## Supplement 3. Eligibility criteria for screening effectiveness, women’s outcome valuation, and treatment effectiveness

<table>
<thead>
<tr>
<th>Question</th>
<th>PICOTS</th>
<th>Study designs; Language</th>
</tr>
</thead>
</table>
| Benefits and harms of screening | **P**: Asymptomatic pregnant women at any stage of pregnancy who are not at high risk for bacteriuria  
I: Any screening program, whereby there is an intent (i.e., clinical algorithm) for all pregnant women to receive a screening test with follow-up of screen-positive cases  
C: No screening program (but may include indicated testing and/or treatment upon development of symptoms), or a different screening test or algorithm  
O*: Maternal mortality (9), maternal sepsis (8), pyelonephritis (7), perinatal mortality ≥20 weeks’ gestation (9), spontaneous abortion/pregnancy loss before 20 weeks’ gestation (8), neonatal sepsis (8), preterm delivery <37 weeks’ gestation (7), low birth weight <2500g (6), serious maternal and neonatal harms (7)  
T: Any timing  
S: Any primary care or clinical setting providing antenatal care to pregnant women | RCTs, CCTs, controlled observational designs (i.e., prospective and retrospective cohort, case-control, controlled before-after)  
English and French |
| Outcome valuation               | **P**: Asymptomatic pregnant women at any stage of pregnancy who are not at high risk for bacteriuria; will also accept asymptomatic women who are not pregnant if necessary  
I: Any screening program or test, and any antibiotic; will accept studies on treatment for any bacterial condition in pregnancy  
C: Not applicable  
O: Several possible outcomes (e.g., relative weight/utilities of benefits and harms; willingness to be screened based on relative value placed on benefits and harms of screening programs or treatment)  
T: Any timing  
S: Any primary care or clinical setting providing antenatal care to pregnant women | Qualitative, mixed methods, surveys/cross-sectional designs  
English and French |
| Benefits and harms of treatment | **P**: Asymptomatic pregnant women at any stage of pregnancy who are not at high risk for bacteriuria  
I: Any antibiotic  
C: No treatment or placebo  
O*: Maternal mortality (9), maternal sepsis (8), pyelonephritis (7), perinatal mortality ≥20 weeks’ gestation (9), spontaneous abortion/pregnancy loss before 20 weeks’ gestation (8), neonatal sepsis (8), preterm delivery <37 weeks’ gestation (7), low birth weight <2500g (6), serious maternal and neonatal harms (7) | RCTs (or systematic review(s))  
English and French |
| **T:** Any timing |
| **S:** Any primary care or clinical setting providing antenatal care to pregnant women |

*CCT:* controlled clinical trial; *g:* grams; *PICOTS:* populations, interventions, comparators, outcomes, timing, and setting; *RCT:* randomized clinical trial

* Outcomes ratings included in brackets; these were rated as critical/important for decision-making by CTFPHC members and by women recruited for patient engagement