

Online Resources

Title:

Identifying Maternal Conditions leading to Gabapentinoid Prescriptions in Pregnancy Using Electronic Health Records from Six European Countries - A contribution from the IMI ConcePTION project

Journal: Drug safety

Corresponding author: Anna-Belle Beau

Toulouse University Hospital, CERPOP-SPHERE Team, Inserm UMR 1295

37 allées Jules Guesde Bat C floor 3, 31000 Toulouse, France

anna-belle.beau@univ-tlse3.fr

Methods

eTable 1. Description of participating data sources

eTable 2. Detailed definitions of maternal conditions

eTable 3. Code lists used in the sensitivity analyses exploring variations in the identification of neuropathic pain.

Results

eTable 4. Proportions of maternal conditions leading to gabapentinoid dispensed from 3 months before start of pregnancy to the end of pregnancy in Finland, in the additional analyses as compared to the main analysis. n (%).

eTable 5. Proportions of maternal conditions leading to gabapentinoid dispensed from 2.5 months before start of pregnancy to the end of pregnancy in France, in the additional analyses as compared to the main analysis. n (%).

eTable 6. Proportions of maternal conditions leading to gabapentinoid dispensed from 1 year before start of pregnancy to the end of pregnancy in Italy, in the additional analyses as compared to the main analysis. n (%).

eTable 7. Proportions of maternal conditions leading to gabapentinoid dispensed from 1 year before start of pregnancy to the end of pregnancy in Norway, in the additional analyses as compared to the main analysis. n (%).

eTable 8 Proportions of maternal conditions leading to gabapentinoid dispensed from 1 year before start of pregnancy to the end of pregnancy in Spain, in the additional analyses as compared to the main analysis. n (%).

eTable 9. Proportions of maternal conditions leading to gabapentinoid prescribed from 1 year before start of pregnancy to the end of pregnancy in Wales, in the additional analyses as compared to the main analysis. n (%).

eFigure1. Proportions of maternal conditions leading to gabapentinoid prescribed/dispensed from 1 year before start of pregnancy to the end of pregnancy in the six data sources, varying the

window of assessment of the data components around gabapentinoid prescription/dispensing dates.

eTable 1. Description of participating data sources

Country / Coverage	Name or registers	Description
Finland / <i>National</i>	Linkage of national registries: Medical birth registry, Prescription drug registry, National patient registry, Register of Primary Health Care visits	<p>Medical birth registry: Information on births, pregnancy length, maternal parity, smoking, maternal age, maternal comorbidity, and pregnancy and birth complications.</p> <p>Prescription drug registry: Data on all prescription entitled to reimbursement fills from pharmacies including Anatomical therapeutic chemical (ATC) classification codes and dispensing date. Over the counter medicines and medicines used during in-patient hospital stays are not included. Data are available from three months before to three months after pregnancy.</p> <p>National patient registry: Health administrative registry from private and public specialist care. Data on inpatient stays and outpatient care contacts included diagnoses coded according to International Statistical Classification of Diseases and Related Health Problems revision 10 (ICD-10).</p> <p>Register of Primary Health Care visits: Health administrative registry from public health care centres and increasingly from private service providers. Data on primary care visits contacts included diagnoses coded according to International Statistical Classification of Diseases and Related Health Problems revision 10 (ICD-10) or International Classification of Primary Care, second edition (ICPC-2).</p>
France / <i>Haute-Garonne region</i>	EFEMERIS database	<p>EFEMERIS database includes data on pregnant women covered by the French Health Insurance System in Haute-Garonne (south-west France). Specifically, EFEMERIS comprises data about (a) all prescriptions redeemed at pharmacies by women in ambulatory care, prior to and during pregnancy [names, Anatomical, Therapeutic and Chemical classification system (ATC) and dispensing dates]</p> <p>(b) the mother (age, level of education...) and the child (gender, birth size, birth weight, congenital anomalies...) through children's certificates filled out during the compulsory medical examinations at birth, 9 and 24 months,</p> <p>(c) Terminations Of Pregnancy for Fetal Anomaly (TOPFAs) that has been considered in the maternities of the region, (d) nature and date of termination of pregnancy (elective termination, stillbirth, and spontaneous abortion) from the Toulouse University Hospital centre, and (e) data on inpatient stays during pregnancy included diagnoses coded according to International Statistical Classification of</p>

