Appendix 1. Methodology for Identifying Three Pregnancy Study Cohorts

The approach outlined by Dr. Phibbs and others from collaborative research team at Stanford University (unpublished study design) was applied to develop the three pregnancy study population cohorts for preeclampsia, hypertension, and normal pregnancies with details provided below.

Pregnancies were included in the preeclampsia cohort or hypertension cohort based on ICD-9/10 codes during the pregnancy or delivery period that are detailed below. The normal cohort was generated by first excluding pregnancies with any preeclampsia/eclampsia or hypertension diagnosis codes, and then applying the following inclusion criteria: infant birthweight ≥2500 grams and gestational age at birth between 37-42 weeks. Exclusion criteria for the normal pregnancy cohort included: any early delivery indicators (based on ICD-9/10 codes specified in the Joint Commission National Quality Core Measures 2015 ¹ for conditions justifying an elective delivery prior to 39 weeks) as well as any congenital malformations, other fetal placental conditions, or maternal drug use (based on the corresponding ICD-9/10 codes listed in the California Maternal Quality Care Collaborative Unexpected Complications in Term Newborns ^{2,3}).

Preeclampsia ICD Codes

Preeclampsia ICD-9 Codes

642.40	Mild or unspecified pre-eclampsia, unspecified as to episode of care or not
	applicable
642.41	Mild or unspecified pre-eclampsia, delivered, with or without mention of
	antepartum condition
642.42	Mild or unspecified pre-eclampsia, delivered, with mention of postpartum
	complication
642.43	Mild or unspecified pre-eclampsia, antepartum condition or complication

Hao J, Hassen D, Hao Q, Graham J, Paglia MJ, Brown J, et al. Maternal and infant health care costs related to preeclampsia. Obstet Gynecol 2019;134.

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

642.44	Mild or unspecified pre-eclampsia, postpartum condition or complication
642.50	Severe pre-eclampsia, unspecified as to episode of care or not applicable
642.51	Severe pre-eclampsia, delivered, with or without mention of antepartum
	condition
642.52	Severe pre-eclampsia, delivered, with mention of postpartum complication
642.53	Severe pre-eclampsia, antepartum condition or complication
642.54	Severe pre-eclampsia, postpartum condition or complication
642.60	Eclampsia, unspecified as to episode of care or not applicable
642.61	Eclampsia, delivered, with or without mention of antepartum condition
642.62	Eclampsia, delivered, with mention of postpartum complication
642.63	Eclampsia, antepartum condition or complication
642.64	Eclampsia, postpartum condition or complication
642.70	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension,
	unspecified as to episode of care or not applicable
642.71	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension,
	delivered, with or without mention of antepartum condition
642.72	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension,
	delivered, with mention of postpartum complication
642.73	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension,
	antepartum condition or complication
642.74	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension,
	postpartum condition or complication

Preeclampsia ICD-10 Codes

<u> </u>	
O14.00	Mild to moderate pre-eclampsia, unspecified trimester
O14.90	Unspecified pre-eclampsia, unspecified trimester
O14.02	Mild to moderate pre-eclampsia, second trimester
O14.03	Mild to moderate pre-eclampsia, third trimester
O14.04	Mild to moderate pre-eclampsia, complicating childbirth
O14.92	Unspecified pre-eclampsia, second trimester
O14.93	Unspecified pre-eclampsia, third trimester
O14.94	Unspecified pre-eclampsia, complicating childbirth
O14.02	Mild to moderate pre-eclampsia, second trimester
O14.03	Mild to moderate pre-eclampsia, third trimester
O14.05	Mild to moderate pre-eclampsia, complicating the puerperium
O14.95	Unspecified pre-eclampsia, complicating the puerperium
O14.02	Mild to moderate pre-eclampsia, second trimester
O14.03	Mild to moderate pre-eclampsia, third trimester
O14.92	Unspecified pre-eclampsia, second trimester
O14.93	Unspecified pre-eclampsia, third trimester
O14.05	Mild to moderate pre-eclampsia, complicating the puerperium

Hao J, Hassen D, Hao Q, Graham J, Paglia MJ, Brown J, et al. Maternal and infant health care costs related to preeclampsia. Obstet Gynecol 2019;134.

The authors provided this information as a supplement to their article. $\label{eq:control} % \begin{center} \$

O14.95	Unspecified pre-eclampsia, complicating the puerperium
O15.2	Eclampsia complicating the puerperium
O14.10	Severe pre-eclampsia, unspecified trimester
O14.20	HELLP syndrome (HELLP), unspecified trimester
O14.12	Severe pre-eclampsia, second trimester
O14.13	Severe pre-eclampsia, third trimester
O14.14	Severe pre-eclampsia complicating childbirth
O14.22	HELLP syndrome (HELLP), second trimester
O14.23	HELLP syndrome (HELLP), third trimester
O14.24	HELLP syndrome, complicating childbirth
O14.12	Severe pre-eclampsia, second trimester
O14.13	Severe pre-eclampsia, third trimester
O14.15	Severe pre-eclampsia, complicating the puerperium
O14.22	HELLP syndrome (HELLP), second trimester
O14.23	HELLP syndrome (HELLP), third trimester
O14.25	HELLP syndrome, complicating the puerperium
O14.12	Severe pre-eclampsia, second trimester
O14.13	Severe pre-eclampsia, third trimester
O14.22	HELLP syndrome (HELLP), second trimester
O14.23	HELLP syndrome (HELLP), third trimester
O14.12	Severe pre-eclampsia, second trimester
O14.13	Severe pre-eclampsia, third trimester
O14.15	Severe pre-eclampsia, complicating the puerperium
O14.22	HELLP syndrome (HELLP), second trimester
O14.23	HELLP syndrome (HELLP), third trimester
O14.25	HELLP syndrome, complicating the puerperium
O15.9	Eclampsia, unspecified as to time period
O15.00	Eclampsia complicating pregnancy, unspecified trimester
O15.02	Eclampsia complicating pregnancy, second trimester
O15.03	Eclampsia complicating pregnancy, third trimester
O15.1	Eclampsia complicating labor
O15.2	Eclampsia complicating the puerperium
O15.02	Eclampsia complicating pregnancy, second trimester
O15.03	Eclampsia complicating pregnancy, third trimester
O15.2	Eclampsia complicating the puerperium
O11.9	Pre-existing hypertension with pre-eclampsia, unspecified trimester
011.1	Pre-existing hypertension with pre-eclampsia, first trimester
O11.2	Pre-existing hypertension with pre-eclampsia, second trimester
O11.3	Pre-existing hypertension with pre-eclampsia, third trimester
O11.4	Pre-existing hypertension with pre-eclampsia, complicating childbirth
O11.4	Pre-existing hypertension with pre-eclampsia, complicating childbirth
O11.1	Pre-existing hypertension with pre-eclampsia, first trimester

