Efficacy and safety of dolutegravir- and tenofovir alafenamide fumarate-containing HIV antiretroviral treatment regimens started in pregnancy: a randomized controlled trial

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Supplementary Appendix

Additional Study Population Information

Inclusion Criteria

- Mother is at least 18 years of age and willing and able to provide written informed consent for her and her infant's participation in this study
- Mother has confirmed HIV-1 infection based on documented testing of two samples collected at different time points
- At screening, mother is ART-naïve, defined as having not received prior antiretroviral therapy other than ARVs received during prior pregnancies or prior periods of breastfeeding (i.e., receipt of any single, dual, or triple ARV regimen during prior time-limited periods of pregnancy and breastfeeding is permitted). Receipt of up to 14 days of ARVs during the current pregnancy is permitted prior to study entry so that initiation of ARVs during the current pregnancy is not delayed during the study screening period.
- At screening, mother has the following laboratory test results (based on testing of samples collected within 14 days prior to study entry):
- Grade 1 or lower (<2.5 x upper limit of normal) alanine aminotransferase (ALT) and aspartate aminotransferase (AST); Grade 2 or lower (≤1.8 x ULN) creatinine; Grade 2 or lower (≥60 mL/min) estimated creatinine clearance (Cockcroft-Gault formula)
- At screening and at study entry, no evidence of multiple gestation or fetal anomalies, as assessed by best available method
- At study entry, gestational age of 14-28 weeks, defined as greater than 13 weeks plus six days and less than 28 completed weeks gestation, estimated by best available method
- At study entry, mother expects to remain in the geographic area of the study site during pregnancy and for 50 weeks postpartum
- With Letter of Amendment dated 20 July 2018: At study entry, mother reports that she does not wish to become pregnant again for at least 50 weeks after her current pregnancy and that she is willing to use effective contraception during this period. Effective contraception may include surgical sterilization (i.e., hysterectomy, bilateral oophorectomy, tubal ligation, or salpingectomy) or any of the following methods:
    - Contraceptive intrauterine device (IUD) or intrauterine system (IUS)
    - Subdermal contraceptive implant
    - Progestogen injections
    - Progestogen only oral contraceptive pills
    - Combined estrogen and progestogen oral contraceptive pills
    - Percutaneous contraceptive patches

Exclusion Criteria

- Mother is currently incarcerated or involuntarily confined in a medical facility
- Mother is currently receiving:
    - A psychoactive medication for treatment of a psychiatric illness
    - Treatment for active tuberculosis
    - Treatment for active hepatitis C infection
- Mother is expected to require treatment with interferon and/or ribavirin for hepatitis C infection during the study follow-up period
- Mother has a history of any of the following, as determined by the site investigator or designee based on maternal report and available medical records:
    - Hypersensitivity or clinically significant adverse reaction to any of the ARVs included in the three study drug regimens (ever)
    - Antiretroviral drug resistance mutations that would impact selection of ART regimen (ever)
    - Clinically significant heart disease and/or known prolonged QTc interval (ever)

- Suicidal ideation or attempt (ever)
- HIV-2 infection (ever)
- Zika virus infection, diagnosed or suspected, during the current pregnancy
- Receipt of any antiretroviral medication within six months prior to study entry, with two exceptions: receipt of any duration of TDF or FTC/TDF for pre-exposure prophylaxis or receipt of up to 14 days of ARVs during the current pregnancy
- Receipt of any prohibited medication within 14 days prior to study entry
- Clinically significant acute illness requiring systemic treatment and/or hospitalization within 14 days prior to study entry
- Unstable liver disease (defined by the presence of ascites, encephalopathy, coagulopathy, hypoalbuminemia, esophageal or gastric varices, or persistent jaundice) or known biliary abnormalities (with the exception of Gilbert's syndrome or asymptomatic gallstones) within 14 days prior to study entry

- Mother or fetus has any other condition that, in the opinion of the site investigator or designee, would make participation in the study unsafe, complicate interpretation of study outcome data, or otherwise interfere with achieving the study objectives

Additional Statistical Analysis Information

Efficacy

The primary efficacy analyses of viral suppression combined the two DTG-containing groups for comparison to the EFV-containing group. Viral suppression was compared using a difference in binomial proportions with a success defined as plasma HIV-1 RNA viral load <200 copies/mL at the time of the pregnancy outcome. Women with a viral load recorded on or within 14 days after delivery were evaluable for the primary efficacy outcome measure. The earliest viral load within this window was the outcome measure for each participant.

First, non-inferiority analyses were conducted, and if non-inferiority was established, a superiority analysis was conducted. Both intent-to-treat (ITT) and per-protocol analyses were performed; for the non-inferiority analyses, the ITT and per-protocol analyses were to be given equal weight, but for the superiority analyses, the ITT analysis was the primary analysis. Non-inferiority was assessed on the following criteria:

1) the 95% confidence interval for the difference in success proportions excluded the non-inferiority margin of -10%, in favor of the EFV group (note that no p-value was calculated to test for non-inferiority);
2) the study was conducted with a high degree of consistency with the IMPAACT 2010 protocol;
3) the EFV-containing group showed its usual efficacy; and
4) the ITT and the per-protocol analyses showed similar results.

To account for missing viral loads at delivery, a sensitivity analysis for the primary efficacy analysis of viral suppression at delivery was conducted using multiple imputation. A total 38 delivery viral loads were imputed, resulting in a complete set of 643 delivery viral loads. Imputation models were created for each treatment group. The imputation models included all measured viral loads at entry, weeks 4, 8, 12, and 24, and delivery. The multiple imputation models each used a linear mixed effects model with polynomial smoothing splines that modeled the observed viral loads over time. The complexity of the polynomial smoothing spline was selected using the Bayesian Information Criteria (BIC). The imputation models included random effects for the intercept and the spline beta coefficients. Delivery imputations used the participant specific random effect, which can account for unmeasured sources of variability. No other auxiliary variables were included in the model. Missing viral loads were imputed 1,000 times and the results were averaged using multiple imputation combination rules.

The FDA snapshot algorithm was used for a secondary analysis of viral load efficacy. The FDA snapshot algorithm defined a woman as a virologic success if her viral load was under a threshold for virologic suppression while taking her randomized treatment. Women failed the snapshot algorithm if they interrupted or discontinued

study treatment, had a missing viral load at the time point of interest, or had a viral load equal to or above the suppression threshold. For IMPAACT 2010, the definition of study treatment interruption or discontinuation was consistent with the per-protocol definition. Women taking the randomized study treatment with a plasma HIV-1 RNA viral load <200 copies/mL at delivery were considered a virologic success for the FDA snapshot analysis.

A secondary analysis summarized the time to viral suppression using a Kaplan-Meier and a log-rank test. Effect estimates (95% CI) were calculated using Cox-proportional hazards regression models.

Composite of Spontaneous Abortion, Stillbirth, Preterm Delivery, or Small for Gestational Age

Comparisons were summarized using a Wald estimate of the difference in binomial proportions with an event defined as the occurrence of a spontaneous abortion (<20 weeks gestation), stillbirth (≥20 weeks gestation), preterm delivery (<37 weeks gestation), or small for gestational age (<10^{th} percentile, adjusted for sex). Supplemental analyses that counted women who discontinued the study early as failures and any missing outcome as failures were included to investigate the influence of missing data on the analysis conclusion.

Safety Outcome 2/3: Grade 3 or Higher Adverse Events

The final primary adverse event safety analyses after the end of study follow-up is to be based on a Kaplan-Meier estimate of the event probability of experiencing a grade 3 or higher adverse event through 50 weeks postpartum. For the analysis of maternal safety outcomes in this manuscript, the survival probability curves of experiencing a grade 3 or higher adverse event from randomization through 14 days postpartum for mothers and 28 days for infants was compared between treatment groups using a log-rank test. The log-rank test was pre-specified as the testing strategy while follow-up is ongoing. To investigate the influence of missing data on the analysis conclusion, a supplemental analysis was conducted that included participants who discontinued the study early as events.

Neonatal Death

A secondary outcome of time until infant death through 50 weeks after birth will be summarized once infant follow-up is complete. Similarly to the primary analysis of infant safety, a post-hoc analysis compared time until infant death within the first 28 days of life with a log-rank test while follow-up is ongoing.

Weight Gain

The weight gain analyses were added as a secondary analysis while study follow-up was ongoing after reports of an increase in weight among women on DTG, particularly among those taking TAF. The study statisticians were unblinded at that point in the study; however, the statisticians had not summarized weight gain until after the selection of the statistical methodology. Nevertheless, this analysis could reasonably be viewed as post-hoc.

By-group differences in the average weekly gain in maternal weight were estimated and tested using generalized estimating equations with an identity link function, an independent mean and variance relationship (normal model), and an exchangeable working correlation matrix clustered on the individual level. A sensitivity analysis for differences in maternal weight gain was conducted to account for possible by-group differences in gestational age at each study visit due to loss to follow-up, fetal loss, or preterm delivery. Time-varying weights were employed to standardize the gestational age distribution to the observed gestational age distribution in the EFV/FTC/TDF group at each study visit during the antepartum period to account for possible differences in follow-up during pregnancy. Although the sensitivity analysis changed some p-values from statistically significant to not-significant, the overall by group pattern remained the same. Per-protocol analyses were added as post-hoc analyses.

Creatinine and Creatinine Clearance

Creatinine and creatinine clearance were compared between treatment arms at delivery with a t-test assuming unequal variance.

Table S1: Modification to Randomized Treatment in Antepartum Follow Up

Treatment Group	Treatment Group Count	Treatment End Study Week	Treatment	Antepartum Modification[1]	Reason	Subsequent Treatment
DTG+FTC/TAF	1	12.0	DTG+FTC/TAF	Stopped	Lost to Follow Up	
	2	4.0	DTG+FTC/TAF	Stopped	Withdrawal By Participant	
	3	1.0	DTG+FTC/TAF	Paused	Adverse Event	
	4	2.0	DTG+FTC/TAF	Stopped	Lost to Follow Up	
	5	12.9	DTG+FTC/TAF	Stopped	Relocated	
	6	4.4	DTG+FTC/TAF	Stopped	Withdrawal Of Consent	
	7	22.0	DTG+FTC/TAF	Stopped	Not Interested in Continuing the Study	
DTG+FTC/TDF	1	4.1	DTG+FTC/TDF	Switched	Withdrawal Of Consent	EFV/FTC/TDF
	2	3.0	DTG+FTC/TDF	Stopped	Withdrawal Of Consent	
	3	12.3	DTG+FTC/TDF	Stopped	Non-Compliance	
	4	11.0	DTG+FTC/TDF	Stopped	Withdrawal Of Consent	
	5	11.1	DTG+FTC/TDF	Paused	Non-Adherence	
		21.4	DTG+FTC/TDF	Paused	Non-Adherence	
EFV/FTC/TDF	1	3.6	EFV/FTC/TDF	Stopped	Non-Compliance	
	2	8.7	EFV/FTC/TDF	Switched	Persistent Viremia	DTG+FTC/TDF
	3	9.0	EFV/FTC/TDF	Switched	Persistent Viremia	DTG+FTC/TDF
	4	23.9	EFV/FTC/TDF	Stopped	Relocated	
	5	0.0	EFV/FTC/TDF	Paused	Difficulty Swallowing Tablets	
	6	11.1	EFV/FTC/TDF	Paused	Unable To Obtain Medication	
	7	16.7	EFV/FTC/TDF	Paused	Non-Compliance	
	8		EFV/FTC/TDF	No Antepartum Exposure	Started Treatment After Delivery	
	9	0.7	EFV/FTC/TDF	Paused	Non-Adherence	
	10	2.7	EFV/FTC/TDF	Switched	Resistance Related to EFV	DTG+FTC/TAF
	11	18.0	EFV/FTC/TDF	Paused	Non-Adherence	
	12	13.3	EFV/FTC/TDF	Switched	Adverse Event	DTG+FTC/TAF
	13	5.9	EFV/FTC/TDF	Switched	Resistance Related to EFV	DTG+FTC/TDF
	14	0.3	EFV/FTC/TDF	Switched	Resistance Related to EFV	DTG+FTC/TDF