		Diseases and Related Health Problems revision 10 (ICD-10).
Italy / <i>Emilia Romagna region</i>	Linkage of Emilia-Romagna administrative databases and registries. Inhabitant registry, drug dispensations from community pharmacies and from hospital pharmacies, hospital discharge records, emergency admissions, outpatient services, exemptions from copayment, mental health services, birth registry, and death registry	Emilia-Romagna registries include birth, death, and anagraphic registries. Birth registry collect information on births, type of pregnancy, date of delivery, type of pregnancy outcome, pregnancy length, weight at birth, maternal age. Administrative databases collect information about drug dispensation from community and hospital pharmacy including ATC code and dispensing quantity and date. Hospital discharge record collect data about inpatients stay, including diagnosis (ICD9) as well as emergency admission database and mental health services databases collect data from outpatients. Moreover, exemptions from copayment databases collect information about exemption related to specific diagnostic code.
Norway / <i>National</i>	Linkage of national registries: Medical birth registry, Prescription drug registry, National patient registry, Register of Primary Health Care visits	<p>Medical birth registry: Includes information on all births in Norway since 1967, including information on pregnancy length, maternal parity, smoking, maternal age, maternal health, pregnancy, delivery, and neonatal outcomes.</p> <p>Prescription drug registry: Includes data on all dispensed prescription from pharmacies in Norway to outpatients since 2004 including Anatomical therapeutical chemical (ATC) classification codes, amount dispensed (DDD) and dispensing date.</p> <p>National patient registry: Health administrative registries from private and public specialist care in all of Norway from 2008. Data on inpatient hospital stays and outpatient specialist care contacts included diagnoses coded according to ICD-10.</p> <p>Norwegian Control and Payment of Health Reimbursements database (KUHR): The KUHR Database is an administrative database based on reimbursement claims from physicians. It contains information from primary health care/GP/emergency services on morbidity, utilization of health care services and health care use from 2006. Diagnostic codes in the KUHR follow ICD-10, but also ICPC with is more frequently used by GPs. For more information, see https://helsedata.no/en</p>
Spain / <i>Valencian region</i>	Linkage of administrative databases and registries: Perinatal Mortality Registry (RMPCV); Birth Registry (META-B); Congenital Anomaly Population-based Registry (RPAC-CV); Prescription and dispensations	Birth Registry (for live births), Perinatal Mortality Registry (for stillbirths and live births deaths during the first 28 days of life) and Congenital Anomaly Population-based Registry (for stillbirths and live births with at least 1 major congenital anomaly): Information on births, type of pregnancy, date of delivery,

	dataset (GAIA); Morbidity-Hospital discharges database (CMBD)	<p>type of pregnancy outcome, pregnancy length, weight at birth, maternal age.</p> <p>Prescription and dispensations dataset: Data on all prescription and dispensation to outpatients entitled to reimbursement fills from pharmacies including Anatomical therapeutic chemical (ATC) classification codes and dispensing date.</p> <p>Morbidity- Hospital discharges database: Health administrative registries from private and public inpatients care. Data on inpatient stays included diagnoses coded according to International Classification of Diseases: ICD 9th version until 2015 and 10th revision Spanish Version (ICD-10ES) 2016 onwards.</p>
UK / <i>Wales</i> <i>country:</i> 85% of primary care practices	SAIL databank, including in-patient and primary care records, emergency care, ONS births and deaths, and data (including all prescriptions and vaccinations) from ~80% of Wales GP practices	National, whole-population data, with the exception of primary care practices. Practices contribute voluntarily, without additional funding. For details see Ford et al 2009, Lyons et al 2009.

