

subgroup; the results from such studies are reported for interest.

As predicted the authors found multiple reviews on certain subjects published at different time points that had some data abstracted from the same randomized controlled trials. This was identified and reported in the text. These results are summarized in terms of ranges of the point estimates, when possible, with clear documentation in the text.

G. Format of the report:

The causative factors or the determinants for preterm/SGA/LBW/IUGR births are interrelated. It is difficult sometimes to separate out the impact of a determinant/intervention on the outcome of interest. Each factor was reviewed individually and an attempt was made to assess its significance to individual outcomes.

Each determinant is discussed with the basic principles for causation (biological plausibility, specificity, temporal relationship, consistency, strength, dose response and human experimentation). An attempt was made for each determinant first to delineate biological plausibility, followed by the strength of the epidemiological association and the available evidence for the effectiveness of interventions to improve the outcomes from the reviews on the subject. When an additional study not included in the review or published after the latest review or of interest was found a separate description was provided. If no review was identified for a determinant, a review of major individual studies in the area was performed. For the purpose of simplicity if the determinant is modifiable and, attempts to circumvent the determinant have been described in the literature, the evaluation of these strategies was performed at the same time.

The strength of the evidence for each determinant was assessed. Determinants with proven association (information from the epidemiological studies satisfying most of the causality criteria), possible association (information from the epidemiological studies satisfying some of the causality criteria but further research is needed), and no association (information from the epidemiological studies not indicative of causal association) were identified. Potential determinants for which no information was available were also identified.

The strength of the evidence was assessed for various interventions/strategies to prevent preterm/LBW/SGA/IUGR births. Interventions/strategies were identified as having strong evidence of effectiveness (cumulative evidence from well designed meta-analyses or systematic reviews indicative of effectiveness), probable evidence of effectiveness (some evidence from systematic reviews or randomized controlled studies or clinical studies indicative of effectiveness), evidence that they may be effective (evidence from clinical and/or epidemiological studies of the causality for the determinant, however intervention studies are non-existent or poorly designed) or evidence that they were not effective (cumulative evidence from well designed meta-analyses or systematic reviews indicative of ineffectiveness). Interventions/strategies were identified for which there was a lack of/inadequate information.