# S3 Appendix – Modified Newcastle Ottawa quality assessment scale and AHRQ standards

### **COHORT STUDIES**

#### Selection

- 1. Representativeness of the fibroid group for the general for the pregnant population
  - A. truly representative \*
  - B. somewhat representative \* (e.g. tertiary care hospital)
  - C. selected group (e.g. women receiving ART, selection based on hospital admission)
  - D. no description of the derivation of the cohort
- 2. <u>Selection of non-exposed cohort (same source population)</u>
  - A. drawn from the same community as the exposed cohort \*
  - B. drawn from a different source
  - C. no description of the derivation of the non-exposed cohort
- 3. <u>Diagnosis of fibroids with imaging</u>
  - A. ultrasound or other imaging studies; obtained from secured records \*
  - B. structured interview \*
  - C. written self-report
  - D. no description
- 4. <u>Definition of controls exclusion of fibroids in control group</u>
  - A. Absence of fibroids confirmed with imaging \*
  - B. no

## Comparability

1. Comparability of cases and controls on the basis of the design or analysis

Study controls for ethnicity \*

Study controls for maternal age \*

## Outcome

- 1. Assessment of outcome preterm birth
  - A. independent blind assessment \*
  - B. record linkage \*
  - C. self-report
  - D. no description
- 2. <u>Was follow-up long enough for outcomes to occur (until delivery)</u>
  - A. yes \*
  - B. no/not described
- 3. Adequacy of follow-up of cohorts
  - A. complete follow up until delivery all subjects accounted for \*
  - B. subjects lost to follow-up unlikely to introduce bias small number lost: <10%
  - C. follow-up rate <90% and no description of those lost
  - D. no statement or insufficient information on missing data (e.g. exclusion of patients delivering at other center)

### **CASE CONTROL STUDIES**

### Selection

- 1. <u>Is the case definition of fibroids adequate?</u>
  - A. routine ultrasound examination during pregnancy \*
  - B. record linkage (ICD codes), self-reports
  - C. no description
- 2. Representativeness of the cases
  - A. consecutive or obviously representative cases \*
  - B. potential for selection biases or not stated
- 3. Selection of controls
  - A. controls from same community (same source population) \*
  - B. hospital controls/different source
  - C. no description
- 4. <u>Definition of controls exclusion of fibroids in control group;</u>
  - A. Absence of fibroids confirmed with imaging \*
  - B. No description/no imaging

## Comparability

1. Comparability of cases and controls on the basis of the design or analysis

Study matches or controls for ethnicity

Study matches or controls for maternal age

### **Outcome**

- 1. Ascertainment of outcome preterm birth
  - A. secure record (hospital records, registry data) \*
  - B. structured interview where blind to case/control status \*
  - C. interview not blinded to case/control status
  - D. written self-report or medical record only
  - E. no description
- 2. Same method of ascertainment of the outcome preterm birth for cases & controls
  - A. yes \*
  - B. no
- 3. Non-response rate/loss to follow-up/missing outcome data
  - A. same rate for both groups \*
  - B. non respondents described
  - C. rate different and no designation

## Thresholds for converting the Newcastle-Ottawa scales to AHRQ standards (good, fair, and poor):

**Good quality:** 3 or 4 stars in selection domain AND 1 or 2 stars in comparability domain AND 2 or 3 stars in outcome/exposure domain

**Fair quality:** 2 stars in selection domain AND 1 or 2 stars in comparability domain AND 2 or 3 stars in outcome/exposure domain

**Poor quality:** 0 or 1 star in selection domain OR 0 stars in comparability domain OR 0 or 1 stars in outcome/exposure domain