

## Supplementary information

### **Variants in the fetal genome near pro-inflammatory cytokine genes on 2q13 associate with gestational duration**

Liu et al.

## Table of contents

### Supplementary Figures

<b>Supplementary Figure 1:</b>	Study design	<b>4</b>
<b>Supplementary Figure 2:</b>	Manhattan and quantile-quantile plots	<b>5</b>
<b>Supplementary Figure 3:</b>	Regional association plot of the 2q13 locus for gestational duration and postterm birth	<b>6</b>
<b>Supplementary Figure 4:</b>	Regional association plot of the 2q13 locus for early preterm birth and preterm birth	<b>7</b>
<b>Supplementary Figure 5:</b>	Frequency of allele rs7594852-C grouped into bins by gestational age	<b>8</b>
<b>Supplementary Figure 6:</b>	Regional association plots of the 3q28 and 1p33 loci for early preterm birth	<b>9</b>
<b>Supplementary Figure 7:</b>	Regional association plots of the 3q28 and 1p33 loci for early preterm birth, conditioning on the lead SNP at each locus	<b>9</b>
<b>Supplementary Figure 8:</b>	Forest plots of the 3q28 and 1p33 loci for early preterm birth	<b>10</b>
<b>Supplementary Figure 9:</b>	Quantile-quantile plot of gestational duration associations for 39 SNPs known to be associated with cytokines	<b>10</b>
<b>Supplementary Figure 10:</b>	Statistical power curves for the discovery stage analyses	<b>11</b>
<b>Supplementary Figure 11:</b>	Reference-based bimodal gestational duration quantile transformation	<b>12</b>

### Supplementary Tables

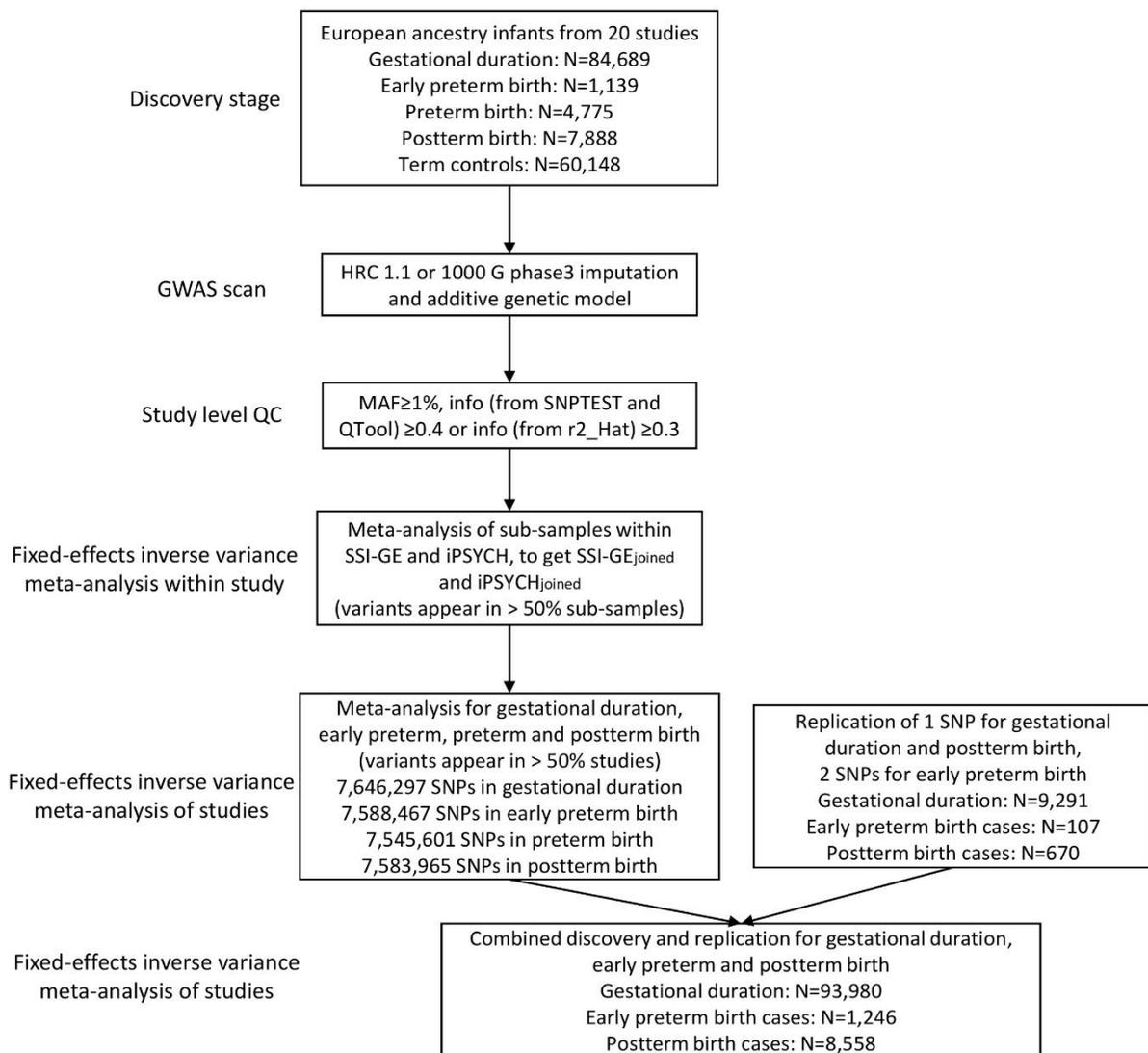
<b>Supplementary Table 1:</b>	Statistical power estimates for the replication stage analyses	<b>13</b>
<b>Supplementary Table 2:</b>	Association results for the two lead SNPs for early preterm birth	<b>14</b>
<b>Supplementary Table 3:</b>	Replication results for early preterm birth based on trios	<b>15</b>
<b>Supplementary Table 4:</b>	Association between rs7594852 and gene expression in placenta	<b>16</b>
<b>Supplementary Table 5:</b>	Association between rs7594852 and levels of 10 biomarkers in blood from newborns	<b>16</b>
<b>Supplementary Table 6:</b>	Genomic inflation factors for each phenotype in each study	<b>17</b>

