human reproduction

Supplementary Table SIII Adjusted odds ratio for total preterm birth according to maternal PCOS (PCOS diagnosis only, excluding anovulatory infertility) and diabetes in birth cohort 1996–2014.

	<37 weeks (n = 59 0)	32–36 weeks (n = 51 550)	28–31 weeks (n = 5511)	<28 weeks (n = 2049)
No maternal	PCOS, no anovulatory infertili	ty		
No DM	1.00	1.00	1.00	1.00
GDM	0.89 (0.86 - 0.91)	0.93 (0.90 - 0.96)	0.68 (0.62 - 0.75)	0.58 (0.50 - 0.68)
T2DM	1.91 (1.76 – 2.06)	1.94 (1.78 – 2.11)	1.49 (1.16 - 1.91)	1.60 (1.09 – 2.36)
DM-IT	10.21 (9.58 – 10.87)	10.51 (9.86 - 11.20)	4.54 (3.72 – 5.55)	2.44 (I.60 – 3.73)
Maternal PCC	DS, no anovulatory infertility			
No DM	1.44 (1.30 – 1.59)	1.37 (1.22 – 1.53)	1.52 (1.14 - 2.02)	2.62 (1.78 – 3.86)
GDM	1.18 (0.97 – 1.45)	1.20 (0.97 – 1.48)	0.82 (0.40 - I.66)	2.03 (1.02-4.03)
T2DM	2.51 (1.67 – 3.76)	1.93 (1.20 – 3.12)	5.42 (2.48 - 11.84)	4.55 (1.15 – 17.97)
DM-IT	10.62 (7.09 – 15.91)	9.14 (6.00 - 13.93)	8.13 (3.18 - 20.77)	12.15 (3.83 - 38.54)

Preterm birth is defined as birth before 37 gestational weeks. GDM, gestational diabetes mellitus; T2DM, non-insulin-treated type 2 diabetes mellitus; DM-IT, prepregnancy insulin-treated diabetes mellitus; PCOS, polycystic ovary syndrome. Mothers without DM-IT, T2DM or GDM were grouped as having no DM. Mothers with DM-IT were excluded from the groups of T2DM and GDM, and likewise, mothers with T2DM were excluded from the GDM group. Births to non-PCOS mothers with no diabetes were used as the reference. The analysis was adjusted for offspring birth year, parity (0 or \geq 1), maternal age at delivery, country of birth (Finland or not), smoking during pregnancy (yes/no) and mother married at delivery (yes/no). Values are odds ratio (95% CI).