

Supplemental Online Content

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This supplemental material has been provided by the authors to give readers additional information about their work.

eTable 1. Control Group: National Programs for women of reproductive age, pregnant women and under-tuos

The control group had access to services provided by Accredited Social Health Activists (<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=150&lid=226>), Integrated Child Development Services (<http://www.wcddel.in/icds.html>), Municipal Corporation of Delhi (MCD) Health Centers, hospitals and private health care practitioners in and around the study areas:

Interventions	National Programs	Access from
Preconception period		
Family planning services including promotion of spacing methods	Reproductive, Maternal, Newborn, Child, and Adolescent Health (https://nhm.gov.in/images/pdf/RM_NCH+A/RMNCH+A_Strategy.pdf), Mission <i>Parivar Vikas</i> (https://main.mohfw.gov.in/sites/default/files/06Chapter.pdf)	Community health workers called Accredited Social Health Activists (ASHAs), Maternity & Child Welfare Centres, Family Planning Units in government and private health facilities
Weekly iron-folic acid supplementation	<i>Anemia Mukh Bharat</i> (https://anemiamukhbharat.info/wp-content/uploads/2019/09/Anemia-Mukt-Bharat-Brochure_English.pdf)	<i>Anganwadi</i> centres, government dispensaries
Pregnancy period		
Early registration of pregnancy, four antenatal care check-ups, institutional delivery	My Safe Motherhood (https://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/my_safe_motherhood_booklet_english.pdf)	Public and private health facilities
Daily iron-folic acid supplementation for 180 days	<i>Anemia Mukh Bharat</i> (https://anemiamukhbharat.info/wp-content/uploads/2019/09/Anemia-Mukt-Bharat-Brochure_English.pdf)	<i>Anganwadi</i> centres, government dispensaries, government and private health facilities
Daily calcium and vitamin D supplementation for 180 days	National Guidelines for Calcium Supplementation During Pregnancy and Lactation (http://www.nrhmhp.gov.in/sites/default/files/files/NG_calcium.pdf)	<i>Anganwadi</i> centres, government dispensaries, government and private health facilities
Single dose of tablet Albendazole (400 mg) after 1st trimester		<i>Anganwadi</i> centres, government dispensaries, government and private health facilities
Supplementary food for mothers, either cooked food or take-home ration (600 calories, 18-20 g of protein)	Integrated Child Development Services (http://www.wcddel.in/icds.html)	<i>Anganwadi</i> centres
Postnatal period		
Supplementary food for mothers, either cooked food or take-home ration (600 calories, 18-20 g of protein)	Integrated Child Development Services (http://www.wcddel.in/icds.html)	<i>Anganwadi</i> centres
Daily iron-folic acid supplementation for 180 days	<i>Anemia Mukh Bharat</i> (https://anemiamukhbharat.info/wp-content/uploads/2019/09/Anemia-Mukt-Bharat-Brochure_English.pdf)	<i>Anganwadi</i> centres, government dispensaries, government and private health facilities
Daily calcium and vitamin D supplementation for 180 days	National Guidelines for Calcium Supplementation During Pregnancy and Lactation	<i>Anganwadi</i> centres, government dispensaries, government and private health facilities

Interventions	National Programs	Access from
	(http://www.nrhmhp.gov.in/sites/default/files/files/NG_calcium.pdf)	
Postnatal health checkup	My Safe Motherhood (https://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/my_safe_motherhood_booklet_english.pdf)	Public and private health facilities where the woman has had her delivery
Postnatal period for children		
Promotion of optimal breastfeeding practices (early initiation of breastfeeding within one-hour, exclusive breastfeeding for the first six months, and continued breastfeeding for at least two years)	Mother's Absolute Affection –MAA (https://nhm.gov.in/MAA/Operational_Guidelines.pdf)	Home visits by ASHAs and <i>Anganwadi</i> workers
Home visits for newborn care (days 3, 7, 14, 21, 28 and 42; additionally, on day 1 for home births)	Home Based Newborn Care (http://www.nihfw.org/Doc/NCHRC = Publications/Operational%20Guidelines%20on%20Home%20Based%20Newborn%20Care%20%28HBNC%29.pdf)	ASHAs
Supplementary food (6 to 72 months of age): 500 calories, 12-15 g of protein. For children with severe acute malnutrition, supplementary food increased to 800 calories, 20-25 g of protein	Integrated Child Development Services (http://www.wcddel.in/icds.html)	<i>Anganwadi</i> centres
Immunization	Universal Immunization program (https://main.mohfw.gov.in/sites/default/files/5628564789562315.pdf) based on national immunization schedule (https://nhm.gov.in/New_Updates_2018/NHM_Components/Immunization/report/National_%20Immunization_Schedule.pdf)	Government dispensaries, public and private health facilities
IFA supplementation from 6 months to 24 months	<i>Anemia Mukht Bharat</i> (https://anemiamukhtbharat.info/wp-content/uploads/2019/09/Anemia-Mukt-Bharat-Brochure_English.pdf)	<i>Anganwadi</i> centres, government dispensaries, private practitioners, public and private health facilities
Care for pneumonia and diarrhea among children Integrated Action Plan for Pneumonia and Diarrhea	SAANS initiative (https://nhm.gov.in/index1.php?lang=1&level=4&sublinkid=1336&lid=716)	Government dispensaries, public and private health facilities

