials, protocols, or full economic evaluations were identified.

- **Psychological interventions (individual level) (n=10 studies):** Evidence was found from systematic reviews of RCTs (n=4), systematic reviews of mixed study designs (n=1), and protocols (n=5). No primary trials (i.e. RCTs or non-randomised trials) or full economic evaluations were identified.
- **Psychological interventions (community level) (n=4 studies):** Evidence was found from systematic reviews of RCTs (n=3) and protocols (n=1). No systematic reviews of mixed study designs, primary trials (i.e. RCTs or non-randomised trials), or full economic evaluations were found.
- **Physical therapy interventions (individual level) (n=2 studies):** Evidence was found from protocols (n=2). No systematic reviews (i.e. of RCTs or mixed study designs), primary trials (i.e. RCTs or non-randomised trials), or full economic evaluations were identified.
- **Physical therapy interventions (community level) (n=1 study):** Evidence was found from systematic reviews of RCTs (n=1). No systematic reviews of mixed study designs, primary trials (i.e. RCTs or non-randomised trials), protocols, or full economic evaluations were found.
- **Lifestyle interventions (individual level) (n=29 studies):** Evidence was found from systematic reviews of RCTs (n=11), systematic reviews of mixed study designs (n=1), RCTs (n=1), non-randomised trials (n=1), and protocols (n=15). No full economic evaluations were identified.
- **Lifestyle interventions (community level) (n=4 studies):** Evidence was found from systematic reviews of RCTs (n=3) and protocols (n=1). No systematic reviews of mixed study designs, primary trials (i.e. RCTs or non-randomised trials), or full economic evaluations were identified.
- **Delivery arrangements (n=47 studies):** Evidence was found from systematic reviews of RCTs (n=17), systematic reviews of mixed study designs (n=4), RCTs (n=4), and protocols (n=22). No non-randomised trials or full economic evaluations were identified.
- No studies were identified evaluating outreach services.
- The specific health condition with the lowest number of studies was luteal phase deficiency (n=17).

3.3.3.9 Early pregnancy loss (<20 weeks)

Early pregnancy loss (<20 weeks) encompassed ectopic pregnancy, gestational trophoblastic disease, incomplete/missed abortion, induced abortion, recurrent pregnancy loss/miscarriage, septic abortion, spontaneous abortion/miscarriage, and threatened abortion. We found the following evidence and evidence gaps for interventions in this health condition category:

- **Medical interventions (n=97 studies):** Evidence was found from systematic reviews of RCTs (n=30), systematic reviews of mixed study designs (n=9), RCTs (n=12), protocols (n=42), and full economic evaluations (n=4). No non-randomised trials were identified.
- **Complementary and alternative therapies (individual level) (n=8 studies):** Evidence was found from systematic reviews of RCTs (n=1), RCTs (n=1), and protocols (n=6). No systematic reviews of mixed study designs, non-randomised trials, or full economic evaluations were identified.
- **Complementary and alternative therapies (community level) (n=1 study):** Evidence was found from RCTs (n=1). No systematic reviews (i.e. of RCTs or mixed study designs), non-randomised trials, protocols, or full economic evaluations were found.
- **Psychological interventions (individual level) (n=3 studies):** Evidence was found from protocols (n=3). No systematic reviews (i.e. of RCTs or mixed study designs), primary trials (i.e. RCTs or non-randomised trials), or full economic evaluations were found.

- **Psychological interventions (community level) (n=1 study):** Evidence was found from protocols (n=1). No systematic reviews (i.e. of RCTs or mixed study designs), primary trials (i.e. of RCTs or non-randomised trials), or full economic evaluations were found.
- **Physical therapy interventions (community level) (n=1 study):** Evidence was found from systematic reviews of RCTs (n=1). No systematic reviews of mixed study designs, primary trials (i.e. of RCTs or non-randomised trials), protocols, or full economic evaluations were found.
- **Lifestyle interventions (individual level) (n=1 study):** Evidence was found from systematic reviews of RCTs (n=1). No systematic reviews of mixed study designs, primary trials (i.e. RCTs or non-randomised trials), protocols, or full economic evaluations were found.
- **Lifestyle interventions (community level) (n=1 study):** Evidence was found from systematic reviews of RCTs (n=1). No systematic reviews of mixed study designs, primary trials (i.e. RCTs or non-randomised trials), protocols, or full economic evaluations were found.
- **Delivery arrangements (n=7 studies):** Evidence was found from systematic reviews of RCTs (n=1), systematic reviews of mixed study designs (n=1), RCTs (n=2), and protocols (n=3). No non-randomised trials or full economic evaluations were identified.
- No studies were identified evaluating physical therapy interventions (individual level) or outreach services.
- The specific health condition with the lowest number of studies was septic abortion (n=0).

3.3.3.10 Postpartum mental health

This health condition category consisted of postpartum depression and postpartum post-traumatic stress disorder (PTSD). We found the following evidence and evidence gaps for interventions in this health condition category:

- **Medical interventions (n=11 studies):** Evidence was found from systematic reviews of RCTs (n=6), RCTs (n=2), and protocols (n=3). No systematic reviews of mixed study designs, non-randomised trials, or full economic evaluations were found.
- **Complementary and alternative therapies (individual level) (n=17 studies):** Evidence was found from systematic reviews of RCTs (n=5), systematic reviews of mixed study designs (n=5), and protocols (n=7). No primary trials (i.e. RCTs or non-randomised trials) or full economic evaluations were found.
- **Complementary and alternative therapies (community level) (n=3 studies):** Evidence was found from RCTs (1) and protocols (n=2). No systematic reviews (i.e. of RCTs or mixed study designs), non-randomised trials, or full economic evaluations were identified.
- **Psychological interventions (individual level) (n=40 studies):** Evidence was found from systematic reviews of RCTs (n=14), systematic reviews of mixed study designs (n=8), RCTs (n=3), and protocols (n=15). No non-randomised trials or full economic evaluations were found.
- **Psychological interventions (community level) (n=19 studies):** Evidence was found from systematic reviews of RCTs (n=3), systematic reviews of mixed study designs (n=5), RCTs (n=6), and protocols (n=5). No non-randomised trials or full economic evaluations were identified.
- **Physical therapy interventions (individual level) (n=1 study):** Evidence was found from protocols (n=1). No systematic reviews (i.e. of RCTs or mixed study designs), primary trials (i.e. RCTs or non-randomised trials), or full economic evaluations were found.

- **Lifestyle interventions (individual level) (n=22 studies):** Evidence was found from systematic reviews of RCTs (n=8), systematic reviews of mixed study designs (n=5), RCTs (n=3), and protocols (n=6). No non-randomised trials or full economic evaluations were found.
- **Lifestyle interventions (community level) (n=9 studies):** Evidence was found from systematic reviews of mixed study designs (n=2), RCTs (n=2), and protocols (n=5). No systematic reviews of RCTs, non-randomised trials, or full economic evaluations were found.
- **Outreach services (n=3 studies):** Evidence was found from systematic reviews of mixed study designs (n=2) and RCTs (n=1). No systematic reviews of RCTs, non-randomised trials, protocols, or full economic evaluations were found.
- **Delivery arrangements (n=36 studies):** Evidence was found from systematic reviews of RCTs (n=12), systematic reviews of mixed study designs (n=7), RCTs (n=9), and protocols (n=8). No non-randomised trials or full economic evaluations were found.
- No studies were identified evaluating physical therapy interventions (community level).
- The specific health condition with the lowest number of studies was postpartum PTSD (n=13).

3.4 Evidence and gap map 2: Outcomes (as rows) by interventions (as columns)

This map illustrates the available evidence, published between January 2019 and February 2024, on outcomes that have been reported by the corresponding interventions in all the selected health conditions (Figure 16). As with evidence and gap map 1, screenshots of the map are provided in this section for information purposes to accompany the instructions on how to use and read the map; however, these only include a portion of the map, given its size. It is recommended that the reader opens the live interactive evidence and gap map titled Evidence and gap map 2: Outcomes by interventions available here on the HRB website and follows it while reading the findings in Section 3.4.1.

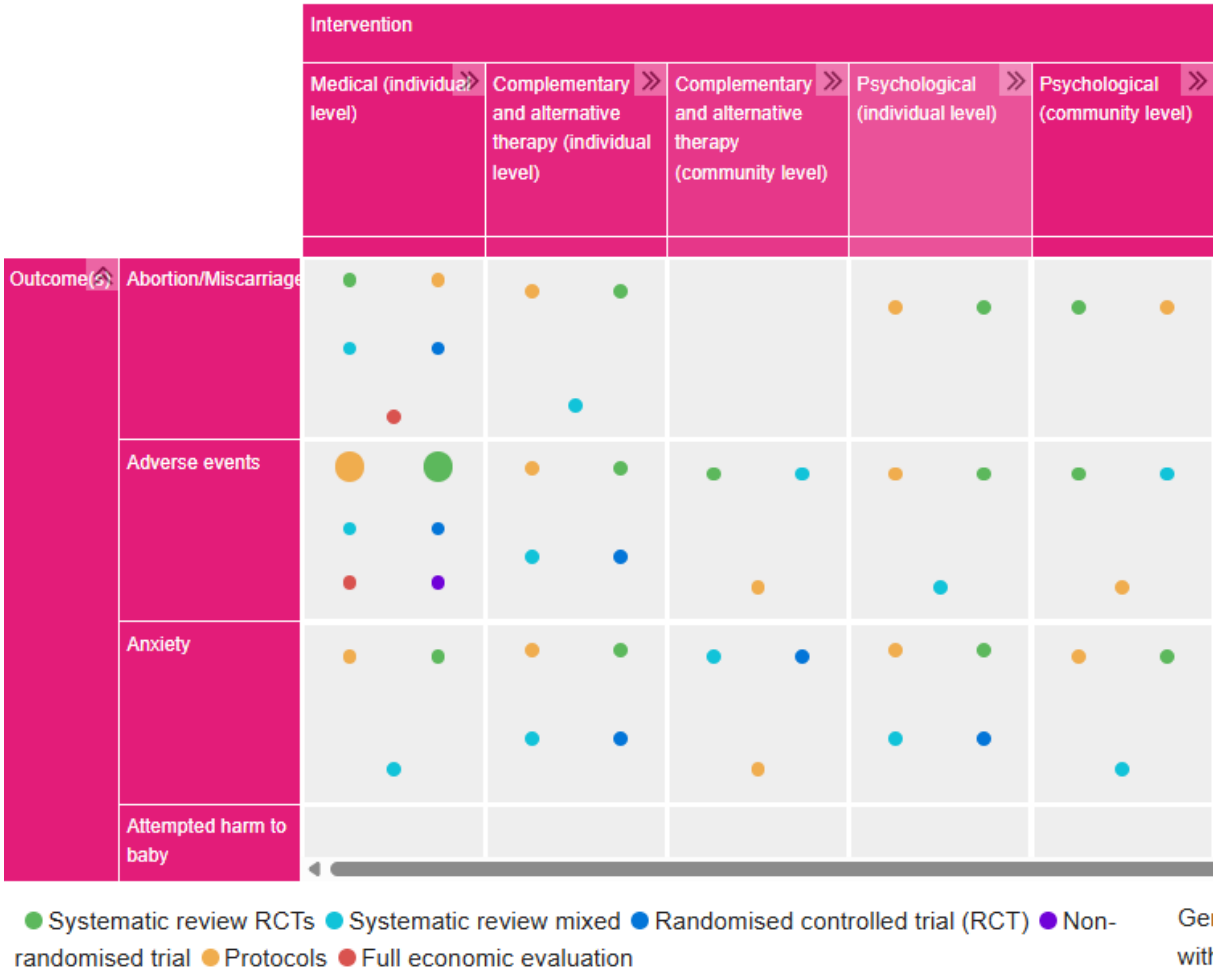

Figure 16 Screenshot of Evidence and gap map 2: Outcomes by interventions

As with map 1, the same six different study designs are represented by different coloured bubbles on the map. The legend for the colour codes representing each study design is displayed below the map, and this information is also shown when the user hovers over a cell.

Evidence and gap map 2 displays the outcomes that have been reported for the corresponding interventions in publications that were released between January 2019 and February 2024. The intention of this map is for the user to filter the map by the health condition category (or categories) that they are interested in (e.g. cancers of the female reproductive tract). Users can also filter the map by a specific condition within a category (e.g. ovarian cancer). To do this, the user can click 'Filters' in the top left-hand corner of the screen. The list of filters will then appear, as demonstrated in Figure 17, from which the user can select the filter(s) of interest and then click 'update' to apply them to the map.

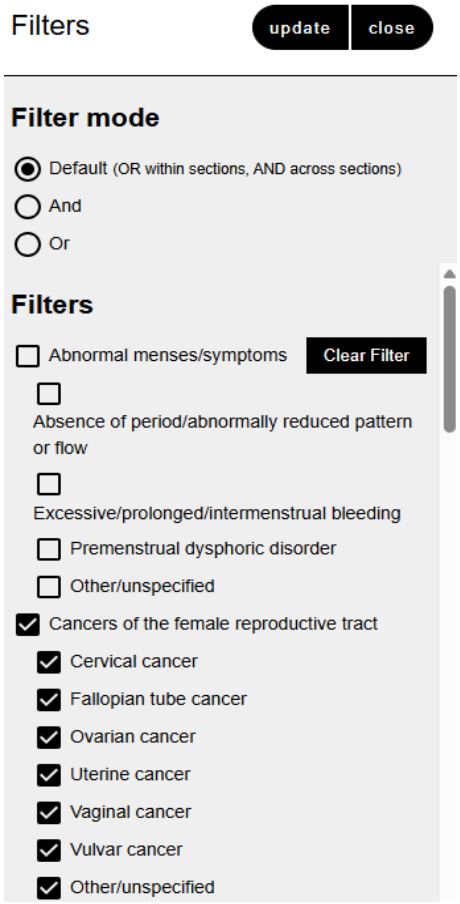

Figure 17 List of filters users can apply to the map, showing the example 'cancers of the female reproductive tract'

Once the map is filtered by condition(s), users can find the existing evidence for an outcome/intervention combination. Like evidence and gap map 1, users start reading the map from the outcome rows listed on the left, locate the outcome of interest (e.g. anxiety), and read across the columns to the relevant intervention (e.g. psychological interventions (individual level)). This cell displays the evidence that exists for the outcome/intervention combination within the filtered condition(s) through the bubbles that are either present or absent. An example is presented in Figure 18.

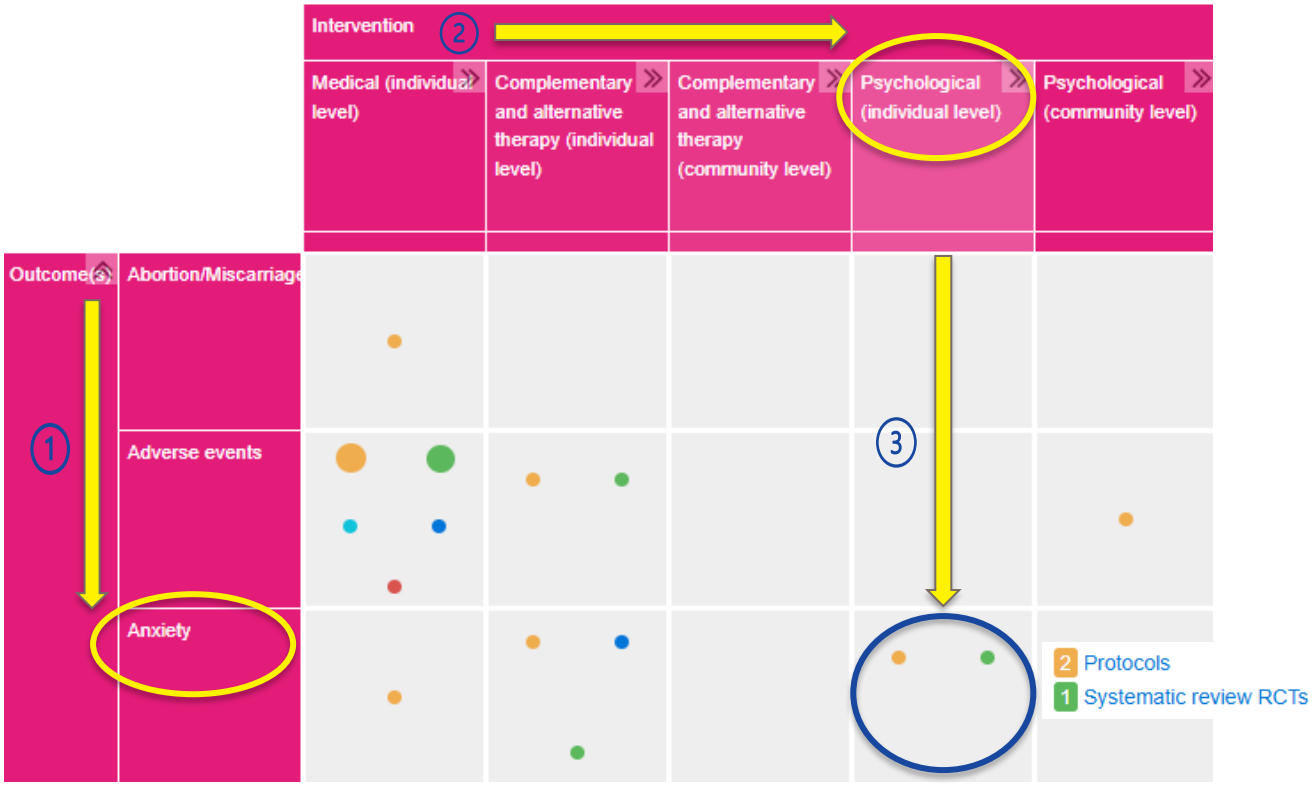

Figure 18 Illustration of how to read the map to find the existing evidence for an outcome/intervention combination

In addition to filtering by condition categories or specific conditions, users can also apply the following filters to this map: study design, study country, population age, multicomponent intervention status, and comparator(s) used.

As with evidence and gap map 1, when the user clicks on a cell (e.g. the combination of 'anxiety' and 'psychological interventions (individual level)'), the list of corresponding studies (n=3) and their database records will appear, as shown in Figure 19.

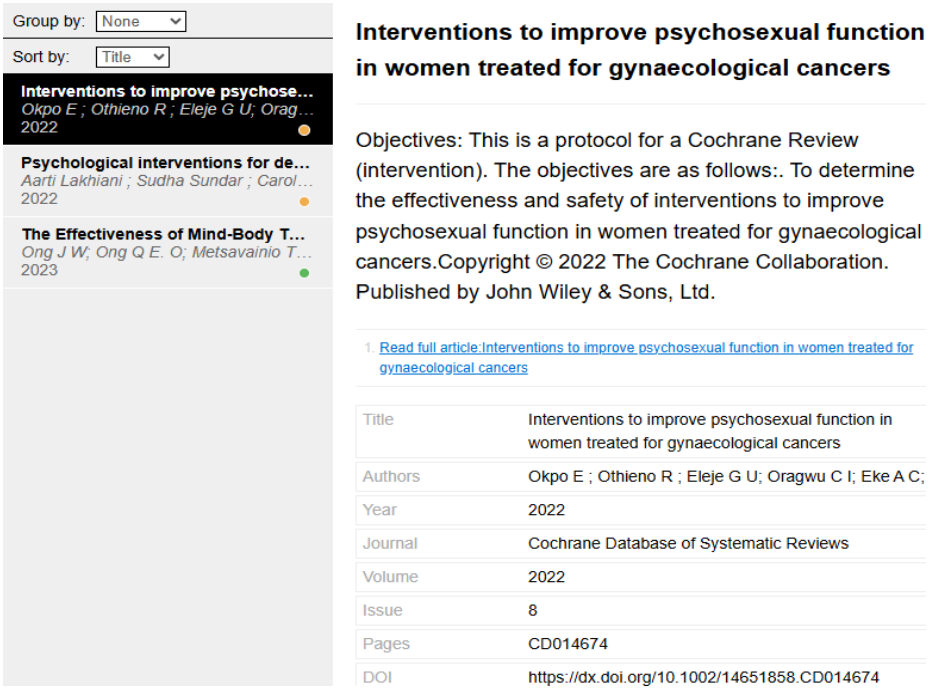

Figure 19 Example of the list of studies and database records for studies identified in a cell

Users can expand or collapse the overarching categories of interventions in order to view evidence on outcomes for subcategories of interventions. For example, users can expand 'psychological interventions (individual level)' to find what evidence exists on evaluating anxiety in behaviour-centred therapy for cancers of the reproductive tract (Figure 20). Outcomes do not have subcategories and therefore cannot be expanded.

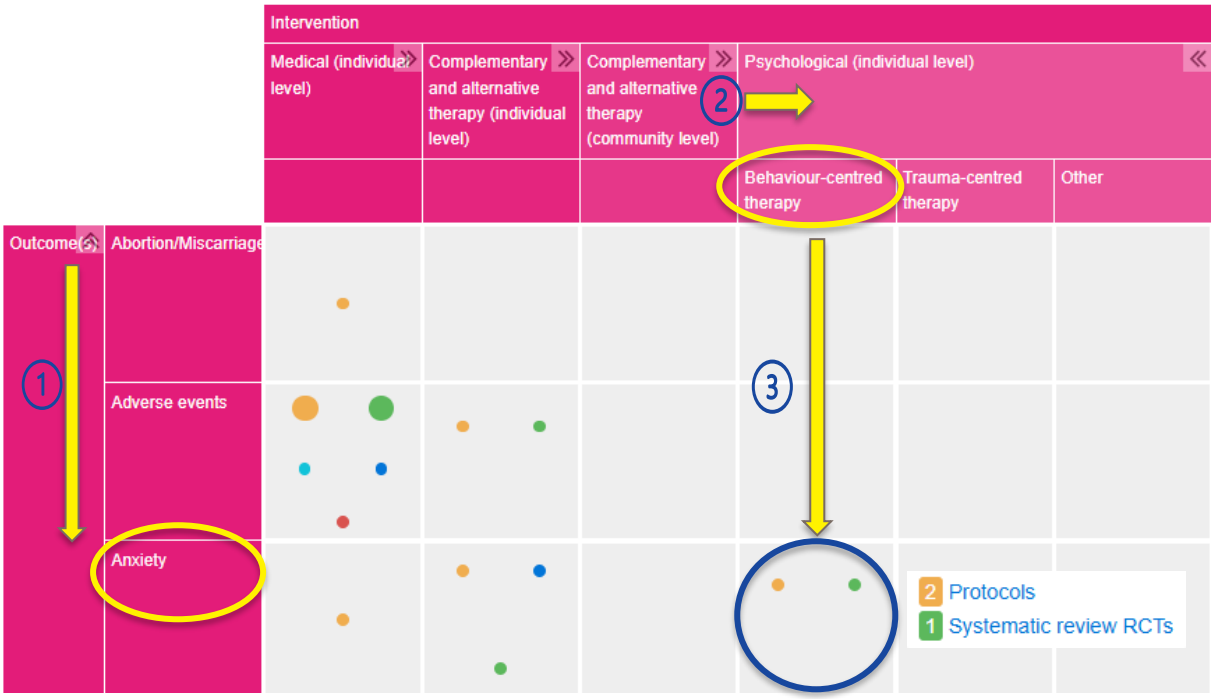

Figure 20 Example of expanding intervention categories to view the existing evidence for a specific outcome/intervention combination

Evidence gaps are illustrated on the map as explained in Section 3.3.1.

3.4.1 Findings from evidence and gap map 2

Evidence and gap map 2: Outcomes by interventions is available here on the HRB website. As outlined in Section 2.5, in addition to general chronic condition outcomes, we also included condition-specific outcomes based on standardised core outcome sets (where available) for the selected conditions. As these outcomes are intended to be measured and reported in relevant clinical trials, it may be useful to identify whether or not they have been reported in the existing evidence base. If they have not, this indicates an evidence gap in outcomes.

In Sections 3.4.1.1–3.4.1.10, we report:

- Whether or not a core outcome set exists for the specific health conditions in each category
- Where a core outcome set exists, the list of these outcomes
- If these outcomes have been included in our review and, if so, the codes used for these outcomes in our review, and
- Whether or not these outcomes have been reported in the included studies on the respective condition.

3.4.1.1 Abnormal menses/symptoms

This health category comprised of the following specific health conditions: absence of period/abnormally reduced pattern or flow, excessive/prolonged/intermenstrual bleeding, and premenstrual dysphoric disorder. No core outcome set exists or has been reported as being in development for the specific conditions 'absence of period/abnormally reduced pattern or flow' or 'premenstrual dysphoric disorder'. However, a core outcome set does exist for clinical trials of interventions for heavy menstrual bleeding (i.e. excessive/prolonged/intermenstrual bleeding) [70] (Table 5).

Table 5 Core outcome set for clinical trials of interventions for heavy menstrual bleeding (i.e. excessive/prolonged/intermenstrual bleeding)

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
Subjective blood loss	Symptom control	Yes
Flooding	Symptom control	Yes
Menstrual cycle metrics	Menstrual regularity	Yes
Severity of dysmenorrhoea/number of days with dysmenorrhoea	Symptom control	Yes
Condition-specific and generic quality of life	Quality of life	Yes
Adverse events	Adverse events	Yes
Patient satisfaction	Not included in this review[a]	Not applicable
Number of patients going on to have further treatment	Condition stability/progression and treatment success/failure	Yes
Haemoglobin level	Physiological/clinical measure of condition	Yes

[a] Not included in this review, as this is not considered a direct intervention effectiveness outcome.

3.4.1.2 Cancers of the female reproductive tract

Cancers of the female reproductive tract consisted of cervical, fallopian tube, ovarian, uterine, vaginal, and vulvar cancer. No core outcome set currently exists for the treatment of cancers of the female reproductive tract. However, core outcome sets for cervical [71] and uterine [72] cancer are currently in development/awaiting publication. No core outcome set has been reported as being in development for fallopian tube, ovarian, vaginal, or vulvar cancer.

3.4.1.3 Gynaecological-related conditions/pain

This health category encompassed the following specific conditions: adenomyosis, dysmenorrhoea, endometriosis, pelvic girdle pain, pelvic inflammatory disease, polycystic ovary syndrome, vulvodynia, and uterine fibroids.

- A core outcome set exists for:
  - Adenomyosis (uterus-sparing treatments) [73] (Table 6)
  - Dysmenorrhoea (herbal medicine treatments) [74] (Table 7)
  - Endometriosis [75] (Table 8)

  - Pelvic girdle pain [76] (Table 9)
  - Polycystic ovary syndrome [77] (Table 10), and
  - Vulvodynia (self-report outcomes) [78] (Table 11).
- Core outcome sets for all clinical trials of dysmenorrhoea [79] and uterine fibroids [80] are currently being developed.
- No core outcome set exists or has been reported as being in development for pelvic inflammatory disease.

Table 6 Core outcome set for uterus-sparing treatments for adenomyosis

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
Pain:		
• Cyclic pelvic pain	Symptom control	Yes
• Dyschezia (pain during toilet visit/when opening bowels)	Symptom control	Yes
• Dysmenorrhoea	Symptom control	Yes
• Dyspareunia	Symptom control	Yes
• Non-cyclic, untriggered pelvic pain	Symptom control	Yes
• Pelvic bulk/pressure symptoms	Symptom control	Yes
• Radiating pain to lower back and/or extremities during menstruation	Symptom control	Yes
Urinary system:		
• Urinary frequency	Symptom control	Yes
Menstrual bleeding:		
• Blood flow volume	Symptom control	Yes
• Duration of bleeding	Symptom control	Yes
• Intermenstrual bleeding	Symptom control	Yes
• Frequency of bleeding/regularity of cycle	Menstrual regularity	No
Reproductive outcomes/infertility:[a]		
• Live, correctly sited (eutopic) pregnancy	Pregnancy	Yes
• Pregnancy loss:		
– Ectopic pregnancy	Adverse events (of fertility treatment) or abortion/miscarriage	Yes
– Miscarriage	Abortion/miscarriage	Yes
– Stillbirth	Live birth	Yes

– Termination of pregnancy	Abortion/miscarriage or complete termination of pregnancy (after incomplete/missed abortion)	Yes
• Live birth	Live birth	Yes
• Gestational age at delivery	Not included in this review[b]	Not applicable
• Birthweight	Not included in this review[b]	Not applicable
• Neonatal mortality	Not included in this review[b]	Not applicable
• Major congenital anomaly	Not included in this review[b]	Not applicable
• Time to pregnancy leading to live birth	Live birth	Yes
Haematology:		
• Anaemia	Symptom control	Yes
Life impact:		
• Health-related quality of life	Quality of life	Yes
• Sexual function	Functional status	Yes
Delivery of care:		
• Patient adherence to treatment	Not included in this review[c]	Not applicable
• Patient satisfaction with treatment	Not included in this review[c]	Not applicable
• Symptom relief rate (most bothersome symptom)	Symptom control	Yes
• Symptom recurrence for any symptom	Symptom control	Yes
• Symptom recurrence for most bothersome symptom	Symptom control	Yes
• Uterus volume	Physiological/clinical measure of condition	Yes
• Lesion size	Physiological/clinical measure of condition	Yes
Adverse outcomes:		
• Adverse outcomes (all harms, adverse reactions, and side effects)	Adverse events	Yes
• Unplanned/unscheduled bleeding on hormonal medication	Adverse events	Yes

[a] If the treatment under investigation is targeting infertility.

[b] Not included in this review, as the focus of this review is on female/maternal outcomes.

[c] Not included in this review, as this is not considered a direct intervention effectiveness outcome.

Table 7 Core outcome set for herbal medicine treatments for dysmenorrhoea

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
Drug safety:		
• Aspartate transaminase	Adverse events	Yes
• Alanine transaminase	Adverse events	Yes
• Blood urea nitrogen	Adverse events	Yes
• Adverse events	Adverse events	Yes
Symptoms:		
• Numeric rating scale for pain	Symptom control	Yes
• Pain duration	Symptom control	Yes
• Consumption of painkiller	Symptom control	Yes
Treatment satisfaction	Not included in this review[a]	Not applicable
Quality of life	Quality of life	Yes

[a] Not included in this review, as this is not considered a direct intervention effectiveness outcome.

Table 8 Core outcome set for endometriosis

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
All trials:		
• Adverse events	Adverse events	Yes
• Patient satisfaction with treatment	Not included in this review[a]	Not applicable
Trials evaluating pain and other symptoms:		
• Overall pain	Symptom control	Yes
• Improvement in the most troublesome symptom	Symptom control	Yes
Trials evaluating treatments for infertility associated with endometriosis:		
• Viable intrauterine pregnancy confirmed by ultrasound	Pregnancy	Yes
• Pregnancy loss:		
– Ectopic pregnancy	Adverse events (of fertility treatment) or abortion/miscarriage	Yes
– Miscarriage	Abortion/miscarriage	Yes
– Stillbirth	Live birth	Yes

– Termination of pregnancy	Abortion/miscarriage or complete termination of pregnancy (after incomplete/missed abortion)	Yes
• Live birth	Live birth	Yes
• Time to pregnancy leading to live birth	Live birth	Yes
• Gestational age at delivery	Not included in this review[b]	Not applicable
• Birthweight	Not included in this review[b]	Not applicable
• Neonatal mortality	Not included in this review[b]	Not applicable
• Major congenital abnormalities	Not included in this review[b]	Not applicable

[a] Not included in this review, as this is not considered a direct intervention effectiveness outcome.
[b] Not included in this review, as the focus of this review is on female/maternal outcomes.

Table 9 Core outcome set for pelvic girdle pain

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
Life impact:		
• Pain frequency	Symptom control	Yes
• Pain intensity/severity	Symptom control	Yes
• Function/disability/activity limitation	Functional status	Yes
• Health-related quality of life	Quality of life	Yes
• Fear avoidance	Functional status	Yes

Table 10 Core outcome set for polycystic ovary syndrome

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
Generic:		
• Body mass index (BMI)	BMI	Yes
• Quality of life	Quality of life	Yes
• Treatment satisfaction	Not included in this review[c]	Not applicable
Metabolic:[a]		
• Waist circumference	Waist circumference	Yes
• Type 2 diabetes[a]	Adverse events[b]	Yes
• Insulin resistance	Metabolic outcomes	Yes
• Impaired glucose tolerance	Metabolic outcomes	Yes
• Hypertension	Adverse events[b]	Yes
• Coronary heart disease	Adverse events[b]	Yes
• Lipid profile	Metabolic outcomes	Yes

• Venous thromboembolic disease	Adverse events[b]	Yes
Reproductive:[a]		
• Viable pregnancy	Pregnancy	Yes
• Hyperandrogenism	Physiological/clinical measure of condition	Yes
• Menstrual regularity	Menstrual regularity	Yes
• Reproductive hormonal profile	Reproductive hormone/marker	Yes
• Chronic anovulation	Chronic anovulation	No
• Ovulation stimulation success and number of follicles ≥12 mm	Ovulation rate/stimulation	Yes
• Incidence and severity of ovarian hyperstimulation syndrome	Adverse events (of fertility treatment)	Yes
Pregnancy:[a]		
• Live birth	Live birth	Yes
• Miscarriage	Abortion/miscarriage	Yes
• Stillbirth	Live birth	Yes
• Neonatal mortality	Not included in this review[d]	Not applicable
• Gestational weight gain	Not included in this review[d]	Not applicable
• Gestational diabetes	Adverse events[b]	Yes
• Preterm birth	Not included in this review[d]	Not applicable
• Hypertensive disease in pregnancy	Adverse events[b]	Yes
• Baby birthweight	Not included in this review[d]	Not applicable
• Major congenital abnormalities	Not included in this review[d]	Not applicable
Psychological:[a]		
• Depression	Depression	Yes
• Anxiety	Anxiety	Yes
• Eating disorders	Adverse events[b]	Yes
Oncology:[a]		
• Abnormal endometrial proliferation	Adverse events[b]	Yes
Long-term:		
• Long-term offspring metabolic and developmental outcomes	Not included in this review[d]	Not applicable

[a] If the treatment under investigation is targeting this domain.

