

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	<input type="checkbox"/> 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?	<div style="text-align: right;">People</div> [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>	<div data-bbox="662 184 917 241" style="text-align: center;">  </div> <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 2nd trimester spontaneous abortion
11. ____ 3 or more previous 1st 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