eTable 2. Study Interventions

PRECONCEPTION PERIOD

Intervention	Control ^d
<p>HEALTH</p> <p>Screen and treat medical conditions known to affect fetal and infant growth i.e. reproductive tract infections, syndromic approach (RTI), symptoms of tuberculosis (TB), hypertension, diabetes (HbA1c $\geq 6.5\%$) and pre-diabetes (HbA1c 5.7%-6.4%), hypo-thyroidism (thyroid-stimulating hormone (TSH) >5.5 mIU/ml or TSH 4.01 to 5.5 mIU/l and anti-TPO Ab positive) and hyper-thyroidism (<0.4 mIU/ml)</p> <p>Provision of contraception to women living with husband for <1 year, having a child aged <1 year, severe malnutrition, moderate to severe anemia, hypothyroidism, RTI/STI and diabetes, hypertension</p> <p>Bi-annual deworming (Albendazole 400 mg)</p>	<p>Weekly IFA supplementation as part of the National Iron plus Initiative Program</p>
<p>NUTRITION</p> <p>Weekly iron-folic acid (IFA) supplementation (300 mg ferrous fumerate, 1.5 mg folic acid, 15 mcg cyanocobalamin)</p> <p>Multiple micronutrients thrice weekly ^a</p> <p>Screening for malnutrition and anemia</p> <p>Management of undernutrition</p> <ul style="list-style-type: none"> - BMI <16 kg/m²: Refer to hospital, locally-prepared snacks and egg or milk^b (1000 kcal/day and 20-22 g protein/day) - BMI 16 to 18.49 kg/m²: Snacks and egg or milk^b (500 kcal/day and 12-14 g protein/day) - BMI <18.5 to 20.99 kg/m²: Egg or milk^b (70 kcal, 6 g protein) 6 days a week <p>Monthly weight assessment for those with BMI <18.5 kg/m²: nutrition counselling and management of infections for those with inadequate weight gain (IWG, weight gain <500 g per month)</p> <p>Anemia</p> <ul style="list-style-type: none"> - Severe anemia (hemoglobin <8 g/dL): Refer to hospital for treatment - Mild to moderate anemia (hemoglobin 8 to 11.99 g/dL): treatment with IFA (300 mg ferrous fumerate, 1.5 mg folic acid, 15 mcg cyanocobalamin) 	
<p>WaSH</p> <p>Promotion of personal, menstrual and hand hygiene</p>	
<p>PSYCHOSOCIAL SUPPORT ^c</p> <p>Screen for depressive symptoms (using PHQ-9).</p> <p>Counselling by study psychologist if PHQ score ≥ 10. Referral to psychiatrist if PHQ-9 score ≥ 15 and/or presence of suicidal ideation.</p> <p>Promotion of positive thinking and problem-solving skills</p> <p>Screen for substance abuse and exposure to second-hand smoke and alcohol use in husbands and counsel</p>	

^aComposition given at the end

^b Observed intake

Monitor above interventions every three months until corrected or pregnancy reported., Repeat investigations done at baseline and for those non-pregnant 12 months post-enrollment.

Electronic monitoring system for tracking women with problems to support them for achieving intervention compliance across all domains.

