Priority-setting for intra-partum and first-hour newborn interventions at or near term: a scoping review protocol

Emilia Kozuch[1,2], Kylie Hunter[3], Anne Fink[1,2], Daniela Georges[1,2], Jonathan Williams [3], Adrienne Gordon, [3,4] Melinda Cruz, [4] Michelle Dickson, [4] Claudia Alarcon Espinoza, [4] Angela Webster[4], William Tarnow-Mordi*[3], Anna Lene Seidler*[1,2,3] on behalf of the International Collaboration for Platform Studies for Safer Birth at Term.

**denotes equal contribution*

Affiliations

1- Department of Child and Adolescent Psychiatry, University Medical Centre Rostock, Rostock, Germany
2- German Center for Child and Adolescent Health (DZKJ), partner site Greifswald/Rostock, Rostock, Germany
3- NHMRC Clinical Trials Center, University of Sydney, Sydney, Australia
4- University of Sydney, Sydney, Australia
5- University of Melbourne, Melbourne, Australia
6- University of Queensland, Brisbane, Australia
7- Bond University, Gold Coast, Australia

Abstract

Objective: The objective of this scoping review is to map what parent, clinician and community Priority Setting initiatives have been conducted regarding intra-partum and first-hour newborn interventions at or near term, identifying priorities set across initiatives and whether different priorities have been defined for different populations and settings.

Introduction: Birth represents a critical period for both mothers and newborns, with significant implications for public health worldwide. Establishing research priorities ensures that resources are directed towards research goals with the greatest potential public health benefits and helps to identify research gaps efficiently. However, a comprehensive overview of the priorities identified for interventions at or near term is lacking.

Inclusion criteria: Priority setting projects and initiatives by relevant stakeholders defining research needed for pregnant persons pre-labour, during labour, near term, or for newborns in the first hour of life. No restriction on language or geographic location of the research priority will be set, including all settings and populations.

Methods: Key sources such as MEDLINE, EMBASE, Google Scholar and specialized databases like the James Lind Alliance, the National Institute of Health Excellence and the WHO site will be searched. Additional grey literature will be included to ensure a comprehensive search. The search will be conducted up to January 2026. Initiatives will be screened and extracted by two independent reviewers. We will use qualitative content analysis to code

and map research priorities into themes and report their frequency across settings and populations.

Introduction

Birth is a critical time for both mother and child. Around 140 million babies are born every year (1),it is an issue that affects many people worldwide. Globally each year over 250,000 women die during and following pregnancy and childbirth, and one million babies die on the first day of their lives. Furthermore 75% of neonatal deaths occur during the first week of life (2). This is a highly vulnerable time for women and their newborns and a demanding situation for clinicians (2). Children are the future and cornerstone of our society, so it is crucial to protect their health. To ensure the safety of mothers and newborns during labour and in the hours and days after birth, evidence-based research on interventions is vital and needed.

Given the wide range of potential interventions and research on this topic, it is crucial to identify the most important gaps in current knowledge and practice that should be prioritised for future research. This can be efficiently achieved through priority setting projects. Priority setting exercises are gaining importance, evidenced through world-leading organizations such as Cochrane having groups specifically focusing on developing methods for research priority setting (3) and the increase in research priority setting projects being conducted (4). Priority setting enables resources to be directed to the research goals with the greatest potential public health benefit. It reduces research waste and leads to lower costs through the more efficient allocation of funding, guiding researchers to topics where there is a lack of evidence and directing them towards the areas of research that are most needed in the population and clinical context (5).Several different methodologies have been proposed for creating priority setting partnerships (6), one key one being designed by the James Lind Alliance as described in their guidebook (7)(8). Their guide can be used to set up and run a Priority Setting Partnership involving patients, clinicians, and carers. This partnership can then use the methods described by the James Lind Alliance to identify the most important research gaps on which they agree (8).

