

preconception planning is generally low. In this rapid evidence review, we examined the barriers and facilitators to women choosing to plan and prepare for a healthy pregnancy.

Methods We searched MEDLINE, PsycINFO and CINAHL from 2009 to October 2019 and limited to English language. We included any publications that presented facilitators and barriers for women choosing to plan and prepare for pregnancy. We also included papers presenting barriers and facilitators to health care professionals supporting this behaviour and articles on relevant interventions although these data are not presented here. We contacted experts to identify grey literature. We extracted study characteristics using a pre-piloted data extraction form and assessed the quality of individual studies using the Mixed Methods Appraisal Tool. One reviewer performed title and abstract screening, data extraction and quality assessment with a sample checked by a second reviewer. Two reviewers screened full texts independently. Using NVivo, we coded information on barriers and facilitators from each study into themes under two subheadings; a) information seeking and b) preparing for a healthy pregnancy.

Results We screened 2679 citations, 54 full-text articles and included 24 articles for analysis. 18 articles reported barriers and facilitators for women. The most frequently reported barriers to information seeking prior to conception were unintended pregnancy, information provoking anxiety, and belief that there is no need for preconception care. Facilitators included ad hoc prompts in health care settings, and opportunities to discuss pregnancy intentions (e.g. as part of care for a chronic condition). The most frequent barriers to preparing for a healthy pregnancy were: not knowing what recommended behaviours might be, lack of understanding or incorrect beliefs, information not appropriate for woman's context, and lived experience (of self or in social circle) that appears to contradict health advice. Facilitators included knowledge of recommended behaviours, feelings of responsibility towards a potential baby, and confidence in ability to achieve health goals prior to conceiving.

Conclusion We will conduct a behavioural analysis and categorise the identified barriers and facilitators into the Theory and Techniques Tool (TaTT) mechanisms of actions (MoAs). We will then examine whether existing intervention content matches what is theoretically appropriate, therefore identifying opportunities for improvement of existing interventions and novel development to promote preconception planning and ultimately, better maternal and neonatal outcomes.

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SYSTEMATIC REVIEW OF THE EFFECTIVENESS OF RIGHTS-BASED APPROACHES TO SEXUAL AND REPRODUCTIVE HEALTH IN LOW AND MIDDLE-INCOME COUNTRIES

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Background By 2030, the Sustainable Development Goals aim to achieve human rights for all. This involves empowering women and girls (Goal 5) and ensuring that everyone can access sexual and reproductive health rights (Goal 3). This is

the first systematic review of the effectiveness of rights-based approaches to sexual and reproductive health including gender-based violence (GBV), maternity, HIV and sexually transmitted infections (STI).

Aim To determine the effectiveness of rights-based approaches to sexual and reproductive health in low and middle-income countries (LMICs).

Methods Search Strategy EMBASE, MEDLINE and Web of Science were searched until 9/1/2020. Inclusion criteria were:

- Study design: any interventional study
- Population: adolescent and adult females
- Setting: LMICs
- Intervention: a 'rights-based approach' (defined by the author) and/or interventions that the author explicitly stated related to 'rights'.

Study selection, data extraction and risk of bias assessment was undertaken independently by two authors.

Synthesis A narrative synthesis of included studies was undertaken, and outcomes mapped to identify evidence gaps.

Risk of bias The RoB-2 tool and the ROBINS-I tool were used to assess risk of bias of cluster-randomised studies and non-randomised studies respectively. Uncontrolled before-after studies based on two cross-sectional surveys were given an overall assessment of serious or critical risk of bias.

Results Of 17,212 records identified through database searching, 13,404 records remained after de-duplication. Sixty-nine studies remained following title and abstract screening, of which seven were included after full-text screening. Reference list screening identified seventeen studies.

Rights-based interventions were effective for most included outcomes, but evidence was of poor quality. Testing uptake for HIV and/or other STIs improved with intervention but all relevant studies were at critical or serious risk of bias. Condom use improved with intervention (although one study showed no change), but all relevant studies were at high, serious or critical risk of bias. Awareness of rights improved with intervention, but all four studies were at critical or serious risk of bias.

Conclusion This is the first systematic review to evaluate the effect of rights-based approaches to sexual and reproductive health including maternity, GBV and STIs/HIV. Considerable risk of bias in all studies means results must be interpreted with caution.

Priority and relevance Rights-based approaches are often recommended but high-quality controlled studies are needed urgently to determine if they are effective for sexual and reproductive health in LMICs.

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THE ASSOCIATIONS BETWEEN PREGNANCY LOSS AND CARDIOVASCULAR DISEASES IN THE UK BIOBANK

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Rationale This study assessed the associations between pregnancy loss (miscarriage, stillbirth and abortion) and future