Supplementary material for Zhu X.-L. et al. Pulsatility index in combination with biomarkers or mean arterial pressure for the prediction of pre-eclampsia: Systematic literature review and meta-analysis, *Annals of Medicine*, 2015; Doi: 10.3109/07853890.2015.1059483.

Supplementary Table I. Criteria for the diagnosis of preeclampsia in the included studies.

Reference number	First author (publication year)	
20	Akolekar (2012)	International Society for the Study of Hypertension in Pregnancy criteria The systolic blood pressure should be 140 mm Hg or more and/or the diastolic blood pressure should be 90 mm Hg or more on at least two occasions 4 h apart developing after 20 weeks of gestation in previously normotensive women, and there should be proteinuria of 300 mg or more in 24 h or two readings of at least ++ on dipstick analysis of midstream or catheter urine specimens if no 24-hour collection is available
21	Odibo (2011)	Pre-eclampsia was defined using guidelines of the American College of Obstetricians and Gynecology Blood pressure of 140 mm Hg systolic or higher or 90 mm Hg diastolic or higher that occurs after 20 weeks of gestation in a woman with previously normal blood pressure Proteinuria, defined as urinary excretion of 0.3 g protein or higher in a 24-hour urine specimen
22	Yu (2011)	International Society for the Study of Hypertension in Pregnancy criteria Pre-eclampsia was defined as systolic blood pressure $\geq$ 140 mm Hg and/or diastolic blood pressure $\geq$ 90 mmHg on at least two occasions 4 h apart, developing after 20 weeks of gestation in previously normotensive women with proteinuria of 300 mg or more in 24 h, or 2 readings of at least ++ on dipstick analysis of midstream or catheter urine specimens if 24-h urine collection was not available
23	Foidart (2010)	International Society for the Study of Hypertension in Pregnancy criteria The systolic blood pressure should be 140 mm Hg or more and/or the diastolic blood pressure should be 90 mmHg or more, developing after 20 weeks' gestation, together with significant proteinuria in previously normotensive women. Significant proteinuria is defined as $\geq$ 300 mg in 24 h or two readings of at least ++ on dipstick analysis of midstream or catheter urine specimens if no 24-h collection is available
24	Poon (2010)a	International Society for the Study of Hypertension in Pregnancy criteria
25	Poon (2010)b	International Society for the Study of Hypertension in Pregnancy criteria GH the diastolic BP should be 90 mm Hg or more on at least two occasions 4 h apart developing after 20 weeks of gestation in previously normotensive women in the absence of significant proteinuria, and in PE there should be GH with proteinuria of 300 mg or more in 24 h or two readings of at least ++ on dipstick analysis of midstream or catheter urine specimens if no 24-h collection is available
26	Poon (2009)	International Society for the Study of Hypertension in Pregnancy criteria The diastolic blood pressure should be $\geq$ 90 mm Hg on at least two occasions 4 h apart, developing after 20 weeks of gestation in previously normotensive women in the presence of significant proteinuria of $\geq$ 300 mg in 24 h or two readings of at least ++ on dipstick analysis of midstream or catheter urine specimens if no 24-h collection is available
27	Akolekar (2008)	International Society for the Study of Hypertension in Pregnancy criteria In GH the diastolic blood pressure should be 90 mm Hg or more on at least two occasions 4 h apart developing after 20 weeks of gestation in previously normotensive women in the absence of significant proteinuria and in PE, there should be GH with proteinuria of 300 mg or more in 24 h or two readings of at least ++ protein on dipstick analysis of midstream or catheter urine specimens if no 24-h collection is available
28	Crispi (2008)	International Society for the Study of Hypertension in Pregnancy criteria PE was diagnosed if a previously normotensive woman had two repeat (4 h apart) diastolic blood pressure measurements of $\geq$ 90 mm Hg after the 20th week of gestation, together with proteinuria of more than 300 mg in a 24-h urine specimen or at least two protein dipsticks in two repeat measurements (4 h apart)
29	Spencer (2008)	International Society for the Study of Hypertension in Pregnancy criteria
30	Spencer (2007)a	Diastolic blood pressure of 90 mm Hg or more on any one occasion or a systolic blood pressure of 140 mm Hg or more on two consecutive occasions at least 4 h apart in previously normotensive women with no pre-existing renal disease, and the presence of either more than 300 mg of total protein in a 24-h urine collection or greater than a 1+ albumin on reagent strip
31	Spencer (2007)b	International Society for the Study of Hypertension in Pregnancy criteria. This requires two recordings of systolic/diastolic blood pressure (at least one of which is $>$ 140/90 mm Hg) measured at least 4 h apart in previously normotensive women, and proteinuria of 300 mg or more in 24 h, or two readings of at least 2+ on dipstick analysis of midstream or catheter urine specimens if no 24-h collection is available
32	Spencer (2006)	International Society for the Study of Hypertension in Pregnancy criteria A diastolic blood pressure of $\geq$ 110 mm Hg on any one occasion or a diastolic blood pressure of $\geq$ 90 mmHg on 2 consecutive occasions 4 h apart in women with no pre-existing hypertensive or renal disease, and the presence of either more than 300 mg of total protein in a 24-hour urine collection or a 1+ albumin on reagent strip
33	Nicolaides (2006)	International Society for the Study of Hypertension in Pregnancy criteria
34	Spencer (2005)	International Society for the Study of Hypertension in Pregnancy criteria This requires two recordings of diastolic blood pressure of $>$ 90 mm Hg at least 4 h apart in previously normotensive women, and proteinuria of 300 mg or more in 24 h, or two readings of at least ++ on dipstick analysis of midstream or catheter urine specimens if no 24-h collection is available