Table S2. Maternal vitamin D status at 13-26 weeks gestation and risk of adverse pregnancy outcomes in women at high risk for preeclampsia

Serum 25(OH)D, 1 SD increase	n	Unadjusted risk ratio	95% CI	Adjusted risk ratio*	95% CI
Preeclampsia	822	1.00	0.88 - 1.13	0.98	0.83 - 1.15
Early-onset preeclampsia (<35 wk)	822	0.88	0.68 - 1.14	0.83	0.62 - 1.11
Chronic hypertension with superimposed preeclampsia**	338	0.98	0.82 - 1.18	0.94	0.75 - 1.18
Gestational hypertension***	379	1.17	0.95 - 1.42	1.22	0.93 - 1.60
Preterm birth (<37 weeks)	804	1.07	0.96 - 1.20	0.98	0.84 - 1.13
Indicated preterm birth (<37 weeks)	712	1.15	0.99 - 1.34	0.96	0.79 - 1.17
Spontaneous preterm birth (<37 weeks)	681	0.99	0.82 - 1.21	0.96	0.76 - 1.23
Preterm birth (<35 weeks)	805	0.88	0.71 - 1.08	0.81	0.64 - 1.04
Indicated preterm birth (<35 weeks)	757	0.84	0.61 - 1.15	0.67	0.46 - 0.98
Spontaneous preterm birth (<35 weeks)	764	0.90	0.67 - 1.19	0.93	0.67 - 1.30

25(OH)D, 25-hydroxyvitamin D.

*Mixed-effects Poisson regression model controlling for prepregnancy BMI, race, parity, marital status, season of blood draw, treatment group (aspirin vs. placebo), and baseline risk group as fixed effects and study site as a random effect. Additional adjustment for C-reactive protein concentration, maternal age, maternal education, or infant sex had no meaningful impact on results.

**Women were chronically hypertensive before pregnancy and developed preeclampsia (ACOG category 3).

***Women were normotensive before pregnancy and did not develop preeclampsia (ACOG category 4).