^d National Programs for women of reproductive age, pregnant women and undertwos (eTable 1)

PREGNANCY

Intervention Group	Control Group ^d
<p>HEALTH</p> <p>At least eight antenatal care (ANC) contacts according to WHO ANC guidelines, registration for institutional delivery</p> <p>In addition to hospital-based ANC clinics, increase coverage through free-of-cost, high-quality, study outpatient clinic services within community including laboratory services.</p> <p>Screening and treatment for medical conditions:</p> <p>HIV, VDRL, syndromic RTI, syndromic TB, Hepatitis B (HbsAg), hypo- and hyper-thyroidism (TSH) assessment at first contact</p> <p>Urine routine and microscopic examination and asymptomatic bacteriuria by urine culture four times</p> <p>Gestational diabetes by oral glucose tolerance test thrice</p> <p>Pregnancy induced hypertension (blood pressure) at every visit</p> <p>Anemia (hemoglobin) four times</p> <p>Tetanus toxoid immunization</p> <p>Calcium (1000 mg) and vitamin D (400 IU) supplementation daily starting from second trimester throughout pregnancy</p> <p>Anti-helminthics (Albendazole 400 mg) at 20 weeks</p>	
<p>NUTRITION</p> <p>Counselling</p> <p>IFA (100 mg iron, 500 µg folic acid) supplementation daily throughout pregnancy from second trimester</p> <p>Multiple micronutrients ^a daily throughout pregnancy</p> <p>Food Supplements</p> <p>BMI <25 kg/m²</p> <ul style="list-style-type: none"> - Second trimester: Food supplements (210 kcal, 2 g protein) in the form of a choice of snacks prepared locally and milk (70 Kcal, 6 g protein)^b - Third trimester: Food supplements (400 kcal, 21 g protein) in the form of a choice of snacks prepared locally and milk (70 Kcal, 6 g protein)^b <p>Extra snacks (500 kcal, 20 g protein) throughout pregnancy, to women with BMI <18.5 kg/m²</p> <p>BMI 25 to <30 kg/m²</p> <ul style="list-style-type: none"> - Milk (70 kcal, 6 g protein) 6 days a week ^b <p>No food supplements to overweight and obese women (BMI ≥25 kg/m²)</p> <p>Anemia</p> <ul style="list-style-type: none"> - Severe anemia (hemoglobin <7 g/dL): Refer to hospital for treatment - Mild to moderate anemia (hemoglobin 7 to 10.99 g/dL): treatment with IFA (100 mg iron, 500 µg folic acid) twice daily <p>Gestational weight gain</p> <p>Weight monitoring every month; identification of inadequate weight gain (IWG) according to Institute of Medicine's guidelines</p> <p>Management of inadequate weight gain (IWG):</p> <ul style="list-style-type: none"> - Nutritional Counselling - Hot meal (500 Kcal, 20 g protein) 6 days a week till delivery - Screening and treatment of infections (UTI, RTI, TB) 	<p>Routine antenatal care</p>

Intervention Group	Control Group
<p>WaSH Provision of water filters, hand washing stations, water storage bottles, soap and disinfectants and counselling</p>	
<p>PSYCHOSOCIAL SUPPORT ^c Screen for depressive symptoms using PHQ-9 questionnaire Counselling by study psychologist if PHQ score ≥ 10. Refer to psychiatrist if PHQ-9 score ≥ 15 and/or suicidal ideation. Promotion of positive thinking and problem-solving skills Screen for substance abuse and exposure to second-hand smoke and alcohol use in husbands and counsel</p>	

^a Composition given at the end

^b Observed intake

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^d National Programs for women of reproductive age, pregnant women and undertwos (eTable 1)

EARLY CHILDHOOD

0-6 months: Mothers

Intervention group	Control Group ^d
<p>HEALTH Facilitate hospital visit at 6 weeks postpartum and encourage compliance to supplements.</p>	<p>Routine postnatal and early childhood care</p>
<p>NUTRITION Locally-prepared snacks daily and milk^b 6 days a week (600 kcal, 20 g protein). IFA (100 mg iron, 500 µg folic acid), Calcium (1000 mg) and vitamin D (400 IU) supplementation daily Multiple micronutrients daily ^a</p>	
<p>WaSH Continuation of all the WaSH interventions provided during pregnancy (water filters, water storage bottles, hand washing station, soap and disinfectants) and counselling on handwashing and hygiene practices (bathing the infant regularly, keeping the infant's surroundings clean, safe disposal of infant's feces, and handwashing before handling the baby).</p>	
<p>PSYCHOSOCIAL CARE ^c Promotion of positive thinking and problem-solving skills Screening mothers for depressive symptoms and management as required Counselling by study psychologist if PHQ score ≥ 10. Referral to psychiatrist if PHQ-9 score ≥ 15 and/or suicidal ideation.</p>	