<b>Supplementary Methods</b>	<b>18</b>
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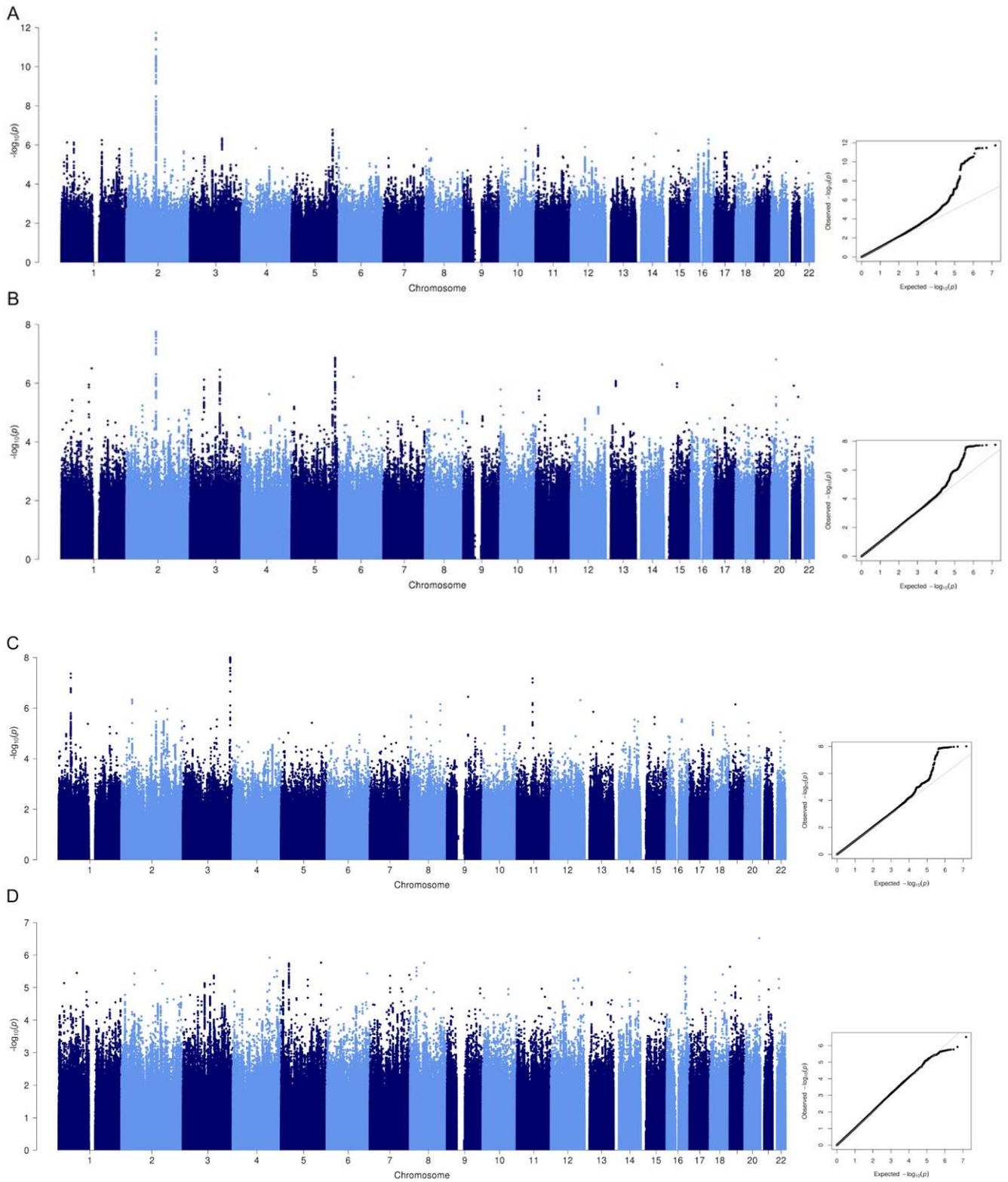
## **Supplementary Notes**

<b>Supplementary Note 1:</b>	Early Growth Genetics (EGG) Consortium members	<b>20</b>
<b>Supplementary Note 2:</b>	Collaborators from the iPSYCH-BROAD Working Group	<b>26</b>
<b>Supplementary Note 3:</b>	Study acknowledgements	<b>27</b>
<b>Supplementary Note 4:</b>	Study funding statements	<b>29</b>