eTable 2. Detailed definitions of maternal conditions

Condition	Finland Derivation	France Derivation	Italy Derivation	Norway Derivation	Spain Derivation	Wales Derivation
Epilepsy	One of the following: - Specific reimbursement entitlement codes for epilepsy: 111, 181, 182, 183, 199, OR; - ICPC-2 codes for epilepsy: N88, N07, OR; - ICD-10 codes for epilepsy: G40, G41, OR; - Dispensing of ASMs: N03	One of the following: - ICD-10 codes for epilepsy: G40, G41, OR; - Dispensing of ASMs: N03 (except N03AF01)	One of the following: - ICD-9 codes for epilepsy: 345.xx, 780.3x, 17, RF0060, OR; - ICD-10 codes for epilepsy: G40, G41, OR; - Dispensing of ASMs: N03 (except N03AF01-carbamazepine)	One of the following: - ICPC-2 codes for epilepsy: N88, N07, OR; - ICD-10 codes for epilepsy: G40, G41, OR; - Dispensing of ASMs: N03	One of the following: - ICD-9 codes for epilepsy: 345.xx, 780.3x, OR; - ICD-10ES codes for epilepsy: R56.9, R56.1, F44.5, OR; - Dispensing of ASMs: N03 (except N03AF01-carbamazepine)	One of the following: - ICD-10 code for epilepsy: G40 (Epilepsy), G41 (Status epilepticus), OR; - READv2 code for epilepsy: F25.. (Epilepsy), 1O30. (Epilepsy confirmed), 667B. (Nocturnal epilepsy), OR; - Prescribing of ASMs: N03 (except N03AF01-carbamazepine)
Neuropathic pain	One of the following: - Specific prescriber specialty of the gabapentinoid prescription: Rheumatologist (value=570, 742), Anesthesiologist (value=100), Orthopedist	One of the following: - Specific prescriber specialty of the gabapentinoid prescription: Rheumatologist (value=14), Anesthesiologist (value=2), Orthopedist (value=41), OR;	One of the following: - ICD-9 codes for pain: diabetic neuropathy (250.6, 357.2), postherpetic neuralgia (053.1), back pain with neuropathic involvement (722.1, 722.2, 722.7, 724.0, 724.3, 724.4), neck pain with neuropathic	One of the following: - Specific prescriber specialty of the gabapentinoid prescription: Rheumatologist (value=41), Anesthesiologist (value=2), Orthopedic surgeon (value=84, 152), OR;	One of the following: - ICD-9 codes for pain: diabetic neuropathy (250.6, 357.2), postherpetic neuralgia (053.1), back pain with neuropathic involvement (722.1, 722.2, 722.7, 724.0, 724.3, 724.4), neck pain with neuropathic	One of the following: - ICD-10 code for pain: R52, OR; - READv2 code for neuropathic pain: N2423 (Neuropathic pain), OR; - Pain specific co-prescribing: N01BX04-capsaicin,