Various initiatives have identified research priorities for individuals during labour and intrapartum care. Examples include the World Health Organization Labour Care Guide Research Prioritisation Group (9) and the National Institute for Health and Care Excellence (10) and the international priority setting partnership for premature babies born <25 weeks gestation (11). To our knowledge, little published work has specifically addressed how to systematically identify and prioritise intrapartum and immediate postnatal interventions for pragmatic trials in priority populations, such as Indigenous peoples and socioeconomically diverse groups. Indigenous methodologies such as Yarning, Talanoa, and hui/kōrero are well established as legitimate approaches to community-engaged research. ((12)) ((13)) However, published Indigenous maternity research appears to have focused mainly on women's experiences of care, cultural safety, access to services, continuity of care, and broader service models or structural inequities, with limited evidence of structured priority-

setting to identify and rank specific intrapartum, and first-hour newborn interventions for evaluation in pragmatic trials at or near term.(13–18) We will examine this question formally in the present scoping review.

A scoping review is the most appropriate method for mapping the key concepts that underpin a field of research, summarizing findings and highlighting areas where research is lacking (19). It can therefore be used as a foundation and guideline for further research projects, such as systematic reviews. Scoping reviews are also important for priority setting. They allow examination of evidence when it is unclear which specific topics and questions can be posed. In this case, it involves creating an overview of research priorities defined by different studies and experts, showing where there is a lack of evidence, and building a foundation for further research. Scoping reviews on research priority setting initiatives in other clinical fields have managed to create an overview of research priorities for randomised trials (20), mapping the evidence and highlighting priorities that need to be researched.

The aim of this study is to map different priority setting projects on interventions just before or during labour or in the first hour after birth at or near term, and to create an overview of the methodologies of the current evidence surrounding this topic. Furthermore, we aim to examine the evidence for priorities in different contexts with a particular focus on health equity. This includes analysing how priority-setting processes consider the needs and rights of priority populations across diverse settings—such as low-, middle-, and high-income countries—as well as within countries.

From a cultural health perspective, this study will pay particular attention to whether priority-setting approaches meaningfully include Indigenous peoples, culturally and linguistically diverse communities, and groups experiencing socioeconomic disadvantage. This involves assessing whether studies use culturally grounded and strengths-based approaches, such as diverse community participation, Indigenous-led governance and methodologies (e.g., yarning-based approaches, relational decision-making, and locally defined concepts of wellbeing). Through this lens, the review seeks to understand not only where evidence gaps exist, but also whether current priority-setting processes uphold equity, respect cultural knowledge systems, and support the design of interventions that are responsive to communities' needs and aspirations.

In future, the scoping review may function as guidance for producing a pipeline of candidate interventions for an Australian national platform trial for safer birth around term, and for similar platform trials in different contexts internationally, focusing on the topics identified as being of highest priority for clinicians and patients and therefore helping to fill research gaps.

Review questions

Our research question is: "What priority settings initiatives have been conducted focusing on interventions around labour at or near term or in the first hour after birth and how were the priorities identified (i.e. which methods were used)?"

We will use the findings to compile a synthesized list of priorities and research gaps, with a sub analysis of priorities applying to different populations and different settings (including high-income countries (HICs) and low- and middle-income countries (LMICs). Sub-questions therefore include:

- What are the priorities set and described across the initiatives?
- What priorities have been identified in different settings and different populations groups?

Inclusion criteria

Participants

- Pregnant persons pre-labour or in labour at or near term
    - Including early term to post-term pregnancies, defined by the American College of Obstetricians and Gynecologists as 37 weeks of gestation until 42 weeks and beyond (21)
- Neonates in the first hour of life following birth at or near term

Concept

- Priority setting projects defining research needed, e.g. in the form of a list or ranking, with the most benefit to public health
- Priority setting projects that focus on interventions around labour or in the first hour after birth at or near term
    - Education and information surrounding labour and in the first hour after birth
    - Interventions regarding policies
    - Medicine/drugs and non-medical interventions
    - Prevention and treatment
    - Surgery / procedures