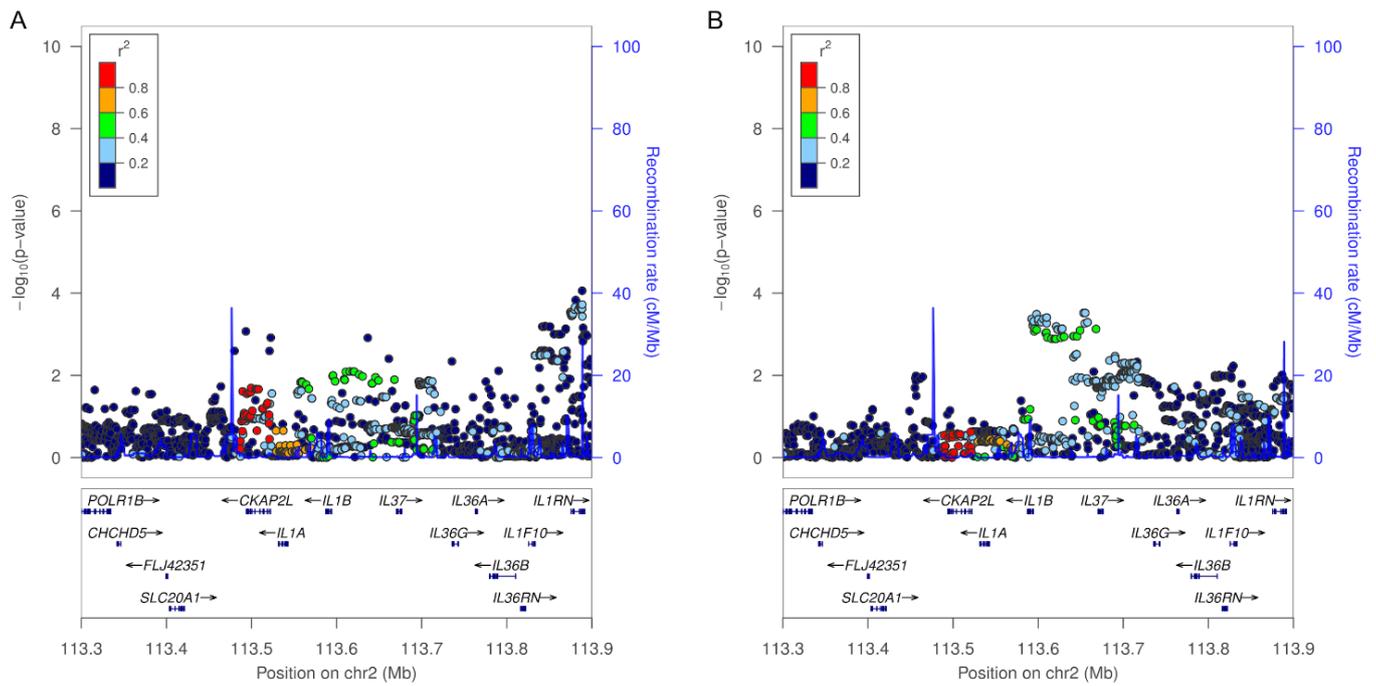
## Supplementary Figures



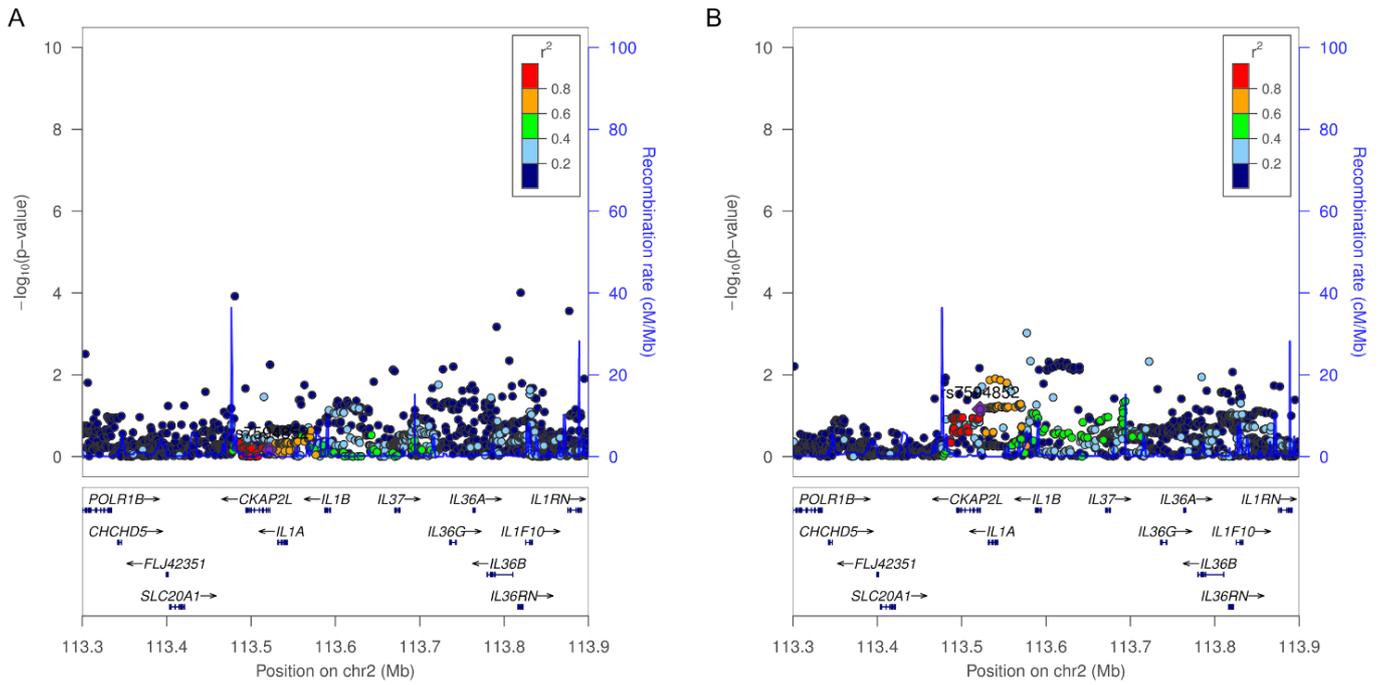
**Supplementary Figure 1.** Study design.