[b] Adverse events if measured as the presence of this condition secondary to polycystic ovary syndrome.

[c] Not included in this review, as this is not considered a direct intervention effectiveness outcome.

[d] Not included in this review, as the focus of this review is on female/maternal outcomes.

Table 11 Core outcome set for self-report outcomes for vulvodynia

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
Pain	Symptom control	Yes
Physical functioning:		
• Health-related quality of life	Quality of life	Yes
• Functional status	Functional status	Yes
• Sexual function, satisfaction, distress, and interference	Functional status	Yes
Emotional functioning:		
• Depression	Depression	Yes
• Anxiety	Anxiety	Yes
Participant ratings of improvement	Symptom control	Yes
Satisfaction with treatment	Not included in this review[a]	Not applicable
Symptoms	Symptom control	Yes
Adverse events	Adverse events	Yes
Participant disposition (e.g. withdrawals)	Not included in this review[a]	Not applicable

[a] Not included in this review, as this is not considered a direct intervention effectiveness outcome.

3.4.1.4 Menopausal symptoms

The specific symptoms in this health condition category are atrophic vaginitis and vasomotor symptoms. A core outcome set exists for both atrophic vaginitis [81] (Table 12) and vasomotor symptoms [82] (Table 13).

Table 12 Core outcome set for atrophic vaginitis

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
Pain with sex	Symptom control	Yes
Vulvovaginal dryness	Symptom control	Yes
Vulvovaginal discomfort or irritation	Symptom control	Yes
Discomfort or pain when urinating	Symptom control	Yes
Change in most bothersome symptom	Symptom control	Yes
Distress, bother, or interference of genitourinary symptoms	Quality of life	Yes
Satisfaction with treatment	Not included in this review[a]	Not applicable
Side effects of treatment	Adverse events	Yes

[a] Not included in this review, as this is not considered a direct intervention effectiveness outcome.

Table 13 Core outcome set for vasomotor symptoms

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
Frequency of vasomotor symptoms	Symptom control	Yes
Severity of vasomotor symptoms	Symptom control	Yes
Distress, bother, or interference caused by vasomotor symptoms	Quality of life	Yes
Impact on sleep	Functional status	Yes
Satisfaction with treatment	Not included in this review[a]	Not applicable
Side effects of treatment	Adverse events	Yes

[a] Not included in this review, as this is not considered a direct intervention effectiveness outcome.

3.4.1.5 Pelvic floor disorders

This category comprises the specific conditions of overactive bladder, stress urinary incontinence, and urge urinary incontinence. A core outcome set for overactive bladder exists [83] (Table 14). A core outcome set for female urinary incontinence (i.e. stress urinary incontinence and urge urinary incontinence) is currently being developed [84].

Table 14 Core outcome set for overactive bladder

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
Symptom severity and burden:		
• Frequency of symptoms	Symptom control	Yes
• Burden of symptoms	Quality of life	Yes
Health-related quality of life:		
• Physical functioning	Functional status	Yes
• Social impact	Quality of life	Yes
• Emotional health	Quality of life	Yes
• Interference with desired activities	Quality of life	Yes
• Sexual functioning	Functional status	Yes
• Treatment benefit	Symptom control	Yes
• Treatment tolerance	Symptom control	Yes
• Overall satisfaction with treatment	Not included in this review[a]	Not applicable

[a] Not included in this review, as this is not considered a direct intervention effectiveness outcome.

3.4.1.6 Pelvic organ prolapse

Pelvic organ prolapse consists of the following specific conditions: cystocele, cystourethrocele, enterocele, rectocele, urethrocele, uterine prolapse, and vaginal prolapse. A core outcome set for female pelvic organ prolapse is currently being developed [84].

3.4.1.7 Pelvic and vulvar vaginosis

This category comprises bacterial vaginosis, candida, trichomoniasis vaginitis, vaginitis, and vulvitis. No core outcome set exists or has been reported as being in development for any of these conditions.

3.4.1.8 Female infertility

Female infertility encompassed the specific health conditions of anovulation, diminished ovarian reserve, hydrosalpinx, implantation failure, and luteal phase deficiency. While no core outcome set exists for any of these specific conditions, a core outcome set does exist for infertility, which encompasses these and other specific conditions [85] (Table 15).

Table 15 Core outcome set for infertility

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
Viable intrauterine pregnancy confirmed by ultrasound	Pregnancy	Yes
Pregnancy loss:		
• Ectopic pregnancy	Adverse events (of fertility treatment) or abortion/miscarriage	Yes
• Miscarriage	Abortion/miscarriage	Yes
• Stillbirth	Live birth	Yes
• Termination of pregnancy	Abortion/miscarriage or complete termination of pregnancy (after incomplete/missed abortion)	Yes
Live birth	Live birth	Yes
Gestational age at delivery	Not included in this review[a]	Not applicable
Birthweight	Not included in this review[a]	Not applicable
Neonatal mortality	Not included in this review[a]	Not applicable
Major congenital anomaly	Not included in this review[a]	Not applicable

[a] Not included in this review, as the focus of this review is on female/maternal outcomes.

3.4.1.9 Early pregnancy loss (<20 weeks)

Early pregnancy loss (<20 weeks) consisted of ectopic pregnancy, gestational trophoblastic disease, incomplete/missed abortion, induced abortion, recurrent pregnancy loss/miscarriage, septic abortion, spontaneous abortion/miscarriage, and threatened abortion.

A core outcome set exists for:

- Ectopic pregnancy [86] (Table 16)
- Induced abortion [87] (Table 17)
- Spontaneous abortion/miscarriage [88] (Table 18), and
- The prevention of miscarriage, which may be applicable to recurrent pregnancy loss/miscarriage [88] (Table 19).

No core outcome sets exist or have been reported as being in development for gestational trophoblastic disease, incomplete/missed abortion, septic abortion, or threatened abortion.

Table 16 Core outcome set for ectopic pregnancy

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
Treatment success	Treatment success/failure	Yes
Resolution time of ectopic pregnancy	Treatment success/failure	Yes
Number of additional interventions	Condition stability/progression and treatment success/failure	Yes
Adverse events	Adverse events	Yes
Mortality	Mortality	No
Severe morbidity	Quality of life, functional status	Yes
Treatment satisfaction	Not included in this review[a]	Not applicable

[a] Not included in this review, as this is not considered a direct intervention effectiveness outcome.

Table 17 Core outcome set for induced abortion

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
All abortion trials:		
• Successful abortion	Complete termination of pregnancy and treatment success/failure	Yes
• Ongoing viable pregnancy	Pregnancy	Yes
• Death	Mortality	Yes
• Haemorrhage	Adverse events	Yes
• Uterine infection	Adverse events	Yes
• Hospitalisation	Adverse events and condition stability/progression	Yes
• Surgical intervention	Complete termination of pregnancy and treatment success/failure	Yes
• Pain	Adverse events	Yes
• Gastrointestinal symptoms	Adverse events	Yes
• Participant's experience of abortion	Not included in this review[a]	Not applicable
Surgical abortion only:		
• Uterine perforation	Adverse events	Yes
• Cervical injury	Adverse events	Yes
Medical abortion only:		
• Uterine rupture	Adverse events	Yes
Abortion under anaesthesia:		
• Oversedation/respiratory distress	Adverse events	Yes
• Local anaesthetic systemic toxicity	Adverse events	Yes

[a] Not included in this review, as this is not considered a direct intervention effectiveness outcome.

Table 18 Core outcome set for the management of spontaneous abortion/miscarriage

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
Efficacy of miscarriage treatment	Treatment success/failure	Yes
Heavy vaginal bleeding	Adverse events	Yes
Pelvic infection	Adverse events	Yes
Maternal death	Mortality	No
Procedure-related complications	Adverse events	Yes
Patient satisfaction	Not included in this review[a]	Not applicable

[a] Not included in this review, as this is not considered a direct intervention effectiveness outcome.

Table 19 Core outcome set for the prevention of spontaneous abortion/miscarriage in recurrent pregnancy loss/miscarriage

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
Pregnancy loss	Abortion/miscarriage	Yes
Live birth	Live birth	Yes
Congenital abnormalities	Not included in this review[a]	Not applicable
Foetal growth restriction	Not included in this review[a]	Not applicable
Gestation at birth	Not included in this review[a]	Not applicable
Preterm birth	Not included in this review[a]	Not applicable
Neonatal or infant death	Not included in this review[a]	Not applicable
Maternal complications	Adverse events	Yes
Compliance with intervention	Not included in this review[b]	Not applicable
Patient satisfaction	Not included in this review[b]	Not applicable
Maternal hospitalisation	Adverse events	Yes
Neonatal or infant hospitalisation	Not included in this review[a]	Not applicable

[a] Not included in this review, as the focus of this review is on female/maternal outcomes.
[b] Not included in this review, as this is not considered a direct intervention effectiveness outcome.

3.4.1.10 Postpartum mental health

Postpartum mental health comprised postpartum depression and postpartum post-traumatic stress disorder (PTSD). A core outcome set exists for perinatal depression (onset of depression during or after pregnancy) that applies to postpartum depression (onset after birth) [89] (Table 20). No core outcome set exists or has been reported as being in development for postpartum PTSD.

Table 20 Core outcome set for postpartum depression

Core outcome	Outcome code in this review	Outcome reported in included studies (yes/no)
Self-assessed symptoms of depression	Depression	Yes
Diagnosis of depression by a clinician	Depression	Yes

Parent to infant bonding	Parent/infant relationship	Yes
Self-assessed symptoms of anxiety	Anxiety	Yes
Quality of life	Quality of life	Yes
Satisfaction with intervention	Not included in this review[a]	Not applicable
Suicidal thoughts	Suicidal thoughts	No
Attempted or committed suicide	Attempted suicide	No
Thoughts of harming baby	Thoughts of harming the baby	No
Adverse events	Adverse events	Yes

[a] Not included in this review, as this is not considered a direct intervention effectiveness outcome.

4 Discussion

4.1 Summary of findings

4.1.1 Findings from Evidence and gap map 1: Interventions by health conditions

A total of 2,279 studies, published between January 2019 and February 2024, were included in this evidence and gap map review. The findings identified several evidence gaps in the selected health conditions among women. The five health condition categories on which the most evidence exists, starting with the category with the most evidence, are: gynaecological-related conditions/pain; cancers of the female reproductive tract; female infertility; pelvic floor disorders; and menopausal symptoms. However, certain specific conditions within these categories have limited evidence. Within gynaecological-related conditions/pain, pelvic inflammatory disease is the condition with the least amount of research. Pelvic inflammatory disease is characterised by inflammation of the upper genital tract, including the uterus, fallopian tubes, and pelvic organs [90]. The global age-standardised prevalence of the disease is 53.19 per 100,000 women aged 15–49 years [91]. It is estimated that over 85% of cases are caused by a sexually transmitted infection [90]. Given that its main cause is preventable, it is worth noting that the existing evidence base on pelvic inflammatory disease may be more focused on prevention than on treatment, which is not captured in this review, as we included treatment interventions only.

In relation to cancers of the female reproductive tract, vaginal cancer is the least researched type of cancer. This may be partially due to its lower incidence in comparison with the other specified cancers. A recent study, based on 2022 estimates from the Global Cancer Observatory's GLOBOCAN database, reported the age-standardised incidence of cancers of the female reproductive tract by region [92]. In 2022, in Western Europe, vaginal cancer had the lowest age-standardised incidence among cancers of the female reproductive tract, at 0.4 new cases per 100,000 women versus 2.4, 6.6, 7.1, and 11.2 new cases per 100,000 women of vulvar, cervical, ovarian, and uterine cancer, respectively [92].

Within the category of female infertility, the least evidence exists on luteal phase deficiency, which is a condition where the uterine lining does not thicken or grow enough to support a pregnancy [93]. However, the cause of infertility was often not reported in the included studies on this condition. Almost half of these studies (48%, 200/417) were coded to 'other/unspecified' in female infertility and were also not coded to any condition in the gynaecological-related conditions/pain category that may affect infertility (e.g. adenomyosis, endometriosis, polycystic ovary syndrome). This is unsurprising given that approximately 30% of cases of infertility are unexplained, i.e. no abnormalities of the female or male reproductive systems are identified following investigations [94]. Failure to diagnose a specific cause of

infertility does not preclude qualification for certain treatment, such as in vitro fertilisation [95]. This may partially account for the evidence base mainly pertaining to unexplained infertility rather than specific causes, if a specific cause does not need to be identified in order to determine treatment eligibility. Similarly, in relation to menopausal symptoms, a majority of the included studies (94 out of 177) were coded to 'other/unspecified' symptoms. This is because most of the included studies targeted a range of non-specified menopausal symptoms rather than a specific symptom, or they targeted atrophic vaginitis or vasomotor symptoms along with other general symptoms (e.g. fatigue, sleep problems) and were therefore coded to both the specific condition and to 'other/unspecified'. Future menopause research should consider targeting specific symptoms. As outlined in Appendix A, certain menopausal symptoms (e.g. atrophic vaginitis, vasomotor symptoms, mood symptoms, and altered sexual function) require different treatments (e.g. vaginal oestrogen, hormone replacement therapy, cognitive behavioural therapy, and testosterone supplementation). Therefore, the effectiveness of certain treatments will likely vary based on the symptom being targeted, and individual treatments may be needed for each symptom.

In pelvic floor disorders, there was less evidence on overactive bladder in comparison with urge urinary incontinence and stress urinary incontinence. It is important to acknowledge that while these conditions can exist in isolation, they often co-occur. For example, overactive bladder is often accompanied by urge urinary incontinence (i.e. when feelings of urgency lead to involuntary urination). In fact, the prevalence of overactive bladder with urge urinary incontinence in adult women in the USA is higher than overactive bladder without urge urinary incontinence [96] [97], at 9.3% versus 7.6%, respectively [97]. Moreover, it is common for women to experience both stress urinary incontinence and urge urinary incontinence, which is defined as mixed urinary incontinence. The prevalence of stress urinary incontinence, urge urinary incontinence, and mixed urinary incontinence in adult women in the USA is 45.9%, 31.1%, and 18.1%, respectively [98]. Furthermore, medical, surgical, and lifestyle treatments for these conditions are similar [99]; therefore, evidence from studies on urinary incontinence may translate to populations with overactive bladder and vice versa. As a result, it may be useful to consider the evidence base on pelvic floor disorders (i.e. overactive bladder, stress urinary incontinence, and urge urinary incontinence) as a whole rather than separately by specific conditions. Collectively, we found evidence from most types of studies evaluating the majority of interventions in pelvic floor disorders, apart from psychological interventions and outreach services.

The five health condition categories with the least evidence are abnormal menses/symptoms; pelvic and vulvar vaginosis; postpartum mental health; pelvic organ prolapse; and early pregnancy loss (<20 weeks). Firstly, in the category of abnormal menses/symptoms, the least evidence exists on both premenstrual dysphoric disorder and absence of period/abnormally reduced pattern or flow. Premenstrual dysphoric disorder is a severe form of premenstrual syndrome classified as a depressive condition where at least one affective symptom as well as physical symptoms exist in the perimenstrual period [100]. It affects approximately 5% of reproductive-aged women [101]. The condition has only recently been recognised, having been added to the *International Classification of Diseases 11th Revision* [102] in 2022, which may account for its scant evidence base to date. Therefore, it is likely that this newly recognised condition requires further research in order to establish effective treatments. Moreover, absence of period/abnormally reduced pattern or flow includes amenorrhoea, oligomenorrhoea, and hypomenorrhoea. It appears that the prevalence of these conditions (for example, oligomenorrhoea and amenorrhoea affect 10–15% and 3–4% of reproductive-aged women, respectively [103]) is substantially lower than excessive/prolonged/intermenstrual bleeding, which affects over 25% of women [104]. This may be part of the reason for a larger existing evidence base on the latter.

In relation to pelvic and vulvar vaginosis, the condition with the lowest number of studies is vulvitis, with none of the included studies examining this condition. Vulvitis is the inflammation of the vulva, often

caused by an allergic reaction, irritant, or infection [105]. These infections include other specific conditions that are included in this category, namely trichomoniasis vaginitis [106], bacterial vaginosis [105], and candida [107] (i.e. vulvitis presents as a symptom of these conditions). This may partially account for the absence of studies on vulvitis, as the existing evidence base may instead focus on the treatment of its specific causes. Moreover, vulvitis is typically cured through the avoidance of irritants or with available pharmacological treatments [105].

Within the postpartum mental health category, less evidence exists on postpartum PTSD in comparison with postpartum depression. The estimated global prevalence of postpartum depression is 17.7% [108], while the estimated prevalence of postpartum PTSD is 3.1% in community populations and 15.7% in at-risk populations (i.e. those with a previous psychological condition; postpartum depression; or complications during pregnancy, labour, and delivery) [109]. Postpartum PTSD can occur with or without a traumatic childbirth. In a UK population-based study, the prevalence of postpartum PTSD related to childbirth was 2.5%, and the prevalence of postpartum PTSD related to other current or past traumatic events was 6.8% [110]. Moreover, a strong link has been demonstrated between these conditions. Firstly, a mother's perception of birth as a traumatic event is a risk factor for developing both postpartum depression and postpartum PTSD [111]. Secondly, both conditions co-occur in a high proportion of women. This includes both women who have and have not experienced a complicated childbirth (i.e. a preterm delivery, medical complication in the newborn, and/or admission to the neonatal intensive care unit), at 26.4% and 15.7%, respectively [112]. Therefore, researching evidence-informed treatment of both may be optimal. The recent establishment of community postnatal hubs in Ireland which aim to support women with postnatal care (e.g. breastfeeding, physiotherapy) for the first 14 days post birth [11], may provide an opportunity to target women who are at risk of or who are affected by these conditions. Additionally, while best practice guidelines (e.g. from the National Institute for Health and Care Excellence in the UK) exist for postpartum depression [113], they often refer to generic depression guidelines, and postpartum PTSD guidelines focus on women who experienced traumatic childbirth and do not address the treatment of postpartum PTSD related to other traumatic events [113]. As a result, there appears to be scope for more evidence-informed treatment guidance for both of these conditions.

Within the pelvic organ prolapse category, none of the included studies examined cystourethrocele (prolapse of the bladder and urethra), urethrocele (prolapse of the urethra), or enterocele (prolapse of the small intestine). From a practical perspective, specific types of prolapse may be difficult to research in isolation, as patients often experience more than one type of prolapse. For example, almost 50% of cystocele cases are related to vaginal prolapse [114]. Moreover, based on best practice guidelines [99] and the included studies, surgery is one of the main treatments for prolapse, involving the insertion of different medical devices such as meshes or slings using different surgical techniques (for example, different suturing methods) [99]. The selection of specific devices and how the surgery is performed is based on the surgeon's preference and the patient's preference (for example, giving priority to uterus preservation [99]), thus making these treatments difficult to research across contexts.

In the early pregnancy loss (<20 weeks) category, septic abortion is the condition with the least evidence, with no included studies assessing its treatment. This condition appears to be uncommon. A recent review found that septic abortion – defined as pregnancy loss secondary to infection before 20 weeks' gestational age – occurred in 2.3% of pregnancies, and septic abortion as a result of complications from elective therapeutic abortions occurred in 0.5% of pregnancies reported over the last 20 years in mainly OECD member countries [115]. Furthermore, it is considered a medical emergency, as treatment needs to be initiated within 1 hour of the patient being identified as high risk [116], thus making it difficult to research in an effectiveness trial (e.g. in terms of obtaining consent or assigning participants to certain treatments).

4.1.2 Findings from Evidence and gap map 2: Outcomes by interventions

Where core outcomes exist and have been included in this review, most have been reported in the included studies on the respective health conditions, apart from menstrual regularity in adenomyosis; chronic anovulation in polycystic ovary syndrome; mortality in ectopic pregnancy and in spontaneous abortion/miscarriage; and the outcomes of suicidal thoughts, attempted suicide, and thoughts of harming the baby in postpartum depression.

An overall limited evidence base on adenomyosis, ectopic pregnancy, and spontaneous abortion/miscarriage may account for certain core outcomes not being reported in these conditions (i.e. there is a lack of research on these conditions overall, as opposed to there being an existing sufficient evidence base that has neglected to report certain core outcomes of these conditions). Future research should measure and report on these outcomes for the purpose of building a consistent evidence base.

It is possible that the outcome of chronic anovulation in polycystic ovary syndrome may instead be measured and reported as a more practical-to-measure outcome such as menstrual regularity, as irregular menstruation is a cardinal symptom of anovulation [117]. In addition, chronic anovulation appears to be a definition for long-term anovulation and therefore may be used as a threshold for measuring the duration of anovulation, rather than being an outcome itself. It may instead be measured and reported as 'ovulation rate/stimulation' in response to an intervention targeting anovulation. Both menstrual regularity and ovulation rate/stimulation have been reported in the included studies on polycystic ovary syndrome.

In relation to postpartum depression, three core outcomes (suicidal thoughts, attempted suicide, and thoughts of harming the baby) were not reported in the included studies. Several potential reasons may account for this. Firstly, suicidal thoughts may not be reported as this may be an exclusion criterion for certain postpartum depression trials, as these women may need immediate treatment. Additionally, this features as an individual item on self-report postpartum depression scales to measure symptoms of the condition overall (for example, thoughts of self-harm is an individual item on the Edinburgh Postnatal Depression Scale [118], a validated, commonly used scale to measure symptoms of postpartum depression). As a result, suicidal thoughts may be measured within the included studies but reported as part of symptom control as one collective outcome. Symptom control has been reported in the included studies on postpartum depression. In contrast, attempted suicide and thoughts of harming the baby do not feature as items on this scale and therefore additional, potentially less commonly used scales (e.g. the Postpartum Bonding Questionnaire [119]) are required to measure these outcomes. However, even if measured, it may be difficult to accurately capture these outcomes as women may underreport these behaviours and thoughts due to fear of potential consequences such as psychiatric hospitalisation or separation from infant.

4.2 Comparison with other research

In contrast to other evidence and gap maps on women's health conducted by the Norwegian Institute of Public Health [19] and the Wales Centre for Evidence-Based Care [18], our evidence and gap maps cover a substantially wider evidence base in relation to the health conditions, time frame, types of evidence, and study countries included.

The evidence and gap map review conducted by the Norwegian Institute of Public Health covered systematic reviews on the treatment of diseases in women that included one or more studies from Norway, and included the following conditions that are consistent with our review: menstrual-related conditions (dysmenorrhoea, absence of period/abnormally reduced pattern or flow, and excessive/prolonged or intermenstrual bleeding), female infertility (polycystic ovary syndrome),

pregnancy-related conditions (spontaneous abortion, induced abortion, ectopic pregnancy, and pelvic girdle pain), postpartum conditions (postpartum depression), menopause (menopausal symptoms), and pelvic organ prolapse (uterine prolapse, enterocele, rectocele, and cystocele), cancers of the female reproductive tract (cervical, uterine, ovarian, and other reproductive cancers), gynaecological conditions (endometriosis, adenomyosis, and vulvodynia), and incontinence (urinary incontinence) [19].

Despite differences between our evidence and gap map review (i.e. we also searched for ongoing, primary, and systematic review evidence from within and outside OECD member countries) and that conducted by the Norwegian Institute of Public Health, there are consistencies in the findings from both reviews. Firstly, the Norwegian Institute of Public Health also found that of the conditions that it searched for, the most systematic review evidence exists on female infertility (including polycystic ovary syndrome), cancers of the female reproductive tract (specifically cervical, uterine, ovarian, and other reproductive cancers), and menopause (menopausal symptoms) [19]. That review also identified similar evidence gaps to those identified in our review. Specifically, it found no reviews on enterocele, rectocele, or cystocele, and few reviews on other types of pelvic organ prolapse [19]. This is in line with our findings that pelvic organ prolapse is one of the categories of conditions with the least evidence, from primary research as well as systematic reviews. Moreover, in line with the categories of conditions with the least evidence identified in our review, the Norwegian Institute of Public Health review also identified that the least evidence exists on menstrual-related conditions (including absence of period/abnormally reduced pattern or flow and excessive/prolonged or intermenstrual bleeding), postpartum conditions (specifically postpartum depression), and pregnancy-related conditions (including spontaneous abortion, induced abortion, ectopic pregnancy, and pelvic girdle pain) [19].

We covered the following specific conditions that were not explicitly searched for in the Norwegian Institute of Public Health's review, thus precluding a comparison of findings on these conditions: abnormal menses/symptoms (premenstrual dysphoric disorder), gynaecological-related conditions/pain (pelvic inflammatory disease and uterine fibroids), pelvic floor disorders (overactive bladder), pelvic and vulvar vaginosis (bacterial vaginosis, candida, trichomoniasis vaginitis, vaginitis, and vulvitis), female infertility (anovulation, diminished ovarian reserve, hydrosalpinx, implantation failure, and luteal phase deficiency), early pregnancy loss (<20 weeks) (gestational trophoblastic disease, incomplete/missed abortion, recurrent pregnancy loss/miscarriage, septic abortion, and threatened abortion), and postpartum mental health (postpartum PTSD). The value in covering these conditions is clear, given that we identified several evidence gaps among them.

Secondly, the evidence and gap map review conducted by the Wales Centre for Evidence-Based Care searched for systematic reviews on the overall management and treatment of menopause and endometriosis, as well as mental health issues related to the following menstrual conditions: adenomyosis, uterine fibroids, heavy menstrual bleeding, premenstrual dysphoric disorder, and polycystic ovary syndrome [18]. In line with our findings, the Wales Centre for Evidence-Based Care identified a substantial systematic review evidence base on menopause and endometriosis [18].

The Wales Centre for Evidence-Based Care identified no systematic review evidence on mental health related to the following conditions: adenomyosis, uterine fibroids, heavy menstrual bleeding, or premenstrual dysphoric disorder, and few systematic reviews on mental health related to menopause (n=1), polycystic ovary syndrome, and endometriosis (n=4) [18]. While we focused on the overall treatment of conditions rather than on treatments related to mental health only, we also identified limited systematic review evidence on adenomyosis (n=4) and premenstrual dysphoric disorder (n=2). In contrast, we identified a larger systematic review evidence base on heavy menstrual bleeding i.e. excessive/prolonged/intermenstrual bleeding (n=12), polycystic ovary syndrome (n=145), endometriosis

(n=65), uterine fibroids (n=24), and menopausal symptoms (n=64). However, this was likely due to our focus on the overall treatment of these conditions.

4.3 Strengths and limitations

This review has several strengths. Its main strength is that it appears to be the most comprehensive evidence and gap map review of women's health outcomes to date, covering ongoing, primary, and secondary research on more than 50 specific health conditions in women across mainly OECD member countries. Therefore, it provides the most complete picture of the existing evidence base and gaps in evidence in this area. To do this, we constructed a robust and comprehensive search strategy following best practice guidance [48] in order to identify relevant evidence. Specifically, the search included a dedicated strategy for each health condition category which was informed by the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) [35]. The search strategy was then peer reviewed before being carried out across several relevant databases and sources, and was further supplemented with searching for publications of completed work from eligible protocols.

As per relevant guidance [20], our coding framework incorporated standardised systems in order to construct the primary dimensions of the evidence and gap maps, including typologies of health interventions (such as the Behaviour Change Technique Taxonomy (v1) [65] and the Effective Practice and Organisation of Care taxonomy of health systems interventions [5]), as well as standardised core outcome sets [1] (see Section 2.5). Using such standardisations enables the included studies to be coded and presented consistently on the maps, which ensures that any evidence gaps are identified systematically. Moreover, this review followed best research practice throughout. We prospectively registered the review protocol on PROSPERO (registration number: CRD42024534537) [24] in order to ensure transparency, and we reported and explained any deviations in Section 2.9. We followed best practice guidelines for conducting [20] [22] and reporting [23] evidence and gap maps [20], and we recruited expert consultants with research methodology and clinical expertise to provide input where needed.

Given the large volume of papers retrieved from the search and the time frame allotted for conducting this review, we made necessary practical decisions in relation to the inclusion of papers that may have limitations. Firstly, we conducted the search in databases and resources that mainly collate English-language evidence. Moreover, we excluded non-English-language records at the full-text screening stage. This was a necessary practical decision given the large volume of papers identified for full-text screening and the time frame allotted for this review. This may impact the completeness of evidence from OECD member countries, especially from those with official languages other than English. We have recorded the number of records excluded on language (n=186) at full-text screening stage, and these records are available on the Health Research Board (HRB) website as an additional RIS file accompanying this review in case this is of interest to other researchers. However, it is unknown if these records would have met the other eligibility criteria to qualify for inclusion in our review. Searching non-English-language databases and including records in other languages would provide a more inclusive picture of the evidence base on women's health outcomes.

Furthermore, we initially aimed to include evidence from OECD member countries only in order to provide a map of the evidence from other mainly high-income countries like Ireland, as this may be most useful for the DOH. While the included primary studies and protocols of same were primarily conducted in OECD member countries, the included reviews also include primary studies that were conducted outside of OECD member countries and/or from unknown countries. As outlined in Section 2.2.1, we decided to include these reviews in order to prevent the exclusion of potentially relevant reviews and protocols that did not report the study country or did not report the results separately by country. We

acknowledge that this led to inclusion of 196/804 (24%) systematic reviews that may include no, or limited studies conducted in an OECD member country and thus have uncertain applicability to OECD contexts. Therefore, this evidence and gap map review provides a picture of primary and ongoing research from OECD member countries, and secondary evidence from countries both within and outside of the OECD. In addition, we acknowledge that including systematic reviews with mixed study designs i.e. eligible study designs (RCTs, non-randomised trials, full economic evaluations) and other study designs (e.g. observational studies), may have led to the inclusion of some reviews that predominantly include other study designs. However, the review team agreed that this trade off was more appropriate than excluding these systematic reviews as this could indicate an evidence gap that does not in fact exist. In other words, excluding systematic reviews of RCTs and other study designs could lead to the finding that no systematic reviews of RCTs in a particular condition exist, when in fact they may exist but within systematic reviews of RCTs and other study designs. As a result, we included systematic reviews of eligible and other study designs if they reported results from the eligible study designs separately.

While we searched for systematic reviews from the last 10 years and primary studies and protocols from the last 5 years, we only screened systematic reviews and primary studies from the last 5 and 3 years, respectively. Therefore, relevant secondary and primary evidence that was published prior to 2019 and 2021, respectively, may exist that is not covered in this review and the impact of this is unknown. Nevertheless, certain medical treatments and other interventions are rapidly evolving, particularly with the increasing integration of technology, artificial intelligence, and robotics in treatments for many of our selected conditions, such as in radiation therapy for cancers of the female reproductive tract [120], assisted reproduction for female infertility [121], and robotic-assisted surgery for pelvic organ prolapse [122]. As a result, covering more recent research likely captures the most current, relevant treatments and any evidence gaps in same. This may be most informative for identifying what future research to prioritise that is responsive to the current treatment landscape. Additionally, we did not calculate potential overlap i.e. the number of included primary studies that are included in one or more of the included systematic reviews. However, this is at least partially mitigated through our revised eligible date limit of primary studies to the most recent 3 years, as these studies are unlikely to be captured in published systematic reviews. In addition, potential overlap would not impact the evidence gaps identified.

Including ongoing research in evidence and gap maps has strengths and limitations. We included protocols of eligible studies that may soon produce evidence in order to avoid the DOH prioritising research that is already in progress. Where these protocols reported that the research was due to be completed by the time we were conducting our searches, we searched for the results papers. A total of 625 included protocols of work should have been complete when we were conducting our searches. We found published results papers for 112 (18%) of these. Therefore, there are 513 remaining included protocols in the maps that should be complete but, based on our search, have yet to publish their results. It is possible that at least a portion of these records may not lead to completed research, and thus may represent an evidence base that will only partially be produced. However, the illustration of different study designs on the evidence and gap maps allows the reader to delineate this ongoing evidence from completed primary and secondary research. Beyond searching for results papers of the included protocols, we did not have the capacity to conduct additional supplementary searching e.g. reference chasing, given the large number of included studies. This may have led to the omission of certain studies although it is unlikely that the magnitude of these potential studies would substantially impact on the main findings i.e. the categories of health conditions identified as having the most and least evidence given the difference in the number of included studies on these categories (range: 45–808 studies).

Moreover, we did not conduct a quality assessment, as this is not essential in evidence and gap map reviews [20,21] and we did not deem it necessary for the purpose of this review. However, as a result we do not know the quality of the identified evidence base and there may be an unidentified need for further high-quality research. Finally, we considered ordering the categories of conditions and specific health conditions within each category according to their prevalence, starting with the most prevalent. This would have been to enable the easy identification of any evidence gaps in prevalent conditions (in theory, more evidence should exist on more prevalent conditions in comparison to less prevalent conditions). However, this was not feasible due to the inconsistencies in how prevalence estimates of the selected health conditions are reported in the literature (e.g. prevalence versus incidence, lifetime prevalence, point prevalence, and age-standardised prevalence), although this is a limitation of the literature rather than of this review.

