Table S1: Select case reports and case series of visceral leishmaniasis in singleton pregnancies.

Authors	Year	Country	n	Symptoms - Signs	Diagnosis	Treatment	Outcome
Pagliano et al. [35]	2005	Italy	5	Fever-hepatosplenomegaly	Antileishmanial antibody titre. Cultures were attempted from bone marrow aspirates. Zymodeme analysis of Leishmania strains obtained.	LAmB 3 mg/kg/day on days 1–5 and 10	Anti-Leishmania antibodies became undetectable by month 6. No relapse was observed. Five healthy newborns were delivered; Apgar scores between 7 and 9, and weight between 3200 and 3700 g At delivery, four newborns had detectable levels of anti-Leishmania antibodies; all became negative within 6 months.
Mueller et al. [38]	2006	Soudan	12	Fever of >2 weeks duration and either splenomegaly or at least two of the following: inguinal lymphadenopathy, hepatomegaly, weight loss, recurrent epistaxis or anaemia.	Direct agglutination test (DAT; ≥6400), rapid diagnostic dipstick test (rK39; DiaMed-IT-Leish®) or lymph-node aspiration	LAmB 3–7 mg/kg on days 1, 2, 3, 4, 10, and 15	100% cured when discharged 75% still pregnant at discharge No spontaneous abortions during treatment Two healthy infants born during the study One premature infant died after treatment was complete
Figueiró-Filho et al. [46]	2008	Brazil	5	Mean gestational age was 28.7 ± 7.8 weeks. Fever was reported in all cases, three patients reported weight loss, and four reported abdominal pain.	A positive test for anti-leishmania antibody determined by indirect immunofluorescence. Demonstration of amastigote forms of Leishmania in material	LAmB 3 mg/kg/day for 20 days	Maternal: Followed up for at least 1 year and considered to be healthy, free of disease, and in adequate nutritional status Neonatal: Follow up for at least 1 year considered to be healthy, free of disease, and in adequate nutritional

					obtained by bone marrow puncture and stained on a slide by the method of Romanovsky (Giemsa, Wright, Leishman or Diff Quick) and/or by in vitro culture in specific medium (NNN), with detection of promastigote forms Bone marrow puncture was performed in the newborns after delivery		status
Sinha et al. [139]	2010	India	3	No available information	Positive rK39 rapid diagnostic test (DiaMed-IT-Leish) or a parasitological diagnostic test result	LAmB at a total dose of 20 mg/kg divided into 5 mg/kg on days 0, 1, 4, and 9	Successfully treated. LAmB was considered safe and effective.
Zinchuk et al. [141]	2010	Ukraine	1	Pregnancy of 28-32 weeks. No further available information.	No available information.	LAmB 3 mg/kg on days 1–5 and on day 10.	Periodic rise in temperature without apparent cause during LAmB treatment. Amastigotes of Leishmania infantum identified from bone marrow examination, and patient received further treatment.
Ritmeijer et al. [142]	2011	Ethiopia	2	History of fever for >2 weeks, malaria excluded, in combination with wasting, and either splenomegaly or	Suspected primary VL rK39 rapid diagnostic - if above negative, test DAT with a high titer (≥1:6,400) confirming VL.	LAmB six infusions of 5 mg/kg on alternate days	Maternal: Discharged without a test of cure but with good response to treatment. Neonatal: No information provided.

				lymphadenopathy	- intermediate DAT titer (1:800–1:3,200): tissue aspiration (spleen or lymph node) for microscopy and demonstration of leishmania amastigotes to confirm VL. Suspected VL relapse: tissue aspirate microscopy for all patients with a prior history of VL treatment.		
Mescouto-Borges et al. [37]	2013	Brazil	2	Fever >38 °C, weight loss, productive cough, dyspnea, mucocutaneous pallor, oedema of lower limbs	IFAT test in sera samples to detect antibodies against Leishmania. Bone marrow smears were stained with Giemsa PCR on bone marrow samples to detect 120 bp of the conserved region of parasite kDNA	LAmB, 3 mg/kg/day for seven days	Preterm emergency caesarean section due to maternal compromise (30^{+6}/40) in case 1 and fetal distress/splenomegaly/hydronephrosis (35^{+4}/40) in case 2 Maternal death due to DIC in one of the cases Both neonates symptomatic with positive bone marrow PCR
Salih et al. [137]	2014	Eastern Soudan	23	No available information	Suspected primary VL rK39 rapid diagnostic -if above negative, test DAT with a high titer (≥1:6,400) confirming VL. -intermediate DAT titer (1:800–1:3,200), lymph node aspiration for	LAmB at a total dose of 30 mg/kg, divided into 10 doses of 3 mg/kg on consecutive days. Slow responders received up to a	Treatment responses at 6 month follow-up visits: final cure: 43%, lost to follow-up: 38%, relapse: 7%, death: 6%, unknown: 6%.