	<p>(value=202, 230), OR;</p> <p>- ICPC-2 codes for pain: A01, L86 OR;</p> <p>- ICD-10 code for pain: R52, OR;</p> <p>- Pain specific co-medications: N02AX02, N01BX04</p>	<p>- ICD-10 code for pain: R52, OR;</p> <p>- Pain specific co-medications: N02A, N01BX04, N01BB02, N02BG08, M03AX01</p>	<p>involvement (721.1, 722.0, 723.0, 723.4), cancer (140.0–172.9, 174.0– 208.9), with neuropathic involvement (337.2, 353.2, 353.3, 353.4, 354.4, 355.7, 355.9, 729.2, 353.0, 353.1, 353.8, 353.9, 354.0, 354.1, 354.2, 354.3, 354.5, 354.8, 354.9, 355.0, 355.1, 355.2, 355.3, 355.4, 355.5, 355.6, 355.8, 357.3, 357.8, 357.9), causalgia, reflex sympathetic dystrophy, and related disorders (337.2, 353.2, 353.3, 353.4, 354.4, 355.7, 355.9, 729.2), HIV/AIDS (042.0) with neuropathic involvement (337.2, 353.2, 353.3, 353.4, 354.4, 355.7, 355.9, 729.2, 353.0, 353.1, 353.8, 353.9, 354.0, 354.1, 354.2, 354.3, 354.5, 354.8, 354.9, 355.0, 355.1, 355.2,</p>	<p>- ICPC-2 codes for pain: A01, L86 OR;</p> <p>- ICD-10 code for pain: R52, G50-G59; G60-G64; G95.85; E10.4; E11.4; OR;</p> <p>- Pain specific co-medications: N02AX02, N01BX04, N01BB02, N02A, M03AX01</p>	<p>involvement (721.1, 722.0, 723.0, 723.4), cancer (140.0–172.9, 174.0– 208.9), with neuropathic involvement (337.2, 353.2, 353.3, 353.4, 354.4, 355.7, 355.9, 729.2, 353.0, 353.1, 353.8, 353.9, 354.0, 354.1, 354.2, 354.3, 354.5, 354.8, 354.9, 355.0, 355.1, 355.2, 355.3, 355.4, 355.5, 355.6, 355.8, 357.3, 357.8, 357.9), causalgia, reflex sympathetic dystrophy, and related disorders (337.2, 353.2, 353.3, 353.4, 354.4, 355.7, 355.9, 729.2), HIV/AIDS (042.0) with neuropathic involvement (337.2, 353.2, 353.3, 353.4, 354.4, 355.7, 355.9, 729.2, 353.0, 353.1, 353.8, 353.9, 354.0, 354.1, 354.2, 354.3, 354.5, 354.8, 354.9, 355.0, 355.1, 355.2,</p>	<p>N01BB02- lidocaine plaster</p>
--	--	---	---	---	---	-----------------------------------

			<p>355.3, 355.4, 355.5, 355.6, 355.8, 357.4, 357.8, 357.9), phantom limb pain (353.6), trigeminal neuralgia (350.1), atypical facial pain (350.2, 352.1), other disorders of peripheral nervous system associated with neuropathic pain (353.0, 353.1, 353.8, 353.9, 354.0, 354.1, 354.2, 354.3, 354.5, 354.8, 354.9, 355.0, 355.1, 355.2, 355.3, 355.4, 355.5, 355.6, 355.8)</p> <p>- ICD-10 code for pain: R52, OR;</p> <p>- Pain specific co-medications: N02AX02-tramadol, N01BX04-capsaicin, N01BB02-lidocaine plaster, N02AA01-morphine, N02AA05-oxycodone, N02AX06-</p>		<p>355.3, 355.4, 355.5, 355.6, 355.8, 357.4, 357.8, 357.9), phantom limb pain (353.6), trigeminal neuralgia (350.1), atypical facial pain (350.2, 352.1), other disorders of peripheral nervous system associated with neuropathic pain (353.0, 353.1, 353.8, 353.9, 354.0, 354.1, 354.2, 354.3, 354.5, 354.8, 354.9, 355.0, 355.1, 355.2, 355.3, 355.4, 355.5, 355.6, 355.8)</p> <p>- ICD-10ES code for pain: R52, OR;</p> <p>- Pain specific co-medications: N02A-strong opioids, N01BX04-capsaicin, N01BB02-lidocaine plaster, N02BG08-ziconotide, M03AX01-botulinum toxin A</p>	
--	--	--	---	--	---	--