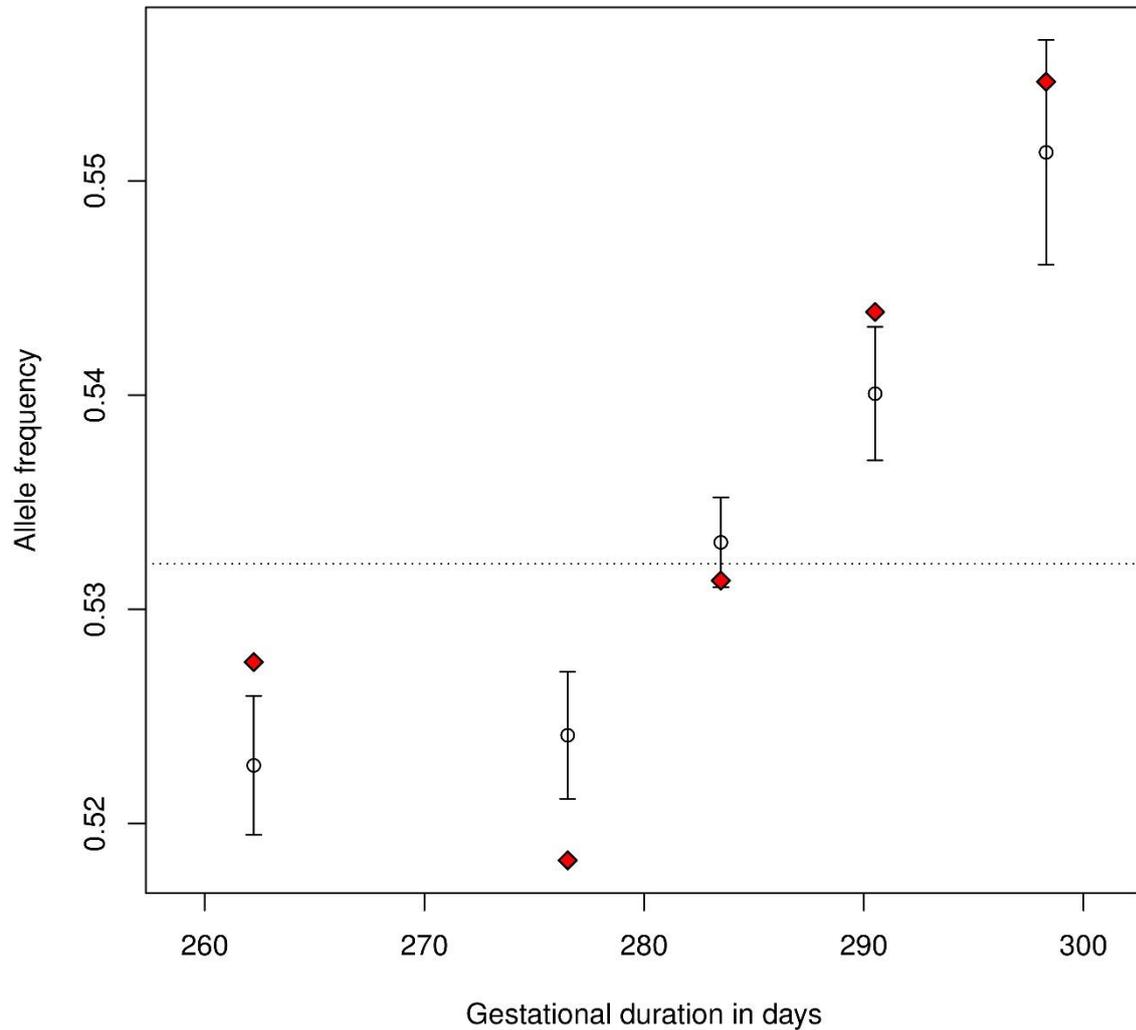
**Supplementary Figure 2.** Manhattan plots of  $-\log_{10} P$  values across the chromosomes (left panel) and corresponding quantile-quantile plot of observed versus expected  $-\log_{10} P$  values (right panel). (A) gestational duration, (B) postterm birth, (C) early preterm birth and (D) preterm birth.



