Table S5: Estimated odds ratio of treatment on preterm birth, for each study providing IPD. Odds ratios <1 indicate that treatment reduces preterm birth.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | N | Non-missing N | Odds Ratio(95% Confidence Limits)\* |  | P-value for interaction of treatment \* gestation at randomization | P-value for interaction of treatment \* obstetric history |
| Metronidazole Studies |
| Hauth’95 | 263 | 256 | 0.45 (0.25-0.78) |  | 0.49 | 0.52 |
| Carey’00 BV | 1944 | 1910 | 0.96 (0.72-1.27) |  | 0.17 | 0.29 |
| Klebanoff’01 TV | 238 | 233 | 1.85 (0.91-3.93) |  | 0.17 | 0.06 |
| Odendaal’02 | 277 | 276 | 1.64 (0.94-2.90) |  | 0.99 | 0.18 |
| Andrews’03 fFn | 190 | 185 | 0.70 (0.29-1.65) |  | 0.31 | 0.27 |
| Shennan’06† | 13 | 11 | 2.67 (0.15-3.40) |  | -- | -- |
| Goldenberg’06 Singletons only | 11011085 | 11011085 | 1.02 (0.77-1.34)1.03 (0.78-1.37) |  | 0.990.84 | 0.920.95 |
|  |
| Clindamycin Studies |
| Ugwumadu’03 | 410 | 391 | 0.47 (0.24-0.87) |  | 0.88 | 0.41 |
| Lamont’03 No twins | 417412 | 407402 | 0.61 (0.29-1.24)0.68 (0.32-1.42) |  | 0.970.58 | 0.730.75 |
| Kiss’04 No twins | 375372 | 359356 | 0.55 (0.22-1.28)0.57 (0.22-1.40) |  | 1.001.00 | 1.001.00 |
| Larsson’06 No twins | 819800 | 809790 | 0.90 (0.48-1.68)1.10 (0.54-2.27) |  | 0.610.53 | 0.980.83 |
| Hoffman’18‡ | 68 | 68 | - |  | - | - |

\* Odds ratios are also adjusted for gestational age at randomization and history of preterm birth as a 3-level variable

† Due to small sample size, the individual results use only treatment as a predictor variable. The study is included in overall results with all variables.

‡ There were no preterm births in the treatment arm, but some in the placebo arm. As a result, the odds ratio is estimated to be zero; usual hypothesis testing results are not reported because estimate is on the edge of the parameter space. The study is included in overall results with all subjects.