			tapentadol, N02BG08- ziconotide, N07BC02- methadone, M03AX01- botulinum toxin A			
Generalised anxiety disorder	One of the following: - ICPC-2 codes for anxiety: P01, P02, P74, OR; - ICD-10 codes for anxiety: F40, F41, F42, F43, OR; - Anxiety specific co- medications: N06A (except N06AA or N06AX)	One of the following: - Specific prescriber specialty of the gabapentinoid prescription: psychiatrist (value=33, 75), OR; - ICD-10 codes for anxiety: F40, F41, F42, F43, OR; - Anxiety specific co-medications: N05BA, N06A (except N06AA or N06AX21)	One of the following: - ICD-9 codes for anxiety: 300.0 (anxiety states), 300.00 (anxiety states, unspecified), 300.02 (generalized anxiety disorders), 300.09 (other anxiety states), 309.21 (separation anxiety disorder), OR; - ICD-10 codes for anxiety: F40, F41, F42, F43, OR; - Anxiety specific co- medications: N05BA- benzodiazepine derivatives, N06A- antidepressants (except tricyclic antidepressive agents (N06AA) and SNRI (N06AX))	One of the following: - Specific prescriber specialty of the gabapentinoid prescription: psychiatrist (value=58), OR; - ICPC-2 codes for anxiety: P01, P02, P74, OR; - ICD-10 codes for anxiety: F40, F41, F42, F43, OR; - Anxiety specific co- medications: N05BA, N06A (except N06AA or N06AX)	One of the following: - ICD-9 codes for anxiety: 300.0 (anxiety states), 300.00 (anxiety states, unspecified), 300.02 (generalized anxiety disorders), 300.09 (other anxiety states), 309.21 (separation anxiety disorder), OR; - ICD-10ES codes for anxiety: F40, F41, F42, F43, OR; - Anxiety specific co-medications: N05BA- benzodiazepine derivatives, N06A- antidepressants (except tricyclic antidepressive agents (N06AA) and	One of the following: - ICD-9 codes for anxiety: 300.0 (anxiety states), 300.00 (anxiety states, unspecified), 300.02 (generalized anxiety disorders), 300.09 (other anxiety states), 309.21 (separation anxiety disorder), OR; - ICD-10 codes for anxiety: F40, F41, F42, F43, OR; - READ code for anxiety: E20., Eu40. (anxiety disorders), Eu41. (others anxiety disorders), Eu34114 (Persistent anxiety depression), OR; - READv2 code for anxiety: E20.,

					duloxetine (N06AX21))	Eu40., Eu41., Eu34114 - Anxiety specific co-medications: N05BA- benzodiazepine derivatives, N06A- antidepressants (except tricyclic antidepressive agents (N06AA) and duloxetine (N06AX21))
--	--	--	--	--	--------------------------	---

Footnote: ASM: antiseizure medication

eTable 3. Code lists used in the sensitivity analyses exploring variations in the identification of neuropathic pain.

Paper used	Coding system	Specific codes
Viniol A et al. BMJ Open 2019	ICD-10 codes	B02 herpes zoster G500 trigeminal neuralgia G530 post zoster neuralgia G546 phantom pain G9585 deafferentation pain due to spinal cord impairment M797 fibromyalgia T926 stump pain after traumatically arm amputation T936 stump pain after traumatically leg amputation G130 paraneoplastic neuromyopathy and neuropathy G521 diseases of N. glossopharyngeus and glossopharyngeus neuralgia G56 mono neuropathy of the upper extremity G57 mono neuropathy of the lower extremity G58 other mono neuropathies G59 mono neuropathy parallel to other illness G60 hereditary and idiopathic neuropathy G61 polyneuritis G62 other polyneuropathies G63 polyneuropathy parallel to other illness G990 autonomous neuropathy through endokrinal and metabolic diseases M501 cervical intervertebral disc degeneration with radiculopathy M511 lumbal intervertebral disc degeneration with radiculopathy M541 radiculopathy M542 cervical neuralgia M543 ischialgia M544 lumboischialgia
Wettermark B et al. International Journal of Clinical Practice 2014	ICD-10 codes	Unspecified pain (M79, R52) and further 40 diagnoses related to central or peripheral neuropathic pain (ICD-10 codes G35.9, G50.0, G50.1, G51.0, G53.0, G54.4, G54.6, G55.0, G55.1, G56.0, G56.2, G56.4, G56.9, G57.0, G57.1, G57.8, G57.9, G58.0, G58.7, G58.8, G62.9, G63.2, G82.1, G95.0, G95.2, G95.8, G97.9, I69.1, I69.3, M48.0, M50.1, M53.0, M53.1, M54.1, M54.3, M54.4, M79.2 and M89.0).

