

**Appendix 2:** Risk of adverse pregnancy outcomes associated with degree of exposure to folic acid antagonists (in terms of number of tablets or capsules) in Saskatchewan, 1980–2000

Outcome; no. of tablets or capsules	No. of women	Adjusted OR (95% CI)*
<b>Preeclampsia</b>		
Not exposed	1890	Ref
1–20	195	1.20 (1.01–1.41)
21–40	250	1.39 (1.20–1.61)
≥ 40	254	1.97 (1.68–2.30)
Trend test		$p < 0.01$
<b>Severe preeclampsia</b>		
Not exposed	139	Ref
1–20	21	1.55 (0.93–2.58)
21–40	24	1.93 (1.18–3.16)
≥ 40	20	1.97 (1.13–3.43)
Trend test		$p < 0.01$
<b>Placental abruption</b>		
Not exposed	502	Ref
1–20	61	1.38 (1.03–1.86)
21–40	48	1.13 (0.82–1.57)
≥ 40	58	1.30 (1.12–1.55)
Trend test		$p < 0.01$
<b>Fetal growth restriction</b>		
<i>&lt; 3rd percentile</i>		
Nonexposure	2022	Ref
1–20	172	1.07 (0.90–1.27)
21–40	238	1.24 (1.07–1.44)
≥ 40	212	1.32 (1.12–1.55)
Trend test		$p < 0.01$
<i>&lt; 10th percentile</i>		
Not exposed	6498	Ref
1–20	510	1.00 (0.90–1.11)
21–40	672	1.07 (0.98–1.17)
≥ 40	564	1.10 (1.00–1.22)
Trend test		$p < 0.01$
<b>Fetal death</b>		
Not exposed	266	Ref
1–20	18	0.89 (0.53–1.49)
21–40	28	1.08 (0.71–1.64)
≥ 40	30	1.40 (0.92–2.14)
Trend test		$p < 0.05$

Note: CI = confidence interval, OR = odds ratio.

\*Adjusted for maternal age (< 20, 20–29, ≥ 30 years, with 20–29 years as reference), type of hospital in which baby was born (provincial, community, regional, with provincial as reference), social assistance (yes v. no, with no as reference), parity (primigravida v. multipara, with multipara as reference) and year in which baby was born. The trend test was based on crude rates.