Supplemental Online Content

Goldshtein I, Steinberg DM, Kuint J, et al. Association of BNT162b2 COVID-19 vaccination during pregnancy with neonatal and early infant outcomes. *JAMA Pediatr*. Published online February 10, 2022. doi:10.1001/jamapediatrics.2022.0001
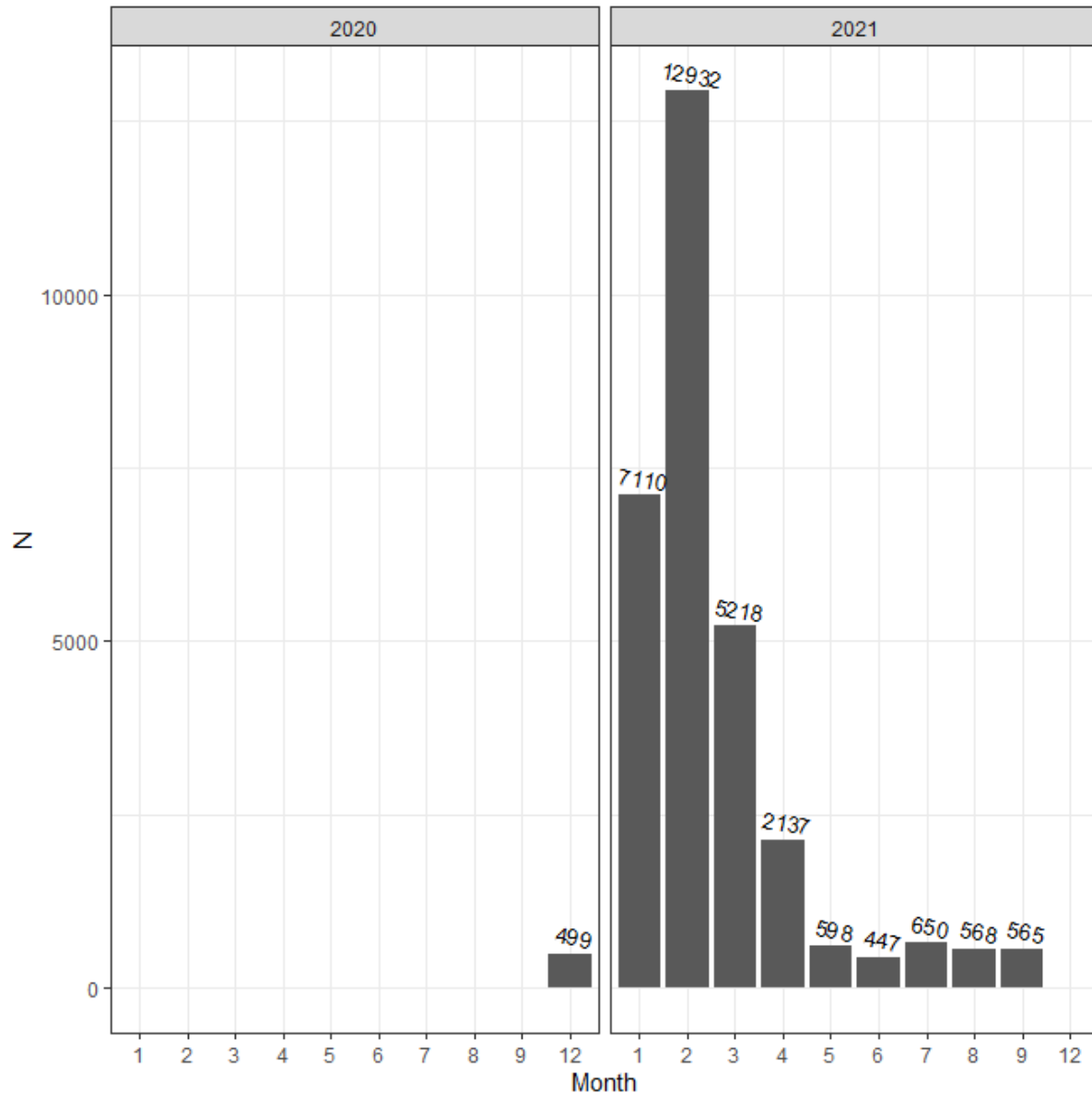
eFigure 1. Vaccination among pregnant women in Maccabi Healthcare Services by calendar month