- Research priorities defined by relevant stakeholders (e.g. consumers, health services, governments, others), and including at least one of the following groups: consumers/patients, clinicians or other relevant community members
- Only initiatives using a formal priority setting exercise will be included, e.g. Delphi survey, discrete choice experiments, other formal consensus processes (22), focus groups, and related formal Indigenous methodologies such as Yarning circles, Talanoa, Hui/Korero

Context

- All settings (high-income countries (HICs) and low- and middle-income countries (LMICs), culturally diverse settings))
- No restriction on language or geographic location of research priority

Types of sources

- Grey literature: A wide range of materials that are not typically indexed in major biomedical databases like MEDLINE/PubMed, will be included such as (i) conference abstracts, (ii) government reports, (iii) clinical trial registries, (iv) dissertations, (v) unpublished studies, (vi) websites, (vii) general articles
- All study or initiative types will be included such as Delphi studies, systematic reviews, guidelines or recommendations as long as there was a formal priority setting exercise involving relevant stakeholders
- Time limits: PSPs published between 2020 and 2026
- Relevant projects published between 2016-2019 will be included and briefly summarised in the review with only key data fields extracted

Exclusion criteria

- Editorials, commentaries, narrative reviews
- Priority setting projects focusing on health conditions/diseases irrelated to labour or complications in the first hour after birth
- We will exclude priority-setting projects focused predominantly on antenatal interventions remote from term, including interventions primarily targeting pregnancies at 22–36 weeks' gestation to prevent preterm birth or improve outcomes after preterm birth

Methods

The proposed scoping review will be conducted in accordance with the JBI methodology for scoping reviews (23) and is conducted in accordance with an a priori protocol. Any deviations from the protocol will be reported and justified in the methods section of the resulting publication, which will follow the PRISMA-SCr reporting guideline (24).

Search strategy

We will search bibliographic databases (MEDLINE and EMBASE), screen reference lists of included articles, and conduct a comprehensive grey literature search using targeted organisational websites (e.g. James Lind Alliance, WHO IRIS), structured Google searching, and AI-assisted exploratory searching. The full search strategy is provided in Appendix I.

Study/Source of evidence selection

Bibliographic databases (MEDLINE and EMBASE)

All identified citations will be collated in Covidence (25) and duplicates removed. Titles and abstracts will be screened independently by two reviewers to assess eligibility. Full-text articles will be assessed against the inclusion criteria by two independent reviewers as well. Disagreements at any stage will be resolved through discussion or by consulting a third reviewer. Reasons for exclusion at the full-text stage will be recorded and reported.

Grey literature

Each data source will be independently searched and screened by two reviewers. In addition ChatGPT version GPT-5.3 will be used to assist with the search for relevant grey literature. To ensure transparency, the same prompts will be used by two independent reviewers (see Appendix I c)). All identified searches will be verified and screened individually using the original source. Eligible records will be collated in alphabetical order using a structured Excel spreadsheet, with one spreadsheet per reviewer. Before adding new records, reviewers will check for duplication. After screening, records from both reviewer's spreadsheets will be compared and a final list of eligible records will be collated in a consensus meeting.

The results of the search and the study inclusion process will be reported in full in the final scoping review and presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR) flow diagram (24).

If we can identify priorities through the bibliographic databases or the grey literature search for specific Indigenous peoples, we will aim to consult Indigenous researchers from these communities and include them in the review process to leverage their cultural expertise. This will support a respectful and accurate analysis of how priorities are identified across different populations and contexts.

Data extraction

Data will be extracted from initiatives included in the scoping review by two independent reviewers using a purpose-built data extraction tool developed by the reviewers. The data extracted will include specific details about the participants, concept, context, study methods and key findings relevant to the review questions. Data for high-income countries (HICs) and low- and middle-income countries (LMICs) and priority populations will be extracted in more detail with a focus on health equity. Informed by the Reporting guideline for priority setting of health research (REPRISE)(26) topics and types of data to extract have been selected.

