Appendix 1: Investigators and Study Personnel

- In addition to the authors, other members of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network are as follows:
- *The Ohio State University, Columbus, OH* A. Bartholomew, C. Buhimschi, M. Landon, F. Johnson, L. Webb, D. McKenna (Miami Valley Hospital), K. Fennig (Miami Valley Hospital), K. Snow (Miami Valley Hospital)
- University of Texas Medical Branch, Galveston, TX M. Costantine, A. Nounes, G. Chiossi, H. Harirah, M. Munn, G. Olson, A. Saad, J. Patel
- Brown University, Providence, RI D. Allard, D. Rouse, E. Werner, J. Rousseau, J. Lee
- *University of Utah Health Sciences Center, Salt Lake City, UT* K. Hill, A. Sowles, K. Christensen, S. Esplin (Intermountain Medical Center), V. Morby (McKay-Dee Hospital Center)
- Columbia University, New York, NY S. Bousleiman, R. Wapner, V. Carmona, L. Plante (Drexel University), B. Leopanto (Drexel University), M. Hoffman (Christiana Hospital), A. Vanneman (Christiana Hospital), K. Palomares (St. Peter's University Hospital), C. Perez (St. Peter's University Hospital), D. Skupski (NY Presbyterian Queens), R. Chan-Akeley (NY Presbyterian. Queens)
- *University of North Carolina at Chapel Hill, Chapel Hill, NC* K. Clark, S. Timlin, H. Byers, C. Beamon (WakeMed Health & Hospitals), C. Weatherly-Jones (WakeMed Health & Hospitals)
- *University of Alabama at Birmingham, Birmingham, AL* S. Harris, J. Sheppard, L.Harper, C. Lee, L. Miller, P. Files
- Duke University, Durham, NC T. Bishop, J. Ferrara
- *MetroHealth Medical Center-Case Western Reserve University, Cleveland, OH* W. Dalton, J. Bell, D. Hackney (University Hospital Cleveland), L. Polito, B. Mercer
- University of Texas Southwestern Medical Center, Dallas, TX L. Moseley, J. Gerald, L. Fay-Randall, M. Garcia, A. Sias, J. Price
- Northwestern University, Chicago, IL G. Mallett, W. Grobman, M. Dinsmoor (NorthShore Evanston Hospital), K. Paycheck (NorthShore Evanston Hospital), B. Plunkett (NorthShore Evanston Hospital)
- Stanford University, Stanford, CA C. Willson, D. Lyell, N. Aziz, K. Sherwin, A. Girsen
- University of Colorado, Denver, CO J. Phipers, K. Heyborne, K. Hale
- *UT Health- University of Texas Medical School at Houston--Children's Memorial Hermann Hospital, Houston, TX –* F. Ortiz, S. Chauhan, B. Rech
- *The George Washington University Biostatistics Center, Washington, DC* E. A. Thom, L. Ugwu, V. L. Flowers-Fanomezantsoa, C. Kwan
- Eunice Kennedy Shriver National Institute of Child Health and Human Development, Bethesda, MD S. Tolivaisa, M. Miodovnik, S. Archer

Appendix 2. Recommendations for Screening for HCV

From https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm. Accessed May 2018.

Persons from Whom HCV Testing Is Recommended

- Adults born from 1945 through 1965
- HCV testing is recommended for those who:
 - o Currently injecting drugs
 - Ever injected drugs, including those who injected once or a few times many years ago
 - Have certain medical conditions:
 - who received clotting factor concentrates produced before 1987
 - who were ever on long-term hemodialysis
 - with persistently abnormal alanine aminotransferase levels (ALT)
 - who have HIV infection
 - Were prior recipients of transfusions or organ transplants:
 - were notified that they received blood from a donor who later tested positive for HCV infection
 - received a transfusion of blood, blood components, or an organ transplant before July 1992

Persons for Whom HCV Testing Is Recommended Based on Recognized Exposure

- Healthcare, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-positive blood
- Children born to HCV-positive women