eFigure 2. Distribution of propensity scores stratified by exposure to vaccination, before and after IPTW
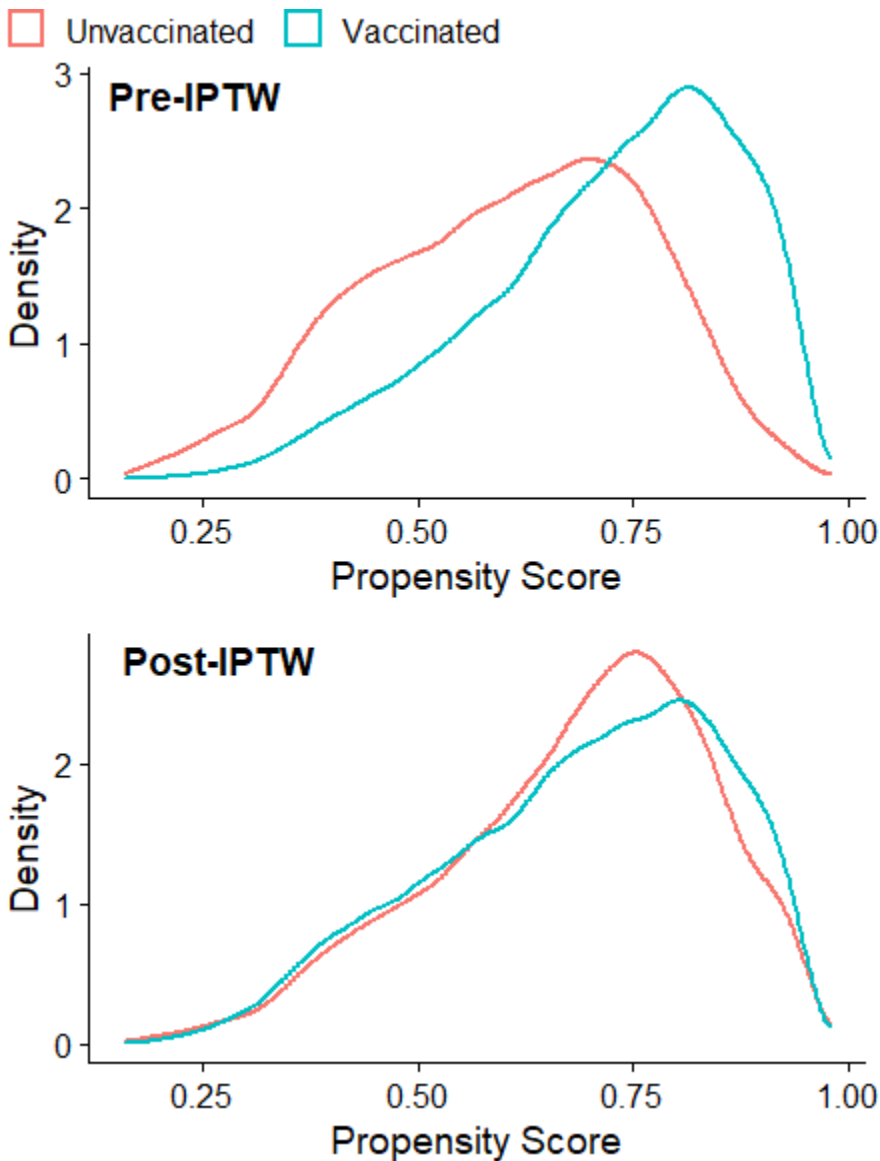
eTable. Neonatal and early infant outcomes among the sub-cohort with no maternal SARS-CoV-2 infection pre-birth

This supplemental material has been provided by the authors to give readers additional information about their work.

