

Supplementary Table 1: CLIP Trials working group

CLIP Trials Working Group
Esperança Sevene, Eusébio Macete, Khátia Munguambe, Charfudin Sacoor, Anifa Vala, Helena Boene, Felizarda Amose, Rosa Pires, Zefanias Nhamirre, Marta Macamo, Rogério Chiaú, Analisa Matavele, Faustino Vilanculo, Ariel Nhancolo, Silvestre Cutana, Ernesto Mandlate, Salésio Macuacua, Cassimo Bique, Sibone Mocumbi, Emília Gonçalves, Sónia Maculuve, Ana Ilda Biz, Dulce Mulungo, Orvalho Augusto, Paulo Filimone, Vivalde Nobela, Corsino Tchavana, Cláudio Nkumbula
Rahat Qureshi, Zulfiqar A Bhutta, Zahra Hoodbhoy, Farrukh Raza, Sana Sheikh, Javed Memon, Imran Ahmed, Amjad Hussain
Mrutunjaya B Bellad, Umesh S Charantimath, Shivaprasad S Goudar, Geetanjali M Katageri, Avinash J Kavi, Amit P Revankar, Ashalata A Mallapur, Umesh Y Ramdurg, Shashidhar G Bannale, Vaibhav B Dhamanekar, Geetanjali I Mungarwadi, Narayan V Honnungar, Bhalachandra S Kodkany, Anjali M Joshi, Uday S Kudachi, Sphoorthi S Mastiholi, Chandrappa C Karadiguddi, Gudadayya S Kengapur, Namdev A Kamble, Keval S Chougala
Jeffrey Bone, Dustin T Dunsmuir, Sharla K Drebit, Chirag Kariya, Mai-Lei Woo Kinshella, Tang Lee, Jing Li, Mansun Lui, Beth A Payne, Diane Sawchuck, Sumedha Sharma, Domena K Tu, Marianne Vidler, Ugochi V-Ukah, Laura A Magee, Peter von Dadelszen
CLIP Trial Steering Committee
J Mark Ansermino, Ana Pilar Betrán, Richard Derman, Shafik Dharamsi, France Donnay, Sharla Drebit, Guy Dumont, Susheela M Engelbrecht, Veronique Fillipi, Tabassum Firoz, William Grobman, Marian Knight, Ana Langer, Simon Lewin, Gwyneth Lewis, Craig Mitton, Nadine Schuurman, Andrew Shennan, Joel Singer, Jim Thornton, Hubert Wong
CLIP Trial Executive Committee
Olalekan O Adetoro, Mrutunjaya M Bellad, Zulfiqar A Bhutta, Peter von Dadelszen, Shivaprasad S Goudar, Laura A Magee, Ashalata A Mallapur, Khátia Munguambe, Beth A Payne, Rahat Qureshi, Charfudin Sacoor, Esperança Sevene, Sumedha Sharma, John O Sotunsa, Marianne Vidler
CLIP Data Safety and Monitoring Board (DSMB)
Romano Nkumbwa Byaruhanga, Brian Darlow, Eileen Hutton, Mario Merialdi, Lehana Thabane

Supplementary Table 2: Details of costs/number units ordered. All unit costs are taken from annual trial spending reports.

