

## PfGAR ICMJE DISCLOSURE FORM

**Date:** 5/2/2024

**Your Name:** Christine MacArthur

**Manuscript Title:** Antenatal pelvic floor muscle exercise intervention to reduce postnatal urinary incontinence: the Antenatal Preventative Pelvic floor Exercises And Localisation (APPEAL) research programme including a feasibility and pilot cluster RCT

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">PfGAR</td> <td>Received on behalf of my institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	PfGAR	Received on behalf of my institution			<small>Click the tab key to add additional rows.</small>			
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 11/29/2022

**Your Name:** Debra Bick

**Manuscript Title:** APPEAL Antenatal pelvic floor muscle exercise intervention to reduce postnatal urinary incontinence: the Antenatal Preventative Pelvic floor Exercises And Localisation (APPEAL) research programme

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
		Member of HS&DR Research Funding Committee	01/04/2020 - 31/12/2023.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 12/20/2023

**Your Name:** Victoria E Salmon

**Manuscript Title:** Antenatal pelvic floor muscle exercise intervention to reduce postnatal urinary incontinence: the Antenatal Preventative Pelvic floor Exercises And Localisation (APPEAL) research programme including a feasibility and pilot cluster RCT

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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		NIHR Programme Grant for Applied Research RP-PG-0514-20002	Expenses for travel/meetings/accommodation
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b>	



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## ICMJE DISCLOSURE FORM

**Date:** 11/29/2022

**Your Name:** Eleanor Jones

**Manuscript Title:** Antenatal pelvic floor muscle exercise intervention to reduce postnatal urinary incontinence: the Antenatal Preventative Pelvic floor Exercises And Localisation (APPEAL) research programme including a feasibility and pilot cluster RCT

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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 11/25/2021

**Your Name:** Jean Hay-Smith

**Manuscript Title:** Antenatal pelvic floor muscle exercise intervention to reduce postnatal urinary incontinence: the Antenatal Preventative Pelvic floor Exercises And Localisation (APPEAL) research programme including a feasibility and pilot cluster RCT

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input type="checkbox"/> None	
		EBOS (supplier of medical product including continence product)	Have some shares, with share income
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		Cochrane Incontinence	Editor, reviewer, peer reviewer. All unpaid.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 11/25/2022

**Your Name:** Jon Bishop

**Manuscript Title:** Antenatal pelvic floor muscle exercise intervention to reduce postnatal urinary incontinence: the Antenatal Preventative Pelvic floor Exercises And Localisation (APPEAL) research programme including a feasibility and pilot cluster RCT

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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## ICMJE DISCLOSURE FORM

**Date:** 11/25/2022

**Your Name:** Eleni Gkini

**Manuscript Title:** Antenatal pelvic floor muscle exercise intervention to reduce postnatal urinary incontinence: the Antenatal Preventative Pelvic floor Exercises And Localisation (APPEAL) research programme including a feasibility and pilot cluster RCT

