

<b>Evidence gap identifier</b>	IMEWS2
<b>Brief title</b>	Development and validation of early warning systems for pregnant and postpartum women during acute maternity care
<b>Report</b>	<u>Irish Maternity Early Warning System (IMEWS) V2</u>
<b>Date identified</b>	01/10/2017
<b>Identified by</b>	CICER
<b>Supported by</b>	Systematic review
<b>Population</b>	Pregnant/postpartum women
<b>Intervention</b>	Early warning systems
<b>Comparator</b>	N/A
<b>Outcome(s)</b>	Sensitivity/specificity of early warning system for adverse outcomes/critical illness; positive predictive value/negative predictive value of early warning systems for adverse outcomes/critical illness
<b>Setting</b>	Acute maternity care
<b>Study design</b>	Development studies: focused on the development of early warning systems. Validation studies: focused on the predictive ability of early warning systems in a sample that differs from the sample from development
<b>Further information</b>	The majority of development and validation studies of early warning systems for pregnant women have focused on high-risk populations, using mortality or severe morbidity as outcomes. Increased focus needs to be placed on developing predictive models that are appropriate for the general maternal population. An increased emphasis on improving the conduct and reporting of development and validation studies is also necessary. Adherence to the standardised reporting guidelines such as the Transparent Reporting of a Multivariable Prediction Model for Individual Prognosis or Diagnosis (TRIPOD) statement would improve reporting, potentially allowing for the conduct of more robust diagnostic/prognostic accuracy meta-analysis to inform decision making.