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

O11.2	Pre-existing hypertension with pre-eclampsia, second trimester
O11.3	Pre-existing hypertension with pre-eclampsia, third trimester
O11.5	Pre-existing hypertension with pre-eclampsia, complicating the puerperium

Hypertension ICD Codes

Hypertension ICD-9 Codes

11ypcrtcii	sion ICD-7 Codes
642.00	Benign essential hypertension complicating pregnancy, childbirth, and the
	puerperium, unspecified as to episode of care or not applicable
642.01	Benign essential hypertension complicating pregnancy, childbirth, and the
	puerperium, delivered, with or without mention of antepartum condition
642.02	Benign essential hypertension, complicating pregnancy, childbirth, and the
	puerperium, delivered, with mention of postpartum complication
642.03	Benign essential hypertension complicating pregnancy, childbirth, and the
	puerperium, antepartum condition or complication
642.04	Benign essential hypertension complicating pregnancy, childbirth, and the
	puerperium, postpartum condition or complication
642.10	Hypertension secondary to renal disease, complicating pregnancy, childbirth,
	and the puerperium, unspecified as to episode of care or not applicable
642.11	Hypertension secondary to renal disease, complicating pregnancy, childbirth,
	and the puerperium, delivered, with or without mention of antepartum
	condition
642.12	Hypertension secondary to renal disease, complicating pregnancy, childbirth,
	and the puerperium, delivered, with mention of postpartum complication
642.13	Hypertension secondary to renal disease, complicating pregnancy, childbirth,
	and the puerperium, antepartum condition or complication
642.14	Hypertension secondary to renal disease, complicating pregnancy, childbirth,
	and the puerperium, postpartum condition or complication
642.20	Other pre-existing hypertension complicating pregnancy, childbirth, and the
	puerperium, unspecified as to episode of care or not applicable
642.21	Other pre-existing hypertension, complicating pregnancy, childbirth, and the
	puerperium, delivered, with or without mention of antepartum condition
642.22	Other pre-existing hypertension, complicating pregnancy, childbirth, and the
	puerperium, delivered, with mention of postpartum complication
642.23	Other pre-existing hypertension, complicating pregnancy, childbirth, and the
	puerperium, antepartum condition or complication
642.24	Other pre-existing hypertension, complicating pregnancy, childbirth, and the
	puerperium, , postpartum condition or complication

Hao J, Hassen D, Hao Q, Graham J, Paglia MJ, Brown J, et al. Maternal and infant health care costs related to preeclampsia. Obstet Gynecol 2019;134.

642.30	Transient hypertension of pregnancy, unspecified as to episode of care or not
	applicable
642.31	Transient hypertension of pregnancy, delivered, with or without mention of
	antepartum condition
642.32	Transient hypertension of pregnancy, delivered, with mention of postpartum
	complication
642.33	Transient hypertension of pregnancy, antepartum condition or complication
642.34	Transient hypertension of pregnancy, postpartum condition or complication
642.90	Unspecified hypertension complicating pregnancy, childbirth, or the
	puerperium, unspecified as to episode of care or not applicable
642.91	Unspecified hypertension, complicating pregnancy, childbirth, or the
	puerperium, delivered, with or without mention of antepartum condition
642.92	Unspecified hypertension, complicating pregnancy, childbirth, or the
	puerperium, delivered, with mention of postpartum complication
642.93	Unspecified hypertension complicating pregnancy, childbirth, or the
	puerperium, antepartum condition or complication
642.94	Unspecified hypertension complicating pregnancy, childbirth, or the
	puerperium, postpartum condition or complication

Hypertension ICD-10 Codes

Trypertensi	on ICD-10 Codes
O10.019	Pre-existing essential hypertension complicating pregnancy, unspecified trimester
O10.919	Unspecified pre-existing hypertension complicating pregnancy, unspecified trimester
O10.011	Pre-existing essential hypertension complicating pregnancy, first trimester
O10.012	Pre-existing essential hypertension complicating pregnancy, second trimester
O10.013	Pre-existing essential hypertension complicating pregnancy, third trimester
O10.02	Pre-existing essential hypertension complicating childbirth
O10.911	Unspecified pre-existing hypertension complicating pregnancy, first trimester
O10.912	Unspecified pre-existing hypertension complicating pregnancy, second trimester
O10.913	Unspecified pre-existing hypertension complicating pregnancy, third trimester
O10.92	Unspecified pre-existing hypertension complicating childbirth
O10.03	Pre-existing essential hypertension complicating the puerperium
O10.011	Pre-existing essential hypertension complicating pregnancy, first trimester

Hao J, Hassen D, Hao Q, Graham J, Paglia MJ, Brown J, et al. Maternal and infant health care costs related to preeclampsia. Obstet Gynecol 2019;134.

