

Appendix 1. Sensitivity Analysis Comparing Singleton Birth Outcomes for Women With Confirmed* Zika Virus Infection to Women With No Zika Virus Infection During Pregnancy, New York City, 2016

	Confirmed* maternal Zika virus infection n = 73	No maternal Zika virus infection n = 74,705	Unadjusted risk ratio or mean difference (95% CI)	Adjusted† risk ratio or mean difference (95% CI)
Small-for-gestational-age neonates, n (%)	12 (16.4)	4,340 (5.8)	2.8 (1.7 – 4.7)	2.8 (1.7 – 4.6)
Preterm neonates, n (%)	1 (1.4)	5,844 (7.8)	0.17 (0.02 – 1.2)	NA
Mean birth weight of term neonates ± SD (grams) ‡	3187 ± 492	3303 ± 447	-116 (-231 – -13)	-110 (-204 – -16)

Notes: SD, standard deviation; CI, confidence interval. NA, not applicable. Because only one woman with Zika virus infection had a preterm infant, there were not sufficient data to adjust this model; no adjusted risk ratio is reported.

*Confirmed Zika virus infection required either: detectable Zika virus RNA on nucleic acid amplification tests of serum, urine, amniotic fluid, or placental tissue; or, non-negative Zika virus antibody capture enzyme-linked immunosorbent assay followed by Zika virus neutralizing antibody titers >10 on plaque reduction neutralization testing (PRNT). Women whose neonates tested positive for Zika virus in the neonatal period were also considered to have confirmed Zika virus infection.

† SGA model adjusted for parity and geographic area of birth. Birth weight model adjusted for age, parity, geographic area of birth, race and ethnicity, completed weeks gestation and infant sex.

‡ Includes neonates born between 37 and 42 completed weeks only. Confirmed maternal Zika virus infection, n = 72. No maternal Zika virus infection, n=68,861.

Cooper HJ, Iwamoto M, Lash M, Conners EE, Paladini M, Slavinski S, et al. Maternal Zika virus infection: association with small-for-gestational-age neonates and preterm birth. *Obstet Gynecol* 2019;134.

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Appendix 2: Sensitivity Analyses Examining Association Between Zika Virus Infection During Pregnancy and Risk of Having a Small-for-Gestational Age Neonate

	Number with an SGA neonate/ Total women with Zika virus infection during pregnancy (%)	Number with an SGA neonate/ Total women with no Zika virus infection during pregnancy (%)	Unadjusted relative risk of having an SGA infant (95% CI)	Adjusted* relative risk of having an SGA infant (95% CI)
Primary analysis	28/250 (11.2%)	4340/74705 (5.8%)	1.9 (1.4 – 2.7)	1.8 (1.3 – 2.6)
Analysis excluding recent immigrants from countries with reported Zika virus outbreak in 2015-16† from the no infection group	28/250 (11.2%)	4153/71636 (5.8%)	1.9 (1.4 – 2.7)	1.8 (1.3 – 2.6)
Analysis restricted to women born in a country with reported Zika virus outbreak in 2015-16†,	28/225 (12.4%)	1262/24098 (5.0%)	2.5 (1.8 – 3.6)	2.1 (1.5 – 2.9)
Alternative growth reference used to define SGA‡	50/250 (20.0%)	10015/74705 (13.4%)	1.5 (1.2 – 1.9)	1.5 (1.1 – 1.9)

Notes: SGA, small-for-gestational age; CI, confidence interval. Numerators are the number of singleton neonates born SGA to women in each group; denominators are the total number of women meeting criteria for the sub-analysis. All reported relative risks are significant at $p < 0.05$.

*Adjusted for: parity and geographic area of birth

† Countries with reported Zika virus outbreak identified according to the World Health Organization Situation Update of January 5, 2017. (<https://www.who.int/emergencies/zika-virus/situation-report/05-january-2017/en/>. Accessed June 25, 2018.)

‡ Alternate growth reference from Oken E, Kleinman KP, Rich-Edwards J, Gillman MW. A nearly continuous measure of birth weight for gestational age using a United States national reference. *BMC Pediatr* 2003;3:6.

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