					microscopy and demonstration of leishmania amastigotes confirmed VL. Suspected VL relapse: Tissue aspirate microscopy for all patients with a prior history of VL treatment.	total dose up to 50 mg/kg.	
Silva et al. [140]	2015	Brazil	1	Fever, diarrhoea, hepatosplenomegaly	Demonstration of amastigote forms of Leishmania parasite on a bone marrow smear	LAmB 4.8 mg/kg/day for 7 days and additional dose on day 10	Patient showed clinical improvement, however, without eradication of the parasite. Transplacental transmission not documented.
Panagopoulos et al. [9]	2017	Greece	1	Symptoms and signs of fatigue and cachexia and hepatosplenomegaly	Demonstration of amastigote forms of Leishmania parasite on a bone marrow smear	LAmB 3 mg/kg/day for 5 days followed by two more doses on days 14 and 21	Maternal: normal laboratory findings and liver and spleen sizes one month after treatment. The patient remained healthy at 14 months after integration of treatment with no signs of relapse Neonatal: Delivered 2 months after treatment, with normal weight and Apgar scores. The infant became serologically negative within 6 months of being born. Remained healthy at 12 months after birth.
Adam et al. [40]	2018	Sudan	45	No available information	No available information	No available information	Case–fatality rate of 18%; n=30 (77%) full-term deliveries of a live neonate, n=6 (15%) preterm deliveries, n=2 (5%) spontaneous abortions, and n=1 (2%) stillbirth.

							Recorded causes of death were hepatic complication (n=5; 63%), bleeding manifestation (n=2; 25%), and severe anemia/heart failure (n=1; 13%)
Cunha et al. [138]	2019	Brazil	1	24/40, with a two month history of daily high fever, asthenia and headaches.	Anti-rK39+	LAmB 3 mg/kg/day for 7 days	Treatment with LAmB showed significant clinical and laboratorial improvement. The newborn was born healthy at term, with delivery performed without complications.
Pekelharing et al. [41]	2020	South Soudan	85	History of fever more than 2 weeks and splenomegaly and/or lymphadenopathy and/or wasting	Suspected primary VL rK39 rapid diagnostic - if above negative, test DAT with a high titer (≥1:6,400) confirming VL. - intermediate DAT titer (1:800–1:3,200): tissue aspiration (spleen or lymph node) for microscopy and demonstration of leishmania amastigotes to confirm VL. Suspected VL relapse: Tissue aspirate microscopy for all patients with a prior history of VL treatment.	LAmB 5 mg/kg for 6–12 doses (30–60 mg/kg total).	Overall, initial cure rates were 96.5% and the mortality was 1.8%; 20% of patients experienced an adverse pregnancy outcome, mostly first trimester miscarriages or third trimester premature deliveries. No information on neonatal outcomes.

Argy et al. [44]	2020	France	1	VL relapse: asthenia, weight loss, and nausea	Microscopy on peripheral blood and bone marrow aspirates confirmed by a PCR assay, which found parasite burdens of 3 × 105 and 4.3 × 107 Leishmania parasites per mL, respectively.	LAmB 4 mg/kg/day for a total dose of 40 mg/kg, followed by LAmB 5 mg/kg every 15 days until delivery	Placenta: few intracellular Leishmania amastigotes found during the microscopic evaluation of the placenta, confirmed by positive PCR. Spontaneous vaginal delivery at 36 weeks. The newborn was severe IUGR <5th percentile, hepatosplenomegaly, and mild axial hypotonia associated with a subfebrile condition, therefore diagnosed with congenital VL and received an additional course of LAmB.
Niamh O'Grady et al. [136]	2023	USA	1	34/40 skin lesions to the nose, forehead, and mucosal thickening and a large nasal soft tissue mass (mucocutaneous leishmaniasis)	PCR on skin biopsy	LAmB 5 mg/kg/day (days 1–7), followed by 4 mg/kg weekly, total LAmB dose of 55 mg/kg over 8 weeks	Spontaneous labor 35/40 of a healthy preterm neonate.

DAT: direct agglutination test; DIC: Disseminated intravascular coagulation; IFAT: immunofluorescence antibody test; IUGR: intrauterine growth restriction; kDNA: kinetoplast DNA; LAmB: liposomal amphotericin-B; PCR: polymerase chain reaction