

Figure S1. Directed acyclic graph (DAG) of analgesics use to amniotic band defects outcome path and relevant measured and unmeasured biasing factors in our analysis.

Figure S2. Directed acyclic graph (DAG) of analgesics use to APGAR score outcome path and relevant measured and unmeasured biasing factors in our analysis.

Figure S3. Directed acyclic graph (DAG) of analgesics use to cryptorchidism outcome path and relevant measured and unmeasured biasing factors in our analysis.

Figure S4. Directed acyclic graph (DAG) of analgesics use to gastroschisis outcome path and relevant measured and unmeasured biasing factors in our analysis.

Figure S5. Directed acyclic graph (DAG) of analgesics use to gestation at delivery outcome path and relevant measured and unmeasured biasing factors in our analysis.

Figure S6. Directed acyclic graph (DAG) of analgesics use to hypospadias outcome path and relevant measured and unmeasured biasing factors in our analysis.

Figure S7. Directed acyclic graph (DAG) of analgesics use to admission to neonatal unit outcome path and relevant measured and unmeasured biasing factors in our analysis.

Figure S8. Directed acyclic graph (DAG) of analgesics use to neural tube defects outcome path and relevant measured and unmeasured biasing factors in our analysis.

Figure S9. Directed acyclic graph (DAG) of analgesics use to pregnancy outcome path and relevant measured and unmeasured biasing factors in our analysis.

Figure S10. Directed acyclic graph (DAG) of analgesics use to standardised birthweight score outcome path and relevant measured and unmeasured biasing factors in our analysis.

Figure S11. Directed acyclic graph (DAG) of analgesics use to weight of baby outcome path and relevant measured and unmeasured biasing factors in our analysis.