STROBE Statement — Checklist of items that should be included in reports of cohort studies

Section	Item No	Recommendation	Reported in manuscript
Title and abstract	1(a)	Indicate the studys design with a commonly used term in the title or the abstract	Title & Abstract (title states "national retrospective cohort study"; abstract Methods states "In this national retrospective cohort study")
	1(b)	Provide in the abstract an informative and balanced summary of what was done and what was found	Abstract
Introduction	2	Explain the scientific background and rationale for the investigation being reported	Background section
	3	State specific objectives, including any prespecified hypotheses	Background final paragraph
Methods	4	Present key elements of study design early in the paper	Methods—Study design and data sources
	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Methods—Study design and data sources (NCHS 2022–2023 linked birth–infant–death files)
	6(a)	Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	Methods—Study design and data sources; Study population and race/ethnicity framework; Figure 1
	6(b)	For matched studies, give matching criteria and number of exposed and unexposed	N/A (no matching performed)
	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Methods—Outcome, exposure, and mediator definitions

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	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Methods—Outcome, exposure, and mediator definitions (birth-certificate-derived indicators)
	9	Describe any efforts to address potential sources of bias	Methods—Causal framework and statistical analysis; Discussion—Strengths and limitations
	10	Explain how the study size was arrived at	Methods—Study design and data sources; sample fixed by national public-use file availability
	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Methods—Outcome, exposure, and mediator definitions (binary exposures; risk-difference scale as primary effect metric)
	12(a)	Describe all statistical methods, including those used to control for confounding	Methods—Causal framework and statistical analysis (DAG-derived back-door adjustment, g-computation); software versions in Supplementary Table S6
	12(b)	Describe any methods used to examine subgroups and interactions	Methods—Heterogeneity, sensitivity, and replication (double/debiased machine learning; interaction testing in linear probability models)
	12(c)	Explain how missing data were addressed	Methods—Heterogeneity, sensitivity, and replication (missingness reporting; complete-case analysis; mode-imputation sensitivity comparison, Supplementary Table S12)
	12(d)	If applicable, explain how loss to follow-up was addressed	N/A (retrospective birth registry: the 2023 cohort is linked to first-year infant deaths, so there is no loss to follow-up)
	12(e)	Describe any sensitivity analyses	Methods—Causal framework and statistical analysis (alternative DAG); Heterogeneity, sensitivity, and replication; Supplementary Tables S5–S13
Results	13*(a)	Report numbers of individuals at each stage of studyeg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Results—Study population and baseline disparities; Figure 1; Supplementary Table S7 (per-model sample sizes)
	13*(b)	Give reasons for non-participation at each stage	Methods—Study population and race/ethnicity framework; exclusion of records with unknown maternal race

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	13*(c)	Consider use of a flow diagram	Figure 1
	14*(a)	Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Results—Table 1 Baseline characteristics
	14*(b)	Indicate number of participants with missing data for each variable of interest	Methods—Heterogeneity, sensitivity, and replication (missingness by count among Black women: obesity 13,410 [2.7%], low education 5,366 [1.1%], marital status 18,329 [3.7%], WIC 5,510 [1.1%], foreign-born nativity 2,008 [0.4%], smoking 1,995 [0.4%], late/no prenatal care 11,768 [2.4%]; complete-case analysis; mode-imputation sensitivity comparison, Supplementary Table S12)
	14*(c)	Summarise follow-up time (eg, average and total amount)	N/A in the conventional sense: maternal and neonatal outcomes are recorded at birth and the cohort is followed to first-year infant death, so no further person-time at risk accrues
	15*	Report numbers of outcome events or summary measures over time	Results—Table 1 (infant death, CRITICAL, SMM rates)
	16(a)	Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	Results—Tables 2 and 3 (crude and DAG-adjusted risk-difference estimates with 95% CI, composite and severe-SMM outcomes); Methods—back-door adjustment sets derived from DAG
	16(b)	Report category boundaries when continuous variables were categorized	Methods—Outcome, exposure, and mediator definitions (binary definitions for pregestational disease, age ≥ 35)
	16(c)	If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	Results (primary effect metric: absolute percentage-point risk difference)
	17	Report other analyses doneeg analyses of subgroups and interactions, and sensitivity analyses	Results—Counterfactual mediation; Heterogeneity within Black women; Temporal replication; Supplementary Tables S5–S13
Discussion	18	Summarise key results with reference to study objectives	Discussion opening paragraph

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	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Discussion—Strengths and limitations subsection
	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Main Discussion; Policy implications subsection
	21	Discuss the generalisability (external validity) of the study results	Discussion—Strengths and limitations (national NCHS birth-certificate data)
Other information	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	No funding was received for this study.

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.