Table S2: Reasons for First Modification of Randomized Treatment in Antepartum Follow Up

		Treatment Arm			
		DTG+FTC/TAF	DTG+FTC/TDF	EFV/FTC/TDF	Total
Antepartum Modification[1]	**Reason**	**N (%)**	**N (%)**	**N (%)**	**N (%)**
Stopped	**Total**	**6 (2.8%)**	**3 (1.4%)**	**2 (0.9%)**	**11 (1.7%)**
	Withdrawal Of Consent	1 (0.5%)	2 (0.9%)	0 (0.0%)	3 (0.5%)
	Lost to Follow Up	2 (0.9%)	0 (0.0%)	0 (0.0%)	2 (0.3%)
	Non-Compliance	0 (0.0%)	1 (0.5%)	1 (0.5%)	2 (0.3%)
	Relocated	1 (0.5%)	0 (0.0%)	1 (0.5%)	2 (0.3%)
	Not Interested in the Study	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
	Withdrawal By Participant	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
Switched	**Total**	**0 (0.0%)**	**1 (0.5%)**	**6 (2.8%)**	**7 (1.1%)**
	Withdrawal Of Consent	0 (0.0%)	1 (0.5%)	0 (0.0%)	1 (0.2%)
	Resistance Related to EFV	0 (0.0%)	0 (0.0%)	3 (1.4%)	3 (0.5%)
	Persistent Viremia	0 (0.0%)	0 (0.0%)	2 (0.9%)	2 (0.3%)
	Adverse Event	0 (0.0%)	0 (0.0%)	1 (0.5%)	1 (0.2%)
Paused	**Total**	**1 (0.5%)**	**1 (0.5%)**	**5 (2.4%)**	**7 (1.1%)**
	Non Adherence	0 (0.0%)	1 (0.5%)	2 (0.9%)	3 (0.5%)
	Non-Compliance	0 (0.0%)	0 (0.0%)	1 (0.5%)	1 (0.2%)
	Adverse Event	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
	Difficulty Swallowing Tablets	0 (0.0%)	0 (0.0%)	1 (0.5%)	1 (0.2%)
	Unable To Obtain Medication	0 (0.0%)	0 (0.0%)	1 (0.5%)	1 (0.2%)
No Antepartum Exposure	**Total**	**0 (0.0%)**	**0 (0.0%)**	**1 (0.5%)**	**1 (0.2%)**
	Started Treatment After Delivery	0 (0.0%)	0 (0.0%)	1 (0.5%)	1 (0.2%)

Table S3: Time until Viral Suppression before Delivery

Plasma HIV-1 RNA Viral Load Suppression Threshold	Number Suppressed/Number at Risk			Hazard Ratio DTG Groups/EFV Group (95% CI)	Log-Rank P-value
	DTG Groups	EFV Group	Total		
<200 copies/mL	294/304	142/158	436/462	2.4 (1.9, 3.1)	< 0.001
<400 copies/mL	257/266	133/141	390/407	1.7 (1.3, 2.2)	< 0.001
<1000 copies/mL	189/198	113/119	302/317	1.4 (1.1, 1.9)	0.018

Table S4: FDA snapshot of Viral Load Suppression at Delivery

	Treatment Group								
	DTG+FTC/TAF	DTG+FTC/TDF	EFV/FTC/TDF	DTG+FTC/TAF vs DTG+FTC/TDF		DTG+FTC/TDF vs EFV/FTC/TDF		DTG+FTC/TAF vs EFV/FTC/TDF	
Virologic Success at Delivery[1]?	**N (%)**	**N (%)**	**N (%)**	**Difference (95% CI)**	**P-value[2]**	**Difference (95% CI)**	**P-value[2]**	**Difference (95% CI)**	**P-value[2]**
Virologic Success	191 (88·0%)	198 (92·1%)	171 (81·0%)	4·1% (-1·6%, 9·7%)	0·16	-11·1% (-17·5%, -4·6%)	< 0·001	-7·0% (-13·8%, -0·1%)	0·045
Virologic Non-Success or Missing Data	26 (12·0%)	17 (7·9%)	40 (19·0%)						
Total	**217 (100·0%)**	**215 (100·0%)**	**211 (100·0%)**						

[1]Delivery plasma HIV-1 RNA viral load for the primary efficacy outcome measure was defined as the closest viral load on or within 14 days after delivery.
[2]P-value for the difference in the two indicated proportions.

Table S5: Sensitivity analysis of the primary viral suppression outcome using multiple imputation to impute missing viral load data

	Treatment Groups				
	DTG Groups (N=432)	EFV Group (N=211)			
Delivery[1] Plasma HIV-1 RNA Viral Load	%	%	Difference in Proportions	95% CI	P-Value[2]
<200 copies/mL	97·3%	90·7%	6·6%	(2·3%, 10·9%)	0·003
≥200 copies/mL	2·7%	9·3%			

[1]Delivery plasma HIV-1 RNA viral load for the primary efficacy outcome measure was defined as the closest viral load on or within 14 days after delivery.
[2]P-value tests for the difference in proportions with a null hypothesis of no difference.

Table S6: Preterm Deliveries and Live Born Infants Small for Gestational Age

	Treatment Group						
	DTG+FTC/TAF		DTG+FTC/TDF		EFV/FTC/TDF		Total
Outcome	**n/N (%)**	**95% CI**	**n/N (%)**	**95% CI**	**n/N (%)**	**95% CI**	**n/N (%)**
Stillbirths	**8/216 (3·7%)**	**(1·2%, 6·2%)**	**11/213 (5·2%)**	**(2·2%, 8·1%)**	**4/211 (1·9%)**	**(0·1%, 3·7%)**	**23/640 (3·6%)**
Preterm Stillbirths & Live Births	**18/216 (8·3%)**	**(4·6%, 12·0%)**	**28/213 (13·1%)**	**(8·6%, 17·7%)**	**27/211 (12·8%)**	**(8·3%, 17·3%)**	**73/640 (11·4%)**
Preterm Live Births	**12/208 (5·8%)**	**(2·6%, 8·9%)**	**19/202 (9·4%)**	**(5·4%, 13·4%)**	**25/207 (12·1%)**	**(7·6%, 16·5%)**	**56/617 (9·1%)**
<32 Weeks	1/208 (0·5%)	(0·0%, 1·4%)	2/202 (1·0%)	(0·0%, 2·4%)	6/207 (2·9%)	(0·6%, 5·2%)	9/617 (1·5%)
32-<37 Weeks	11/208 (5·3%)	(2·2%, 8·3%)	17/202 (8·4%)	(4·6%, 12·2%)	19/207 (9·2%)	(5·2%, 13·1%)	47/617 (7·6%)
Small for Gestational Age	**33/202 (16·3%)**	**(11·2%, 21·4%)**	**45/200 (22·5%)**	**(16·7%, 28·3%)**	**41/200 (20·5%)**	**(14·9%, 26·1%)**	**119/602 (19·8%)**
<5th Percentile	12/202 (5·9%)	(2·7%, 9·2%)	24/200 (12·0%)	(7·5%, 16·5%)	22/200 (11·0%)	(6·7%, 15·3%)	58/602 (9·6%)
5th-<10th Percentile	21/202 (10·4%)	(6·2%, 14·6%)	21/200 (10·5%)	(6·3%, 14·7%)	19/200 (9·5%)	(5·4%, 13·6%)	61/602 (10·1%)

Table S7: Stillbirths on Study

Treatment Group	Treatment Group Count	Gestational Age at Stillbirth	Time of Diagnosis	Type of Labor	Narrative of Pregnancy Outcome Circumstances
DTG+FTC/TAF	1	24	During labor	Spontaneous	had prom on [REDACTED] then delivered a macerated still baby on [REDACTED].
	2	25	Prior to labor	Induced	NORMAL DELIVERY
	3	27	Unknown		Mother developed Grade 3 gestational hypertension [REDACTED],Mother reported fetal demise on [REDACTED].EDD [REDACTED]
	4	31	Prior to labor	Induced	MOTHER DELIVERED A STILL BIRTH BABY
	5	35	Prior to labor	Induced	Normal Vertex Delivery of macerated stillbirth
	6	36	Prior to labor	Induced	participant complained of not feeling foetal movement. intra uterine foetal death confirmed on sonar
	7	40	During labor	Spontaneous	Mother got a ruptured uterus and Fresh still birth
	8	42	At delivery	Spontaneous	Caesarian section was done for delayed second stage and post dates
DTG+FTC/TDF	1	20	At delivery	Spontaneous	experienced abdominal pain reported to the local hospital where she had a miscarriage on the same day
	2	24	At delivery	Spontaneous	Inevitable miscarriage >20weeks of gestation
	3	26	At delivery	Spontaneous	Participant reported that on [REDACTED] around 00:00 she started experiencing lower abdominal pain. At 7:00 she went to her nearby hospital where abdominal pain continued and expelled dead fetus.
	4	27	Prior to labor	Induced	Abruptio placentae grade 3. Labour induced, Delivered a 1·02kg macerated male still birth
	5	31	Unknown	Spontaneous	Gave birth to a stillborn baby at home.
	6	31	During labor	Spontaneous	On [REDACTED],mother fell down on her way home,felt mild contractions that night and the following day at a health center where an IUFD was diagnosed by bedside USS as mother was in labour
	7	31	Prior to labor	Induced	During hospital admission for pre-eclampsia and decreased foetal movements, participant developled an abruptio placenta (gr3B) and intra uterine fetal demise
	8	35	Prior to labor	Induced	Mother diagnosed with pregnancy induced hypertension on [REDACTED]. On [REDACTED] reported no fetal movements, ultrasound scan: no cardiac activity [REDACTED]: labour induction, macerated stillborn
	9	35	At delivery	Spontaneous	On [REDACTED],the participant presented with High blood pressure.She was admitted for further management and monitoring but on [REDACTED] she developed labor pains and delivered a dead fetus.
	10	37	Prior to labor	Induced	Normal vertex delivery
	11	40	During labor	Spontaneous	The participant reported start experiencing labor pain on [REDACTED]. She went to Pasua health center where she was told that she had both labor pain and a cord prolapse.
EFV/FTC/TDF	1	23	Prior to labor		Patient performed an ultrasound on [REDACTED] and hydrops fetalis was identified.
	2	35	At delivery		Cesarian section for pre eclampsia on [REDACTED] of a macerated stillborn
	3	37	During labor	Induced	HAD CORD PROLAPSE AFTER INDUCTION OF LABOUR AND DELIVERED A STILL BIRTH
	4	41	During labor	Spontaneous	Macerated still birth

Dates were redacted from the above narratives.