4.4 Future research

Several avenues may be considered in future research on women's health. These include conducting research on the health conditions identified as having a limited evidence base, identifying the existing evidence and gaps in evidence in additional health conditions in women not covered in this review, determining the clinical and cost effectiveness of the identified interventions to treat women's health conditions, and developing and reporting core outcomes where available.

4.4.1 Health conditions

The evidence gaps identified from Evidence and gap map 1: Interventions by health conditions indicate that four categories of conditions in particular warrant further research: pelvic and vulvar vaginosis; pelvic organ prolapse; early pregnancy loss (<20 weeks); and postpartum mental health. It may be useful to consider the epidemiological nature (e.g. prevalence, severity, treatability) of these conditions when determining which research gaps to address. Consulting multidisciplinary experts and specialists on these factors may be beneficial to further inform next steps for future research. In addition, it may be valuable to incorporate public and patient input to prioritising the evidence gaps identified, for example, through conducting additional listening exercises with women. Furthermore, while the findings point to four categories of conditions with the least evidence, certain specific conditions within the most researched health condition categories also lack evidence, which may require attention.

Additionally, other health conditions not covered in this evidence and gap map review should be considered in future reviews to identify the existing evidence base and evidence gaps in these conditions. This may include conditions that occur in both males and females but are more common in females (e.g. autoimmune diseases such as rheumatoid arthritis and multiple sclerosis; migraines; osteoporosis and fibromyalgia) [17], conditions with high morbidity in women (e.g. cardiovascular disease, chronic obstructive pulmonary disease, stroke, and diabetes) [17] or additional mental health conditions that are more common in women (e.g. eating disorders) including those occurring in the perinatal/postpartum period (e.g. anxiety, obsessive compulsive disorder) [123].

4.4.2 Effectiveness of treatment interventions and quality of evidence

It may be useful to synthesise the findings of the evidence identified in this review to form conclusions about the clinical and cost effectiveness of certain treatments. This could be completed through a systematic review of the identified primary trials or an umbrella review of the identified systematic reviews on the respective conditions. Moreover, future evidence and gap maps may focus on alternative interventions, such as diagnosis and prevention of health conditions in women.

In addition, future research may consider conducting quality assessments on the included studies to determine the quality of the existing research. Given the large number of included studies, it would be more feasible to select a subset of included studies such as a specific study design (e.g. RCTs) and/or in a category of health conditions or a specific health condition. This would be valuable to determine the quality and usability of the existing evidence base to inform treatment decisions and to identify if and where there is a need for further high-quality research.

4.4.3 Core outcomes

The evidence gaps identified from Evidence and gap map 2: Outcomes by interventions identified that the following core outcomes have not been reported in the existing evidence base: menstrual regularity in adenomyosis; chronic anovulation in polycystic ovary syndrome; mortality in ectopic pregnancy and in spontaneous abortion/miscarriage; and the outcomes of suicidal thoughts, attempted suicide, and thoughts of harming the baby in postpartum depression. These core outcomes should be measured and reported in future investigations on the respective conditions. Further guidance on how to measure (e.g. chronic anovulation in polycystic ovary syndrome) and report some of these outcomes (e.g. suicidal thoughts, attempted suicide, and thoughts of harming the baby in postpartum depression) would be beneficial to the research community for reporting them in future research.

Core outcome sets for the following specific conditions are reportedly in development: cervical and uterine cancer, dysmenorrhoea, uterine fibroids, female urinary incontinence, and pelvic organ prolapse. Once these core outcome sets are developed, future research may review the existing evidence base in order to identify if these outcomes have been reported to date.

Moreover, core outcome sets do not currently exist and have not been reported as being in development for a number of the selected specific conditions: absence of period/abnormally reduced pattern or flow; premenstrual dysphoric disorder; fallopian tube, ovarian, vaginal, or vulvar cancer; pelvic inflammatory disease; any of the specific pelvic and vulvar vaginosis conditions; gestational trophoblastic disease; incomplete/missed, septic, or threatened abortion; or postpartum PTSD. Core outcome sets should be developed and used for these conditions in order to generate a consistent evidence base that can be synthesised to inform policy and treatment-related decision-making for these conditions.

5 Conclusions

This review identifies several evidence gaps in women's health research that need to be addressed to improve women's health outcomes on a national and international level. The four categories of health conditions identified in this review (and the specific condition(s) in each category) with the least existing evidence from mainly OECD member countries and from Ireland specifically are: pelvic and vulvar vaginosis (vulvitis), pelvic organ prolapse (cystourethrocele, enterocele, and urethrocele), early pregnancy loss (<20 weeks) (septic abortion), and postpartum mental health (postpartum PTSD). Most condition-specific core outcomes have been reported in the included studies, with a few exceptions: menstrual regularity in adenomyosis; chronic anovulation in polycystic ovary syndrome; mortality in ectopic pregnancy and spontaneous abortion/miscarriage; and attempted suicide, suicidal thoughts, and thoughts of harming the baby in postpartum depression. Future research on these conditions should measure and report core outcomes in order to generate a consistent body of evidence for women's health research, which is fundamental to informing decision-making. Conducting consultations with multidisciplinary experts, specialists, and women representatives would be beneficial to interpret the evidence gaps identified and to inform future research.

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Appendices

Appendix A Evidence-based treatment guidelines for the selected conditions

Table 21 Evidence-based treatment guidelines for health conditions (where available)

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
Cancers of the female reproductive tract (other/unspecified)				
Cervical cancer	Pembrolizumab plus chemotherapy with or without bevacizumab: recurrent or metastatic cervical cancer in adults whose tumours express PD-L1 with a combined positive score of at least 1 (NICE: persistent, recurrent or metastatic cervical cancer) Topotecan in combination with cisplatin: recurrent or stage IVB cervical cancer (if they have not previously received cisplatin) (NICE: recurrent and stage IVB cervical cancer) High dose rate brachytherapy: carcinoma of the cervix (NICE: carcinoma of the cervix) Cervical cancer (regimen varied by	Minimally invasive radical hysterectomy for early stage cervical cancer (tumours 2 cm or smaller only) (NICE: Hysterectomy)		

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
	cancer status): Bevacizumab, CARBOplatin (AUC5) and PACLitaxel Therapy; Bevacizumab, PACLitaxel and CISplatin Therapy; CARBOplatin (AUC 2) with Radiotherapy (RT); CARBOplatin (AUC5-7.5) and PACLitaxel Therapy; Cemiplimab Therapy; CISplatin with Radiotherapy (RT); CISplatin + Etoposide (100mg/m2) + Radiotherapy (RT); Pembrolizumab Monotherapy; Pembrolizumab, PACLitaxel, CARBOplatin AUC 5 and Bevacizumab Therapy; Pembrolizumab, PACLitaxel and CARBOplatin AUC 5 Therapy (HSE: National Cancer Control Programme)			
Ovarian cancer	Adjuvant chemotherapy using carboplatin for high risk stage 1 disease (NICE: Ovarian cancer) Olaparib is recommended as an option for maintenance treatment BRCA mutation-positive, advanced (FIGO stages 3 and 4), high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to first-line platinum-based chemotherapy in adults (NICE: Ovarian cancer)	Surgery for complete resection of all macroscopic disease for early stage (NICE: Ovarian cancer) Maximal cytoreductive surgery for advanced ovarian cancer (NICE: Ovarian cancer)	Retroperitoneal lymph node assessment for stage 1 disease (ovaries only) (NICE: Ovarian cancer)	

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
	Olaparib with bevacizumab is recommended for maintenance treatment BRCA mutation-positive or genomic instability high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose cancer responded after first-line platinum-based chemotherapy with bevacizumab and is advanced (FIGO stage 3 and 4) (NICE: Ovarian cancer) Olaparib is recommended as an option for maintenance treatment of BRCA mutation-positive relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer in adults whose cancer has responded to platinum-based chemotherapy (must have had 2 + courses of platinum-based chemotherapy) (NICE: Olaparib) Niraparib is recommended as an option for treating relapsed, platinum-sensitive high-grade serous epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to the most recent course of platinum-based chemotherapy in			

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
	adults. Must have had 2 or more courses of platinum-based chemotherapy and any BRCA mutation status (NICE: Niraparib) Niraparib is recommended as an option for maintenance treatment of advanced (FIGO stages 3 and 4) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer after response to first-line platinum-based chemotherapy (adults) (NICE: Niraparib) Rucaparib is recommended as an option for maintenance treatment in relapsed platinum-sensitive high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to platinum-based chemotherapy (adults) (NICE: Ovarian cancer) Paclitaxel in combination with platinum or as monotherapy for recurrent ovarian cancer (NICE: Technologies for recurrent ovarian cancer) Pegylated liposomal doxorubicin hydrochloride (PLDH) as			

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
	monotherapy or in combination with platinum for recurrent ovarian cancer (NICE: Technologies for recurrent ovarian cancer) Paclitaxel in combination with a platinum-based compound or platinum-based therapy alone (cisplatin or carboplatin) as alternatives for first-line chemotherapy (usually following surgery) for ovarian cancer (NICE: Ovarian cancer) See guideline for indication: Bleomycin, Etoposide and CISplatin (BEP) Therapy; Bevacizumab; Bevacizumab, CARBOplatin (AUC 6) and PACLitaxel Therapy; Bevacizumab and Pegylated liposomal DOXOrubicin Therapy; Bevacizumab and PACLitaxel Therapy; Bevacizumab and Topotecan Therapy; CARBOplatin (AUC 4-6) Monotherapy; CARBOplatin (AUC5-7.5) and PACLitaxel Therapy; Carboplatin (AUC 5) and Pegylated Liposomal DOXOrubicin Therapy; DOCEtaxel Monotherapy; Etoposide and CISplatin (EP) Therapy; Gemcitabine			

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
	and CARBOplatin (AUC 4) Therapy; Gemcitabine, CARBOplatin (AUC 4) and Bevacizumab Therapy; Niraparib Monotherapy; Olaparib and Bevacizumab Therapy; Olaparib Monotherapy; Pegylated Liposomal DOXOrubicin; PACLitaxel Monotherapy; Topotecan Monotherapy; Trabectedin and Pegylated Liposomal DOXOrubicin (PLD) Therapy; Intravenous Vinorelbine Therapy (HSE: National Cancer Control Programme)			
Fallopian tube cancer	Olaparib is recommended as an option for maintenance treatment of BRCA mutation-positive, advanced (FIGO stages 3 and 4), high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to first-line platinum-based chemotherapy in adults (NICE: Olaparib 2) Olaparib with bevacizumab is recommended for maintenance treatment of BRCA mutation-positive or genomic instability high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose cancer responded after first-line platinum-based chemotherapy			

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
	with bevacizumab and is advanced (FIGO stage 3 and 4) (NICE: Olaparib and bevacizumab) Olaparib is recommended as an option for maintenance treatment of BRCA mutation-positive relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer in adults whose cancer has responded to 2 or more courses of platinum-based chemotherapy (NICE: Olaparib and bevacizumab) Niraparib is recommended as an option for treating relapsed, platinum-sensitive high-grade serous epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to the most recent (of 2 or more) course of platinum-based chemotherapy in adults of any BRCA mutation status (NICE: Niraparib) Niraparib is recommended as an option for maintenance treatment of advanced (FIGO stages 3 and 4) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer after response to first-line platinum-			

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
	based chemotherapy in adults (NICE: Niraparib) Rucaparib is recommended as an option for maintenance treatment of relapsed platinum-sensitive high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to platinum-based chemotherapy in adults (NICE: Rucaparib)			
Uterine cancer	CARBOplatin (AUC5-7.5) and PACLitaxel Therapy; CISplatin Chemoradiation followed by CARBOplatin (AUC 5) and PACLitaxel; Dostarlimab Therapy (HSE: National Cancer Control Programme)			
Abnormal menses (other/unspecified)				
Absence of period/abnormally reduced pattern or flow:				
Amenorrhea	Pulsatile administration of gonadotrophin-releasing hormone or gonadotrophins with luteinising hormone activity to induce ovulation for hypothalamic amenorrhoea (NICE: Fertility problems)	Hysteroscopic adhesiolysis for amenorrhea with uterine adhesions (to restore menstruation and chance of pregnancy) (NICE: Hysteroscopic metroplasty)		For hypothalamic amenorrhoea, advise increasing body weight if BMI is less than 19 and/or moderating exercise levels if undertaking high levels of exercise (NICE: Fertility problems).

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
menorrhagia	Levonorgestrel-releasing intrauterine system (LNG-IUS) (NICE: Heavy menstrual bleeding)	1. Endometrial cryotherapy for carefully selected patients (NICE: Endometrial cryotherapy) 2. Fluid-filled thermal balloon endometrial ablation and microwave endometrial ablation for women with menorrhagia who have not responded to medical therapy (NICE: Heavy menstrual bleeding) 3. Hysterectomy for women with menorrhagia who have not responded to medical therapy (NICE: Heavy menstrual bleeding)		
Early pregnancy loss (<20 weeks)				
Spontaneous abortion/ miscarriage	Medical management (not specified) for women with a diagnosis of miscarriage if expectant management is not acceptable to the woman (NICE: Ectopic pregnancy and miscarriage)			Expectant management for 7 to 14 days as first-line management for women with a diagnosis of miscarriage (NICE: Ectopic pregnancy and miscarriage)

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
Recurrent pregnancy loss	Progestogen supplementation should be considered in women with recurrent miscarriage who present with bleeding in early pregnancy (from the time of bleeding until 16 weeks of gestation). For antiphospholipid syndrome, aspirin and heparin until at least 34 weeks of gestation. Aspirin and/or heparin should not be given to women with unexplained recurrent miscarriage (RCOG: Recurrent Miscarriage).	Hysteroscopic metroplasty of a uterine septum for septate uterus with recurrent pregnancy loss and preterm birth (NICE: Hysteroscopic metroplasty)		
Incomplete abortion	Single dose of misoprostol (vaginal, oral or sublingual) and pain relief and anti-emetics as needed (NICE: Ectopic pregnancy and miscarriage)			
Missed abortion	Oral mifepristone and misoprostol 48 hours later, (vaginal, oral or sublingual) if gestational sac has not been passed and pain relief and anti-emetics as needed (NICE: Ectopic pregnancy and miscarriage)			
Septic abortion	While awaiting transfer to hospital (>1hr) give antibiotics to people aged 16 or over with suspected sepsis who are or have recently been pregnant and meet high risk criteria in pre-hospital settings (NICE: Suspected sepsis)			If immediate transfer [to hospital] is not required : If a person aged 16 or over with suspected sepsis who is or has recently been pregnant does not meet any high risk or moderate to high risk criteria, provide the person with information about symptoms to monitor and how to access medical

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	At acute care, give people aged 16 or over who have recently been pregnant and meet any high risk criteria, broad-spectrum antimicrobial at the maximum recommended dose (within 1 hour of identifying that they meet high risk criteria), if antibiotics have not already been given for this episode of sepsis (NICE: Suspected sepsis) At acute care, give people aged 16 or over who have recently been pregnant and meet any high risk criteria and have lactate over 4mmol/litre or SBP below 90 mmHg, intravenous fluid bolus without delay (within 1 hour of identifying that they meet high risk criteria) (NICE: Suspected sepsis) At acute care, consider giving to people aged 16 or over with suspected sepsis who are or have recently been pregnant, meet any high risk criteria and have lactate below 2mmol/litre, intravenous fluid bolus (in line with recommendations on intravenous fluids for people with suspected sepsis) (NICE: Suspected sepsis)			care if concerned (NICE: Suspected sepsis)

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	Within 1 hour of identifying that they meet any high risk criteria, give people aged 16 or over with suspected sepsis who are or have recently been pregnant, meet 2 or more moderate to high risk criteria and have either lactate over 2 mmol/litre or evidence of acute kidney injury, broad-spectrum antimicrobial at the maximum recommended dose without delay if antibiotics have not already been given for this episode of sepsis (NICE: Suspected sepsis)			

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
Induced abortion	Anti-D prophylaxis for women who are rhesus D negative and are having an abortion after 10+0 weeks' gestation (NICE: Abortion care) Consider anti-D prophylaxis for women who are rhesus D negative and having a surgical abortion up to and including 10+ weeks' gestation (NICE: Abortion care) Antibiotic prophylaxis (oral doxycycline or metronidazole) for women having medical or surgical abortion for infection prevention (NICE: Abortion care) Offer a choice between medical or surgical abortion to women up to and including 23+6 weeks' gestation (NICE: Abortion care) Mifepristone for women opting for expulsion at home for medical abortion up to and including 10+0 weeks (NICE: Abortion care) Mifepristone + misoprostol (vaginally or sublingually) followed by misoprostol (vaginal, sublingual or buccal), every 3 hours until expulsion	Offer a choice between medical or surgical abortion up to and including 23+6 weeks' gestation (NICE: Abortion care)		Expectant management of women with a pregnancy of less than 6 weeks' gestation who are bleeding but not in pain, and who have no risk factors (NICE: Abortion care)

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	for women having a medical abortion between 10+1 and 23+6 weeks' gestation (NICE: Abortion care) Surgical priming (sublingual or vaginal misoprostol). If misoprostol cannot be used, consider oral mifepristone for women having a surgical abortion up to and including 13+6 weeks' gestation (NICE: Abortion care) Surgical priming (drugs and timing differ depending on gestational age) of women having a surgical abortion between 14+0 and 23+6 weeks' gestation (NICE: Abortion care) Consider local anaesthesia alone, conscious sedation with local anaesthesia, deep sedation or general anaesthesia for surgical abortion (NICE: Abortion care)			
Threatened abortion	Vaginal micronised progesterone for women with an intrauterine pregnancy confirmed by a scan, if they have vaginal bleeding and have previously had a miscarriage...if a foetal heartbeat is confirmed, continue progesterone until 16 completed weeks of pregnancy			

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	(NICE: Ectopic pregnancy and miscarriage)			
Ectopic pregnancy	Systemic methotrexate for women who have no significant pain, have an unruptured tubal ectopic pregnancy with an adnexal mass smaller than 35 mm with no visible heartbeat, have a serum hCG level less than 1,500 IU/litre, do not have an intrauterine pregnancy, are able to return for follow-up (NICE: Ectopic pregnancy and miscarriage) Methotrexate or surgical management for women with an ectopic pregnancy who have a serum hCG level between 1,500 IU/litre and 5,000 IU/litre, who are able to return for follow-up and have no significant pain, an unruptured ectopic pregnancy with an adnexal mass smaller than 35 mm with no visible heartbeat or no intrauterine pregnancy (NICE: Ectopic pregnancy and miscarriage) Anti-D immunoglobulin prophylaxis for all rhesus-negative women who have a surgical procedure to manage an ectopic pregnancy or a	Surgery as a first-line treatment for women who are unable to return for follow-up after methotrexate treatment or who have: an ectopic pregnancy and significant pain; an ectopic pregnancy with an adnexal mass of 35 mm or larger; an ectopic pregnancy with a foetal heartbeat visible on an ultrasound scan; an ectopic pregnancy and a serum hCG level of 5,000 IU/litre or more (NICE: Ectopic pregnancy and miscarriage) Methotrexate or surgical management for women with an ectopic pregnancy who have a serum hCG level between 1,500 IU/litre and 5,000 IU/litre, who are able to return for follow-up and who have no significant pain; an unruptured ectopic pregnancy with an adnexal mass smaller than 35 mm with no visible heartbeat; no intrauterine pregnancy (NICE: Ectopic pregnancy and miscarriage) Offer salpingectomy to women undergoing surgery for an ectopic pregnancy if they have no other risk		Expectant management of women who are clinically stable and pain free, have a tubal ectopic pregnancy measuring less than 35 mm with no visible heartbeat on transvaginal ultrasound scan, have serum hCG levels of 1,000 IU/L or less, and are able to return for follow-up (NICE: Ectopic pregnancy and miscarriage) Consider expectant management as above but where serum hCG levels are between 1,000 IU/L and 1,500 IU/L (NICE: Ectopic pregnancy and miscarriage)

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	miscarriage (NICE: Ectopic pregnancy and miscarriage).	factors for infertility (NICE: Ectopic pregnancy and miscarriage) Consider salpingotomy for women with risk factors for infertility (NICE: Ectopic pregnancy and miscarriage)		
Gestational Trophoblastic Disease: Molar Pregnancy / Hydatidiform moles	Anti-D prophylaxis is recommended following removal of a molar pregnancy (RCOG: Gestational Trophoblastic Disease)	Suction curettage is recommended for removal of complete and partial molar pregnancies (RCOG: Gestational Trophoblastic Disease) Medical removal may be used for partial molar pregnancies when the size of foetal parts deters the use of suction curettage (RCOG: Gestational Trophoblastic Disease)		
Gestational Trophoblastic Disease: Gestational Trophoblastic Neoplasia (GTN)	DACTINomycin Therapy; EMA/CO Therapy (Etoposide, Methotrexate, DACTINomycin, Cyclophosphamide, vinCRIStine); Two Day Etoposide CISplatin (EP) Therapy;EMA/EP Therapy (Etoposide Methotrexate DACTINomycin/Etoposide CISplatin); Intrathecal Methotrexate for CNS prophylaxis in GTN;Methotrexate 8 day Charing Cross Regimen; PACLitaxel/Etoposide alternating with PACLitaxel/CISplatin (TE/TP) Therapy (HSE: National Cancer Control Programme)			

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Female infertility (other/unspecified)		IVF treatment: women with unexplained infertility who have not conceived after 2 years (this can include up to 1 year before their fertility investigations) IUI: NOT for unexplained infertility (NICE: Fertility problems)		
Anovulation	Clomifene citrate, metformin or a combination of both for anovulatory infertility (NICE: Fertility problems) Laparoscopic ovarian drilling with clomifene citrate and metformin (if not already offered as first-line treatment), or gonadotrophins for women with WHO Group 2 ovulation disorders, known to be resistant to clomifene citrate (NICE: Fertility problems) Dopamine agonists e.g. bromocriptine for hyperprolactinaemic amenorrhoea (NICE: Fertility problems)	Laparoscopic ovarian drilling with clomifene citrate and metformin (if not already offered as first-line treatment), or gonadotrophins for women known to be resistant to clomifene citrate (NICE: Fertility problems)		Advise women who have a BMI of 30 or over to lose weight (NICE: Fertility problems)
Hydrosalpinx		Offer salpingectomy (preferably by laparoscopy) before IVF to women with hydrosalpinges (NICE: Fertility problems)		

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bicornuate urterus		Hysteroscopic metroplasty should only be used with special arrangements for clinical governance, consent and research audit (NICE: Fertility problems)		
premature ovarian sufficiency	Sex steroid replacement with a choice of HRT or a combined hormonal contraceptive, unless contraindicated (NICE: Menopause)	1. Donor oocytes		Counselling offered to people receiving and donating donor oocytes
Menopausal symptoms (other/unspecified)	HRT to alleviate low mood (NICE: Menopause) Testosterone supplementation for low sexual desire if HRT is not effective (NICE: Menopause)			Advise women with a history/at high risk of breast cancer that, although there is some evidence that St John's wort may benefit vasomotor symptoms, there is uncertainty about: appropriate doses, persistence of effect, variation in the nature and potency of preparations, potential serious interactions with other drugs (NICE: Menopause) CBT to alleviate low mood or anxiety (NICE: Menopause)

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Vasomotor symptoms	Oestrogen and progestogen to women with a uterus or oestrogen alone to women without a uterus (NICE: Menopause) Do not routinely offer selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs) or clonidine as first-line treatment (NICE: Menopause)			
Atrophic vaginitis	Vaginal oestrogen (including those on systemic HRT) and continue treatment for as long as needed to relieve symptoms. Vaginal oestrogen in whom systemic HRT is contraindicated, after seeking advice from a HCP with expertise in menopause. If not effective, increase the dose after seeking advice from a HCP with expertise in menopause. Moisturisers and lubricants can be used alone or in addition to vaginal oestrogen. Do not offer routine monitoring of endometrial thickness during treatment for urogenital atrophy (NICE: Menopause)	Transvaginal laser therapy should only be used in the context of research. Evidence on long-term safety and efficacy is inadequate (NICE: Menopause)		

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Pelvic organ prolapse (POP) (other/unspecified)	Oestrogen-releasing ring for POP and vaginal atrophy in those with cognitive or physical impairments that might make pessaries or creams difficult to use (NICE: Urinary incontinence and POP).	Surgery for those with symptoms who have not improved with or who have declined non-surgical treatment (NICE: Urinary incontinence and POP) Consider vaginal pessaries alone or in conjunction with supervised PFM training for symptomatic POP (NICE: Urinary incontinence and POP) Bilateral cervicosacropexy (CESA) or vaginosacropexy (VASA) using mesh is not recommended (NICE: Urinary incontinence and POP) Concurrent Surgery for women with both stress UI and anterior and/or apical POP (NICE: Urinary incontinence and POP)		Advise losing weight (if the woman has a BMI greater than 30 kg/m2), minimising heavy lifting and preventing or treating constipation (NICE: Urinary incontinence and POP) Supervised pelvic floor muscle training for at least 16 weeks as a first option for women with symptomatic POP stage 1 or stage 2. If beneficial, advise continue PFM training (NICE: Urinary incontinence and POP)
Cystocele		Anterior repair surgery without mesh for anterior prolapse (NICE: Urinary incontinence and POP) Transvaginal mesh repair of anterior or posterior vaginal wall prolapse is not recommended (NICE: Urinary incontinence and POP)		

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Uterine prolapse		For those with no preference about preserving uterus, offer: vaginal hysterectomy, with or without vaginal sacrospinous fixation with sutures; vaginal sacrospinous hysteropexy with sutures manchester repair; or sacro-hysteropexy with mesh (abdominal or laparoscopic) (NICE: Urinary incontinence and POP) For women who wish to preserve uterus, offer: vaginal sacrospinous hysteropexy with sutures; Manchester repair (unless the woman may wish to have children in the future), or sacro-hysteropexy with mesh (abdominal or laparoscopic) (NICE: Urinary incontinence and POP) Colpocleisis for vault/uterine prolapse for women who do not intend to have vaginal sex and who have a physical condition that may put them at increased risk of operative and postoperative complications (NICE: Urinary incontinence and POP) Laparoscopic mesh pectopexy for apical prolapse of the uterus or vagina		

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		is not recommended (NICE: Urinary incontinence and POP)		
Vaginal prolapse		Sacrocolpopexy using mesh to repair for vaginal vault prolapse (NICE: Sacrocolpopexy for vaginal prolapse) Offer a choice of vaginal sacrospinous fixation with sutures or sacrocolpopexy (abdominal or laparoscopic) with mesh (NICE: Urinary incontinence and POP) Colpocleisis for vault/uterine prolapse for women who do not intend to have vaginal sex and who have a physical condition that may put them at increased risk of operative and postoperative complications (NICE: Urinary incontinence and POP) Neither laparoscopic mesh pectopexy for apical prolapse of the uterus or vagina or infracoccygeal sacropexy using mesh to repair vaginal vault prolapse are recommended (NICE: laparoscopic mesh pectopexy and POP)		

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Rectocele		Surgery for posterior vaginal wall prolapse without mesh (NICE: Urinary incontinence and POP) Transvaginal mesh repair of anterior or posterior vaginal wall prolapse is not recommended (NICE: Transvaginal mesh repair and POP)		
Chronic gynaecological pain (other/unspecified)		Uterine nerve ablation (LUNA) is not efficacious (NICE: LUNA for pelvic pain)		
Chronic Pelvic Pain	Hormonal treatment for 3–6 months before diagnostic laparoscopy (RCOG: Chronic pelvic pain) Antispasmodics (RCOG: Chronic pelvic pain) Appropriate analgesia to control pain (RCOG: Chronic pelvic pain)			Amend diet to control symptoms (RCOG: Chronic pelvic pain)
Bladder Pain Syndrome	Analgesia (RCOG: Bladder pain) Oral amitriptyline or cimetidine (RCOG: Bladder pain) If conservative and oral treatments have been unsuccessful, other therapies may be added or substituted. Options include: Intravesical lidocaine; Intravesical hyaluronic acid; Intravesical injection	Cystoscopic fulguration and laser treatment, and transurethral resection of lesions can be considered if Hunner lesions are identified at cystoscopy (RCOG: Bladder pain) Cystoscopy with or without hydrodistension may be considered if conservative and oral treatments have failed (RCOG: Bladder pain)		Dietary modification can be beneficial and avoidance of caffeine, alcohol, and acidic foods and drinks should be considered (RCOG: Bladder pain) Stress management may be recommended and regular exercise can be beneficial (RCOG: Bladder pain) Neuromodulation (nerve stimulation), in the form of posterior tibial or sacral

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	of botulinum toxin A (Botox); Intravesical dimethyl sulfoxide (DMSO) Intravesical heparin; Intravesical chondroitin sulfate (RCOG: Bladder pain) Oral cyclosporin A may be considered after conservative, other oral, intravesical and neuromodulation treatments have failed (RCOG: Bladder pain)	Major surgery may be considered as last-line treatment in refractory BPS (RCOG: Bladder pain)		neuromodulation, may be considered after conservative, oral and/or intravesical treatments have failed, in a multidisciplinary setting (RCOG: Bladder pain)
Vulvodynia	Topical local anaesthetics, e.g. 5% lidocaine ointment or 1-2% lidocaine gel (RCOG: Vulval skin disorders) Botulinum toxin (especially if associated with vaginismus) (RCOG: Vulval skin disorders)			Physiotherapy if evidence of a weak pelvic floor (RCOG: Vulval skin disorders) Pelvic floor muscle biofeedback (RCOG: Vulval skin disorders) Vaginal transcutaneous electrical nerve stimulation (RCOG: Vulval skin disorders) Vaginal trainers (RCOG: Vulval skin disorders) Cognitive behaviour therapy (RCOG: Vulval skin disorders)
Pelvic floor disorder (other/unspecified)	Do not offer vaginal diazepam to treat pelvic floor dysfunction (NICE: Pelvic floor dysfunction)			Community-based multidisciplinary team should discuss and agree a management plan with women (NICE: Pelvic floor dysfunction)

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				Advise women with a BMI over 30 kg/m2 that weight loss can help with urinary incontinence, overactive bladder and pelvic organ prolapse. Do not wait for women to lose weight before starting other pelvic floor dysfunction management options (NICE: Pelvic floor dysfunction) Advise women with overactive bladder or urinary incontinence to: reduce their caffeine intake, modify their fluid intake as appropriate (NICE: Pelvic floor dysfunction) For women who are doing supervised PFM training and want to be physically active, advise them that supervised exercise (e.g. yoga) may help with symptoms. There is no evidence that unsupervised physical activity (such as walking or swimming) will improve or worsen symptoms (NICE: Pelvic floor dysfunction) Discuss the psychological impact of their symptoms (NICE: Pelvic floor dysfunction)

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Overactive bladder	Anticholinergic medicine with the lowest acquisition cost to treat OAB or mixed UI (NICE: Incontinence and POP) Transdermal OAB treatment in women unable to tolerate oral medicines (NICE: Incontinence and POP) Desmopressin to reduce nocturia in UI or OAB. Use caution in women with cystic fibrosis and avoid in those over 65 years with cardiovascular disease or hypertension (NICE: Incontinence and POP) Intravaginal oestrogens to treat OAB in postmenopausal women with vaginal atrophy (NICE: Incontinence and POP) Bladder wall injection with botulinum toxin type A for OAB that has not responded to non-surgical/pharma management (NICE: Incontinence and POP) Start treatment with botulinum toxin type A in the event of developing significant voiding dysfunction:	Axonics sacral neuromodulation for refractory OAB when conservative / medical treatment has not worked (refractory overactive bladder) Percutaneous sacral nerve stimulation if OAB has not responded to non-surgical management including medicines and: symptoms have not responded to botulinum toxin type A or catheterisation associated with botulinum toxin type A is perceived as being too risky (NICE: Incontinence and POP) Restrict augmentation cystoplasty for the management of idiopathic detrusor overactivity which has not responded to non-surgical management and for those who are willing and able to self-catheterise (NICE: Incontinence and POP) Urinary diversion for OAB when non-surgical management has failed, and if botulinum toxin type A, percutaneous sacral nerve stimulation and augmentation cystoplasty are inappropriate or are unacceptable to her (NICE: Incontinence and POP)		For non-surgical management, consider a community-based multidisciplinary team approach (NICE: Pelvic floor dysfunction) Advise women with a BMI over 30 kg/m2 that weight loss can help with urinary incontinence, overactive bladder and pelvic organ prolapse. Do not wait for women to lose weight before starting other pelvic floor dysfunction management options (NICE: Pelvic floor dysfunction) Advise women with overactive bladder or urinary incontinence to: reduce their caffeine intake, modify their fluid intake as appropriate (NICE: Pelvic floor dysfunction) For women who are doing supervised PFM training and want to be physically active, advise them that supervised exercise (e.g. yoga) may help with symptoms. There is no evidence that unsupervised physical activity (such as walking or swimming) will improve or worsen symptoms (NICE: Pelvic floor dysfunction)