Persons for Whom Routine HCV Testing Is of Uncertain Need

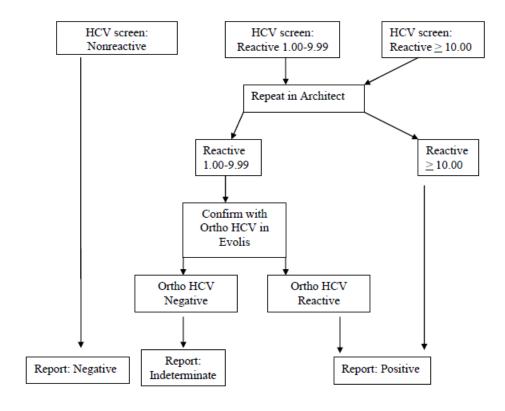
- Recipients of transplanted tissue (e.g. corneal, musculoskeletal, skin, ova, sperm)
- Intranasal cocaine and other non-injecting illegal drugs users
- Persons with a history of tattooing or body piercing
- Persons with a history of multiple sex partners or sexually transmitted diseases
- Long-term steady sex partners of HCV-positive persons

Persons for Whom Routine HCV Testing Is Not Recommended

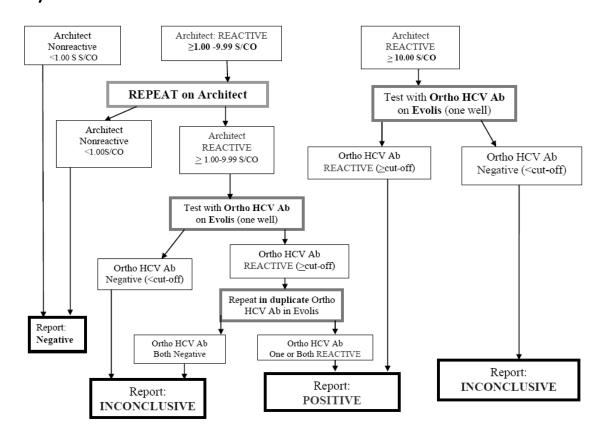
- Healthcare, emergency medical, and public safety workers
- Pregnant women
- Household (nonsexual) contacts of HCV-positive persons
- General population

