**Table S1** Poll questions to assess the acceptability and feasibility of a randomized controlled trial (RCT) of intervention *vs* expectant in the management of selective fetal growth restriction (sFGR) in monochorionic twin pregnancies. **#**Consensus threshold was set at a total of 50% of the participants voting ‘yes’.

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| --- | --- | --- | --- |
| **Question** | **Acceptability** | **Feasibility** | **Consensus met#** |
| **No** | **Unsure** | **Yes** | **No** | **Unsure** | **Yes** | **Yes/No** |
| 1) For cases with Abnormal Umbilical Artery Doppler of the smaller twin - Is it acceptable/feasible to have an RCT without the option of selective termination | 92.9%(13/14) | 7.1%(1/14) | 0%(0/14) | 93.9%(13/14) | 7.1%(1/14) | 0%(0/14) | No, the trial is not acceptable or feasible |
| 2) For cases with Abnormal Umbilical Artery Doppler of the smaller twin with abnormal ductus venosus doppler - Is it acceptable/feasible to have an RCT without the option of selective termination | 71.4%(10/14) | 21.4%(3/14) | 7.1%(1/14) | 85.7%(12/14) | 14.3%(2/14) | 0%(0/14) | No, the trial is not acceptable or feasible |
| 3) For cases with Abnormal Umbilical Artery Doppler of the smaller twin with normal ductus venosus doppler - Is it acceptable/feasible to have an RCT without the option of selective termination | 73.3% (11/15) | 6.7% (1/15) | 20.0%(3/15) | 64.3% (9/14) | 21.4%(3/14) | 14.3%(2/14) | No, the trial is not acceptable or feasible |
| 4) For cases with Normal Umbilical Artery Doppler of the smaller twin - Is it acceptable/feasible to have an RCT without the option of selective termination | 85.7%(12/14) | 7.1%(1/14) | 7.1%(1/14) | 80.0%(12/15) | 13.3%(2/15) | 6.7%(1/15) | No, the trial is not acceptable or feasible |
| 5) For Type I - Is it acceptable/feasible to have an RCT without the option of selective termination? | 88.2%(15/17) | 5.9%(1/17) | 5.9%(1/17) | 88.2%(15/17) | 5.9%(1/17) | 5.9%(1/17) | No, the trial is not acceptable or feasible |
| 6) For Type II - Is it acceptable/feasible to have an RCT without the option of selective termination? | 41.2%(7/17) | 41.2%(7/17) | 17.6%(3/17) | 58.8%(10/17) | 29.4%(5/17) | 11.8%(2/17) | No, the trial is not acceptable or feasible |
| 7) For Type III - Is it acceptable/feasible to have an RCT without the option of selective termination? | 53.3%(8/15) | 26.7%(4/15) | 20.0%(3/15) | 73.3%(11/15) | 13.3%(2/15) | 13.3%(2/15) | No, the trial is not acceptable or feasible |
| 8) Do you think it is feasible to conduct a RCT for management of early onset growth restriction in MC twin pregnancies? |  |  |  | 46.7%(7/15) | 20.0%(3/15) | 33.3%(5/15) | No, the trial is not feasible |

**Table S2** Stakeholders who participated in the consensus meeting

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| **Role** | **Region of practice, Country** | **Role in FERN Study**  |
| Professor of Bioethics | UK | Co-applicant (Ethics) |
| Clinician | Northern Ireland | Co-applicant |
| Sponsorship Officer | UK | Sponsor Representative (University of Liverpool)\* |
| Clinician(Chairperson for meeting) | UK | Principal Investigator |
| Clinician(Facilitator for meeting) | Scotland | Chair - FERN Study Steering/Oversight Committee\* |
| PPIE representative | UK | Co-applicant (Twins Trust) |
| Clinician | The Netherlands | Collaborator |
| Health Economist | UK | Co-applicant (Health Economics) |
| Clinician | Germany | Collaborator |
| Senior Statistician | UK | Co-applicant (Statistics)\* |
| Clinician | UK | Chief Investigator  |
| Professor of Biostatistics | UK | Co-applicant (Consensus Development)\* |
| PPIE representative | UK | Co-applicant (Twins Trust) |
| Clinician | The Netherlands | Collaborator |
| Clinician | UK | Principal Investigator |
| PPIE representative | UK | Co-applicant (Parent) |
| Research Associate | UK | FERN Core Team - Qualitative  |
| Clinician | UK | Principal Investigator |
| Clinician | UK | Principal Investigator |
| Clinician | UK | Collaborator |
| Research Assistant | UK | FERN Core Team – Qualitative\* |
| Clinician | UK | FERN Core Team - Study Management  |
| Research Coordinator | UK | FERN Core Team - Study Management\* |
| Clinician | UK | Principal Investigator |
| Professor of Social Science and Women's Health | UK | Co-applicant  |
| Clinician | UK | Co-applicant |
| PPIE representative | UK | Co-applicant (Parent) |
| Professor in Health Research Methodology | UK | Co-applicant (Qualitative Lead) |

\*Six people did not participate in voting. PPIE, Patient and Public Involvement and Engagement.