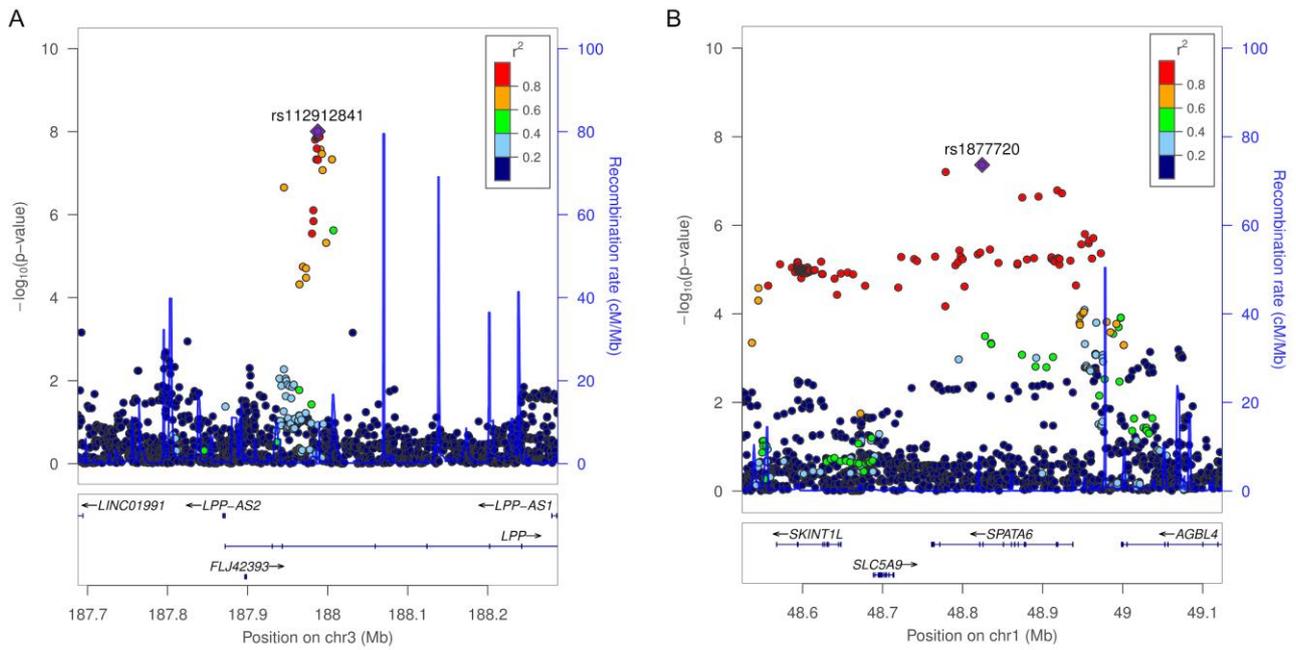
**Supplementary Figure 3.** Regional association plots of the 2q13 locus, conditioning on rs7594852, for **(A)** gestational duration and **(B)** postterm birth. SNP position is shown on the x-axis and  $-\log_{10} P$  value on the left y-axis. The conditional analyses were based on 51,357 samples from the iPSYCH study. The SNPs are colored to reflect their linkage disequilibrium with the lead SNP rs7594852 (based on pairwise  $r^2$  values from the DNBC). Estimated recombination rates are from HapMap (right y-axis).



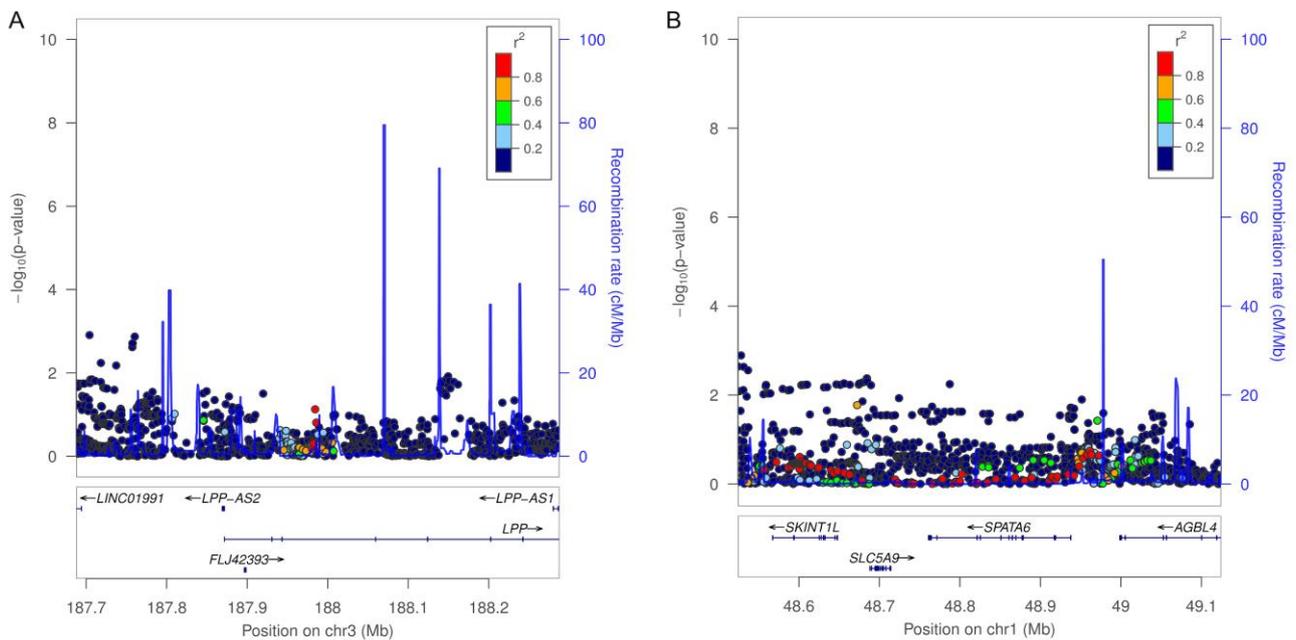
**Supplementary Figure 4.** Regional association plots of the 2q13 locus for (A) early preterm birth, and (B) preterm birth. SNP position is shown on the x-axis and  $-\log_{10} P$  value on the left y-axis. The SNPs are colored to reflect their linkage disequilibrium with the lead SNP for gestational duration, rs7594852 (based on pairwise  $r^2$  values from the DNBC). Estimated recombination rates are from HapMap (right y-axis).