eTable 4. Proportions of maternal conditions leading to gabapentinoid dispensed from 3 months before start of pregnancy to the end of pregnancy in Finland, in the additional analyses as compared to the main analysis. n (%).

Medication	Maternal condition	Main analysis ± 1 year from each gabapentinoid prescription /dispensing dates	Varying identification of neuropathic pain	
			Using codes from eTable 3 (Viniol A et al. 2019)	Using codes from eTable 4 (Wettermark B et al. 2014)
Any gabapentinoids (N=2406)	Any condition ^a	1534 (63.8)	1809 (75.2)	1835 (76.3)
	Epilepsy ^b	360 (15.0)	360 (15.0)	360 (15.0)
	Anxiety ^b	1011 (42.0)	1011 (42.0)	1011 (42.0)
	Neuropathic pain ^b	759 (31.5)	1231 (51.2)	1262 (52.5)

Footnote: ^apregnancies where gabapentinoids were dispensed, who had codes for epilepsy, anxiety, or neuropathic pain, ^bpregnancies in these categories are not mutually exclusive; the percentages may total more than 100%, as pregnancies may be in more than 1 category.

eTable 5. Proportions of maternal conditions leading to gabapentinoid dispensed from 2.5 months before start of pregnancy to the end of pregnancy in France, in the additional analyses as compared to the main analysis. n (%).

Medication	Maternal condition	Main analysis ± 1 year from each gabapentinoid prescription /dispensing dates	Varying identification of neuropathic pain	
			Using codes from eTable 3 (Viniol A et al. 2019)	Using codes from eTable 4 (Wettermark B et al. 2014)
Any gabapentinoids (N=269)	Any condition ^a	163 (60.6)	171 (63.6)	164 (61.0)
	Epilepsy ^b	17 (6.3)	17 (6.3)	17 (6.3)
	Anxiety ^b	62 (23.0)	62 (23.0)	62 (23.0)
	Neuropathic pain ^b	134 (49.8)	145 (53.9)	135 (50.2)

Footnote: ^apregnancies where gabapentinoids were dispensed, who had codes for epilepsy, anxiety, or neuropathic pain, ^bPregnancies in these categories are not mutually exclusive; the percentages may total more than 100%, as pregnancies may be in more than 1 category.

eTable 6. Proportions of maternal conditions leading to gabapentinoid dispensed from 1 year before start of pregnancy to the end of pregnancy in Italy, in the additional analyses as compared with the main analysis. n (%).

Medication	Maternal condition	Main analysis ± 1 year from each gabapentinoid prescription /dispensing dates	Varying identification of neuropathic pain	
			Using codes from eTable 3 (Viniol A et al. 2019)	Using codes from eTable 4 (Wettermark B et al. 2014)
Any gabapentinoids (N=908)	Any condition ^a	396 (43.6)	398 (43.8)	396 (43.6)
	Epilepsy ^b	122 (13.4)	122 (13.4)	122 (13.4)
	Anxiety ^b	238 (26.2)	238 (26.2)	238 (26.2)
	Neuropathic pain ^b	165 (18.2)	167 (18.4)	165 (18.2)

Footnote: ^apregnancies where gabapentinoids were dispensed, who had codes for epilepsy, anxiety, or neuropathic pain, ^bPregnancies in these categories are not mutually exclusive; the percentages may total more than 100%, as pregnancies may be in more than 1 category.

eTable 7. Proportions of maternal conditions leading to gabapentinoid dispensed from 1 year before start of pregnancy to the end of pregnancy in Norway, in the additional analyses as compared with the main analysis. n (%).