O10.012	Pre-existing essential hypertension complicating pregnancy,
010.012	second trimester
O10.013	Pre-existing essential hypertension complicating pregnancy, third trimester
O10.911	Unspecified pre-existing hypertension complicating pregnancy, first trimester
O10.912	Unspecified pre-existing hypertension complicating pregnancy,
010.512	second trimester
O10.913	Unspecified pre-existing hypertension complicating pregnancy,
	third trimester
O10.03	Pre-existing essential hypertension complicating the puerperium
O10.93	Unspecified pre-existing hypertension complicating the
	puerperium
O10.419	Pre-existing secondary hypertension complicating pregnancy,
	unspecified trimester
O10.411	Pre-existing secondary hypertension complicating pregnancy,
	first trimester
O10.412	Pre-existing secondary hypertension complicating pregnancy,
	second trimester
O10.413	Pre-existing secondary hypertension complicating pregnancy,
	third trimester
O10.42	Pre-existing secondary hypertension complicating childbirth
O10.43	Pre-existing secondary hypertension complicating the
	puerperium
O10.411	Pre-existing secondary hypertension complicating pregnancy,
0.10.110	first trimester
O10.412	Pre-existing secondary hypertension complicating pregnancy,
010 412	second trimester
O10.413	Pre-existing secondary hypertension complicating pregnancy,
O10.43	third trimester
010.43	Pre-existing secondary hypertension complicating the
O10.119	puerperium Pro existing hypertensive heart disease complicating programmy
010.119	Pre-existing hypertensive heart disease complicating pregnancy, unspecified trimester
O10.219	Pre-existing hypertensive chronic kidney disease complicating
010.219	pregnancy, unspecified trimester
O10.319	Pre-existing hypertensive heart and chronic kidney disease
010.517	complicating pregnancy, unspecified trimester
O10.111	Pre-existing hypertensive heart disease complicating pregnancy,
	first trimester
O10.112	Pre-existing hypertensive heart disease complicating pregnancy,
	second trimester

	Pre-existing hypertensive heart disease complicating pregnancy,
	hird trimester
	Pre-existing hypertensive heart disease complicating childbirth
	Pre-existing hypertensive chronic kidney disease complicating oregnancy, first trimester
	Pre-existing hypertensive chronic kidney disease complicating
	pregnancy, second trimester
O10.213 P	Pre-existing hypertensive chronic kidney disease complicating oregnancy, third trimester
O10.22 P	Pre-existing hypertensive chronic kidney disease complicating
O10.311 P	Pre-existing hypertensive heart and chronic kidney disease
	complicating pregnancy, first trimester
	Pre-existing hypertensive heart and chronic kidney disease
	complicating pregnancy, second trimester
	Pre-existing hypertensive heart and chronic kidney disease
	complicating pregnancy, third trimester
	Pre-existing hypertensive heart and chronic kidney disease
	complicating childbirth
	Pre-existing hypertensive heart disease complicating the
	puerperium
O10.111 P	Pre-existing hypertensive heart disease complicating pregnancy,
	irst trimester
O10.112 P	Pre-existing hypertensive heart disease complicating pregnancy,
S	second trimester
O10.113 P	Pre-existing hypertensive heart disease complicating pregnancy,
tl	hird trimester
O10.211 P	Pre-existing hypertensive chronic kidney disease complicating
	pregnancy, first trimester
O10.212 P	Pre-existing hypertensive chronic kidney disease complicating
p	pregnancy, second trimester
O10.213 P	Pre-existing hypertensive chronic kidney disease complicating
p	pregnancy, third trimester
O10.311 P	Pre-existing hypertensive heart and chronic kidney disease
c	complicating pregnancy, first trimester
O10.312 P	Pre-existing hypertensive heart and chronic kidney disease
	complicating pregnancy, second trimester
	Pre-existing hypertensive heart and chronic kidney disease
	complicating pregnancy, third trimester
	Pre-existing hypertensive heart disease complicating the
	puerperium
	Pre-existing hypertensive chronic kidney disease complicating
tl	he puerperium

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

O10.33	Pre-existing hypertensive heart and chronic kidney disease
	complicating the puerperium
O13.9	Gestational [pregnancy-induced] hypertension without
	significant proteinuria, unspecified trimester
O13.1	Gestational [pregnancy-induced] hypertension without
	significant proteinuria, first trimester
O13.2	Gestational [pregnancy-induced] hypertension without
	significant proteinuria, second trimester
O13.3	Gestational [pregnancy-induced] hypertension without
	significant proteinuria, third trimester
O13.4	Gestational [pregnancy-induced] hypertension without
	significant proteinuria, complicating childbirth
O16.1	Unspecified maternal hypertension, first trimester
O16.2	Unspecified maternal hypertension, second trimester
O16.3	Unspecified maternal hypertension, third trimester
O13.1	Gestational [pregnancy-induced] hypertension without
013.1	significant proteinuria, first trimester
O13.2	Gestational [pregnancy-induced] hypertension without
013.2	significant proteinuria, second trimester
O13.3	Gestational [pregnancy-induced] hypertension without
013.3	significant proteinuria, third trimester
O13.5	Gestational [pregnancy-induced] hypertension without
013.3	significant proteinuria, complicating the puerperium
O13.1	Gestational [pregnancy-induced] hypertension without
013.1	significant proteinuria, first trimester
O13.2	Gestational [pregnancy-induced] hypertension without
	significant proteinuria, second trimester
O13.3	Gestational [pregnancy-induced] hypertension without
	significant proteinuria, third trimester
O16.1	Unspecified maternal hypertension, first trimester
O16.2	Unspecified maternal hypertension, second trimester
O16.3	Unspecified maternal hypertension, third trimester
013.1	Gestational [pregnancy-induced] hypertension without
010.1	significant proteinuria, first trimester
O13.2	Gestational [pregnancy-induced] hypertension without
	significant proteinuria, second trimester
O13.3	Gestational [pregnancy-induced] hypertension without
	significant proteinuria, third trimester
O13.5	Gestational [pregnancy-induced] hypertension without
	significant proteinuria, complicating the puerperium
O16.9	Unspecified maternal hypertension, unspecified trimester
016.1	Unspecified maternal hypertension, first trimester
O16.2	Unspecified maternal hypertension, second trimester