Table S8: Maternal Grade 2 or Higher Adverse Events Post Randomization through 14 Days after Pregnancy Outcome

	DTG+FTC/TAF (N=217)					DTG+FTC/TDF (N=215)					EFV/FTC/TDF (N=211)				
	2	**3**	**4**	**5**	**Total**	**2**	**3**	**4**	**5**	**Total**	**2**	**3**	**4**	**5**	**Total**
Overall	**6 (3%)**	**42 (19%)**	**2 (1%)**	**1 (<0·5%)**	**51 (24%)**	**9 (4%)**	**50 (23%)**	**6 (3%)**	**0 (0%)**	**65 (30%)**	**7 (3%)**	**44 (21%)**	**3 (1%)**	**0 (0%)**	**54 (26%)**
Blood and lymphatic system disorders	0 (0%)	3 (1%)	0 (0%)	0 (0%)	**3 (1%)**	1 (<0·5%)	1 (<0·5%)	1 (<0·5%)	0 (0%)	**3 (1%)**	2 (1%)	2 (1%)	1 (<0·5%)	0 (0%)	**5 (2%)**
Anaemia	0	0	0	0	**0**	0	0	1	0	**1**	1	1	1	0	**3**
Anaemia of pregnancy	0	3	0	0	**3**	1	2	0	0	**3**	1	0	0	0	**1**
Iron deficiency anaemia	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Cardiac disorders	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	0 (0%)	1 (<0·5%)	0 (0%)	**1 (<0·5%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**
Pericardial effusion	0	0	0	0	**0**	0	0	1	0	**1**	0	0	0	0	**0**
Eye disorders	1 (<0·5%)	0 (0%)	0 (0%)	0 (0%)	**1 (<0·5%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**
Vision blurred	1	0	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Gastrointestinal disorders	1 (<0·5%)	1 (<0·5%)	0 (0%)	0 (0%)	**2 (1%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	1 (<0·5%)	0 (0%)	0 (0%)	0 (0%)	**1 (<0·5%)**
Abdominal pain lower	0	0	0	0	**0**	0	0	0	0	**0**	1	0	0	0	**1**
Diarrhoea	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Ileus paralytic	1	0	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
General disorders and administration site conditions	2 (1%)	0 (0%)	0 (0%)	0 (0%)	**2 (1%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	1 (<0·5%)	0 (0%)	0 (0%)	0 (0%)	**1 (<0·5%)**
Oedema peripheral	2	0	0	0	**2**	0	0	0	0	**0**	0	0	0	0	**0**
Pyrexia	0	0	0	0	**0**	0	0	0	0	**0**	1	0	0	0	**1**
Immune system disorders	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	1 (<0·5%)	0 (0%)	0 (0%)	0 (0%)	**1 (<0·5%)**	1 (<0·5%)	0 (0%)	0 (0%)	0 (0%)	**1 (<0·5%)**
Hypersensitivity	0	0	0	0	**0**	1	0	0	0	**1**	0	0	0	0	**0**
Immune reconstitution inflammatory syndrome	0	0	0	0	**0**	0	0	0	0	**0**	1	0	0	0	**1**
Infections and infestations	4 (2%)	4 (2%)	0 (0%)	1 (<0·5%)	**9 (4%)**	1 (<0·5%)	5 (2%)	0 (0%)	0 (0%)	**6 (3%)**	1 (<0·5%)	8 (4%)	0 (0%)	0 (0%)	**9 (4%)**
Amniotic cavity infection	1	0	0	0	**1**	0	0	0	0	**0**	0	2	0	0	**2**
Gastroenteritis	0	2	0	0	**2**	0	0	0	0	**0**	0	0	0	0	**0**
Impetigo	1	0	0	0	**1**	1	0	0	0	**1**	0	0	0	0	**0**
Malaria	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Peritonitis	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Pneumonia	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Postoperative wound infection	1	0	0	0	**1**	0	2	0	0	**2**	1	0	0	0	**1**
Postpartum sepsis	0	1	0	1	**2**	0	0	0	0	**0**	0	1	0	0	**1**
Pyelonephritis	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**

	DTG+FTC/TAF (N=217)					DTG+FTC/TDF (N=215)					EFV/FTC/TDF (N=211)				
	2	**3**	**4**	**5**	**Total**	**2**	**3**	**4**	**5**	**Total**	**2**	**3**	**4**	**5**	**Total**
Pyometra	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Tonsillitis	1	0	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Urinary tract infection	1	1	0	0	**2**	0	3	0	0	**3**	1	2	0	0	**3**
Vaginal infection	0	0	0	0	**0**	0	0	0	0	**0**	1	0	0	0	**1**
Wound sepsis	0	1	0	0	**1**	1	0	0	0	**1**	0	0	0	0	**0**
Injury, poisoning and procedural complications	0 (0%)	0 (0%)	1 (<0·5%)	0 (0%)	**1 (<0·5%)**	1 (<0·5%)	0 (0%)	0 (0%)	0 (0%)	**1 (<0·5%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**
Uterine rupture	0	0	1	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Vaginal laceration	0	0	0	0	**0**	1	0	0	0	**1**	0	0	0	0	**0**
Investigations	0 (0%)	8 (4%)	1 (<0·5%)	0 (0%)	**9 (4%)**	1 (<0·5%)	17 (8%)	3 (1%)	0 (0%)	**21 (10%)**	0 (0%)	12 (6%)	3 (1%)	0 (0%)	**15 (7%)**
Aspartate aminotransferase increased	0	0	0	0	**0**	0	1	0	0	**1**	0	0	1	0	**1**
Blood pressure increased	0	2	0	0	**2**	0	0	1	0	**1**	0	1	0	0	**1**
Creatinine renal clearance decreased	0	1	0	0	**1**	0	1	0	0	**1**	0	2	0	0	**2**
Haemoglobin decreased	0	6	1	0	**7**	0	15	2	0	**17**	0	9	2	0	**11**
Weight decreased	0	0	0	0	**0**	1	0	0	0	**1**	0	0	0	0	**0**
Metabolism and nutrition disorders	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	1 (<0·5%)	0 (0%)	0 (0%)	**1 (<0·5%)**
Hypoglycaemia	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Musculoskeletal and connective tissue disorders	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	1 (<0·5%)	0 (0%)	0 (0%)	0 (0%)	**1 (<0·5%)**
Back pain	0	0	0	0	**0**	0	0	0	0	**0**	1	0	0	0	**1**
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	1 (<0·5%)	0 (0%)	0 (0%)	0 (0%)	**1 (<0·5%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**
Anogenital warts	0	0	0	0	**0**	1	0	0	0	**1**	0	0	0	0	**0**
Nervous system disorders	1 (<0·5%)	1 (<0·5%)	0 (0%)	0 (0%)	**2 (1%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**
Headache	1	0	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Presyncope	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Pregnancy, puerperium and perinatal conditions	1 (<0·5%)	29 (13%)	1 (<0·5%)	0 (0%)	**31 (14%)**	2 (1%)	30 (14%)	4 (2%)	0 (0%)	**36 (17%)**	1 (<0·5%)	28 (13%)	0 (0%)	0 (0%)	**29 (14%)**
Abortion spontaneous	0	1	0	0	**1**	0	1	0	0	**1**	0	0	0	0	**0**
Abortion threatened	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
Cervix dystocia	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Eclampsia	0	1	0	0	**1**	0	1	0	0	**1**	0	0	0	0	**0**
Failed induction of labour	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Failed trial of labour	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
False labour	0	0	0	0	**0**	0	2	0	0	**2**	0	0	0	0	**0**

	DTG+FTC/TAF (N=217)					DTG+FTC/TDF (N=215)					EFV/FTC/TDF (N=211)				
	2	**3**	**4**	**5**	**Total**	**2**	**3**	**4**	**5**	**Total**	**2**	**3**	**4**	**5**	**Total**
Foetal death	0	5	1	0	**6**	0	7	0	0	**7**	0	1	0	0	**1**
Foetal distress syndrome	0	2	0	0	**2**	0	2	0	0	**2**	0	4	0	0	**4**
Foetal growth restriction	0	0	0	0	**0**	2	0	0	0	**2**	0	0	0	0	**0**
Foetal hypokinesia	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Gestational diabetes	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
Gestational hypertension	1	5	0	0	**6**	0	3	2	0	**5**	0	7	0	0	**7**
Haemorrhage in pregnancy	0	2	0	0	**2**	0	1	0	0	**1**	0	2	0	0	**2**
Hydrops foetalis	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Hyperemesis gravidarum	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Imminent abortion	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
Large for dates baby	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Meconium in amniotic fluid	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Morning sickness	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Oligohydramnios	0	0	0	0	**0**	1	3	0	0	**4**	1	2	0	0	**3**
Placenta praevia	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Postpartum haemorrhage	0	1	0	0	**1**	0	0	1	0	**1**	0	2	0	0	**2**
Pre-eclampsia	0	4	0	0	**4**	1	2	0	0	**3**	0	1	0	0	**1**
Premature delivery	1	2	0	0	**3**	0	1	0	0	**1**	0	1	0	0	**1**
Premature rupture of membranes	0	3	0	0	**3**	0	2	0	0	**2**	0	1	0	0	**1**
Premature separation of placenta	0	0	0	0	**0**	0	1	1	0	**2**	0	0	0	0	**0**
Preterm premature rupture of membranes	0	2	0	0	**2**	1	3	0	0	**4**	1	4	0	0	**5**
Prolonged labour	0	0	0	0	**0**	0	1	0	0	**1**	0	1	0	0	**1**
Prolonged pregnancy	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Prolonged rupture of membranes	0	0	0	0	**0**	0	2	0	0	**2**	0	0	0	0	**0**
Stillbirth	0	1	0	0	**1**	0	2	0	0	**2**	0	3	0	0	**3**
Threatened labour	0	0	0	0	**0**	0	2	0	0	**2**	0	0	0	0	**0**
Umbilical cord around neck	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Umbilical cord prolapse	0	1	0	0	**1**	0	1	0	0	**1**	0	0	0	0	**0**
Psychiatric disorders	2 (1%)	1 (<0·5%)	0 (0%)	0 (0%)	**3 (1%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	2 (1%)	0 (0%)	0 (0%)	0 (0%)	**2 (1%)**
Alcoholism	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Depression	1	0	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Insomnia	1	0	0	0	**1**	0	0	0	0	**0**	1	0	0	0	**1**
Irritability	0	0	0	0	**0**	0	0	0	0	**0**	1	0	0	0	**1**

