Table S2. Study-specific approach for estimating the HIV incidence rate

Publication	Reproductive status at enrollment	Ascertainment of initial HIV-negative status	Ascertainment of changes to HIV status over time	Identification of new HIV infections	Measurement of person-time at risk	Classification of events and person time into reproductive exposure periods
Studies that only contributed estimates of the incidence rate during pregnancy						
De Schacht (2014)	Pregnant (<32 weeks gestation)	Initial HIV status was determined from an HIV test administered at enrollment. Only women who tested HIV-negative at enrollment were eligible for study participation.	Participants who enrolled < 28 weeks gestation received up to two repeat HIV tests (once at 28 weeks gestation and once at delivery). Participants who enrolled between 28 and 32 weeks gestation received one repeat HIV test at delivery.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection. Confirmatory testing for women who seroconverted was conducted using HIV DNA-PCR.	HIV infection was assumed to have occurred at the midpoint between the last negative test and first positive test.	Median gestational age at enrollment was 24 weeks. Women were followed up until delivery. All events were classified as incident infections during pregnancy.
Egbe (2016)	Postpartum (Delivery)	Initial HIV status was determined either from ANC records that documented HIV test results from previous ANC visits during the index pregnancy OR self-reported HIV status from the index pregnancy with no documented use of antiretroviral drugs during pregnancy. Only women who were HIV-negative at their first ANC visit were eligible for study participation.	Participants were tested for HIV at delivery. No additional follow-up was conducted.	Any participant who tested HIV-positive HIV at delivery was counted as an incident HIV infection.	Undefined	Women were 16-20 weeks pregnant at their first ANC visit. All events were classified as incident infections occurring during pregnancy.
Imade (2013)	Postpartum (Delivery)	Initial HIV status was determined from ANC records that documented HIV test results from previous ANC visits during the index pregnancy. Participants who tested HIV-negative at their first ANC visit were eligible for study participation.	Participants were tested for HIV at delivery. No additional follow-up was conducted.	Any participant who tested HIV-positive HIV at delivery was counted as an incident HIV infection.	Undefined	Information about gestational age at first ANC is not provided. All events were classified as incident infections occurring during pregnancy.
Keating (2012)	Postpartum (Delivery)	Initial HIV status was determined from ANC records that documented HIV test results from previous ANC visits during the index pregnancy.	HIV status at delivery was determined from labor and delivery records that documented HIV test results at delivery.	After matching records between antenatal and delivery wards, women with a documented HIV-negative test at an ANC visit and a documented HIV-positive test at delivery were counted as incident HIV infections.	Undefined	Average gestational age at ANC was 25 weeks. All events were classified as incident infections occurring during pregnancy.

