

## **Additional File 2. Risk of bias assessment**

Pregnancy outcomes analysed here were secondary outcomes in the analysis on treatment efficacy. Thus, there are some studies without PCR-corrected efficacy (i.e. studies with only PCR-uncorrected efficacy) that could be included if the primary objective is to assess pregnancy outcomes after different treatments. However, most of these excluded studies were conducted in the 1990s, and only three studies (totalling 271 women) used ultrasound to estimate gestational age.[26-28] In one of them, the proportion of LBW (birthweight <2,500 g) was more frequently observed after DP than ASAQ (13.2% [12/91] vs 4.2% [3/72],  $p=0.05$ ), although the mean birthweight and the proportion of PTB (<37.0 weeks) were not different.[28] In our meta-analysis, the risk of SGA was not different between DP and ASAQ, and inclusion of the three studies without PCR-corrected efficacy is unlikely to change our findings considering the relative size of this IPD meta-analysis.

To assess any influential studies, the final multivariable model was assessed for each outcome by excluding one study site at a time. This does not change our conclusions (data not shown).

## Reference for additional files

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