Appendix 3. HCV Study Screening Algorithms

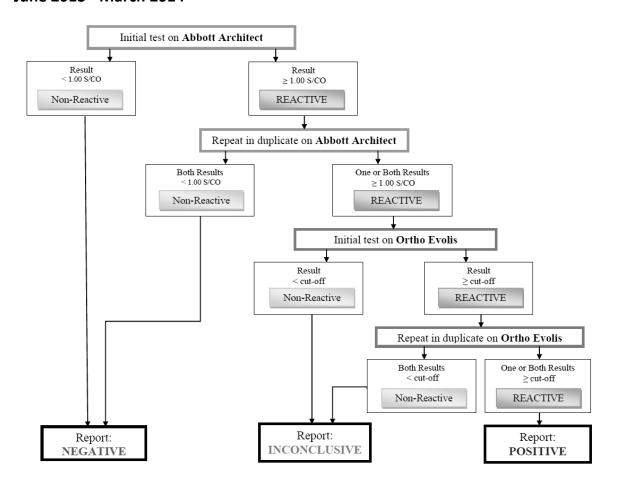
October 2012 - May 2013



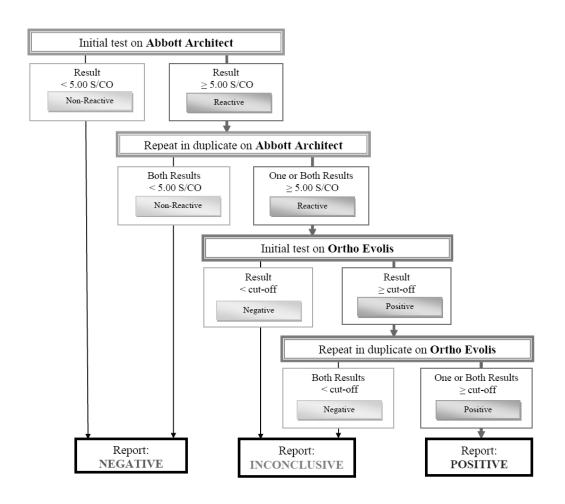
May 2013 - June 2013



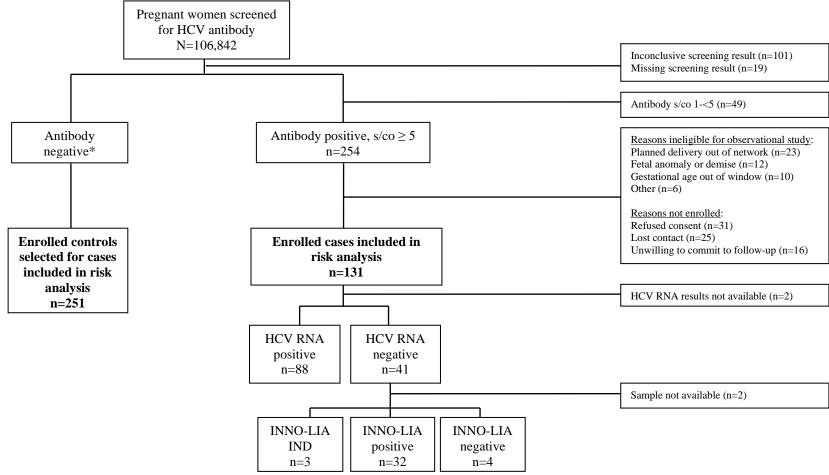
June 2013 - March 2014



On and After March 2014



Appendix 4. Testing results from pregnant women consenting to HCV antibody testing, MFMU Network, October 2012-December 2015



MFMU, Maternal-Fetal Medicine Units; HCV, hepatitis C virus; s/co, signal to cut-off ratio; IND, Indeterminate.

Prasad M, Saade GR, Sandoval G, Hughes BL, Reddy UM, Mele L, et al. Hepatitis C virus antibody screening in a cohort of pregnant women: identifying seroprevalence and risk factors. Obstet Gynecol 2020;135.

The authors provided this information as a supplement to their article.

 $\hbox{@2020 American College of Obstetricians and Gynecologists.}$

^{*} There were 42,148 negatives defined as <1 S/CO (October 2012 to February 2014) and 64,271 negatives defined as <5 S/CO (on and after March 2014).

Appendix 5. Comparison of potential HCV risk factors among pregnant women screened positive for HCV antibody and HCV RNA* and their controls, MFMU Network, October 2012-December 2015

Risk factor	Controls	Cases*	Unadjusted		Adjusted (full)†		Adjusted (final)‡	
	n=169	n=88	OR (95% CI)	р	OR (95% CI)	р	OR (95% CI)	р
Injected any drugs	5 (3.0)	47 (53.4)	37.6 (14.1-101)	< 0.001	25.3 (5.0-128)	< 0.001	16.6 (5.6-49.2)	< 0.001
Blood transfusion	7 (4.1)	9 (10.2)	2.6 (0.95-7.3)	0.06	4.0 (0.73-21.7)	0.11	3.8 (1.1-13.7)	0.04
Partners with HCV	3 (1.8)	15 (17.0)	11.4 (3.2-40.5)	< 0.001	4.9 (0.72-33.4)	0.11	6.3 (1.4-28.7)	0.02
Sexual partners								
1 sexual partner	34 (21.3)	2 (2.5)	1.0		1.0		1.0	
2-3 sexual partners	28 (17.5)	9 (11.3)	5.5 (1.1-27.4)	0.04	11.4 (1.4-93.1)	0.02	6.3 (1.0-37.9)	0.05
>3 sexual partners	98 (61.3)	69 (86.3)	12.0 (2.8-51.5)	< 0.001	8.8 (1.1-69.2)	0.04	4.9 (0.93-25.7)	0.06
Smoked during pregnancy	28 (16.6)	55 (62.5)	8.4 (4.6-15.2)	< 0.001	4.1 (1.2-13.7)	0.02	3.2 (1.5-6.9)	0.003

HCV, hepatitis C virus; RNA, ribonucleic acid; MFMU, Maternal-Fetal Medicine Units; OR, odds ratio; CI, confidence interval; p, p-value. Data presented as number (percentage) of mothers unless otherwise indicated.

Number of missing values in full model: number of sexual partners (n=17), history of trauma/self-harm (n=1), home ownership (n=2).