	DTG+FTC/TAF (N=217)					DTG+FTC/TDF (N=215)					EFV/FTC/TDF (N=211)				
	2	**3**	**4**	**5**	**Total**	**2**	**3**	**4**	**5**	**Total**	**2**	**3**	**4**	**5**	**Total**
Renal and urinary disorders	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	1 (<0·5%)	0 (0%)	0 (0%)	0 (0%)	**1 (<0·5%)**
Glycosuria during pregnancy	0	0	0	0	**0**	0	0	0	0	**0**	1	0	0	0	**1**
Reproductive system and breast disorders	0 (0%)	1 (<0·5%)	0 (0%)	0 (0%)	**1 (<0·5%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	1 (<0·5%)	0 (0%)	0 (0%)	0 (0%)	**1 (<0·5%)**
Vaginal discharge	0	0	0	0	**0**	0	0	0	0	**0**	1	0	0	0	**1**
Vaginal haemorrhage	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Respiratory, thoracic and mediastinal disorders	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	0 (0%)	1 (<0·5%)	0 (0%)	**1 (<0·5%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**
Cough	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
Dyspnoea	0	0	0	0	**0**	0	0	1	0	**1**	0	0	0	0	**0**
Skin and subcutaneous tissue disorders	2 (1%)	0 (0%)	0 (0%)	0 (0%)	**2 (1%)**	5 (2%)	0 (0%)	0 (0%)	0 (0%)	**5 (2%)**	1 (<0·5%)	0 (0%)	0 (0%)	0 (0%)	**1 (<0·5%)**
Acne	0	0	0	0	**0**	1	0	0	0	**1**	0	0	0	0	**0**
Rash	1	0	0	0	**1**	3	0	0	0	**3**	1	0	0	0	**1**
Rash maculo-papular	0	0	0	0	**0**	1	0	0	0	**1**	0	0	0	0	**0**
Urticaria	1	0	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Social circumstances	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	1 (<0·5%)	0 (0%)	0 (0%)	**1 (<0·5%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**
Physical assault	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
Surgical and medical procedures	0 (0%)	1 (<0·5%)	0 (0%)	0 (0%)	**1 (<0·5%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**
Caesarean section	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Vascular disorders	1 (<0·5%)	2 (1%)	0 (0%)	0 (0%)	**3 (1%)**	1 (<0·5%)	1 (<0·5%)	0 (0%)	0 (0%)	**2 (1%)**	1 (<0·5%)	1 (<0·5%)	0 (0%)	0 (0%)	**2 (1%)**
Deep vein thrombosis	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Essential hypertension	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Hypertension	1	0	0	0	**1**	0	1	0	0	**1**	1	0	0	0	**1**
Hypotension	0	1	0	0	**1**	1	0	0	0	**1**	0	0	0	0	**0**

Women who experienced multiple events are reported once at the highest grade in the 'Overall' row. Similarly, women who experienced multiple grade 2 or higher events within each row are reported once at the highest grade of that event.
Overall, 195 creatinine clearance events and 167 creatinine events were excluded from the above table because they did not meet the criteria for a grade 2 or above adverse event based on absolute lab values.

Table S9: Maternal Safety Outcome Measure through 14 Days after Pregnancy Outcome by Treatment Group

		Treatment Group				P-value[2]		
Outcome	**Experienced Outcome**	**DTG+FTC/TAF N (%)**	**DTG+FTC/TDF N (%)**	**EFV/FTC/TDF N (%)**	**Total N (%)**	**DTG+FTC/TAF vs DTG+FTC/TDF**	**DTG+FTC/TDF vs EFV/FTC/TDF**	**DTG+FTC/TAF vs EFV/FTC/TDF**
Safety Outcome Measure[1]	Yes	45 (20·7%)	56 (26·0%)	47 (22·3%)	148 (23·0%)	0·27	0·59	0·58
	No	172 (79·3%)	159 (74·0%)	164 (77·7%)	495 (77·0%)			
	Total	**217 (100·0%)**	**215 (100·0%)**	**211 (100·0%)**	**643 (100·0%)**			
Early Study Discontinuation as Failure	Yes	47 (21·7%)	58 (27·0%)	48 (22·7%)	153 (23·8%)	0·28	0·54	0·65
	No	170 (78·3%)	157 (73·0%)	163 (77·3%)	490 (76·2%)			
	Total	**217 (100·0%)**	**215 (100·0%)**	**211 (100·0%)**	**643 (100·0%)**			

[1]The safety outcome measure was defined as experiencing at least one grade 3 or higher adverse event through 14 days after pregnancy outcome.
[2]Pairwise log-rank p-value between the two indicated treatment groups.

Table S10: Secondary Analysis Comparisons of Maternal Renal Labs at Delivery

	Treatment Group Mean (SD)			Pairwise Comparisons	Unadjusted		Adjusted[2]	
Lab	**DTG+FTC/TAF**	**DTG+FTC/TDF**	**EFV/FTC/TDF**	**Comparison**	**Mean Difference (95% CI)**	**P-value[1]**	**Mean Difference (95% CI)**	**P-value[2]**
Creatinine (mg/dL)	0.64 (0·1)	0.68 (0·1)		DTG+FTC/TAF - DTG+FTC/TDF	-0·03 (-0·06, -0·01)	0·018	-0·03 (-0·06, -0·01)	0·015
		0.68 (0·1)	0.57 (0·1)	DTG+FTC/TDF - EFV/FTC/TDF	0·11 (0·08, 0·14)	< 0·001	0·11 (0·08, 0·14)	< 0·001
	0.64 (0·1)		0.57 (0·1)	DTG+FTC/TAF - EFV/FTC/TDF	0·08 (0·05, 0·10)	< 0·001	0·08 (0·05, 0·10)	< 0·001
Creatinine Clearance (mL/min)	148·51 (51·26)	134·89 (45·76)		DTG+FTC/TAF - DTG+FTC/TDF	13·6 (4·1, 23·1)	0·005	13·8 (4·3, 23·3)	0·005
		134·89 (45·76)	155·26 (48·21)	DTG+FTC/TDF - EFV/FTC/TDF	-20·4 (-29·6, -11·2)	< 0·001	-20·4 (-29·6, -11·2)	< 0·001
	148·51 (51·26)		155·26 (48·21)	DTG+FTC/TAF - EFV/FTC/TDF	-6·8 (-16·5, 3·0)	0·18	-6·7 (-16·5, 3·1)	0·18

[1]T-test between the two indicated means.

[2]Adjusted by gestational age at delivery as a covariate in a linear regression model.

Table S11: Average Weekly Maternal Antepartum Weight Gain

		Intent to Treat		Per Protocol	
		Estimate (95% CI)	**P-Value**	**Estimate (95% CI)**	**P-Value**
Mean Weight Change Per Week (kg)	DTG+FTC/TAF	0·378 (0·343, 0·412)		0·377 (0·343, 0·411)	
	DTG+FTC/TDF	0·319 (0·291, 0·348)		0·319 (0·290, 0·348)	
	EFV/FTC/TDF	0·291 (0·260, 0·322)		0·284 (0·253, 0·316)	
Difference in Weekly Weight Change (kg)	DTG+FTC/TAF - DTG+FTC/TDF	0·058 (0·013, 0·103)	0·011	0·058 (0·013, 0·103)	0·011
	DTG+FTC/TDF - EFV/FTC/TDF	0·028 (-0·014, 0·070)	0·19	0·034 (-0·008, 0·077)	0·11
	DTG+FTC/TAF - EFV/FTC/TDF	0·086 (0·040, 0·133)	< 0·001	0·092 (0·046, 0·139)	< 0·001

Table S12: Sensitivity Analysis of Average Weekly Maternal Antepartum Weight Gain

		Intent to Treat		Per Protocol*	
		Estimate (95% CI)	**P-Value**	**Estimate (95% CI)**	**P-Value**
Mean Weight Change Per Week (kg)	DTG+FTC/TAF	0·371 (0·337, 0·405)		0·369 (0·337, 0·401)	
	DTG+FTC/TDF	0·332 (0·299, 0·365)		0·323 (0·293, 0·352)	
	EFV/FTC/TDF	0·289 (0·258, 0·320)		0·283 (0·252, 0·315)	
Difference in Weekly Weight Change (kg)	DTG+FTC/TAF - DTG+FTC/TDF	0·037 (-0·010, 0·085)	0·12	0·044 (0·000, 0·087)	0·049
	DTG+FTC/TDF - EFV/FTC/TDF	0·043 (-0·003, 0·088)	0·065	0·040 (-0·004, 0·083)	0·073
	DTG+FTC/TAF - EFV/FTC/TDF	0·083 (0·037, 0·128)	< 0·001	0·086 (0·041, 0·132)	< 0·001

This sensitivity analysis of antepartum weight gain used inverse probability weighting to standardize treatment groups to the EFV group by gestational age.

*The per protocol analysis excluded women at 28 weeks antepartum, because no women in the EFV group were on treatment at week 28.

Table S13: Average Weekly Maternal Antepartum Weight Gain by Country

		Treatment group					
		DTG+FTC/TAF		DTG+FTC/TDF		EFV/FTC/TDF	
	Country	**N**	**Estimate (95% CI)**	**N**	**Estimate (95% CI)**	**N**	**Estimate (95% CI)**
Average Weight Change Per Week (kg)	Botswana	16	0·319 (0·226, 0·413)	18	0·396 (0·269, 0·522)	17	0·288 (0·204, 0·372)
	South Africa	37	0·418 (0·352, 0·483)	37	0·308 (0·259, 0·358)	37	0·373 (0·288, 0·459)
	Tanzania	15	0·239 (0·105, 0·372)	13	0·240 (0·145, 0·335)	15	0·241 (0·177, 0·306)
	Uganda	37	0·351 (0·288, 0·415)	37	0·297 (0·230, 0·365)	35	0·283 (0·207, 0·359)
	Zimbabwe	82	0·386 (0·326, 0·446)	84	0·294 (0·247, 0·340)	83	0·221 (0·179, 0·263)
	India	2	0·350 (0·348, 0·351)	1	0·530 (0·530, 0·530)	0	
	Thailand	5	0·451 (0·337, 0·565)	4	0·493 (0·369, 0·616)	6	0·405 (0·229, 0·580)
	Brazil	21	0·413 (0·304, 0·523)	19	0·331 (0·247, 0·415)	17	0·348 (0·251, 0·445)
	United States	2	0·150 (0·019, 0·280)	2	0·380 (0·327, 0·433)	0	
	Total	**217**	**0·378 (0·343, 0·412)**	**215**	**0·319 (0·291, 0·348)**	**210**	**0·291 (0·260, 0·322)**

Table S14: Infant Grade 2 or Higher Adverse Events Post Randomization through 14 Days after Pregnancy Outcome