A draft extraction form is provided (see Appendix III). The draft data extraction tool will be piloted and then modified and revised as necessary during the process of extracting data from each included evidence source. Modifications will be detailed in the scoping review. Any disagreements that arise between the reviewers will be resolved through discussion, or with an additional reviewer. If appropriate, authors of papers will be contacted to request missing or additional data, where required.

Data analysis and presentation

Consistent with JBI guidance for scoping reviews, we will conduct a qualitative content analysis of extracted research-priority statements to support descriptive mapping of identified priorities. Priority statements will be coded and grouped into content categories and higher-order themes using an iterative process. Coding will be performed by one reviewer and verified by a second reviewer, with discrepancies resolved through discussion (and a third reviewer if required). We will then chart themes alongside key attributes (e.g., country income group, population, setting, stakeholder type) and summarise patterns across strata (e.g., HIC vs LMIC; Indigenous Peoples; socioeconomic groups), presenting results in tables and visual maps (e.g., matrices/heatmaps/evidence maps). Themes will be interpreted both qualitatively but also by how frequently they appeared across priority setting exercise.

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Conflicts of interest

There is no conflict of interest in this project.

Statement on AI use

AI will be used to support the grey literature screening, as specified above. Furthermore AI may be used to provide assistance during the writing process. However, it will not be used to draft the content itself. Every task involving AI is double-checked to ensure accuracy. AI will not be used to assist with any other aspects of this scoping review.

References

1. Ritchie H, Mathieu E. How many people die and how many are born each year? Our World Data. 2023.

2. Yasin R, Azhar M, Naseem HA, Ali AA, Das JK, Bhutta ZA. Near-Term and Intrapartum Care of Mothers for Perinatal and Newborn Outcomes. Neonatology. 2025 Jan 21;122(Suppl. 1):42–51. doi:10.1159/000543384

3. Bero LA, Binder L. The Cochrane Collaboration review prioritization projects show that a variety of approaches successfully identify high-priority topics. J Clin Epidemiol. 2013 May;66(5):472–3. doi:10.1016/j.jclinepi.2012.03.015

4. Yoshida S. Approaches, tools and methods used for setting priorities in health research in the 21st century. J Glob Health. 2016 Jun;6(1). doi:10.7189/jogh.06.010507

5. Chalmers I, Bracken MB, Djulbegovic B, Garattini S, Grant J, Gülmezoglu AM, et al. How to increase value and reduce waste when research priorities are set. The Lancet. 2014 Jan;383(9912):156–65. doi:10.1016/S0140-6736(13)62229-1

6. Grill C. Involving stakeholders in research priority setting: a scoping review. Res Involv Engagem. 2021 Dec;7(1):75. doi:10.1186/s40900-021-00318-6

7. Jongsma K, Van Seventer J, Verwoerd A, Van Rensen A. Recommendations from a James Lind Alliance priority setting partnership - a qualitative interview study. Res Involv Engagem. 2020 Dec;6(1):68. doi:10.1186/s40900-020-00240-3

8. Cowan K, Oliver S, JLA team. The James Lind Alliance Guidebook. 2021.

9. World Health Organization Labour Care Guide Research Prioritization Group, Abalos E, Adanu R, Bernitz S, Binfa L, Dao B, et al. Global research priorities related to the World Health Organization Labour Care Guide: results of a global consultation. Reprod Health. 2023 Apr 7;20(1):57. doi:10.1186/s12978-023-01600-4

10. Intrapartum care. London: National Institute for Health and Care Excellence (NICE); 2023.

11. Peart S, Ray O, Galletta L, Bates A, Boland RA, Davis PG, et al. Research priorities for the most premature babies born <25 weeks' gestation: results of an international priority setting partnership. Arch Dis Child - Fetal Neonatal Ed. 2025 Nov;110(6):556–63. doi:10.1136/archdischild-2024-328133

