Supplementary tables

Table S1: Associations between maternal dietary selenium intake and infant birth weight percentile according to ultrasound-based and customized growth standards in women in the Norwegian Mother, Father and Child Cohort study

	Birth weight percentile according to:							
	Ultrasound-based growth curves				Customized growth curves			
	n	ß[2] (95% CI)	SE	P	n	ß[2] (95% CI)	SE	P
Unadjusted	71,703	1.0 (0.8, 1.2)	0.1	5.9×10^{-20}	70,767	0.7 (0.5, 0.9)	0.1	5.9×10^{-11}
Adjusted[1]	66,898	0.7 (0.3, 1.1)	0.2	8.2×10^{-4}	66,071	0.7 (0.3, 1.1)	0.2	5.2×10^{-4}

Multiple linear regression analysis of standardized selenium intake from food in relation to birth weight percentile according to ultrasound-based [38] and customized [39] growth standards.
[1]Adjusted for maternal age at delivery, maternal pre-pregnancy body mass index (BMI), parity, maternal smoking during pregnancy, passive smoking, nausea during second trimester, maternal education, fibre intake, iodine intake, protein intake, n-3 intake from diet and total energy intake.
[2]ß per SD of selenium intake in µg/day
The adjusted models included fewer women due to missing data on the covariates.
Abbreviations: ß - beta, CI – confidence interval, SE – standard error.

Table S2: Associations between maternal dietary selenium intake and infant small for gestational age (SGA) status according to ultrasound-based and customized growth standards women from the Norwegian Mother, Father and Child Cohort study

	SGA definition according to					
	Ultrasound-based growth curves			Customized growth curves		
	n total/SGA	OR[2] (95% CI)	P	n total/SGA	OR[2] (95% CI)	P
Unadjusted	71,703/ 1,422	0.95 (0.90, 0.99)	<0.05	70,767/ 10,237	0.95 (0.93, 0.97)	7.8×10^{-6}
Adjusted[1]	66,898/ 1,323	0.93 (0.84, 1.04)	0.199	66,071/9,532	0.95 (0.91, 0.99)	0.020

Multiple logistic regression analysis of standardized selenium intake from food in relation to percentiles of birth weight according to ultrasound-based [38] and customized [39] growth standards.
[1]Adjusted for maternal age at delivery, maternal pre-pregnancy body mass index (BMI), parity, maternal smoking during pregnancy, passive smoking, nausea during second trimester, maternal education, fiber intake, iodine intake, protein intake, n-3 intake from diet and total energy intake.
[2]OR per SD of selenium intake in µg/day
The adjusted models included fewer women due to missing data on the covariates.
Abbreviations: CI – confidence interval, OR – odds ratio, SGA – small for gestational age.

Table S3: Associations between maternal selenium intake form supplements and infant birth weight percentile according to ultrasound-based and customized growth standards

		Birth weight percentile according to:							
		Ultrasound-based growth curves				Customized growth curves			
		n	ß[2] (95% CI)	SE	P	n	ß[2] (95% CI)	SE	P
Organic selenium	Unadjusted	71,698	-0.12 (-0.33, 0.09)	0.11	0.269	70,763	-0.05 (-0.26, 0.16)	0.11	0.637
	Adjusted[1]	66,898	-0.02 (-0.23, 0.19)	0.11	0.864	66,071	-0.05 (-0.26, 0.17)	0.11	0.683
Inorganic selenium	Unadjusted	71,698	-0.23 (-0.44, -0.02)	0.11	0.035	70,763	0.20 (-0.01, 0.41)	0.11	0.056
	Adjusted[1]	66,898	0.68 (0.20, 1.16)	0.68	0.005	66,071	0.83 (0.34, 1.32)	0.83	8.7×10^{-4}

Multiple linear regression analysis of standardized selenium intake from supplements in relation to birth weight percentile according to ultrasound-based [38] and customized [39] growth standards.
[1]Adjusted for maternal dietary selenium intake, maternal age at delivery, maternal pre-pregnancy body mass index (BMI), parity, maternal smoking during pregnancy, passive smoking, nausea during second trimester, maternal education, fibre intake, iodine intake, protein intake, n-3 intake from diet and total energy intake.
[2]ß per SD of selenium intake in µg/day
The adjusted models included fewer women due to missing data on the covariates.
Abbreviations: ß - beta, CI – confidence interval, SE – standard error.