	DTG+FTC/TAF (N=208)					DTG+FTC/TDF (N=202)					EFV/FTC/TDF (N=207)				
	2	**3**	**4**	**5**	**Total**	**2**	**3**	**4**	**5**	**Total**	**2**	**3**	**4**	**5**	**Total**
Overall	**4 (2%)**	**24 (12%)**	**3 (1%)**	**2 (1%)**	**33 (16%)**	**3 (1%)**	**28 (14%)**	**2 (1%)**	**3 (1%)**	**36 (18%)**	**3 (1%)**	**26 (13%)**	**6 (3%)**	**11 (5%)**	**46 (22%)**
Blood and lymphatic system disorders	1 (<0·5%)	0 (0%)	0 (0%)	0 (0%)	**1 (<0·5%)**	0 (0%)	1 (<0·5%)	0 (0%)	0 (0%)	**1 (<0·5%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**
Anaemia neonatal	1	0	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Neutropenia neonatal	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
Congenital, familial and genetic disorders	2 (1%)	1 (<0·5%)	0 (0%)	0 (0%)	**3 (1%)**	1 (<0·5%)	2 (1%)	0 (0%)	0 (0%)	**3 (1%)**	2 (1%)	1 (<0·5%)	0 (0%)	1 (<0·5%)	**4 (2%)**
Ankyloglossia congenital	0	0	0	0	**0**	0	0	0	0	**0**	1	0	0	0	**1**
Congenital hydronephrosis	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
Congenital joint malformation	0	0	0	0	**0**	1	0	0	0	**1**	0	0	0	0	**0**
Congenital syphilis	0	1	0	0	**1**	0	1	0	0	**1**	0	1	0	0	**1**
Congenital ureteric anomaly	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
Duodenal atresia	0	0	0	0	**0**	0	0	0	0	**0**	0	0	0	1	**1**
Naevus flammeus	1	0	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Talipes	1	0	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Trisomy 21	0	0	0	0	**0**	0	0	0	0	**0**	1	0	0	0	**1**
Gastrointestinal disorders	0 (0%)	1 (<0·5%)	0 (0%)	0 (0%)	**1 (<0·5%)**	0 (0%)	1 (<0·5%)	0 (0%)	0 (0%)	**1 (<0·5%)**	0 (0%)	0 (0%)	1 (<0·5%)	0 (0%)	**1 (<0·5%)**
Ileal stenosis	0	0	0	0	**0**	0	0	0	0	**0**	0	0	1	0	**1**
Infantile vomiting	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
Umbilical hernia	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
General disorders and administration site conditions	1 (<0·5%)	2 (1%)	0 (0%)	0 (0%)	**3 (1%)**	0 (0%)	0 (0%)	0 (0%)	1 (<0·5%)	**1 (<0·5%)**	0 (0%)	0 (0%)	0 (0%)	5 (2%)	**5 (2%)**
Death	0	0	0	0	**0**	0	0	0	0	**0**	0	0	0	2	**2**
Death neonatal	0	0	0	0	**0**	0	0	0	1	**1**	0	0	0	3	**3**
Fever neonatal	0	2	0	0	**2**	0	0	0	0	**0**	0	0	0	0	**0**
Pyrexia	1	0	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Hepatobiliary disorders	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	1 (<0·5%)	0 (0%)	0 (0%)	**1 (<0·5%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**
Hyperbilirubinaemia neonatal	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
Infections and infestations	1 (<0·5%)	3 (1%)	0 (0%)	0 (0%)	**4 (2%)**	1 (<0·5%)	9 (4%)	0 (0%)	1 (<0·5%)	**11 (5%)**	1 (<0·5%)	6 (3%)	0 (0%)	3 (1%)	**10 (5%)**
Bronchiolitis	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Neonatal pneumonia	0	0	0	0	**0**	0	1	0	0	**1**	0	1	0	0	**1**

	DTG+FTC/TAF (N=208)					DTG+FTC/TDF (N=202)					EFV/FTC/TDF (N=207)				
	2	**3**	**4**	**5**	**Total**	**2**	**3**	**4**	**5**	**Total**	**2**	**3**	**4**	**5**	**Total**
Omphalitis	0	0	0	0	**0**	1	0	0	0	**1**	0	0	0	0	**0**
Pneumonia	0	0	0	0	**0**	0	0	0	1	**1**	0	0	0	0	**0**
Sepsis neonatal	1	3	0	0	**4**	0	7	0	0	**7**	0	3	0	3	**6**
Septic shock	0	0	0	0	**0**	0	0	0	0	**0**	0	0	1	0	**1**
Staphylococcal scalded skin syndrome	1	0	0	0	**1**	0	0	0	0	**0**	1	1	0	0	**2**
Umbilical sepsis	0	0	0	0	**0**	0	0	0	0	**0**	1	0	0	0	**1**
Urinary tract infection neonatal	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
Injury, poisoning and procedural complications	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	1 (<0·5%)	0 (0%)	0 (0%)	**1 (<0·5%)**
Femur fracture	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Investigations	1 (<0·5%)	7 (3%)	1 (<0·5%)	0 (0%)	**9 (4%)**	1 (<0·5%)	9 (4%)	2 (1%)	0 (0%)	**12 (6%)**	1 (<0·5%)	7 (3%)	6 (3%)	0 (0%)	**14 (7%)**
Alanine aminotransferase increased	0	0	0	0	**0**	0	0	0	0	**0**	0	0	1	0	**1**
Blood bilirubin increased	0	0	1	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Blood creatinine increased	1	2	0	0	**3**	0	5	0	0	**5**	1	2	2	0	**5**
Blood glucose decreased	0	3	0	0	**3**	0	1	2	0	**3**	0	1	3	0	**4**
Blood potassium increased	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Cardiac murmur	0	0	0	0	**0**	1	0	0	0	**1**	0	0	0	0	**0**
Haemoglobin decreased	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Neutrophil count decreased	0	1	0	0	**1**	0	2	0	0	**2**	0	2	0	0	**2**
Platelet count decreased	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
White blood cell count decreased	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Metabolism and nutrition disorders	1 (<0·5%)	1 (<0·5%)	0 (0%)	0 (0%)	**2 (1%)**	0 (0%)	2 (1%)	1 (<0·5%)	0 (0%)	**3 (1%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**
Dehydration	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
Hypoglycaemia	1	1	0	0	**2**	0	0	1	0	**1**	0	0	0	0	**0**
Hypoglycaemia neonatal	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
Nervous system disorders	1 (<0·5%)	2 (1%)	0 (0%)	1 (<0·5%)	**4 (2%)**	1 (<0·5%)	0 (0%)	0 (0%)	0 (0%)	**1 (<0·5%)**	0 (0%)	4 (2%)	0 (0%)	3 (1%)	**7 (3%)**
Fontanelle bulging	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Hydrocephalus	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Hypoxic-ischaemic encephalopathy	0	1	0	1	**2**	0	0	0	0	**0**	0	2	0	3	**5**
Intraventricular haemorrhage	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Neonatal seizure	0	1	0	0	**1**	1	0	0	0	**1**	0	0	0	0	**0**

	DTG+FTC/TAF (N=208)					DTG+FTC/TDF (N=202)					EFV/FTC/TDF (N=207)				
	2	**3**	**4**	**5**	**Total**	**2**	**3**	**4**	**5**	**Total**	**2**	**3**	**4**	**5**	**Total**
Poor sucking reflex	1	0	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Pregnancy, puerperium and perinatal conditions	2 (1%)	4 (2%)	0 (0%)	0 (0%)	**6 (3%)**	2 (1%)	7 (3%)	0 (0%)	0 (0%)	**9 (4%)**	1 (<0·5%)	5 (2%)	0 (0%)	1 (<0·5%)	**7 (3%)**
Birth trauma	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Hypothermia neonatal	0	0	0	0	**0**	0	1	0	0	**1**	0	0	0	0	**0**
Jaundice neonatal	2	1	0	0	**3**	0	1	0	0	**1**	0	0	0	0	**0**
Low birth weight baby	1	1	0	0	**2**	0	1	0	0	**1**	1	0	0	0	**1**
Meconium in amniotic fluid	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Premature baby	0	1	0	0	**1**	2	4	0	0	**6**	1	3	0	1	**5**
Umbilical cord cyst	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Renal and urinary disorders	1 (<0·5%)	0 (0%)	0 (0%)	0 (0%)	**1 (<0·5%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**
Acute kidney injury	1	0	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**
Respiratory, thoracic and mediastinal disorders	1 (<0·5%)	8 (4%)	2 (1%)	1 (<0·5%)	**12 (6%)**	1 (<0·5%)	5 (2%)	0 (0%)	1 (<0·5%)	**7 (3%)**	1 (<0·5%)	10 (5%)	0 (0%)	0 (0%)	**11 (5%)**
Meconium aspiration syndrome	1	1	0	0	**2**	0	1	0	0	**1**	0	5	0	0	**5**
Neonatal asphyxia	0	1	1	1	**3**	0	0	0	1	**1**	0	2	0	0	**2**
Neonatal respiratory distress	0	0	0	0	**0**	1	1	0	0	**2**	0	0	0	0	**0**
Neonatal respiratory distress syndrome	0	5	0	0	**5**	0	2	0	0	**2**	0	2	0	0	**2**
Neonatal tachypnoea	0	0	0	0	**0**	0	1	0	0	**1**	0	1	0	0	**1**
Respiratory distress	0	0	0	0	**0**	0	0	0	0	**0**	1	0	0	0	**1**
Transient tachypnoea of the newborn	0	2	1	0	**3**	0	0	0	0	**0**	0	1	0	0	**1**
Use of accessory respiratory muscles	0	0	0	0	**0**	0	0	0	0	**0**	0	1	0	0	**1**
Skin and subcutaneous tissue disorders	0 (0%)	1 (<0·5%)	0 (0%)	0 (0%)	**1 (<0·5%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**	0 (0%)	0 (0%)	0 (0%)	0 (0%)	**0 (0%)**
Rash neonatal	0	1	0	0	**1**	0	0	0	0	**0**	0	0	0	0	**0**

Infants who experienced multiple events are reported once at the highest grade in the 'Overall' row. Similarly, infants who experienced multiple grade 2 or higher events within each row are reported once at the highest grade of that event.

Table S15: Infant Safety Outcome Measure through 28 Days after Birth by Treatment Group

		Treatment Group				P-value[2]		
		DTG+FTC/TAF	DTG+FTC/TDF	EFV/FTC/TDF	Total			
Outcome	**Experienced Outcome**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**DTG+FTC/TAF vs DTG+FTC/TDF**	**DTG+FTC/TDF vs EFV/FTC/TDF**	**DTG+FTC/TAF vs EFV/FTC/TDF**
Safety Outcome Measure[1]	Yes	29 (13·9%)	33 (16·3%)	43 (20·8%)	105 (17·0%)	0·51	0·25	0·069
	No	179 (86·1%)	169 (83·7%)	164 (79·2%)	512 (83·0%)			
	Total	**208 (100·0%)**	**202 (100·0%)**	**207 (100·0%)**	**617 (100·0%)**			
Early Study Discontinuation as Failure	Yes	30 (14·4%)	34 (16·8%)	44 (21·3%)	108 (17·5%)	0·51	0·26	0·072
	No	178 (85·6%)	168 (83·2%)	163 (78·7%)	509 (82·5%)			
	Total	**208 (100·0%)**	**202 (100·0%)**	**207 (100·0%)**	**617 (100·0%)**			

[1]The safety outcome measure was defined as experiencing at least one grade 3 or higher adverse event through 28 days after birth.
[2]Pairwise log-rank p-value between the two indicated treatment groups.