Prasad M, Saade GR, Sandoval G, Hughes BL, Reddy UM, Mele L, et al. Hepatitis C virus antibody screening in a cohort of pregnant women: identifying seroprevalence and risk factors. Obstet Gynecol 2020;135.

The authors provided this information as a supplement to their article.

©2020 American College of Obstetricians and Gynecologists.

^{*} HCV antibody positive with signal to cut-off value ≥5 followed by a positive HCV RNA test.

[†] Full model included the following covariates: History of injected and non-injected drug use, blood transfusions, sexual partner with HCV, multiple sexual partners, acupuncture, tattoos, ear/body piercings, incarceration, history of trauma/self-harm prostitution, vaginal bleeding, infections during the current pregnancy, maternal age, smoking during current pregnancy, alcohol use during current pregnancy, marital status, race/ethnicity, prior pregnancy, home ownership, household income, education, employment status, and type of insurance.

[‡] Final model included the following covariates: History of injected drug use, blood transfusions, sexual partner with HCV, multiple sexual partners, and smoking during current pregnancy.

Appendix 6. Comparison of potential HCV risk factors among women screened positive for HCV antibody (excluding patients with known prior HCV diagnosis)* and their controls, MFMU Network, October 2012-December 2015

Risk factor	Controls Cases*		Unadjusted		Adjusted (full)†		Adjusted (final)‡	
	n=159	n=82	OR (95% CI)	p	OR (95% CI)	p	OR (95% CI)	p
Injected any drugs	5 (3.1)	37 (45.1)	25.3 (9.4-68.2)	< 0.001	14.9 (3.3-67.3)	< 0.001	10.7 (3.6-32.3)	< 0.001
Blood transfusion	6 (3.8)	11 (13.4)	4.0 (1.4-11.1)	0.009	3.9 (0.81-18.7)	0.09	4.3 (1.3-14.2)	0.02
Partners with HCV	3 (1.9)	12 (14.6)	8.9 (2.4-32.6)	< 0.001	3.4 (0.49-23.0)	0.22	4.8 (1.1-21.3)	0.04
Sexual partners								
1 sexual partner	24 (16.0)	2 (2.5)	1.0		1.0		1.0	
2-3 sexual partners	34 (22.7)	8 (10.1)	2.8 (0.55-14.5)	0.21	3.5 (0.49-24.4)	0.21	2.3 (0.44-12.4)	0.32
>3 sexual partners	92 (61.3)	69 (87.3)	9.0 (2.1-39.4)	0.004	6.0 (0.89-40.7)	0.07	3.0 (0.65-14.2)	0.16
Smoked during pregnancy	31 (19.5)	50 (61.0)	6.5 (3.6-11.7)	< 0.001	3.0 (0.87-10.4)	0.08	2.5 (1.1-5.4)	0.02

HCV, hepatitis C virus; MFMU, Maternal-Fetal Medicine Units; OR, odds ratio; CI, confidence interval; p, p-value.

Data presented as number (percentage) of mothers unless otherwise indicated.

Number of missing values in full model: number of sexual partners (n=12), history of trauma/self-harm (n=1), home ownership (n=1).

Prasad M, Saade GR, Sandoval G, Hughes BL, Reddy UM, Mele L, et al. Hepatitis C virus antibody screening in a cohort of pregnant women: identifying seroprevalence and risk factors. Obstet Gynecol 2020;135.

The authors provided this information as a supplement to their article.

 $\hbox{@2020 American College of Obstetricians and Gynecologists.}$

^{*} HCV antibody positive with signal to cut-off value ≥5, excluding forty-nine women with known prior HCV diagnosis.

[†] Full model included the following covariates: History of injected and non-injected drug use, blood transfusions, sexual partner with HCV, multiple sexual partners, acupuncture, tattoos, ear/body piercings, incarceration, history of trauma/self-harm, prostitution, vaginal bleeding, infections during the current pregnancy, maternal age, smoking during current pregnancy, alcohol use during current pregnancy, marital status, race/ethnicity, prior pregnancy, home ownership, household income, education, employment status, and type of insurance.

[‡] Final model included the following covariates: History of injected drug use, blood transfusions, sexual partner with HCV, multiple sexual partners, and smoking during current pregnancy.