12. Bessarab D, Ng'andu B. Yarning About Yarning as a Legitimate Method in Indigenous Research. Int J Crit Indig Stud. 2010 Jan 1;3:37–50. doi:10.5204/ijcis.v3i1.57

13. Bowden ER, Toombs MR, Chang AB, McCallum GB, Williams RL. Listening to First Nations women's voices, hearing requests for continuity of carer, trusted knowledge and family involvement: A qualitative study in urban Darwin. Women Birth. 2023 Sep;36(5):e509–17. doi:10.1016/j.wombi.2023.05.004

14. Kildea S, Tracy S, Sherwood J, Magick-Dennis F, Barclay L. Improving maternity services for Indigenous women in Australia: moving from policy to practice. Med J Aust. 2016 Oct;205(8):374–9. doi:10.5694/mja16.00854

15. Jongen C, McCalman J, Bainbridge R, Tsey K. Aboriginal and Torres Strait Islander maternal and child health and wellbeing: a systematic search of programs and services in Australian primary health care settings. BMC Pregnancy Childbirth. 2014 Dec;14(1):251. doi:10.1186/1471-2393-14-251

16. Morgan, M Breau. Access to maternal health services for Indigenous women in low- and middle-income countries: an updated integrative review of the literature from 2018 to 2023. Rural Remote Health. 2024 May 25. doi:10.22605/RRH8520

17. Sivertsen N, Johnson T, Mehus G, Ness TSM, Smith S, McGill J. What is known about Indigenous women's dissatisfaction of Birthing experiences in mainstream maternity hospitals in Australia, Aotearoa, Canada, US, Kalaallit Nunaat and Sápmi? A systematic scoping review. Front Public Health. 2025 Mar 21;13:1495197. doi:10.3389/fpubh.2025.1495197

18. Massi L, Weatherall L, Nielsen C, Toombs M, Fredericks B, Rae KM. "It's research, our input can grow": identifying health research priorities with Aboriginal and Torres Strait Islander communities—study protocol. Res Involv Engagem. 2023 Jul 28;9(1):59. doi:10.1186/s40900-023-00467-w

19. Munn Z, Peters MDJ, Stern C, Tufanaru C, McArthur A, Aromataris E. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. BMC Med Res Methodol. 2018 Dec;18(1):143. doi:10.1186/s12874-018-0611-x

20. Bourne AM, Johnston RV, Cyril S, Briggs AM, Clavisi O, Duque G, et al. Scoping review of priority setting of research topics for musculoskeletal conditions. BMJ Open. 2018 Dec;8(12):e023962. doi:10.1136/bmjopen-2018-023962

21. Committee Opinion No 579: Definition of Term Pregnancy. Obstet Gynecol [Internet]. 2013;122(5). Available from: https://journals.lww.com/greenjournal/fulltext/2013/11000/committee_opinion_no_579__definition_of_term.39.aspx

22. Centre for Epidemiology and Evidence. Setting Research Priorities: A Guide. 2023;Evidence and Evaluation Guidance Series.

23. Peters MD, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil H. Scoping reviews. In: Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. JBI Manual for Evidence Synthesis [Internet]. JBI; 2024 [cited 2026 Jan 1]. Available from: https://jbi-global-wiki.refined.site/space/MANUAL/355862497/10.+Scoping+reviews doi:10.46658/JBIMES-24-09

24. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. Ann Intern Med. 2018 Oct 2;169(7):467–73. doi:10.7326/M18-0850

25. Covidence systematic review software [Internet]. Melbourne, Australia: Veritas Health Innovation. Available from: www.covidence.org

26. Tong A, Synnot A, Crowe S, Hill S, Matus A, Scholes-Robertson N, et al. Reporting guideline for priority setting of health research (REPRISE). BMC Med Res Methodol. 2019 Dec;19(1):243. doi:10.1186/s12874-019-0889-3

Appendices

Appendix I: Search strategy

Possible search strategies and search terms.

