

Appendix 11 (as supplied by the authors): Risk of spontaneous abortion (defined by a pregnancy loss occurring between the 6th and 19th weeks of gestation) associated with the use of antibiotics during pregnancy, by drug classes, odd ratio (95% CI) ^{††}.

Exposure	no (%) of cases	Crude OR (95% CI)	Adjusted OR (95% CI)
Class of antibiotics			
No use	7156 (83.43%)	1.00	
Cephalosporins	59 (0.69%)	0.98 (0.76-1.28)	0.89 (0.68-1.16)
Penicillins	500 (5.83 %)	0.94 (0.86-1.03)	0.87 (0.79-0.96)
Macrolides	262 (3.05 %)	1.80 (1.57-2.05)	1.61 (1.41-1.85)
Quinolones	159 (1.85 %)	2.91 (2.44-3.46)	2.59 (2.17-3.11)
Sulfonamides	30 (0.35 %)	2.41 (1.63-3.56)	2.16 (1.45-3.20)
Tetracyclines	67 (0.78 %)	2.83(2.17-3.70)	2.62 (1.98-3.46)
Other antibacterials	34 (0.40 %)	1.32 (0.93-1.88)	1.29 (0.91-1.85)
Antiprotozoals	51 (0.59 %)	1.81(1.35-2.43)	1.58(1.17-2.14)
Urinary anti-infectives	38 (0.44 %)	0.73 (0.53-1.00)	0.69 (0.50-0.94)
Combined use of ≥ 2 classes of antibiotics	221 (2.58 %)	1.78 (1.55-2.05)	1.48 (1.27-1.71)

Note: 95%CI, 95% confidence interval; OR, odds ratio.

^{††}Adjusted for the following variables: maternal age on the first day of gestation, maternal marital status (living alone or cohabiting), receipt of social assistance during pregnancy, education level in years (≤ 12 or > 12), and area of residence on the first day of gestation (urban or rural); maternal chronic co-morbidities assessed using physician-based diagnoses or filled prescriptions of related medications in the year before and during pregnancy until index date (chronic hypertension, depression, diabetes mellitus, asthma, epilepsy, polyarthritis rheumatoid and systemic lupus erythematosus, thyroid disorders); Uterine malformations and endometriosis assessed using physician-based diagnoses; Maternal infections assessed using physician-based diagnoses in the year before pregnancy until index date (urinary tract infection, respiratory tract infection, bacterial vaginosis, and sexually transmitted diseases); Other anti-infective agents assessed also in the year before pregnancy until index date; Use of health services in the year before pregnancy; and history of planned and spontaneous abortion.