Supplementary Table 1: Primary, secondary and exploratory outcomes included in the trial registration for mothers and neonates.

	Protocol activity	Outcome type	Outcome	Timepoint
Mother	Laboratory procedures	Primary/secondary	Anaemia (Hb<11g/dL) as measured	4 weeks post-intervention (for both IV
			on venous blood via automated	iron and commencement of oral iron),
			analyser	week 36, at delivery, 4 weeks postpartum
		Secondary	Haemoglobin as measured on	4 weeks post-intervention (for both IV
			venous blood via automated	iron and commencement of oral iron),
			analyser	week 36, at delivery, 4 weeks postpartum
		Secondary	Ferritin as measured by serum	4 weeks post-intervention (for both IV
			ferritin	iron and commencement of oral iron),
				week 36, at delivery, 4 weeks postpartum
		Exploratory	Iron deficiency by sTfR/Ferritin	4 weeks post-intervention (for both IV
			index assay	iron and commencement of oral iron),
				week 36, at delivery, 4 weeks postpartum
		Secondary	Iron deficiency (ferritin $< 15\mu g/L$)	4 weeks post-intervention (for both IV
				iron and commencement of oral iron),
				week 36, at delivery, 4 weeks postpartum
		Exploratory	Incidence of placental malaria at	Delivery
			delivery based on placental	
		T 1	histologic examination	D 1 : : : : 26 1 2
		Exploratory	Incidence of peripheral parasitaemia	Randomisation to 36 weeks' gestation
			by 36 weeks of gestation based on	
		E 1 4	blood film microscopy	4 1 4 4 4 7 7
		Exploratory	Prevalence of malaria parasitaemia	4 weeks post-intervention (for both IV
			based on blood film microscopy at	iron and commencement of oral iron), 36
			each scheduled visit	weeks, at delivery, 4 weeks postpartum
		Safety	Hypophosphatemia based on	4 weeks post-intervention (for both Iv iron
		Saicty	biochemical measurement of serum	and commencement of oral iron), 36
			Phosphate.	weeks
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		Safety	Inflammation (elevated C-reactive protein by serum assay)	4 weeks post-intervention (for both Iv iron and commencement of oral iron), 36
		Exploratory	Health systems costs of providing	weeks' gestation Each planned visit that coincides with a
		Exploratory	the treatments and follow-up for the	pregnancy visit (baseline (second
			intervention and comparator based	trimester), week 36, delivery), unplanned
			on measurement of resource use and costing of relevant resources, with	visits (e.g., during any episode of infection requiring management)
			direct measurement of health care	infection requiring management)
			resource utilisation	
	Household economics	Exploratory	Direct and indirect patient costs including patient out-of-pocket	Each planned visit that coincides with a pregnancy visit (baseline (second
			costs for both health care and other	trimester), week 36, delivery), unplanned
			costs, e.g., transport/ food, and lost	visits (e.g., during any episode of
			income for receiving the intervention and the comparator	infection requiring management)
		Exploratory	Fatigue measured by the Piper	4 weeks post-intervention (for both IV
			Fatigue Scale	iron and commencement of oral iron), week 36, 4 weeks postpartum
	Maternal cognition	Exploratory	Cognitive function using digit span	4 weeks post-intervention (for both IV
			forward and backward test, and mental rotation tests	iron and commencement of oral iron), 4 weeks postpartum
		Safety	Severe anaemia requiring blood	From randomisation (receipt of oral or
			transfusion as defined by clinical notes	intravenous iron depending on allocation) to 4 weeks postpartum
	Adverse events	Safety	Severe medical events: shock	From randomisation (receipt of oral or
			(systolic blood pressure <90mmHg), need for blood	intravenous iron depending on allocation) to 4 weeks postpartum
			transfusion, ICU admission, or	to 4 weeks postpartum
			mortality: individually and as a	
			composite outcome, based on direct	
			clinical observation by study staff	

Safety	Adverse events, as recorded by direct questioning of participants during administration visit. Such adverse events may include flushing, rash, allergic reactions, headache etc	Time of administration of the intervention
Safety	Incidence of all-cause sick visits to the clinic based on visits recorded by study staff at the study clinic	Randomisation to delivery
Exploratory	Incidence of diarrhoea sick visits to the clinic based on visits recorded by study staff at the study clinic	Randomisation to delivery
Safety	Incidence of clinical malaria- specific sick visits to the clinic based on visits recorded by study staff at the study clinic	Randomisation to delivery
Safety	Haemorrhage - antepartum or postpartum haemorrhage diagnosed by study clinical staff	Randomisation to 4 weeks postpartum
Safety	Mortality	Randomisation to 1-month postpartum
Exploratory	Shock defined by systolic blood pressure <90mmHg, as observed by study staff	Randomisation to 1-month postpartum
Safety	Intensive care admission as observed by study staff	Recruitment to 1-month postpartum
Safety	Need for blood transfusion, as observed by study staff	Recruitment to 1-month postpartum

		Safety	Delayed Adverse Events as detected	Each scheduled visit (4 weeks post-
			by open questioning by study staff	intervention (for both IV iron and
				commencement of oral iron), 36 weeks, at
				delivery, 4 weeks postpartum
		Exploratory	Hospitalisation- any unplanned	Following delivery
			admission to hospital beyond usual	
			postpartum discharge procedures, as	
			observed by study staff	
	Morbidity	Primary	Birth weight (as a continuous	Within 24 hours of birth
			variable) using infant scales	
Neonate	Physical examination	Secondary	Low birth weight (birth weight	Within 24 hours of birth
	and anthropometry		<2500g) as a dichotomous variable	
		Exploratory	Gestational age (based on baseline	<24 hours following birth
			ultrasound dating of pregnancy)	
			adjusted birth weight	
		Secondary	Small for gestational age as a	<24 hours following birth
			dichotomous variable (<10th	
			centile)	
		Secondary	Gestation duration based on the	Delivery visit
			calculated duration of gestation,	
			using dating at baseline ultrasound	
			examination to date of actual	
		G 1	delivery	D. 1:
		Secondary	Premature birth – neonate born	Delivery visit
			prior to 37 completed weeks of	
			gestation (including 36weeks and 6	
		T 1	days), based on gestation duration	D 1:
		Exploratory	Haemoglobin of venous cord blood	Delivery
	T 1 / 1	0 1	by an automated analyser	1 1
	Laboratory procedures	Secondary	Haemoglobin as measured on	1-month postpartum
			venous blood via automated	
			analyser	

		Exploratory	Incidence of cord blood parasitaemia at delivery based on blood film microscopy	Delivery
		Exploratory	Ferritin by serum ferritin	1 month of age
		Exploratory	Cord ferritin by serum ferritin	Delivery
		Secondary	Abortion - pregnancy loss before 28 completed weeks of gestation, as reported by the patient or based on clinical records, or as observed by study staff	<28 weeks' gestation
	Adverse events	Secondary	Stillbirth – defined as the birth of a baby showing no signs of life after 28 weeks of gestation (>28 weeks), as reported by the patient, based on clinical records, or as observed by study staff	>28 weeks' gestation
		Safety	Neonatal mortality, as observed by study staff/ clinical notes	Death of a child in the first month of life
		Safety	Neonatal intensive care admission as observed by study staff	Birth to 1-month postpartum
		Safety	Neonatal intensive care admission as observed by study staff	Birth to 1-month postpartum