Table 10: Summary of the GRADE quality of evidence assessments for outcomes in the first-line treatment of pregnancy and breastfeeding women

Outcome	No of patients		Direct Effect	Uncombined Estimates					Combined Estimates					
	DTG	EFV 600 mg (standard dose)		Risk of Bias	Inconsistency	Indirectness	Imprecision	Publication Bias	Quality of direct evidence	Odds ratio (95% CrI)	Absolute effects	Indirect evidence precision	Network Transitivity	Overall quality of evidence
Viral supp. at delivery	110/151 (73%)	61/146 (42%)	**3.73 (2.29, 6.07)**	-1	0	0	0	0	⊕⊕⊕ Moderate	**3.79 (2.32, 6.19)**	**210 more per 1,000** (141 to 274)	0	0	⊕⊕⊕ Moderate
Negative pregnancy outcomes	591/1866 (32%)	1619/4724 (34%)	0.94 (0.83, 1.05)	-1	0	0	0	0	⊕⊕⊕ Moderate	0.94 (0.83, 1.05)	**11 fewer per 1,000** (-30 to 8)	0	0	⊕⊕⊕ Moderate
Still births	44/1895 (2%)	105/4755 (2%)	1.04 (0.72, 1.50)	-1	0	0	0	0	⊕⊕⊕ Moderate	1.07 (0.74, 1.51)	**1 more per 1,000** (-4 to 7)	0	0	⊕⊕⊕ Moderate
Miscarriages	7/48 (15%)	7/27 (26%)	0.49 (0.15, 1.58)	0	-1	0	-1	0	⊕⊕ Low	0.48 (0.14, 1.65)	**33 fewer per 1,000** (-79 to 37)	0	0	⊕⊕ Low
Preterm births	333/1852 (18%)	862/4712 (18%)	0.98 (0.86, 1.13)	-1	0	0	0	0	⊕⊕⊕ Moderate	0.99 (0.85, 1.13)	**2 fewer per 1,000** (-18 to 15)	0	0	⊕⊕⊕ Moderate
Very preterm births	71/1852 (4%)	166/4712 (4%)	1.07 (0.81, 1.43)	-1	0	0	0	0	⊕⊕⊕ Moderate	1.07 (0.81, 1.41)	**2 more per 1,000** (-5 to 9)	0	0	⊕⊕⊕ Moderate
Small for gestational age	297/1729 (17%)	838/4593 (18%)	0.93 (0.80, 1.08)	-1	0	0	0	0	⊕⊕⊕ Moderate	0.93 (0.80, 1.07)	**9 fewer per 1,000** (-26 to 9)	0	0	⊕⊕⊕ Moderate
Very SGA	104/1729 (6%)	302/4593 (7%)	0.91 (0.73, 1.15)	-1	0	0	0	0	⊕⊕⊕ Moderate	0.91 (0.73, 1.15)	**6 fewer per 1,000** (-19 to 8)	0	0	⊕⊕⊕ Moderate
Congenital anomalies*	4/139 (3%)	5/92 (5%)	0.57 (0.15, 2.10)	0	0	0	-2	0	⊕⊕ Low	1.06 (0.40, 2.86)	**1 more per 1,000** (-16 to 29)	0	0	⊕⊕ Low
Neonatal deaths	27/1852 (1%)	63/4712 (1%)	1.03 (0.64, 1.64)	-1	0	0	0	0	⊕⊕⊕ Moderate	1.03 (0.64, 1.61)	**1 more per 1,000** (-9 to 11)	0	0	⊕⊕⊕ Moderate
Maternal mortality	0/8 (0%)	0/8 (0%)	1.00 (0.02, 56.47)	-1	0	0	-2	0	⊕ Very low	0.08 (0.00, 31.64)	**3 fewer per 1,000** (-21 to 74)	0	0	⊕ Very low
Severe adverse events	28/166 (17%)	19/162 (12%)	1.51 (0.80, 2.85)	0	0	0	-2	0	⊕⊕ Low	1.52 (0.83, 2.95)	**55 more per 1,000** (-22 to 156)	0	0	⊕⊕ Low
Neural tube defects^	6/1837 (0.3%)	3/8220 (0.04%)	RD: 0.29 (0.10, 0.68)	-1	0	0	-1	0	⊕⊕ Low	--	**3 more per 1,000** (1 to 7)	--	--	⊕⊕ Low
Transmission	3/137 (2%)	0/131 (0%)	6.84 (0.35, 133.80)	0	0	0	-2	0	⊕⊕ Low	7.26 (0.79, 37.43)	**35 more per 1,000** (-2 to 153)	0	0	⊕⊕ Low

* These networks included both pre-conception and post-conception initiation; ^This outcome was solely assessed in pre-conception exposures; n/N in square brackets where no direct comparison between interventions of interest is available and reflects the number of patients in the network.

Legend: Uncombined estimates represent either direct estimates, if available, or indirect NMA estimates otherwise. Combined estimates are NMA estimates for comparisons where direct estimates were available. For uncombined estimates start with high quality evidence. -1 symbolizes a choice to rate down (e.g. high quality to moderate quality evidence); 0 symbolizes choice to not rate down; -- = not applicable because the NMA estimate is the only estimate.

The final quality of evidence updates that of the uncombined evidence. The quality can be moved up if the uncombined score was penalized for precision, which was overcome in network estimates. It can be moved down if the estimates are no longer precise or if there is evidence of inconsistency in loops containing the comparison (i.e. violation of transitivity).

Precision – We rated down for precision if the confidence interval crossed 1.1 or 0.9 and if there were less than 50 total events. ***Consistency*** – We assessed the consistency for direct treatment comparisons using I^2 estimates and visual inspection of point estimates. An I^2 of 75% or higher indicates considerable heterogeneity. This was conducted along the shortest indirect pathway with the largest number of trials for indirect estimates. ***Risk of Bias*** – For direct estimates we rated down for risk of bias if the majority of studies within a comparison were considered to be at high risk of bias and similarly along the principal indirect pathway for indirect estimates. ***Indirectness*** – Estimates obtained solely from indirect evidence were rated down for indirectness.