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	perform clean intermittent catheterisation regularly for as long as needed or a temporary indwelling catheter if unable to perform clean intermittent catheterisation (NICE: Incontinence and POP)) Use 100 units as the initial dose of botulinum toxin type A - conduct 12 week review and repeat if good symptom relief or increase to 200 units and review in 12 weeks (NICE: Incontinence and POP) Do not offer botulinum toxin type B for OAB (NICE: Incontinence and POP) Not recommended: Flavoxate, propantheline or imipramine to treat UI or OAB; oxybutynin (immediate release) to older women at possible risk of a sudden deterioration in their physical or mental health; duloxetine as a first-line treatment for women with predominant stress UI. Do not routinely offer duloxetine as a second-line treatment for women with stress UI. It may be offered as second-line therapy if women prefer pharmacological or are not suitable	For OAB that has not responded to non-surgical management or treatment with medicine and who wish to discuss further treatment options: offer urodynamic investigation to determine whether detrusor overactivity is causing OAB symptoms. If it is, offer an invasive procedure in line with recommendations on bladder wall injection in the sections on botulinum toxin type A and on urinary diversion. If there is no detrusor overactivity, seek advice on further management from the local MDT in line with the recommendation on considering treatment with botulinum toxin type A (NICE: Incontinence and POP)		Discuss the psychological impact of their symptoms (NICE: Pelvic floor dysfunction) Offer supported bladder retraining (combined with other interventions, e.g. PMFT) to women with urinary frequency, urgency or mixed incontinence (NICE: Pelvic floor dysfunction)

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	for surgical treatment (NICE: Incontinence and POP)			
Stress incontinence	Intramural bulking agents if alternative surgical procedures are not suitable/acceptable (NICE: Incontinence and POP)	After assessment in primary care, consider community MDT management approach (NICE: Pelvic floor dysfunction) Advise women with a BMI over 30 kg/m2 that weight loss can help with urinary incontinence, overactive bladder and pelvic organ prolapse. Do not wait for women to lose weight before starting other pelvic floor dysfunction management options ((NICE: Pelvic floor dysfunction) Advise women with overactive bladder or urinary incontinence to: reduce their caffeine intake, modify their fluid intake as appropriate (NICE: Pelvic floor dysfunction) For women who are doing supervised PFM training and want to be physically active, advise them that supervised exercise (e.g. yoga) may help with symptoms. There is no evidence that unsupervised physical activity (such as		After assessment in primary care, consider community MDT management approach (NICE: Pelvic floor dysfunction) Advise women with a BMI over 30 kg/m2 that weight loss can help with urinary incontinence, overactive bladder and pelvic organ prolapse. Do not wait for women to lose weight before starting other pelvic floor dysfunction management options ((NICE: Pelvic floor dysfunction) Advise women with overactive bladder or urinary incontinence to: reduce their caffeine intake, modify their fluid intake as appropriate (NICE: Pelvic floor dysfunction) For women who are doing supervised PFM training and want to be physically active, advise them that supervised exercise (e.g. yoga) may help with symptoms. There is no evidence that unsupervised physical activity (such as

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		walking or swimming) will improve or worsen symptoms (NICE: Pelvic floor dysfunction) Pelvic floor muscle training Offer a programme of supervised pelvic floor muscle training for at least 3 months to women (including pregnant women) with stress urinary incontinence or mixed urinary incontinence. Offer the choice of group or individual sessions. Offer at least 1 review to assess progress during the programme, and 1 review at the end of the programme. For women who are unable to perform an effective pelvic floor muscle contraction, consider supplementing PMFT with biofeedback techniques, electrical stimulation or vaginal cones. If the programme is beneficial, advise women to continue pelvic floor muscle training after the supervised programme ends (NICE: Pelvic floor dysfunction) Intravaginal devices for urinary incontinence if other non-surgical options have been unsuccessful ends (NICE: Pelvic floor dysfunction)		walking or swimming) will improve or worsen symptoms (NICE: Pelvic floor dysfunction) Pelvic floor muscle training Offer a programme of supervised pelvic floor muscle training for at least 3 months to women (including pregnant women) with stress urinary incontinence or mixed urinary incontinence. Offer the choice of group or individual sessions. Offer at least 1 review to assess progress during the programme, and 1 review at the end of the programme. For women who are unable to perform an effective pelvic floor muscle contraction, consider supplementing PMFT with biofeedback techniques, electrical stimulation or vaginal cones. If the programme is beneficial, advise women to continue pelvic floor muscle training after the supervised programme ends (NICE: Pelvic floor dysfunction) Intravaginal devices for urinary incontinence if other non-surgical options have been unsuccessful ends (NICE: Pelvic floor dysfunction)

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
		Discuss the psychological impact of their symptoms (NICE: Pelvic floor dysfunction) Offer supported bladder retraining (combined with other interventions, e.g. PMFT) to women with urinary frequency, urgency or mixed incontinence (NICE: Pelvic floor dysfunction) Long-term evidence on transvaginal laser therapy for stress UI is inadequate (NICE: Pelvic floor dysfunction) Bladder catheterisation (intermittent or indwelling urethral or suprapubic) for women in whom persistent urinary retention is causing incontinence, symptomatic infections or renal dysfunction, and in whom this cannot otherwise be corrected (NICE: Incontinence and POP) Offer intermittent urethral catheterisation to women with urinary retention who can be taught to self-catheterise or who have a carer (NICE: Incontinence and POP)		Discuss the psychological impact of their symptoms (NICE: Pelvic floor dysfunction) Offer supported bladder retraining (combined with other interventions, e.g. PMFT) to women with urinary frequency, urgency or mixed incontinence (NICE: Pelvic floor dysfunction) Long-term evidence on transvaginal laser therapy for stress UI is inadequate (NICE: Pelvic floor dysfunction) Bladder catheterisation (intermittent or indwelling urethral or suprapubic) for women in whom persistent urinary retention is causing incontinence, symptomatic infections or renal dysfunction, and in whom this cannot otherwise be corrected (NICE: Incontinence and POP) Offer intermittent urethral catheterisation to women with urinary retention who can be taught to self-catheterise or who have a carer (NICE: Incontinence and POP)

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
		Consider the impact of long-term indwelling urethral catheterisation. Discuss the practicalities, benefits and risks with the woman or her carer. Indications for their use include: chronic urinary retention in women who are unable to manage intermittent self-catheterisation; skin wounds, pressure ulcers or irritations that are being contaminated by urine; distress or disruption caused by bed and clothing changes; a preference for this form of management (NICE: Incontinence and POP) Consider indwelling suprapubic catheters as an alternative to long-term urethral catheters (NICE: Incontinence and POP)		
Urge incontinence		Consider the impact of long-term indwelling urethral catheterisation. Discuss the practicalities, benefits and risks with the woman or her carer. Indications for their use include: chronic urinary retention in women who are unable to manage intermittent self-catheterisation; skin wounds, pressure ulcers or irritations that are being contaminated by urine; distress or disruption caused by bed and clothing changes; a preference for		Bladder catheterisation (intermittent or indwelling urethral or suprapubic) for women in whom persistent urinary retention is causing incontinence, symptomatic infections or renal dysfunction, and in whom this cannot otherwise be corrected (NICE: Incontinence and POP) Offer intermittent urethral catheterisation to women with urinary retention who can be taught to self-

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
		this form of management (NICE: Incontinence and POP) Consider indwelling suprapubic catheters as an alternative to long-term urethral catheters (NICE: Incontinence and POP)		catheterise or who have a carer (NICE: Incontinence and POP)
Uterine fibroids	Treatment options include: levonorgestrel-releasing intrauterine system OR combined hormonal contraception. For moderate to severe symptoms, injectable gonadotrophin-releasing hormone (GnRH) agonists or relugolix–estradiol–norethisterone acetate orally (NICE: Drugs for uterine fibroids)	The following procedures can be used: Magnetic resonance image (MRI)-guided transcutaneous focused ultrasound (NICE: MRI for uterine fibroids); Uterine artery embolisation (UAE) (NICE: UAE for fibroids) The following procedures should only be used with special arrangements for clinical governance, consent, and audit or research: Hysteroscopic mechanical tissue removal (NICE: Hysteroscopic morcellation for uterine fibroids); Laparoscopic removal of uterine fibroids with power morcellation should only be used with special arrangements in people who are premenopausal or under 50 years. It should not be used in people who are postmenopausal or over 50 years (NICE: Hysteroscopic morcellation for uterine fibroids); Transcervical ultrasound-guided radiofrequency ablation (NICE: radiofrequency ablation		

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
		for uterine fibroids); Ultrasound-guided high-intensity transcutaneous focused ultrasound (NICE: ultrasound for uterine fibroids); MR image-guided percutaneous laser ablation (NICE: Ablation of uterine fibroids); Laparoscopic laser myomectomy (NICE: myomectomy)		
Endometriosis	Paracetamol or a non-steroidal anti-inflammatory drug (NSAID) alone or in combination; Neuromodulators and neuropathic pain treatments (NICE: Endometriosis) Hormonal treatments e.g. combined oral contraceptive pill or a progestogen If not effective / tolerated / contraindicated, refer to a gynaecology service, specialist endometriosis service or paediatric and adolescent gynaecology service (NICE: Endometriosis) Available evidence does not support the use of traditional Chinese medicine or other Chinese herbal medicines or supplements (NICE: Endometriosis)	During a laparoscopy to diagnose endometriosis, treat: peritoneal endometriosis not involving the bowel, bladder or ureter uncomplicated ovarian endometriomas (NICE: Endometriosis) As an adjunct to surgery for deep endometriosis involving the bowel, bladder or ureter, consider 3 months of gonadotrophin-releasing hormone agonists before surgery (NICE: Endometriosis) Consider excision rather than ablation to treat endometriomas, accounting for the woman's desire for fertility and ovarian reserve (NICE: Endometriosis) After laparoscopic excision or ablation of endometriosis, consider hormonal treatment (e.g. combined oral		

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
		contraceptive pill) (NICE: Endometriosis) If hysterectomy is indicated (e.g. adenomyosis or treatment resistant heavy menstrual bleeding), excise all visible endometriotic lesions during hysterectomy. Perform hysterectomy (with or without oophorectomy) laparoscopically when combined with surgical treatment of endometriosis, unless there are contraindications (NICE: Endometriosis) If fertility is a priority, excision or ablation of endometriosis plus adhesiolysis for endometriosis not involving the bowel, bladder or ureter. Consider laparoscopic surgery as a treatment option with women who have deep endometriosis (including endometriosis that involves the bowel, bladder or ureter). Do not offer hormonal treatment alone or in combination with surgery (NICE: Endometriosis)		
Endometrioma		During a laparoscopy to diagnose endometriosis, treat uncomplicated ovarian endometriomas (NICE: Endometriosis)		

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
		Consider excision rather than ablation to treat endometriomas, taking into account the woman's desire for fertility and her ovarian reserve (NICE: Endometriosis) If fertility is a priority, laparoscopic ovarian cystectomy with excision of the cyst wall, or laparoscopic drainage and ablation (NICE: Endometriosis)		
Adenomyosis		Uterine artery embolisation (NICE: UAE for adenomyosis)		
Polycystic ovary syndrome	For anovulatory infertility, give clomifene citrate (with ultrasound monitoring, stop drug after 6 months), metformin or a combination of both (NICE: Fertility problems) Laparoscopic ovarian drilling with clomifene citrate and metformin (if not already offered as first-line treatment), or gonadotrophins for women with WHO Group 2 ovulation disorders who are resistant to clomifene citrate (NICE: Fertility problems) Dopamine agonists such as bromocriptine for	Laparoscopic ovarian drilling with clomifene citrate and metformin (if not already offered as first-line treatment), or gonadotrophins for women with WHO Group 2 ovulation disorders who are resistant to clomifene citrate (NICE: Fertility problems)		Advise women who have a BMI of 30 or over to lose weight (NICE: Fertility problems)

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
	hyperprolactinaemic amenorrhoea (Fertility problems)			
Postpartum depression	For a woman with a history of severe depression who presents with mild depression in pregnancy/postnatal period, and for a woman with moderate/severe depression in pregnancy or the postnatal period (NICE: pre-postnatal mental health) High-intensity psychological intervention in combination with medication if the woman understands the risks associated with the medication and there is no/limited response to either option alone (NICE: pre-postnatal mental health) Guidelines for general depression, not postpartum specific (pre-postnatal mental health)			Treating specific mental health problems in pregnancy and the postnatal period: For a woman with persistent subthreshold depressive symptoms, or mild to moderate depression, in pregnancy or the postnatal period: facilitated self-help (NICE: pre-postnatal mental health) For a woman with moderate or severe depression in pregnancy or the postnatal period: a high-intensity psychological intervention, a TCA, SSRI or (S)NRI if the woman understands the risks associated with the medication/expressed a preference for medication OR declines psychological interventions OR symptoms have not responded to psychological interventions (NICE: pre-postnatal mental health)
Postpartum post-traumatic stress disorder				Offer advice and support to women who have had a traumatic birth or miscarriage and wish to talk about their experience (NICE: pre-postnatal

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
				mental health) Offer women who have post-traumatic stress disorder, which has resulted from a traumatic birth, miscarriage, stillbirth or neonatal death, a high-intensity psychological intervention (trauma-focused CBT or eye movement desensitisation and reprocessing [EMDR]) in line with the NICE guideline on post-traumatic stress disorder (NICE: pre-postnatal mental health)) Do not offer single-session high-intensity psychological interventions with an explicit focus on 're-living' the trauma to women who have a traumatic birth (NICE: pre-postnatal mental health) Discuss with a woman whose baby is stillborn or dies soon after birth, and her partner and family, the option of 1 or more of the following: seeing a photograph of the baby; having mementos of the baby; seeing the baby holding the baby. This should be facilitated by an experienced practitioner and the woman should be offered a follow-up appointment in

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
				primary or secondary care. If it is known that the baby has died in utero, this discussion should take place before the delivery and continue after delivery if needed (NICE: pre-postnatal mental health))
Pelvic inflammatory disease	Intravenous therapy is recommended in more severe clinical disease (Grade 1D) e.g. pyrexia > 38^{o}C, signs of tubo-ovarian abscess or pelvic peritonitis (BASHH: PID) Admission for parenteral therapy, observation and possible surgical intervention should be considered in clinically severe disease, if a surgical emergency cannot be excluded, if no response to oral therapy and in those with a tubo-ovarian abscess or who are pregnant (BASHH: PID) Outpatient regimens may include: Intramuscular ceftriaxone single dose plus oral doxycycline plus oral metronidazole; or oral ofloxacin plus oral metronidazole; or oral moxifloxacin. Alternative outpatient regimens: Intramuscular ceftriaxone immediately plus oral azithromycin	Laparoscopy may help early resolution by dividing adhesions and draining pelvic abscesses, but ultrasound guided aspiration of pelvic fluid collections is less invasive (BASHH: PID)		Rest if severe disease. Avoid unprotected intercourse until patient and partner(s) have completed treatment and follow-up (BASHH: PID)

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
	(BASHH: PID) Inpatient regimens may include: Intravenous therapy continued until 24 hours after clinical improvement and then switched to oral. Intravenous ceftriaxone plus doxycycline followed by oral doxycycline plus oral metronidazole OR Intravenous clindamycin plus gentamicin followed by: oral clindamycin OR oral doxycycline plus oral metronidazole. Alternative inpatient regimens: Intravenous ofloxacin plus metronidazole OR Intravenous ciprofloxacin OR intravenous (or oral) doxycycline plus Intravenous metronidazole (BASHH: PID)			
Premenstrual dysphoric disorder	GnRH analogues are highly effective in treating severe PMS. When treating severe PMS using GnRH analogues for more than 6 months, add-back hormone therapy should be used. When add-back hormone therapy is required, continuous combined hormone replacement therapy (HRT) or tibolone is recommended (RCOG: PMS)			

Health conditions with NICE guidelines on standard treatment	Standard medical treatment - NICE guidelines (unless otherwise specified)	Standard surgical treatment - NICE guidelines (unless otherwise specified)	Standard radiation treatment - NICE guidelines (unless otherwise specified)	Standard other treatment (e.g. lifestyle, expectant management) - NICE guidelines (unless otherwise specified)
Bacterial vaginosis	Oral metronidazole OR metronidazole gel OR clindamycin cream (CDC: BV)			Refrain from sexual activity or use condoms consistently and correctly during the BV treatment regimen (CDC: BV)
Trichomoniasis vaginitis	Oral metronidazole (CDC: TV)			Abstain from sex until they and their sex partners are treated (CDC: TV)
Candida	Over-the-Counter Intravaginal Agents: Clotrimazole 1% cream OR Clotrimazole 2% cream OR Miconazole 2% cream OR Miconazole 4% cream OR Miconazole 100 mg vaginal suppository OR Miconazole 200 mg vaginal suppository OR Miconazole 1,200 mg vaginal suppository OR Tioconazole 6.5% ointment (CDC: VVC) Prescription Intravaginal Agents: Butoconazole 2% cream OR Terconazole 0.4% OR Terconazole 0.8% cream OR Terconazole vaginal suppository (CDC: VVC) Oral Agent: Fluconazole (CDC: VVC)			

Table 22 Health conditions with no guidelines or recommendations identified

Health conditions with no NICE/SIGN/National Clinical Guidelines on evidence-based treatments identified	
Cancers of the female reproductive tract:	
	Vulvar cancer
	Vaginal cancer
Abnormal menses/symptoms:	
	Amenorrhea
	Oligomenorrhea
	Hypomenorhea
	Excessive/prolonged/intermenstrual bleeding
	Hypermenorrhea
	Polymenorrhea
	Metrorrhagia
	Menometrorrhagia/abnormal uterine bleeding
Female infertility:	
	Diminished ovarian reserve
	Luteal phase deficiency
	Implantation failure
Pelvic and vulvar vaginosis:	
	Vaginitis
	Vulvitis
Pelvic inflammatory disease: *Treatments for pelvic inflammatory disease may apply to these specific conditions.	
	Endometritis
	Oophoritis
	Salpingitis
	Parametritis/pelvic cellulitis

Health conditions with no NICE/SIGN/National Clinical Guidelines on evidence-based treatments identified	
Pelvic organ prolapse: *Treatments for pelvic organ prolapse may apply to these specific conditions.	
	Cystourethrocele
	Urethrocele
	Enterocele
	Rectal prolapse
	Anal prolapse
Gynaecological related pain/conditions:	
	Pelvic girdle pain
	Dysmenorrhea
	Vestibulodynia, genito-pelvic pain/penetration disorder (*Treatments for vulvodynia may apply)
	Pelvic congestion syndrome (PCS)/pelvic venous insufficiency
	Dyspareunia
	Interstitial cystitis/painful bladder syndrome
	Myofascial pelvic pain syndrome
	Lumbopelvic pain

Appendix B Summary of search results

Table 23 Summary of search results, deduplication and additional date exclusions

Database/registry name	Platform	Date of search	Results from searches, imported into Eppi Reviewer	Total records after deduplication in Eppi Reviewer	Total records after the application of new date limits (Systematic reviews 2019+; RCTs, economic evaluations and protocols 2021+)
MEDLINE	EBSCO	8 March 2024	26,785	25,669	22,433
EMBASE	Ovid	10-11 March 2024	39,482	28,466	24,455
APA PsycInfo	Ovid	9 March 2024	3,819	2,493	1,294
Cochrane Library (including the Cochrane Database of Systematic Reviews and Cochrane Central Register of Controlled Trials (CENTRAL)	Wiley	1 March 2024	34,341	25,656	13,845
Epistemonikos	Epistemonikos website	3-4 March 2024	29,317	16,918	9,593
ClinicalTrials.gov	ClinicalTrials.gov website	28 February 2024	8,681	8,607	5,705
Prospero	Prospero website	28 February 2024	5,606	5,563	3,566
TOTAL			**148,031**	**113,372**	**80,891**

The search was undertaken by creating search blocks specifically to identify randomized controlled trials, non-randomised trials, economic evaluations, protocols, research specific to women, research specific to the therapy/treatment, and research from OECD countries. The blocks were combined, and a date limit was added for 14 overarching health conditions.

14 overarching health conditions included in the search	
1. Cancers of the female reproductive tract	8. Menopausal symptoms
2. Dysmenorrhea	9. Pelvic Inflammatory disease
3. Fibroids	10. Vulvodynia
4. Endometriosis	11. Chronic gynaecological pain disorders
5. Infertility/early pregnancy loss	12. Pelvic and vulvar vaginosis
6. Polycystic ovary syndrome	13. Postnatal depression
7. Pelvic floor disorders & pelvic organ prolapse	14. Birth trauma & post-natal PTSD

(a) Medline search

Table 24 Medline Non-randomised trials block

#	Query	Limiters/Expanders
S1	TI ((non-randomized OR nonrandomized OR "non randomized" OR non-randomised OR nonRandomised OR "non randomised" OR quasi-experimental OR "quasi experimental" OR quasiexperimental OR quasiexperiment*) N10 (controlled OR control) N5 (trial or trials or study or studies)) OR AB ((non-randomized OR nonrandomized OR "non randomized" OR non-randomised OR nonRandomised OR "non randomised" OR quasi-experimental OR "quasi experimental" OR quasiexperimental OR quasiexperiment*) N10 (controlled OR control) N5 (trial or trials or study or studies))	Expanders - Apply equivalent subjects Search modes - Proximity
S2	TI ((quasirandomized OR quasi-randomized OR quasirandomised OR quasi-randomised OR quasi-RCT) N10 (control or contolled)) OR AB ((quasirandomized OR quasi-randomized OR quasirandomised OR quasi-randomised OR quasi-RCT) N10 (control or contolled))	Expanders - Apply equivalent subjects Search modes - Proximity
S3	MH "Non-Randomized Controlled Trials as Topic"	Expanders - Apply equivalent subjects Search modes - Proximity
S4	S1 OR S2 OR S3	Expanders - Apply equivalent subjects Search modes - Proximity

Table 25 Medline Female specific block

#	Query	Limiters/Expanders
S5	(MH "Female")	Expanders - Apply equivalent subjects Search modes - Proximity
S6	(MH "Women+")	Expanders - Apply equivalent subjects Search modes - Proximity
S7	(MH "Women's Health+")	Expanders - Apply equivalent subjects Search modes - Proximity
S8	TI ("Female" OR "Females" OR "Girl" OR "Girls" OR "Woman" OR "Women Groups" OR "Women's Group" OR "Women's Groups" OR "Woman's Health" OR "Womens Health" OR "Gender Characteristic" OR "Gender Characteristics" OR "Gender Difference" OR "Gender Differences" OR "Gender Dimorphism" OR "Gender Dimorphisms" OR "Sex Characteristic" OR "Sex Difference" OR "Sex Differences" OR "Sex Dimorphism" OR "Sex Dimorphisms" OR "Sexual Dichromatism" OR "Sexual Dichromatisms" OR "Sexual Dimorphism" OR "Sexual Dimorphisms" OR "Sex Ratios" OR "Sex Distributions" OR "Sex Factor" OR "Sex-specific" OR "Sex specific" OR "Sex-stratified")	Expanders - Apply equivalent subjects Search modes - Proximity
S9	AB ("Female" OR "Females" OR "Girl" OR "Girls" OR "Woman" OR "Women Groups" OR "Women's Group" OR "Women's Groups" OR "Woman's Health" OR "Womens Health" OR "Gender Characteristic" OR "Gender Characteristics" OR "Gender Difference" OR "Gender Differences" OR "Gender Dimorphism" OR "Gender Dimorphisms" OR "Sex Characteristic" OR "Sex Difference" OR "Sex Differences" OR "Sex Dimorphism" OR "Sex Dimorphisms" OR "Sexual Dichromatism" OR "Sexual Dichromatisms" OR "Sexual Dimorphism" OR "Sexual Dimorphisms" OR "Sex Ratios" OR "Sex Distributions" OR "Sex Factor" OR "Sex-specific" OR "Sex specific" OR "Sex-stratified")	Expanders - Apply equivalent subjects Search modes - Proximity
S10	(MH "Sex Characteristics")	Expanders - Apply equivalent subjects Search modes - Proximity
S11	(MH "Sex Ratio")	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
S12	(MH "Sex Factors")	Expanders - Apply equivalent subjects Search modes - Proximity
S13	S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12	Expanders - Apply equivalent subjects Search modes - Proximity

Table 26 Cochrane Highly Sensitive Search Strategies for identifying randomized trials in MEDLINE block (Source: Lefebvre et al.)

#	Query	Limiters/Expanders
S14	PT randomized controlled trial	Limiters - Publication Type: Controlled Clinical Trial, Randomized Controlled Trial Expanders - Apply equivalent subjects Search modes - Proximity
S15	PT controlled clinical trial	Limiters - Publication Type: Controlled Clinical Trial, Randomized Controlled Trial Expanders - Apply equivalent subjects Search modes - Proximity
S16	AB randomized	Expanders - Apply equivalent subjects Search modes - Proximity
S17	AB placebo	Expanders - Apply equivalent subjects Search modes - Proximity
S18	MW drug therapy	Expanders - Apply equivalent subjects Search modes - Proximity
S19	AB randomly	Expanders - Apply equivalent subjects Search modes - Proximity
S20	AB trial	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
S21	AB groups	Expanders - Apply equivalent subjects Search modes - Proximity
S22	S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21	Expanders - Apply equivalent subjects Search modes - Proximity
S23	(MH "Animals+")	Expanders - Apply equivalent subjects Search modes - Proximity
S24	(MH "Humans")	Expanders - Apply equivalent subjects Search modes - Proximity
S25	S23 NOT S24	Expanders - Apply equivalent subjects Search modes - Proximity
S26	S22 NOT S25	Expanders - Apply equivalent subjects Search modes - Proximity

Table 27 Medline Therapy block

#	Query	Limiters/Expanders
S27	(MH "Therapeutics+")	Expanders - Apply equivalent subjects Search modes - Proximity
S28	TI (("Therapeutic" or "Therapy" or "Therapies" or "Treatment" or "Treatments" or "treat" or "Intervention*" or "Medical treatment" or "Medical treatments" or "rehabilit*" or "training" or "counsel*" or "outcome*" or "surger*" or "surgical" or "medication*") or (Behaviour* or behavior* N5 (therap* OR intervention*)) OR AB (("Therapeutic" or "Therapy" or "Therapies" or "Treatment" or "Treatments" or "treat" or "Intervention*" or "Medical treatment" or "Medical treatments" or "rehabilit*" or "training" or "counsel*" or "outcome*" or "surger*" or "surgical" or "medication*") or (Behaviour* or behavior* N5 (therap* OR intervention*))	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
S29	MW (dh OR dt OR nu OR pc OR rt OR rh OR su)	Expanders - Apply equivalent subjects Search modes - Proximity
S30	(MH "Treatment Outcome+")	Expanders - Apply equivalent subjects Search modes - Proximity
S31	TI ("Clinical Effectiveness" OR "Clinical Effective" OR "Clinical Efficacy" OR "Patient Relevant Outcome" OR "Patient-Relevant Outcome" OR "Patient-Relevant Outcomes" OR "Rehabilitation Outcome" OR "Treatment Effectiveness" OR "Treatment Efficacy") OR AB ("Clinical Effectiveness" OR "Clinical Effective" OR "Clinical Efficacy" OR "Patient Relevant Outcome" OR "Patient-Relevant Outcome" OR "Patient-Relevant Outcomes" OR "Rehabilitation Outcome" OR "Treatment Effectiveness" OR "Treatment Efficacy")	Expanders - Apply equivalent subjects Search modes - Proximity
S32	S27 OR S28 OR S29 OR S30 OR S31	Expanders - Apply equivalent subjects Search modes - Proximity

Table 28 Medline Economic evaluation block

#	Query	Limiters/Expanders
S33	(MH "Health Care Costs+") OR (MH "Cost Sharing+") OR (MH "Cost of Illness+") OR (MH "Cost Control+") OR (MH "Costs and Cost Analysis+") OR (MH "Health Expenditures+") OR (MH "Cost-Benefit Analysis") OR (MH "Cost-Effectiveness Analysis") OR (MH "Economics")	Expanders - Apply equivalent subjects Search modes - Proximity
S34	TI (economic* or pharmacoeconomic* or price* or pricing) N3 (analysis or stud* or evaluation*) OR AB (economic* or pharmacoeconomic* or price* or pricing) N3 (analysis or stud* or evaluation*)	Expanders - Apply equivalent subjects Search modes - Proximity
S35	TI ("Cost-Benefit Analysis" OR "Cost benefit analysis" OR "Cost-Effectiveness Analysis" OR "Cost Effectiveness Analysis" OR "cost-minimi$ation" or "cost minimi$ation" OR "cost-utility" OR "cost utility" or "Economic evaluation") OR AB ("Cost-Benefit Analysis" OR "Cost benefit analysis" OR "Cost-Effectiveness Analysis" OR "Cost Effectiveness Analysis" OR "cost-minimi$ation" or "cost minimi$ation" OR "cost-utility" OR "cost utility" or "Economic evaluation")	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
S36	S33 OR S34 OR S35	Expanders - Apply equivalent subjects Search modes - Proximity

Table 29 Medline Protocols block

#	Query	Limiters/Expanders
S37	TI (Protocol* N3 (review OR reviews OR study OR studies OR trial OR trials)) OR AB (Protocol* N3 (review OR reviews OR study OR studies OR trial OR trials))	Expanders - Apply equivalent subjects Search modes - Proximity

