

Table S1. Extract from the Sociodemographic and Clinical Questionnaire

Study ID:	
Information Collected by:	
Date:	
Contact Information	
Cell phone No.	
Area of residence/community	
Alternate contact Cell phone No.	
Alternate contact relationship to study participant:	

**Demographic Information**

1. Mother born in Kenya	Kenya <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how long has she lived in Kenya... Years... months
2. Mother's Age	_____ Years
3. Mother's ethnic background	<input type="checkbox"/> Luo <input type="checkbox"/> Kuria <input type="checkbox"/> Kisii <input type="checkbox"/> Mixed/Other: _____
4. Mother's highest education level	<input type="checkbox"/> No Education <input type="checkbox"/> Primary level <input type="checkbox"/> Secondary level <input type="checkbox"/> Technical college/Trade <input type="checkbox"/> Professional college <input type="checkbox"/> University Bachelor's degree <input type="checkbox"/> University [Master's PhD]

4. Mother's Occupation	<input type="checkbox"/> House wife <input type="checkbox"/> Self employed <input type="checkbox"/> Government job <input type="checkbox"/> Private job <input type="checkbox"/> Other, specify: _____
5. Mother's income per month (net)	<input type="checkbox"/> Less than KES 5,000 <input type="checkbox"/> KES 5,001– 10,000 <input type="checkbox"/> KES 10,001 – 20,000 <input type="checkbox"/> KES 20,001 – 30,000 <input type="checkbox"/> KES 30,001 – 40,000 <input type="checkbox"/> KES 40,001 – 50,000 <input type="checkbox"/> above KES 50,000 KES = Kenyan Shillings
6. Baby's Father born in	Kenya <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, how long has he lived in Kenya _____ Years months
7. Baby's Father Age	_____ Years
8. Baby's Father ethnic background	<input type="checkbox"/> Luo <input type="checkbox"/> Kuria <input type="checkbox"/> Kisii <input type="checkbox"/> Mixed/Other
9. Baby's Father highest education level	<input type="checkbox"/> No Education <input type="checkbox"/> Primary level <input type="checkbox"/> Secondary level <input type="checkbox"/> Technical college/Trade <input type="checkbox"/> Professional college <input type="checkbox"/> University Bachelor's degree <input type="checkbox"/> University [Master's PhD]
10. Baby's Father Occupation	<input type="checkbox"/> Unemployed <input type="checkbox"/> Self employed <input type="checkbox"/> Government job <input type="checkbox"/> Private job <input type="checkbox"/> Other, specify: _____
11. Baby's Father income per month	<input type="checkbox"/> Less than KES 5,000 <input type="checkbox"/> KES 5,001 – 10,000

	<input type="checkbox"/> KES 10,001 – 20,000 <input type="checkbox"/> KES 20,001 – 30,000 <input type="checkbox"/> KES 30,001 – 40,000 <input type="checkbox"/> KES 40,001 – 50,000 <input type="checkbox"/> More than KES 50,000  KES = Kenyan Shillings
12. Combined Family Income per Month (net)	<input type="checkbox"/> Less than KES 10,000 <input type="checkbox"/> KES 10,001 – 20,000 <input type="checkbox"/> KES 20,001 – 30,000 <input type="checkbox"/> KES 30,001 – 40,000 <input type="checkbox"/> KES 40,001 – 50,000 <input type="checkbox"/> More than KES 50,000  KES = Kenyan Shillings
13. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Cohabitation <input type="checkbox"/> Traditional Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Religious Marriage
14. As far as you are aware, are you in a polygamous relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Number of families in the house:	<input type="checkbox"/> Two or more (e.g. brother-in-law other relatives e.g. uncles, aunts) <input type="checkbox"/> No (husband and children only)
16. How many people live with you in the house?	_____ People [Insert number]

	<input type="checkbox"/> pill <input type="checkbox"/> 3 monthly depo injection <input type="checkbox"/> Copper IUD <input type="checkbox"/> Standard Days Method <input type="checkbox"/> Tubal ligation <input type="checkbox"/> other, specify
24. Gravid:	<input type="checkbox"/> Primiparous (i.e., first pregnancy) <input type="checkbox"/> Multiparous (i.e., given birth $\geq$ two times)  If multiparous: a) Total number of children: ____ b) Previous male <input type="checkbox"/> Yes <input type="checkbox"/> No  Previous Preterm birth (<37 weeks) <input type="checkbox"/> Yes <input type="checkbox"/> No
25. When was your last baby born?	____ Date ____ month ____ Year Calculate Interpregnancy interval Months
26. Did you have any significant medical problem/s prior to pregnancy? (Check all that apply)	<input type="checkbox"/> Malaria <input type="checkbox"/> HIV <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> History of depression <input type="checkbox"/> Other
27. Have you had and/or been treated for infections during pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which (Circle all that apply)  <input type="checkbox"/> Vaginal infections <input type="checkbox"/> Urinary tract infections <input type="checkbox"/> Dental related infections <input type="checkbox"/> Sexually transmitted infections <input type="checkbox"/> Respiratory infections (e.g. pneumonia, bronchitis) <input type="checkbox"/> Fever episodes <input type="checkbox"/> Flu/Cold like symptoms

