

Appendix 1. Baseline Characteristics of Study Participants With and Without Missing Outcomes

Characteristic	Missing primary outcome* (N=29)	Not missing primary outcome (N=117)	P
Maternal age (years)	31.4 ± 7.0	31.1 ± 5.7	0.834
Maternal age ≥ 35 years	8 (28)	41 (35)	0.447
Pre-pregnancy or early pregnancy weight (kg)	78.8 ± 30.1	84.9 ± 22.1	0.319
Delivery weight (kg)	90.6 ± 26.1	95.7 ± 21.1	0.339
Body mass index (kg/m ²)	34.3 ± 8.6	35.9 ± 7.2	0.375
Body mass index Category			
18.5 – 24.9 kg/m ²	2 (7)	5 (4)	0.568
25.0 – 29.9 kg/m ²	8 (28)	20 (17)	
30.0 – 34.9 kg/m ²	9 (31)	37 (32)	
35.0 – 39.9 kg/m ²	6 (21)	26 (22)	
≥ 40 kg/m ²	4 (14)	29 (25)	
Race and Ethnicity†			
Asian	1 (3)	2 (2)	0.555
Black	0 (0)	6 (5)	0.213
Hispanic	6 (21)	23 (20)	0.850
Missing/unknown	2 (7)	4 (3)	0.398
Native American	2 (7)	1 (1)	0.04
Pacific Islander	1 (3)	7 (6)	0.591
White	19 (66)	81 (69)	0.7
Employment status			0.09
Full-time	11 (38)	62 (53)	
Part-time	8 (28)	14 (12)	
Unemployed	10 (34)	33 (28)	
Private health insurance	20 (69)	97 (83)	0.092
Married or Partnered	27 (93.1)	109 (93.2)	0.991
Current Tobacco use	1 (4)	4 (3)	0.975
Thrombophilia	0 (0)	0 (0)	
Pre-existing diabetes mellitus	0 (0)	6 (5)	0.213
Hypertensive disorders of pregnancy	9 (31)	21 (18)	0.118
Gestational diabetes	7 (24)	28 (24)	0.981
Nulliparous	13 (45)	39 (33)	0.247
Gestational age at delivery (weeks)	37.9 ± 2.1	37.3 ± 3.3	0.23
Antepartum admission	7 (24)	15 (13)	0.127
Scheduled Cesarean	11 (38)	64 (55)	0.106
Multifetal gestation	1 (3)	10 (9)	0.352
Delivery anesthesia			
Epidural	14 (48)	42 (36)	0.22
Spinal or Combined Spinal-Epidural	16 (55)	68 (58)	0.774

Bruno AM, Allshouse AA, Campbell HM, Branch DW, Lim MY, Silver RM, et al. Weight-based compared with fixed-dose enoxaparin prophylaxis after cesarean delivery: a randomized controlled trial. *Obstet Gynecol* 2022;140.

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General	2 (7)	1 (1)	0.04
Hysterectomy at time of cesarean	0 (0)	1 (1)	0.617
Intrapartum infection	2 (7)	5 (4)	0.554
Estimated blood loss >1000 mL	8 (29)	28 (24)	0.61
Blood transfusion	0 (0)	5 (4)	0.257
Length of stay ≥4 days	8 (28)	32 (28)	0.99
Intensive care unit admission	0 (0)	1 (1)	0.617

Data as n(%) for categorical variables or mean ± SD for continuous variables. Item non-response present for ethnicity (n=2), employment (n=7), current tobacco use (n=2).

*Missing primary outcome resulted from either missing collection, participant withdraw, or loss to follow up. †Self-reported by participant with more than one category allowed.

Appendix 2. Adverse Events in the Study Population

Brief Description of Adverse Event	Study Arm
<i>Wound complications (also described in secondary outcomes)</i>	
Hematoma. Initial concern for wound hematoma within 24 hours of delivery with conservative management with pressure dressing/sand-bag. Presentation after discharge for evaluation and findings consistent with wound hematoma. Portion of incision opened and wet-to-dry dressing changes used.	Weight-based
Hematoma. Peri-incisional fluid collection (3 cm) most consistent with wound hematoma. Resolved with warm compresses without additional intervention.	Weight-based
Hematoma. Peri-incisional fluid collection (2 cm) most consistent with wound hematoma. Resolved with warm compresses without additional intervention.	Weight-based
Incisional cellulitis. Oral course of antibiotics prescribed.	Weight-based
Incisional cellulitis. Oral course of antibiotics prescribed.	Weight-based
Supra-fascial wound dehiscence. Evaluation confirmed intact fascia and no evidence of infection. Managed with wet-to-dry dressing changes and wound team follow-up.	Fixed
<i>Superficial wound separation/bruising</i>	
Superficial wound separation (<1 cm) at 2-week postpartum visit. Resolved with no additional interventions.	Weight-based
Peri-incisional tenderness at 2-week postpartum visit. Clinical assessment without findings of wound separation, seroma, hematoma, or infection. Resolved with no additional interventions.	Fixed
Superficial peri-incisional bruising at 2-week postpartum visit. Resolved with no additional interventions.	Weight-based
<i>Emergency Department (ED) evaluation</i>	
Abdominal pain. Negative imaging and no additional work-up recommended.	Fixed
Urinary symptoms. Delivery complicated by cystotomy requiring repair and 2-week course with foley catheter. Evaluation consistent with urinary tract infection and course of antibiotics prescribed.	Weight-based
Mastitis. Course of antibiotics prescribed.	Fixed
Rash. Diagnosed with unspecified dermatitis with course of topical steroids prescribed.	Fixed
Gallstone pancreatitis. Required laparoscopic cholecystectomy.	Weight-based
Vaginal bleeding. Evaluation including examination and transvaginal ultrasound demonstrated no concern for delayed postpartum	Fixed

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hemorrhage or retained products. Determined to be normal lochia and discharged without further intervention.	
<i>Hospital readmission</i>	
Preeclampsia. Received magnesium sulfate, lab monitoring, and blood pressure management.	Fixed
Clostridium difficile infection. Received course of antibiotics and managed by gastroenterology service.	Fixed
Lupus cerebritis. Admitted following seizure-like activity with extensive evaluation and diagnosed of lupus cerebritis. Managed by neurology team in intensive care unit.	Fixed
Endometritis. Underwent Dilatation and Curettage (D&C) for concern of retained products of conception and received antibiotic course.	Weight-based
Preeclampsia. Received magnesium sulfate, lab monitoring, and blood pressure management.	Fixed
Preeclampsia. Received magnesium sulfate, lab monitoring, and blood pressure management.	Fixed