

Table S1. Blood levels (wet weight picogram/microliter) of polychlorinated biphenyls (PCBs), hexachlorocyclohexane (HCH) and organochlorine pesticides (OCPs) in the inland and floating area.

* Geometric mean with 95% confidence intervals.

| POPs | Inland Area (n = 120) | | | | Floating Area (n = 74) | | | |
|--------------------|-----------------------|-------------|--------|-------------|------------------------|-------------|--------|-------------|
| | GM* | 95% CI* | Median | Min-Max | GM* | 95% CI* | Median | Min-Max |
| PCB 52 | 0.010 | 0.010-0.010 | 0.010 | 0.010-0.010 | 0.010 | 0.010-0.010 | 0.010 | 0.010-0.010 |
| PCB 99 | 0.008 | 0.008-0.008 | 0.008 | 0.008-0.055 | 0.008 | 0.008-0.008 | 0.008 | 0.008-0.008 |
| PCB 101 | 0.016 | 0.016-0.016 | 0.016 | 0.016-0.020 | 0.016 | 0.016-0.016 | 0.016 | 0.016-0.016 |
| PCB 118 | 0.018 | 0.017-0.019 | 0.015 | 0.015-0.112 | 0.018 | 0.017-0.020 | 0.015 | 0.015-0.048 |
| PCB 138 | 0.015 | 0.014-0.017 | 0.012 | 0.012-0.601 | 0.016 | 0.014-0.018 | 0.012 | 0.012-0.077 |
| PCB 153 | 0.022 | 0.019-0.025 | 0.014 | 0.014-1.170 | 0.020 | 0.017-0.022 | 0.014 | 0.014-0.073 |
| PCB 180 | 0.029 | 0.028-0.030 | 0.028 | 0.028-0.223 | 0.029 | 0.027-0.032 | 0.028 | 0.028-0.423 |
| α -HCH | 0.043 | 0.043-0.043 | 0.043 | 0.043-0.043 | 0.043 | 0.043-0.043 | 0.043 | 0.043-0.043 |
| β -HCH | 0.103 | 0.103-0.103 | 0.103 | 0.103-0.103 | 0.103 | 0.103-0.103 | 0.103 | 0.103-0.103 |
| γ -HCH | 0.053 | 0.053-0.053 | 0.053 | 0.053-0.053 | 0.053 | 0.053-0.053 | 0.053 | 0.053-0.053 |
| δ -HCH | 0.035 | 0.034-0.035 | 0.034 | 0.034-0.070 | 0.034 | 0.034-0.034 | 0.034 | 0.034-0.034 |
| HCB | 0.039 | 0.037-0.042 | 0.040 | 0.010-0.093 | 0.058 | 0.051-0.065 | 0.054 | 0.011-0.196 |
| Heptachlor | 0.137 | 0.134-0.140 | 0.135 | 0.135-0.352 | 0.135 | 0.135-0.135 | 0.135 | 0.135-0.135 |
| Heptachlor epoxide | 0.069 | 0.069-0.069 | 0.069 | 0.069-0.069 | 0.069 | 0.069-0.069 | 0.069 | 0.069-0.069 |
| o,p-DDE | 0.008 | 0.008-0.008 | 0.008 | 0.008-0.010 | 0.008 | 0.008-0.008 | 0.008 | 0.008-0.008 |
| p,p'-DDE | 0.627 | 0.527-0.747 | 0.579 | 0.020-4.760 | 0.975 | 0.811-1.170 | 0.869 | 0.270-8.050 |
| o,p-DDD | 0.007 | 0.007-0.008 | 0.007 | 0.007-0.018 | 0.007 | 0.007-0.007 | 0.007 | 0.007-0.007 |
| p,p'-DDD | 0.008 | 0.008-0.008 | 0.008 | 0.008-0.010 | 0.008 | 0.008-0.008 | 0.008 | 0.008-0.008 |
| o,p-DDT | 0.020 | 0.020-0.020 | 0.020 | 0.020-0.020 | 0.020 | 0.020-0.020 | 0.020 | 0.020-0.020 |
| p,p'-DDT | 0.039 | 0.036-0.042 | 0.033 | 0.030-0.519 | 0.038 | 0.034-0.042 | 0.033 | 0.033-0.401 |
| Mirex | 0.022 | 0.022-0.023 | 0.022 | 0.020-0.113 | 0.023 | 0.022-0.024 | 0.022 | 0.022-0.061 |
| Aldrin | 0.052 | 0.052-0.052 | 0.052 | 0.050-0.052 | 0.052 | 0.052-0.052 | 0.052 | 0.052-0.052 |



The Questionnaires

The subject volunteered to participate in this study and agreed that we extract necessary information from their hospital records after delivery.

If you have questions or need more information, please do not hesitate to call To

Subject ID:

Area Code: Health Center:

SECTION A: MATERNAL SOCIOECONOMIC INFORMATION

1. Patients name: Age:.....

2. Address:

.....Village.....Commune.....District:.....

Telephone number:.....