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 2/15/2024

**Your Name:** Karla Hemming

**Manuscript Title:** APPEAL study

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Project title</th> <th style="width: 15%;">Host University</th> <th style="width: 15%;">Source of support</th> <th style="width: 10%;">Scheme/round</th> <th style="width: 10%;">Years</th> <th style="width: 15%;">Funding</th> </tr> </thead> <tbody> <tr> <td>Implementation Research to Scale-up and Evaluate the Impact of Antenatal Corticosteroids on Preterm Newborn Outcomes</td> <td>Geneva</td> <td>WHO</td> <td>NA</td> <td>Jan 2023 – Dec 2027</td> <td>Unknown</td> </tr> <tr> <td colspan="6">No grant number</td> </tr> <tr> <td>Optimising outcomes in pregnant women with epilepsy and their babies: Reducing maternal seizure</td> <td>University of Birmingham</td> <td>National Institute for Health Research, UK</td> <td>Programme Grant</td> <td>August 2022- August 2025</td> <td>£2,679,584</td> </tr> </tbody> </table>				Project title	Host University	Source of support	Scheme/round	Years	Funding	Implementation Research to Scale-up and Evaluate the Impact of Antenatal Corticosteroids on Preterm Newborn Outcomes	Geneva	WHO	NA	Jan 2023 – Dec 2027	Unknown	No grant number						Optimising outcomes in pregnant women with epilepsy and their babies: Reducing maternal seizure	University of Birmingham	National Institute for Health Research, UK	Programme Grant	August 2022- August 2025	£2,679,584
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
	risks and assessing long-term safety of antiepileptic drugs		<a href="#">NIHR204156</a>			
	C-Safe: Optimising maternal and perinatal outcomes through safe and appropriate caesarean sections in low- and middle-income countries (LMIC) <a href="#">MR/V035282/1</a>	University of Birmingham	MRC i	Programme Grant (5 years)	Jan 2023- Dec 2027	
	Evaluating 912 in Rwanda: an interrupted time series evaluation <b>NIHR203062</b>	University of Birmingham	National Institute for Health Research, UK	RIGHT call	June 2022 – June 2027	£3,500,000
	Developing guidance for design and conduct of cluster randomised trials  Cant locate	University of Birmingham	Medical Research Council, UK	Develop guidance for better research methods	August 2022- January 2024	£59,976
	Geostatistical design and analysis of randomised evaluations with a geographic basis  <a href="#">MR/V038591/1</a>	University of Birmingham	Medical Research Council, UK	Research Grant	September 2021- September 2024	£190,078
	Improving testing for cardiometabolic diseases in women with previous gestational diabetes mellitus: an exemplar study on implementation and evaluation of a novel dAta-Driven rANdomised clinical Trial platform in primary care (RADIANT)	University of Birmingham	National Institute for Health Research, UK  <a href="#">NIHR202826</a>	Research for Patient Benefit	November 2021- October 2023	£345,885
	Ethical issues in cluster randomized trials: using stakeholder and patient engagement to generate guidance for the ethical design and conduct of trials evaluating clinical, health policy, health systems, and public health interventions	University of Ottawa	Canadian Institute for Health Research  JT– 153045	Project grant	October 2022 – September 2025	\$531,674 (Canadian dollars)
	An International Collaboration to Implement and Evaluate at Scale the Active Prevention and Treatment <a href="#">MR/V005782/1</a>	University of Liverpool	DFID/MRC/NIHR/Wellcome Trust	Joint Global Health Trials Committee	October 2020- October 2024	£503,487

		Name all entities with whom you have this relationship or indicate none (add rows as needed)		Specifications/Comments (e.g., if payments were made to you or to your institution)									
		Effect of urban vs rural context on effectiveness of a community intervention to prevent diarrhoea and stunting in young children in Mali	University of Birmingham	Medical Research Council, UK  MR/To30011/1.	Trials in Global Health	March 2020-March 2023	£381,205						
		Making football safe for women: implementing an injury prevention program	LaTrobe University, Australia	Australian National Health and Medical Research Council Grant  1114296	Partnership project	September 2019 – September 2023	\$696,743 (Australian dollars)						
		Early detection and treatment of post-partum hemorrhage using the MOTIVE bundle: a World Health Organization cluster randomized trial with health economic analysis (the E-MOTIVE study)	University of Birmingham	Bill and Melinda Gates Foundation  INV-001393	NA	September 2020 – September 2024	\$9,350,315 (US dollars)						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>											
		<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>											
		<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>											
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<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>											
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 14.12.23

**Your Name:** Sara Webb

**Manuscript Title:** Teaching effective pelvic floor muscle exercises in antenatal care: design and development of a training package for community midwives in the United Kingdom.

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">National Institute of Health Research UK grant</td> <td style="width: 50%;">Grant funding to Institution</td> </tr> <tr> <td>University of Exeter</td> <td>Article processing charge</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	National Institute of Health Research UK grant	Grant funding to Institution	University of Exeter	Article processing charge	<small>Click the tab key to add additional rows.</small>		
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Time frame: past 36 months									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">National Institute of Health Research PGfR NIHR202869</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	National Institute of Health Research PGfR NIHR202869						
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 150px;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 150px;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 150px;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 150px;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 12/15/2023

**Your Name:** Mark Pearson

**Manuscript Title:** Antenatal pelvic floor muscle exercise intervention to reduce postnatal urinary incontinence: the Antenatal Preventative Pelvic floor Exercises And Localisation (APPEAL) research programme including a feasibility and pilot cluster RCT

