**Table S1** Sensitivity of screening (95% CI) for pre-eclampsia (PE) and small-for-gestational-age (SGA) birth ≤ 10th centile using the FMF algorithm combining maternal risk factors, mean arterial blood pressure, uterine artery pulsatility index and PAPP-A or PlGF 2 after correction for the effect of targeted aspirin use in high-risk women at a 10% screen-positive rate.

|  |  |  |
| --- | --- | --- |
|  | **PAPP-A**\*$ | **PlGF**†$ |
|  | **Before****correction** | **After****correction** | **Before****correction** | **After****correction** |
| **PE** **<37 weeks** | 46.7 (28.3 - 65.7) | 80.7 (70.6 - 88.6) | 51.7(32.5 - 70.6) | 72.7 (59.0 - 83.9) |
| **PE** **≥37 weeks** | 26.7 (18.5 - 36.2) | 31.3(22.8 - 40.7) | 27.0 (18.6 - 36.8) | 30.2(21.7 - 39.9) |
| **SGA** **<37 weeks** | 34.2(20.1 - 50.6) | n/a# | 37.5(22.7 - 54.2) | n/a# |
| **SGA** **≥37 weeks** | 16.3(10.2 - 24.0) | 25.7(18.7 - 33.8) | 17.8(11.4 - 25.9) | 25.0(17.9 - 33.3) |

\* In the PAPP-A screen positive group, 99% of women were treated by aspirin versus 2.9% in the corresponding screen negative group.

† In the PlGF screen positive group, 78.4% of women were treated by aspirin versus 5% in the corresponding screen negative group.

$ Aspirin use and induction of labour from 40 weeks’ gestation were assumed to result in a 80% reduction in preterm PE, a 20% reduction in term PE and a 45% reduction in term SGA birth in the high-risk group identified by the FMF combined screening using PAPP-A

**#** Correction not required as combined screening with subsequent management has not been shown to alter the prevalence of SGA birth <37 weeks’ gestation.