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

016.3	Unspecified maternal hypertension, third trimester
O16.4	Unspecified maternal hypertension, complicating childbirth
O16.5	Unspecified maternal hypertension, complicating the puerperium
016.9	Unspecified maternal hypertension, unspecified trimester
016.1	Unspecified maternal hypertension, first trimester
O16.2	Unspecified maternal hypertension, second trimester
O16.3	Unspecified maternal hypertension, third trimester
O16.1	Unspecified maternal hypertension, first trimester
O16.2	Unspecified maternal hypertension, second trimester
O16.3	Unspecified maternal hypertension, third trimester
O16.5	Unspecified maternal hypertension, complicating the puerperium

Appendix 2. Methodology for Calculating Prepregnancy Body Mass Index

<u>Overview</u>

An advantage of the EHR data is the availability of patient weight and height measurements recorded during clinical encounters, enabling calculation of accurate pre-pregnancy BMI estimates. This availability contrasts with many prior pregnancy-related studies which rely on less accurate self-reported pre-pregnancy weight or height to calculate BMI.

Over three-fourths of the final cohort had either a pre-pregnancy weight recorded in the EHR from a clinical encounter within 6 months of the pregnancy start date (40%) or during the first trimester (37%). The approach used to estimate pre-pregnancy weight and BMI for the remaining 23% is described in the following sessions of this appendix. Pregnancy cases with insufficient data to estimate a pre-pregnancy weight were excluded for the following reasons: 1) mother was pregnant within 6 months of the pregnancy start date; and 2) insufficient data to estimate a pre-pregnancy weight (i.e., no weight measurement record available within 6 months of pregnancy start date or during pregnancy).

Method

Weight and height information available in the EHR is used to calculate an estimated prepregnancy BMI for creating an obesity variable using the following approach.

- The height variable is calculated using height measurements recorded in the patient EHR (electronic health record) with the following algorithm.
 - 1. Use the median of all height measurements taken during pregnancy. If this is not available then,

Hao J, Hassen D, Hao Q, Graham J, Paglia MJ, Brown J, et al. Maternal and infant health care costs related to preeclampsia. Obstet Gynecol 2019;134.

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

 if age ≥ 18 years, use the median of all height measurements taken after patient is 18 years old.

If this is not available, or if patient < 18 years old,

- 3. use the maximum height measurement.
- Since weight data were not uniformly available for pregnant women, the following algorithm is applied to estimate pre-pregnancy weight using a recorded weight from the EHR.
 - Use weight recorded within six months prior to the start of pregnancy. If not available then,
 - 2. use weight recorded during the first trimester of pregnancy. If this is not available then,
 - 3. use the earliest recorded weight during pregnancy to create a pre-pregnancy weight estimate using the average weight gain by gestational age week (See Adjusting Pregnancy Weight to Pre-Pregnancy Weight Estimate-Second and Third Trimester).

Adjusting Pregnancy Weight to Pre-Pregnancy Weight Estimate – Second and Third Trimester

Johnson et al. 2015 estimate mean gestational weight gain in underweight, normal weight,
overweight, and obese women based on Body Mass Index (BMI) status using ten years of data
(2000 to 2009) from the Pregnancy Risk Assessment Monitoring System (PRAMS) for 124,348
women who delivered live infants in 14 states from geographically distinct regions. Johnson et
al.'s estimate of mean gestational weight gain for women with term births (gestation between 3741 weeks and 6 days) is 31.3 lbs. We subtract the average of first trimester weight gain estimates
based on Siega-Riz et al. 1994, Abrams et al. 1995, and Carmichael et al., 1997, which were used

Hao J, Hassen D, Hao Q, Graham J, Paglia MJ, Brown J, et al. Maternal and infant health care costs related to preeclampsia. Obstet Gynecol 2019;134.

by the Institute of Medicine to inform assumptions on weight gain in the first trimester for its development of Recommendations for Rates of Weight Gain (in constant lbs/week) in the 2nd and 3rd Trimester. We thus assume 27.66 lbs are gained in the second and third trimesters at a constant rate of 0.99 lbs/week. The first available weight measurement recorded during the pregnancy is adjusted by subtracting the estimated cumulative pounds gained by week of pregnancy in order to estimate a pre-pregnancy weight.

Cumulative Weight Gain by Week in Pregnancy

Assumptions

	(lbs)	Reference
Mean Gestational Weight Gain	31.3	4
Mean Weight Gain (1st trimester)*	3.64	6-8
Mean Weight Gain (2 nd and 3 rd	27.66	
trimesters)		
	(lbs/wk)	
Rate of Weight Gain (2 nd and 3 rd trimesters)**	0.99	
Cumulative Weight Gain by Week		
Week		Cumulative Weight Gain (lbs)
13		4.63
14		5.62
15		6.60
16		7.59
17		8.58
18		9.57
19		10.56
20		11.54
21		12.53
22		13.52
23		14.51
24		15.49
25		16.48
26		17.47
27		10.46

Hao J, Hassen D, Hao Q, Graham J, Paglia MJ, Brown J, et al. Maternal and infant health care costs related to preeclampsia. Obstet Gynecol 2019;134.

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

©2019 American College of Obstetricians and Gynecologists.

