Appendix 3: Results of sensitivity analyses of the association between maternal exposure to folic acid antagonists and adverse pregnancy outcomes in Saskatchewan, 1980-2000*

Outcome	Exposed	Not exposed	Adjusted OR (95% CI)*
Matching by propensity score (within 1 decimal)†	*n* = 14 982	*n* = 14 982	
Preeclampsia	693	490	1.44 (1.28–1.62)
Severe preeclampsia	64	33	1.95 (1.28–2.97)
Placental abruption	166	119	1.40 (1.11–1.78)
Fetal growth restriction, < 3rd percentile	613	498	1.24 (1.10–1.40)
Fetal growth restriction , < 10th percentile	1 725	1 639	1.06 (0.99–1.14)
Fetal death	76	71	1.07 (0.77–1.48)
Restricted to exposure in first or second trimester	*n* = 6 434	*n* = 25 711	
Preeclampsia	281	797	1.40 (1.21–1.61)
Severe preeclampsia	27	49	2.08 (1.30–3.35)
Placental abruption	64	229	1.08 (0.82–1.43)
Fetal growth restriction, < 3rd percentile)	316	885	1.40 (1.23–1.60)
Fetal growth restriction, < 10th percentile)	811	2 794	1.16 (1.06–1.26)
Fetal death	29	116	0.98 (0.65–1.47)
Restricted to exposure to sulfamethoxazole–trimethoprim	*n* = 11 386	*n* = 45 456	
Preeclampsia	409	1 433	1.13 (1.01–1.26)
Severe preeclampsia	41	111	1.37 (0.95–1.98)
Placental abruption	127	387	1.26 (1.03–1.55)
Fetal growth restriction, < 3rd percentile)	451	1 493	1.20 (1.07–1.33)
Fetal growth restriction, < 10th percentile)	1 300	4 840	1.05 (0.99–1.13)
Fetal death	51	200	1.03 (0.75–1.40)
Restricted to exposure to antiepileptics‡	*n* = 1 335	*n* = 5 332	
Preeclampsia	119	171	3.08 (2.41–3.95)
Severe preeclampsia	5	12	1.63 (0.57–4.68)
Placental abruption	20	61	1.20 (0.72–2.01)
Fetal growth restriction, < 3rd percentile)	67	189	1.37 (1.03–1.83)
Fetal growth restriction, < 10th percentile)	182	599	1.20 (1.00–1.43)
Fetal death	9	25	1.42 (0.65–3.07)

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

*For all analyses in this table, OR was adjusted for maternal age (< 20, 20–29, ≥ 30 years, with 20–29 years as reference), type of hospital in which the 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 the baby was born.

†Women were matched on propensity scores calculated from maternal age, hospital type, social assistance, parity and year of birth. McNemar testing, which was used to account for matching in the analyses, revealed no differences between women who had and had not been exposed. Multiple logistic regression analyses that accounted for matching and that also adjusted for exposure status and the variables originally included in the propensity model were then performed to estimate the adjusted ORs.

‡Antiepileptics were phenobarbitol, phenytoin, carbamazepine, valproic acid and divalproex sodium.

Appendix to: Wen SW, Zhou J, Yang Q, et al. Maternal exposure to folic acid antagonists and placenta-mediated adverse pregnancy outcomes. *CMAJ* 2008;179:1263-8.