Supplemental Table S1. *Per protocol* analysis of primary outcome and maternal glycemia in pre-specified special interest groups

OGTT time point	N	Adjusted Beta (95% CI) for $\log_e$ glucose* ($\log_e$ mmol/L)	N	Fully adjusted Beta (95% CI) for $\log_e$ glucose† ($\log_e$ mmol/L)	GDM‡ Control	Intervention	Adjusted risk ratio (95% CI)§
Per protocol analyses‖ (N=553)							
Fasting	552	-0·0034 (-0·018 to 0·012)	549	0·0003 (-0·014 to 0·015)	58/266	69/279	1·24 (0·92 to 1·66; N=515)
1-hour	545	0·027 (-0·014 to 0·067)	542	0·038 (-0·002 to 0·077)	(21·8%)	(24·7%)	
2-hour	546	0·048 (0·011 to 0·085)	543	0·052 (0·014 to 0·090)			
Overweight or obese prior to conception¶ (N=258)							
Fasting	258	-0·010 (-0·035 to 0·014)	257	-0·0005 (-0·025 to 0·024)	39/125	42/128	1·18 (0·83 to 1·69; N=239)
1-hour	253	0·017 (-0·038 to 0·072)	252	0·032 (-0·024 to 0·088)	(31·2%)	(32·8%)	
2-hour	254	0·069 (0·015 to 0·122)	253	0·076 (0·020 to 0·131)			
Documented evidence of dysglycemia prior to conception# (N=94)							
Fasting	94	0·003 (-0·047 to 0·053)	92	0·018 (-0·034 to 0·070)	26/48	26/46	1·21 (0·86 to 1·71; N=86)
1-hour	93	0·062 (-0·022 to 0·146)	91	0.081 (-0·008 to 0·169)	(54·2%)	(56·5%)	
2-hour	93	0·048 (-0·045 to 0·140)	91	0·072 (-0·022 to 0·166)			

*$\log_e$ glucose at 24-32 weeks adjusted for site, ethnicity and baseline $\log_e$ glucose (for fasting and 2-hour only, baseline 60 min glucose not available).

†$\log_e$ glucose at 24-32 weeks adjusted for site, ethnicity, maternal age, pre-pregnancy BMI, preconception smoking, parity, family history of diabetes and baseline $\log_e$ glucose (for fasting and 2-hour only, baseline 1-hour glucose not available).

‡Gestational diabetes (GDM) defined by the IADPSG criteria (fasting glucose ≥5·1 mmol/L or 1-hour glucose ≥10·0 mmol/L or 2-hour glucose ≥8·5 mmol/L); includes only women with complete OGTT data at all 3 time points.

§Adjusted for site, ethnicity, maternal age, preconception BMI, household income level, parity, preconception smoking, preconception baseline fasting glycemia, family history of diabetes and offspring sex.

‖sensitivity analysis excluding those who violated the eligibility criteria (11 stopped hormonal contraception less than 28 days before recruitment, 1 conceived by assisted reproductive technologies) and those who were non-compliant (20 with <60% adherence; 3 and 0 in the control and intervention groups, respectively, completely stopped consumption during pregnancy prior to the 28-week OGTT.

¶defined using ethnic-specific thresholds of BMI >23 kg/m^2 for Asians including Chinese, Indians, Pakistani, Bangladeshi, Malay, mixed Asian; >25 kg/m^2 for non-Asians including White Caucasian, Polynesian, Black, mixed Asian-non-Asian.

#defined as at least one of the following: GDM in a previous pregnancy; preconception baseline first visit raised HbA1C (≥5·7% (39mmol/mol) or impaired fasting glucose (5·6 to 6·9 mmol/L) or impaired glucose tolerance (2-hour glucose 7·8 to 11·0 mmol/L) *[American Diabetes Association. 2. Classification and diagnosis of diabetes: standards of medical Care in Diabetes-2019. Diabetes Care. 2019; 42:S13–28.]*

Supplemental Table S2. Other pre-specified pregnancy and neonatal outcomes with the NiPPeR intervention compared with control

	Control	Intervention	Effect of Intervention Risk ratio (95% CI)[§]
Fetal death *in utero* or stillbirth ≥24 weeks *(denominator all pregnancies ≥24 weeks)*	0/292 (0·0%)	1/294 (0·3%)[†]	Insufficient to analyze
Shoulder dystocia requiring recognized manoeuvres for delivery	2/292 (0·7%)	4/293 (1·4%)	Insufficient to analyze
Neonatal outcomes *(denominator: all livebirths ≥24 weeks)*	…	…	…
Macrosomia (>4 kg)	21/292 (7·2%)	21/293 (7·2%)	0.94 (0·53 to 1·69, N=553)
Low birthweight (<2·5 kg)	21/292 (7·2%)	16/293 (5·5%)	0.78 (0·40 to 1·51, N=553)
Neonatal death (within 4 weeks of birth)	0/292 (0·0%)	1/293 (0·3%)‡	Insufficient to analyze
Jaundice requiring phototherapy	24/292 (8·2%)	23/293 (7·8%)	0.91 (0·55 to 1·51, N=553)
Low Apgar score (<7) at 5 minutes	3/288 (1·0%)	4/288 (1·4%)	Insufficient to analyze
Meconium aspiration	3/292 (1·0%)	6/293 (2·0%)	Insufficient to analyze
Respiratory distress requiring Continuous Positive Airway Pressure (CPAP) or ventilation	5/292 (1·7%)	7/293 (2·4%)	Insufficient to analyze
Hypoxic ischemic encephalopathy	1/292 (0·3%)	0/293 (0·0%)	Insufficient to analyze

[§]Adjusted for site, ethnicity, maternal age, preconception BMI, household income level, parity, smoking during pregnancy, offspring sex, fasting glucose at 28 weeks' gestation.
[†] Intrauterine death at term associated with placental infarctions (reported on histopathology)
‡Death due to extreme prematurity with delivery at 24^{+3} weeks' gestation

Supplemental Table S3. Other serious adverse events reported in all randomized women between randomization and 4 weeks post-delivery or withdrawal from study

	Control	Intervention
All other maternal	2·3% (20/859)	2·8% (24/870)
Obstetric	4	6
Gynecological	4	3
Infection/suspected infection	4	6
Gastrointestinal/surgical	3	2
Cardiac/renal	2	1
Breast	0	3*
Neurological/mental/psychological	1	1
Accidents/trauma	2	2

*2 cases of mastitis requiring i.v. antibiotics and 1 case of breast cancer