3. Gravida.....Para:.....

4. EducationOccupation

5. Husband? Death A live If alive how old is he?:.....

Education.....

Occupation.....

6. Major illnesses of mother, No Yes,

Specify.....

7. Medication of mother if daily, No Yes,

Specify.....

8. How many children do you already have?

Baby Girl:, Age.....

Baby Boy: Age.....

Stillborn?:.....

Died under five?:.....

9. Breastfeeding of previous babies, No Yes, if yes how long.....

10. How long have you lived at present address: Years:.....

11. How do you describe your area of residence? Urban Rural

12. Sources of drinking water? Tap Lake Rain water

Borehole Bottle

Other,

specify:.....

13. Do you use pesticides No Yes, if yes where? Inside home Rice Field

On farm/garden

14. Do you or member of family fish? No Yes, if yes where?

Lake Stream Large River

SECTION B: DIET AND LIFESTYLE

Daily food sources of mother

| Type of Food | Description | Frequency | | | | | | | | | | | | |
|-------------------|-------------|---------------------|-------|--------|-------|-------|---------|-----------|--------|--------|----------|----------|-------|--------|
| | | Medium serving size | Small | Medium | Large | Never | 1/month | 2-3 month | 1/week | 2/week | 3-4/week | 5-6/week | 1/day | 2+/day |
| Meat | | | | | | | | | | | | | | |
| Beef | 100g | | | | | | | | | | | | | |
| Pork | 100g | | | | | | | | | | | | | |
| Chicken | 200g | | | | | | | | | | | | | |
| Fish | | | | | | | | | | | | | | |
| Fresh Fish | 100g | | | | | | | | | | | | | |
| Dry salty Fish | 50g | | | | | | | | | | | | | |
| Smoke Fish | 50g | | | | | | | | | | | | | |
| Vegetable | | | | | | | | | | | | | | |
| Salad | 50g | | | | | | | | | | | | | |
| Cabages | 100g | | | | | | | | | | | | | |
| Spinages | 100g | | | | | | | | | | | | | |
| water convolvulus | 50g | | | | | | | | | | | | | |
| Cucumber | 50g | | | | | | | | | | | | | |
| Eggplants | 50g | | | | | | | | | | | | | |
| luffa gourds | 50g | | | | | | | | | | | | | |
| Pumkins | 50g | | | | | | | | | | | | | |
| Moringa | 50g | | | | | | | | | | | | | |
| Beans | 50g | | | | | | | | | | | | | |
| Bean Sprouse | 50g | | | | | | | | | | | | | |
| Egg | 1 | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|------------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Papaya | 100 | | | | | | | | | | | | | |
| Others | | | | | | | | | | | | | | |
| Rice | 100g | | | | | | | | | | | | | |
| Soya Bean | 50g | | | | | | | | | | | | | |
| Mung Beans | 50g | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-----------------|-------|--|--|--|--|--|--|--|--|--|--|--|--|
| Sweat Potatoe | 1 | | | | | | | | | | | | |
| Sugar Can Juice | 1 cup | | | | | | | | | | | | |
| Corn | 1 | | | | | | | | | | | | |
| Coconut | 1 | | | | | | | | | | | | |
| Banana | 1 | | | | | | | | | | | | |
| Mango | 1 | | | | | | | | | | | | |
| Pinapple | 1 | | | | | | | | | | | | |
| Milk | 1 can | | | | | | | | | | | | |

15. Sources of food: Own/local production Local market
 Supermarket Imported

Lifestyle of mother

- ☛ Do you smoke? No
 Yes, ☛ If yes how many cigarettes daily.....
- ☛ Do you drink alcohol
 No
 Yes, ☛ If yes what kind.....
☛ How many tots daily.....

SECTION C: MATERNAL INFORMATION POST DELIVERY MEDICAL INFORMATION

To be completed by attending Health Center Staff or designated field worker.

1. Maternal weight before delivery: Kilograms
2. Maternal height:cm.....
3. Previous spontaneous abortions 1. trimester: (if available).....
 - 1 at how many months
 - 2 at how many months
 - 3 at how many months
4. Previous spontaneous abortions 2. trimester (if available).....
 - 1 at how many months
 - 2 at how many months
 - 3 at how many months
5. Previous preterm deliveries <week 37 (if available).....
 - 1 at how many months
 - 2 at how many months
 - 3 at how many months
6. Any infertility problems –time to pregnancy – if any:

7. Any complication/problems during pregnancy (hypertension, pre-eclampsia, infections).....

SECTION D: INFORMATION ABOUT THE NEWBORN CHILD

1. Mode of delivery: Normal Deliver Vacuum CS
2. Birth weight of baby:kg.....
3. Birth length of baby:cm
4. Head circumference of baby:cm
5. Gestation age of baby (based on Naegele term):
6. APGAR score 1min.....
 5min..... Any sign of asphyxia? No
 Yes

- 7. Gender of baby.....
- 8. Congenital malformations (visible at birth) No Yes
- 9. Any other medical observations or conditions
 No Yes, Specify