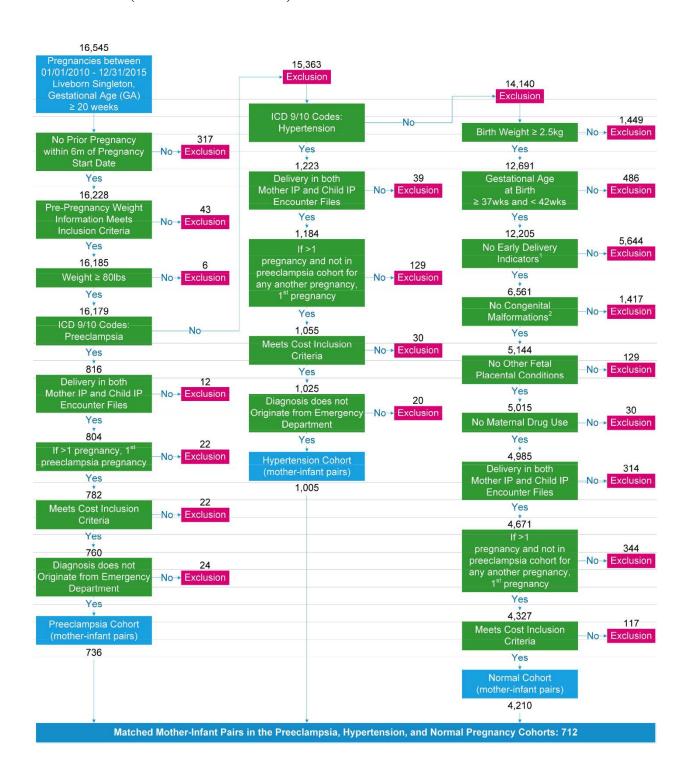
18.46

29	20.43
30	21.42
31	22.41
32	23.40
33	24.39
34	25.37
35	26.36
36	27.35
37	28.34
38	29.32
39	30.31
40	31.30

^{*} The Institute of Medicine uses Siega-Riz et al., 1994⁸, Abrams et al., 1995⁷, and Carmichael et al., 1997⁶ to inform assumptions on weight gain in the first trimester in its Recommendations for Rates of Weight Gain in the 2nd and 3rd Trimester.

^{**} We assume a constant rate of weight gain in the 2nd and 3rd trimesters. The Institute of Medicine uses a constant rate (lbs/week) in its Recommendations for Rates of Weight Gain in the 2nd and 3rd Trimester.

Appendix 3. Flowchart of Normal, Hypertension and Preeclampsia Pregnancy Cohorts Identification (Maternal-Infant Pairs).



Appendix 4. Maternal and Infant Adverse Events ICD Codes

The maternal and infant adverse events included in our analysis were obtained from Stevens et al., but did not include the less common adverse events. Maternal adverse events in our analysis were thus limited to renal failure, eclamptic seizure, thrombocytopenia, and severe intra- and post-partum haemorrhage (and excluded cerebrovascular and transient ischemic accidents, disseminated intravascular coagulation, myocardial infarction, and death, since they were less common). The infant adverse events in our analysis were limited to fetal distress, respiratory distress syndrome, bronchopulmonary dysplasia, retinopathy of prematurity (stage >3), necrotizing enterocolitis, Bell's (grade >2), intraventricular haemorrhage (stage>3), sepsis, and excluded cystic periventricular leukomalacia and seizures.

Adverse Maternal Outcomes ICD-9 Codes

	ICD9	ICD9 Stevens Description
Renal failure		
	584.5	Acute renal failure
	584.6	Acute renal failure
	584.7	Acute renal failure
	584.8	Acute renal failure
	584.9	Acute renal failure
	586	Renal failure, unspecified
	593.9	Unspecified disorder of kidney and ureter
	669.30	Acute renal failure following labor and delivery
	669.32	Acute renal failure following labor and delivery
	669.34	Acute renal failure following labor and delivery
Eclamptic seizure		
	780.31	Convulsions
	780.32	Convulsions
	780.33	Convulsions
	780.39	Convulsions
Thrombocytopenia		
	287.30	Primary thrombocytopenia
	287.3	Congenital and hereditary thrombocytopenic purpura
	287.4	Other primary thrombocytopenia
	287.41	Secondary thrombocytopenia
	287.49	Secondary thrombocytopenia
	287.5	Thrombocytopenia, unspecified

Hao J, Hassen D, Hao Q, Graham J, Paglia MJ, Brown J, et al. Maternal and infant health care costs related to preeclampsia. Obstet Gynecol 2019;134.

	289.8	Heparin-induced thrombocytopenia
	446.6	Thrombotic microangiopathy
	776.1	Transient neonatal thrombocytopenia
Severe intra- and post-partum		
hemorrhage	666.00	Third-stage hemorrhage
	666.02	Third-stage hemorrhage
	666.04	Third-stage hemorrhage
	666.10	Other immediate postpartum hemorrhage
	666.12	Other immediate postpartum hemorrhage
	666.14	Other immediate postpartum hemorrhage
	666.20	Delayed and secondary postpartum hemorrhage
	666.22	Delayed and secondary postpartum hemorrhage
	666.24	Delayed and secondary postpartum hemorrhage
	641.90	Unspecified antepartum hemorrhage
	641.91	Unspecified antepartum hemorrhage
	641.93	Unspecified antepartum hemorrhage

Data from Stevens W, Shih T, Incerti D, Ton TGN, Lee HC, Peneva D, et al. Short-term costs of preeclampsia to the United States health care system. Am J Obstet Gynecol 2017;217:237–48.

Adverse Maternal Outcomes ICD-10 Codes

	ICD10	ICD10 Description
Renal failure		
	N17.0	Acute kidney failure with tubular necrosis
		Acute kidney failure with acute cortical
	N17.1	necrosis
	N17.2	Acute kidney failure with medullary necrosis
	N17.8	Other acute kidney failure
	N17.9	Acute kidney failure, unspecified
	N19	Unspecified kidney failure
	N28.9	Disorder of kidney and ureter, unspecified
	O90.4	Postpartum acute kidney failure
	O90.4	Postpartum acute kidney failure
	O90.4	Postpartum acute kidney failure
Eclamptic seizure		
	R56.00	Simple febrile convulsions
	R56.01	Complex febrile convulsions
	R56.1	Post traumatic seizures
	R56.9	Unspecified convulsions
Thrombocytopenia		

Hao J, Hassen D, Hao Q, Graham J, Paglia MJ, Brown J, et al. Maternal and infant health care costs related to preeclampsia. Obstet Gynecol 2019;134.

