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Supplementary Table 1: Association between stone formation and preeclampsia stratified by body mass index.

	Adjusted odds ratio for preeclampsia (95% CI)			
	Normal Weight	**Overweight**	**Obese**	**p-interaction**
Stone Formers	1.4 [0.6-3.5]	2.1 [0.8-5.3]	2.6 [1.2-5.8]	0.01
Non-stone Formers	Ref.	Ref.	Ref.	

Data are presented as OR [95% CI]. Adjusted model includes covariates for maternal age, baseline systolic blood pressure, parity and self-reported race**.**

Supplementary Table 2. Baseline characteristics of stone formers versus general pregnancy cohort

	Stone Formers N=166	General Cohort N=14,878
Age at first prenatal visit – years	32 ± 5	32 ± 6
Non-white ethnicity –n (%)	84 (51)	5,680 (40)
Body Mass Index – kg/m^2	27 ± 6	25 ± 5.
Nulliparous –n (%)	49 (3)	7,536 (51)
Parity	1 [0-2]	0 [0-2]
Baseline Systolic Blood Pressure – mmHg	108 ± 11	107 ± 10
Baseline Diastolic Blood Pressure – mmHg	66 ± 8	65 ± 7

Supplementary Table 3. Association of Kidney Stone Disease on Development of Gestational Hypertensive Disorders

	Gestational Hypertension	Preeclampsia	Preterm Delivery
Imaging Cohort	2.0 [1.3-3.1]	2.2 [1.3-3.6]	2.3 [1.4-3.7]
General Cohort	2.5 [1.7-3.7]	2.9 [1.8-4.5]	3.0 [2.0-4.6]

Data are presented as OR [95% CI]. Adjusted model includes covariates for maternal age, BMI, baseline systolic blood pressure, parity and self-reported race.