

Appendix S1. Ripe-tomato.org COVID-19 in pregnancy academic publications. Curated list.

1. Huijun Chen, Juanjuan Guo, Chen Wang, Fan Luo, Xuechen Yu, Wei Zhang, Jiayu Li, Dongchi Zhao, Dan Xu, Qing Gong, Jing Liao, Huixia Yang, Wei Hou, Yuanzhen Zhang. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. *Lancet*. Volume 395, Issue 10226, 7–13 March 2020, Pages 809-815.
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 - c. Yan Chen, Hua Peng, Lin Wang, Yin Zhao, Lingkong Zeng, Hui Gao and Yalan Liu. Infants Born to Mothers With a New Coronavirus (COVID-19) *Front. Pediatr.*, 16 March 2020 | <https://doi.org/10.3389/fped.2020.00104>
3. Yangli Liu, Haihong Chen, Kejing Tang, Yubiao Guo. Clinical manifestations and outcome of SARS-CoV-2 infection during pregnancy *J Infect*. <https://doi.org/10.1016/j.jinf.2020.02.0284>.
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5. Huaping Zhu, Lin Wang, Chengzhi Fang, Sicong Peng, Lianhong Zhang, Guiping Chang, Shiwen Xia, Wenhao Zhou. Clinical analysis of 10 neonates born to mothers with 2019-nCoV pneumonia. *Translational Pediatrics* Vol 9, No 1 (February 2020)
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8. Lingkong Zeng, Shiwen Xia, Wenhao Yuan, Kai Yan, Feifan Xiao, Jianbo Shao, Wenhao Zhou, Neonatal Early-Onset Infection With SARS-CoV-2 in 33 Neonates Born to Mothers With COVID-19 in Wuhan, China. *JAMA Pediatr*. Published online March 26, 2020. doi:10.1001/jamapediatrics.2020.0878
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10. Cuifang Fan, Di Lei, Congcong Fang, Chunyan Li, Ming Wang, Yuling Liu, Yan Bao, Yanmei Sun, Jinfa Huang, Yuping Guo, Ying Yu, Suqing Wang Perinatal Transmission of COVID-19 Associated SARS-CoV-2: Should We Worry? *Clinical Infectious Diseases*, ciaa226, <https://doi.org/10.1093/cid/ciaa226>

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20. Gidlof S, Savchenko J, Brune, T, Josefsson H. COVID-19 in pregnancy with comorbidities: More liberal testing strategy is needed. *Acta Obstetrica et Gynecologica Scandinavica*
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Note: Removed 1 June 2020 because the peer review correspondence makes clear that the case is hypothetical.

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Appendix S2. Systematic review search strategy.

((("parturition"[MeSH Terms] OR "parturition"[All Fields] OR "birth"[All Fields]) AND ("pregnancy"[MeSH Terms] OR "pregnancy"[All Fields])) AND (((("severe acute respiratory syndrome coronavirus 2"[Supplementary Concept] OR "severe acute respiratory syndrome coronavirus 2"[All Fields] OR "sars cov 2"[All Fields]) OR ("COVID-19"[All Fields] OR "COVID-2019"[All Fields] OR "severe acute respiratory syndrome coronavirus 2"[Supplementary Concept] OR "severe acute respiratory syndrome coronavirus 2"[All Fields] OR "2019-nCoV"[All Fields] OR "SARS-CoV-2"[All Fields] OR "2019nCoV"[All Fields] OR ("Wuhan"[All Fields] AND ("coronavirus"[MeSH Terms] OR "coronavirus"[All Fields])) AND (2019/12[PDAT] OR 2020[PDAT]))) OR ("coronavirus"[MeSH Terms] OR "coronavirus"[All Fields])) OR ((("coronavirus"[MeSH Terms] OR "coronavirus"[All Fields]) AND ("COVID-19"[All Fields] OR "COVID-2019"[All Fields] OR "severe acute respiratory syndrome coronavirus 2"[Supplementary Concept] OR "severe acute respiratory syndrome coronavirus 2"[All Fields] OR "2019-nCoV"[All Fields] OR "SARS-CoV-2"[All Fields] OR "2019nCoV"[All Fields] OR ("Wuhan"[All Fields] AND ("coronavirus"[MeSH Terms] OR "coronavirus"[All Fields])) AND (2019/12[PDAT] OR 2020[PDAT])))

Appendix S3. Protocol for systematic review entitled ‘Clinical factors affecting maternal transmission of SARS-COV-2 to the neonate: A systematic review avoiding duplicate cases’.

