viruses

MDPI

Supplementary Materials

Obstetric outcomes of SARS-CoV-2 infection in asymptomatic pregnant women.

Table S1. List of authors and hospitals members of the Spanish Obstetric Emergency Group included in this study (*n* = 42).

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Table S2. STROBE Statement—checklist of items that should be included in reports of observational studies.

	Item	Recommendation	Page
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1 and 4
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	4
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	6
Objectives	3	State specific objectives, including any prespecified hypotheses	6
Methods			
Study design	4	Present key elements of study design early in the paper	6-9
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	6-9, Figure 1 and Table S1
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	6-7 and Figure 1
		Case-control study—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls	
		Cross-sectional study—Give the eligibility criteria, and the sources and methods of selection of participants	
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed	7 and Figure 1
		Case-control study—For matched studies, give matching criteria and the number of controls per case	
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	7-9 and registry protocol: ClinicalTrials.gov, NCT04558996
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	8 and registry protocol: ClinicalTrials.gov, NCT04558996
Bias	9	Describe any efforts to address potential sources of bias	7-9
Study size	10	Explain how the study size was arrived at	7 and Figure 1
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	8 and registry protocol: ClinicalTrials.gov, NCT04558996
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	8-9 and registry protocol: ClinicalTrials.gov, NCT04558996
		(*b*) Describe any methods used to examine subgroups and interactions	8-9
		(*c*) Explain how missing data were addressed	8-9
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed	Registry protocol: ClinicalTrials.gov, NCT04558996
		Case-control study—If applicable, explain how matching of cases and controls was addressed	
		Cross-sectional study—If applicable, describe analytical methods taking account of sampling strategy	
		(*e*) Describe any sensitivity analyses	No sensitivity analysis was carried out

Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Figure 1
		(b) Give reasons for non-participation at each stage	7 and Figure 1
		(c) Consider use of a flow diagram	Figure 1
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	9-10 and Tables 1-2
		(b) Indicate number of participants with missing data for each variable of interest	Tables 1-3
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)	7-8
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time	10 and Table 3
		Case-control study—Report numbers in each exposure category, or summary measures of exposure	
		Cross-sectional study—Report numbers of outcome events or summary measures	
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	10 (and 9)
		(*b*) Report category boundaries when continuous variables were categorized	No continuous variables were categorized
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	
Other analyses	17	Report other analyses done—e.g. analyses of subgroups and interactions, and sensitivity analyses	9-10 and Table 3
Key results	18	Summarise key results with reference to study objectives	10-11
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	11
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	11-13
Generalisability	21	Discuss the generalisability (external validity) of the study results	11
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	14

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.

Table S3. Odds ratio (OR) and adjusted odds ratio (aOR) with the corresponding 95% confidence intervals and p-values for the outcomes associated with SARS-CoV-2 infection in pregnancy.

		Outcomes			
		Hospitalization before labor	**PROM***	**PROM in nulliparous women**	**NICU admission**
Univariate analysis (OR)					
SARS-CoV-2 positive		4.30	1.90	2.63	4.48
	95% CI	2.80 – 6.61	1.16 – 3.13	1.29 – 5.36	1.73 – 11.55
	p	<0.001	0.011	0.007	0.001
Multivariate analysis (aOR)					
SARS-CoV-2 positive			1.88		
	95% CI		1.13 – 3.11		
	p		0.013		
Multiple pregnancy			--		
	95% CI		--		
	p		*NS*		
Threatened abortion			--		
	95% CI		--		
	p		*NS*		
Ethnicity			--		
	95% CI		--		
	p		*NS*		
Smoking			--		
	95% CI		--		
	p		*NS*		
Chronic lung comorbidities			--		
	95% CI		--		
	p		*NS*		
Nulliparity			--		
	95% CI		--		
	p		*NS*		

PROM, Premature Rupture of Membranes at term; NICU, Neonatal Intensive Care Unit.
*Multivariable logistic regression used for PROM as dependent variable and SARS-CoV-2 infection in pregnancy and known/suspected confounding variables as independent variables (see Materials and Methods for details).
-- Variables not held in the multivariate model

The selection process for covariates included in the maximum multivariable logistic regression model for PROM was as follows: by univariate analyses, the statistical association of both potential confounding factors with SARS-CoV-2 infection and potential confounding factors with PROM, was tested. Those statistically significant were included as covariates in the multivariable model. However, there were other potential confounding factors that were not statistically associated with SARS-CoV-2 and/or with PROM in the previous analyses but were included in the multivariable model anyway, because they had previously been described as risk factors for PROM by the scientific literature and could confound the association of SARS-CoV-2

with the outcome of interest. This is the case of smoking [American College of O, Gynecologists' Committee on Practice B-O: Prelabor Rupture of Membranes: ACOG Practice Bulletin, Number 217. Obstet Gynecol 2020, 135(3):e80-e97] and other covariates. Once the maximum multivariable logistic regression model was constructed, and in order to achieve the final estimated model: a confounder remained in the model if the coefficient for SARS-CoV-2 infection changed more than ten percent when the potential confounder was removed.