Table S4. Risk of bias assessment according to ROBINS-I, in studies comparing screening-based protocols and risk-based protocols (analysis 1). RoB, risk of bias, PB, performance bias

Domain	Angstetra et al. 2007	Chen et al. 2004	Edwards et al. 2003	Gilson et al. 2000	Main&Slagle 2000	Schrag et al. 2002	Yücesoy et al. 2004	Eisenberg et al. 2005	Vergani et al. 2002	Ma et al. 2017	Gopal Rao et al. 2017
Pre-intervention											
Bias due to confounding	Moderate risk	Serious risk	Serious risk	Low-moderate risk	Moderate risk	Moderate risk	Moderate risk	Serious risk	Moderate risk	Serious risk	Low-Moderate risk
	Study identifies confounders demographics and preterm, but no other factors.	Study does not identify and deals with confounders sufficiently(demographics)	Study does not address confounders sufficiently (EOGBS is also secondary outcome)	Groups are properly matched on demographics. Concurrent controls reduce RoB.	Confounders are identified and dealt with. Although compliance seems a problem.	Most confounders controlled for. Use of concurrent controls diminishes RoB.	Some (e.g. preterm) confounders not controlled for.	Confounders exist and are not controlled for.	Accurately dealt with most, but not preterm delivery.	Very little information is known about the risk-based group. Confounders suspected.	Confounders are dealt with and controlled for
Bias in selection of participants of the study	Low risk	Moderate risk	Moderate risk	Serious risk	Low risk	Moderate risk	Critical risk	Moderate risk	Moderate risk	Moderate risk	Low risk
	Nearly all pregnant women in the population are included. NB: No prim. care clinics involved.	Selection is expected to represent population (but show-up for screening is not researched)	Selection is expected to represent population (although show-up not researched)	Hospital and satellite clinics are different intervention groups. Some explanation provided, but RoB remains.	Authors present data on turn-up for screening (>96%), no indication of important bias.	Selection bias: women in risk group had less prenatal care, and other ethnicity. Appropriately controlled for.	Selection bias in the screening group: are selected with threatening preterm delivery.	Exclusions based on medical history pose a threat of bias. Weights are adjusted, but RoB remains	Selection is expected to represent population; no information on women that showed for screening	Representative group of women.	Setting is the same in three periods.
At intervention											
Bias in classification of interventions	Moderate risk	Moderate risk	Serious risk	Moderate risk	Low risk	Moderate risk	Low risk	Serious risk	Moderate risk	Moderate risk	Moderate risk
	Intervention (screen) described well, control intervention (risk) is not.	Some risk of non-differential misclassification.	Interventions not defined accurately, and adherence to guidelines is not investigated.	Retrospective design, but little risk of misclassification suspected	Interventions are detailed. Implementing the protocols accurately and timely.	There are problems in the retrospective classification of interventions. Efforts to control are done.	Quasi-experimental, little bias from classification is suspected.	Some problems arise in retrospective classification of interventions.	Interventions well defined. Problems during transition to new protocol suspected and not researched	Risk-based policy is not defined well.	Contamination could have happened in the transition period. Dealt with adequately.
Post intervention											
Bias due to deviations from intended interventions	No information	Serious risk	Serious risk	Low risk	Low risk	Low risk	Moderate risk	Moderate risk	Moderate risk	Moderate risk	Low risk
	No information on adherence is provided. NB: care improves over time, not addressed (PB)	Suggestions of (non-usual practice) deviations exist; PB not addressed.	No information on compliance is provided, nor is PB (co-intervention) addressed.	Concurrent controls. Compliance was retrospectively researched.	Staff and patients were educated. Deviations as usual practice (intention-to-treat).	Concurrent controls. Although contaminations are expected, dealt with.	Concurrent controls reduced risk of deviation, but little information on adherence.	Concurrent controls, yet little information provided on adherence. Cross-over is expected.	Compliance mostly unclear. Could indicate a larger real effect.	Information on rate of IAP in colonized women is presented. NB: care improves over time, not addressed	Extensive information on real practice is presented. Cross-over design reduces performance bias.

Bias due to missing data	Moderate risk Data were almost complete, althought reporting issues not addressed.	Moderate risk Expected missing data (reporting problems) are not controlled for. RoB is limited.	Moderate risk Expected missing data (reporting problems) are not controlled for. RoB is limited.	Moderate risk Missing data are present, but RoB is not expected from this.	Low risk Missing data are not expected comprehensive mother-child integral database.	Moderate risk 95% of selected births (in 5425 births representative sample) had abstracted charts.	Low risk No indication that missing data would impose bias	No information	Moderate risk Missing data addressed: not likely bias and would favour an increased effect.	No information Missing data on risk-based period. Could not be solved by assessing earlier work.	Low risk No indication that missing data would impose bias
Bias in measurements of outcomes	Moderate risk Methods differ between groups, but are not likely to influence outcome	Low risk Knowledge on intervention is unexpected. Cases are identified using lab data	Low risk knowledge on intervention is unexpected. Cases are identified through lab records.	Low risk Both culture-confirmed and clinical sepsis are included, still low risk of bias.	Low risk Outcome measure was unlikely to be influenced by knowledge on intervention.	Low risk Outcome measure was unlikely to be influenced by knowledge on intervention.	Serious risk Cases are searched differently in groups. Outcome could be influenced.	Low risk Outcome measure was unlikely to be influenced by knowledge on intervention.	Low risk Outcome measure was unlikely to be influenced by knowledge on intervention.	Low risk Outcome measure was unlikely to be influenced by knowledge on intervention.	Low risk Outcome measure was unlikely to be influenced by knowledge on intervention.
Bias in selection of the reported results	Moderate risk Outcomes correspond to standard incidence measures	Moderate risk Outcomes correspond to standard incidence measures	Moderate risk Outcomes correspond to standard incidence measures	Moderate risk Outcomes correspond to standard incidence measures	Moderate risk Multiple outcome measures are presented, alongside the standard measure for incidence.	Moderate risk Overview of result is presented extensively, but in fractions instead of absolute numbers	Moderate risk No indication that selection would have happened.	Serious risk No indication that selection would have happened.	Serious risk Comparison of maternal risk factors between different periods is missing.	Moderate risk No indication that selection would have happened.	Moderate risk No indication that selection would have happened.
Overall risk of bias	Moderate risk The study has risks in the domain of confounding, although other domains are generally without problems	Serious risk Study has critical problems in the domains of confounding and information on intervention status and missing data	Serious risk Study has some problems due to possible confounders, and the absence of detailed methods.	Moderate risk Generally sound study, but intervention groups differ. Problems are mostly dealt with.	Moderate risk The study is sound for a non-randomized study. Problems are mostly dealt with.	Moderate risk Study has some problems (mostly with assignment of intervention) but authors have adequately dealt with them to minimize the effect.	Critical risk Too much risk of bias arises from selection of preterm delivering women into the screening group. Not controlled for.	Moderate risk Study has concurrent controls (reducing time-dependent bias), but has some selection bias.	Moderate risk Study has a good overall design but handling of confounders in: at least one important domain was not measured or controlled for.	Serious risk Study has problems in defending validity of outcomes of the period with risk-based protocols. Methods and results missing.	Moderate risk This is a sound study for an observational study. Adherence and demographics are very closely studied.