Medication	Maternal condition	Main analysis ± 1 year from each gabapentinoid prescription /dispensing dates	Varying identification of neuropathic pain	
			Using codes from eTable 3 (Viniol A et al. 2019)	Using codes from eTable 4 (Wettermark B et al. 2014)
Any gabapentinoids (N=3163)	Any condition ^a	2797 (88.4)	2816 (89.0)	2843 (89.9)
	Epilepsy ^b	372 (11.8)	372 (11.8)	372 (11.8)
	Anxiety ^b	1538 (48.6)	1538 (48.6)	1538 (48.6)
	Neuropathic pain ^b	2431 (76.9)	2461 (77.8)	2504 (79.2)

Footnote: ^apregnancies where gabapentinoids were dispensed, who had codes for epilepsy, anxiety, or neuropathic pain, ^bPregnancies in these categories are not mutually exclusive; the percentages may total more than 100%, as pregnancies may be in more than 1 category.

eTable 8. Proportions of maternal conditions leading to gabapentinoid dispensed from 1 year before start of pregnancy to the end of pregnancy in Spain, in the additional analyses as compared with the main analysis. n (%).

Medication	Maternal condition	Main analysis ± 1 year from each gabapentinoid prescription /dispensing dates	Varying identification of neuropathic pain	
			Using codes from eTable 3 (Viniol A et al. 2019)	Using codes from eTable 4 (Wettermark B et al. 2014)
Any gabapentinoids (N=1770)	Any condition ^a	1269 (71.7)	1291 (72.9)	1270 (71.8)
	Epilepsy ^b	176 (9.9)	176 (9.9)	176 (9.9)
	Anxiety ^b	911 (51.5)	911 (51.5)	911 (51.5)
	Neuropathic pain ^b	827 (46.7)	864 (48.8)	835 (47.2)