Core concept blocks

Three main blocks:

A. Priority-setting / agenda-setting
B. Stakeholders (parents, clinicians, community, Indigenous)
C. Context: pre and intrapartum & first hour after birth at/near term

The electronic search could combine three concept blocks (priority-setting, stakeholders, and pre/intrapartum/first-hour care) using AND, while including multiple synonyms for each concept combined with OR.

Block A – Priority setting / research agenda

1. Health Priorities/ OR Research/ OR "Decision Making"/

2. (priorit* adj2 (setting OR areas OR topics OR research OR questions OR agenda* OR list OR lists OR exercise* OR process* OR project* OR partnership*)).ti,ab,kw.

3. ("research agenda" OR "research agendas" OR "research priority" OR "research priorities").ti,ab,kw.

4. ("priority setting partnership*" OR "James Lind Alliance").ti,ab,kw.

5. (Delphi OR "Delphi technique" OR "Delphi survey" OR "consensus conference*" OR "consensus process*" OR "consensus method*" OR "nominal group" OR "RAND/UCLA").ti,ab,kw.

6. (co-design OR codesign OR "co design" OR "co-production" OR coproduction OR "participatory research" OR "community-based participatory" OR CBPR).ti,ab,kw.

7. 1 OR 2 OR 3 OR 4 OR 5 OR 6

Block B – Stakeholders: parents / clinicians / community / Indigenous

8. Patients/ OR Parents/ OR Parturition/ OR Pregnant Women/ OR Physicians/ OR Nurses/ OR Midwifery/ OR Community Health Services/

9. (parent* OR mother* OR "pregnant woman" OR "pregnant women" OR "birthing person*" OR "birthing people" OR carer* OR caregiver* OR "service user*" OR consumer*).ti,ab,kw.10. (midwife OR midwives OR obstetric* OR "labour ward" OR "labor ward" OR "labour and delivery" OR "labor and delivery" OR "maternity care" OR "birth suite" OR "delivery suite").ti,ab,kw.

11. (clinician* OR "health professional*" OR "healthcare professional*").ti,ab,kw.

12. (community OR communities OR "community member*" OR "community representative*").ti,ab,kw.

13. (Indigenous OR "First Nations" OR Aboriginal OR Māori OR "Native American*" OR Inuit OR Métis OR "Torres Strait Islander*" OR "Pacific Islander*" OR Pasifika).ti,ab,kw.

14. (yarning OR "yarning circle*" OR talanoa OR "hui" OR korero OR kōrero OR "talk story" OR "sharing circle*" OR "talking circle*" OR lekgotla OR indaba OR imbizo).ti,ab,kw.

15. 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14

Block C – Timing of birth/ Labour / first hour after birth at or near term

16. Parturition/ OR Labor, Obstetric/ OR Delivery, Obstetric/ OR Term Birth/ OR Infant, Newborn/ OR Infant, Newborn, Diseases/ OR Perinatal Care/

17. (labour OR labor) adj3 (intrapartum OR obstetric* OR management OR care OR progress* OR induction OR augment* OR second-stage OR "second stage" OR "third stage" OR "fourth stage").ti,ab,kw.

18. (birth OR childbirth OR "giving birth" OR "intrapartum care" OR "labour care" OR "labor care").ti,ab,kw.

19. ("first hour" OR "golden hour" OR "first 60 min*" OR "immediate newborn" OR "immediate postnatal" OR "immediate postpartum" OR "delivery room" OR "birth room").ti,ab,kw.

20. ("term birth" OR "near term" OR "at term" OR "≥37 weeks" OR "37–42 weeks" OR "37-42 weeks").ti,ab,kw.

21. ("skin-to-skin" OR "skin to skin" OR "kangaroo care" OR "early breastfeeding" OR "early breast-feeding" OR "breastfeeding initiation" OR "breast feeding initiation" OR "delayed cord clamping" OR "umbilical cord clamping" OR "early cord clamping").ti,ab,kw.

