### Additional file 1 Association Between Small for Gestational Age (SGA) and Neonatal Outcomes, n=67,569, Norwegian Mother and Child Cohort Study, 2002-2009.

|  |  |  |
| --- | --- | --- |
|  | Neonatal morbidity/mortality | Neonatal intervention |
|  | no. of SGA cases among cases(absolute risk) | aOR | 95% CI | no. of SGA cases among cases(absolute risk) | aOR | 95% CI |
| SGA Gardosi | no | yes | 1.37 | 1.22 | 1.53 | no | yes | 1.41 | 1.33 | 1.50 |
| 1658 | 413 | 7399 | 1730 |
|  | (20%) | (19%) |  |  |
| (20%) |  |  |  |
| SGA Skjaerven | no | yes | 1.51 | 1.32 | 1.68 | no | yes | 1.56 | 1.45 | 1.68 |
| 1834 | 285 | 8073 | 1169 |
|  | (16%) |  |  |  | (13%) |  |  |
| SGA Marsal | no | yes | 3.07 | 2.50 | 3.74 | no | yes | 3.92 | 3.47 | 4.42 |
| 1993 | 126 | 8740 | 502 |
|  | (6%) |  |  | (5%) |  |  |

aOR – adjusted odds ratios, CI – confidence interval, SGA - small for gestational age. The table shows adjusted odds ratios for the association of small for gestational age (according to different definitions of SGA: Gardosi, Skjaerven and Marsal) with neonatal outcomes. The Wald 95% confidence intervals are provided for each estimate. ORs are adjusted for: maternal pre-pregnancy body mass index, household income, maternal education, marital status, parity, maternal age at delivery, smoking status, presence of nausea, folic acid supplementation, planned pregnancy and baby’s sex.