Table S1. PICAR statement

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| Criterion | Description |
| (P) Population | Pregnant women |
| (I) Interventions | Primary or non-primary infection from CMV in pregnancy |
| (C) Comparators | Not applicable |
| (A) Attributes of eligible CPGs | - National and international guidelines, including expert consensus  - Published until April, 1 2024  - Only in English language  - Only if full-text available  - Latest version  - Directed to health professionals  - Including information about diagnosis, or management of CMV infection in pregnancy  - No quality restrictions |
| (R) Recommendation characteristics and other considerations | Not applicable |

Table S2. Neonatal testing for congenital CMV

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| CPGs | Post natal testing |
| ECCI | CMV PCR testing on a sample of urine or saliva for testing for infection in the first 3 weeks after birth in neonates born from mothers with suspected or confirmed primary or non-primary infection, and in neonates with hearing loss, fetal ultrasound abnormalities suggestive of CMV, FGR, very preterm infants |
| RCOG | All infants born from women with confirmed or suspected CMV infection should be tested (urine or saliva sample within the first 21 days of life) |
| RANZCOG | All babies of mothers with primary infection should be tested in the first 3 weeks of life (CMV PCR in urine or saliva) |
| ASID | CMV-PCR on urine or saliva in the first 21 days of life |
| SA | CMV-PCR in urine is the gold standard test (PCR testing of saliva for confirmation), to be performed as soon as possible (first 3 weeks of age). Blood quantitative CMV if antivirals indicated. |
| SOGC |  |
| ISUOG | CMV-PCR on saliva or urine as soon as possible (within the first 3 weeks of life) |
| UK standards | - |
| International Congenital Cytomegalovirus Recommendations Group | CMV real-time PCR of saliva, urine, or both within the first 3 weeks of life, with saliva as the preferred sample |
| SMFM | - |
| ACOG | - |
| WAPM | - |