

Supplemental Table 1. Demographic and clinical characteristics of the CDC COVID-19 Vaccine Pregnancy Registry (C19VPR) cohort and the white sub-sample from Mukherjee et al. (2013)

	C19VPR (n=12,097)		Mukherjee et al (2013) (n=3,138)		<i>p-value</i>
	<i>n</i>	%	<i>n</i>	%	
Maternal age (years)					<0.01
18 – 24	193	1.6	373	11.9	
25 – 29	1,949	16.1	1,121	35.7	
30 – 34	5,812	48.0	1,123	35.8	
35 +	4,143	34.3	520	16.6	
Unknown	0	0.0	1	0.0	
Race and ethnicity					<0.01
Non-Hispanic Black	293	2.4	0	0.0	
Non-Hispanic White	9,568	79.1	3,138	100.0	
Hispanic	1,136	9.4	0	0.0	
Non-Hispanic, Another race	1,100	9.1	0	0.0	
Pre-pregnancy BMI (kg/m2)					<0.01
< 18.5	207	1.7	86	2.7	
18.5 – 24.9	6,203	51.3	1,874	59.7	
25.0 – 29.9	3,127	25.9	678	21.6	
≥ 30	2,560	21.2	472	15.0	
Unknown	0	0.0	28	0.9	
Parity					<0.01
0	5,376	44.4	1,467	46.7	
1	4,582	37.9	1,099	35.0	
2+	2,139	17.7	473	15.1	
Unknown	0	0.0	99	3.2	
Reported previous SAB	3,302	27.3	651	21.4	

Abbreviations: BMI=body mass index, SAB=spontaneous abortion

Supplement 2. *Comparing complete and preliminary CDC COVID-19 Vaccine Pregnancy Registry spontaneous abortion risk analyses.*

The methods used in this analysis differed slightly from the preliminary C19VPR analysis.³ We censored, rather than excluded, pregnancies ending in induced abortion, ectopic or molar pregnancy, and those lost to follow-up to calculate risk of SAB, more accurately accounting status for all pregnancies. To better understand differences in estimates between the current analysis using the complete C19VPR cohort and estimates from the preliminary report, we stratified the complete cohort by timing of enrollment. The “early” stratum included all participants enrolled from January 1, 2021, through July 19, 2021 (the same period used in the preliminary report). This group included an additional 62 participants excluded from the preliminary analysis because pregnancy status as of 20 weeks’ gestation was unknown at that time. The “late” stratum included participants enrolled from July 20, 2021, through May 31, 2022.

We found a lower cumulative risk of SAB (10.9%) compared with the preliminary report (14.1%) (eFigure1).³ In the analysis stratified by enrollment timing, we observed a similar cumulative risk of SAB among participants enrolled early (up to July 19, 2021) compared to the preliminary report (14.4% vs 14.1%, respectively). Among participants enrolled early, the average time interval between vaccination and enrollment was 8.7 weeks compared to 47.7 weeks among participants enrolled later. Participants in the early and later enrollment groups were otherwise similar in race, ethnicity, and age (data not shown). These data suggest that differences in risk observed when comparing the overall complete cohort to the preliminary report are related to timing of enrollment, not methodological differences between the preliminary and current analysis. Specifically, potential participants who experience an SAB but were contacted for enrollment long after end of pregnancy may have been less likely to enroll and, therefore, unable to report their SAB.

eFigure1. Cumulative risk of spontaneous abortion from 6 to 20 weeks' gestation in the CDC COVID-19 Vaccine Pregnancy Registry by timing of enrollment compared to a previously published preliminary analysis³