	D69.49	Other primary thrombocytopenia
		Congenital and hereditary thrombocytopenia
	D69.42	purpura
	D69.3	Immune thrombocytopenic purpura
	D69.49	Other primary thrombocytopenia
	D69.51	Posttransfusion purpura
	D69.59	Other secondary thrombocytopenia
	D69.6	Thrombocytopenia, unspecified
	D75.82	Heparin induced thrombocytopenia (HIT)
	M31.1	Thrombotic microangiopathy
	P61.0	Transient neonatal thrombocytopenia
Severe intra- and post-partum		
hemorrhage	O72.0	Third-stage hemorrhage
	O43.211	Placenta accreta, first trimester
	O43.212	Placenta accreta, second trimester
	O43.213	Placenta accreta, third trimester
	O43.221	Placenta increta, first trimester
	O43.222	Placenta increta, second trimester
	O43.223	Placenta increta, third trimester
	O43.231	Placenta percreta, first trimester
	O43.232	Placenta percreta, second trimester
	O43.233	Placenta percreta, third trimester
	O72.0	Third-stage hemorrhage
	O72.0	Third-stage hemorrhage
	O43.211	Placenta accreta, first trimester
	O43.212	Placenta accreta, second trimester
	O43.213	Placenta accreta, third trimester
	O43.221	Placenta increta, first trimester
	O43.222	Placenta increta, second trimester
	O43.223	Placenta increta, third trimester
	O43.231	Placenta percreta, first trimester
	O43.232	Placenta percreta, second trimester
	O43.233	Placenta percreta, third trimester
	O72.0	Third-stage hemorrhage
	O72.0	Third-stage hemorrhage
	O72.1	Other immediate postpartum hemorrhage
	O72.1	Other immediate postpartum hemorrhage
	O72.1	Other immediate postpartum hemorrhage

·		1
		Delayed and secondary postpartum
	O72.2	hemorrhage
		Delayed and secondary postpartum
	O72.2	hemorrhage
		Delayed and secondary postpartum
	O72.2	hemorrhage
		Antepartum hemorrhage, unspecified,
	O46.90	unspecified trimester
		Antepartum hemorrhage, unspecified, first
	O46.91	trimester
		Antepartum hemorrhage, unspecified,
	O46.92	second trimester
		Antepartum hemorrhage, unspecified, third
	O46.93	trimester
	O67.9	Intrapartum hemorrhage, unspecified
		Antepartum hemorrhage, unspecified, first
	O46.91	trimester
		Antepartum hemorrhage, unspecified,
	O46.92	second trimester
		Antepartum hemorrhage, unspecified, third
	O46.93	trimester

Adverse Infant Outcomes ICD-9 Codes

	ICD9	ICD9 Stevens Description
Fetal distress		-
	656.80	Other specified fetal and placental problems affecting management of mother
	656.81	Other specified fetal and placental problems affecting management of mother
	656.30	Fetal distress affecting management of mother
	656.31	Fetal distress affecting management of mother
	656.33	Fetal distress affecting management of mother
	768.2	Fetal distress before onset of labor, in liveborn infant
	768.3	Fetal distress first noted during labor and delivery, in liveborn infant
	768.4	Fetal distress, unspecified as to time of onset, in liveborn infant
Respiratory distress		
syndrome	769	Respiratory distress syndrome in newborn
Bronchopulmonary		
dysplasia	770.7	Chronic respiratory disease arising in the perinatal period

Hao J, Hassen D, Hao Q, Graham J, Paglia MJ, Brown J, et al. Maternal and infant health care costs related to preeclampsia. Obstet Gynecol 2019;134.

	516.34	Respiratory bronchiolitis interstitial lung disease
	516.69	Other interstitial lung diseases of childhood
	517.8	Lung involvement in other diseases classified elsewhere
	518.89	Other diseases of lung not elsewhere classified
Retinopathy of prematurity,		
stage >3	362.25	Retinopathy of prematurity, stage 3
	362.26	Retinopathy of prematurity, stage 4
	362.27	Retinopathy of prematurity, stage 5
Necrotizing enterocolitis,		
Bell's grade >2	777.52	Stage 3 necrotizing enterocolitis in newborn
	777.53	Stage 3 necrotizing enterocolitis in newborn
Intraventricular hemorrhage,		
stage>3	772.13	Intraventricular hemorrhage, grade 4
	772.14	Intraventricular hemorrhage, grade 4
Sepsis		
	659.30	Generalized infection during labor
	659.31	Generalized infection during labor
	659.33	Generalized infection during labor
	670.20	Puerperal sepsis
	670.22	Puerperal sepsis
	670.24	Puerperal sepsis
	771.81	Septicemia [sepsis] of newborn
	995.91	Sepsis
	995.92	Severe sepsis

Data from Stevens W, Shih T, Incerti D, Ton TGN, Lee HC, Peneva D, et al. Short-term costs of preeclampsia to the United States health care system. Am J Obstet Gynecol 2017;217:237–48.