^aComposition given at the end

^bObserved intake

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^dNational Programs for women of reproductive age, pregnant women and undertwos (eTable 1)

0-6 months: Infants

Intervention group	Control Group ^d
<p>NUTRITION</p> <p>Initiation of breastfeeding (BF) within the first hour of birth.</p> <p>Early lactation counselling for all mothers to prevent BF problems, resolution anytime during the first 6 months.</p> <p>Counsel on exclusive BF till 6 months of age emphasizing exclusivity of BF from 3 up to 6 months of age.</p> <p>Growth monitoring and management of IWG</p> <p>Weight measurement on day 14 and thereafter monthly to identify IWG (<15th centile as per WHO Growth Velocity Standards, i.e. weight gain <20 g/day between ages day 14 to month 2; <15 g/d for months 3 and 4; <10 g/d for months 5 to 6) for all term infants. Management through: lactation counselling, screening and treatment of infections, facility based management of IWG by senior paediatrician at Safdarjung Hospital after 15 days of continued efforts of lactation support and no medical cause is identified</p> <p>Additional support for LBW babies and preterm babies (even if not LBW). BF support by lactation counselling through home visits in the first three months (biweekly in first month, weekly in second and third month, monthly from fourth to sixth month).</p> <p>Offer expressed breastmilk feeding for preterm babies only after a breastfeed.</p> <p>Extended support for preterms (through assessment of feeding, growth and investigations within 4-6 weeks after birth) after discharge and ensuring that the advice given at the hospital is followed at home.</p> <p>Support kangaroo mother care at home</p> <p>Vitamin D 400 IU daily for all infants up to 6 months</p> <p>Iron supplementation up to 6 months: VLBW from 2 weeks, LBW from 6 weeks</p>	<p>Routine postnatal and early childhood care</p>
<p>HEALTH</p> <p>Educating mother and other family members to identify danger signs and in early care seeking for illness.</p> <p>Facilitating referral to health facility for infants with any danger signs or illness requiring facility-based management.</p> <p>Counselling on timely immunisation</p>	
<p>PSYCHOSOCIAL CARE ^e</p> <p>Counselling, demonstration and practice sessions for mothers at each home visit on early child play and responsive care. ^e</p> <p>Identification of delayed development and timely referral for further management</p>	

Electronic monitoring system for tracking infants with problems to support them for achieving intervention compliance across all domains.

^d National Programs for women of reproductive age, pregnant women and undertwos (eTable 1)

