

Appendix 12 (as supplied by the authors): Risk of spontaneous abortion associated with the use of antibiotics during pregnancy, by drug classes, odd ratio, with adjustment for multiple testing using the Bonferroni correction

Exposure	no (%) of cases	Crude OR (95% CI)	Adjusted OR (95% CI)	p-value
Classes of antibiotics				
No use	7274 (83.59%)	1.00	1.00	
Cephalosporins	60 (0.69%)	1.01(0.78-1.31)	0.90 (0.69-1.18)	0.4439
Penicillins	500(5.75%)	0.94(0.86-1.03)	0.86 (0.78-0.95)	0.0028
Macrolides	264(3.03%)	1.78(1.56-2.03)	1.61(1.41-1.85)	<.0001 ⁺
Quinolones	160(1.84%)	3.07(2.57-3.65)	2.72(2.27-3.27)	<.0001 ⁺
Sulfonamides	30(0.34%)	2.20(1.49-3.24)	2.01(1.36-2.97)	0.0005 ⁺
Tetracyclines	67(0.77%)	2.75 (2.11-3.60)	2.59 (1.97-3.41)	<.0001 ⁺
Other antibacterials	34(0.39%)	1.26 (0.89-1.65)	1.25 (0.88-1.79)	0.2107
Antiprotozoals	53(0.61%)	1.86(1.40-2.48)	1.70(1.27-2.26)	0.0003 ⁺
Urinary anti-infectives	39(0.45%)	0.73(0.53-1.00)	0.69 (0.50-0.95)	0.0244
Combined use of ≥ 2 classes of antibiotics	221(2.54%)	1.82(1.58-2.09)	1.54 (1.33-1.78)	<.0001 ⁺

⁺Significant with the Bonferroni correction (<0.002).

Note: CI, 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 and during 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 and during pregnancy until index date; Use of health services in the year before pregnancy; and history of planned and spontaneous abortion.