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; font-size: small;">           Research grants from: EU Horizon Europe Award 101057292; MRC Public Health Intervention Development(MR/X503034/1); National Health &amp; Medical Research Council (GNT2010701); National Health &amp; Medical Research Council Medical Research Future Fund; NIHR Health Services &amp; Delivery Research (131606; 132931; 135128); NIHR Policy Research Programme (206122); NIHR Programme Grant for Applied Research (203682); NIHR Public Health Research (158758); NIHR Research for Patient Benefit (203123; 204349; 204312; 206252); NIHR School for Social Care         </div>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Research; UKRI Arts & Humanities Research Council; Yorkshire Cancer Research (RA/2021/R2/108)	
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety	<input checked="" type="checkbox"/> <b>None</b>	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Monitoring Board or Advisory Board	<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		Member of the NIHR HS&DR Funding Committee	
		01/01/19-31/01/22	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 11/25/2022

**Your Name:** Tim Coleman

**Manuscript Title:** Antenatal pelvic floor muscle exercise intervention to reduce postnatal urinary incontinence: the Antenatal Preventative Pelvic floor Exercises And Localisation (APPEAL) research programme including a feasibility and pilot cluster RCT

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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<b>Time frame: Since the initial planning of the work</b>													
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.					
	Click the tab key to add additional rows.												
<b>Time frame: past 36 months</b>													
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Research grants from NIHR</td> <td>Received on my behalf by University of Nottingham.</td> </tr> <tr> <td>Two other NIHR research programmes.</td> <td>RP-PG-0109-10020 &amp; RP-PG-0615-20003</td> </tr> <tr> <td>NIHR Senior Investigator Award (2017 to date)</td> <td>NIHR205052</td> </tr> <tr> <td>NIHR HTA RCT grant</td> <td>HTA Project:NIHR129210</td> </tr> <tr> <td>NIHR Programme Development Grant (awarded, not yet active)</td> <td>NIHR206513</td> </tr> </table>	Research grants from NIHR	Received on my behalf by University of Nottingham.	Two other NIHR research programmes.	RP-PG-0109-10020 & RP-PG-0615-20003	NIHR Senior Investigator Award (2017 to date)	NIHR205052	NIHR HTA RCT grant	HTA Project:NIHR129210	NIHR Programme Development Grant (awarded, not yet active)	NIHR206513	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
		HTA Clinical Evaluation and Trials Committee (2015 to 2019)	
		Programmes for Applied Health Research (NIHR committee). 2022 to date	
		NIHR Health for Patient Benefit Committee (E Mids). 2022 to date	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 1/2/2024

**Your Name:** Rohini Terry

**Manuscript Title:** Antenatal pelvic floor muscle exercise intervention to reduce postnatal urinary incontinence: the Antenatal Preventative Pelvic floor Exercises And Localisation (APPEAL) research programme including a feasibility and pilot cluster RCT

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
<b>Time frame: Since the initial planning of the work</b>											
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute of Health Research (NIHR) Programme Grant for Applied Research. Award ID: RP-PG-0514-20002</td> <td>Received on my behalf by the University of Exeter</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	National Institute of Health Research (NIHR) Programme Grant for Applied Research. Award ID: RP-PG-0514-20002	Received on my behalf by the University of Exeter	<small>Click the tab key to add additional rows.</small>					
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> </table>							

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	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 12/1/2022

**Your Name:** Elizabeth Edwards

**Manuscript Title:** Click or tap here to enter text.

**Manuscript Number (if known):** Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJE DISCLOSURE FORM

**Date:** 8/26/2021

**Your Name:** Helena Frawley

**Manuscript Title:** Antenatal pelvic floor muscle exercise intervention to reduce postnatal urinary incontinence: the Antenatal Preventative Pelvic floor Exercises And Localisation (APPEAL) research programme including a feasibility and pilot cluster RCT

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">I am a member of the Trial Advisory and Safety Committee for a randomized controlled trial that I lead</td> <td style="width: 50%;"></td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	I am a member of the Trial Advisory and Safety Committee for a randomized controlled trial that I lead						
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 1/3/2024

**Your Name:** Eivor Oborn

**Manuscript Title:** Antenatal pelvic floor muscle exercise intervention led by midwives to reduce postnatal urinary incontinence: APPEAL research programme including a feasibility and pilot randomised controlled trial

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 12/20/2023

**Your Name:** Sarah Dean

**Manuscript Title:** Antenatal pelvic floor muscle exercise intervention to reduce postnatal urinary incontinence: the Antenatal Preventative Pelvic floor Exercises And Localisation (APPEAL) research programme including a feasibility and pilot cluster RCT