Kieffer (2011)	Postpartum (Delivery)	Initial HIV status was determined from ANC records that documented HIV test results from previous ANC visits during the index pregnancy.	Samples from participants with negative or unknown HIV status at delivery were tested for HIV. No additional follow-up was conducted.	Any participant who tested HIV-positive HIV at delivery was counted as an incident HIV infection.	Undefined	Information about gestational age at first ANC is not provided. All events were classified as incident infections occurring during pregnancy.
Moodley (2009)	Pregnant (36-40 weeks gestation)	Initial HIV status was determined from ANC records that documented HIV test results from previous ANC visits during the index pregnancy. Only women who were HIV-negative at their first ANC visit were eligible for study participation.	Participants were tested for HIV at enrollment (36-40 weeks gestation). No additional follow-up was conducted.	Any participant who tested HIV-positive HIV at enrollment was counted as an incident HIV infection.	HIV infection was assumed to have occurred on the date of the first positive HIV test.	Enrollment occurred an average of 24 weeks after first ANC. All events were classified as incident infections during pregnancy.
Phiri (2016)	Postpartum (Delivery)	HIV status during pregnancy was determined from labor and delivery records based on documentation of HIV status at delivery: • HIV-negative • Known HIV-positive • New HIV-positive	HIV status at delivery was ascertained from labor and delivery records that documented HIV test results from HIV tests administered at delivery.	Participants tagged as "newly diagnosed HIV-positive" in labor and delivery records were counted as incident HIV infections.	Person time was calculated based on the assumption that all HIV-negative and newly diagnosed HIV-positive women had tested HIV-negative in ANC approximately 4.5 months prior to delivery (range of 3.5 to 5.5 months).	Under the assumption that all newly diagnosed HIV-positive women had tested HIV-negative during pregnancy, all events could be classified as incident infections during pregnancy.
Rogers (2017)	Pregnancy (First ANC visit)	Initial HIV status was determined from ANC records that documented HIV test results from the participant's first ANC visit. Participants who tested HIV-negative at their first ANC visit were eligible for repeat HIV testing 12 weeks later.	Repeat testing could be conducted every 12 weeks for the duration of pregnancy.	Any participant who tested HIV-positive at an eligible re-visit were counted as an incident HIV infection. These infections were also identified from ANC records that were linked to the participant's initial ANC visit.	Undefined	Average gestational age at first ANC visit was 21.6 weeks. All events were classified as incident infections during pregnancy
Tabu (2013)	Pregnancy (Subsequent ANC visit)	Unclear if initial HIV status was determined from ANC records that documented HIV test results or from self-report. Only participants who had tested HIV-negative during the index pregnancy $\geq$ 3 months prior to enrollment were eligible for study participation.	Participants were tested for HIV at enrollment (subsequent ANC visit). No additional follow-up was conducted.	Any participant who tested HIV-positive HIV at enrollment was counted as an incident HIV infection	Undefined	Information about gestational age at first ANC is not provided. All events were classified as incident infections during pregnancy.
Traore (2012)	Pregnancy (First ANC visit)	Initial HIV status was determined from an HIV test administered at enrollment. Only participants who tested HIV-negative at enrollment were eligible for study participation.	Repeat HIV tests were administered at unknown intervals until the end of pregnancy.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	Since zero infections occurred, all person-time was calculated as the period between first ANC and the end of pregnancy.	Average gestational age at first ANC was 14 weeks. Average time between the first and last HIV test during pregnancy 22.8 weeks.

						All events were classified as incident infections during pregnancy.
Studies that only contributed estimates of the incidence rate during breastfeeding						
De Schacht (2014)	Postpartum (0-8 weeks postpartum)	Initial HIV status at delivery was determined with an HIV test administered 0-8 weeks after delivery. Only women who tested HIV-negative at delivery were eligible for study participation.	Repeat HIV tests were administered at 3 months postpartum, and every 3 months thereafter until 18 months postpartum.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection. Confirmatory testing for women who seroconverted was conducted using HIV DNA-PCR.	HIV infection was assumed to have occurred at the midpoint between the last negative test and first positive test.	Median weeks postpartum at enrollment was 0 with most women enrolling 0-4 days after delivery. Median follow-up time was 18.2 months. All events were classified as incident infections during breastfeeding.
Humphrey (2006)	Postpartum (Delivery)	Initial HIV status was determined with an HIV test administered in the immediate postpartum period. Only women who tested HIV-negative at delivery were eligible for study participation.	Repeat HIV tests were administered every 3 to 6 months for up to 24 months postpartum.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	HIV infection was assumed to have occurred at the midpoint between the last negative test and first positive test.	All women enrolled within 3 days of delivery. The study analytically censored all women at 12 months postpartum. All events were classified as incident infections during breastfeeding.
Leroy (1994)	Postpartum (Delivery)	Initial HIV status was determined with an HIV test administered at delivery. Participants who tested HIV-negative at delivery were eligible for repeat HIV testing.	Repeat HIV tests were administered every six months through 36 months postpartum.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	HIV infection was assumed to have occurred at the midpoint between the last negative test and first positive test.	Average length of follow-up was 32 months. Stratified estimates enabled the restriction of incidence estimates to 24 months postpartum. All events were classified as incident infections during breastfeeding.
Miotti (1994)	Postpartum (Delivery)	Initial HIV status was determined with an HIV test administered at delivery. Participants who tested HIV-negative at delivery were eligible for repeat HIV testing.	Repeat HIV tests were administered every three months until 24 months postpartum.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	Undefined	Average length of follow-up was not provided. All events were classified as incident infections during breastfeeding.
Van de Perre (1992)	Postpartum (Delivery)	Initial HIV status was determined from an HIV test administered at enrollment. Only participants who tested HIV-negative at enrollment were eligible for study participation.	Repeat HIV tests were administered at unknown intervals for up to 36 months.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	Undefined	Average length of follow-up was 16.6 months. Stratified estimates enabled the restriction of incidence estimates to 24 months postpartum.