6-24 months: Children

Intervention group	Control ^d
<p>NUTRITION</p> <p>Effective counselling on initiation of complementary feeding by preparing the mother and family 1-2 weeks prior to 6 months of infant's age</p> <p>Initiation of complementary feeding at 6 months of age and teaching the mother by demonstrations on how to prepare foods at home which can be fed easily to the child 6 months onwards.</p> <p>Provision of daily food supplement with 125 kcal, 2.5 g protein up to 12 months and 250 kcal energy and 5 g protein from 12 to 24 months that includes 80 to 100% RDA of micronutrients</p> <p>Counselling for intake of home-based food</p> <p>Counselling and demonstration of responsive feeding to mother and family members</p> <p>IFA (10 mg iron and 100 mcg folic acid) supplementation daily up to 24 months</p> <p>Lactation counselling for supporting continued BF till 24 months of age</p> <p>Growth monitoring (weight and length monthly); management of IWG (<25th centile as per WHO Growth Velocity Standards) by providing additional food supplements in form of snacks (125 kcal and 2.5 g protein up to 12 months, and 250 kcal energy and 5 g protein from 12 to 24 months) till child has adequate weight gain for 2 consecutive months; nutritional counselling; screening and treatment of infections</p> <p>Home based management of moderate acute malnutrition through counselling, on preparation of augmented home-based foods.</p> <p>Facilitating facility-based management of severe acute malnutrition.</p>	<p>Routine early childhood care</p>
<p>HEALTH</p> <p>Educating mother and other family members to identify danger signs, and in early care seeking.</p> <p>Facilitating medical management.</p> <p>Counselling on feeding the child during and after illness.</p> <p>Counselling on timely immunization</p> <p>Provision of Albendazole (200 mg) for deworming starting 12 months of age and then 6 monthly</p>	
<p>WaSH</p> <p>Continuation of all the WaSH interventions provided during pregnancy (water filters, water storage bottles, hand washing stations, soap, disinfectants) and counselling on hygiene practices (safe preparation of food, storage and feeding of the child utilizing clean utensils and clean water for cooking and drinking).</p> <p>Clean play area for children; provide play mat.</p> <p>Safe disposal of child's faeces; provide potty.</p>	
<p>PSYCHOSOCIAL SUPPORT^c</p> <p>CHILDREN</p> <p>Counselling on early child development.</p> <p>Demonstration and practice session for mother at each home visit on early child play and responsive care.^e</p> <p>Identification of delayed development three-monthly or as response to parental concerns and timely referral to developmental psychologist.</p> <p>MOTHERS</p> <p>Promotion of positive thinking and problem-solving skills.</p> <p>Screening mothers for depressive symptoms. Counselling by study psychologist if PHQ score ≥ 10. Referral to psychiatrist if PHQ-9 score ≥ 15 and/or suicidal ideation.</p>	

Electronic monitoring system for tracking children and mothers with problems to support them for achieving intervention compliance across all domains.

^dNational Programs for women of reproductive age, pregnant women and undertwos (eTable 1)

^cTraining information for the psychosocial care interventions: We adapted the WHO Thinking Healthy Module for delivering psychosocial care interventions to the mother. The “Care for Child Development, Participants Manual” developed by World Health Organization and UNICEF was adapted for early child development related interventions. The adaptations were done under the guidance of Child development experts (Dr. Tarun Dua, WHO Geneva and Dr. Mark Tomlinson, Stellenbosch University, South Africa). Both the documents were pilot tested before using it in the study. To ensure the successful implementation of these interventions, a senior psychologist played a pivotal role in training our study team members. Initially, during the early phase of the study, these training sessions were conducted weekly. However, as the study progressed and stabilized, they transitioned to a bi-weekly schedule (once every two weeks). The primary objective of these training sessions was to impart a comprehensive understanding of the significance of these interventions and to equip our team with the skills and strategies necessary for effective engagement with families and caregivers. To further guarantee the quality of our interventions, regular supervision visits were conducted by both the study coordinator and the senior psychologist. During these visits, the delivery of interventions in the field was observed, and detailed observations were recorded. Subsequently, these observations were discussed individually with the specific team members after each home visit and collectively during the fortnightly training and review sessions. This feedback loop proved invaluable in refining the delivery of psychosocial care and early child development interventions. Additionally, competency checklists were meticulously maintained by the senior psychologist for each study team member involved in the delivery of psychosocial care and ECD interventions. The checklist comprised of important attributes relevant for the effective engagement with the family and delivery of the interventions. For instance- Is the team member effectively establishing a friendly and relaxed rapport with the caregiver? Does she regularly confirm the caregiver's comprehension of the information conveyed? Is she maintaining an appropriate and balanced pace during the intervention, avoiding both excessive haste and overly slow delivery? Is her approach with the caregiver more interactive and engaging, or does she primarily deliver the intervention in a didactic manner? Is she actively demonstrating the activities that the mother is expected to perform?

In cases where significant deficiencies or gaps in competency were identified, team members underwent re-training sessions to ensure that they were fully equipped to provide the necessary support to families and caregivers. For each psychosocial and ECD-related visit, specific checklists were prepared to outline the key intervention points that the study team members were expected to address during that visit. This systematic approach was designed to prevent the omission of important messages and to maintain consistency in the delivery of interventions. Overall, rigorous training, meticulous supervision, and evaluation mechanisms were integral to the delivery of psychosocial care interventions with quality and rigor.

