SUPPLEMENTAL MATERIAL

Table S1. Hazard ratios (95% CI) of pharmacologically-treated hypertension* by preeclampsia/eclampsia and gestational hypertension stratified by gestational age and weight-for-gestational age categories: MoBa Cohort Study (60,027 women with deliveries 2004-2009 in Norway).

Risk Factor			Preed <u>Yes</u>	clampsia/eclampsia or	gestational hypertension <u>No</u>			
	N	Cases	Model 1 [†]	Model 2 [‡]	N	Cases	Model 1 [†]	Model 2 [‡]
Gestational age (v	veeks)							
< 32	106	22	14.33 (9.03-22.70)	12.68 (7.70-20.89)	341	14	2.27 (1.33-3.85)	2.15 (1.24- 3.74)
32 – 36	490	72	9.25 (7.22-11.86)	7.94 (5.97-10.56)	2,361	62	1.45 (1.12-1.87)	1.42 (1.07-1.88)
≥ 37	2,766	345	8.01 (7.08-9.06)	6.19 (5.38-7.13)	53,700	956	1.00 (reference)	1.00 (reference)
Weight-for-gestat	ional age c	ategorie	s^{\S}					
< 2.5%	159	18	6.69 (4.19-10.70)	5.26 (3.03-9.13)	695	12	0.93 (0.53-1.63)	0.80 (0.41-1.55)
2.5 – 9.9%	392	45	6.91 (5.11-9.37)	6.14 (4.42-8.52)	2,986	36	0.68 (0.48-0.94)	0.67 (0.46-0.98)
≥ 10%	2,811	376	8.24 (7.31-9.29)	6.38 (5.56-7.31)	52,688	984	1.00 (reference)	1.00 (reference)

CI indicates confidence interval.

* Identified through antihypertensive medications dispensed following pregnancy where hypertension listed as indication for treatment. When medication dispensed only during the post-partum period of < 3 months individuals were coded normotensive.

[‡]Adjusted for maternal age (yrs), prepregnancy body mass index (kg/m²), educational level (primary, secondary/vocational, and any college/university), physical activity (<3 times, and 3 or more times/week), daily smoking (yes v. no), alcohol consumption frequency (less than monthly, monthly, weekly), duration of prepregnancy oral contraceptive use (never, < 4 years, 4 or more years), poor diet quality (yes v. no), energy intake (Kcal/d), and multiple birth pregnancy.

 $^{\$}$ Using national birth weight by gestational age and sex growth curves (very small, < 2.5%, moderate small 2.5-9.9%, and not small \geq 10%).

[†]Adjusted for maternal age (yrs).

Table S2. Pregnancy-related events hazard ratios (95% CI) for pharmacologically-treated hypertension* within 10 years following delivery among women with a healthy prepregnancy body mass index: MoBa Cohort Study (38,559 women with deliveries 2004-2009 in Norway).

	Women with prepregnant body mass index 18.5 – 24.9 kg/m ²						
Risk Factor	N	Cases*	Model 1^{\dagger}	Model 2 [‡]			
De novo hypertensive disorders of pregnancy							
None	36,908	406	1.00 (reference)	1.00 (reference)			
PE	1,037	77	7.61 (5.95-9.74)	8.40 (6.49-10.88)			
GH	614	66	11.55 (8.90-14.98)	12.07 (9.09-16.03)			
DM/GDM							
No	38,200	530	1.00 (reference)	1.00 (reference)			
Yes	359	19	3.89 (2.47-6.15)	3.36 (2.05-5.51)			
Preterm delivery							
No	36,410	490	1.00 (reference)	1.00 (reference)			
Yes (<37 weeks)	1,983	55	2.05 (1.55-2.71)	2.19 (1.59-3.02)			
< 32 weeks	263	9	2.49 (1.28-4.83)	2.64 (1.28-5.47)			
32-36 weeks	1,720	46	2.00 (1.48-2.71)	2.15 (1.53-3.01)			
Weight-for-gestational age and sex§							
All small (<10%)	2,902	44	1.14 (0.83-1.55)	0.70 (0.48-1.00)			
<2.5%	569	14	1.82 (1.07-3.09)	0.92 (0.50-1.66)			
2.5-9.9%	2,333	30	0.97 (0.67-1.40)	0.62 (0.40-0.95)			
Average (10-90%)	32,078	440	1.00 (reference)	1.00 (reference)			
Large (>90%)	3,392	61	1.24 (0.95-1.62)	1.01 (0.74-1.37)			

CI indicates confidence interval; PE, preeclampsia/eclampsia; GH, gestational hypertension; DM/GDM, pregestational and gestational diabetes mellitus or type not specified.

*Identified through antihypertensive medications dispensed following pregnancy where hypertension listed as indication for treatment. When medication dispensed only during the post-partum period of < 3 months individuals were coded normotensive.

[†]Adjusted for maternal age.

[‡]Adjusted for maternal age, prepregnancy body mass index (kg/m²), educational level (primary, secondary/vocational, and any college/university), physical activity (<3 times, and 3 or more times/week), daily smoking (yes v. no), alcohol consumption frequency (less than monthly, monthly, weekly), duration of prepregnancy oral contraceptive use (never, < 4 years, 4 or more years), and a low dietary intake of minerals (yes v. no), energy intake (Kcal/d), and multiple birth pregnancy. For all non-hypertensive pregnancy risk factors, adjusts for hypertensive disorders of pregnancy.