Authors: Kate F Walker, Keelin O’Donoghue, Jim G Thornton

Prepared after data collection had started. 13 May 2020

Summary

Objective

To estimate the risk of the neonate becoming infected with SARS-COV-2 by mode of delivery, type of infant feeding and mother-infant interaction

Design

A systematic review

Population

Women with COVID-19 in pregnancy.

Methods

A literature search using the following search strategy.

JGT searched PubMed only as follows

```
((("parturition"[MeSH Terms] OR "parturition"[All Fields] OR "birth"[All Fields]) OR ("pregnancy"[MeSH Terms] OR "pregnancy"[All Fields])) AND ("COVID-19"[All Fields] OR "COVID-2019"[All Fields] OR "severe acute respiratory syndrome coronavirus 2"[Supplementary Concept] OR "severe acute respiratory syndrome coronavirus 2"[All Fields] OR "2019-nCoV"[All Fields] OR "SARS-CoV-2"[All Fields] OR "2019nCoV"[All Fields] OR (("Wuhan"[All Fields] AND ("coronavirus"[MeSH Terms] OR "coronavirus"[All Fields])) AND (2019/12[PDAT] OR 2020[PDAT]))) OR ("coronavirus"[MeSH Terms] OR "coronavirus"[All Fields])
```

KFW search strategy

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((("parturition"[MeSH Terms] OR "parturition"[All Fields] OR "birth"[All Fields]) AND ("pregnancy"[MeSH Terms] OR "pregnancy"[All Fields])) AND (((("severe acute respiratory syndrome coronavirus 2"[Supplementary Concept] OR "severe acute respiratory syndrome coronavirus 2"[All Fields] OR "sars cov 2"[All Fields]) OR ("COVID-19"[All Fields] OR "COVID-2019"[All Fields] OR "severe acute respiratory syndrome coronavirus 2"[Supplementary Concept] OR "severe acute respiratory syndrome coronavirus 2"[All Fields] OR "2019-nCoV"[All Fields] OR "SARS-CoV-2"[All Fields] OR "2019nCoV"[All Fields] OR (("Wuhan"[All Fields] AND ("coronavirus"[MeSH Terms] OR "coronavirus"[All Fields])) AND (2019/12[PDAT] OR 2020[PDAT]))) OR ("coronavirus"[MeSH Terms] OR "coronavirus"[All Fields])) OR ((("coronavirus"[MeSH Terms] OR "coronavirus"[All Fields]) AND ("COVID-19"[All Fields] OR "COVID-2019"[All Fields] OR "severe acute respiratory syndrome coronavirus 2"[Supplementary Concept] OR "severe acute respiratory syndrome coronavirus 2"[All Fields] OR "2019-nCoV"[All Fields] OR "SARS-CoV-2"[All Fields] OR "2019nCoV"[All Fields] OR (("Wuhan"[All Fields] AND ("coronavirus"[MeSH Terms] OR "coronavirus"[All Fields])) AND (2019/12[PDAT] OR 2020[PDAT])))
```

This will be supplemented by personal communication.

Possible duplication of cases.

Suspected duplication or overlap of cases in multiple reports will be dealt with conservatively.

Firstly we will identify reports including patients from the same hospitals using the GRID.ac research institution disambiguator. Unless there is clear internal evidence in the relevant papers that the cases do not overlap, we will assume that they do. In that case we will only include data from the largest or most informative report as seems appropriate.

Data will be extracted using a standardised form on mode of delivery, neonate infection status, infant feeding, mother-infant interaction.

For reported cases of neonatal infection, detailed information will be extracted on virology investigations and results

Intervention variables

Mode of delivery - vaginal or caesarean or not reported.

Infant feeding – breast, formula, expressed breast milk, or not reported.

Infant separation – isolated from mother, roomed in, or not reported.

Neonate alive or died

Neonate infected, or not infected. Using the criteria developed by Shah (15).

For reported cases of neonatal infection, detailed information will be extracted on virology investigations, both PCR and immunological, the sources from which samples were collected, their timing and their results.

Risk of bias assessment

For these observational studies we will judge risk of bias in two ways

- a) In terms of how representative each paper is of the following three populations.

High representativeness = low risk of bias and vice versa.

1. The whole population of pregnant patients with SARS – Cov-2
2. The whole population of pregnant patients with COVID-19 i.e. symptomatic
3. Whole population of pregnant patients admitted to hospital with COVID -19

So, for example, a case report will be high risk of bias for all three populations.

A hospital based series, if it reports all cases, will be low risk of bias for 3, but high risk for 1 and 2.

UKOSS will be low risk of bias for 3. But high risk for 1 and 2.

- b) For those subset of papers in which we had some baby data to assess the rate of infection after vaginal v CS, BF v bottle, or rooming in v isolated

We measure the bias in terms of proportion of babies tested in each of the above groups.

