Appendix 8 (as supplied by the authors): Risk of spontaneous abortion associated with the use of antibiotics for the treatment of UTI, by drug classes in pregnancies with UTI (defined as a pregnant women with at least two diagnostic codes of UTI [ICD9 or ICD10] from the beginning of the pregnancy until index date) [++].

Exposure	no (%) of cases	Adjusted* OR (95% CI)	Post hoc power analysis (%)
Class of antibiotics			
Cephalosporins	1 (1.61 %)	0.47 (0.05-4.33)	7
Penicillins	8 (12.90 %)	1.00	
Quinolones	17 (27.42 %)	8.73 (3.08-24.77)	
Sulfonamides	1 (1.61 %)	2.94 (0.29-30.13)	30
Urinary anti-infectives	3 (4.84 %)	1.91 (0.42-8.63)	19
Combined use of ≥ 2 classes of antibiotics	15 (24.19 %)	2.04 (0.74-5.64)	32

Note: 95%CI, 95% confidence interval; OR, odds ratio; UTI, urinary tract infection.

[++]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 (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.

*reference: penicillin.