	India		Mozambique		Pakistan	
	Quantity	Total cost (USD)	Quantity	Total cost (USD)	Quantity	Total cost (USD)
Supplies	-	-				
Digital blood pressure device	220	4,884	200	8040	390	8658
Large size blood pressure cuff	94	1,053	200		197	2207
Mobile device (Karabonn - A2+)	105	7,600	-	-	-	-
Mobile device(Samsung GT7262)	145	12,543	-	-	-	-
Mobile device(Samsung J1 Ace)	16	1,573	-	-	-	-
Mobile device (Model Q-Noir A7 phone)	-	-	-	-	92	11555
Mobile device (Model Q-300 tablet 7.0")	-	-	-	2965	566	80938
Mobile device (Huawei media pad youth)	-	-	-	11060	-	-
Mobile device (Android 3G+W)	-	-	-	3997	-	-
PX-13-B Kenek pulse oximeter device	-	-			377	7578
Urine specimen cups	100	133	-	19322	7,500	759
Urine dipsticks	160	1,187	-		10,500	1754
Alcohol swabs	60	230	-		1500	26
Syringes (10ml) and Needles (23 gram)	100	92	100		1400	105
Hand-gloves	5	140	600		800	23
Needle cutters	75	69	-		33	79
Disposal/sharp boxes	150	70	-		42	25
CLIP-card with polythene bag	50 packs	238	-		16 packs	427
Drugs						
Magnesium sulphate (10ml)	2350	1,115	-	4101	1210	145
Methyldopa (250mg)	1,000	250	-	3062	1900	67
CHW workers						
Incentives	-	39,043	-	3097		79398*
Training for CLIP implementation	-	12,755	-	53205		
Community engagement	-	7,048	-	9201	-	71942
Out of pocket costs	-	-	-	-	-	-
Control (per pregnancy)	-	-	-	-	-	158**
Intervention (per pregnancy)	-	-	-	-	-	156**

*Cannot be disaggregated

** Estimated via a mixed effects linear model

Supplementary Table 3: Assumed probability distributions for probabilistic sensitivity analysis for each node of the decision tree.

Variable	Assumed distribution	Assumed distribution	Assumed distribution
POM visits	Dirichlet(p_1, p_2, p_3, p_4)	Dirichlet(p_1, p_2, p_3, p_4)	Dirichlet(p_1, p_2, p_3, p_4)
0			
1-3			
4-7			
≥ 8			
Use of MgSO4/methyldopa			
0	Beta(α, β)	Beta(α, β)	Beta(α, β)
1-3	Beta(α, β)	Beta(α, β)	Beta(α, β)
4-7	Beta(α, β)	Beta(α, β)	Beta(α, β)
≥ 8	Beta(α, β)	Beta(α, β)	Beta(α, β)
Costs by POM visit			
0	Gamma(α, β)	Gamma(α, β)	Gamma(α, β)
1-3	Gamma(α, β)	Gamma(α, β)	Gamma(α, β)
4-7	Gamma(α, β)	Gamma(α, β)	Gamma(α, β)
≥ 8	Gamma(α, β)	Gamma(α, β)	Gamma(α, β)
Intervention outcomes			
Maternal mortality	Beta(α, β)	Beta(α, β)	Beta(α, β)
Stillbirth	Beta(α, β)	Beta(α, β)	Beta(α, β)
Neonatal mortality	Beta(α, β)	Beta(α, β)	Beta(α, β)
Control outcomes			
Maternal mortality	Beta(α, β)	Beta(α, β)	Beta(α, β)
Stillbirth	Beta(α, β)	Beta(α, β)	Beta(α, β)
Neonatal mortality	Beta(α, β)	Beta(α, β)	Beta(α, β)

Supplementary Table 4: Probabilities of cost effectiveness based on country specific willingness to pay thresholds based on 3x the country GDP/capita for overall and various POM guided visit scenarios compared to control from probabilistic sensitivity analysis.

	India (program) (WTP = \$5188)	Mozambique (program) (WTP = \$1287)	Pakistan (program) (WTP = \$4105)	Pakistan (societal) (WTP = \$4105)
Overall	40.0%	35.0%	66.3%	66.9%
0 POM guided contacts	47.6%	61.8%	46.9%	47.1%
1-3 POM guided contacts	8.6%	0.0%	0.0%	5.5%
4-7 POM guided contacts	0.0%	1.8%	99.7%	99.8%
≥ 8 POM guided contacts	90.0%	96.3%	100%	100%

Supplementary Figure 1: Decision tree example (similar for other numbers of POM guided contacts/branches)