Adverse Infant Outcomes ICD-10 Codes

	ICD10	ICD10 Description
Fetal distress		
	O36.8990	Maternal care for other specified fetal problems, unspecified trimester, not applicable or unspecified
		Labor and delivery complicated by abnormality of fetal acid-
	O68	base balance
		Labor and delivery complicated by meconium in amniotic
	O77.0	fluid
		Maternal care for other specified fetal problems, first
	O36.8910	trimester, not applicable or unspecified
		Maternal care for other specified fetal problems, second
	O36.8920	trimester, not applicable or unspecified

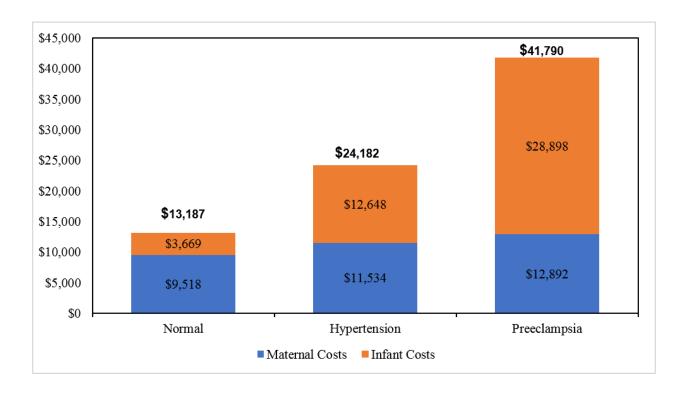
Hao J, Hassen D, Hao Q, Graham J, Paglia MJ, Brown J, et al. Maternal and infant health care costs related to preeclampsia. Obstet Gynecol 2019;134.

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

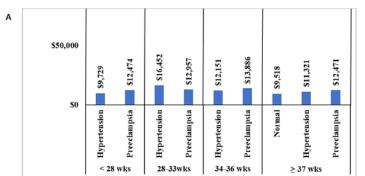
		Maternal care for other specified fetal problems, third
	O36.8930	trimester, not applicable or unspecified
		Labor and delivery complicated by abnormality of fetal acid-
	O68	base balance
		Labor and delivery complicated by meconium in amniotic
	O77.0	fluid
		Labor and delivery complicated by abnormality of fetal acid-
	O68	base balance
	0.60	Labor and delivery complicated by abnormality of fetal acid-
	O68	base balance
	060	Labor and delivery complicated by abnormality of fetal acid-
	O68	base balance
	D10.0	Metabolic acidemia in newborn first noted before onset of
	P19.0	labor
	P19.1	Metabolic acidemia in newborn first noted during labor
D ' 1' 1	P19.9	Metabolic acidemia, unspecified
Respiratory distress	D22 0	
syndrome	P22.0	Respiratory distress syndrome of newborn
Bronchopulmonary		
dysplasia	P27.0	Wilson-Mikity syndrome
	D0= 4	Bronchopulmonary dysplasia originating in the perinatal
	P27.1	period
	D27 0	Other chronic respiratory diseases originating in the perinatal
	P27.8	period
	J84.115	Respiratory bronchiolitis interstitial lung disease
	J84.848	Other interstitial lung diseases of childhood
	J99	Respiratory disorders in diseases classified elsewhere
	J98.4	Other disorders of lung
Retinopathy of		
prematurity, stage >3	H35.149	Retinopathy of prematurity, stage 3, unspecified eye
	H35.159	Retinopathy of prematurity, stage 4, unspecified eye
	H35.169	Retinopathy of prematurity, stage 5, unspecified eye
Necrotizing		
enterocolitis, Bell's	P77.2	Stage 2 necrotizing enterocolitis in newborn
grade >2	P77.3	Stage 3 necrotizing enterocolitis in newborn
Intraventricular		
hemorrhage, stage>3		Intraventricular (nontraumatic) hemorrhage, grade 3, of
	P52.21	newborn
		Intraventricular (nontraumatic) hemorrhage, grade 4, of
	P52.22	newborn
Sepsis		

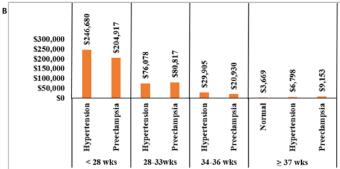
O75.3	Other infection during labor
O75.3	Other infection during labor
O75.3	Other infection during labor
O85	Puerperal sepsis
O85	Puerperal sepsis
O85	Puerperal sepsis
P36.9	Bacterial sepsis of newborn, unspecified
A41.9	Sepsis, unspecified organism
R65.20	Severe sepsis without septic shock

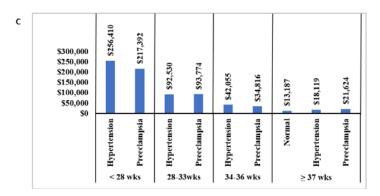
Appendix 5. Maternal and Infant Costs by Cohort (2015 USD).



Appendix 6. Costs by Cohort by Gestational Week (2015 USD). A. Maternal costs; B. Infant costs; C. Maternal and infant combined costs.







Appendix 7. Maternal, Infant, and Maternal and Infant Costs by Cohort Stratified by Payor (2015 USD)

			Maternal Costs		Infant Costs		Maternal and Infant Costs	
Cohort	Payer	N (%)	Mean	Median	Mean	Median	Mean	Median
Normal	Commercial	360 (50.6)	\$12,934	\$11,369	\$4,882	\$2,569	\$17,816	\$14,921
	Medicaid	331 (46.5)	\$5,929	\$5,630	\$2,432	\$1,841	\$8,360	\$7,825
	Other	21 (3.0)	\$7,528	\$6,885	\$2,377	\$1,577	\$9,906	\$9,330
	Total	712 (100.0)	\$9,518	\$8,142	\$3,669	\$2,176	\$13,187	\$11,166
Hypertension	Commercial	362 (50.8)	\$14,958	\$12,606	\$14,052	\$3,265	\$29,010	\$19,775
	Medicaid	316 (44.4)	\$7,569	\$6,827	\$10,474	\$2,227	\$18,043	\$9,573
	Other	34 (4.8)	\$11,933	\$9,359	\$17,906	\$3,407	\$29,839	\$13,203
	Total	712 (100.0)	\$11,534	\$10,474	\$12,648	\$2,769	\$24,182	\$14,684
Preeclampsia	Commercial	407 (57.2)	\$15,225	\$12,908	\$33,120	\$14,984	\$48,345	\$32,760
	Medicaid	272 (38.2) ‡	\$9,095	\$8,149	\$23,275	\$4,310	\$32,369	\$14,204
	Other	33 (4.6)	\$15,416	\$12,299	\$23,165	\$4,808	\$38,581	\$22,408
	Total	712 (100.0)	\$12,892	\$11,294	\$28,898	\$8,744	\$41,790	\$23,343

[‡] Denotes statistically significant differences when comparing the proportion of Medicaid as payor type between the preeclampsia cohort and the normal cohort (p=0.003) and between the preeclampsia cohort and the hypertension cohort (p=0.036).