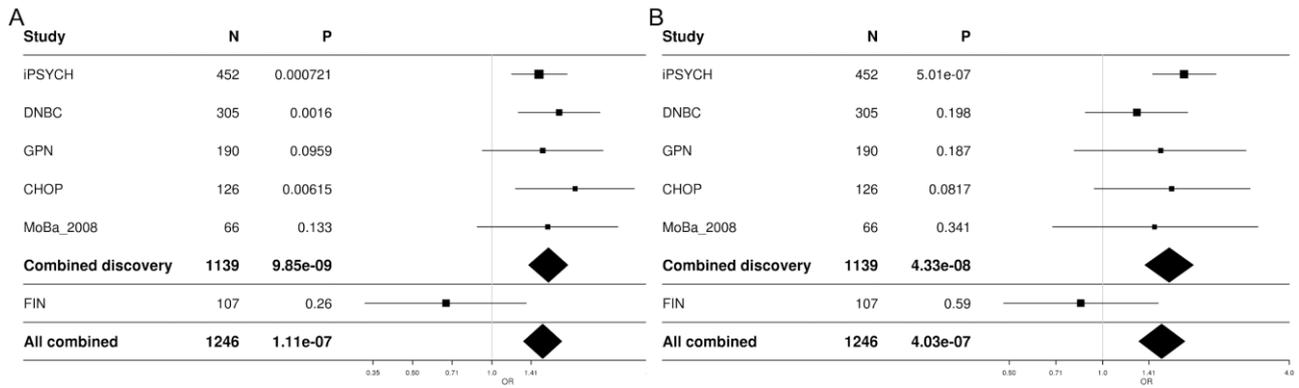
**Supplementary Figure 5.** Frequency of allele rs7594852-C in 51,357 samples from the iPSYCH study grouped into bins by gestational age. The samples were divided into 5 groups by gestational duration, each red diamond represents a group, the location along the x-axis is the mean gestational age of the group, while the y-axis is the frequency of allele rs7594852-C in the group. Each circle represents the corresponding bootstrap mean allele frequency and the error-bars are given as the bootstrap standard deviation. The dashed line shows the overall mean allele frequency. Source data are provided as a Source Data file.



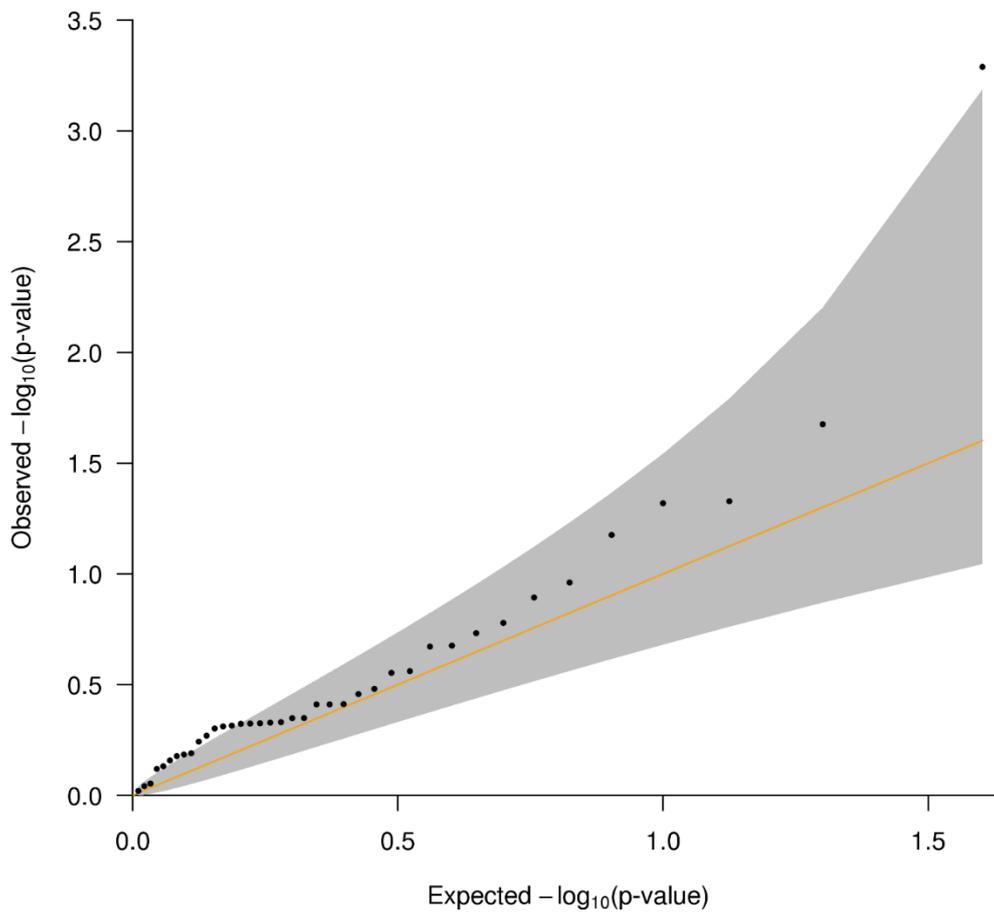
**Supplementary Figure 6.** Regional association plots of the 3q28 and 1p33 loci for early preterm birth. The lead SNPs, rs112912841 (**A**) and rs1877720 (**B**) are both represented by a purple diamond, and the other SNPs are colored to reflect their LD with the lead SNP (based on pairwise  $r^2$  values from the DNBC cohort). Estimated recombination rates are from HapMap (right y-axis).



