

Supplement 3. Eligibility criteria for screening effectiveness, women's outcome valuation, and treatment effectiveness

Question	PICOTS	Study designs; Language
Benefits and harms of screening	<p>P: Asymptomatic pregnant women at any stage of pregnancy who are not at high risk for bacteriuria</p> <p>I: Any screening program, whereby there is an intent (i.e., clinical algorithm) for all pregnant women to receive a screening test with follow-up of screen-positive cases</p> <p>C: No screening program (but may include indicated testing and/or treatment upon development of symptoms), or a different screening test or algorithm</p> <p>O*: Maternal mortality (9), maternal sepsis (8), pyelonephritis (7), perinatal mortality ≥ 20 weeks' gestation (9), spontaneous abortion/pregnancy loss before 20 weeks' gestation (8), neonatal sepsis (8), preterm delivery < 37 weeks' gestation (7), low birth weight < 2500g (6), serious maternal and neonatal harms (7)</p> <p>T: Any timing</p> <p>S: Any primary care or clinical setting providing antenatal care to pregnant women</p>	<p>RCTs, CCTs, controlled observational designs (i.e., prospective and retrospective cohort, case-control, controlled before-after)</p> <p>English and French</p>
Outcome valuation	<p>P: Asymptomatic pregnant women at any stage of pregnancy who are not at high risk for bacteriuria; will also accept asymptomatic women who are not pregnant if necessary</p> <p>I: Any screening program or test, and any antibiotic; will accept studies on treatment for any bacterial condition in pregnancy</p> <p>C: Not applicable</p> <p>O: Several possible outcomes (e.g., relative weight/utilities of benefits and harms; willingness to be screened based on relative value placed on benefits and harms of screening programs or treatment)</p> <p>T: Any timing</p> <p>S: Any primary care or clinical setting providing antenatal care to pregnant women</p>	<p>Qualitative, mixed methods, surveys/cross-sectional designs</p> <p>English and French</p>
Benefits and harms of treatment	<p>P: Asymptomatic pregnant women at any stage of pregnancy who are not at high risk for bacteriuria</p> <p>I: Any antibiotic</p> <p>C: No treatment or placebo</p> <p>O*: Maternal mortality (9), maternal sepsis (8), pyelonephritis (7), perinatal mortality ≥ 20 weeks' gestation (9), spontaneous abortion/pregnancy loss before 20 weeks' gestation (8), neonatal sepsis (8), preterm delivery < 37 weeks' gestation (7), low birth weight < 2500g (6), serious maternal and neonatal harms (7)</p>	<p>RCTs (or systematic review(s))</p> <p>English and French</p>

	T: Any timing	
	S: Any primary care or clinical setting providing antenatal care to pregnant women	

CCT: controlled clinical trial; g: grams; PICOTS: populations, interventions, comparators, outcomes, timing, and setting; RCT: randomized clinical trial

* Outcomes ratings included in brackets; these were rated as critical/important for decision-making by CTFPHC members and by women recruited for patient engagement