Table 30 Health conditions concepts

#	Query	Limiters/Expanders
S42	MH "Leiomyoma+"	Expanders - Apply equivalent subjects Search modes - Proximity
S43	(MH "Myoma")	Expanders - Apply equivalent subjects Search modes - Proximity
S44	TI ("Angioleiomyoma" OR "Angioleiomyomas" OR "Angiomyomas" OR "Epithelioid Leiomyoma" OR "Epithelioid Leiomyomas" OR "Fibroid" OR "Fibroid Tumor" OR "Fibroid Tumors" OR "Fibroid Tumour" OR "Fibroid Tumours" OR "Fibroid Uterus" OR "Fibroids" OR "Fibromyoma" OR "Fibromyomas" OR "Leiomyoblastoma" OR "Leiomyoblastomas" OR "Leiomyoma" OR "Leiomyomas" OR "Leiomyomatoses " OR "Leiomyomatosis" OR "Uterine Fibroid" OR "Uterine Fibroids" OR "Uterine Fibroma" OR "Uterine Fibromas" OR "Uterine myoma" OR "Uterine myomas" OR "Vascular Leiomyoma" OR "Vascular Leiomyomas") OR AB ("Angioleiomyoma" OR "Angioleiomyomas" OR "Angiomyomas" OR "Epithelioid Leiomyoma" OR "Epithelioid Leiomyomas" OR "Fibroid" OR "Fibroid Tumor" OR "Fibroid Tumors" OR "Fibroid Tumour" OR "Fibroid Tumours" OR "Fibroid Uterus" OR "Fibroids" OR "Fibromyoma" OR "Fibromyomas" OR "Leiomyoblastoma" OR "Leiomyoblastomas" OR "Leiomyoma" OR "Leiomyomas" OR "Leiomyomatoses " OR "Leiomyomatosis" OR "Uterine Fibroid" OR "Uterine Fibroids" OR	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
	"Uterine Fibroma" OR "Uterine Fibromas" OR "Uterine myoma" OR "Uterine myomas" OR "Vascular Leiomyoma" OR "Vascular Leiomyomas")	
S45	S42 OR S43 OR S44	Expanders - Apply equivalent subjects Search modes - Proximity
S46	((vaginal or anal) N3 (incontinen* OR leak*)) OR AB ((vaginal or anal) N3 (incontinen* OR leak*))	Expanders - Apply equivalent subjects Search modes - Proximity
S47	TI ("Anal prolapse" OR "Anus Prolapse" OR "Anus Prolapses" OR "Cystocele" OR "Fallen Urinary Bladder" OR "Pelvic Floor Disease" OR "Pelvic Floor Diseases" OR "Pelvic Floor Disorder" OR "Pelvic Floor Disorders" OR "Pelvic Organ Prolapses" OR "Rectal Prolapse" OR "Rectal Prolapses" OR "Splanchnoptosis" OR "Urinary Bladder Prolapse" OR "Urogenital Prolapse" OR "Urogenital Prolapses" OR "Uterine Prolapse" OR "Uterine Prolapse" OR "Uterine Prolapses" OR "Vaginal Prolapse" OR "Vaginal Prolapses" OR "Vaginal Vault Prolapse" OR "Vaginal Vault Prolapses" OR "Visceral Prolapse" OR "Visceral Prolapse" OR "Visceroptosis") OR AB ("Anal prolapse" OR "Anus Prolapse" OR "Anus Prolapses" OR "Cystocele" OR "Fallen Urinary Bladder" OR "Pelvic Floor Disease" OR "Pelvic Floor Diseases" OR "Pelvic Floor Disorder" OR "Pelvic Floor Disorders" OR "Pelvic Organ Prolapses" OR "Rectal Prolapse" OR "Rectal Prolapses" OR "Splanchnoptosis" OR "Urinary Bladder Prolapse" OR "Urogenital Prolapse" OR "Urogenital Prolapses" OR "Uterine Prolapse" OR "Uterine Prolapse" OR "Uterine Prolapses" OR "Vaginal Prolapse" OR "Vaginal Prolapses" OR "Vaginal Vault Prolapse" OR "Vaginal Vault Prolapses" OR "Visceral Prolapse" OR "Visceral Prolapse" OR "Visceroptosis")	Expanders - Apply equivalent subjects Search modes - Proximity
S48	TI (((vaginal OR anal OR Fecal OR Faecal) N3 (incontinen* OR leak*)) N10 (prolapse OR "pelvic floor" OR "pelvic organ)) OR AB (((vaginal OR anal OR Fecal OR Faecal) N3 (incontinen* OR leak*)) N10 (prolapse OR "pelvic floor" OR "pelvic organ))	Expanders - Apply equivalent subjects Search modes - Proximity
S49	(MH "Uterine Prolapse")	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
S50	(MH "Rectal Prolapse")	Expanders - Apply equivalent subjects Search modes - Proximity
S51	(MH "Cystocele")	Expanders - Apply equivalent subjects Search modes - Proximity
S52	(MH "Pelvic Organ Prolapse")	Expanders - Apply equivalent subjects Search modes - Proximity
S53	(MH "Pelvic Floor Disorders")	Expanders - Apply equivalent subjects Search modes - Proximity
S54	S45 OR S46 OR S47 OR S48 OR S49 OR S50 OR S51 OR S52 OR S53	Expanders - Apply equivalent subjects Search modes - Proximity
S55	(MH "Endometriosis")	Expanders - Apply equivalent subjects Search modes - Proximity
S56	(MH "Adenomyosis")	Expanders - Apply equivalent subjects Search modes - Proximity
S57	TI (Endometriosis OR Endometrioses OR Endometrioma OR Endometriomas OR endometrial) OR AB (Endometriosis OR Endometrioses OR Endometrioma OR Endometriomas OR endometrial)	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
S58	TI (Adenomyosis OR Adenomyoses) OR AB (Adenomyosis OR Adenomyoses)	Expanders - Apply equivalent subjects Search modes - Proximity
S59	S55 OR S56 OR S57 OR S58	Expanders - Apply equivalent subjects Search modes - Proximity
S60	(MH "Infertility, Female+")	Expanders - Apply equivalent subjects Search modes - Proximity
S61	(MH "Uterine Cervical Incompetence+")	Expanders - Apply equivalent subjects Search modes - Proximity
S62	(MH "Embryo Loss+")	Expanders - Apply equivalent subjects Search modes - Proximity
S63	(MH "Abortion, Threatened+")	Expanders - Apply equivalent subjects Search modes - Proximity
S64	(MH "Abortion, Spontaneous+")	Expanders - Apply equivalent subjects Search modes - Proximity
S65	(MH "Abortion, Habitual+")	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
S66	(MH "Abortion, Septic+")	Expanders - Apply equivalent subjects Search modes - Proximity
S67	MH "Abortion, Incomplete+")	Expanders - Apply equivalent subjects Search modes - Proximity
S68	TI ("Blastocyst Disintegration" OR "Cervical Incompetence, Uterine" OR "Cervix Incompetence" OR "Disintegration of Blastocyst" OR "Disintegration of Embryo" OR "Early Pregnancy Loss" OR "Early Pregnancy Losses" OR "Embryo Death" OR "Embryo Deaths" OR "Embryo Disintegration" OR "Embryo Resorption" OR "Female Infertility" OR "Female Infertility" OR "Female Sterility" OR "Female Sterility" OR "Female Subfertility" OR "Female Subfertility" OR "Female Sub-Fertility" OR "Female Sub-Fertility" OR "Habitual Abortion" OR "Habitual Abortions" OR "Incompetent Cervices" OR "Incompetent Cervix" OR "Incomplete Abortion" OR "Incomplete Abortions" OR "Miscarriage" OR "Miscarriages" OR "Postpartum Sterility" OR "Postpartum Sterility" OR OR "Recurrent Abortion" OR "Recurrent Abortions" OR "Recurrent Early Pregnancy Loss" OR "Recurrent Miscarriage" OR "Recurrent Miscarriages" OR "Septic Abortion" OR "Septic Abortions" OR "Spontaneous Abortion" OR "Spontaneous Abortions" OR "Threatened Abortion" OR "Threatened Abortions" OR "Threatened Miscarriage" OR "Threatened Miscarriages" OR "Tubal Abortion" OR "Tubal Abortions") OR AB ("Blastocyst Disintegration" OR "Cervical Incompetence, Uterine" OR "Cervix Incompetence" OR "Disintegration of Blastocyst" OR "Disintegration of Embryo" OR "Early Pregnancy Loss" OR "Early Pregnancy Losses" OR "Embryo Death" OR "Embryo Deaths" OR "Embryo Disintegration" OR "Embryo Resorption" OR "Female Infertility" OR "Female Infertility" OR "Female Sterility" OR "Female Sterility" OR "Female Subfertility" OR "Female Subfertility" OR "Female Sub-Fertility" OR "Female Sub-Fertility" OR "Habitual Abortion" OR "Habitual Abortions" OR "Incompetent Cervices" OR "Incompetent Cervix" OR "Incomplete Abortion" OR "Incomplete Abortions" OR "Miscarriage" OR "Miscarriages" OR "Postpartum Sterility" OR "Postpartum Sterility" OR OR "Recurrent Abortion" OR "Recurrent Abortions" OR "Recurrent Early Pregnancy Loss" OR "Recurrent Miscarriage" OR "Recurrent Miscarriages" OR "Septic Abortion" OR "Septic Abortions" OR "Spontaneous Abortion" OR "Spontaneous Abortions" OR "Threatened Abortion" OR "Threatened Abortions" OR "Threatened Miscarriage" OR "Threatened Miscarriages" OR "Tubal Abortion" OR "Tubal Abortions")	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
S69	S60 OR S61 OR S62 OR S63 OR S64 OR S65 OR S66 OR S67 OR S68	Expanders - Apply equivalent subjects Search modes - Proximity
S70	(MH "Polycystic Ovary Syndrome")	Expanders - Apply equivalent subjects Search modes - Proximity
S71	TI (("Polycystic Ovary Syndrome" OR "Polycystic Ovarian Syndrome" OR "Polycystic Ovary Syndrome 1" OR "Sclerocystic Ovarian Degeneration" OR "Sclerocystic Ovaries" OR "Sclerocystic Ovary" OR "Sclerocystic Ovary Syndrome" OR "Stein Leventhal Syndrome" OR "Stein-Leventhal Syndrome" OR "PCOS" OR "PCOD" OR "polycystic ovar*")) OR AB (("Polycystic Ovary Syndrome" OR "Polycystic Ovarian Syndrome" OR "Polycystic Ovary Syndrome 1" OR "Sclerocystic Ovarian Degeneration" OR "Sclerocystic Ovaries" OR "Sclerocystic Ovary" OR "Sclerocystic Ovary Syndrome" OR "Stein Leventhal Syndrome" OR "Stein-Leventhal Syndrome" OR "PCOS" OR "PCOD" OR "polycystic ovar*"))	Expanders - Apply equivalent subjects Search modes - Proximity
S72	S70 OR S71	Expanders - Apply equivalent subjects Search modes - Proximity
S73	MH "Genital Neoplasms, Female+"	Expanders - Apply equivalent subjects Search modes - Proximity
S74	TI (((cervical or cervix OR endomet* OR "fallopian tube*" OR ovar* OR uterus or uterine or vulva*) AND (cancer* OR carcinoma* OR malignan* OR neoplasm* OR tumour* OR tumor*))) OR AB (((cervical or cervix OR endomet* OR "fallopian tube*" OR ovar* OR uterus or uterine or vulva*) AND (cancer* OR carcinoma* OR malignan* OR neoplasm* OR tumour* OR tumor*)))	Expanders - Apply equivalent subjects Search modes - Proximity
S75	S73 OR S74	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
S76	(MH "Menstruation Disturbances+")	Expanders - Apply equivalent subjects Search modes - Proximity
S77	TI ("Amenorrhea" OR "Dysmenorrhea" OR "Dysmenorrheas" OR "Heavy Menstrual Bleeding" OR "Heavy Period" OR "Heavy Periods" OR "Hypermenorrhea" OR "Hypomenorrhea" OR "Irregular Menses" OR "Irregular Menstruation" OR "Menorrhagia " OR "Menstrual Irregularities" OR "Menstrual Irregularity" OR "Menstrual Pain" OR "Menstrual Pains" OR "Menstruation Disorder" OR "Menstruation Disorders" OR "Menstruation Disturbance" OR "Painful Menstruation" OR "Painful Menstruations" OR "Polymenorrhea" OR "Postpartum Amenorrhea" OR "Postpartum Amenorrheas" OR "Retrograde Menstruation" OR "Oligomenorrheas" OR "Oligomenorrhea" OR "infrequent menstruation" OR "Menorrhagia " OR "Heavy Menstrual Bleeding" OR "Hypermenorrhea" OR "Heavy Periods" OR "Heavy Period" OR "Premenstrual Syndromes" OR "Premenstrual Tension" OR "Premenstrual Tensions" OR "Premenstrual Dysphoric Disorder" OR "Premenstrual Dysphoric Syndrome" OR "PMDD") OR AB ("Amenorrhea" OR "Dysmenorrhea" OR "Dysmenorrheas" OR "Heavy Menstrual Bleeding" OR "Heavy Period" OR "Heavy Periods" OR "Hypermenorrhea" OR "Hypomenorrhea" OR "Irregular Menses" OR "Irregular Menstruation" OR "Menorrhagia " OR "Menstrual Irregularities" OR "Menstrual Irregularity" OR "Menstrual Pain" OR "Menstrual Pains" OR "Menstruation Disorder" OR "Menstruation Disorders" OR "Menstruation Disturbance" OR "Painful Menstruation" OR "Painful Menstruations" OR "Polymenorrhea" OR "Postpartum Amenorrhea" OR "Postpartum Amenorrheas" OR "Retrograde Menstruation" OR "Oligomenorrheas" OR "Oligomenorrhea" OR "infrequent menstruation" OR "Menorrhagia " OR "Heavy Menstrual Bleeding" OR "Hypermenorrhea" OR "Heavy Periods" OR "Heavy Period" OR "Premenstrual Syndromes" OR "Premenstrual Tension" OR "Premenstrual Tensions" OR "Premenstrual Dysphoric Disorder" OR "Premenstrual Dysphoric Syndrome" OR "PMDD")	Expanders - Apply equivalent subjects Search modes - Proximity
S78	S76 OR S77	Expanders - Apply equivalent subjects Search modes - Proximity
S79	(MH "Perimenopause")	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
S80	(MH "Postmenopause")	Expanders - Apply equivalent subjects Search modes - Proximity
S81	(MH "Menopause+")	Expanders - Apply equivalent subjects Search modes - Proximity
S82	(MH "Hot Flashes")	Expanders - Apply equivalent subjects Search modes - Proximity
S83	TI ("hot flash* OR "hot flush*" OR (vagina* N3 (dry* OR atrophy*)) OR "night sweats" OR (night N3 (waking* OR awakening*))) OR AB ("hot flash* OR "hot flush*" OR (vagina* N3 (dry* OR atrophy*)) OR "night sweats" OR (night N3 (waking* OR awakening*)))	Expanders - Apply equivalent subjects Search modes - Proximity
S84	TI (Menopaus* N5 symptom*) OR AB (Menopaus* N5 symptom*)	Expanders - Apply equivalent subjects Search modes - Proximity
S85	(MH "Pelvic Inflammatory Disease") OR (MH "Endometritis") OR (MH "Oophoritis") OR (MH "Parametritis") OR (MH "Salpingitis")	Expanders - Apply equivalent subjects Search modes - Proximity
S86	TI ("Adnexitis" OR "Endometritis" OR "Endomyometritis" OR "Fallopian Tube Disease" OR "Fallopian Tube Diseases" OR "Inflammation of the Endometrium" OR "Inflammation of the parametrium" OR "Inflammation of the uterine salpinx" OR "Inflammatory Pelvic Disease" OR "Inflammatory Pelvic Diseases" OR "Oophoritides" OR "Oophoritis" OR "ovar* N5 inflammation" OR "Parametritides" OR "Parametritis" OR "Pelvic Cellulitides" OR "Pelvic Cellulitis" OR "pelvic inflammat*" OR "Pelvic Inflammatory disease " OR "Pelvic Inflammatory Diseases" OR "pelvic N5 infection*" OR "PID" OR "Salpingitides" OR "Salpingitis" OR "Tubal Obstruction" OR "Tubal Obstructions") OR AB ("Adnexitis" OR "Endometritis" OR "Endomyometritis" OR "Fallopian Tube Disease" OR "Fallopian Tube Diseases" OR "Inflammation of the Endometrium" OR "Inflammation of the parametrium" OR "Inflammation of the uterine salpinx" OR "Inflammatory Pelvic Disease" OR "Inflammatory Pelvic Diseases" OR "Oophoritides" OR "Oophoritis" OR "ovar* N5 inflammation" OR "Parametritides" OR "Parametritis" OR "Pelvic Cellulitides" OR "Pelvic Cellulitis" OR "pelvic inflammat*" OR "Pelvic Inflammatory disease " OR "Pelvic Inflammatory	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
	Diseases" OR "pelvic N5 infection*" OR "PID" OR "Salpingitides" OR "Salpingitis" OR "Tubal Obstruction" OR "Tubal Obstructions")	
S87	(MH "Vaginosis, Bacterial")	Expanders - Apply equivalent subjects Search modes - Proximity
S88	(MH "Vaginitis") OR (MH "Atrophic Vaginitis") OR (MH "Trichomonas Vaginitis") OR (MH "Vaginosis, Bacterial") OR (MH "Vulvovaginitis") OR (MH "Candidiasis, Vulvovaginal")	Expanders - Apply equivalent subjects Search modes - Proximity
S89	TI ("Atrophic Vaginitides" OR "Atrophic Vaginitis" OR "Candidiasis, Vulvovaginal" OR "Generalized Vulvodynia" OR "Genital Candidiasis" OR "Genital Vulvovaginal Candidiasis" OR "Human Trichomoniases" OR "Human Trichomoniasis" OR "Infection of the vagina" OR "Infection of the vulva" OR "Inflammation of the vagina" OR "Inflammation of the vagina" OR "Inflammation of the vulva" OR "Inflammation of the vulva" OR "Monilial Vaginitis" OR "Moniliasis, Vulvovaginal" OR "Trichomonas Vaginitides" OR "Trichomonas Vaginitis" OR "Vaginal Yeast Infection" OR "Vaginal Yeast Infections" OR "Vaginitides" OR "Vaginitis, Monilial" OR "Vestibulodynia" OR "Vulva Pain" OR "Vulvodynia" OR "Vulvovaginal Candidiasis" OR "Vulvovaginal Moniliasis" OR "Vulvovaginitis" OR "Vulvovaginitis" OR ((vulva or vagina) N5 candida) OR "Atrophic Vaginitides" OR "Atrophic Vaginitis" OR "Bacterial Vaginitides" OR "Bacterial Vaginitis" OR "Bacterial Vaginoses" OR "Bacterial Vaginosis" OR "Human Trichomoniases" OR "Human Trichomoniasis" OR "Inflammation of the vagina" OR "Nonspecific Vaginitis" OR (Thinning N3 vagina) OR "Trichomonas Vaginitides" OR "Trichomonas Vaginitis" OR "Vaginitides" OR "Vaginitis") OR AB ("Atrophic Vaginitides" OR "Atrophic Vaginitis" OR "Candidiasis, Vulvovaginal" OR "Generalized Vulvodynia" OR "Genital Candidiasis" OR "Genital Vulvovaginal Candidiasis" OR "Human Trichomoniases" OR "Human Trichomoniasis" OR "Infection of the vagina" OR "Infection of the vulva" OR "Inflammation of the vagina" OR "Inflammation of the vagina" OR "Inflammation of the vulva" OR "Inflammation of the vulva" OR "Monilial Vaginitis" OR "Moniliasis, Vulvovaginal" OR "Trichomonas Vaginitides" OR "Trichomonas Vaginitis" OR "Vaginal Yeast Infection" OR "Vaginal Yeast Infections" OR "Vaginitides" OR "Vaginitis, Monilial" OR "Vestibulodynia" OR "Vulva Pain" OR "Vulvodynia" OR "Vulvovaginal Candidiasis" OR "Vulvovaginal Moniliasis" OR "Vulvovaginitis" OR "Vulvovaginitis" OR ((vulva or vagina) N5 candida) OR "Atrophic Vaginitides" OR "Atrophic Vaginitis" OR "Bacterial Vaginitides" OR "Bacterial Vaginitis" OR "Bacterial Vaginoses" OR "Bacterial Vaginosis" OR "Human Trichomoniases" OR "Human Trichomoniasis" OR "Inflammation of the vagina" OR "Nonspecific Vaginitis" OR (Thinning N3 vagina) OR "Trichomonas Vaginitides" OR "Trichomonas Vaginitis" OR "Vaginitides" OR "Vaginitis")	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
S90	(MH "Pelvic Pain") OR (MH "Pelvic Girdle Pain")	Expanders - Apply equivalent subjects Search modes - Proximity
S91	TI ("Pelvic Pain" OR "Pelvic Pains" OR "Pelvic Girdle Pain" OR "Pelvic Girdle Pains" OR "Symphysis Pubis Dysfunction" OR "Symphysis Pubis Dysfunctions") OR AB ("Pelvic Pain" OR "Pelvic Pains" OR "Pelvic Girdle Pain" OR "Pelvic Girdle Pains" OR "Symphysis Pubis Dysfunction" OR "Symphysis Pubis Dysfunctions")	Expanders - Apply equivalent subjects Search modes - Proximity
S92	(MH "Depression, Postpartum")	Expanders - Apply equivalent subjects Search modes - Proximity
S93	TI ("Postnatal Depression" OR "Post-Partum Depression" OR "Post Partum Depression" OR "Postpartum Depression" OR "Post-Natal Depression" OR "Post Natal Depression" OR "Postnatal Dysphoria" OR "Post-Partum Dysphoria" OR "Post Partum Dysphoria" OR "Postpartum Dysphoria" OR "Post-Natal Dysphoria" OR "Post Natal Dysphoria") OR AB ("Postnatal Depression" OR "Post-Partum Depression" OR "Post Partum Depression" OR "Postpartum Depression" OR "Post-Natal Depression" OR "Post Natal Depression" OR "Postnatal Dysphoria" OR "Post-Partum Dysphoria" OR "Post Partum Dysphoria" OR "Postpartum Dysphoria" OR "Post-Natal Dysphoria" OR "Post Natal Dysphoria")	Expanders - Apply equivalent subjects Search modes - Proximity
S94	TI (("Acute Post Traumatic Stress Disorder" OR "Acute Post-Traumatic Stress Disorder" OR "Chronic Post Traumatic Stress Disorder" OR "Chronic Post-Traumatic Stress Disorder" OR "Delayed Onset Post Traumatic Stress Disorder" OR "Delayed Onset Post-Traumatic Stress Disorder" OR "Moral Injuries" OR "Moral Injury" OR "Post Traumatic Stress Disorder" OR "Post Traumatic Stress Disorders" OR "Posttraumatic Neuroses" OR "Post-Traumatic Neuroses" OR "Posttraumatic Stress Disorder" OR "Post-Traumatic Stress Disorder" OR "Posttraumatic Stress Disorders" OR "Post-Traumatic Stress Disorders" OR "PTSD") N5 (birth or post-partum or "post partum")) OR AB (("Acute Post Traumatic Stress Disorder" OR "Acute Post-Traumatic Stress Disorder" OR "Chronic Post Traumatic Stress Disorder" OR "Chronic Post-Traumatic Stress Disorder" OR "Delayed Onset Post Traumatic Stress Disorder" OR "Delayed Onset Post-Traumatic Stress Disorder" OR "Moral Injuries" OR "Moral Injury" OR "Post Traumatic Stress Disorder" OR "Post Traumatic Stress Disorders" OR "Posttraumatic Neuroses" OR "Post-Traumatic Neuroses" OR "Posttraumatic Stress Disorder" OR "Post-Traumatic Stress Disorder" OR "Posttraumatic Stress Disorders" OR "Post-Traumatic Stress Disorders" OR "PTSD") N5 (birth or post-partum or "post partum"))	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
S95	TI ("post-partum maternal mental health" OR (PTSD N5 childbirth) OR "Postpartum Post-Traumatic Stress Disorder" OR "Postnatal PTSD" OR "birth trauma" OR ("Post-traumatic Stress Disorder" N5 partum) OR "Traumatic birth experience") OR AB ("post-partum maternal mental health" OR (PTSD N5 childbirth) OR "Postpartum Post-Traumatic Stress Disorder" OR "Postnatal PTSD" OR "birth trauma" OR ("Post-traumatic Stress Disorder" N5 partum) OR "Traumatic birth experience")	Expanders - Apply equivalent subjects Search modes - Proximity

Table 31 OECD filter (Source: Ayiku et al. 2021)

#	Query	Limiters/Expanders
S96	(MH "afghanistan+") OR (MH "africa+") OR (MH "africa, northern+") OR (MH "africa, central+") OR (MH "africa, eastern+") OR (MH "africa south of the sahara+") OR (MH "africa, southern+") OR (MH " africa, western+") OR (MH "albania+") OR (MH "algeria+") OR (MH "andorra+") OR (MH "angola+") OR (MH "antigua and barbuda+") OR (MH "argentina+") OR (MH "armenia+") OR (MH "azerbaijan+") OR (MH " bahamas+") OR (MH "bahrain+") OR (MH "bangladesh+") OR (MH "barbados+") OR (MH "belize+") OR (MH "benin+") OR (MH "bhutan+") OR (MH "bolivia+") OR (MH "borneo+") OR (MH "bosnia and herzegovina+") OR (MH "botswana+") OR (MH "brazil+") OR (MH "brunei+") OR (MH "bulgaria+") OR (MH "burkina faso+") OR (MH "burundi+") OR (MH "cabo verde+") OR (MH "cambodia+") OR (MH "cameroon+") OR (MH "central african republic+") OR (MH "chad+") OR (MH "exp china+") OR (MH "comoros+") OR (MH "congo+") OR (MH "cote d'ivoire+") OR (MH "croatia+") OR (MH "cuba+") OR (MH "democratic republic of the congo+") OR (MH "cyprus+") OR (MH "djibouti+") OR (MH "dominica+") OR (MH "dominican republic+") OR (MH "ecuador+") OR (MH "egypt+") OR (MH "el salvador+") OR (MH "equatorial guinea+") OR (MH "eritrea+") OR (MH "eswatini+") OR (MH "ethiopia+") OR (MH "fiji+") OR (MH "gabon+") OR (MH "gambia+") OR (MH "georgia (republic)+") OR (MH "ghana+") OR (MH "grenada+") OR (MH "guatemala+") OR (MH "guinea+") OR (MH "guinea-bissau+") OR (MH "guyana+") OR (MH "haiti+") OR (MH "honduras+") OR (MH "independent state of samoa+") OR (MH "india+") OR (MH" indian ocean islands+") OR (MH "indochina+") OR (MH "indonesia+") OR (MH "iran+") OR (MH "iraq+") OR (MH "jamaica+") OR (MH "jordan+") OR (MH "kazakhstan+") OR (MH "kenya+") OR (MH "kosovo+") OR (MH " kuwait+") OR (MH " kyrgyzstan+") OR (MH "laos+") OR (MH "lebanon+") OR (MH "liechtenstein+") OR (MH "lesotho+") OR (MH "liberia+") OR (MH "libya+") OR (MH "madagascar+") OR (MH "malaysia/ or malawi+") OR (MH "mali+") OR (MH "malta+") OR (MH "mauritania+") OR (MH "mauritius+") OR (MH "mekong valley+") OR (MH "melanesia+") OR (MH "micronesia+") OR (MH "monaco+") OR (MH " mongolia+") OR (MH "montenegro+") OR (MH "morocco+") OR (MH "mozambique+") OR (MH " myanmar+") OR (MH "namibia+") OR (MH "nepal+") OR (MH "nicaragua+") OR (MH "niger+") OR (MH "nigeria+") OR (MH "oman+") OR (MH "pakistan+") OR (MH "palau+") OR (MH "exp panama+") OR (MH " papua new guinea+") OR (MH "paraguay+") OR (MH "peru+") OR (MH "philippines+") OR (MH "qatar+") OR (MH " republic of belarus+") OR (MH "republic of	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
	north macedonia+") OR (MH "romania+") OR (MH " russia+") OR (MH "rwanda+") OR (MH "saint kitts and nevis+") OR (MH "saint lucia+") OR (MH "saint vincent and the grenadines+") OR (MH " sao tome and principe+") OR (MH "saudi arabia+") OR (MH " serbia+") OR (MH "sierra leone+") OR (MH "senegal+") OR (MH "seychelles+") OR (MH "singapore+") OR (MH "Somalia+") OR (MH "south africa+") OR (MH "south sudan+") OR (MH "sri lanka+") OR (MH "sudan+") OR (MH "suriname+") OR (MH "syria+") OR (MH "taiwan+") OR (MH "tajikistan+") OR (MH "tanzania+") OR (MH "thailand+") OR (MH "timor-leste+") OR (MH "togo+") OR (MH"tonga+") OR (MH "trinidad and tobago+") OR (MH "tunisia+") OR (MH "turkmenistan+") OR (MH "uganda+") OR (MH "ukraine+") OR (MH "united arab emirates+") OR (MH " uruguay+") OR (MH " uzbekistan+") OR (MH " vanuatu+") OR (MH "venezuela+") OR (MH "vietnam+") OR (MH "west indies+") OR (MH "yemen+") OR (MH "zambia+") OR (MH "Zimbabwe")	
S97	(MH "Organisation for Economic Co-Operation and Development+")	Expanders - Apply equivalent subjects Search modes - Proximity
S98	(MH "australasia") OR (MH "Australia+") OR (MH "austria") OR (MH "baltic states") OR (MH" belgium") OR (MH "canada+") OR (MH "chile") OR (MH "colombia") OR (MH "costa rica") OR (MH "czech republic") OR (MH"Denmark+") OR (MH "estonia") OR (MH "europe") OR (MH "finland") OR (MH "France+") OR (MH "Germany+") OR (MH "greece") OR (MH "hungary+) OR (MH "iceland") OR (MH "ireland") OR (MH" israel") OR (MH "Italy+") OR (MH "Japan+") OR (MH "korea") OR (MH "latvia") OR (MH "lithuania") OR (MH "luxembourg") OR (MH "mexico") OR (MH "netherlands") OR (MH "new zealand") OR (MH "north america") OR (MH "Norway+") OR (MH "poland") OR (MH "portugal") OR (MH "republic of korea") OR (MH "scandinavian and nordic countries") OR (MH "slovakia") OR (MH "slovenia") OR (MH "spain") OR (MH "sweden") OR (MH "switzerland") OR (MH "turkey") OR (MH "exp united kingdom") OR (MH "united states+")	Expanders - Apply equivalent subjects Search modes - Proximity
S99	MH "European Union"	Expanders - Apply equivalent subjects Search modes - Proximity
S100	MH "Developed Countries"	Expanders - Apply equivalent subjects Search modes - Proximity

#	Query	Limiters/Expanders
S101	S97 OR S98 OR S99 OR S100	Expanders - Apply equivalent subjects Search modes - Proximity
S102	S96 NOT S101	Expanders - Apply equivalent subjects Search modes - Proximity

(b) Embase

Table 32 Embase search strategies: cancers

#	Searches
1	exp randomized controlled trial/
2	controlled clinical trial/
3	random$.ti,ab.
4	randomization/
5	intermethod comparison/
6	placebo.ti,ab.
7	(compare or compared or comparison).ti,ab.
8	((evaluated or evaluate or evaluating or assessed or assess) and (compare or compared or comparing or comparison)).ti,ab.
9	(open adj label).ti,ab.
10	((double or single or doubly or singly) adj (blind or blinded or blindly)).ti,ab.
11	double blind procedure/
12	parallel group$1.ti,ab.
13	(crossover or cross over).ti,ab.
14	((assign$ or match or matched or allocation) adj5 (alternate or group$1 or intervention$1 or patient$1 or subject$1 or participant$1)).ti,ab.
15	(assigned or allocated).ti,ab.
16	(controlled adj7 (study or design or trial)).ti,ab.
17	(volunteer or volunteers).ti,ab.
18	human experiment/
19	trial.ti.
20	or/1-19
21	(random$ adj sampl$ adj7 ("cross section$" or questionnaire$1 or survey$ or database$1)).ti,ab. not (comparative study/ or controlled study/ or randomi?ed controlled.ti,ab. or randomly assigned.ti,ab.)
22	cross-sectional study/ not (exp randomized controlled trial/ or controlled clinical trial/ or controlled study/ or randomi?ed controlled.ti,ab. or control group$1.ti,ab.)
23	((case adj control$).mp. and random$.ti,ab.) not randomi?ed controlled.ti,ab. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]
24	systematic review.ti,ab. not (trial or study).ti.

25	(nonrandom$ not random$).ti,ab.
26	"random field$".ti,ab.
27	(random cluster adj3 sampl$).ti,ab.
28	(review.ab. and review.pt.) not trial.ti.
29	"we searched".ab. and (review.ti. or review.pt.)
30	"update review".ab.
31	(databases adj4 searched).ab.
32	(rat or rats or mouse or mice or swine or porcine or murine or sheep or lambs or pigs or piglets or rabbit or rabbits or cat or cats or dog or dogs or cattle or bovine or monkey or monkeys or trout or marmoset$1).ti. and animal experiment/
33	animal experiment/ not (human experiment/ or human/)
34	or/21-33
35	20 not 34
36	exp therapy/
37	(("combination therapy" or "disease therapy" or "disease treatment" or "diseases treatment" or "disorder treatment" or "disorders treatment" or "illness treatment" or "medical therapy" or "medical treatment" or "multiple therapy" or "polytherapy" or "somatotherapy" or "therapeutic action" or "therapeutic efficacy" or "therapeutic trial" or "therapeutic trials" or "therapeutics" or "treatment effectiveness" or "treatment efficacy") adj10 (trial or trials or study or studies or review or reviews)).ti,ab.
38	(("Therapeutic" or "Therapy" or "Therapies" or "Treatment" or "Treatments" or "Intervention*" or "rehabilit*" or "training" or "counsel*" or "outcome*" or "surger*" or "medication") adj10 (trial or trials or study or studies or review or reviews)).ti,ab.
39	exp treatment outcome/
40	("Clinical Effectiveness" or "Clinical Effective" or "Clinical Efficacy" or "Patient Relevant Outcome" or "Patient-Relevant Outcome" or "Patient-Relevant Outcomes" or "Rehabilitation Outcome" or "Treatment Effectiveness" or "Treatment Efficacy").ti,ab.
41	(therapy or surgery or drug therapy or rehabilitation or radiotherapy).fs.
42	36 or 37 or 38 or 39 or 40 or 41
43	exp "cost effectiveness analysis"/
44	exp "cost benefit analysis"/
45	exp "cost utility analysis"/
46	exp "cost minimization analysis"/
47	economic evaluation/
48	("Cost-Benefit" or "Cost-Benefit Analysis" or "Cost benefit analysis" or "Cost-Effectiveness " or "Cost-Effectiveness Analysis" or "Cost Effectiveness Analysis" or "cost-minimi$ation" or "cost

	minimi$ation" or "cost-utility" or "cost utility" or "cost utility analysis" or "cost-utility analysis" or "Economic evaluation").ti,ab,kf.
49	43 or 44 or 45 or 46 or 47 or 48
50	(Protocol* adj3 (review or reviews or study or studies or trial or trials)).ti,ab,kf.
51	exp quasi experimental study/
52	((quasi-experimental or "quasi experimental" or quasi or quasiexperimental or quasiexperiment*) adj (trial or trials or study or studies)).ti,ab,kf.
53	((non-randomized or nonrandomized or "non randomized" or non-randomised or nonRandomised or "non randomised") adj5 (trial or trials or study or studies)).ti,ab,kf.
54	51 or 52 or 53
55	exp "systematic review"/
56	exp meta analysis/
57	((meta adj analy$) or metaanalys$).tw.
58	(systematic adj (review$1 or overview$1)).tw.
59	55 or 56 or 57 or 58
60	cancerlit.ab.
61	cochrane.ab.
62	embase.ab.
63	(psychlit or psyclit).ab.
64	(psychinfo or psycinfo).ab.
65	(cinahl or cinhal).ab.
66	science citation index.ab.
67	bids.ab.
68	or/60-67
69	reference lists.ab.
70	bibliograph$.ab.
71	hand-search$.ab.
72	manual search$.ab.
73	relevant journals.ab.
74	or/69-73
75	data extraction.ab.
76	selection criteria.ab.
77	75 or 76

78	review.pt.
79	77 and 78
80	letter.pt.
81	(editorial or conference abstract).pt.
82	animal/
83	human/
84	82 not (82 and 83)
85	or/80-81,84
86	59 or 68 or 74 or 79
87	86 not 85
88	exp women's health/
89	exp female/
90	exp girl/
91	exp groups by sex/
92	exp sex difference/
93	("Female" or "Females" or "Girl" or "Girls" or "Woman" or "Women Groups" or "Women's Group" or "Women's Groups" or "Woman's Health" or "Womens Health" or "Gender Characteristic" or "Gender Characteristics" or "Gender Difference" or "Gender Differences" or "Gender Dimorphism" or "Gender Dimorphisms" or "Sex Characteristic" or "Sex Difference" or "Sex Differences" or "Sex Dimorphism" or "Sex Dimorphisms" or "Sexual Dichromatism" or "Sexual Dichromatisms" or "Sexual Dimorphism" or "Sexual Dimorphisms" or "Sex Ratios" or "Sex Distributions" or "Sex Factor" or "Sex-specific" or "Sex specific" or "Sex-stratified").ti,ab,kf.
94	exp sex factor/
95	exp sex ratio/
96	88 or 89 or 90 or 91 or 92 or 93 or 94 or 95
97	exp female genital tract tumor/dm, dt, rt, rh, su, th [Disease Management, Drug Therapy, Radiotherapy, Rehabilitation, Surgery, Therapy]
98	exp "adnexal tumor (gynecologic)"/ or exp benign female genital tract tumor/ or exp female genital tract cancer/ or exp uterus tumor/ or exp vulvovaginal neoplasia/
99	exp mixed Mullerian tumor/
100	exp neoplastic pregnancy complications/ or exp chorioangioma/ or exp gestational trophoblastic disease/ or exp luteoma/
101	((cervical or cervix or endomet* or fallopian or "female genital" or gynecologic* or gynaecologic* or ovar* or placent* or pregnan* or uterus or uterine or vagin* vulva*) and (cancer* or carcinoma* or malignan* or neoplasm* or tumour* or tumor*)).ti,ab,kf.
102	97 or 98 or 99 or 100 or 101