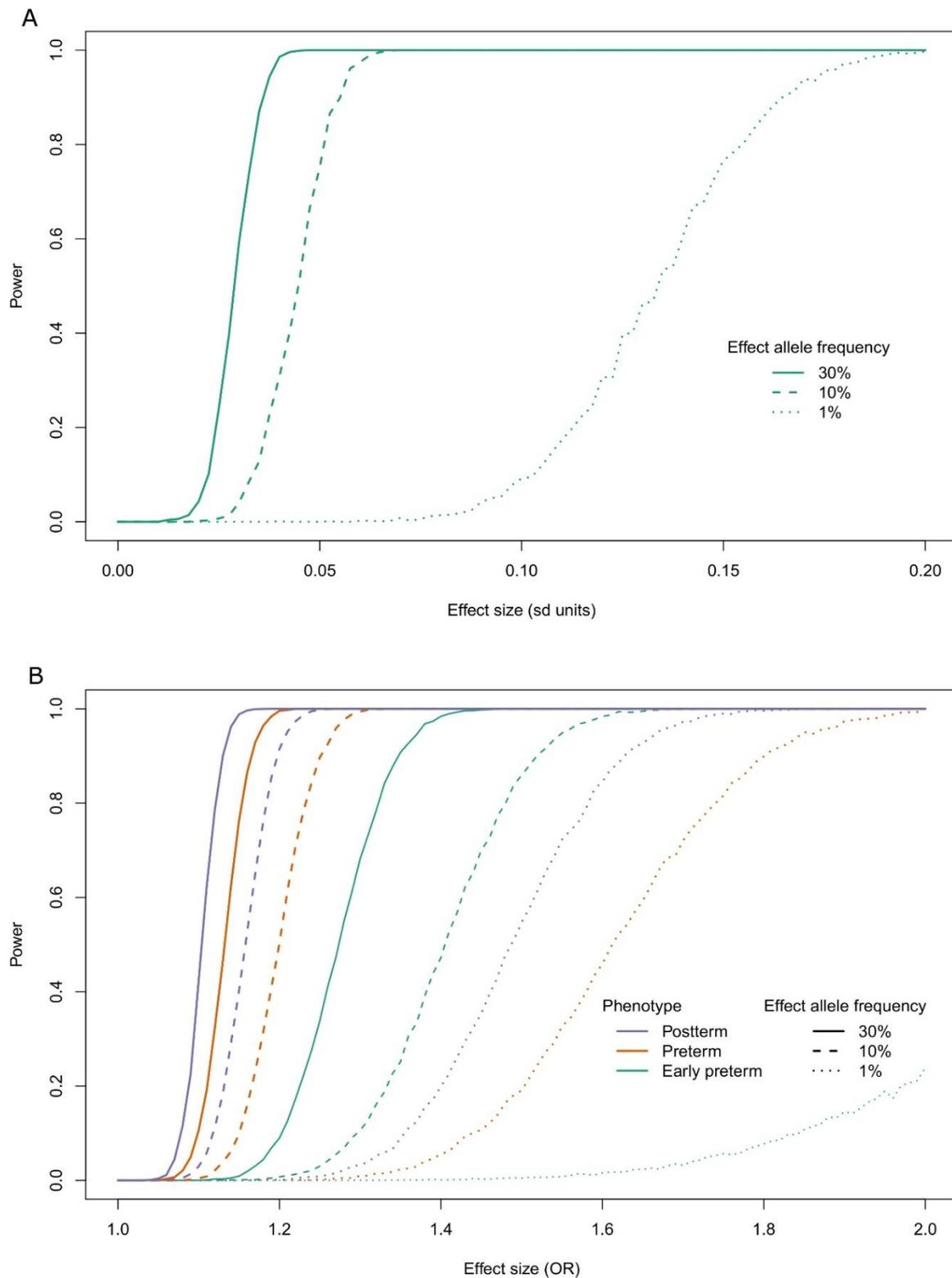
**Supplementary Figure 7.** Regional association plots of the 3q28 and 1p33 loci for early preterm birth, conditioning on the lead SNP at each locus, rs112912841 (**A**), and rs1877720 (**B**). Conditional analyses were conducted based on 452 iPSYCH early preterm cases and 38,238 controls. The SNPs are colored to reflect their linkage disequilibrium (LD) with the lead SNP (based on pairwise  $r^2$  values from the DNBC cohort).



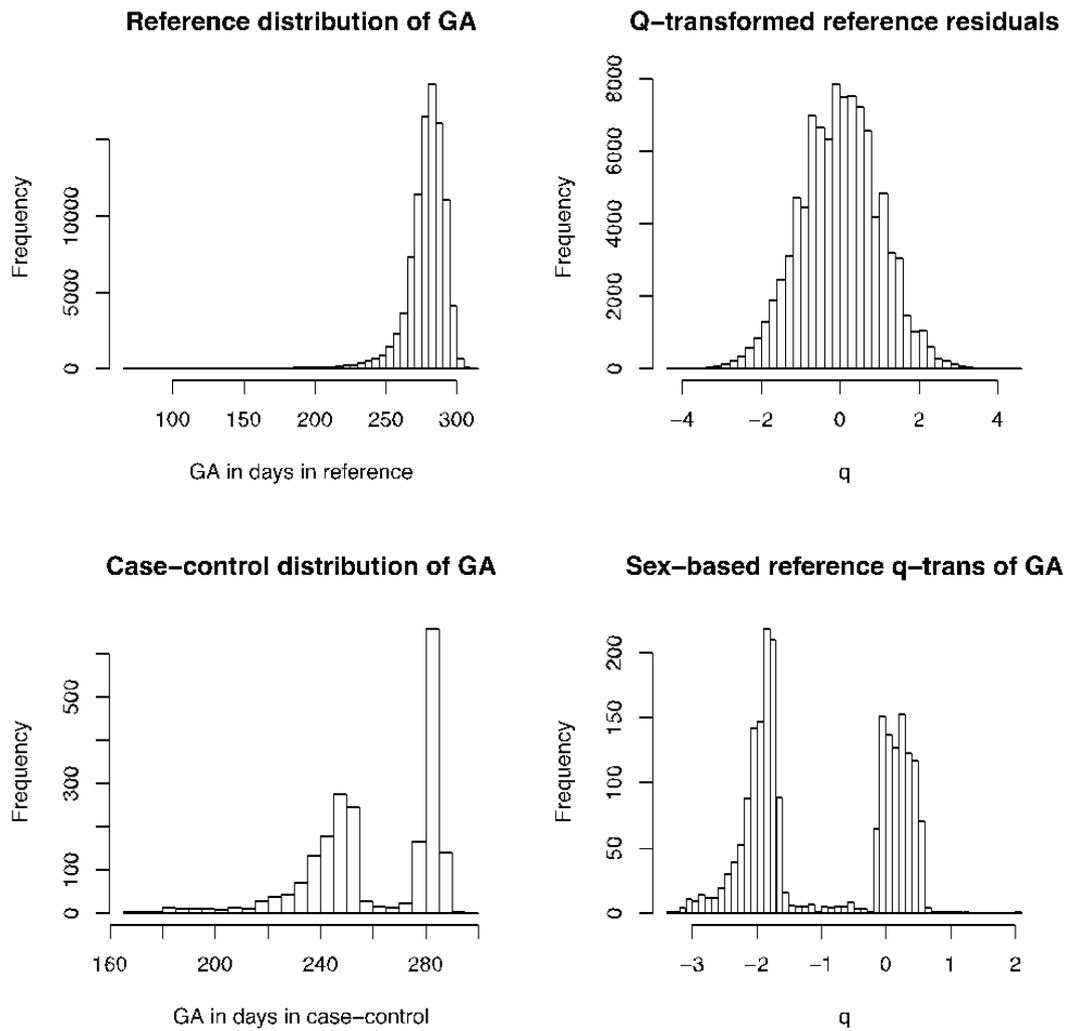
**Supplementary Figure 8.** Forest plots showing associations between rs112912841 (A), rs1877720 (B) and early preterm birth in contributing cohorts. The plots show odd ratio estimates with 95% confidence intervals. Source data are provided as a Source Data file.