Table S16: Infants Preterm and Small for Gestational Age

	Treatment Group			
Outcome	**DTG+FTC/TAF n/N (%)**	**DTG+FTC/TDF n/N (%)**	**EFV/FTC/TDF n/N (%)**	**Total n/N (%)**
Preterm and Small for Gestational Age	1/202 (0.5%)	5/200 (2.5%)	1/200 (0.5%)	7/602 (1.2%)

Table S17: Neonatal Deaths among Live Birth Infants

		Treatment Group						
		DTG+FTC/TAF	DTG+FTC/TDF	EFV/FTC/TDF	Total	P-Values[2]		
		N (%)	N (%)	N (%)	N (%)	DTG+FTC/TAF vs DTG+FTC/TDF	DTG+FTC/TDF vs EFV/FTC/TDF	DTG+FTC/TAF vs EFV/FTC/TDF
Neonatal Death[1]	**Total**	**2/208 (1·0%)**	**3/202 (1·5%)**	**10/207 (4·8%)**	**15/617 (2·4%)**	**0·65**	**0·050**	**0·019**
Preterm Births	< 37 weeks	1/208 (0·5%)	0/202 (0·0%)	3/207 (1·4%)	4/617 (0·6%)			
	≥ 37 weeks	1/208 (0·5%)	3/202 (1·5%)	7/207 (3·4%)	11/617 (1·8%)			
Small for Gestational Age	<10th Percentile	2/202 (1·0%)	2/200 (1·0%)	3/200 (1·5%)	7/602 (1·2%)			
	≥10th Percentile	0/202 (0·0%)	1/200 (0·5%)	4/200 (2·0%)	5/602 (0·8%)			

[1]Neonatal deaths were defined as a live born infant death that occurred within 0 to 28 days after birth.
[2]Pairwise log-rank p-value between the two indicated treatment arms.

Table S18: Infant Neonatal Death Narratives

Treatment Group	Treatment Group Count	Cause of Death	Age at Death (Weeks)	Gestational Age at Delivery (Weeks)	Weight at Delivery (g)	Small for Gestational Age?	HIV-1 Infection Status	Number of HIV NAT tests	Grade 5 Adverse Event Reported	Death Narrative
DTG+FTC/TAF	1	hypoxic ischaemic encephalopathy	0·3	39·0	2,730·0	Yes	Unknown	0	Hypoxic-ischaemic encephalopathy	child had hypoxic ischaemic encephalopathy following prolonged labour and failed vacuum extraction due to cephalopelvic disproportion.
	2	BIRTH ASPHYXIA	0·1	34·4	1,710·0	Yes	Unknown	0	Neonatal asphyxia	PARTICIPANT HAD RESPIRATORY DISTRESS WITH CYANOSIS AND HAD A DISTENDED ABDOMEN. CHILD DIED LESS THAN 3 HOURS AFTER BIRTH
DTG+FTC/TDF	1	Unknown cause of death, neonatal.	1·1	41·0	2,990·0	Yes	Infected	1	Death neonatal	Baby died suddenly from unknown causes at home. There is no history of prior illnesses.
	2	probable pneumonia	2·3	41·3	2,750·0	Yes	Indeterminate	1	Pneumonia	per mothers report infant developed a hot body and runny nose on [REDACTED].the infant deteriorated on [REDACTED] ,was grunting, had difficulties breastfeeding and died in the early hours of [REDACTED].
	3	Birth asphyxia	0·3	38·9	3,300·0	No	Unknown	0	Neonatal asphyxia	Cord around the neck at birth which resulted into birth asphyxia
EFV/FTC/TDF	1	Neonatal septicemia	1·0	43·1	2,730·0	Yes	Unknown	0	Duodenal atresia, Sepsis neonatal	A one week old neonate died on [REDACTED] from probable septicaemia following surgery for neonatal bowel obstruction due to duodenal atresia.
	2	Cardiopulmonary failure secondary to hypoxic ischemic encephalopathy	0·3	40·6	3,420·0	No	Unknown	0	Hypoxic-ischaemic encephalopathy, Death	Male baby born via SVD with very low Apgar Score, diagnosed with Hypoxic Ischemic Encephalopathy. Managed on fluids, CPAP, antibiotics, but died on [REDACTED].

Treatment Group	Treatment Group Count	Cause of Death	Age at Death (Weeks)	Gestational Age at Delivery (Weeks)	Weight at Delivery (g)	Small for Gestational Age?	HIV-1 Infection Status	Number of HIV NAT tests	Grade 5 Adverse Event Reported	Death Narrative
	3	Foetal distress due to prolonged labour.	0·1	39·0			Unknown	0	Death neonatal	Mom had prolonged labour with meconium stained liquor. Baby passed away +\-2 hours after delivery.
	4	Suspected neonatal sepsis	1·7	37·7	2,080·0	Yes	Indeterminate	1	Sepsis neonatal	baby died at home on [REDACTED] at age 12days.
	5	grade 3 Hypoxic Ischemic Encephalopathy	0·1	35·1	2,450·0	No	Unknown	0	Hypoxic-ischaemic encephalopathy	child hospitalised with grade 3 HIE post delivery, had grade 2 respiratory distress. Child was given IV antibiotics, feeds and NVP given by NGT.Deteriorated and died [REDACTED]
	6	Severe prematurity	0·1	25·1			Unknown	0	Death neonatal	Infant was born prematurely at 24 weeks of gestation and died 9 hours and 20 minutes after birth
	7	Hypoxix eichaemic encephalopathy	0·6	39·7	2,900·0	No	Unknown	0	Hypoxic-ischaemic encephalopathy	The child was hospitalized on the day of delivery with diagnosis of hypoxic eichaemic encephalopathy with initial Thompson score of 10 (grade 3) and meconium aspiration syndrome.The child's conditiondeteriorated and the child died on [REDACTED].
	8	*Not Available*	0·0	43·6			Unknown	0	Death neonatal	SHE DELIVERED BY THE ROADSIDE AND THE DELIVERY WAS COMPLETED FROM A CLINIC.SHE REPORTS THAT BABY DID NOT CRY AT BIRTH AND WAS DECLARED DEAD 3 HOURS LATER AT THE CLINIC.
	9	NEONATAL SEPSIS	2·6	38·7	2,520·0	Yes	Indeterminate	1	Sepsis neonatal	BABY DIED DUE TO NEONATAL SEPSIS
	10	NEONATAL RESPIRATORY DISTRESS SYNDROME	0·0	31·2	1,700·0	No	Unknown	0	Death	DELIVERED FOLLOWING PRETERM LABOUR.CHILD STARTED EXPERIENCING DIFFICULTIES IN BREATHING WHICH WORSENED AND THE CHILD DIED

Dates were redacted from the above death narratives.

Table S19: Post-hoc Analysis for Pairwise Differences in Stillbirth or Neonatal Deaths

		Proportion within Treatment Group			Pairwise Comparisons
Outcome	**Comparison**	**DTG+FTC/TAF**	**DTG+FTC/TDF**	**EFV/FTC/TDF**	**Difference (95% CI)**
Stillbirth or Neonatal Death	DTG+FTC/TAF - DTG+FTC/TDF	10/216 (4·6%)	14/213 (6·6%)		-1·9% (-6·3%, 2·4%)
	DTG+FTC/TDF - EFV/FTC/TDF		14/213 (6·6%)	14/211 (6·6%)	-0·1% (-4·8%, 4·7%)
	DTG+FTC/TAF - EFV/FTC/TDF	10/216 (4·6%)		14/211 (6·6%)	-2·0% (-6·4%, 2·4%)

Table S20: Endpoint Review Determination of Major Congenital Anomalies by Group

	Treatment Group			
	DTG+FTC/TAF	**DTG+FTC/TDF**	**EFV/FTC/TDF**	**Total**
Major Congenital Anomaly Identified	**N (%)**	**N (%)**	**N (%)**	**N (%)**
Yes	1 (0·5%)	0 (0·0%)	2 (1·0%)	3 (0·5%)
No	207 (99·5%)	202 (100·0%)	205 (99·0%)	614 (99·5%)
Total	**208 (100·0%)**	**202 (100·0%)**	**207 (100·0%)**	**617 (100·0%)**

Table S21: Listing of Site Reported Suspected Congenital Anomalies and Endpoint Review Determination

		Endpoint Review				Site Reported		
Classification	**Treatment Group**	**Treatment Group Count**	**Diagnosis**	**Anomaly Category**	**Comments**	**Age (Weeks)**	**Site-Reported Adverse Event (AE)**	**Site-Reported AE Grade**
Major	**DTG+FTC/TAF**	1	Talipes Equinovarus, Right Foot	Talipes Equinovarus	Major Malformation; Structural Abnormality W/ Medical Importance; Requires Medical/Surgical Intervention	0·0	Talipes	2
	EFV/FTC/TDF	1	Duodenal Atresia And Ileal Stenosis	Duodenal Atresia; Ileal Stenosis		0·0	Duodenal atresia	5
		2	Subgaleal Cyst	Subgaleal (Cranial) Cyst	Small Swelling, Frontal Aspect Of Head, Situated In Anterioraspect Of Anterior Fontanelle; Us Showed Findings Of Subgaleal Cystic Mass	-	*No Adverse Event Reported*	-
Not Major	**DTG+FTC/TAF**	1	Port Wine Stain	Birth Mark	No Surgicalical/Medicalical Importance (On Inner Aspect Of Upper Arm/Axilla/Part Of Chest)	0·0	Naevus flammeus	2
		2	Pre-Auricular Skin Tag	Other Minoranomaly	Small Pre-Auricular Skin Tag; No Medical Importance; Surgicalery Not Required; No Other Concomitant Abnormalities Reported	0·0	Accessory auricle	1
		3	Umbilical Cyst	Not An Anomaly	No Abdomical Wall Defect; Cyst On Umbilical Cord Outside Abd Wall; Op Rpt: Umbilical Hernia	0·0	Umbilical cord cyst	3
		4	Atrial Septal Defect	Not An Anomaly	Asymptomatic; Small; Likely To Resolve Spontaneously	11·0	Atrial septal defect	1
		5	Sacral Dimple	Other Minor Anomaly	Defined As Common Minor Anomaly. Does Not Require Medical/Surgical Intervention	0·0	Congenital skin dimples	1
		6	Atrial Septal Defect And Patent Ductus Arteriosus	Not An Anomaly	Not Malformation; Small Asd And Pda At 2 Days Age Common And Resolve Spontaneously	0·0	Atrial septal defect	1
							Cardiac murmur	1
							Patent ductus arteriosus	1
		7	Haemangioma Right Index Finger	Birth Mark	No Surgicalical/Medicalical Importance	0·0	Haemangioma congenital	1
		8	Sacral Dimple	Other Minor Anomaly	Defined As Common Minor Anomaly. Does Not Require Medical/Surgical Intervention	0·0	Congenital skin dimples	1