103	102 and 42 and (49 or 50 or 54)
104	limit 103 to yr="2019 -Current"
105	102 and 42 and 35
106	limit 105 to yr="2022 -Current"
107	102 and 42 and 87
108	limit 107 to yr="2014 -Current"

Table 33 EMBASE Dysmenorrhea block

#	Search string
97.	exp menstruation disorder/ or exp "amenorrhea and oligomenorrhea"/ or exp dysmenorrhea/ or exp "menorrhagia and metrorrhagia"/ or exp menstrual related disorder/
98.	exp premenstrual syndrome/dm, dt, rh, su, th [Disease Management, Drug Therapy, Rehabilitation, Surgery, Therapy]
99.	("Amenorrhea" or "Dysmenorrhea" or "Dysmenorrheas" or "Heavy Menstrual Bleeding" or "Heavy Period" or "Heavy Periods" or "Hypermenorrhea" or "Hypomenorrhea" or "Irregular Menses" or "Irregular Menstruation" or "Menorrhagia " or "Menstrual Irregularities" or "Menstrual Irregularity" or "Menstrual Pain" or "Menstrual Pains" or "Menstruation Disorder" or "Menstruation Disorders" or "Menstruation Disturbance" or "Painful Menstruation" or "Painful Menstruations" or "Polymenorrhea" or "Postpartum Amenorrhea" or "Postpartum Amenorrheas" or "Retrograde Menstruation" or "Oligomenorrheas" or "Oligomenorrhea" or "infrequent menstruation" or "Menorrhagia " or "Heavy Menstrual Bleeding" or "Hypermenorrhea" or "Heavy Periods" or "Heavy Period" or "Premenstrual Syndromes" or "Premenstrual Tension" or "Premenstrual Tensions" or "Premenstrual Dysphoric Disorder" or "Premenstrual Dysphoric Syndrome" or "PMDD" or "Period pain*" or "period cramp*").ti,ab,kf.
100.	("amenorrhoea" or "catamenial disease" or "catamenial pain" or "catamenial pain" or "dys-menorrhea" or "dys-menorrhea" or "dysmenorrhoea" or "dysmenorrhoea" or "dys-menorrhoea" or "dys-menorrhoea" or "menorrhagia" or "menstrual associated disorder" or "menstrual cycle associated disorder" or "menstrual cycle related disease" or "menstrual cycle related disorder" or "menstrual disorder" or "menstrual disturbance" or "menstrual dysfunction" or "menstrual pain" or "menstrual pain" or "menstrual period associated disorder" or "menstrual period pain" or "menstrual period pain" or "menstrual period related disorder" or "menstrual related disease" or "menstrual retention" or "menstrually related disorder" or "menstruation associated disorder" or "menstruation disorders" or "menstruation disturbances" or "menstruation pain" or "menstruation pain" or "menstruation related disorder" or "metrorrhagia" or "oligomenorrhea" or "painful catamenia" or "painful catamenia" or "painful menstrual period" or "painful menstrual period" or "painful menstruation" or "painful (menstruation" or "primary dysmenorrhea" or "primary dysmenorrhea" or "primary dysmenorrhoea" or "primary dysmenorrhoea" or "spotting").ti,ab,kf.
101.	97 or 98 or 99 or 100

Table 34 EMBASE Fibroids block

#	Search string
97.	angioleiomyoma/dm, rt, su [Disease Management, Radiotherapy, Surgery]
98.	leiomyoma/dm, dt, rt, rh, su, th [Disease Management, Drug Therapy, Radiotherapy, Rehabilitation, Surgery, Therapy]
99.	ovarian leiomyoma/su [Surgery]
100.	uterus myoma/dm, dt, rt, rh, su, th [Disease Management, Drug Therapy, Radiotherapy, Rehabilitation, Surgery, Therapy]
101.	vaginal leiomyoma/dt, rt, su [Drug Therapy, Radiotherapy, Surgery]
102.	(Angioleiomyoma* or Angiomyoma* or "Epithelioid Leiomyoma*" or Fibroid* or "Fibroid Tumor*" or "Fibroid Tumour*" or "Fibroid Uterus" or Fibromyoma* or fibroma* or Leiomyoblastoma* or Leiomyoma* or Leiomyomata or Leiomyomatoses or Leiomyomatosis or "Uterine Fibroid*" or "Uterine Fibroma*" or "Vascular Leiomyoma*").ti,ab,kf.
103.	97 or 98 or 99 or 100 or 101 or 102

Table 35 EMBASE Endometriosis block

#	Search string
97.	exp endometriosis/ or exp fallopian tube endometriosis/ or exp ovarian endometriosis/ or exp urinary tract endometriosis/ or exp vaginal endometriosis/
98.	exp endometriosis/ or exp fallopian tube endometriosis/ or exp ovarian endometriosis/ or exp urinary tract endometriosis/ or exp vaginal endometriosis/
99.	((Endometriosis or Adenomyosis or endometrios* or endometrioma* or adenomyos* or adenomyoma* or adenometrit* or adenomyosit* or adenomyometrit*) adj5 (uterus or uterine or ovar* or fallopian or pelvic)).mp.
100.	(Endometrial adj3 (abnorm* or hyperplasia*)).mp.
101.	97 or 98 or 99 or 100

Table 36 EMBASE Polycystic ovary syndrome block

#	Search string
97.	exp ovary polycystic disease/dm, dr, dt, rt, rh, su, th [Disease Management, Drug Resistance, Drug Therapy, Radiotherapy, Rehabilitation, Surgery, Therapy]
98.	((polycystic adj ovar*) or (Sclerocystic adj Ovar*) or "Stein Leventhal Syndrome" or "Stein-Leventhal Syndrome" or "PCOS" or "PCOD").ti,ab,kf.
99.	97 or 98

Table 37 EMBASE Infertility and early pregnancy loss

#	Search string
97	female infertility/dm, dt, rt, rh, su, th [Disease Management, Drug Therapy, Radiotherapy, Rehabilitation, Surgery, Therapy]
98	exp ovary insufficiency/dm, dt, rt, su, th [Disease Management, Drug Therapy, Radiotherapy, Surgery, Therapy]
99	uterine cervix incompetence/dm, dt, su, th [Disease Management, Drug Therapy, Surgery, Therapy]
100	exp embryo death/dt, su [Drug Therapy, Surgery]
101	exp incomplete abortion/ or exp abortion/ or exp missed abortion/ or exp failed abortion/ or exp therapeutic abortion/ or exp spontaneous abortion/ or exp surgical abortion/ or exp tubal abortion/
102	("Blastocyst Disintegration" or "Cervical Incompetence, Uterine" or "Cervix Incompetence" or "Disintegration of Blastocyst" or "Disintegration of Embryo" or "Early Pregnancy Loss" or "Early Pregnancy Losses" or "Embryo Death" or "Embryo Deaths" or "Embryo Disintegration" or "Embryo Resorption" or "Female Infertility" or "Female Infertility" or "Female Sterility" or "Female Sterility" or "Female Subfertility" or "Female Subfertility" or "Female Sub-Fertility" or "Female Sub-Fertility" or "Habitual Abortion" or "Habitual Abortions" or "Incompetent Cervices" or "Incompetent Cervix" or "Incomplete Abortion" or "Incomplete Abortions" or "Miscarriage" or "Miscarriages" or "Postpartum Sterility" or "Postpartum Sterility" or "Recurrent Abortion" or "Recurrent Abortions" or "Recurrent Early Pregnancy Loss" or "Recurrent Miscarriage" or "Recurrent Miscarriages" or "Septic Abortion" or "Septic Abortions" or "Spontaneous Abortion" or "Spontaneous Abortions" or "Threatened Abortion" or "Threatened Abortions" or "Threatened Miscarriage" or "Threatened Miscarriages" or "Tubal Abortion" or "Tubal Abortions").mp.
103	((Fail* adj3 pregnan*) or (tubal adj3 (obstruction* or patholog* or dysfunction*)) or ((abnormal or defective or incompetent or abnormal or "maturation failure") adj2 oocyte*) or "adverse pregnancy outcome" or anovulat* or "Diminished ovarian reserve" or "luteal phase deficiency" or "implantation failure").mp.
104	(((Unexplain* or unknown) adj3 (infertil* or Sterilit* or subfertil*)) or "Sterility" or "Subfertility" or "Sub Fertility").mp.
105	or/97-105

Table 38 EMBASE Pelvic floor disorders & pelvic organ prolapse block

#	Search string
97.	exp pelvic floor disorder/
98.	exp pelvic organ prolapse/
99.	exp cystocele/
100.	exp rectum prolapse/

101.	exp uterus prolapse/
102.	exp visceral prolapse/
103.	("Anal prolapse" or "Anus Prolapse" or "Anus Prolapses" or "Cystocele" or "Fallen Urinary Bladder" or "Pelvic Floor Disease" or "Pelvic Floor Diseases" or "Pelvic Floor Disorder" or "Pelvic Floor Disorders" or "Pelvic Organ Prolapses" or "Rectal Prolapse" or "Rectal Prolapses" or "Splanchnoptosis" or "Urinary Bladder Prolapse" or "Urogenital Prolapse" or "Urogenital Prolapses" or "Uterine Prolapse" or "Uterine Prolapse" or "Uterine Prolapses" or "Vaginal Prolapse" or "Vaginal Prolapses" or "Vaginal Vault Prolapse" or "Vaginal Vault Prolapses" or "Visceral Prolapse" or "Visceral Prolapse" or "Visceroptosis").ti,ab,kf.
104.	((vaginal or anal or Fecal or Faecal) adj3 (incontinence or leak or leaks)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]
105.	or/97-104

Table 39 EMBASE Pelvic pain block

#	Search string
97.	("Pelvic Pain" or "Dysmenorrhea" or "Pelvic Girdle Pain" or "Pudendal Neuralgia").ti,ab,kf.
98.	((abdomin* or gynecol* or gynaecol* or ovar* or pelvic or pudendal*) adj5 pain* adj10 (female* or wom?n or girl*)).ti,ab,kf.
99.	exp pelvic pain/dm, dt, rt, rh, su, th [Disease Management, Drug Therapy, Radiotherapy, Rehabilitation, Surgery, Therapy]
100.	(97 or 99) and 96

Table 40 EMBASE Menopausal symptoms block

#	Search string
97.	exp menopause related disorder/ or exp menopausal syndrome/
98.	exp hot flush/dm, dt, rh, su, th [Disease Management, Drug Therapy, Rehabilitation, Surgery, Therapy]
99.	exp climacterium/dm, dt, su, th [Disease Management, Drug Therapy, Surgery, Therapy]
100.	("Change of Life" or (Menopaus* adj5 (symptom* or "hot NEXT flash" or "hot flush*" or "night sweat*")) or (vasomotor adj1 symptom*)).mp.
101	(vagina* adj5 (dry* or atroph*)).mp.
102	97 or 98 or 99 or 100 or 101

Table 41 EMBASE Vaginosis block

#	Search string
97.	exp vulvitis/dm, dt, rh, su, th [Disease Management, Drug Therapy, Rehabilitation, Surgery, Therapy]
98.	exp vaginitis/dm, dt, rt, rh, su, th [Disease Management, Drug Therapy, Radiotherapy, Rehabilitation, Surgery, Therapy]
99.	exp atrophic vaginitis/dm, su, th [Disease Management, Surgery, Therapy]
100.	exp vagina infection/dt, th [Drug Therapy, Therapy]
101.	exp vulvovaginitis/dm, dt, rt, su, th [Disease Management, Drug Therapy, Radiotherapy, Surgery, Therapy]
102.	((bacteria* or candida* or Gardnerella or Inflamm* or thrush or Trichomoniasis) adj3 (vagina* or vulva* or Vaginit* or Vaginos*)).ti,ab,kf.
103.	("Genital Candidiasis" or "Genital Vulvovaginal Candidiasis" or "Monilial Vaginitis" or "Vaginal Yeast Infection" or "Vaginal Yeast Infections" or "Vulvovaginal Candidiasis" or "Vulvovaginal Moniliasis" or "Vulvovaginitis" or "Vulvovaginitides").ti,ab,kf.
104.	97 or 98 or 99 or 100 or 101 or 102 or 103

Table 42 EMBASE Pelvic inflammatory disease block

#	Search string
97.	exp pelvic inflammatory disease/dm, dt, rt, rh, su, th [Disease Management, Drug Therapy, Radiotherapy, Rehabilitation, Surgery, Therapy]
98.	(PID or "pelvic infection" or "pelvic inflammation" or "pelvi# infection" or "pelvi# inflammation" or "pelvi# inflammatory disease").mp.
99.	("Adnexitis" or (Pelvic adj5 (Disease* or Cellulitis* or inflamm*)) or "Endometritis" or "Endomyometritis" or "Oophoritis" or "Oophoritides" or "Parametritis" or "Parametritides" or "Fallopian Tube Disease" or "Tubal Obstruction" or "Tubal Obstructions" or Salpingitis or Salpingitides or "Pelvic inflammatory disease*").mp.
100.	(Inflammat* adj5 (uterus or vagin* or ovar* or fallopian)).mp.
101.	(pelvic and (Gonorrhea or Chlamydia or microbial or polymicrobial)).mp.
102.	97 or 98 or 99 or 100 or 101

Table 43 EMBASE Postnatal depression block

#	Search string
97.	exp postnatal depression/dm, dt, rh, su, th [Disease Management, Drug Therapy, Rehabilitation, Surgery, Therapy]
98.	exp perinatal depression/dm, dt, rh, th [Disease Management, Drug Therapy, Rehabilitation, Therapy]

99.	((depress* or dysphori* or "mood disorder*" or "affective disorder*" or "affective symptom*") and ("post natal" or postnatal or post-natal or postpartum or "post partum" or post-partum or "post birth")).ti,ab,kf.
100.	97 or 98 or 99

Table 44 EMBASE Birth trauma & post-natal PTSD block

#	Search string
97.	exp posttraumatic stress disorder/
98.	(birth* or childbirth or birth or labour or labor or postpartum or "post partum" or post-partum or postnatal or "post natal" or post-natal).ti,ab,kf.
99.	97 and 98
100.	((birth* or childbirth or birth or labour or labor or postpartum or "post partum" or post-partum or postnatal or "post natal" or post-natal) adj5 (trauma* or stress* or neuros* or PTSD or "Post Traumatic" or Posttraumatic or post-traumatic* or psychological)).ti,ab,kf.
101.	99 or 100

(c) PsycInfo

Table 45 PsycInfo Therapy block

#	Search string
1.	exp treatment/
2.	("Therapeutic" or "Therapy" or "Therapies" or "Treatment" or "Treatments" or "Intervention*" or "Medical treatment*" or "radiotherap*" or "rehabilit*" or "training" or "counsel*" or behavior* or behaviour* or "outcome*" or "surger*" or "surgical" or "medication*").mp.
3.	1 or 2

Table 46 PsycInfo Randomised controlled block

#	Search string
4.	Experiment Controls/ or Placebo/ or Clinical Trials/ or Randomized Controlled Trials/ or Randomized Clinical Trials/
5.	Clinical trial.md.
6.	(random* or sham or placebo*).ti,ab,id,hw,mf.
7.	((singl* or doubl*) adj (blind* or dumm* or mask*)).ti,ab,id,hw,mf.
8.	((tripl* or trebl*) adj (blind* or dumm* or mask*)).ti,ab,id,hw,mf.
9.	(control* adj3 (study or studies or trial* or group*)).ti,ab,id,hw,mf.
10.	(clinical adj3 (study or studies or trial*)).ti,ab,id,hw,mf.
11.	(Nonrandom* or non random* or non-random* or quasi-random* or quasirandom*).ti,ab,id,hw,mf.
12.	(phase adj6 (study or studies or trial*)).ti,ab,id,hw,mf.
13.	((crossover or cross-over) adj3 (study or studies or trial*)).ti,ab,id,hw,mf.
14.	((multicent* or multi-cent*) adj3 (study or studies or trial*)).ti,ab,id,hw,mf.

#	Search string
15.	allocated.ti,ab,hw,mf.
16.	((open label or open-label) adj5 (study or studies or trial*)).ti,ab,id,hw,mf.
17.	((equivalence or superiority or non-inferiority or noninferiority) adj3 (study or studies or trial*)).ti,ab,id,hw,mf.
18.	(pragmatic study or pragmatic studies).ti,ab,id,hw,mf.
19.	((pragmatic or practical) adj3 trial*).ti,ab,id,hw,mf.
20.	((quasiexperimental or quasi-experimental) adj3 (study or studies or trial*)).ti,ab,id,hw,mf.
21.	trial.ti,id.
22.	or/4-21

Table 47 PsycInfo Systematic reviews block

#	Search string
23.	(systematic review or meta-analysis).pt.
24.	meta-analysis/ or systematic review/ or systematic reviews as topic/ or meta-analysis as topic/ or "meta analysis (topic)"/ or "systematic review (topic)"/ or exp technology assessment, biomedical/ or network meta-analysis/
25.	((systematic* adj3 (review* or overview*)) or (methodologic* adj3 (review* or overview*))).ti,ab,id.
26.	((quantitative adj3 (review* or overview* or synthes*)) or (research adj3 (integrati* or overview*))).ti,ab,id.
27.	((integrative adj3 (review* or overview*)) or (collaborative adj3 (review* or overview*)) or (pool* adj3 analy*)).ti,ab,id.
28.	(data synthes* or data extraction* or data abstraction*).ti,ab,id.
29.	(handsearch* or hand search*).ti,ab,id.
30.	(mantel haenszel or peto or der simonian or dersimonian or fixed effect* or latin square*).ti,ab,id.
31.	(meta analy* or metanaly* or technology assessment* or HTA or HTAs or technology overview* or technology appraisal*).ti,ab,id.
32.	(meta regression* or metaregression*).ti,ab,id.
33.	(meta-analy* or metaanaly* or systematic review* or biomedical technology assessment* or bio-medical technology assessment*).mp,hw.
34.	(medline or cochrane or pubmed or medlars or embase or cinahl).ti,ab,hw.
35.	(cochrane or (health adj2 technology assessment) or evidence report).jw.
36.	(comparative adj3 (efficacy or effectiveness)).ti,ab,id.
37.	(outcomes research or relative effectiveness).ti,ab,id.
38.	((indirect or indirect treatment or mixed-treatment or bayesian) adj3 comparison*).ti,ab,id.
39.	(meta-analysis or systematic review).md.
40.	(multi* adj3 treatment adj3 comparison*).ti,ab,id.
41.	(mixed adj3 treatment adj3 (meta-analy* or metaanaly*)).ti,ab,id.
42.	umbrella review*.ti,ab,id.
43.	(multi* adj2 paramet* adj2 evidence adj2 synthesis).ti,ab,id.
44.	(multiparamet* adj2 evidence adj2 synthesis).ti,ab,id.
45.	(multi-paramet* adj2 evidence adj2 synthesis).ti,ab,id.
46.	or/23-45

Table 48 PsycInfo Protocols, economic evaluations and non-randomised trials block

#	Search string
47.	(Protocol* adj3 (review* or stud* or trial*)).mp.
48.	exp "costs and cost analysis"/ or pharmacoeconomics/
49.	("Cost-Benefit Analys*" or "Cost benefit analys*" or "Cost-Effectiveness Analys*" or "Cost Effectiveness Analys*" or "cost-minimi#ation" or "cost minimi#ation" or "cost-utility" or "cost utility" or "Economic evaluation*").mp.
50.	48 or 49
51.	((quasirandomized or quasi-randomized or quasirandomised or quasi-randomised or quasi-RCT) adj10 (control* or contolled)).mp.
52.	((non-randomized or nonrandomized or "non randomized" or non-randomised or nonRandomised or "non randomised" or quasi-experimental or "quasi experimental" or quasiexperimental or quasiexperiment*) adj10 (controlled or control*) adj5 (trial* or stud*)).mp.
53.	51 or 52

Table 49 PsycInfo Cancers of the female reproductive tract concept

#	Search string
269.	("Genital Neoplasms, Female" or "Fallopian Tube Neoplasms" or "Uterine Neoplasms" or "Endometrial Neoplasms " or "Carcinoma, Endometrioid" or "Uterine Cervical Neoplasms" or "Vaginal Neoplasms" or "Vulvar Neoplasms").mp.
270.	((cervical or cervix or endomet* or fallopian or "female genital" or gynecologic* or gynaecologic* or ovar* or placent* or pregnan* or uterus or uterine or vagin* or vulva*) and (cancer* or carcinoma* or malignan* or neoplasm* or tumour* or tumor*)).mp.
271.	neoplasms/ or benign neoplasms/ or endocrine neoplasms/ or leukemias/ or melanoma/ or metastasis/ or terminal cancer/
272.	("Gender Characteristic*" or "Gender Difference*" or "Gender Dimorphism*" or "Sex Characteristic*" or "Sex Difference*" or "Sex Dimorphism*" or "Sexual Dimorphism*" or wom#n or female* or girls).mp.
273.	271 and 272
274.	269 or 270 or 273

Table 50 PsycInfo Dysmenorrhea block

#	Search string
54.	menstruation/ or exp menstrual cycle/
55.	("Amenorrhea" or "Dysmenorrhea*" or "Heavy Menstrual Bleeding" or "Heavy Period*" or "Hypermenorrhea*" or "Irregular Menses" or "Irregular Menstruation" or "Menorrhagia " or "Menstrual Irregularit*" or "Menstrual Pain*" or "Menstruation Disorder*" or "Menstruation Disturbance" or "Painful Menstruation" or "Painful Menstruations" or "Polymenorrhea" or "Postpartum Amenorrhea" or "Postpartum Amenorrheas" or "Retrograde Menstruation" or "Oligomenorrheas" or "Oligomenorrhea" or "infrequent menstruation" or "Menorrhagia" or "Heavy Menstrual Bleeding" or "Hypermenorrhea" or "Heavy Period*" or "Premenstrual Syndrome*" or "Premenstrual Tension" or "Premenstrual Tensions" or "Premenstrual Dysphoric Disorder" or "Premenstrual Dysphoric Syndrome" or "Period pain*" or "period cramp*" or

	"Bleeding Between Periods" or "Breakthrough Bleeding" or "Dysfunctional Uterine Bleeding*" or "Intermenstrual Bleeding" or "Metrorrhagia").mp.
56.	exp menstrual disorders/
57.	54 or 55 or 55 or 56

Table 51 PsycInfo Fibroids block

#	Search strings
68.	(Leiomyoma or Angiomyoma or Leiomyoma, Epithelioid or Leiomyomatosis).mh.
69.	((fibroid* or Leiomyoma* or myoma*) adj3 (uterine or uterus or Fallopian or ovar*)).mp.
70.	(fibroid* or Leiomyoma* or myoma*).mp.
71.	(fibroid* or fibromyoma* or fibroleiomyoma* or leiomyoma* or angiomyoma* or leiomyomatosis or angioleiomyoma* or elastomyofibroma* or hemangioleiomyoma* or hemangiomyoma* or leimyoma* or leiomyoma* or leyomyoma* or myofibroma* or myoma* or (smooth muscle adj2 tumo?r*)).ti,ab,id.
72.	68 or 69 or 70 or 71

Table 52 PsycInfo Endometriosis block

#	Search string
83.	(endometrios#s or endometrioma* or adenomyos#s or adenomyoma* or adenometrit#s or adenomyosit#s or adenomyometrit#s).mp.
84.	(Endometrial adj3 (abnorm* or hyperplasia*)).mp.
85.	(Endometriosis or Adenomyosis or Endometrium).mh.
86.	83 or 84 or 85

Table 53 PsycInfo Infertility/early pregnancy loss block

#	Search string
233.	exp infertility/
234.	Infertility, Female.mh.
235.	((Fail* adj3 pregnan*) or (tubal adj3 (obstruction* or patholog* or dysfunction*)) or ((abnormal or defective or incompetent or abnormal or "maturation failure") adj2 oocyte*) or "adverse pregnancy outcome" or anovulat* or "Diminished ovarian reserve" or "luteal phase deficiency" or "implantation failure").mp.
236.	("Female Infertility" or "Female Sterility" or "Female Subfertility" or "Postpartum Sterility").mp.
237.	(((Unexplain* or unknown) adj3 (infertil* or Sterilit* or subfertil*)) or "Sterility" or "Subfertility" or "Sub Fertility").mp.
238.	233 or 237
239.	(female or wom#n or mother* or sex or matern*).mp.
240.	238 and 239
241.	234 or 235 or 236 or 240

Table 54 PsycInfo Polycystic ovary syndrome block

#	Search string
97.	Polycystic Ovary Syndrome.mh.
98.	((polycystic adj ovar*) or (Sclerocystic adj Ovar*) or "Stein Leventhal Syndrome" or "Stein-Leventhal Syndrome" or "PCOS" or "PCOD").mp.
99.	97 or 98

Table 55 PsycInfo Pelvic floor disorders & pelvic organ prolapse block

#	Search string
110.	("Pelvic Floor Disorders" or "Pelvic Organ Prolapse" or "Urinary Incontinence" or "Urinary Bladder, Overactive").mh.
111.	((incontinence adj (stress or urinary)) or (Cystocele or Rectocele or Proctocele)).mp.
112.	("Anal prolapse" or "Anus Prolapse*" or "Fallen Urinary Bladder" or "Pelvic Floor Disease*" or "Pelvic Floor Disorder" or "Pelvic Organ Prolapse*" or "Rectal Prolapse*" or "Splanchnoptosis" or "Urinary Bladder Prolapse" or "Urogenital Prolapse" or "Urogenital Prolapse*" or "Uterine Prolapse*" or "Vaginal Prolapse*" or "Vaginal Vault Prolapse*" or "Visceroptosis" or ((vaginal or vagina) adj3 (incontinen* or leak*))).mp.
113.	110 or 111 or 112

Table 56 PsycInfo Menopausal symptoms block

#	Search string
130.	exp menopause/
131.	(Menopause or "hot flashes" or Climacteric).mh.
132.	((Menopaus* adj5 symptom*) or (vagina* adj5 (dry* or atroph*))).mp.
133.	("Change of Life" or "hot flash*" or "hot flush*" or (vasomotor adj symptom*) or "night sweat*").mp.
134.	130 or 131 or 132 or 133

Table 57 PsycInfo Pelvic inflammatory disease block

#	Search string
145.	"Pelvic Inflammatory Disease".mh.
146.	(Adnexitis or Endometritis or Endomyometritis or Oophoritis or Oophoritides or Parametritis or Parametritides or "Fallopian Tube Disease" or "Tubal Obstruction*" or Salpingitis or Salpingitides or PID).mp.
147.	(Pelvic adj5 (Disease* or Cellulitis* or inflamm* or infection*)).mp.
148.	145 or 146 or 147

Table 58 PsycInfo Vulvodynia block

#	Search string
159.	Vulvodynia.mh.
160.	(Vulvodynia or Vestibulodynia or "Vulva* Pain*" or "vestibulitis" or Vaginodynia).mp.
161.	((vagin* or Vulva* or genit*) adj3 (discomfort or pain* or sensitiv*)).mp.

162.	159 or 160 or 161

Table 59 PsycInfo Chronic gynaecological pain disorders block

#	Search string
173.	("Pelvic Pain" or Dysmenorrhea or "Pelvic Girdle Pain" or "Pudendal Neuralgia").mh.
174.	("Pelvic Pain" or Dysmenorrhea or "Pelvic Girdle Pain" or "Pudendal Neuralgia").mp.
175.	((abdomin* or gynecol* or gynaecol* or ovar* or pelvic or pudendal*) adj5 pain* adj10 (female* or wom#n or girl* or sex)).mp.
176.	((abdomin* or gynecol* or gynaecol* or ovar* or pelvic or pudendal*) adj5 pain*).mp.
177.	173 or 174 or 175

Table 60 PsycInfo Pelvic and vulvar vaginosis block

#	Search string
188.	(Vaginitis or Vulvitis or Vulvovaginitis).mh.
189.	(Vaginitis or Vulvitis or Vulvovaginitis).mp.
190.	((bacteria* or candida* or Gardnerella or Inflamm* or thrush or Trichomoniasis) adj3 (vagina* or vulva* or Vaginit* or Vaginos*)).mp.
191.	("Genital Candidiasis" or "Genital Vulvovaginal Candidiasis" or "Monilial Vaginitis" or "Vaginal Yeast Infection" or "Vaginal Yeast Infections" or "Vulvovaginal Candidiasis" or "Vulvovaginal Moniliasis" or "Vulvovaginitis" or "Vulvovaginitides").mp.
192.	188 or 189 or 190 or 191

Table 61 PsycInfo Postnatal depression block

#	Search string
203.	(Postpartum or "Perinatal Care" or "Postpartum Period").mh.
204.	exp postpartum depression/ or exp postnatal period/
205.	((depress* or dysphori* or "mood disorder*" or "affective disorder*" or "affective symptom*") and ("post natal" or post-natal or postnatal or "post birth" or post-partum or "postpartum" or postpartum)).mp.
206.	203 or 204 or 205

Table 62 PsycInfo Birth trauma & post-natal PTSD block

#	Search string
217	exp postpartum psychosis/
218.	complex ptsd/ or exp posttraumatic stress disorder/
219.	(birth* or childbirth or "child birth" or labor or labour or postpartum or "post partum" or post-partum or post-natal or postnatal or "post natal").mp.
220.	218 and 219
221.	((labor or labour or "post delivery" or birth* or childbirth or "child birth" or parturition* or postpartum or "post partum" or post-partum or post-natal or postnatal or "post natal") adj5

	(trauma* or stress* or neuros* or PTSD or "Post Traumatic" or Posttraumatic or post-traumatic or psycho*)).mp.
222.	217 or 220 or 221

(d) Cochrane Library

Table 63 Cochrane Cancers of the female reproductive tract block

ID	Search
#1	MeSH descriptor: [Genital Neoplasms, Female] explode all trees
#2	MeSH descriptor: [Mixed Tumor, Mullerian] explode all trees
#3	MeSH descriptor: [Pregnancy Complications, Neoplastic] explode all trees
#4	((cervical OR cervix OR endomet* OR fallopian OR "female genital" OR gynecologic* OR gynaecologic* OR ovar* OR placent* OR pregnan* OR uterus or uterine or vagin* vulva*) AND (cancer* OR carcinoma* OR malignan* OR neoplasm* OR tumour* OR tumor*)):ti,ab,kw (Word variations have been searched)
#5	#1 OR #2 OR #3 OR #4
#6	#1 OR #2 OR #3 OR #4 with Cochrane Library publication date Between Jan 2014 and Dec 2024, in Cochrane Reviews
#7	#1 OR #2 OR #3 OR #4 with Cochrane Library publication date Between Jan 2019 and Dec 2024, in Cochrane Protocols
#8	#1 OR #2 OR #3 OR #4 with Publication Year from 2019 to 2024, in Trials

Table 64 Cochrane Dysmenorrhea block

ID	Search
#1	MeSH descriptor: [Dysmenorrhea] explode all trees
#2	MeSH descriptor: [Amenorrhea] explode all trees
#3	MeSH descriptor: [Menstruation Disturbances] explode all trees
#4	MeSH descriptor: [Oligomenorrhea] explode all trees
#5	MeSH descriptor: [Premenstrual Syndrome] explode all trees
#6	MeSH descriptor: [Menorrhagia] explode all trees
#7	MeSH descriptor: [Premenstrual Dysphoric Disorder] explode all trees
#8	MeSH descriptor: [Metrorrhagia] explode all trees
#9	("Amenorrhea" OR "Dysmenorrhea" OR "Dysmenorrheas" OR "Heavy Menstrual Bleeding" OR "Heavy Period" OR "Hypermenorrhea" OR "Hypomenorrhea" OR "Irregular Menses" OR "Irregular Menstruation" OR "Menorrhagia " OR "Menstrual Irregularities" OR "Menstrual Irregularity" OR "Menstrual Pain" OR "Menstruation Disorder" OR "Menstruation Disorders" OR "Menstruation Disturbance" OR "Painful Menstruation" OR "Painful Menstruations" OR "Polymenorrhea" OR "Postpartum Amenorrhea" OR "Postpartum Amenorrheas" OR "Retrograde Menstruation" OR "Oligomenorrheas" OR "Oligomenorrhea" OR "infrequent menstruation" OR "Menorrhagia" OR "Heavy Menstrual Bleeding" OR "Hypermenorrhea" OR "Heavy Periods" OR

ID	Search
	"Heavy Period" OR "Premenstrual Syndromes" OR "Premenstrual Tension" OR "Premenstrual Tensions" OR "Premenstrual Dysphoric Disorder" OR "Premenstrual Dysphoric Syndrome" OR "Period pain" OR "period cramps" OR "Bleeding Between Periods" OR "Breakthrough Bleeding" OR "Dysfunctional Uterine Bleeding" OR "Dysfunctional Uterine Bleedings" OR "Intermenstrual Bleeding" OR "Metrorrhagia")
#10	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9
#11	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 with Cochrane Library publication date Between Jan 2014 and Dec 2024, in Cochrane Reviews
#12	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 with Publication Year from 2019 to 2024, in Trials

