Supplemental Tables (S1-S3):

	Projected Peripartum/Intrauterine MTCT Risk (%) CD4>350 / CD4≤350ª	Projected 6-Month Breastfeeding MTCT Risk (%) CD4>350 / CD4≤350 ^a
Maternal ART Initiated ≤ 28 weeks GA	$0.4^{13}/\ 0.6^{12}$	$0.3^{12} / 0.3^{12}$
Initiated 29-34 weeks GA	$2.9^{17}/\ 3.7^{17}$	0.9 ¹⁸ / 1.1 ¹⁷
Initiated >34 weeks GA	$2.9^{17}/4.1^{18}$	$0.9^{18}/\ 1.1^{17}$
Maternal ZDV monotherapy Initiated ≤ 34 weeks GA Initiated >34 weeks GA	$3.4^{17} / 6.3^{17}$ $5.8^{15} / 11.6^{15}$	$4.0^{14} / 4.0^{14}$ $4.7^{20} / 4.7^{20}$
Maternal sdNVP/ZDV in labor	$6.6^{19} / 18.4^{19}$	$2.3^{20} / 2.3^{20}$
No maternal antiretrovirals	$21.8^{16} / 33.2^{16 \mathrm{b}}$	$2.7^{20} / 2.7^{20}$

Table S1: Duration of ARV model inputs.

Estimates of of risk of mother-to-child transmission by duration of maternal antiretrovirals and CD4 strata utilized in sensitivity analysis.

Note. MTCT, mother-to-child transmission; ART, combination antiretroviral therapy; GA, gestational age; ZDV, zidovudine; sdNPV, single-dose nevirapine

^a CD₄ strata were imputed for women without CD₄ results following the distribution of CD₄ counts in the study population.

^b Calculated from Cox proportional hazards model.

	Projected MTCT		Difference	P-
	Option A	Option B	(95% CI)	value
Spectrum model inputs				
Base	3.79%	4.69%	+ 0.90% (0.62-1.18)	<0.001
Low	2.76%	3.34%	+ 0.58% (0.40-0.76)	<0.001
High	4.77%	5.56%	+ 1.08% (0.72-1.44)	<0.001
Duration of ARV receipt inputs	4.87%	5.65%	+ 0.78% (0.45-1.10)	<0.001

Table S2: Sensitivity analyses of projected MTCT and impact of Option B.

Estimates of risk of mother-to-child transmission and effect estimates of impact of Option B implementation under the Spectrum model inputs and estimates utilizing duration of ARV receipt.

Note. MTCT, mother-to-child transmission; CI, confidence interval; ARV, antiretrovirals

	Effect estimate, Change in MTCT probability	
	(95% CI)	P-value
WHO strategy	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Option A	_	_
Option B	10.00	<0.001
Option B	+0.90 (0.62-1.18)	<0.001
	(0.02 2.10)	
Delivery hospital	_	<0.001
ANC location		
Urban (population >50,000)	_	_
Ciban (population > 30,000)		
Large village (population	+ 0.16	0.31
20,000-50,000)	(-0.15, 0.48)	
Rural (population <20,000)	+ 0.23	0.068
Ruful (population 120,000)	(-0.02, 0.49)	0.000
ANC with onsite ART clinic	- 0.36	0.002
	(-0.59, -0.13)	
Receiving ART at conception	- 4.27	<0.001
receiving riter at conception	(-4.50, -4.05)	(0.001
Maternal age < 25 years	+ 0.21	0.065
	(-0.07, 0.50)	
Completed secondary education	- 0.31	0.028
completed secondary education	(-0.59, -0.03)	0.020
Gestational at ANC registration (per	+ 0.09	<0.001
each additional week)	(0.07, 0.11)	
HIV diagnosis prior to pregnancy	- 0.45	0.002
	(-0.73, -0.16)	

Table S3: Estimates of effect from multivariate model of PMTCT strategy and other factors on probability of MTCT.

Note. MTCT, mother-to-child transmission; CI, confidence interval; WHO, World Health Organization; ANC, antenatal clinic; ART, combination antiretroviral therapy