Supplementary Information 2

Information sheet and informed voluntary consent form for participants (English version)

My name is _____. I am a data collector for the study conducted by Haramaya University, the College of Health and Medical Sciences, and other collaborative institutions. I kindly request you to lend me your attention to explain to you about the study and being selected as the study participant.

1. Study/project title

The relationship between vaginal and gut microbiome and pregnancy outcomes in Eastern Ethiopia (EthiOMICS)

2. Purpose/aim of the study

The findings of this study can be of paramount importance for the HHDSS to plan intervention programs toward the prevention of maternal and perinatal adverse outcomes through discovering the effect of the microbiome and its changes during pregnancy.

3. Procedure and duration

For the purpose of this study, I will gather information through interview, anthropometric measurements, and samples for laboratory investigation for you and your baby (after birth). The interview will take about 30 minutes and may be administered differently based on your gestational age and date of enrollment. So, I kindly request you to spare me this time for the interview.

4. Risks and benefits

The risk of participating in this study is very minimal, but only taking few minutes from your time. There would not be any direct payment for participating in this study. But the findings from this research may reveal important information for the local health planners to improve maternal and child health.

5. Confidentiality

The information you will provide will be kept confidential. There will be no information that will identify you in particular. The findings of the study will be general for the study population and will not reflect anything particular of individual persons. The questionnaire will be coded to exclude names or other personal identifiers. No reference will be made in oral or written reports that could link participants to the research or its findings.

6. Rights

Participation in this study is fully voluntary. You have the right to declare whether to participate or not in this study. If you decide to participate, you have the right to withdraw from the study at any time and this will not label you for any loss of benefits to which you otherwise are entitled. You do not have to answer any question that you do not want to answer.

7. Contact address

If there are any questions or inquiries at any time about the study or the procedures, please contact Principal Investigator: Fitsum Weldegebreal, at +251913715917 as well as the Institutional Health Research Ethics Review Committee (IHRERC) of Haramaya University College of Health and Medical Sciences at office phone 0254662011 or P.O. Box 235, Harar, Ethiopia.

8. **Declaration of informed voluntary consent**

I have read/**read to me** the participant information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the rights of participating and the contact address for any queries. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that I have the right to withdraw from the study at any time or not to answer any question that I do not want. Therefore, I declare my voluntary consent to participate in this study with my initials (signature).

Name and signature of participant: _____ _____ Date _____

Name and signature of Data Collector: _____ _____ Date _____