*Propensity scores (the probability to receive vaccination) were computed via multivariable logistic regression including maternal age, conception timing, parity, seasonal influenza vaccination, population subgroup and socioeconomic status. IPTW (Inverse probability of treatment weighting) was used to balance groups in terms of their propensity scores. The top graph indicates a substantial overlap between the groups' propensity scores. Before IPTW the 10'th, 25'th, 50'th,75'th and 90'th percentiles of propensity scores in the vaccinated vs. unvaccinated groups were 0.39 vs. 0.51, 0.49 vs. 0.63, 0.62 vs. 0.75, 0.73 vs. 0.84, and 0.8 vs. 0.9 respectively. The bottom graph indicates the improved balance in propensity scores achieved by weighting. The latter led to improved balance in baseline characteristics, as reflected by low absolute standardized mean differences (Table 1 of the main manuscript).

eTable. Neonatal and early infant outcomes among the sub-cohort with no maternal SARS-CoV-2 infection pre-birth

	Pre IPTW			Post IPTW*		
	Unvaccinated n=5350	Vaccinated n=15619	Risk Ratios (95% CI)	Unvaccinated n=5227	Vaccinated n=15637	Risk Ratio (95% CI)
Follow-up time (days)	158 (91 – 214)	128 (78 – 180)		130 (72 – 202)	136 (83 – 187)	
Gestational age at delivery, n (%)						
<37 weeks (overall preterm)	230 (4.3)	695 (4.5)	1.08 (0.92 to 1.27)	265 (5.1)	675 (4.3)	0.94 (0.81 to 1.10)
<32 weeks (early preterm)	35 (0.7)	59 (0.4)	0.57 (0.35 to 0.96)	45 (0.9)	60 (0.4)	0.58 (0.35 to 0.98)
32-36 weeks (late preterm)	195 (3.6)	636 (4.1)	1.15 (0.97 to 1.37)	220 (4.2)	615 (3.9)	0.99 (0.84 to 1.16)
Birth weight						
SGA (small for gestational age), n (%)	324 (6.7)	975 (6.6)	0.98 (0.87 to 1.12)	333 (7.0)	984 (6.7)	0.95 (0.84 to 1.07)
Low birth weight (<2500 g), n (%)	232 (4.8)	692 (4.7)	0.97 (0.83 to 1.13)	255 (5.3)	675 (4.6)	0.88 (0.75 to 1.02)
Very low birth weight (<1500 g), n(%)	29 (0.6)	46 (0.3)	0.50 (0.30 to 0.85)	35 (0.7)	48 (0.3)	0.53 (0.32 to 0.92)
Unknown, n	497	761		450	850	
All-cause hospitalizations, n (%)						
Neonatal (28 days after birth)	283 (5.3)	860 (5.5)	1.04 (0.91 to 1.20)	283 (5.4)	858 (5.5)	1.02 (0.89 to 1.16)
Post-neonatal (>28 days after birth)	321 (6.0)	738 (4.7)	0.94 (0.83 to 1.08)	262 (5.0)	786 (5.0)	1.01 (0.88 to 1.16)
Phototherapy	43 (0.8)	191 (1.2)	1.52 (1.11 to 2.15)	43 (0.8)	187 (1.2)	1.46 (1.06 to 2.06)
Infant death over the study period	6 (0.1)	22 (0.1)	1.46 (0.63 to 3.95)	8 (0.2)	24 (0.2)	0.94 (0.44 to 2.19)

*IPTW (Inverse probability of treatment weighting) was used to balance groups in terms of maternal age, conception timing, parity, seasonal influenza vaccination, population subgroup and socioeconomic status. Post-IPTW counts (n's) slightly differ from crude Pre-IPTW due to propensity weighting.