						All events were classified as incident infections during breastfeeding.
Studies that only contributed estimates of the incidence rate during pregnancy and breastfeeding						
Fatti (2017)	Pregnant (First ANC visit)	Initial HIV status was determined from an HIV test administered at the woman's first ANC visit. Only women who tested HIV-negative at their first ANC visit were eligible for study participation.	Repeat HIV tests were administered at unknown intervals for up to 18 months postpartum (median of four HIV-tests per woman).	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	HIV infection was assumed to have occurred at the midpoint between the last negative test and first positive test.	Median gestational age at enrollment was 16 weeks. Women were followed up until 18 months postpartum. 11% of women were lost to follow-up by 12 months. Infections were categorized as either events during pregnancy or breastfeeding based on the reproductive status of the woman at the midpoint of the interval between the last negative and first positive test.
John (2006)	Postpartum (~9 months postpartum)	Unclear if initial HIV status was determined from ANC records that documented HIV test results or from self-report. Only participants who were HIV-negative at their first ANC visit were eligible for study participation.	Participants were tested for HIV when they presented to the immunization clinic with their infants at approximately 9 months postpartum. No additional follow-up was conducted.	Any participant who tested HIV-positive HIV at the immunization clinic was counted as an incident HIV infection.	Undefined	Information about gestational age at first ANC is not provided. All events were classified as incident infections during pregnancy and breastfeeding.
Kinuthia (2010)	Postpartum (~6 weeks postpartum)	Initial HIV status was determined from ANC records that documented HIV test results from previous ANC visits during the index pregnancy. Only women who were HIV-negative at their first ANC visit were eligible for study participation.	Participants were tested for HIV when they presented to the immunization clinic with their infants at approximately 6 weeks postpartum. No additional follow-up was conducted.	Any participant who tested HIV-positive HIV at the immunization clinic was counted as an incident HIV infection.	HIV infection was assumed to have occurred on the date of the first positive HIV test.	Information about average gestational age at first ANC in this study population is not provided. The study, however, does indicate that median gestational age among all Kenyan women at first ANC was 26 weeks. All events were classified as incident infections during pregnancy and breastfeeding.
Kinuthia (2015)	Pregnancy (First ANC visit)	Initial HIV status was determined from an HIV test administered at the woman's first ANC visit. Only women who tested HIV-negative at their first ANC visit, or who had a documented HIV-negative status from < 3 months prior to the date of their first ANC visit, were eligible for study participation.	Participants had blood collected for HIV-RNA NAATs at enrollment, 28 and 36 weeks gestation, and 6, 14, 24, and 36 weeks postpartum.	Women with a documented HIV-negative rapid test result < 3 months prior to enrollment who had positive NAAT and rapid HIV tests at enrollment were classified seroconversions at enrollment. Women with a HIV-negative rapid test at enrollment, but a NAAT positive test at	Incident infections detected at enrollment (e.g. seroconverters or acute infections at enrollment) were assumed to have occurred 0.5 days after enrollment. Incident infections detected over follow-up were assumed to have occurred at the midpoint between the last negative and first positive NAAT.	Median gestational age at first ANC was 27 weeks. 98% of participants were retained through 9 months postpartum. Overall incidence rates were weighted averages of incidence rates for seroconversion at enrolment, acute infection at enrolment and acute infection during follow-up.