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)												
<b>Time frame: Since the initial planning of the work</b>															
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute of Health Research (NIHR) Programme Grant for Applied Research. Award ID: RP-PG-0514-20002</td> <td style="width: 40%;">Funding received on my behalf by the University of Exeter</td> </tr> <tr> <td>NIHR Applied Research Collaboration: South West Peninsula (PenARC).</td> <td>Funding received on my behalf by the University of Exeter</td> </tr> <tr> <td>Academic Health Science Network South West. Exeter Project ID: 1355693</td> <td>Funding received on my behalf by the University of Exeter <small>click the tab key to add additional rows.</small></td> </tr> </table>	National Institute of Health Research (NIHR) Programme Grant for Applied Research. Award ID: RP-PG-0514-20002	Funding received on my behalf by the University of Exeter	NIHR Applied Research Collaboration: South West Peninsula (PenARC).	Funding received on my behalf by the University of Exeter	Academic Health Science Network South West. Exeter Project ID: 1355693	Funding received on my behalf by the University of Exeter <small>click the tab key to add additional rows.</small>						
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR Health Technology Assessment "CPOP" Award ID: NIHR 151938</td> <td style="width: 40%;">Grant funding received on my behalf by the University of Exeter</td> </tr> <tr> <td>NIHR Research for Patient Benefit "Understanding Discordance" Award ID: NIHR 204099</td> <td>Grant funding received on my behalf by the University of Exeter</td> </tr> <tr> <td>NIHR Programme Grant for Applied Research "PERFORM" Award ID: NIHR 202020</td> <td>Grant funding received on my behalf by the University of Exeter</td> </tr> <tr> <td>NIHR Programme Grant for Applied Research "PROGROUP" Award ID: NIHR 201038</td> <td>Grant funding received on my behalf by the University of Exeter</td> </tr> <tr> <td>NIHR Programme Grant for Applied Research "SPOCC" Award ID: NIHR 201070</td> <td>Grant funding received on my behalf by the University of Exeter</td> </tr> <tr> <td>NIHR Research for Patient Benefit "Mikrobe" Award ID: NIHR 200428</td> <td>Grant funding received on my behalf by the University of Exeter</td> </tr> </table>	NIHR Health Technology Assessment "CPOP" Award ID: NIHR 151938	Grant funding received on my behalf by the University of Exeter	NIHR Research for Patient Benefit "Understanding Discordance" Award ID: NIHR 204099	Grant funding received on my behalf by the University of Exeter	NIHR Programme Grant for Applied Research "PERFORM" Award ID: NIHR 202020	Grant funding received on my behalf by the University of Exeter	NIHR Programme Grant for Applied Research "PROGROUP" Award ID: NIHR 201038	Grant funding received on my behalf by the University of Exeter	NIHR Programme Grant for Applied Research "SPOCC" Award ID: NIHR 201070	Grant funding received on my behalf by the University of Exeter	NIHR Research for Patient Benefit "Mikrobe" Award ID: NIHR 200428	Grant funding received on my behalf by the University of Exeter
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		Gillings Family Foundation "The ERICA Trial" Exeter Project ID: 943008	Grant funding received on my behalf by the University of Exeter
		The Stroke Association "Evaluating Peer Support" Exeter Project ID: 901902	Grant funding received on my behalf by the University of Exeter
		NIHR School for Primary Care Research – Exeter internal fund, "Pflexi" Award code: SPCR-R-FR1-(513), Exeter Project ID: 856766	Grant funding received on my behalf by the University of Exeter
<b>3</b>	Royalties or licenses	<input type="checkbox"/> <b>None</b>	
		John Wiley & Sons	Textbook royalties paid to me
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
		NIHR Programme Grant for Applied Research RP-PG-0514-20002	Expenses reimbursed to me for travel / meetings / conference attendances
		Health Research Council, New Zealand "COPER" Project ID 21/826	Expenses reimbursed to me for travel / attend meetings
		Health Research Council, New Zealand, "i-Self Help" Project ID 18/254	Expenses reimbursed to me for travel / attend meetings
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	



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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		NIHR Programme Grant for Applied Research funding panel committee	Membership since 2021-ongoing
		The Stroke Association research funding panel	Membership since 2018-ongoing
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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