^eDetails about the early child play and stimulation interventions: The strategies employed for early child development were adapted from the Care for Child Development Manual, which was developed collaboratively by UNICEF and WHO. Mothers and other caregivers in the family were introduced to the concept of age-appropriate child play, responsive care and feeding, communication and stimulation right from the birth of their child. They were encouraged to engage with the child using home-based, easily available materials such as rattles or putting chickpeas/lentils in plastic bottles for making sounds. Particular attention was dedicated to making the most of breastfeeding time, encouraging mothers to forge a strong bond with their child by engaging in activities such as singing, gentle touching and caressing, as well as making eye contact with their child while sharing warm smiles. Emphasis was placed on informing the caregivers about identifying infant hunger cues. During each home visit, skilled study workers provided demonstrations to caregivers on effective ways to interact with the child and assisted them in practicing these techniques. These visits lasted for approximately an hour. The team member, during these home visits, also focused on assessing whether the mother was actively engaging with the child. Any identified barriers were discussed, and possible solutions were offered to ensure the mother had the time and resources to interact with the child. Age-appropriate activities were introduced and demonstrated to the mother during these visits. The visit schedule was designed with more frequent visits in the first few months after birth, gradually reducing to once a month and becoming less frequent as the child grew older. The visit intervals were as follows: visits at birth, 7 days, 14 days, 21 days, 28 days, and 42 days; followed by monthly visits from 2 to 12 months of age, and then at 15, 18, and 21 months of age. If family members or mothers requested assistance related to child development at any point in between, the team would make

additional visits to address specific issues. At specific ages i.e., 6, 9, 12, and 18 months of age, the team assessed key developmental milestones. Infants and young children who were unable to achieve age-appropriate milestones were referred to trained psychologists and/or pediatricians for further evaluation and support. The team also inquired if the parent(s) had any concerns related to the development of their child and if reported, the child was referred to a child psychologist who was a part of the study team. Furthermore, the counselling efforts also aimed to emphasize the importance of creating a safe and nurturing home environment for the child. This included guidance on refraining from shouting, resorting to spanking, engaging in parental conflicts, and avoiding the child's exposure to screen time.

Composition of multiple micronutrient tablet

Micronutrient	per tablet	Micronutrient	per tablet
Vitamin A (mcg)	750	Zinc (mg)	15
Vitamin D (mcg)	5	Iodine (mcg)	150
Vitamin K (mcg)	10	Selenium (mcg)	25
Vitamin C (mg)	50	Magnesium (mg)	100
Vitamin E (mg a-TE)	10	Copper (mg)	2
Thiamine (mg)	2	Manganese (mg)	2.5
Riboflavin (mg)	3	Phosphorus (mg)	125
Niacin (mg)	26	Potassium (mg)	40
Pyridoxine (mg)	1.5	Phosphorus (mg)	125
Pantothenate (mg)	5	Chloride (mg)	36.3
Folate (mcg)	300	Chromium (mcg)	25
Vitamin B12 (mcg)	1	Molybdenum (mcg)	25
Biotin (mcg)	30	Nickel (mcg)	5
Iron (mg)	9	Silicon (mcg)	10
Calcium (mg)	162	Vanadium (mcg)	10

eTable 3. Characteristics of participants whose children had neurodevelopmental evaluations, compared to those were not evaluated

Characteristics at enrolment	Assessed (n=1712)	Not assessed (n=1046)
Mean (SD) age of participants – yr	24.5 (3.1)	24.2 (3.0)
Mean (SD) Height of participants – cm	152.4 (5.7)	152.1 (5.7)
Height <150 cm – n (%)	572 (33.4)	369 (35.3)
BMI category (kg/m ²) – n (%)		
≥25	403 (23.5)	244 (23.3)
18.5 to 24.99	1046 (61.1)	644 (61.6)
<18.5	263 (15.4)	158 (15.1)
Joint or extended family ^{a,b} – n (%)	1188 (69.4)	673 (64.3)
Participant’s schooling ≥12 yr – n (%)	830 (48.5)	490 (46.9)
Father schooling ≥12 yr – n (%)	855 (50.0)	515 (49.2)
Homemaker – n (%)	1629 (95.2)	997 (95.3)
Family below poverty line (BPL) – n (%)	56 (3.3)	45 (4.3)
Family member covered by health insurance scheme– n (%) ^b	170 (9.9)	138 (13.2)
Place of birth – n (%)		
Institutional birth	1622 (94.7)	986 (94.3)

