

Appendix

Table 1: Association Between Quantity of Maternal Alcohol Consumption in First Trimester Compared With Abstinence During Pregnancy and Adverse Pregnancy Outcomes.

	Occasional			Low			Moderate			Heavy		
	(n=1,090)			(n=1,383)			(n=625)			(n=300)		
	n	Estimate (95% CI)	Adjusted Estimate (95% CI)	n	Estimate (95% CI)	Adjusted Estimate (95% CI)	n	Estimate (95% CI)	Adjusted Estimate (95% CI)	n	Estimate (95% CI)	Adjusted Estimate (95% CI)
Birth weight, g	1090	63(-6,132)	-6(-50,38)	1383	44(-20,108)	-19(-73,35)	625	65(-20,149)	-26(-129,78)	300	-9(-124,106)	-42(-239,155)
SGA	110	0.93(0.63,1.37)	0.99(0.67,1.45)	165	1.12(0.80,1.57)	1.18(0.99,1.40)	74	1.11(0.71,1.73)	1.06(0.74,1.53)	44	1.42(0.81,2.49)	1.19(0.74,1.92)
Spontaneous preterm birth	45	0.84(0.47,1.49)	0.91(0.64,1.28)	48	0.70(0.40,1.22)	0.74(0.52,1.06)	22	0.71(0.33,1.50)	0.74(0.36,1.54)	12	0.81(0.30,2.16)	0.77(0.45,1.31)
Preeclampsia	42	0.61(0.34,1.07)	0.66(0.38,1.15)	61	0.70(0.42,1.15)	0.79(0.62,1.01)	21	0.52(0.25,1.11)	0.57(0.29,1.11)	16	0.85(0.36,2.01)	0.87(0.42,1.80)

CI, confidence interval; SGA, small for gestational age.

All endpoints, except for birth weight, were analysed using logistic regression and the results are presented as odds ratios (95% confidence interval). Birth weight was analysed using linear regression with robust variance estimation and is presented as adjusted mean difference in grams (95% confidence interval). The reference group was women who did not drink alcohol during pregnancy. All regression models were adjusted for maternal age, smoking, years of schooling, ethnicity, body mass index, infant sex, marital status, family income and drug use in pregnancy. All analyses were adjusted for potential clustering effect of study centers. Birth weight models were also adjusted for gestational age at delivery.

Table 2: Association Between Quantity of Maternal Alcohol Consumption in First Trimester Compared With Abstinence During Pregnancy and Adverse Pregnancy Outcomes Excluding Women Who Binged During Pregnancy.

	Occasional (n=936)			Low (n=876)			Moderate (n=228)			Heavy (n=74)		
	n	Estimate (95% CI)	Adjusted Estimate (95% CI)	n	Estimate (95% CI)	Adjusted Estimate (95% CI)	n	Estimate (95% CI)	Adjusted Estimate (95% CI)	n	Estimate (95% CI)	Adjusted Estimate (95% CI)
Birth weight, g	936	78(5,150)	4(-82,91)	876	39(-36,113)	-15(-89,58)	228	45(-85,174)	-43(-198,111)	74	70(-152,292)	-7(-290,276)
SGA	85	0.83(0.55,1.27)	0.88(0.55,1.43)	101	1.08(0.73,1.61)	1.12(0.82,1.53)	25	1.03(0.51,2.07)	1.01(0.66, 1.55)	11	1.47(0.51,4.23)	1.31(0.59,2.92)
Spontaneous preterm birth	41	0.89(0.49,1.61)	0.97(0.70,1.34)	32	0.73(0.38,1.40)	0.74(0.48,1.15)	7	0.61(0.18,2.14)	0.58(0.38,0.89)	3	0.83(0.13,5.46)	0.73(0.13,4.13)
Preeclampsia	32	0.54(0.28,1.01)	0.59(0.35,0.99)	35	0.63(0.34,1.15)	0.72(0.55,0.95)	7	0.48(0.14,1.65)	0.58(0.21, 1.61)	3	0.64(0.14,4.23)	0.76(0.03,18.26)

CI, confidence interval; SGA, small for gestational age.

All endpoints, except for birth weight, were analysed using logistic regression and the results are presented as odds ratios (95% confidence interval). Birth weight was analysed using linear regression with robust variance estimation and is presented as adjusted mean difference in grams (95% confidence interval). The reference group was women who did not drink alcohol during pregnancy. All regression models were adjusted for maternal age, smoking, years of schooling, ethnicity, body mass index, infant sex, marital status, family income and drug use in pregnancy. All analyses were adjusted for potential clustering effect of study centers. Birth weight models were also adjusted for gestational age at delivery.