				enrollment, were classified as acute infections at enrollment. Women with HIV-negative rapid test and NAAT at enrollment, but NAAT positive at a follow-up visit were classified as having acute infections during follow-up.		Incident infections were categorized as either events during pregnancy or breastfeeding based on the reproductive status of the woman at the midpoint of the interval between the last negative and first positive NAAT.
Mbizvo (2001)	Pregnancy (First ANC visit)	Initial HIV status was determined from an HIV test administered at the woman's first ANC visit. Participants who tested HIV-negative at their first ANC visit were eligible for repeat HIV testing.	Repeat HIV tests were administered at delivery, at 6 weeks postpartum, and every three months thereafter until 24 months postpartum.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	Undefined	Information about gestational age at first ANC is not provided. Infections were categorized as either events during pregnancy, or breastfeeding based on the reproductive status of the woman at the estimated date of seroconversion.
Mepham (2009)	Pregnancy (First ANC visit)	Initial HIV status was determined in the parent study via HIV testing conducted at the woman's first ANC visit.	All participants in the parent study provided blood samples at approximately six months postpartum. HIV tests were run on samples provided by women who had tested HIV-negative at first ANC.	Positive HIV tests from the 6 months postpartum samples were counted as an incident HIV infection.	Undefined	Median gestational age at first ANC visit was 25 weeks. All events were classified as incident infections during pregnancy and breastfeeding.
Moodley (2011)	Pregnant (First ANC visit)	Initial HIV status was determined from an HIV test administered at the woman's first ANC visit. Participants who tested HIV-negative at their first ANC visit were eligible for repeat HIV testing.	Repeat HIV tests were administered at 34-40 weeks gestation, and at 3, 9, and 12 months postpartum.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	Undefined	Median gestational age among women who tested HIV-negative at their first ANC visit was 25 weeks gestation. 88% completed study follow-up. All events were classified as incident infections during pregnancy and breastfeeding.
Moodley (2015)	Pregnant (First ANC visit)	Initial HIV status was determined from an HIV test administered at the woman's first ANC visit. Participants who tested HIV-negative at their first ANC visit were eligible for repeat HIV testing.	Repeat HIV tests were administered between 34-36 weeks gestation and at 14 weeks postpartum.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	Undefined	Average gestational age at first ANC was 24 weeks. All events were classified as incident infections during pregnancy and breastfeeding.

Munjoma (2010)	Pregnant (~ 36 weeks gestation)	Initial HIV status was determined from an HIV test administered at the woman's first ANC visit. Participants who tested HIV-negative at their first ANC visit were eligible for repeat HIV testing.	Repeat HIV tests were administered at 6, 16, and 36 weeks postpartum, and every six months up to six years after childbirth.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	Undefined	Average length of follow-up was 38.2 months. Stratified estimates enabled the restriction of incidence estimates to 9 months postpartum. All events between enrollment and 9 months postpartum would have occurred during either pregnancy or breastfeeding.
Nikuze (2017)	Postpartum (≤ 9 months postpartum)	Method for determining initial HIV-negative status during pregnancy/at delivery is unclear, but initial HIV status was retrospectively evaluated.	Participants were tested for HIV at enrollment. No additional follow-up was conducted.	Definition of "new cases" is unclear.	Undefined	Period of pregnancy and breastfeeding covered by this study is not clearly defined.
Taha (1998)	Postpartum (Delivery)	Initial HIV status was determined from an HIV test administered at the woman's first ANC visit. Participants who tested HIV-negative at their first ANC visit were eligible for repeat HIV testing in the postpartum period.	Repeat HIV tests were administered every 6 months after delivery for up to six years postpartum.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	Undefined	Median duration of follow-up was 30.9 months (range: 0.03 to 73.4 months). No stratified results were available.
Thomson (2018)	Reproductive status at enrollment varied based on the parent study the participant was enrolled in. Whereas pregnancy at enrollment was an exclusion criterion for women in the Partners PrEP Study, women who enrolled in the Partners in Prevention Study could be pregnant, breastfeeding, or neither at enrollment.	Initial HIV status was ascertained with an HIV test at enrollment.	Women who were HIV-negative at enrollment were eligible for repeat HIV testing. Repeat HIV tests were administered every month or every three months depending on the study the participant had enrolled in. Plasma for HIV-1 RNA quantification was collected at study visits.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	HIV-RNA PCR was performed retrospectively on serial visit specimens collected in order to identify the most precise timing of HIV infection. HIV infection was assumed to have occurred at the time of first evidence of HIV (the earliest date of a positive HIV antibody test result or detection of HIV RNA in an archived plasma specimen).	For participants in the Partners PrEP Study, pregnancy tests were administered every month. For participants in the Partners in Prevention Study, pregnancy tests were administered when indicated over study follow-up (e.g. at the time of missed menses). For each pregnancy, estimated date of LMP, estimated date of delivery, actual date of pregnancy end, and pregnancy outcome were used to construct intervals to define pregnancy-exposed and postpartum-exposed time. Infections were categorized as events during pregnancy, or breastfeeding, or non-pregnant/non-breastfeeding periods based on the reproductive status of the woman at the estimated date of infection.