^a Joint or extended family: Adult relatives other than the enrolled woman’s husband and children living together in a household; ^b statistically significant difference at P<0.05

eTable 4. Interaction between the groups that received preconception or pregnancy intervention compared to those who did not receive these interventions, for neurodevelopment outcomes at 24 months of age

OUTCOME	No preconception intervention		Preconception intervention		Measure of interaction (95% CI)
	Mean (SD)	MD (95% CI)	Mean (SD)	MD (95% CI)	
BSID-III assessment					
Cognitive composite score					
No pregnancy intervention	92.4 (9.5)	0.00	93.7 (8.1)	1.08 (-0.15, 2.31); p=0.086	-0.10 (-1.70, 1.50); p=0.901
Pregnancy intervention	93.9 (7.5)	1.50 (0.22, 2.78); p=0.022	95.0 (7.9)	2.60 (1.35, 3.85); p<0.001	
Language composite score					
No pregnancy intervention	90.3 (11.7)	0.00	91.3 (10.1)	0.86 (-0.65, 2.38); p=0.264	0.40 (-1.59, 2.39); p=0.695
Pregnancy intervention	92.2 (9.7)	1.93 (0.40, 3.47); p=0.013	93.5 (9.8)	3.46 (1.97, 4.94); p<0.001	
Motor composite score					
No pregnancy intervention	95.2 (8.8)	0.00	95.9 (7.2)	0.55 (-0.59, 1.68); p=0.345	0.45 (-0.98, 1.88); p=0.539
Pregnancy intervention	96.4 (6.4)	1.09 (-0.05, 2.24); p=0.061	97.4 (7.1)	2.31 (1.17, 3.44); p<0.001	
Socio-emotional composite score					
No pregnancy intervention	111.5 (17.9)	0.00	113.3 (17.0)	1.69 (-0.72, 4.10); p=0.169	-0.47 (-3.65, 2.70); p=0.770
Pregnancy intervention	115.9 (16.1)	4.29 (1.80, 6.77); p=0.001	117.0 (15.4)	5.55 (3.18, 7.92); p<0.001	
ASQ-3 assessment					
Communication					
No pregnancy intervention	47.5 (13.8)	0.00	48.8 (13.3)	1.20 (-0.70, 3.10); p=0.215	-0.28 (-2.67, 2.10); p=0.815
Pregnancy intervention	51.1 (11.5)	3.71 (1.81, 5.62); p<0.001	52.0 (10.3)	4.66 (2.88, 6.43); p<0.001	
Gross motor					
No pregnancy intervention	50.8 (9.9)	0.00	51.3 (9.0)	0.44 (-0.90, 1.78); p=0.521	-0.37 (-2.08, 1.35); p=0.676
Pregnancy intervention	52.6 (8.4)	1.89 (0.52, 3.27); p=0.007	52.8 (8.0)	2.06 (0.75, 3.37); p=0.002	
Fine motor					
No pregnancy intervention	44.6 (10.3)	0.00	44.6 (10.4)	-0.17 (-1.61, 1.27); p=0.821	1.23 (-0.64, 3.10); p=0.197
Pregnancy intervention	45.8 (9.2)	1.14 (-0.30, 2.57); p=0.120	47.0 (9.1)	2.44 (1.06, 3.82); p=0.001	
Problem solving					
No pregnancy intervention	49.2 (11.5)	0.00	49.4 (11.5)	0.03 (-1.59, 1.64); p=0.976	1.32 (-0.84, 3.49); p=0.231
Pregnancy intervention	50.6 (11.8)	1.41 (-0.29, 3.11); p=0.104	52.0 (10.2)	2.56 (0.99, 4.13); p=0.001	
Personal social					
No pregnancy intervention	46.3 (11.7)	0.00	47.2 (10.5)	0.86 (-0.71, 2.43); p=0.283	-0.44 (-2.54, 1.65); p=0.678
Pregnancy intervention	48.8 (10.6)	2.67 (1.00, 4.33); p=0.002	49.2 (10.4)	2.86 (1.28, 4.44); p<0.001	

MD: Mean difference; BSID-III- Bayley Scales of Infant and Toddler Development, 3rd Edition; ASQ-3: Ages and Stages Questionnaire, 3rd edition; models adjusted for clustering for twin birth, maternal height, maternal body mass index (BMI) at the time of pregnancy detection, paternal years of schooling, family income, below poverty line (BPL) status and place of delivery