Table S4: Associations between maternal selenium intake from supplements and small for gestational age according to ultrasound-based and customized growth standards

		SGA definition according to					
		Ultrasound-based growth curves			Customized growth curves		
		n total/SGA	OR[2] (95% CI)	P	n total/SGA	OR[2] (95% CI)	P
Organic selenium	Unadjusted	71.698/ 1,422	1.04 (1.00, 1.08)	0.034	70,763/ 10,237	1.00 (0.98, 1.02)	0.764
	Adjusted[1]	66,898/ 1,323	1.04 (1.00, 1.08)	0.032	66,071/ 9,532	1.00 (0.98, 1.02)	0.810
Inorganic selenium	Unadjusted	71,698/ 1,422	1.01 (0.95, 1.06)	0.816	70,763/ 10,237	0.99 (0.97, 1.01)	0.285
	Adjusted[1]	66,898/ 1,323	0.98 (0.93, 1.03)	0.425	66,071/ 9,532	0.98 (0.96, 1.01)	0.145

Multiple logistic regression analysis of standardized selenium intake from food in relation to percentiles of birth weight according to ultrasound-based and customized growth standards.
[1]Adjusted for maternal dietary intake of selenium, maternal age at delivery, maternal pre-pregnancy body mass index (BMI), parity, maternal smoking during pregnancy, passive smoking, nausea during second trimester, maternal education, fibre intake, iodine intake, protein intake, n-3 intake from diet and total energy intake.
[2]OR per SD of selenium intake from supplements in µg/day
The adjusted models included fewer women due to missing data on the covariates.
Abbreviations: CI – confidence interval, OR – odds ratio, SGA – small for gestational age.

Table S5: Associations between maternal whole blood selenium concentrations and birth weight percentile according to ultrasound-based and customized growth standards in women from the Norwegian Mother, Father and Child Cohort study

	Birth weight percentiles according to:							
	Ultrasound-based growth curves				Customized growth curves			
	n	ß[2] (95% CI)	SE	P	n	ß[2] (95% CI)	SE	P
Unadjusted	2628	-1.6 (-2.7, -0.52)	0.56	0.0037	2587	-0.70 (-1.8, 0.39)	0.56	0.206
Adjusted[1]	2488	-0.60 (-1.7, 0.51)	0.56	0.289	2450	-0.31 (-1.5, 0.84)	0.59	0.600

Multiple linear regression analysis of log transformed selenium concentrations in maternal whole blood collected during pregnancy in relation to percentiles of birth weight according to ultrasound-based and customized growth standards.

[1]Adjusted for maternal age at delivery, maternal pre-pregnancy body mass index (BMI), parity, maternal smoking during pregnancy, passive smoking and maternal education.

[2]ß per % of blood selenium

The adjusted models included fewer women due to missing data on the covariates.

Abbreviations: ß - beta, CI – confidence interval, SE – standard error.

Table S6: Associations between maternal selenium concentrations in whole blood and infant small for gestational age (SGA) status according to ultrasound-based and customized definitions in 2,628 women in the Norwegian Mother, Father and Child Cohort study

	SGA definition according to					
	Ultrasound-based growth curves			Customized growth curves		
	n total/SGA	OR[2] (95% CI)	P	n total/SGA	OR[2] (95% CI)	P
Unadjusted	2628/ 32	0.36 (0.07, 1.95)	0.243	2587/309	1.1 (0.96, 1.2)	0.179
Adjusted[1]	2488/ 30	0.37 (0.06, 2.2)	0.282	2450/293	1.1 (0.93, 1.2)	0.442

Multiple logistic regression of log transformed maternal selenium concentrations in whole blood collected during pregnancy in relation to small for gestational age according to ultrasound-based and customized growth standards..

[1]Adjusted for maternal age at delivery, maternal pre-pregnancy body mass index (BMI), parity, maternal smoking habits during pregnancy, passive smoking and maternal education.

[2]OR per % of blood selenium

The adjusted models included fewer women due to missing data on the covariates.

Abbreviations: CI – confidence interval, OR – odds ratio, SGA – small for gestational age.