		Endpoint Review				Site Reported		
Classification	**Treatment Group**	**Treatment Group Count**	**Diagnosis**	**Anomaly Category**	**Comments**	**Age (Weeks)**	**Site-Reported Adverse Event (AE)**	**Site-Reported AE Grade**
	DTG+FTC/TDF	1	Polydactyly (Postaxial, Type B)	Polydactyly (Postaxial, Type B)	Pre-Defined As Not Major Common In African Infants; Isolated In 95% Of Instances	-	*No Adverse Event Reported*	-
		2	Benign/Physiologic Cardiac Murmur	Not An Anomaly	Detected On Day Of Birth; Subsequently No Longer Detected By Clinical Ausc	-	*No Adverse Event Reported*	-
		3	Macrocephaly	Not An Anomaly	No Other Defects, Large Head Alone Is Not A Malformation	0·0	Macrocephaly	1
		4	Long Fingers	Not An Anomaly	Long Fingers Are Not An Anomaly; May Be Family Trait Or Marker Of Other Abnormality (Such As Marfan Syndrome)	8·9	Congenital foot malformation	1
						10·4	Talipes	1
						14·3	Arachnodactyly	1
							Muscle contractions involuntary	1
						14·9	Multiple congenital abnormalities	3
		5	Hymenal Tag	Hymenal Tag	Not A Structural Abnormality	-	*No Adverse Event Reported*	-
		6	Flexion Contractures	Positional Deformity	Not A Structural Abnormality	0·0	Congenital joint malformation	2
		7	Dilatation Of Ureter/Renal Pelvis	Renal Abnormality	The Renal Pelvis Diameter Was Not Enlarged Because The Diameter Was 6mm. There Was No Evidence Of Hydronephrosis	0·0	Congenital hydronephrosis	3
							Congenital ureteric anomaly	3
		8	Benign/Physiologic Cardiac Murmur	Not An Anomaly	Murmur Detected At Week 6 Visit; No Clinical Manifestations; Caregivers Believe To Be Physiologic	0·0	Cardiac murmur	2
							Congenital mitral valve incompetence	1
							Congenital tricuspid valve incompetence	1
	EFV/FTC/TDF	1	Ankyloglossia Of Tongue	Other Minor Anomaly	Not A Structural Abnormality	0·0	Ankyloglossia congenital	2
		2	Congenital Hydrocele	Hydrocele	No Surgicalical/Medicalical Importance	5·4	Congenital inguinal hernia	1
						7·6	Hydrocele	1

		Endpoint Review				Site Reported		
Classification	**Treatment Group**	**Treatment Group Count**	**Diagnosis**	**Anomaly Category**	**Comments**	**Age (Weeks)**	**Site-Reported Adverse Event (AE)**	**Site-Reported AE Grade**
		3	Polydactyly (Postaxial, Type B)	Polydactyly (Postaxial, Type B)	Pre-Defined As Not Major Common In African Infants; Isolated In 95% Of Instances	-	*No Adverse Event Reported*	-
		4	Positional Deformity Of Feet	Positional Deformity	Determined To Be Positional Not Structural; Resolved Completely In [REDACTED]	0·0	Limb malformation	1

Table S22: Infant Infection Details

							Self-Reported Maternal Adherence in Past 30 Days			
Treatment Group	**Participant**	**Age (Days) at First Positive Test**	**Maternal Viral Load Study Week**	**Maternal Gestational Age (Weeks)**	**Maternal Viral Load through First Positive HIV NAT Test (copies/mL)**	**Current Maternal ARV**	**Percent Taken[1]**	**How Many Days was at least 1 Dose Missed?[2]**	**How Often?[3]**	**How Well?[4]**
DTG+FTC/TAF	Infant 1	4	Entry	26	39,713	DTG/FTC/TAF				
			Antepartum Week 4	29	9,866	DTG/FTC/TAF	100%	0	Always	Very Good
			Antepartum Week 8	34	32,938	DTG/FTC/TAF	100%	0	Always	Excellent
			Antepartum Week 12	38	103,794	DTG/FTC/TAF	100%	0	Always	Excellent
			Delivery (13 Weeks)	**39**	**58,590***	**DTG/FTC/TAF**	**100%**	**0**	**Always**	**Very Good**
DTG+FTC/TDF	Infant 2	2	Entry	25	<40 (Detected)	DTG/FTC/TDF				
			Antepartum Week 4	29	42	DTG/FTC/TDF	90%	1	Almost Always	Very Good
			Antepartum Week 8	33	<40 (Not Detected)	DTG/FTC/TDF	100%	0	Always	Excellent
			Antepartum Week 12	37	<40 (Not Detected)	DTG/FTC/TDF	100%	0	Always	Excellent
			Delivery (15 Weeks)	**41**	**<40* (Not Detected)**	**DTG/FTC/TDF**	**100%**	**0**	**Almost Always**	**Very Good**

The above table summarizes all infants who were identified as HIV-1 infected within 14 Days after Birth.
*Maternal viral load sampled closest to the first positive HIV NAT test.
[1]How much of your ARVs you have taken in the last 30 days?
[2]In the last 30 days, on how many days did you miss at least one dose of any of your ARVs?
[3]In the last 30 days, how often did you take your ARVs in the way you were supposed to?
[4]In the last 30 days, how good a job did you do at taking your ARVs in the way you were supposed to?

Figure S1: Time until HIV-1 RNA Viral Load <400 Copies/mL

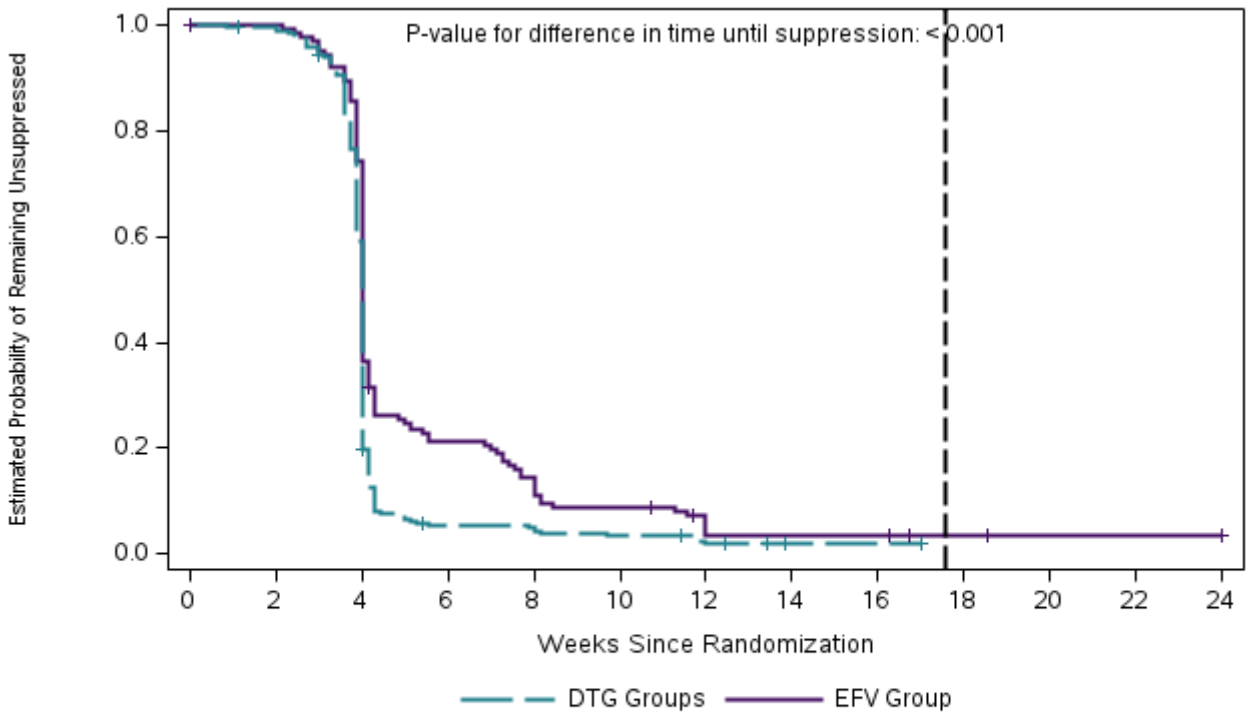


Figure S2: Time until HIV-1 RNA Viral Load <1,000 Copies/mL

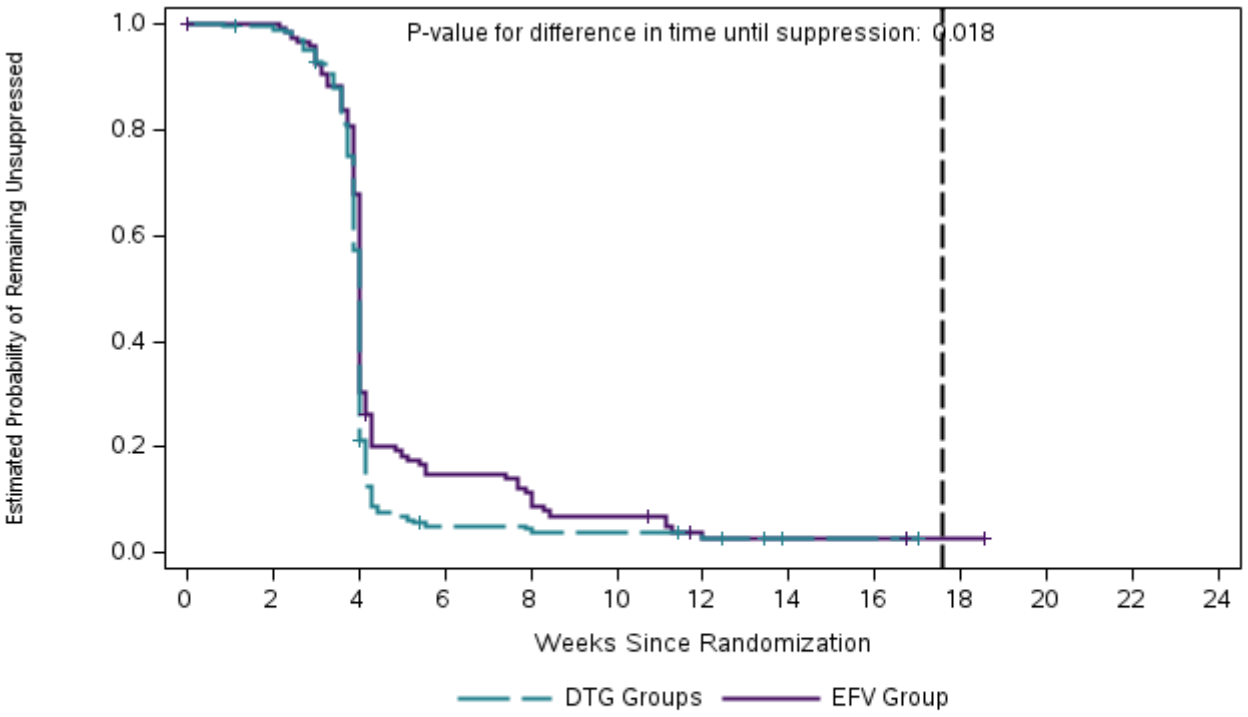
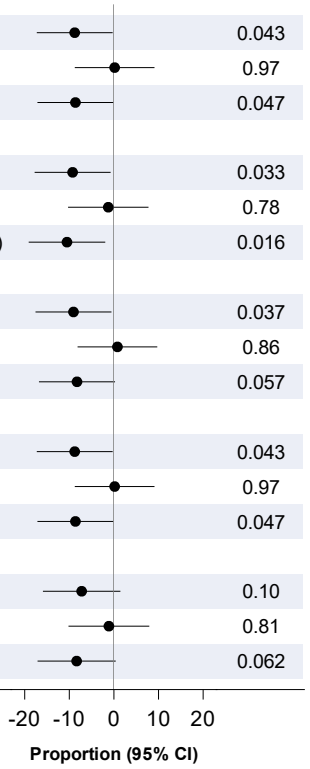


