**Supplemental Table 1.** **Characteristics of mothers and infants in the historical data**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Characteristics** | **PHPT-1**a  **N=** **1,375** | **PHPT-2**b  **N=** **1,743** | **PHPT-2  open-label**c  **N=** **152** | **PHPT-2  PK**d  **N=45** | **PHPT-5 original trial**e  **N=423** |
| **Women at enrolment** |  |  |  |  |  |
| Median age (IQR)(years) | 25 (22-28) | 26 (23-30) | 26 (22-29) | 26 (23-28) | 27 (23-32) |
| Median VL (IQR)  (log10copies/mL) | 3.9 (3.3-4.5) | 4.1 (3.4-4.7) | 4.2 (3.5-4.8) | 4.0 (2.8-4.4) | 4.0 (3.4-4.4) |
| Median CD4 (IQR)  (cells/mm3) | 360 (240-510) | 374 (247-526) | 383 (241-563) | 435 (215-572) | 458 (368-576) |
| Median gestational age (IQR)(weeks) | 29 (28-35) | 29 (28-31) | 36 (33-38) | 32 (30-34) | 28 (28-29) |
| **Women at delivery** |  |  |  |  |  |
| Median VL (IQR)(log10copies/mL) | 3.8 (3.1-4.3) | 3.5 (2.8-4.2) | 3.6 (3.1-4.3) | 3.5 (2.1-4.9) | 3.1 (1.9-3.8) |
| Median gestational age (IQR)(weeks) | 39.0  (38.0-40.0) | 38.6  (37.9-39.4) | 38.3  (36.6-39.3) | 39.1  (38.1-40.3) | 38.7  (37.8-39.7) |
| Treatment duration  (weeks) | 8.1 (4.3-11.3) | 9.6 (7.4-11.0) | 0.0 (0.0-1.7) | 7.0 (3.7-8.7) | 10.1 (8.6-11.1) |
| C/section, n(%) | 250 (18%) | 359 (21%) | 37 (24%) | 16 (36%) | 59 (15%) |
| **Infants** |  |  |  |  |  |
| Intra-partum transmissions  n (%) | 52 (4%) | 21 (1%) | 7 (5%) | 0 (0%) | 4 (1%) |

a PHPT-1 (NCT00386230, 1996-2000)9

b PHPT-2 (NCT00398684, 2000-2004)10

c  PHPT-2 open label (2000-2004). Women who presented after 28 weeks gestation, could not be enrolled in PHPT-2. They were followed separately and were offer together with their neonates open label nevirapine (200 mg) in addition to zidovudine as per Thai national guidelines.

d PHPT-2 pharmacokinetic study performed before PHPT-2 study (2000-2004). All women had received a single dose of nevirapine (200 mg) during labor similar to PHPT-2 in addition to zidovudine in mothers and infants20.

e PHPT-5 original trial (NCT00409591, 2008-2010)4

**Supplemental Figure a.** Risks of intrapartum transmission under standard of care only and with antiretroviral intensification.



**Supplemental Figure b.** Probability of superiority of antiretroviral intensification over standard of care.