22. ("newborn resuscitation" OR "neonatal resuscitation" OR "positive pressure ventilation" OR "bag and mask" OR "drying and stimulation").ti,ab,kw.

23. 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22

Then combine blocks

Grey literature search

In addition to bibliographic database searching, we will conduct a comprehensive grey literature search. Grey literature searching ensures that unpublished or non-indexed sources, such as organisational reports, policy documents, and research agendas, are captured. Trial registries will not be searched, as eligible priority-setting projects do not constitute clinical trials and are therefore unlikely to be registered in trial registries.

Grey literature sources to search

a) Targeted Organisational Websites

Key organisations and repositories will be searched using internal search functions and variations of the below keywords and search string as appropriate.

Keywords: "pregnancy", "birth", "maternity", "neonatal", "labour", "intrapartum"

Search string: "priority setting" OR "research agenda" OR "research priorities" OR "priority setting partnership") AND ("birth" OR "labour" OR "labor" OR "delivery" OR "newborn" OR

"skin-to-skin" OR "kangaroo care" OR "breastfeeding initiation" OR "delayed cord clamping" OR "neonatal resuscitation")

Organisation	Website / notes
James Lind Alliance (JLA)	https://www.jla.nihr.ac.uk/priority-setting-partnerships
Cochrane Neonatal	https://neonatal.cochrane.org/our-work/prioritization
WHO IRIS	https://iris.who.int/home
NICE – National Institute for Health and Care Excellence	https://www.nice.org.uk/
NIH – National Institutes of Health	https://www.nih.gov/
UNICEF	https://www.unicef.org/reports
Partnership for Maternal, Newborn & Child Health (PMNCH)	https://www.who.int/pmnch
Every Woman Every Child (EWEC)	https://www.everywomaneverychild.org/
Cochrane Priority Setting Methods Group	https://methods.cochrane.org/prioritysetting/

b) Structured Google Searching

Structured Google searches will be conducted according to JBI scoping review guidance using combinations of the following terms:

("research priorities" OR "priority setting") AND (pregnancy OR labour OR labor OR intrapartum OR newborn OR neonate)

For each search string, the **first 100 results** will be screened for eligibility. Additional targeted Google searches will be undertaken where relevant (e.g. adding terms such as *Delphi*, *consensus*, or *priority setting partnership*).

c) AI-assisted exploratory searching

An AI-assisted exploratory approach will be used to supplement traditional grey literature searching. ChatGPT (OpenAI) will be queried to identify candidate organisations, initiatives, and priority-setting projects relevant to the review scope. All projects identified through the AI-assisted search will be independently verified and screened using original source materials (e.g. organisational websites, reports, or published documents) against the review eligibility criteria.

The prompt used for the AI-assisted search is below to ensure transparency and reproducibility:

"We are conducting a scoping review of priority setting projects for pre-partum, intra-partum and first-hour newborn interventions at or near term. Can you please find and list relevant projects meeting our eligibility criteria.

Our eligibility criteria are:

Participants: Pregnant persons pre-labour or in labour at or near term ("near term" refers to the period that is close to the end of a pregnancy, typically between 37 and 42 weeks), Neonates in the first hour of life following near term birth

Concept: Priority setting projects defining research needed, e.g. in the form of a list or ranking, with the most benefit to public health. Priority setting projects that focus on interventions around labour or in the first hour after birth at or near term, including: Education and information surrounding labour and in the first hour after birth, Interventions regarding policies, Medicine/drugs and non-medical interventions, Prevention and treatment, Surgery / procedures. Research priorities defined by relevant stakeholders (e.g. consumers, health services, governments, others), and including at least one of the following groups: consumers/patients, funders, clinicians or other relevant community members. Only initiatives using a formal priority setting exercise will be included, e.g. Delphi survey, discrete choice experiments, other formal consensus processes, focus groups, and related formal indigenous methodologies such as Yarning circles, Talanoa, Hui/Korero

Context: All settings (high-income countries (HICs) and low- and middle-income countries (LMICs). No restriction on language or geographic location of research priority."