[§]Using national birth weight by gestational age and sex growth curves.¹

Table S3. Pregnancy-related event hazard ratios (95% CI) for pharmacologically-treated hypertension* within 5 years following delivery in nulliparous women at baseline: MoBa Cohort Study (26,023 women with deliveries 2004-2009 in Norway).

Model 2 [‡] 1.00 (reference) 6.97 (5.31-9.14) 4.31 (3.05-6.08) 1.00 (reference) 3.22 (2.07-5.02)							
6.97 (5.31-9.14) 4.31 (3.05-6.08) 1.00 (reference)							
6.97 (5.31-9.14) 4.31 (3.05-6.08) 1.00 (reference)							
4.31 (3.05-6.08) 1.00 (reference)							
1.00 (reference)							
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3.22 (2.07-5.02)							
1.00 (reference)							
1.88 (1.35-2.63)							
2.62 (1.45-4.73)							
1.73 (1.19-2.52)							
Weight-for-gestational age and sex§							
0.92 (0.65-1.29)							
0.89 (0.48-1.67)							
0.93 (0.67-1.37)							
1.00 (reference)							
0.60 (0.35-1.01)							

CI indicates confidence interval; PE, preeclampsia/eclampsia; GH, gestational hypertension; DM/GDM, pregestational and gestational diabetes mellitus or type not specified.

*Identified through antihypertensive medications dispensed following pregnancy where hypertension listed as indication for treatment. When medication dispensed only during the post-partum period of < 3 months individuals were coded normotensive.

[‡]Adjusted for maternal age, prepregnancy body mass index (kg/m²), educational level (primary, secondary/vocational, and any college/university), physical activity (<3 times, and 3 or more times/week), daily smoking (yes v. no), alcohol consumption frequency (less than monthly, monthly, weekly), duration of prepregnancy oral contraceptive use (never, < 4 years, 4 or more years), and a low dietary intake of minerals (yes v. no), energy intake (kilocalories/d), and multiple birth pregnancy. For all non-hypertensive pregnancy risk factors, adjusts for hypertensive disorders of pregnancy.

§Using national birth weight by gestational age and sex growth curves.1

[†]Adjusted for maternal age.

Table S4. Hazard ratios (95% CI) of pharmacologically-treated hypertension* with respect to pregnancy-related risk factors by sequentially longer lengths of follow-up: MoBa Cohort (60,027 women with deliveries 2004-2009 in Norway).

	Length of follow-up							
Risk Factors	4 yrs	6 yrs	8 yrs	10 yrs				
PE/GH combined								
Model 1 [†]	11.39 (9.88-13.13)	9.26 (8.17-10.49)	8.38 (7.47-9.41)	8.13 (7.27-9.09)				
Model 2 [‡]	9.40 (8.00-11.04)	7.45 (6.46-8.58)	6.62 (5.80-7.55)	6.38 (5.62-7.26)				
DM/GDM								
Model 1 [†]	4.34 (3.29-5.74)	4.23 (3.32-5.39)	4.22 (3.39-5.26)	4.08 (3.29-5.06)				
Model 2 ^{‡,§}	2.45 (1.82-3.31)	2.43 (1.86-3.16)	2.44 (1.90-3.12)	2.43 (1.91-3.10)				
Preterm delivery								
Model 1 [†]	3.14 (2.59-3.81)	2.55 (2.13-3.04)	2.39 (2.03-2.81)	2.25 (1.92-2.64)				
Model 2 ^{‡,§}	1.89 (1.51-2.36)	1.60 (1.30-1.97)	1.56 (1.29-1.90)	1.45 (1.19-1.76)				
Combined group#								
Model 1 [†]	6.88 (5.99-7.91)	5.68 (5.04-6.40)	5.23 (4.69-5.83)	5.02 (4.52-5.57)				
Model 2 [‡]	5.94 (5.08-6.95)	4.77 (4.16-5.46)	4.36 (3.85-4.93)	4.17 (3.70-4.70)				

CI indicates confidence interval; PE, preeclampsia/eclampsia; GH, gestational hypertension; DM/GDM, pregestational and gestational diabetes mellitus or type not specified.

*Identified through antihypertensive medications dispensed following pregnancy where hypertension listed as indication for treatment. When medication dispensed only during the post-partum period of < 3 months individuals were coded normotensive.

[‡]Adjusted for maternal age, prepregnancy body mass index (kg/m²), educational level (primary, secondary/vocational, and any college/university), physical activity (<3 times, and 3 or more times/week), daily smoking (yes v. no), alcohol consumption frequency (less than monthly, monthly, weekly), duration of prepregnancy oral contraceptive use (never, < 4 years, 4 or more years), poor diet quality (yes v. no), energy intake (kilocalories/d), and multiple birth pregnancy.

[†]Adjusted for maternal age (yrs).

[§]Additional adjustment for PE/GH.

¹Less than 37 weeks gestational age.

^{*}Having one or more of the following: PE/GH, DM/GDM, or preterm delivery.

Supplemental Reference:

1. Skjaerven R, Gjessing HK, Bakketeig LS. Birthweight by gestational age in Norway.

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