						By recreating reproductive histories, the study limited the risk of misclassifying events and person-time into incorrect exposure categories.
Studies that contributed estimates of the incidence rate during pregnancy and/or breastfeeding, and estimates of the IRR or HR						
Braunstein (2011)	Not pregnant	Initial HIV status was ascertained with an HIV test at enrollment. Only women who tested HIV-negative at enrollment were eligible for study participation.	Repeat HIV tests were administered every three months for the first 12 months of follow-up. A final HIV test was administered 15.5 to 28 months after enrollment.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	HIV infection was assumed to have occurred at the midpoint between the last negative test and first positive test.	Women were tested for pregnancy every three months for up to 12 months of follow-up. The study did not clearly explain how incident infections were categorized as events occurring during pregnancy, breastfeeding, or non-pregnant/non-breastfeeding periods.
Chetty (2017)	Women could be pregnant, breastfeeding, or neither at enrollment	Initial HIV status was retrospectively ascertained from documented HIV test results from testing up to two years prior to the first round of surveillance in 2010. Only women with a documented HIV-negative result were eligible to participate in the study.	Repeat HIV testing was conducted every year for participants with an initial HIV-negative test in the surveillance system.	Women who had an initial HIV-negative test and then tested HIV-positive at any follow-up visit were counted as incident HIV infections.	The estimated date of infection was randomly imputed between the last negative HIV test and first positive HIV test.	Reproductive status was ascertained two to three times a year during household surveys. For each pregnancy, estimated date of LMP, expected date of delivery, actual date of pregnancy delivery, and pregnancy outcome were used to construct intervals to define pregnancy-exposed and postpartum-exposed time. Infections were categorized as events during pregnancy, or breastfeeding, or non-pregnant/non-breastfeeding periods based on the reproductive status of the woman at the estimated date of seroconversion.
Gray (2005)	Women could be pregnant, breastfeeding, or neither at enrollment	All women with an identified pregnancy received an HIV test at the time of pregnancy identification. Those who tested HIV-negative received a repeat HIV test in the immediate postpartum period. Those who tested HIV-negative in the immediate postpartum period were tested for HIV approximate 12 months later. Women who were not pregnant or lactating made up the unexposed group. Testing occurred every 10 to 12 months.		Participants who had an initial HIV-negative test and then tested HIV-positive at any follow-up visit were counted as incident HIV infections.	HIV infection was assumed to have occurred at the midpoint of the interval between the last negative test and first positive test.	Average time between pregnancy identification and repeat HIV test was 4.6 months, while average time between HIV tests during lactation was 1.05 years. Pregnant women contributed events and person-time to pregnant and breastfeeding exposure groups, while women who were not pregnant or

						lactating contributed events and person-time to the non-pregnant/non-lactating group
Marston (2013)	Women could be pregnant, breastfeeding, or neither at enrollment	Each of the six surveillance studies contributing to this analysis conduct routine HIV testing. All women with an initial HIV-negative test documented in the system were eligible for inclusion.	Repeat HIV testing for participants with an initial HIV-negative test ranged from every 12 to 36+ months.	Women who had an initial HIV-negative test and then tested HIV-positive at any follow-up visit were counted as incident HIV infections.	The estimated date of infection was randomly imputed between the last negative HIV test and first positive HIV test. Bootstrap methods were used to combine results from 100 separate analyses where the estimated date of HIV seroconversion was randomly imputed.	Ascertainment of reproductive status varied from every few months to once every few years, depending on the surveillance system. Based on information collected, LPM, date of delivery, and date of 12 months postpartum were reconstructed for every birth. Infections were categorized as events during pregnancy, or breastfeeding, or non-pregnant/non-breastfeeding periods based on the reproductive status of the woman at the estimated date of seroconversion.
Morrison (2007)	Not pregnant	Initial HIV status was ascertained with an HIV test at enrollment. Only women who tested HIV-negative at enrollment were eligible for study participation.	Repeat HIV tests were administered every three months for up to 24 months.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	HIV-1-DNA PCR was performed retrospectively on serial visit specimens in order to identify the most precise timing of HIV infection. HIV infection was assumed to have occurred on the date of the first positive PCR result.	Pregnancy status was ascertained every three months by a combination of pregnancy tests, physical exams, and self-report. At each visit, participants were assigned to one of four exposure groups: 1) currently pregnant since last visit, 2) not pregnant but lactating since last visit, 3) not pregnant and not lactating but using hormonal contraception since last visit, and 4) not pregnant and not lactating and not using hormonal contraception. Once assigned, the exposure was turned on for the segment of time between study visits.
Reid (2010)	Not pregnant	Initial HIV status was ascertained with an HIV test at enrollment. Only women who tested HIV-negative at enrollment were eligible for study participation.	Repeat HIV tests were administered every three months for up to 18 months.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	Undefined	Pregnancy tests were administered every three months or as needed (e.g. when women reported late menses during a non-quarterly follow-up visit). At each quarterly study visit, participants were assigned to one of two exposure groups: 1) not pregnant, or 2) pregnant. In analyses, “being pregnant” was turned on in the quarter of the

