

Appendix 4. Overall Association of Smoking and Adverse Pregnancy Outcome or Measure

Adverse Pregnancy Outcome or Measure*	Maternal Tobacco Use	Affected n (%)	Odds Ratio (95% Confidence Interval)
<i>Outcome</i>			
Pregnancy loss	Smoker None	30 (6.3) 33 (6.9)	0.9 (0.6 – 1.5)
Preterm birth	Smoker None	76 (17.1) 74 (16.5)	1.0 (0.8 – 1.5)
SGA			
Less than 10 percentile	Smoker None	63 (14.4) 36 (8.2)	1.9 (1.2 – 2.9)
Less than 5 percentile	Smoker None	29 (6.6) 17 (3.9)	1.7 (0.9 – 3.2)
Composite outcome	Smoker None	156 (33.2) 129 (27.3)	1.3 (1.0 – 1.7)
<i>Measure</i>		<i>Mean ± SD</i>	<i>P</i>
Gestational age at delivery (wk)	Smoker None	38.07±3.12 38.15±3.06	0.98
Birthweight (g)	Smoker None	3115±657 3243±631	0.009
Birthweight ratio	Smoker None	0.97±0.14 1.01±0.15	0.0004

SGA, small for gestational age.

Aagaard-Tillery K, Spong CY, Thom E, Sibai B, Wendel G, Wenstrom K et al. Pharmacogenomics of maternal tobacco use: metabolic gene polymorphisms and risk of adverse pregnancy outcomes. *Obstet Gynecol* 2010;115.

The authors provided this information as a supplement to their article.

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Without consideration of maternal or fetal genotype, smoking was associated with a significant altered risk of multiple adverse pregnancy measures (significance at $p < 0.05$ or not crossing the confidence interval of 1 as indicated in **bold-faced type**).

*Clinical and laboratory criteria for each clinical outcome and the composite variable are as defined in Methods. Calculation of SGA was defined as birth weight less than the 10th or 5th% derived from gender- and race-specific growth curves for gestational age for live births at or after 20 weeks with non-missing birthweight.³⁶⁻³⁸

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