Appendix II: Background and rationale for the search strategy

Our primary objective is to **identify and synthesise a list of research gaps or intervention priorities before or during labour and the first hour after birth at or near term**, that have arisen from formal priority-setting projects (PSPs) and related consensus exercises, particularly where parents, clinicians and communities have been involved.

1. The core database search strategy is therefore built around **three broad concept blocks**:
    A. research priority setting / agenda setting / consensus methods;
    B. stakeholder involvement (parents, clinicians, communities, Indigenous methodologies); and
    C. the intrapartum and immediate newborn period at or near term.
2. Within these blocks, we will use generic language around labour, birth and early newborn care (e.g. pre-labour, intrapartum care, labour management, immediate newborn care, first hour after birth) rather than naming specific clinical interventions as inclusion criteria.

3. At the same time, we recognise that some PSPs and consensus exercises may be indexed or discovered through links to named interventions, such as delayed cord clamping, skin-to-skin contact, kangaroo mother care, early breastfeeding initiation, newborn resuscitation, or the timing and mode of birth (for example, planned caesarean or induction of labour versus expectant management, balloon induction of labour, use or discontinuation of oxytocin after establishment of active labour, or related intrapartum management strategies). These interventions **should be used only as "hooks" to discover PSPs that happened to rank them**.

4. To maximise capture of such PSPs **without biasing the results of the review towards specific interventions**, we will therefore:

   - use **broad intrapartum / first-hour terms** in the main concept block for all database and grey literature searches; and
   - **supplement this with targeted exploratory searches** that include the names of selected interventions before during labour or the first hour after birth (e.g. delayed cord clamping, skin-to-skin, kangaroo care, early breastfeeding, newborn resuscitation, induction of labour, elective caesarean or induction versus expectant management, ARRIVE, oxytocin augmentation / discontinuation) *solely as discovery tools* to identify any PSPs or research-priority exercises that ranked or discussed them.

Appendix III: Data extraction instrument

General initiative characteristics	
Title/Name of the Priority Setting Project	
Year of publication	
Year(s) the project was conducted	
Author/lead organisation	
In which Country was it conducted?	
Publication type	Peer reviewed / Government Report / Thesis or Dissertation / other
Aim of the initiative	
Funding of the initiative	

Methods	
Preparatory research before Consensus, what Sources?	
Priority setting framework used	e.g. James Lind Alliance, Delphi, nominal group
Number of stages	e.g. survey, ranking, consensus meeting = 3
Consensus Methods	e.g. discussion, voting, Indigenous methods (e.g. yarning, talanoa)
Method for Priority weighting	e.g. surveys, focus groups, voting
Who was involved in Consensus?	e.g. researchers, clinicians, mothers, persons giving birth, policy givers
Number of stakeholders involved	
Criteria for prioritisation	e.g. feasibility, burden, equity
Content/Priorities	
Content of Priorities	General description of the research priorities
List of (relevant) priorities	
List of Top research priorities	
Priority type	Clinical effectiveness, implementation, equity, health systems, training
Clinical stage	Prepartum, intrapartum, first hour
Health condition /outcome focus	e.g. PPH, neonatal resuscitation, mortality
How many?	Number of research priorities defined
How many relevant research priorities ?	Number of research priorities that fulfil the inclusion criteria
What are the types of interventions stated in the priorities/research questions?	e.g. medicine/drugs, non-medical interventions, prevention and treatment, surgery
For whom?	e.g. mothers, fathers, babies, persons giving birth, clinicians
For which setting?	e.g. clinic, at home, public health
Was health Equity discussed?	Yes: explicit mention of disparities or priority populations /No
Differences in LMIC/HIC included?	Yes/No
Were Priority Population groups involved in the research priorities?	Yes/No

	e.g. Indigenous groups, different socioeconomic groups
Were specific research priorities for Priority Population groups defined?	Yes/No
Geographic scope?	Local, National, Regional, International
Countries involved	