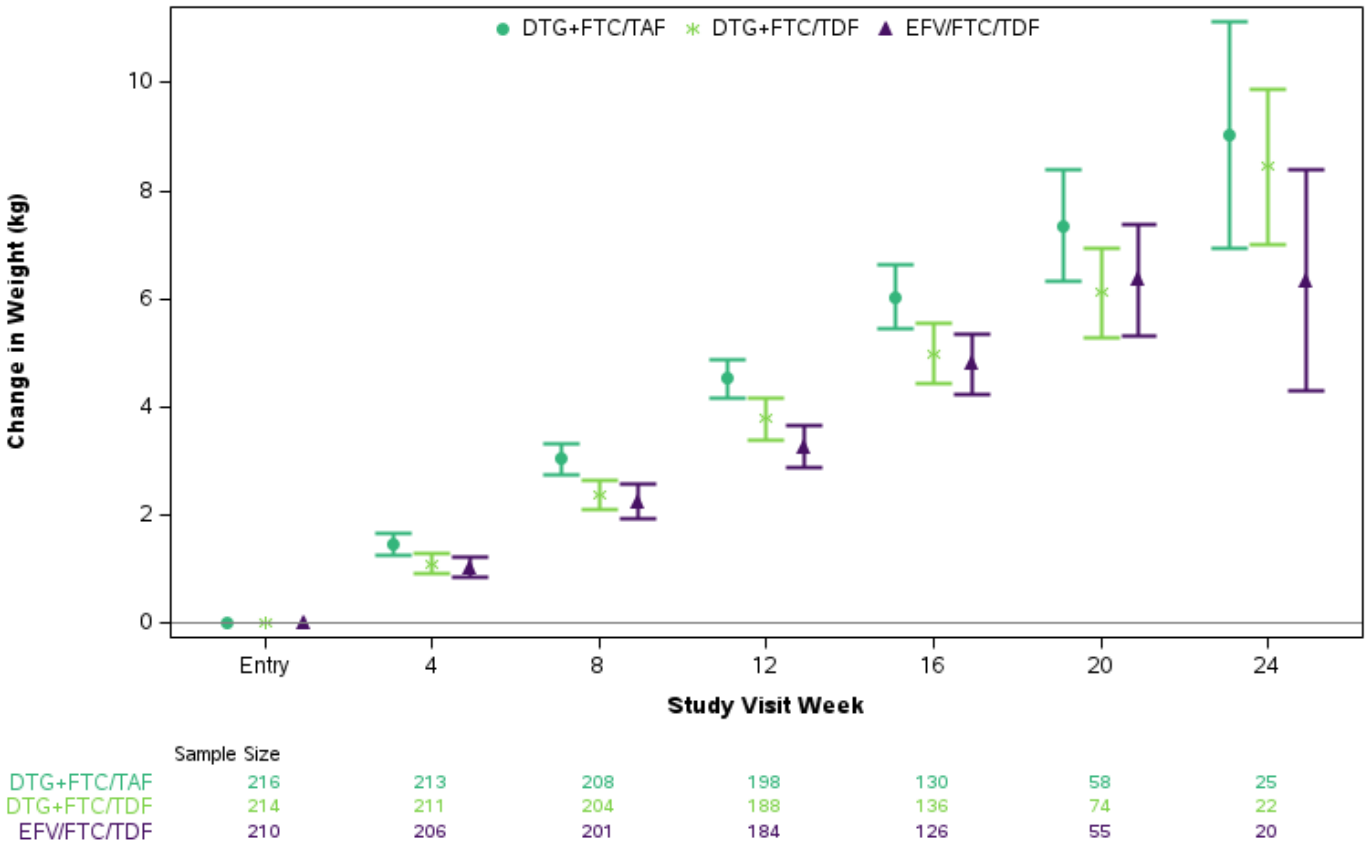
Figure S3: Additional Pairwise Comparisons for the in the Primary Adverse Pregnancy Outcome Measures

Outcome	Comparison	DTG+FTC/TAF	DTG+FTC/TDF	EFV/FTC/TDF	Difference in Proportions (95% CI)	P-Value[2]
Primary Pregnancy Outcome[1]	DTG+FTC/TAF - DTG+FTC/TDF	24.1%	32.9%		-8.8% (-17.3%, -0.3%)	0.043
	DTG+FTC/TDF - EFV/FTC/TDF		32.9%	32.7%	0.2% (-8.8%, 9.1%)	0.97
	DTG+FTC/TAF - EFV/FTC/TDF	24.1%		32.7%	-8.6% (-17.1%, -0.1%)	0.047
Neonatal Deaths as Failures	DTG+FTC/TAF - DTG+FTC/TDF	24.1%	33.3%		-9.3% (-17.8%, -0.7%)	0.033
	DTG+FTC/TDF - EFV/FTC/TDF		33.3%	34.6%	-1.3% (-10.3%, 7.8%)	0.78
	DTG+FTC/TAF - EFV/FTC/TDF	24.1%		34.6%	-10.5% (-19.1%, -1.9%)	0.016
Loss to Follow-up as Failures	DTG+FTC/TAF - DTG+FTC/TDF	24.4%	33.5%		-9.1% (-17.6%, -0.6%)	0.037
	DTG+FTC/TDF - EFV/FTC/TDF		33.5%	32.7%	0.8% (-8.1%, 9.7%)	0.86
	DTG+FTC/TAF - EFV/FTC/TDF	24.4%		32.7%	-8.3% (-16.8%, 0.3%)	0.057
Congenital Anomalies as Failures	DTG+FTC/TAF - DTG+FTC/TDF	24.1%	32.9%		-8.8% (-17.3%, -0.3%)	0.043
	DTG+FTC/TDF - EFV/FTC/TDF		32.9%	32.7%	0.2% (-8.8%, 9.1%)	0.97
	DTG+FTC/TAF - EFV/FTC/TDF	24.1%		32.7%	-8.6% (-17.1%, -0.1%)	0.047
Missing Data as Failures	DTG+FTC/TAF - DTG+FTC/TDF	27.2%	34.4%		-7.2% (-15.9%, 1.5%)	0.10
	DTG+FTC/TDF - EFV/FTC/TDF		34.4%	35.5%	-1.1% (-10.2%, 7.9%)	0.81
	DTG+FTC/TAF - EFV/FTC/TDF	27.2%		35.5%	-8.4% (-17.1%, 0.4%)	0.062



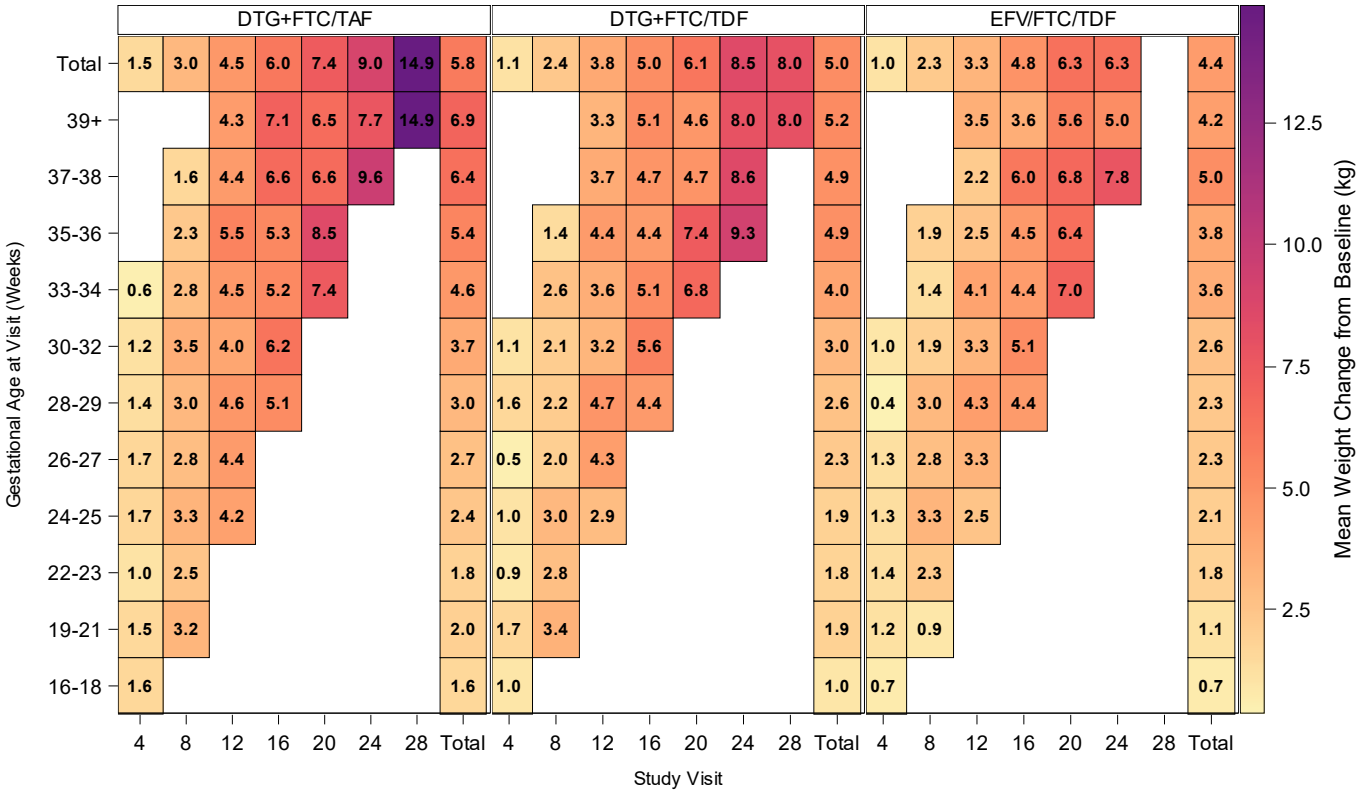
[1]Primary pregnancy outcome was the occurrence of stillbirth, spontaneous abortion, preterm delivery, or infant small for gestational age.
This figure investigates the effect of an additional event in addition to the composite pregnancy outcome. The addition of neonatal deaths was a post-hoc analysis. The addition of loss to follow-up as an event was a pre-specified supplementary analysis. The addition of congenital anomalies was a pre-specified secondary analysis. The addition of missing data as a failure/event was a post-hoc analysis.

Figure S4: Mean (95% CI) Maternal Weight Change from Baseline by Study Week



95% confidence intervals around the mean weight change were constructed using a t-distribution.
Mean weight at entry was 67·7 kg in the DTG+FTC/TAF group, 66·3 kg in the DTG+FTC/TDF group, and 64·5 kg in the EFV/FTC/TDF group.

Figure S5: Mean Change in Weight from Baseline by Treatment, Study Visit, and Gestational Age



Reference

1. Holmes LB, Westgate MN. Inclusion and exclusion criteria for malformations in newborn infants exposed to potential teratogens. *Birth Defects Res A Clin Mol Teratol* 2011; **91**(9): 807-12.