## **Supplementary Materials**

### **Search Strategy**

PubMed and Scopus' search strategy: ("Pregnant Women"[Title/Abstract]) OR (pregnancy[Title/Abstract] OR Pregnant Women[Title/Abstract] OR Pregnancy[Title/Abstract] OR pregnancy OR Prenatal Care[Title/Abstract] OR Maternal Health[Title/Abstract]) AND (Diet[Title/Abstract] OR dietary[Title/Abstract]) AND (Microbiota[Title/Abstract] OR microbiome OR Gastrointestinal Microbiome[Title/Abstract] OR "Gut Flora" OR "Gut Bacteria" OR "Intestinal Bacteria") AND (Maternal outcomes OR maternal health OR "pregnancy outcomes" OR "Pregnancy Complications"[Title/Abstract]).

Embase's search strategy: ('diet'/exp OR 'diet' OR 'dietary intake'/exp OR 'dietary intake')AND('microflora'/exp OR microflora OR 'microbiome'/exp OR 'microbiome' OR 'intestine flora'/exp OR 'intestine flora') AND ('pregnant woman'/exp OR 'pregnant woman' OR 'pregnancy'/exp OR pregnancy OR 'prenatal care'/exp OR 'prenatal care' OR 'perinatal period'/exp OR 'perinatal period') AND ('maternal outcome'/exp OR 'maternal welfare'/exp OR 'maternal welfare' OR 'pregnancy outcome'/exp OR 'pregnancy outcome' OR 'pregnancy disorder'/exp OR 'pregnancy disorder'/exp OR 'pregnancy outcome'/exp OR 'adverse pregnancy outcome'/exp OR 'adverse pregnancy outcome' OR 'perinatal outcome'/exp OR 'perinatal outcome').

Table 3 - ROB2 bias assessment

	D1	D2	D3	D4	D5	Overall
Urwin, 2014	•					•
Sugino, 2022	•	•	•	•	•	•

Green: Low risk. Blue: Unclear . Yellow: Some concerns for bias. Red: High risk.

## Supplementary material 2: domains for the ROB2 assessment:

D1: Bias arising from the randomization process

D2: Bias due to deviation from intended intervention

D3: Bias due to missing outcome data

D4: Bias in measurement of the outcomes

D5: Bias in selection of the reported results

#### **CASE CONTROL STUDIES**

<u>Note</u>: A study can be awarded a maximum of one star for each numbered item within the Selection and Exposure categories. A maximum of two stars can be given for Comparability.

#### Selection

- 1) Is the case definition adequate?
- a) yes, with independent validation \*
- b) yes, eg record linkage or based on self reports
- c) no description
- 2) Representativeness of the cases
- a) consecutive or obviously representative series of cases \*
- b) potential for selection biases or not stated
- 3) Selection of Controls
- a) community controls \*
- b) hospital controls
- c) no description
- 4) Definition of Controls
- a) no history of disease (endpoint) \*
- b) no description of source

#### Comparability

1) Compar	rability of cases and controls on the b	pasis of the design or analysis
a) study co	ontrols for (Select	ct the most important factor.) *
b) study co	ontrols for any additional factor \star (T	his criteria could be modified to indicate
specific	control for a second importa	ant factor.)

#### **Exposure**

- 1) Ascertainment of exposure
- a) secure record (eg surgical records) \*
- b) structured interview where blind to case/control status ★
- c) interview not blinded to case/control status
- d) written self report or medical record only
- e) no description
- 2) Same method of ascertainment for cases and controls
- a) yes \*
- b) no

- 3) Non-Response rate
- a) same rate for both groups ★
- b) non respondents described

1) Assessment of outcome

c) rate different and no designation

# NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE COHORT STUDIES

Note: A study can be awarded a maximum of one star for each numbered item within the Selection and Outcome categories. A maximum of two stars can be given for Comparability

_						
<b>~</b>	$\Delta$	$\mathbf{a}$	ct	п	$\boldsymbol{\wedge}$	n
•					u	

Ciccion
1) Representativeness of the exposed cohort
a) truly representative of the average (describe) in the community *
b) somewhat representative of the average in the community * c) selected group of users eg nurses, volunteers d) no description of the derivation of the cohort
<ul> <li>2) Selection of the non exposed cohort</li> <li>a) drawn from the same community as the exposed cohort *</li> <li>b) drawn from a different source</li> <li>c) no description of the derivation of the non exposed cohort</li> </ul>
3) Ascertainment of exposure
a) secure record (eg surgical records) ★
b) structured interview ★
c) written self report
d) no description
4) Demonstration that outcome of interest was not present at start of study
a) yes <del>∗</del>
b) no
Comparability
1) Comparability of cohorts on the basis of the design or analysis
a) study controls for (select the most important factor) *
b) study controls for any additional factor <b>★</b> (This criteria could be modified to indicate
specific control for a second important factor.)
Outcome

a) independent blind	assessment <del>*</del>
b) record linkage *	
c) self report	
d) no description	
2) Was follow-up long	g enough for outcomes to occur
a) yes (select an ade	quate follow up period for outcome of interest) *
b) no	
3) Adequacy of follow	v up of cohorts
a) complete follow up	o - all subjects accounted for <b>★</b>
b) subjects lost to foll	low up unlikely to introduce bias - small number lost - > %
(select an	adequate %) follow up, or description provided of those lost) 3
c) follow up rate <	% (select an adequate %) and no description of those lost

d) no statement

# **REFERENCES - APA 7**

1. Wells, G., Shea, B., O'Connell, D., Peterson, J., Welch, V., Losos, M., Tugwell, P. (2013) The Newcastle-Ottawa Scale (NOS) for assessing the quality of nonrandomised studies in meta-analyses. http://www.ohri.ca/programs/clinical\_epidemiology/oxford.asp