Appendix 8. Maternal and Infant Adverse Events

Cohort	Gestational Week	N	Maternal Adverse Events	Infant Adverse Events	Infant Death	Caesarean Section Delivery
			N (%)	N (%)	N (%)	N (%)
Normal	< 28	0	0 (.0%)	0 (.0%)	0 (.0%)	
	28-33	0	0 (.0%)	0 (.0%)	0 (.0%)	
	34-36	0	0 (.0%)	0 (.0%)	0 (.0%)	
	≥ 37	712	29 (4.1%)	5 (.7%)	2 (.3%)	211 (29.6%)
	Total	712	29 (4.1%)	5 (.7%)	2 (.3%)	211 (29.6%)
Hypertension	< 28	6	1 (16.7%)	6 (100.0%)	1 (16.7%)	5 (83.3%)
	28-33	24	2 (8.3%)	15 (62.5%)	1 (4.2%)	14 (58.3%)
	34-36	46	6 (13.0%)	5 (10.9%)	0 (.0%)	23 (50.0%)
	≥ 37	636	58 (9.1%)	8 (1.3%)	4 (.6%)	231 (36.3%)
	Total	712	67 (9.4%)	34 (4.8%)	6 (.8%)	273 (38.3%)
Preeclampsia	< 28	19	3 (15.8%)	19 (100.0%)	2 (10.5%)	19 (100.0%)
	28-33	116	22 (19.0%)	61 (52.6%)	0 (.0%)	78 (67.2%)
	34-36	172	25 (14.5%)	14 (8.1%)	2 (1.2%)	82 (47.7%)
	≥ 37	405	49 (12.1%)	10 (2.5%)	1 (.3%)	177 (43.7%)
	Total	712	99 (13.9%)a	104 (14.6%)b	5 (.7%)c	356 (50.0%)d

a: There is a statistically significant difference in the frequency of maternal adverse events between the preeclampsia, normal, and hypertension cohorts (p<0.001), comparing preeclampsia and normal (p<0.0001) and preeclampsia and hypertension (p=0.016).

Maternal adverse events in our analysis were limited to renal failure, eclamptic seizure, thrombocytopenia, and severe intra- and post-partum haemorrhage. The infant adverse events included fetal distress, respiratory distress syndrome, bronchopulmonary dysplasia, retinopathy of prematurity

Hao J, Hassen D, Hao Q, Graham J, Paglia MJ, Brown J, et al. Maternal and infant health care costs related to preeclampsia. Obstet Gynecol 2019;134.

b: There is a statistically significant difference in the frequency of infant adverse events between the preeclampsia, normal, and hypertension cohorts (p<0.001), comparing preeclampsia and normal (p<0.0001) and preeclampsia and hypertension (p<0.001).

c: There is no statistically significant difference in the frequency of infant death between the preeclampsia, normal, and hypertension cohorts (p=0.366), comparing preeclampsia with normal (p=0.4460) and preeclampsia and hypertension (p=0.943).

d: There is a statistically significant difference in the frequency of caesarean section delivery between the preeclampsia, normal, and hypertension cohorts (p<0.001), comparing preeclampsia and normal (p<0.0001) and preeclampsia and hypertension (p<0.001).

(stage >3), necrotizing enterocolitis, Bell's (grade >2), intraventricular haemorrhage (stage>3), and sepsis.

Supplementary Material References

- 1. Specifications Manual for Joint Commission National Quality Core Measures 2015. 2015 https://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient _quality_measures.aspx Accessed December 14, 2018.
- 2. Unexpected complications in term newborns. 2016. https://www.cmqcc.org/focus-areas/quality-metrics/unexpected-complications-term-newborns Accessed December 14, 2018.
- 3. Phibbs CS, Baker LC, Caughey AB, Danielsen B, Schmitt SK, Phibbs RH. Level and volume of neonatal intensive care and mortality in very-low-birth-weight infants. *The New England journal of medicine*. May 24 2007;356(21):2165-2175.
- 4. Johnson JL, Farr SL, Dietz PM, Sharma AJ, Barfield WD, Robbins CL. Trends in gestational weight gain: the Pregnancy Risk Assessment Monitoring System, 2000-2009. *American journal of obstetrics and gynecology*. Jun 2015;212(6):806 e801-808.
- 5. In: Rasmussen KM, Yaktine AL, eds. Weight Gain During Pregnancy: Reexamining the Guidelines. Washington (DC)2009.
- 6. Carmichael S, Abrams B, Selvin S. The pattern of maternal weight gain in women with good pregnancy outcomes. *American journal of public health*. Dec 1997;87(12):1984-1988.
- 7. Abrams B, Carmichael S, Selvin S. Factors associated with the pattern of maternal weight gain during pregnancy. *Obstetrics and gynecology*. Aug 1995;86(2):170-176.
- 8. Siega-Riz AM, Adair LS, Hobel CJ. Institute of Medicine maternal weight gain recommendations and pregnancy outcome in a predominantly Hispanic population. *Obstetrics and gynecology*. Oct 1994;84(4):565-573.
- 9. Stevens W, Shih T, Incerti D, et al. Short-term costs of preeclampsia to the United States health care system. *American journal of obstetrics and gynecology*. Sep 2017;217(3):237-248 e216.