Table 65 Cochrane Fibroids blocks

ID	Search	Hits
#1	MeSH descriptor: [Leiomyoma] explode all trees	934
#2	((fibroid* OR Leiomyomas* OR myoma*) NEAR/3 (uterine OR uterus)):ti,ab,kw (Word variations have been searched)	1886
#3	#1 OR #2	2215
#4	#1 OR #2 with Cochrane Library publication date Between Jan 2014 and Dec 2024, in Cochrane Reviews	14
#5	#1 OR #2 with Cochrane Library publication date Between Jan 2019 and Dec 2024, in Cochrane Protocols	2
#6	#1 OR #2 with Publication Year from 2019 to 2024, in Trials	657

Table 66 Cochrane Endometriosis block

ID	Search
#1	MeSH descriptor: [Endometriosis] explode all trees
#2	MeSH descriptor: [Adenomyosis] explode all trees
#3	MeSH descriptor: [Endometrium] explode all trees
#4	((Adenomyos* OR Endometrios* OR (Endometrial NEAR/3 (abnorm* OR hyperplasia*)))):ti,ab,kw (Word variations have been searched)
#5	#1 OR #2 OR #3 OR #4
#6	#1 OR #2 OR #3 OR #4 with Cochrane Library publication date Between Jan 2014 and Dec 2024, in Cochrane Reviews, Cochrane Protocols
#7	#1 OR #2 OR #3 OR #4 with Cochrane Library publication date Between Jan 2019 and Dec 2024, in Trials

Table 67 Cochrane Infertility/early pregnancy loss block

ID	Search
#1	MeSH descriptor: [Infertility, Female] explode all trees
#2	MeSH descriptor: [Infertility] this term only
#3	((Fail* NEAR/3 pregnan*) OR (tubal NEAR/3 (obstruction* or patholog* or dysfunction*)) OR ((abnormal or defective or incompetent or abnormal or "maturation failure") NEAR/2 oocyte*)

	OR "adverse pregnancy outcome" OR anovulat* OR "Diminished ovarian reserve" OR "luteal phase deficiency" OR "implantation failure"):ti,ab,kw (Word variations have been searched)
#4	("Female Infertility" OR "Female Sterility" OR "Female Subfertility" OR "Postpartum Sterility" OR "Reproductive Sterility" OR "Sterility" OR "Subfertility" OR "Sub Fertility" OR ((Unexplain* OR unknown) NEAR/5 (infertil* OR subfertil*))):ti,ab,kw (Word variations have been searched)
#5	(female OR wom?n):ti,ab,kw (Word variations have been searched)
#6	#2 AND #5
#7	#1 OR #3 OR #4 OR #6
#8	#1 OR #3 OR #4 OR #6 with Cochrane Library publication date Between Jan 2014 and Dec 2024, in Cochrane Reviews
#9	#1 OR #3 OR #4 OR #6 with Cochrane Library publication date Between Jan 2019 and Dec 2024, in Cochrane Protocols
#10	#1 OR #3 OR #4 OR #6 with Publication Year from 2019 to 2024, in Trials
#11	#10 AND #5

Table 68 Cochrane Polycystic ovary syndrome block

ID	Search
#1	MeSH descriptor: [Polycystic Ovary Syndrome] explode all trees
#2	((polycystic NEXT ovar*) OR (Sclerocystic NEXT Ovar*) OR "Stein Leventhal Syndrome" OR "Stein-Leventhal Syndrome" OR "PCOS" OR "PCOD"):ti,ab,kw (Word variations have been searched)
#3	#1 OR #2
#4	#1 OR #2 with Cochrane Library publication date Between Jan 2014 and Dec 2024, in Cochrane Reviews
#5	#1 OR #2 with Cochrane Library publication date Between Jan 2019 and Dec 2024, in Cochrane Protocols
#6	#1 OR #2 with Publication Year from 2019 to 2024, in Trials

Table 69 Cochrane Pelvic floor disorders & pelvic organ prolapse block

ID	Search
#1	MeSH descriptor: [Pelvic Floor Disorders] explode all trees
#2	MeSH descriptor: [Pelvic Organ Prolapse] explode all trees
#3	MeSH descriptor: [Urinary Incontinence] explode all trees
#4	MeSH descriptor: [Urinary Bladder, Overactive] explode all trees
#5	(prolapse NEAR/5 (anal OR bladder OR (pelvic NEXT organ) OR rectal OR uterus OR urogenital OR uterine OR vagina*)):ti,ab,kw (Word variations have been searched)
#6	(incontinence NEAR (stress OR urinary)):ti,ab,kw (Word variations have been searched)
#7	(Cystocele OR Rectocele OR Proctocele):ti,ab,kw (Word variations have been searched)
#8	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7
#9	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 with Cochrane Library publication date Between Jan 2019 and Dec 2024, in Cochrane Protocols
#10	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 with Cochrane Library publication date Between Jan 2014 and Dec 2024, in Cochrane Reviews

ID	Search
#11	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 with Publication Year from 2019 to 2024, in Trials

Table 70 Cochrane Menopausal symptoms block

ID	Search
#1	MeSH descriptor: [Menopause] explode all trees
#2	MeSH descriptor: [Hot Flashes] explode all trees
#3	MeSH descriptor: [Climacteric] this term only
#4	("Change of Life" OR (Menopaus* NEAR/5 (symptom* OR (hot NEXT flash*) OR (hot NEXT flush*) Genitourin* OR Genito-urin* OR vulvovagin* OR urethr*)) OR (vagina* NEAR/5 (dry* OR atroph*)) OR (vasomotor N1 symptom*)):ti,ab,kw (Word variations have been searched)
#5	#1 OR #2 OR #3 OR #4
#6	#1 OR #2 OR #3 OR #4 with Cochrane Library publication date Between Jan 2014 and Dec 2024, in Cochrane Reviews
#7	#1 OR #2 OR #3 OR #4 with Cochrane Library publication date Between Jan 2019 and Dec 2024, in Cochrane Protocols
#8	#1 OR #2 OR #3 OR #4 with Publication Year from 2019 to 2024, in Trials

Table 71 Cochrane Pelvic inflammatory disease block

ID	Search
#1	MeSH descriptor: [Pelvic Inflammatory Disease] explode all trees
#2	(("Adnexitis" OR (Pelvic NEAR/5 (Disease* OR Cellulitis* OR inflamm*) OR "Endometritis" OR "Endomyometritis" OR "Oophoritis" OR "Oophoritides" OR "Parametritis" OR "Parametritides" OR "Fallopian Tube Disease" OR "Tubal Obstruction" OR "Tubal Obstructions" OR "Salpingitis" OR "Salpingitides") OR "PID" OR (Pelvic NEXT inflammatory NEXT disease*) OR (pelvic NEAR/5 infection*))):ti,ab,kw (Word variations have been searched)
#3	Inflammat* NEAR/5 (uterus OR vagin* OR ovar* OR fallopian)
#4	(pelvic AND (Gonorrhea or Chlamydia or microbial or polymicrobial)):ti,ab,kw (Word variations have been searched)
#5	#1 OR #2 OR #3 OR #4
#6	#1 OR #2 OR #3 OR #4 with Cochrane Library publication date Between Jan 2014 and Dec 2024, in Cochrane Reviews
#7	#1 OR #2 OR #3 OR #4 with Cochrane Library publication date Between Jan 2019 and Dec 2024, in Cochrane Protocols
#8	#1 OR #2 OR #3 OR #4 with Publication Year from 2019 to 2024, in Trials

Table 72 Cochrane Vulvodynia block

ID	Search
#1	MeSH descriptor: [Vulvodynia] explode all trees
#2	("Generalized Vulvodynia" OR "Vestibulodynia" OR "Vulva Pain" OR "Vulvodynia" OR "vestibulitis" OR Vaginodynia):ti,ab,kw (Word variations have been searched)
#3	((vagin* OR Vulva* or genit*) NEAR/3 (discomfort OR pain* or sensitiv*)):ti,ab,kw (Word variations have been searched)
#4	#1 OR #2 OR #3

ID	Search
#5	#1 OR #2 OR #3 with Cochrane Library publication date Between Jan 2014 and Dec 2024, in Cochrane Reviews
#6	#1 OR #2 OR #3 with Cochrane Library publication date Between Jan 2019 and Dec 2024, in Cochrane Protocols
#7	#1 OR #2 OR #3 with Publication Year from 2019 to 2024, in Trials

Table 73 Cochrane Chronic gynaecological pain disorders block

ID	Search
#1	MeSH descriptor: [Pelvic Pain] this term only
#2	MeSH descriptor: [Dysmenorrhea] this term only
#3	MeSH descriptor: [Pelvic Girdle Pain] this term only
#4	MeSH descriptor: [Pudendal Neuralgia] explode all trees
#5	((abdomin* OR gynecol* OR gynaecol* OR ovar* OR pelvic OR pudendal*) NEAR/5 pain* NEAR/10 (female* or wom?n or girl*)):ti,ab,kw (Word variations have been searched)
#6	(Mittelschmerz):ti,ab,kw (Word variations have been searched)
#7	#1 OR #2 OR #3 OR #4 OR #5 OR #6
#8	#1 OR #2 OR #3 OR #4 OR #5 OR #6 with Cochrane Library publication date Between Jan 2014 and Dec 2024, in Cochrane Reviews
#9	#1 OR #2 OR #3 OR #4 OR #5 OR #6 with Cochrane Library publication date Between Jan 2019 and Dec 2024, in Cochrane Protocols
#10	#1 OR #2 OR #3 OR #4 OR #5 OR #6 with Publication Year from 2019 to 2024, in Trials

Table 74 Cochrane Pelvic and vulvar vaginosis block

ID	Search
#1	MeSH descriptor: [Vaginitis] explode all trees
#2	MeSH descriptor: [Vulvitis] explode all trees
#3	MeSH descriptor: [Vulvovaginitis] explode all trees
#4	((bacteria* OR candida* OR Gardnerella OR Inflamm* OR thrush OR Trichomoniasis) NEAR/3 (vagina* OR vulva* OR Vaginit* OR Vaginos?s)):ti,ab,kw (Word variations have been searched)
#5	("Genital Candidiasis" OR "Genital Vulvovaginal Candidiasis" OR "Monilial Vaginitis" OR "Vaginal Yeast Infection" OR "Vaginal Yeast Infections" OR "Vulvovaginal Candidiasis" OR "Vulvovaginal Moniliasis" OR "Vulvovaginitis" OR "Vulvovaginitides"):ti,ab,kw (Word variations have been searched)
#6	#1 OR #2 OR #3 OR #4 OR #5
#7	#1 OR #2 OR #3 OR #4 OR #5 with Cochrane Library publication date Between Jan 2014 and Dec 2024, in Cochrane Reviews
#8	#1 OR #2 OR #3 OR #4 OR #5 with Cochrane Library publication date Between Jan 2019 and Dec 2024, in Cochrane Protocols
#9	#1 OR #2 OR #3 OR #4 OR #5 with Publication Year from 2019 to 2024, in Trials

Table 75 Cochrane Postnatal depression block

ID	Search
#1	MeSH descriptor: [Depression, Postpartum] explode all trees

ID	Search
#2	MeSH descriptor: [Perinatal Care] explode all trees
#3	MeSH descriptor: [Postpartum Period] explode all trees
#4	#2 OR #3
#5	(depress* or dysphori* or (mood NEXT disorder*) or (affective NEXT disorder*) or (affective NEXT symptom*)):ti,ab,kw (Word variations have been searched)
#6	#4 AND #5
#7	((depress* or dysphori* or (mood NEXT disorder*) or (affective NEXT disorder*) or (affective NEXT symptom*)) AND ("post natal" OR postnatal OR "post birth")):ti,ab,kw (Word variations have been searched)
#8	#1 OR #2 OR #3 OR #6 OR #7
#9	#1 OR #2 OR #3 OR #6 OR #7 with Cochrane Library publication date Between Jan 2014 and Dec 2024, in Cochrane Reviews
#10	#1 OR #2 OR #3 OR #6 OR #7 with Cochrane Library publication date Between Jan 2019 and Dec 2024, in Cochrane Protocols
#11	#1 OR #2 OR #3 OR #6 OR #7 with Publication Year from 2019 to 2024, in Trials

Table 76 Cochrane Birth trauma & post-natal PTSD block

ID	Search
#1	MeSH descriptor: [Stress Disorders, Post-Traumatic] explode all trees
#2	((birth* OR childbirth OR labo?r OR postpartum OR "post partum" OR postnatal OR "post natal")):ti,ab,kw (Word variations have been searched)
#3	#1 AND #2
#4	((labo?r OR delivery OR "post delivery" OR birth* OR childbirth OR "child birth" OR parturition* OR postpartum OR "post partum" OR postnatal OR "post natal") NEAR/5 (trauma* OR stress* OR neuros* OR PTSD OR "Post Traumatic" OR Posttraumatic or psychological)):ti,ab,kw (Word variations have been searched)
#5	#3 OR #4
#6	#3 OR #4 with Cochrane Library publication date Between Jan 2014 and Dec 2024, in Cochrane Reviews
#7	#3 OR #4 with Cochrane Library publication date Between Jan 2019 and Dec 2024, in Cochrane Protocols
#8	#3 OR #4 with Publication Year from 2019 to 2024, in Trials

(e) Epistemonikos

Search field: Title/abstract

Publication type: Systematic review and publication date: 2014-2024

Publication type: Primary study and publication date: 2019-2024

Table 77 Epistemonikos search

Major health condition	Search string
1. Cancers of the female reproductive tract	((cervical OR cervix OR endomet* OR fallopian OR "female genital" OR gynecologic* OR gynaecologic* OR ovar* OR placent* OR pregnan* OR uter* OR vagin* OR vulva*) AND (cancer* OR carcinoma* OR malignan* OR neoplasm* OR tumour* OR tumor*))
2. Dysmenorrhea	("Amenorrhea" OR "Dysmenorrhea" OR "Heavy Menstrual Bleeding" OR "Heavy Period" OR "Hypermenorrhea" OR "Hypomenorrhea" OR "Irregular Menses" OR "Irregular Menstruation" OR "Menorrhagia " OR "Menstrual Irregularities" OR "Menstrual Irregularity" OR "Menstrual Pain" OR "Menstruation Disorder" OR "Menstruation Disorders" OR "Menstruation Disturbance" OR "Painful Menstruation" OR "Polymenorrhea" OR "Postpartum Amenorrhea" OR "Postpartum Amenorrheas" OR "Retrograde Menstruation" OR "Oligomenorrhea" OR "infrequent menstruation" OR "Menorrhagia" OR "Heavy Menstrual Bleeding" OR "Hypermenorrhea" OR "Heavy Periods" OR "Heavy Period" OR "Premenstrual Syndromes" OR "Premenstrual Tension" OR "Premenstrual Tensions" OR "Premenstrual Dysphoric Disorder" OR "Premenstrual Dysphoric Syndrome" OR "Period pain" OR "period cramps" OR "Bleeding Between Periods" OR "Breakthrough Bleeding" OR "Dysfunctional (“Uterine Bleeding" OR "Dysfunctional Uterine Bleedings" OR "Intermenstrual Bleeding" OR "Metrorrhagia" OR "PMDD" OR Menometrorrhagia OR Meno-metrorrhagia)
3. Fibroids	("Angioleiomyoma" OR "Angioleiomyomas" OR "Angiomyomas" OR "Epithelioid Leiomyoma" OR "Epithelioid Leiomyomas" OR "Fibroid" OR "Fibroid Tumor" OR "Fibroid Tumors" OR "Fibroid Tumour" OR "Fibroid Tumours" OR "Fibroid Uterus" OR "Fibroids" OR "Fibromyoma" OR "Fibromyomas" OR "Leiomyoblastoma" OR "Leiomyoblastomas" OR "Leiomyoma" OR "Leiomyomas" OR "Leiomyomatoses " OR "Leiomyomatosis" OR "Uterine Fibroid" OR "Uterine Fibroids" OR "Uterine Fibroma" OR "Uterine Fibromas" OR "Uterine myoma" OR "Uterine myomas" OR "Vascular Leiomyoma" OR "Vascular Leiomyomas)
4. Endometriosis	(Adenomyosis OR Adenomyoses OR Endometriosis OR Endometrioses OR Endometrioma OR Endometriomas OR endometrial OR endometrium)
5. Infertility/early pregnancy loss	((abortion AND (habitual or recurrent or threaten* or spontaneous)) OR (bleeding AND ("early pregnancy" or "first trimester" or "1st trimester"))) AND (randomized or randomised or control*) (Female OR women OR woman) AND (infertility OR infertile OR subfertility OR "sub fertility")

Major health condition	Search string
6. Polycystic ovary syndrome	("Polycystic Ovary Syndrome" OR "Polycystic Ovarian Syndrome" OR "Sclerocystic Ovarian Degeneration" OR "Sclerocystic Ovaries" OR "Sclerocystic Ovary" OR "Stein Leventhal Syndrome" OR "Stein-Leventhal Syndrome" OR PCOS OR PCOD OR "polycystic ovar*")
7. Pelvic Floor Disorders & Pelvic Organ Prolapse	("Anal prolapse" OR "Anus Prolapse*" OR Cystocele OR "Fallen Urinary Bladder" OR "Pelvic Organ Prolapse*" OR "Rectal Prolapse*" OR Rectocele OR "Splanchnoptosis" OR "Urinary Bladder Prolapse" OR "Urogenital Prolapse*" OR "Uterine Prolapse*" OR "Vaginal Prolapse*" OR "Vaginal Vault Prolapse*" OR "Visceral Prolapse*" OR "Visceroptosis") OR ("Pelvic floor" OR (vagin* OR unin*) AND (incontinen* OR leak*))
8. Menopausal symptoms	(menopaus* AND (anxi* OR dry* OR fatigue OR flash* OR flush* OR mood* OR sleep OR sweat* OR sex)) OR (Menopaus* symptom*)
9. Pelvic Inflammatory disease	("Adnexitis" OR "Inflammatory Pelvic Disease" OR "Inflammatory Pelvic Diseases" OR "Pelvic Inflammatory Diseases" OR "Endometritis" OR "Endomyometritis" OR "Oophoritis" OR "Oophoritides" OR "Parametritis" OR "Parametritides" OR "Pelvic Cellulitides" OR "Pelvic Cellulitis" "Pelvic Inflammatory Disease" OR "Fallopian Tube Disease" OR "Tubal Obstruction" OR "Tubal Obstructions" OR "Salpingitis" OR "Salpingitides" OR PID OR "Pelvic infection*")
10. Vulvodynia	Vulvodynia OR Vestibulodynia OR "Vulva* Pain" OR vestibulitis
11 . Chronic gynaecological pain disorders	"chronic pelvic pain" OR "Dysmenorrhea " OR "Dysmenorrheas" OR "Menstrual Pain*" OR "Painful Menstruation*" OR "Pelvic Girdle Pain*" OR "Pelvic Pain*" OR "perineal pain" OR "Symphysis Pubis Dysfunction*" OR "ovar* vein syndrome*"
12 . Pelvic and vulvar vaginosis	(Cervicitis OR vaginosis OR vaginitis) AND (bacteria OR candid* OR gardnerella OR Trichomoniasis)
	(Inflamm* AND (vagina* OR vulva* OR vulvovagina*)) OR vaginosis OR vaginitis OR vulvitis
13 . Postnatal depression	((postpartum* or post-partum or "post partum*" or postnatal* or post-natal* or "post natal*" or perinatal* or peri natal* or pert-natal* or puerp* or intrapartum* or intra partum* or antepartum* or ante partum* OR Puerperium) AND (depress* or dysphoria or "mood disorder*" or "affective disorder*" or "affective symptom*"))
14. Birth trauma & Post-natal PTSD	((labor OR labour OR delivery OR "post delivery" OR birth* OR childbirth OR "child birth" OR parturition* OR postpartum OR "post partum" OR postnatal OR "post natal") AND (trauma* OR stress* OR neuros* OR PTSD OR "Post Traumatic" OR Posttraumatic or psychological))

(f) ClinicalTrials.gov

Filter applied: Interventional Studies; Female; Study start date from 01/01/2019

Table 78 ClinicalTrials.gov search

Major health condition	Search terms
1. Cancers of the female reproductive tract	Choriocarcinoma, Ovarian Fallopian tube cancer Fallopian tube neoplasms Gestational Trophoblastic Disease Mixed Tumor, mullerian Neoplasms, complex and mixed Ovarian cancer Ovarian neoplasms Pregnancy complications, neoplastic Trophoblastic neoplasms Uterine cancer Uterine cervical neoplasms Uterine neoplasms Vaginal cancer Vaginal neoplasms Vulvar cancer Vulvar neoplasms Vulvar neoplasms
2. Dysmenorrhea	Amenorrhea Dysmenorrhea Irregular Menses Menometrorrhagia Menorrhagia Menstrual Irregularities Menstrual Pains Menstruation Disturbances metrorrhagia Oligomenorrhea Painful Menstruation Premenstrual Dysphoric Disorder Premenstrual Syndrome
3. Fibroids	Fibroid Fibroid Tumor Fibroid Uterus Fibromyxoma Leiomyoma Leiomyomatosis Uterine Leiomyomas
4. Endometriosis	Adenomyosis Endometrial hyperplasia Endometriosis

Major health condition	Search terms
	Endometrium/abnormalities
5. Infertility/early pregnancy loss	Abortion Failure Abortion, Habitual Abortion, Incomplete Abortion, Missed Abortion, Septic Abortion, Spontaneous Abortion; Induced, Nonmedical Early Pregnancy Loss Embryo Loss Genital Diseases, Female Gestational Trophoblastic Disease Hydatidiform Mole Hydatidiform Mole, Complete Infertility Infertility Unexplained Infertility, Female IVF IVF Treatment Pregnancy Complications Pregnancy, Abdominal Pregnancy, Angular Pregnancy, Ectopic Pregnancy, Heterotopic Pregnancy, Interstitial Pregnancy, Ovarian Pregnancy, Tubal Uterine Cervical Incompetence Uterine Cervical Incompetence
6. Polycystic ovary syndrome	PCOS Polycystic Ovarian Syndrome Polycystic Ovary Polycystic Ovary Syndrome
7. Pelvic floor disorders & pelvic organ prolapse	Cystocele Pelvic Floor Disorders Pelvic Floor Disorders Pelvic Organ Prolapse Prolapse; Female Rectal Prolapse Uterine Prolapse
8. Menopausal symptoms	Climacteric Syndrome Climacteric; Menorrhagia, Menopausal Menopausal Symptom Menopause Syndrome Menopause, Premature

Major health condition	Search terms
9. Pelvic inflammatory disease	Endometritis Oophoritis Pelvic Inflammatory Disease Salpingitis
10. Vulvodynia	Vulvar Diseases Vulvodynia
11. Chronic gynaecological pain disorders	Pelvic Pain Pelvic Girdle Pain
12. Pelvic and vulvar vaginosis	Atrophic Vaginitis Candidiasis, Vulvovaginal Trichomonas Vaginitis Vaginitis Vaginosis, Bacterial Vulvovaginitis
13. Postnatal depression	Depression, Postpartum Perinatal Care Postnatal Care Postnatal depression Postpartum depression Postpartum Period Puerperal Disorders
14.Birth trauma & Post-natal PTSD	Birth trauma Stress Disorders, Post-Traumatic Traumatic birth

(g) Prospero

Major health condition	Free text search string with limiters (title, keyword, health area, summary) and date range and MeSH search string with date limit
1. Cancers of the female reproductive tract	#1 MeSH DESCRIPTOR Genital Neoplasms, Female EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/ #2 MeSH DESCRIPTOR Mixed Tumor, Mullerian EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #3 MeSH DESCRIPTOR Pregnancy Complications, Neoplastic EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #4 (cervical OR cervix OR endomet* OR fallopian OR "female genital" OR gynecologic* OR gynaecologic* OR ovar* OR placent* OR pregnan* OR uterus or uterine or vagin* vulva*) NEAR3 (cancer* OR carcinoma* OR malignan* OR neoplasm* OR tumour* OR tumor*) WHERE CD FROM 01/01/2019 TO 28/0/2024 #5 (cervical OR cervix OR endomet* OR fallopian OR "female genital" OR gynecologic* OR gynaecologic* OR ovar* OR placent* OR pregnan* OR uterus or uterine or vagin* vulva*) NEAR1 (cancer* OR carcinoma* OR malignan* OR neoplasm* OR tumour* OR tumor*) WHERE CD FROM 01/01/2019 TO 28/02/2024

Major health condition	Free text search string with limiters (title, keyword, health area, summary) and date range and MeSH search string with date limit
	#6 ((cervical OR cervix OR endomet* OR fallopian OR "female genital" OR gynecologic* OR gynaecologic* OR ovar* OR placent* OR pregnan* OR uterus or uterine or vagin* vulva*) NEAR1 (cancer* OR carcinoma* OR malignan* OR neoplasm* OR tumour* OR tumor*)):TI,CS WHERE CD FROM 01/01/2019 TO 28/02/2024 #7 ((cervical OR cervix OR endomet* OR fallopian OR "female genital" OR gynecologic* OR gynaecologic* OR ovar* OR placent* OR pregnan* OR uterus or uterine or vagin* vulva*) NEAR1 (cancer* OR carcinoma* OR malignan* OR neoplasm* OR tumour* OR tumor*)):TI,CS AND (Intervention):RT WHERE CD FROM 01/01/2019 TO 28/02/2024 #8 #1 OR #2 OR #3 OR #7
2. Dysmenorrhea	#1 MeSH DESCRIPTOR Dysmenorrhea EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #2 MeSH DESCRIPTOR Amenorrhea EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #3 MeSH DESCRIPTOR Menstruation Disturbances EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #4 MeSH DESCRIPTOR Oligomenorrhea EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #5 MeSH DESCRIPTOR Premenstrual Syndrome EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #6 MeSH DESCRIPTOR Menorrhagia EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #7 MeSH DESCRIPTOR Premenstrual Dysphoric Disorder EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #8 MeSH DESCRIPTOR Metrorrhagia EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #9 ("Amenorrhea" OR "Dysmenorrhea" OR "Dysmenorrheas" OR "Heavy Menstrual Bleeding" OR "Heavy Period" OR "Hypermenorrhea" OR "Hypomenorrhea" OR "Irregular Menses" OR "Irregular Menstruation" OR "Menorrhagia " OR "Menstrual Irregularities" OR "Menstrual Irregularity" OR "Menstrual Pain" OR "Menstruation Disorder" OR "Menstruation Disorders" OR "Menstruation Disturbance" OR "Painful Menstruation" OR "Painful Menstruations" OR "Polymenorrhea" OR "Postpartum Amenorrhea" OR "Postpartum Amenorrheas" OR "Retrograde Menstruation" OR "Oligomenorrheas" OR "Oligomenorrhea" OR "infrequent menstruation" OR "Menorrhagia" OR "Heavy Menstrual Bleeding" OR "Hypermenorrhea" OR "Heavy Periods" OR "Heavy Period" OR "Premenstrual Syndromes" OR "Premenstrual Tension" OR "Premenstrual Tensions" OR "Premenstrual Dysphoric Disorder" OR "Premenstrual Dysphoric Syndrome" OR "Period pain" OR "period cramps"

Major health condition	Free text search string with limiters (title, keyword, health area, summary) and date range and MeSH search string with date limit
	OR "Bleeding Between Periods" OR "Breakthrough Bleeding" OR "Dysfunctional Uterine Bleeding" OR "Dysfunctional Uterine Bleedings" OR "Intermenstrual Bleeding" OR "Metrorrhagia") WHERE CD FROM 01/01/2019 TO 28/02/2024 #10 (("Amenorrhea" OR "Dysmenorrhea" OR "Dysmenorrheas" OR "Heavy Menstrual Bleeding" OR "Heavy Period" OR "Hypermenorrhea" OR "Hypomenorrhea" OR "Irregular Menses" OR "Irregular Menstruation" OR "Menorrhagia " OR "Menstrual Irregularities" OR "Menstrual Irregularity" OR "Menstrual Pain" OR "Menstruation Disorder" OR "Menstruation Disorders" OR "Menstruation Disturbance" OR "Painful Menstruation" OR "Painful Menstruations" OR "Polymenorrhea" OR "Postpartum Amenorrhea" OR "Postpartum Amenorrheas" OR "Retrograde Menstruation" OR "Oligomenorrheas" OR "Oligomenorrhea" OR "infrequent menstruation" OR "Menorrhagia" OR "Heavy Menstrual Bleeding" OR "Hypermenorrhea" OR "Heavy Periods" OR "Heavy Period" OR "Premenstrual Syndromes" OR "Premenstrual Tension" OR "Premenstrual Tensions" OR "Premenstrual Dysphoric Disorder" OR "Premenstrual Dysphoric Syndrome" OR "Period pain" OR "period cramps" OR "Bleeding Between Periods" OR "Breakthrough Bleeding" OR "Dysfunctional Uterine Bleeding" OR "Dysfunctional Uterine Bleedings" OR "Intermenstrual Bleeding" OR "Metrorrhagia")):TI,CS WHERE CD FROM 01/01/2019 TO 28/02/2024 #11 #10 OR #8 OR #7 OR #6 OR #5 OR #4 OR #3 OR #2 OR #1
3. Fibroids	#1 MeSH DESCRIPTOR Leiomyoma EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #2 (fibroid* OR Leiomyomas* OR myoma*) NEAR3 (uterine OR uterus OR abdominal OR fallopian OR ovar*) WHERE CD FROM 01/01/2019 TO 28/02/2024 #3 #2 OR #1
4. Endometriosis	#1 MeSH DESCRIPTOR Endometriosis EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #2 MeSH DESCRIPTOR Adenomyosis EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #3 MeSH DESCRIPTOR Endometrium EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #4 Adenomyos* OR Endometrios* OR (Endomet* NEAR3 (abnorm* OR hyperplasia*)) WHERE CD FROM 01/01/2019 TO 28/02/2024 #5 #4 OR #3 OR #2 OR #1

Major health condition	Free text search string with limiters (title, keyword, health area, summary) and date range and MeSH search string with date limit
5.Infertility/early pregnancy loss	#1 MeSH DESCRIPTOR Infertility, Female EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #2 (Fail* NEAR3 pregnan*) OR (tubal NEAR3 (obstruction* or patholog* or dysfunction*)) OR ((abnormal or defective or incompetent or abnormal or "maturation failure") NEAR2 oocyte*) WHERE CD FROM 01/01/2019 TO 28/02/2024 #3 "adverse pregnancy outcome" OR anovulat* OR "Diminished ovarian reserve" OR "luteal phase deficiency" OR "implantation failure" WHERE CD FROM 01/01/2019 TO 28/02/2024 #4 Female NEAR5 (Infertil* OR steril* OR subfertil*) WHERE CD FROM 01/01/2019 TO 28/02/2024 #5 (Unexplain* OR unknown) NEAR3 (infertil* OR Sterilit* OR subfertil*) WHERE CD FROM 01/01/2019 TO 28/02/2024 #6 (Postpartum OR Reproductive) NEAR3 Steril* WHERE CD FROM 01/01/2019 TO 28/02/2024 #7 #6 OR #5 OR #4 OR #3 OR #2 OR #1
6. Polycystic Ovary Syndrome	#1 MeSH DESCRIPTOR Polycystic Ovary Syndrome EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 ((polycystic NEAR1 ovar*) OR (Sclerocystic NEAR1 Ovar*) OR "Stein Leventhal Syndrome" OR "Stein-Leventhal Syndrome" OR "PCOS" OR "PCOD"):CS AND (Intervention):RT WHERE CD FROM 01/01/2019 TO 28/02/2024 #1 OR #2
7. Pelvic Floor Disorders & Pelvic Organ Prolapse	#1 MeSH DESCRIPTOR Urinary Incontinence EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #2 MeSH DESCRIPTOR Urinary Bladder, Overactive EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #3 MeSH DESCRIPTOR Pelvic Organ Prolapse EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #4 MeSH DESCRIPTOR Pelvic Floor Disorders EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #5 prolapse NEAR1 (anal OR bladder OR "pelvic organ" OR rectal OR uterus OR urogenital OR uterine OR vagina*) WHERE CD FROM 01/01/2019 TO 28/02/2024 #6 ((vaginal OR vagina) NEAR3 (incontinen* OR leak*)) OR ("Pelvic floor" NEAR3 abnormalit*) OR "Rectocele*" OR "Proctocele*" WHERE CD FROM 01/01/2019 TO 28/02/2024 #7 #6 OR #5 OR #4 OR #3 OR #2 OR #1 225