<p>36. Since becoming pregnant, have you at any point been subjected to violence or violent behavior from your partner?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>If yes, what type of violence were you exposed to?</p> <p><input type="checkbox"/> Intense verbal abuse  <input type="checkbox"/> Slapping and kicking  <input type="checkbox"/> Major physical injuries requiring medical attention  <input type="checkbox"/> Forced sexual activity  <input type="checkbox"/> Evicted from homestead to go and live with other relatives  <input type="checkbox"/> Other, specify</p>
<p>38. How do you cope when you feel "stressed"?</p>	<p><input type="checkbox"/> I develop my own inner strength to cope  <input type="checkbox"/> I mostly share my problems with my close friends and family (e.g. mother, sister, mother-in-law, sister-in-law etc.)  <input type="checkbox"/> I go to church and attend religious meetings  <input type="checkbox"/> I go to live with family or friends who are welcoming  <input type="checkbox"/> Other, specify</p>

**Table S2. The Perceived Stress Scale (PSS-10)**

**The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Gender (*Circle*): **M** **F** Other \_\_\_\_\_

**0 = Never   1 = Almost Never   2 = Sometimes   3 = Fairly Often   4 = Very Often**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. In the last month, how often have you been upset because of something that happened unexpectedly?                 | 0 | 1 | 2 | 3 | 4 |
| 2. In the last month, how often have you felt that you were unable to control the important things in your life?     | 0 | 1 | 2 | 3 | 4 |
| 3. In the last month, how often have you felt nervous and "stressed"?  | 0 | 1 | 2 | 3 | 4 |
| 4. In the last month, how often have you felt confident about your ability to handle your personal problems?         | 0 | 1 | 2 | 3 | 4 |
| 5. In the last month, how often have you felt that things were going your way?                                       | 0 | 1 | 2 | 3 | 4 |
| 6. In the last month, how often have you found that you could not cope with all the things that you had to do?       | 0 | 1 | 2 | 3 | 4 |
| 7. In the last month, how often have you been able to control irritations in your life?                              | 0 | 1 | 2 | 3 | 4 |
| 8. In the last month, how often have you felt that you were on top of things?  | 0 | 1 | 2 | 3 | 4 |
| 9. In the last month, how often have you been angered because of things that were outside of your control?           | 0 | 1 | 2 | 3 | 4 |
| 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? | 0 | 1 | 2 | 3 | 4 |

Table S3. Prenatal Medical Risk Index

*Use 0 if not present, 1 if present*

**Unusual features of pregnancy**

1. \_\_\_\_ diabetes (current or past)
2. \_\_\_\_ heart disease (current or past)
3. \_\_\_\_ polyhydramnios
4. \_\_\_\_ communicable disease
5. \_\_\_\_ Rh negative

**Gynecological and obstetric history**

6. \_\_\_\_ 5 or more past deliveries
7. \_\_\_\_ previous fetal demise
8. \_\_\_\_ previous stillbirth
9. \_\_\_\_ previous preterm delivery
10. \_\_\_\_ previous 2<sup>nd</sup> trimester spontaneous abortion
11. \_\_\_\_ 3 or more previous 1<sup>st</sup> trimester spontaneous abortions
12. \_\_\_\_ 2 or more therapeutic abortions

**Complications of past pregnancies**

13. \_\_\_\_ hemorrhage
14. \_\_\_\_ placenta previa
15. \_\_\_\_ pregnancy induced hypertension
16. \_\_\_\_ pre-eclampsia (toxemia)
17. \_\_\_\_ gestational diabetes

**Family history**

18. \_\_\_\_ diabetes

Patient history (can be identified in current pregnancy as long as not counted twice)

19. \_\_\_\_ hypertension
20. \_\_\_\_ pulmonary disease (or current asthma)
21. \_\_\_\_ genito-urinary infections
22. \_\_\_\_ renal disease
23. \_\_\_\_ epilepsy
24. \_\_\_\_ uterine surgery
25. \_\_\_\_ uterine or cervical abnormality
26. \_\_\_\_ herpes

Current pregnancy complaints

27. \_\_\_\_ anemia
  28. \_\_\_\_ flu syndrome
  29. \_\_\_\_ genito-urinary infections
  30. \_\_\_\_ incompetent cervix
  31. \_\_\_\_ alcohol abuse
  32. \_\_\_\_ substance abuse
  33. \_\_\_\_ placenta previa
  34. \_\_\_\_ postmaturity
  35. \_\_\_\_ threatened abortion
  36. \_\_\_\_ tobacco use
  37. \_\_\_\_ second or third trimester bleeding
- \_\_\_\_ TOTAL Prenatal Risk