						first positive pregnancy test and remained on through the quarter of the last positive pregnancy test.
Teasdale (2018)	Not pregnant	Initial HIV status was ascertained with an HIV test at enrollment. Only women who tested HIV-negative at enrollment were eligible for study participation.	Repeat HIV tests were administered every three months for up to 24 months.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	HIV infection was assumed to have occurred at the midpoint between the last negative test and first positive test.	Pregnancy tests were administered every three months. Women were considered pregnant if they had a positive pregnancy test, and non-pregnant if they had a negative pregnancy test regardless of self-reported pregnancy status. Pregnancy status at a given visit determined exposure status during the interval of time prior to that visit. If a birth was reported within six weeks of the next study visit, the entire segment of time between the last positive pregnancy test and first negative pregnancy test was classified as "pregnant"; if a birth was reported ≥ 6 weeks before the next study visit, the segment of time between the last positive and first negative pregnancy tests was classified as "non-pregnant"
Studies that only contributed estimates of the IRR or HR						
Mugo (2011)	HIV-uninfected women could be pregnant, breastfeeding, or neither at enrollment.	Initial HIV status was ascertained with an HIV test at enrollment.	Women who were HIV-negative at enrollment were eligible for repeat HIV testing. Repeat HIV tests were administered every three months for up to 24 months.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	Undefined	For women who tested HIV-negative at baseline, pregnancy tests were administered when indicated over study follow-up (e.g. at the time of missed menses). Date of LMP, estimated date of delivery, and pregnancy outcome were collected for all pregnancies. Each participant's follow-up time was divided into quarterly intervals corresponding to the period between study visits. Each time interval was assigned as either pregnancy exposed or unexposed.

Vandepitte (2013)	Women could be pregnant, breastfeeding, or neither at enrollment	Initial HIV status was determined from an HIV test administered at enrollment. Participants who tested HIV-negative at enrollment were eligible for repeat HIV testing.	Repeat HIV tests were administered every three months for up to 18 months.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection.	HIV infection was assumed to have occurred at the midpoint between the last negative test and first positive test.	Reproductive histories were collected every three months. It is not clear if the pregnancy status at a current visit defined the exposure status of person-time in the segment before the current visit or the segment after the current visit, or both.
Wand (2011)	Not pregnant	Initial HIV status was determined from an HIV test administered at enrollment. Participants who tested HIV-negative at enrollment were eligible for repeat HIV testing.	Repeat HIV tests were administered every month or every three months depending on the study the participant had enrolled in.	Any participant who tested HIV-positive during follow-up was counted as an incident HIV infection between the last negative test and first positive test.	HIV infection was assumed to have occurred at the time of the first positive HIV test for women who did not miss a study visit between their last negative and first positive HIV tests. For women who did miss a study visit between their last negative and first positive HIV test, HIV infection was assumed to have occurred at the midpoint	Pregnancy was defined as the period between the last negative pregnancy test and the last positive pregnancy test.

Acronyms: ANC=Antenatal care; LMP=Last menstrual period; NAAT=Nucleic acid amplification tests; PCR=Polymerase chain reaction; PrEP=Pre-exposure prophylaxis