Major health condition	Free text search string with limiters (title, keyword, health area, summary) and date range and MeSH search string with date limit
8. Menopausal symptoms	#4 ((vasomotor N1 symptom*) OR (vagina* NEAR5 (dry* OR atroph*)) OR "Change of Life"):TI,CS WHERE CD FROM 01/01/2019 TO 28/02/2024 #5 (Menopaus* NEAR5 (symptom* OR "hot flash*" OR "hot flush*" OR "Genitourin*" OR "Genito-urin*" OR vulvovagin* OR urethr*)):TI,CS WHERE CD FROM 01/01/2019 TO 28/02/2024 #6 MeSH DESCRIPTOR Menopause EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 127 #7 MeSH DESCRIPTOR Hot Flashes EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 5 #8 MeSH DESCRIPTOR Climacteric EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 127 #9 #4 OR #5 OR #6 OR #7 OR #8 272
9. Pelvic Inflammatory disease	#1 MeSH DESCRIPTOR Pelvic Inflammatory Disease EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #2 (("Adnexitis" OR "Endometritis" OR "Endomyometritis" OR "Oophoritis" OR "Oophoritides" OR "Parametritis" OR "Parametritides" OR "Fallopian Tube Disease" OR "Tubal Obstruction" OR "Tubal Obstructions" OR "Salpingitis" OR "Salpingitides")):TI,CS WHERE CD FROM 01/01/2019 TO 28/02/2024 #3 ((Pelvic NEAR5 (Disease* OR Cellulitis* OR inflamm*))):TI,CS WHERE CD FROM 01/01/2019 TO 28/02/2024 #4 (("Pelvic inflammatory disease*") OR (pelvic NEAR3 infection*)):TI,CS WHERE CD FROM 01/01/2019 TO 28/02/2024 #5 #4 OR #3 OR #2 OR #1 126
10. Vulvodynia	#1 MeSH DESCRIPTOR Vulvodynia EXPLODE ALL TREES #2 MeSH DESCRIPTOR Vulvodynia EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #3 "Generalized Vulvodynia" OR "Vestibulodynia" OR "Vulva* Pain" OR "Vulvodynia" OR "vestibulitis" OR Vaginodynia WHERE CD FROM 01/01/2019 TO 28/02/2024 #4 (vagin* OR Vulva* or genit*) NEAR3 (discomfort OR pain* or sensitiv*) WHERE CD FROM 01/01/2019 TO 28/02/2024 #5 #4 OR #3 OR #2
11. Chronic gynaecological pain disorders	#1 MeSH DESCRIPTOR Pelvic Pain WHERE CD FROM 01/01/2019 TO 28/02/2024 #2 MeSH DESCRIPTOR Pelvic Girdle Pain EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #3 MeSH DESCRIPTOR Dysmenorrhea EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #4 MeSH DESCRIPTOR Pudendal Neuralgia EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024

Major health condition	Free text search string with limiters (title, keyword, health area, summary) and date range and MeSH search string with date limit
	#5 (abdomin* OR gynecol* OR gynaecol* OR ovar* OR pelvic OR pudendal*) NEAR5 pain* WHERE CD FROM 01/01/2019 TO 28/02/2024 #6 (abdomin* OR gynecol* OR gynaecol* OR ovar* OR pelvic OR pudendal*) NEAR5 pain* NEAR10 (female* or wom?n or girl*) WHERE CD FROM 01/01/2019 TO 28/02/2024 #7 (gynecol* OR gynaecol* OR ovar* OR pelvic OR pudendal*) NEAR5 pain* WHERE CD FROM 01/01/2019 TO 28/02/2024 #8 #7 OR #4 OR #3 OR #2 OR #1
12. Pelvic and Vulvar Vaginosis	#1 MeSH DESCRIPTOR Vaginitis EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #2 MeSH DESCRIPTOR Vulvitis EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #3 (bacteria* OR candida* OR Gardnerella OR Inflamm* OR thrush OR Trichomoniasis) NEAR3 (vagina* OR vulva* OR Vaginit* OR Vaginos?s) WHERE CD FROM 01/01/2019 TO 28/02/2024 #4 ("Genital Candidiasis" OR "Genital Vulvovaginal Candidiasis" OR "Monilial Vaginitis" OR "Vaginal Yeast Infection" OR "Vaginal Yeast Infections" OR "Vulvovaginal Candidiasis" OR "Vulvovaginal Moniliasis" OR "Vulvovaginitis" OR "Vulvovaginitides") WHERE CD FROM 01/01/2019 TO 28/02/2024 #5 #4 OR #3 OR #2 OR #1
13. Postnatal Depression	#1 MeSH DESCRIPTOR Depression, Postpartum EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #2 MeSH DESCRIPTOR Perinatal Care EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #3 MeSH DESCRIPTOR Postpartum Period EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #4 ((depress* or dysphori* or "mood disorder*") NEAR5 ("post natal" OR postnatal OR "post birth")):TI,CS WHERE CD FROM 01/01/2019 TO 28/02/2024 #5 (("affective disorder*" or "affective symptom*") NEAR5 ("post natal" OR postnatal OR "post birth")):TI,CS WHERE CD FROM 01/01/2019 TO 28/02/2024 #6 #5 OR #4 OR #3 OR #2 OR #1
14. Birth trauma & Post-natal PTSD	#1 MeSH DESCRIPTOR Stress Disorders, Post-Traumatic EXPLODE ALL TREES WHERE CD FROM 01/01/2019 TO 28/02/2024 #2 (birth* OR childbirth OR labor OR labour OR postpartum OR "post partum" OR postnatal OR "post natal" OR post-natal) WHERE CD FROM 01/01/2019 TO 28/02/2024 #3 #2 AND #1 #4 (birth* OR childbirth OR labor OR labour OR postpartum OR "post partum" OR postnatal OR "post natal" OR post-natal) NEAR5 (trauma* OR stress* OR neuros* OR PTSD OR "Post-Traumatic" OR "Post Traumatic" OR

Major health condition	Free text search string with limiters (title, keyword, health area, summary) and date range and MeSH search string with date limit
	Posttraumatic or psychological) WHERE CD FROM 01/01/2019 TO 28/02/2024 #5 #3 OR #4 416

Appendix C Coding framework and guidelines

Table 79 Coding framework and guidelines for study design, study country, population age and control type

Code level 1	Code level 2	Coding guidelines
Study design	Systematic review RCTs Systematic review mixed RCT nRCT Protocol Economic evaluation	For systematic reviews code design(s) according to the review's inclusion criteria.
Age	Children (0-11 years) Adolescents (12-17 years) Young adult women (18-25 years) Other women of childbearing age (26-45 years) Midlife and older women (46+ years) Not reported Not applicable	For primary studies/reviews select the age bracket in which the reported mean/median age of the sample falls. Where age range only reported, code all relevant categories.
	Australia Austria Belgium Canada Chile Columbia Costa Rica Czechia Denmark Estonia Finland France Germany Greece Hungary	For systematic reviews - code all countries of the included eligible studies. For economic evaluations - code country based on Currency/ Year standardisation e.g. 2020 US Dollar.

Code level 1	Code level 2	Coding guidelines
	Iceland Ireland Israel Italy Japan Korea Latvia Lithuania Luxembourg Mexico Netherlands New Zealand Norway Poland Portugal Slovak Republic Slovenia Spain Sweden Switzerland Turkey United Kingdom United States Not reported Not applicable	
Comparator(s)	Usual/standard care Partial intervention Placebo/no intervention Alternative intervention(s) Not specified	

Table 80 Coding framework and guidelines for health conditions

Health condition code (Level 1)	Health condition code (Level 2)	This code applies to:
		Code all health conditions that are applicable e.g. if a study is evaluating IVF in a population of infertile women due to endometriosis/PCOS - code endometriosis/PCOS + female infertility
Cancers of the female reproductive tract:		
	Cervical cancer	
	Uterine cancer	endometrial cancer and uterine sarcoma
	Ovarian cancer	epithelial ovarian cancer, Non-Gestational Ovarian Choriocarcinoma (NGOC), Krukenburg tumour
	Vulvar cancer	Bartholin gland carcinoma
	Vaginal cancer	
	Fallopian tube cancer	
	Other/unspecified	
Abnormal menses/symptoms:		
	Absence of period/abnormally reduced pattern or flow	amenorrhea, oligomenorrhea, hypomenorrhea
	Excessive/prolonged/intermenstrual bleeding	menorrhagia, hypermenorrhea, polymenorrhea, metrorrhagia, menometrorrhagia/abnormal uterine bleeding, heavy menstrual bleeding
	Premenstrual dysphoric disorder	
	Other/unspecified	
Early pregnancy loss (<20 weeks):		
	Spontaneous abortion/miscarriage	embryo loss, biochemical pregnancy
	Recurrent pregnancy loss	
	Incomplete/missed abortion	incomplete abortion, missed abortion
	Septic abortion	
	Induced abortion	
	Threatened abortion	
	Ectopic pregnancy	tubal pregnancy, cervical pregnancy, caesarean scare pregnancy, pregnancy occurring in the uterine cervix, ovary, and abdominal cavity

Health condition code (Level 1)	Health condition code (Level 2)	This code applies to:
	Gestational Trophoblastic Disease	choriocarcinoma, hydatidiform mole/molar pregnancy, placental-site trophoblastic tumour and epithelioid trophoblastic tumour
	Other/unspecified	
Female infertility:		
	Anovulation	luteinised unruptured follicle syndrome
	Diminished ovarian reserve	
	Luteal phase deficiency	
	Implantation failure	
	Hydrosalpinx	a form of tubal factor infertility, code tubal factor infertility as hydrosalpinx + other
	Other/unspecified	bicornuate uterus, premature ovarian sufficiency, and other/unspecified female infertility
Menopausal symptoms:		
	Vasomotor symptoms	hot flashes, night sweats, heart palpitations, and changes in blood pressure
	Atrophic vaginitis	vaginal thinning, drying and inflammation
	Other/unspecified	other/unspecified general menopausal symptoms e.g. fatigue, headache, lack of concentration/memory, lack of energy, reduced sex drive (libido), irregular periods, recurring UTIs, weight gain
Pelvic and vulvar vaginosis:		
	Vaginitis	vulvovaginitis
	Bacterial vaginosis	
	Vulvitis	
	Candida	candidiasis/yeast infection/vaginal thrush
	Trichomoniasis vaginitis	
	Other/unspecified	
Pelvic organ prolapse:		
	Cystocele	anterior vaginal wall prolapse
	Cystourethrocele	bladder prolapse (cystocele) + urethra prolapse (urethrocele) i.e. when both occur
	Urethrocele	
	Uterine prolapse	apical (uterine or vaginal - code both)
	Vaginal prolapse	vaginal vault prolapse, apical (uterine or vaginal - code both)

Health condition code (Level 1)	Health condition code (Level 2)	This code applies to:
	Rectocele	proctocele/posterior vaginal wall prolapse
	Enterocele	
	Other/unspecified	rectal and anal prolapse, other/unspecified pelvic organ prolapse
Gynaecological related pain/conditions:		
	Pelvic girdle pain	Symphysis Pubis Dysfunction
	Dysmenorrhea	
	Vulvodynia	vestibulodynia, vulvar vestibulitis syndrome, genito-pelvic pain/penetration disorder
	Endometriosis	endometrioma
	Adenomyosis	
	Uterine fibroids	uterine myomas/leiomyomas, intramural fibroids
	Pelvic inflammatory disease	endometritis, parametritis, pelvic cellulitis, oophoritis, salpingitis
	Polycystic ovary syndrome	
	Other/unspecified	pelvic and perineal pain, pelvic congestion syndrome (PCS)/pelvic venous insufficiency, dyspareunia, interstitial cystitis/painful bladder syndrome, myofascial pelvic pain syndrome (MPPS), lumbopelvic pain, other/unspecified chronic gynaecological pain
Pelvic floor disorder:		
	Overactive bladder	idiopathic overactive bladder
	Stress incontinence	stress urinary incontinence, stress-predominant mixed urinary incontinence, code mixed urinary incontinence to both stress and urge incontinence
	Urge incontinence	urge urinary incontinence, urge-predominant mixed urinary incontinence, code mixed urinary incontinence to both stress and urge incontinence
	Other/unspecified	hypertonic pelvic floor, urinary retention, other/unspecified pelvic floor disorder
Postpartum mental health:		
	Postpartum depression	perinatal depression
	Postpartum post-traumatic stress disorder	perinatal post-traumatic stress disorder/birth trauma
	Other/unspecified	

Table 81 Coding framework and guidelines for treatment interventions

Intervention code (Level 1)	Intervention sub code (Level 2)	This code applies to:
Medical (individual level)		
	Surgical	Code HIPEC (Hyperthermic Intraperitoneal Chemotherapy) as Surgical AND Pharmacological
	Non-invasive surgery/procedure	Procedures that do not involve surgical incision e.g. tubal flushing, IVF, ICSI, hysteroscopy, hysteroscopic metroplasty for septate uterus, vaginal douching. Carbon dioxide (Co2) / laser therapy if delivered in a medical setting/as part of medical treatment/by a doctor/if population described as patients. High-intensity focused ultrasound (HIFU) ablation Embryo transfer/preparation techniques (code here and to Delivery Arrangements - How and when care is delivered) if applicable
	Medical device insertion	Insertion of devices e.g. pessary, mesh, midurethral sling, levonorgestrel intrauterine system (LNG-IUS) i.e. coil/mirena, catheter including intermittent catheter use
	Pharmacological treatment (pharmacotherapy)	Chemical medicines Biological medicines Code HIPEC (Hyperthermic Intraperitoneal Chemotherapy) as Pharmacological AND Surgical Peripheral blood mononuclear cells Platelet rich plasma
	Radiation treatment	External beam radiation therapy (EBRT) Internal radiation therapy (brachytherapy) Systemic radiation therapy
	Precision medicine	Targeted therapy (antibodies, small molecular inhibitors) Pharmaco-omics (pharmacogenomics, pharmacotranscriptomics, pharmacoproteomics, pharmacometabolomics, pharmacoepidenomics); Functional precision medicine (PDX model, PDO model, microfluidic organs-on-chips) In addition to selecting the 'Precision medicine' code, also code the type of precision medicine to the appropriate intervention sub code e.g. pharmacotherapy, surgery etc.

Intervention code (Level 1)	Intervention sub code (Level 2)	This code applies to:
	Other	Expectant management e.g. in miscarriage/spontaneous abortion Interventions targeting culture medium in IVF; assisted hatching Vaginal wash products e.g. for candida, bacterial vaginosis Parenteral nutrition
Complementary and alternative therapy (individual level)		
	Biologically based therapies	Botanicals, animal-derived extracts, vitamins, minerals, nutraceuticals/food/diet supplements, fatty acids, amino acids, proteins, prebiotics and probiotics, aromatherapy, inositol (e.g. for PCOS)
	Mind-body therapies	Meditative movement (Yoga [yin, ashtanga, vinyasa, hatha, iyengar, kundalini, yoga nidra]; Meditation (mindfulness, focused attention, body scan, noting/observing, visualisation, breath awareness) Hypnosis Biofeedback Prayer Expressive therapies (dance, art and music, writing) Breathwork Progressive muscle relaxation Other relaxation
	Manipulative and body-based methods	Osteopathic manipulation Chiropractice Massage Hegu point massage Reflexology (Fire) cupping Auriculotherapy

Intervention code (Level 1)	Intervention sub code (Level 2)	This code applies to:
	Energy therapies	Qigong (tai chi, Baduanjin; Liuzijue; Hu Yue Xian; Yijin Jing; medical qigong) Reiki Healing Touch Therapeutic Touch Pranic healing Johrei Bioelectromagnetic-based therapies (use of pulsed, magnetic and alternating-current or direct-current fields) e.g. carbon dioxide laser if not delivered as part of medical care/outside of a medical setting. Nonionizing radiation (radiofrequency hyperthermia lasers, low-energy laser); radiofrequency surgery; radiofrequency diathermy; nonthermal applications of nonionizing radiation)
	Alternative medical systems	Traditional Chinese Medicine (Chinese herbs, tui na massage, qi gong/tai chi; acpuncture; acupressure; auricular acupoint therapy; thumb tack needling; SuJok; moxibustion) Ayurvedic Medicine (combines products [mainly derived from plants, but may also include animal, metal, and mineral], diet, exercise, and lifestyle) Homeopathy (products come from plants (such as red onion, arnica [mountain herb], poison ivy, belladonna [deadly nightshade], and stinging nettle); minerals (such as white arsenic), or animals (such as crushed whole bees); Indigenous healing systems
	Other	
Psychological (individual level) Typically clinical settings		

Intervention code (Level 1)	Intervention sub code (Level 2)	This code applies to:
	Behaviour-centred therapy	Therapies delivered by a mental health professional: Cognitive behavioural therapy Acceptance and commitment therapy Behavioural therapy Dialectical behavioural therapy Counselling Psychotherapy Trauma informed therapy Exposure therapy Emotion focused therapy Behavioural activation Family therapy Positive affect Interactive Guidance Therapy
	Trauma-centred therapy	Therapies delivered by a mental health professional: Cognitive behavioural therapy Acceptance and commitment therapy Behavioural therapy Dialectical behavioural therapy Counselling Psychotherapy Trauma informed therapy Exposure therapy Emotion focused therapy Behavioural activation Family therapy Positive affect
	Other	Interpersonal Psychotherapy Peer support therapy
Psychological (community level) Community as the setting		

Intervention code (Level 1)	Intervention sub code (Level 2)	This code applies to:
	Behaviour-centred therapy	Therapies delivered by a mental health professional: Cognitive behavioural therapy Acceptance and commitment therapy Behavioural therapy Dialectical behavioural therapy Counselling Psychotherapy Trauma informed therapy Exposure therapy Emotion focused therapy Behavioural activation Family therapy Positive affect
	Trauma-centred therapy	Therapies delivered by a mental health professional: Cognitive behavioural therapy Acceptance and commitment therapy Behavioural therapy Dialectical behavioural therapy Counselling Psychotherapy Trauma informed therapy Exposure therapy Emotion focused therapy Behavioural activation Family therapy Positive affect
	Other	Peer support therapy
Physical therapy (individual level)		

Intervention code (Level 1)	Intervention sub code (Level 2)	This code applies to:
	Therapist-led	Blood flow restriction training Massage (techniques include effleurage, petrissage, and trigger point massage) Joint mobilisation (physical therapist passively moves the joints of your body in specific directions) Passive exercise Manual therapy
	Using equipment	Assisted physical therapy using tools/equipment: Hydrotherapy Kinesiology taping (K-tape) Light therapy Ice / Heat / Thermotherapy Hydrotherapy Shock wave therapy Electrical stimulation (Transcutaneous electrical neuromuscular stimulation (TENS); neuromuscular electrical stimulation (NMES); Iontophoresis); transcutaneous tibial nerve stimulation (TTNS); percutaneous tibial nerve stimulation (PTNS) Neuromodulation
	Other	
Physical therapy (community level)		
	Therapist-led	Blood flow restriction training Massage (techniques include effleurage, petrissage, and trigger point massage) Joint mobilisation (physical therapist passively moves the joints of your body in specific directions) Passive exercise Manual therapy

Intervention code (Level 1)	Intervention sub code (Level 2)	This code applies to:
	Using equipment	Assisted physical therapy using tools/equipment: Hydrotherapy Kinesiology taping (K-tape) Light therapy Ice / Heat / Thermotherapy Hydrotherapy Shock wave therapy Electrical stimulation (Transcutaneous electrical neuromuscular stimulation (TENS); neuromuscular electrical stimulation (NMES); Iontophoresis); transcutaneous tibial nerve stimulation (TTNS); percutaneous tibial nerve stimulation (PTNS) Neuromodulation
	Other	
Lifestyle (individual level) *Coordinated sets of activities designed to change specified behaviour patterns (defined using behaviour change techniques; BCTs)*		
	Nutrition	Diets, foods (code diet/food supplements to Complementary and Alternative therapy - Biologically-based therapies)
	Physical activity	Exercise programmes/prescriptions e.g. Pilates
	Sleep	Sleep training
	Social connectedness	Social prescribing, singing interventions, Kangaroo care (method of holding your baby to your chest for skin-to-skin contact)
	Risk reduction	Smoking cessation interventions Alcohol misuse interventions Sex education
	Stress management	Stress management training

Intervention code (Level 1)	Intervention sub code (Level 2)	This code applies to:
	Self-management	Health education/promotion programmes Active participation in decision-making treatment and management; patient-initiated follow-up Self-care tasks/behaviour change Informed decision making Psychosocial, emotional or social adjustments Monitoring symptoms Communication Motivational Interviewing Problem-solving Patient-provider partnership Self-efficacy Knowledge of the condition (health literacy) / information seeking Resource utilisation Self-help CBT
	Other	Sexual intercourse (around time of IVF preparation)
Lifestyle (community level) *Community as the setting*		
	Nutrition	Community dieting, code diet/food supplements to Complementary and Alternative therapy - Biologically-based therapies
	Physical activity	Community walking group; Park run
	Sleep	
	Social connectedness	Women's shed
	Risk reduction	Community smoking cessation
	Stress management	Community mindfulness
	Self-management	Community health education/promotion programmes
	Other	
Outreach services (community level) Visits by health workers to community locations, e.g. involving specialists, mobile units		

Intervention code (Level 1)	Intervention sub code (Level 2)	This code applies to:
	Public health nurse	
	Physiotherapy	
	Occupational therapy	
	Chiropody	
	Respite care	
	Day centre care	
	Home care	
	Other	Community pharmacy-led interventions (education, medication and lifestyle advice) e.g. for menopause
Delivery arrangements (health system level) Emphasise the behaviour of health workers and the way healthcare is practiced and delivered		
	How and when care is delivered	Group versus individual care (Comparisons of providing care to groups versus individual patients, for example intensive group therapy, group vs individual antenatal care); Queuing strategies (A reduction or increase in time to access a healthcare intervention, for example managed waiting lists, managing ER wait time); Coordination of care amongst different providers (Organising different providers and services to ensure timely and efficient delivery of healthcare); Quality and safety systems (Essential standards for quality of healthcare, and reduction of poor outcomes related to unsafe healthcare); Triage (Management of patients attending a healthcare facility, or contacting a healthcare professional by phone, and receiving advice or being referral to an appropriate service). E.g. if treatment is delivered earlier than what is standard, e.g. early psychological intervention following miscarriage; Specialist clinic waitlist management, once the GP refers a patient to the specialist clinic the clinic sends best care guidelines to the GP to implement while the patient is waiting to be seen by specialist. Embryo transfer/preparation techniques (code here and to Delivery Arrangements - How and when care is delivered) if applicable

Intervention code (Level 1)	Intervention sub code (Level 2)	This code applies to:
	Where care is provided and changes to the healthcare environment	Outreach services (healthcare settings) (Visits by health workers to different locations, for example involving specialists, generalists, mobile units) Site of service delivery (Changes in where care is provided, for example home vs. healthcare facility, inpatient vs outpatient, specialized vs. non-specialized facility, walk in clinics, medical day hospital, mobile units)
	Who provides care and healthcare workforce management	Role expansion or task shifting (Expanding tasks undertaken by a cadre of health workers or shifting tasks from one cadre to another, to include tasks not previously part of their scope of practice) Length of consultation (Changes in the length of consultations) Peer delivered intervention versus healthcare professional delivered
	Coordination and management of care	Changes in how health workers interact with each other or patients to ensure timely and efficient delivery of healthcare Care pathways (Aim to link evidence to practice for specific health conditions and local arrangements for delivering care); Case management (Introduction, modification or removal of strategies to improve the coordination and continuity of delivery of services i.e. improving the management of one "case" (patient)) Continuity of care (Interventions to reduce fragmented care and undesirable consequences of fragmented care, for example by ensuring the responsibility of care is passed from one facility to another so the patient perceives their needs and circumstances are known to the provider) Discharge planning (An individualized plan of discharge to facilitate the transfer of a patient from hospital to a post-discharge setting) Disease management (Programs designed to manage or prevent a chronic condition using a systematic approach to care and potentially employing multiple ways of influencing patients, providers or the process of care) Integration (Consolidating the provision of different healthcare services to one (or simply fewer) facilities) Packages of care (Introduction, modification, or removal of packages of services designed to be implemented together for a particular diagnosis/disease, e.g. tuberculosis management guidelines, newborn care protocols)

Intervention code (Level 1)	Intervention sub code (Level 2)	This code applies to:
		Patient-initiated appointment systems (Systems that enable patients to make urgent Patient-initiated follow-up
	ICT infrastructure	The use of information and communication technology (Technology based methods to transfer healthcare information and support the delivery of care) Smart home technologies (Electronic assistive technologies) Telemedicine (Exchange of healthcare information from one site to another via electronic communication) Code for any telehealth/internet/mhealth intervention if compared to a non-digital intervention
	Other	
Multicomponent		
	Yes	NOTE: the intervention is only multicomponent if it includes 2 or more components that are not in the control group
	No	
	Not applicable	

Table 82 Coding framework and guidelines for health outcomes

Outcome code (Level 1)	This code applies to:
For medical interventions, if the outcomes indicate treatment success/failure then code 'Treatment success/failure' + the specific outcomes e.g. symptom control, condition stability/progression	
Quality-Adjusted Life Years (QALYs)	
Disability-Adjusted Life Years (DALYs)	
Incremental Cost-Effectiveness Ratios (ICERs)	
Symptom control	pain, Global Response Assessment (if paper defines scale as symptom control), Patient Global Impression of Improvement. Number of intrusive traumatic memories related to childbirth (in postpartum PTSD). For postnatal depression studies, code depression + symptom control
Condition stability/progression	Progression Free Survival (PFS), Disease Free Survival (PFS), Disease Control, Loco-regional Control, Circulating Tumar Deoxyribonucleic Acid (ctDNA) (DNA from cancerous cells), need for further treatment
Treatment success/failure	Objective response rate, full response, partial response Code **MEDICAL** interventions evaluating treatment effectiveness as 'Treatment success/failure' + more specific outcomes e.g. pregnancy, cure/remission, menstrual regularity, (IVF/other ART) cycle cancellation rate, conversion rate.
Adverse events	complications/side effects, treatment discontinuation e.g. pessary removal, side effects, secondary complications e.g. surgery for tubal rupture outcomes from ART, ectopic pregnancy from ART. Time to next pregnancy if this is an outcome of a treatment for e.g. missed abortion.
Functional status	sexual function, pelvic floor muscle strength, bladder function
Cure/remission	complete resection of fibroid, anatomical success rates of pelvic organ prolapse
Physiological/clinical measure of condition	objective measures e.g. fibroid size, pelvic organ prolapse severity, Average electromyographic (EMG) activity, change in no. of hairs (hair thinning as menopause symptom)
Quality of life	generic Quality of Life (QoL); Condition-specific Quality of Life (QoL)
Health status	

Outcome code (Level 1)	This code applies to:
Healthcare utilisation	number of GP visits, unplanned presentations to hospital
BMI	weight loss
Waist circumference	weight loss
Metabolic outcomes	insulin resistance, impaired glucose tolerance, lipid profile, HOMA-IR
Menstrual regularity	
Reproductive hormone/marker	hormonal e.g. Follicle stimulating hormone (FSH); Luteinising hormone (LH); Testosterone; Human chorionic gonadotrophin (hCG), ovulation rate, clinical hyperandrogenism **AND** non-hormonal markers of reproduction e.g. antral follicle count, endometrium thickness
Chronic anovulation	
Ovulation rate/stimulation	
Oocyte retrieval/fertilisation	
Complete termination of pregnancy	complete evacuation of uterus (no retained products of conception)
Pregnancy	pregnancy confirmed from pregnancy test, pregnancy rate, clinical pregnancy, embryo implantation, sustained implantation rate, viable pregnancy, continuation of pregnancy
Live birth	
Miscarriage	
Depression	for postnatal depression studies, code depression + symptom control
Anxiety	
Suicidal thoughts	
Attempted suicide	
Thoughts of harming baby	
Attempted harm to baby	
Parent/infant relationship	maternal sensitivity
Complicated grief after baby loss	
Mortality	death/survival rates, overall survival
Recurrence	recurrence free survival
Study terminated early	code eligible outcomes that were intended to be evaluated by the study

Appendix D Breakdown of countries in which studies were conducted

Table 83 Number of included studies conducted in each OECD country by study design

Codes	Systematic review RCTs	Systematic review mixed	RCTs	Non-randomised trial	Protocols	Full economic evaluation	TOTAL
Australia	112	23	23	2	37	1	**198**
Austria	38	5	10	0	19	0	**72**
Belgium	56	9	27	0	30	1	**123**
Canada	104	25	42	0	46	3	**220**
Chile	3	0	3	0	6	0	**12**
Colombia	2	2	1	0	4	0	**9**
Costa Rica	0	0	0	0	0	0	**0**
Czechia	25	5	17	0	24	0	**71**
Denmark	70	17	17	0	22	0	**126**
Estonia	4	0	0	0	3	0	**7**
Finland	60	8	7	0	15	1	**91**
France	58	20	31	0	45	1	**155**
Germany	68	24	27	0	40	0	**159**
Greece	46	11	10	0	9	0	**76**
Hungary	15	3	8	0	14	0	**40**
Iceland	8	1	1	0	0	0	**10**
Ireland	13	3	6	0	7	0	**29**
Israel	39	17	22	0	18	0	**96**
Italy	163	43	46	2	62	3	**319**
Japan	54	28	35	0	37	1	**155**

Korea	58	26	24	1	43	1	**153**
Latvia	1	0	2	0	2	0	**5**
Lithuania	2	0	1	0	5	0	**8**
Luxembourg	0	0	0	0	1	0	**1**
Mexico	29	3	1	0	9	0	**42**
Netherlands	86	22	19	0	26	7	**160**
New Zealand	39	4	6	0	5	1	**55**
Norway	35	14	13	0	16	0	**78**
Poland	46	4	20	0	27	0	**97**
Portugal	14	4	3	0	4	0	**25**
Slovak Republic	7	3	2	0	8	0	**20**
Slovenia	17	5	1	0	2	0	**25**
Spain	87	25	44	0	63	6	**225**
Sweden	93	27	19	0	19	4	**162**
Switzerland	21	7	5	0	7	0	**40**
Turkey	118	37	46	0	80	2	**283**
United Kingdom	182	50	47	0	39	12	**330**
United States	263	75	86	1	149	32	**606**
Not reported	186	69	6	0	16	1	**278**
Not applicable	1	2	0	0	546	0	**549**

Appendix E Breakdown of studies across health conditions

Table 84 Number of identified studies for each health condition by study design

Codes	Abnormal menses/symptoms	Cancers of the female reproductive tract	Gynaecological-related conditions/ pain	Menopausal symptoms	Pelvic floor disorder	Pelvic organ prolapse	Pelvic and vulvar vaginosis	Female infertility	Early pregnancy loss (<20 weeks)	Postpartum mental health
Systematic review RCTs	19	94	199	51	41	9	15	138	31	25
Systematic review mixed	0	50	76	13	26	16	4	45	9	13
Randomised controlled trial (RCT)	9	75	71	39	52	23	9	22	13	15
Non-randomised trial	0	1	3	0	1	1	0	1	0	0
Protocols	15	200	453	73	74	36	27	206	51	32
Full economic evaluation	2	24	6	1	8	7	0	7	4	0
TOTAL	**45**	**444**	**808**	**177**	**202**	**92**	**55**	**419**	**108**	**85**

Table 85 Number of identified studies for each abnormal menses/symptoms subcategory

Abnormal menses/symptoms	44
Absence of period/abnormally reduced pattern or flow	9
Excessive/prolonged/intermenstrual bleeding	26
Premenstrual dysphoric disorder	9
Other/unspecified	2

Table 86 Number of identified studies for each cancer of the reproductive tract subcategory

Cancers of the female reproductive tract	440
Cervical cancer	100
Fallopian tube cancer	119
Ovarian cancer	265
Uterine cancer	99
Vaginal cancer	8
Vulvar cancer	13
Other/unspecified	6

Table 87 Number of identified studies for each gynaecological-related condition/pain subcategory

Gynaecological-related conditions/pain	807
Adenomyosis	21
Dysmenorrhea	137
Endometriosis	218
Pelvic girdle pain	12
Pelvic inflammatory disease	11
Polycystic ovary syndrome	287
Vulvodynia	23
Uterine fibroids	73
Other/unspecified	85

Table 88 Number of identified studies for each menopausal symptoms subcategory

Menopausal symptoms	177
Atrophic vaginitis	51
Vasomotor symptoms	90
Other/unspecified	94

Table 89 Number of identified studies for each pelvic floor disorder subcategory

Pelvic floor disorder	199
Overactive bladder	40
Stress incontinence	155
Urge incontinence	80
Other/unspecified	3

Table 90 Number of identified studies for each pelvic organ prolapse subcategory

Pelvic organ prolapse	90
Cystocele	17
Cystourethrocele	0
Urethrocele	0
Rectocele	9
Enterocele	0
Uterine prolapse	34
Vaginal prolapse	36
Other/unspecified	43

Table 91 Number of identified studies for each pelvic and vulvar vaginosis subcategory

Pelvic and vulvar vaginosis	55
Bacterial vaginosis	28
Candida	23
Trichomoniasis vaginitis	3
Vaginitis	3
Vulvitis	0
Other/unspecified	0

Table 92 Number of identified studies for each female infertility subcategory

Female infertility	416
Anovulation	44
Diminished ovarian reserve	43
Hydrosalpinx	32
Implantation failure	59
Luteal phase deficiency	17
Other/unspecified	334

Table 93 Number of identified studies for each early pregnancy loss (<20 weeks) subcategory

Early pregnancy loss (<20 weeks)	107
Ectopic pregnancy	16
Gestational Trophoblastic Disease	3
Incomplete/missed abortion	13
Induced abortion	13
Septic abortion	0
Recurrent pregnancy loss/miscarriage	42
Spontaneous abortion/miscarriage	9
Threatened abortion	13
Other/unspecified	1

Table 94 Number of identified studies for each postpartum mental health subcategory

Postpartum mental health	85
Postpartum depression	74
Postpartum post-traumatic stress disorder	13
Other/unspecified	0