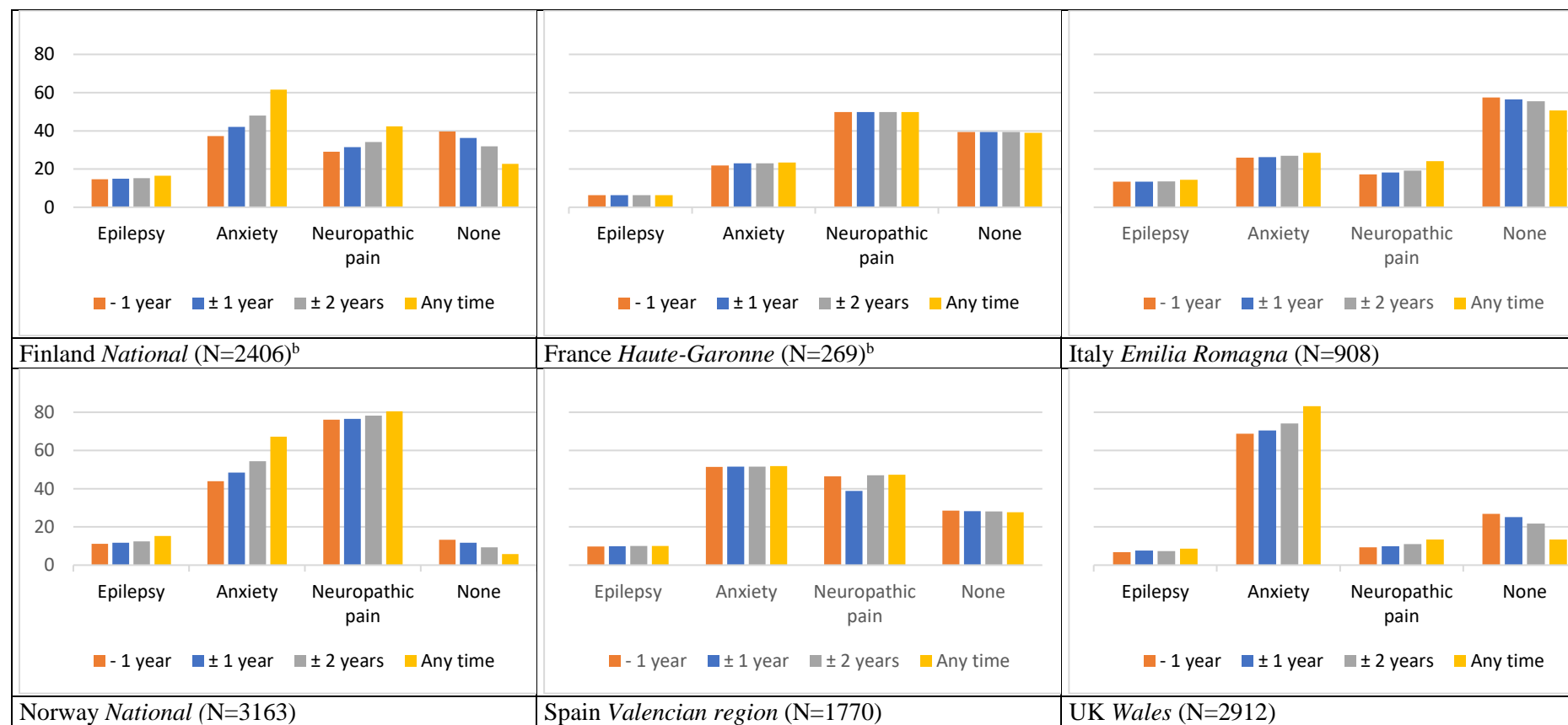
Footnote: ^apregnancies where gabapentinoids were dispensed, who had codes for epilepsy, anxiety, or neuropathic pain, ^bPregnancies in these categories are not mutually exclusive; the percentages may total more than 100%, as pregnancies may be in more than 1 category.

eTable 9. Proportions of maternal conditions leading to gabapentinoid prescribed from 1 year before start of pregnancy to the end of pregnancy in Wales, in the additional analyses as compared with the main analysis. n (%).

Medication	Maternal condition	Main analysis ± 1 year from each gabapentinoid prescription /dispensing dates	Varying identification of neuropathic pain	
			Using codes from eTable 3 (Viniol A et al. 2019)	Using codes from eTable 4 (Wettermark B et al. 2014)
Any gabapentinoids (N=2912)	Any condition ^a	2180 (74.9)	2312 (79.4)	2269 (77.9)
	Epilepsy ^b	206 (7.1)	206 (7.1)	206 (7.1)
	Anxiety ^b	2054 (70.5)	2054 (70.5)	2054 (70.5)
	Neuropathic pain ^b	288 (9.9)	885 (30.4)	773 (26.6)

Footnote: ^apregnancies where gabapentinoids were prescribed, who had codes for epilepsy, anxiety, or neuropathic pain, ^bPregnancies in these categories are not mutually exclusive; the percentages may total more than 100%, as pregnancies may be in more than 1 category.

eFigure1. Percentage of maternal conditions leading to gabapentinoid prescribed/dispensed from one year before start of pregnancy to the end of pregnancy in the six data sources^a, varying the window of assessment of the data components around gabapentinoid prescription/dispensing dates.



Footnote: ^aIn the Finnish and French data source, gabapentinoid prescription/dispensing was assessed from 3 months and 2.5 months before pregnancy start until end of pregnancy, respectively,