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we identified 59 symptom categories, including “other reactions”, and 96 adverse events. “refusal to breastfeed” was the most common symptom (n=7 in total). no statistically significant differences were seen between control and pdx/gos group in the incidence of any of the 99 adverse events (p=0.005; fisher's exact test). incidence rates for adverse events in the gos group were not significantly different than the control group (log-rank test; event rate n=120 days, p=0.76). the primary outcome incidence of adverse events occurred in an observed n=160 infants and only twice (i.e., n=64 infants, total adverse events: n=16). the majority of adverse events were minor and self-limiting (n=120). there were no statistically significant differences in the overall incidence of minor and self-limiting adverse events, n=10 versus n=11, between the two groups; p=0.74; n=126 (gos group) versus n=138 (control group), respectively (fisher's exact test; 90% ci: 0.0018-0.0581). the two primary contributors to the difference in symptoms were: n=5 (control, vs. pdx/gos, incidence rate: n=2.36/100 subject-days) and n=5 (gos, vs.90/100 subject-days). the latter was significant only on day n=5 (wilcoxon-mann-whitney; p=0.025). no symptoms or adverse events occurred during study weeks 2 and 3. preterm birth in the united states from 1999-2002 were observed in 5.7% of all deliveries, with increased rates of delivery among african-american, hispanic, and asian subgroups. preterm birth is the leading cause of infant death during the first year of life, contributing to neurodevelopmental deficits such as cerebral palsy. despite substantial investment and a number of interventions aimed at preventing premature birth, approximately 30% of pregnancies are estimated to proceed to delivery prior to 37 completed weeks of gestation. antenatal care is universally recommended for pregnant women to identify those at risk for preterm birth. however, prenatal screening has limited sensitivity for identifying women who deliver prior to 37 weeks. the present study was designed to test the hypothesis that dietary intake of a nutritious diet during pregnancy could potentially promote gestational “programming” of metabolic traits in infants whose mother’s consumed this diet during the gestation.

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synthesis of data from included studies was conducted according to the prisma statement[15] and cochrane handbook for systematic reviews of diagnostic test[14]. the quality of the included studies was assessed using the quality assessment of diagnostic accuracy studies (quadas) tool[16]. the methodological quality of each of the studies was assessed independently by two reviewers. disagreements were settled through discussion or consultation with a third reviewer. each item in the quadas was classified as either “yes” or “no” according to the answer provided by the included study. as this is a review of diagnostic accuracy studies, we did not assess inter-rater reliability for the quality assessment. the meta-analysis was conducted using comprehensive meta-analysis software version 2.2.064 (biostat, inc., englewood, nj, usa) to construct summary receiver-operating characteristic curves using the bivariate methods. sensitivity and specificity, with 95% confidence intervals (ci) were calculated. the likelihood ratios (lrs) were calculated as sensitivity/1-specificity. the area under the curve (auc) was calculated by plotting a graph of the sensitivity against the 1-specificity. for each study, the diagnostic threshold was the same as the reference standard. all patients could be classified into two groups: diabetes and non-diabetes. the individual study results were presented graphically by plotting the estimates of sensitivity (sen) and specificity (spe) and their 95% ci. ethical approval: this article does not contain any studies with human participants or animals performed by any of the authors. it is a review of published literature, therefore ethical approval is not required. 5ec8ef588b