**Supplementary Figure 9.** Quantile-quantile plot of gestational duration associations for 39 SNPs, which were known to be associated with cytokines. To be considered already known, the association had to be reported in the GWAS catalog with  $P < 5 \times 10^{-8}$ . Observed versus expected  $-\log_{10} P$  values are plotted for all SNPs and the orange line represents expected  $-\log_{10} P$  values under the null distribution. The gray area defines the 95% concentration bands, which are an approximation to the 95% confidence intervals around the expected line. Source data are provided as a Source Data file.



**Supplementary Figure 10.** Statistical power to detect associated variants in the discovery stage for (A) gestational duration and (B) postterm birth, preterm birth, and early preterm birth. The power is calculated assuming a significance level of  $5 \times 10^{-8}$ , and population incidences of 1% for early preterm birth and 5% for preterm and postterm birth, respectively. Source data are provided as a Source Data file.



**Supplementary Figure 11.** Reference-based bimodal gestational duration quantile transformation. Source data are provided as a Source Data file.

## Supplementary Tables

**Supplementary Table 1.** Power calculations for replication stage analyses.

Phenotype	Chromosome Position (bp) SNP (effect/alternate allele)	Population effect allele frequency	Number		Beta/OR	Power
			Cases	Controls		
Gestational duration	2 113521754 rs7594852 (C/T)	0.53		9291	0.034	>99%
Postterm birth	2 113521754 rs7594852 (C/T)	0.53	670	5626	1.1	40%
Early preterm birth	3 187987683 rs112912841 (G/A)	0.061	107	865	1.64	50%
	1 48824407 rs1877720 (T/C)	0.076	107	865	1.64	57%

For the quantitative trait of quantile transformed gestational duration the sample size is given in the "Controls" column, while the effect size Beta is in units of standard deviation. For the dichotomous traits postterm and early preterm birth, odds ratio (OR) estimates are given. The power is calculated assuming a significance level of 0.05, and population incidences of 1% and 5% for early preterm birth and postterm birth, respectively.

**Supplementary Table 2.** Discovery, replication and combined results for the two lead SNPs in the early preterm birth analysis. Effect size is given as odds ratio (OR) estimates assuming an additive genetic effect; CI, confidence interval;  $I^2$ , heterogeneity estimate;  $P_{\text{het}}$ ,  $P$  value from the *Cochran Q* test of heterogeneity.

Chromosome Position (bp) SNP (effect/ alternate allele)	Sample sets	Effect allele frequency		Number		OR (95% CI)	$P$	$I^2$ (95% CI)	$P_{\text{het}}$
		cases	controls	cases	controls				
1 48824407 rs1877720 (T/C)	Combined discovery	0.074	0.046	1139	60148	1.64 (1.37–1.96)	$4.33 \times 10^{-8}$	0 (0.0–67.9)	0.65
	FIN	0.065	0.076	107	865	0.85 (0.48–1.51)	0.59		
	All combined			1246	61013	1.55 (1.31–1.84)	$4.03 \times 10^{-7}$	78.2 (0.0–99.9)	0.032
3 187987683 rs112912841 (G/A)	Combined discovery	0.093	0.061	1139	60148	1.64 (1.38–1.94)	$9.85 \times 10^{-9}$	0 (0.0–63.7)	0.83
	FIN	0.042	0.061	107	865	0.67 (0.33–1.35)	0.26		
	All combined			1246	61013	1.56 (1.32–1.84)	$1.11 \times 10^{-7}$	83.2 (15.7–99.9)	0.015

**Supplementary Table 3.** Replication results based on mother-father-child trios from Iowa for the two lead SNPs in the early preterm birth discovery analysis. Effect size is given as odds ratio from the transmission disequilibrium test (TDT).

Chromosome Position (bp) SNP (effect/ alternate allele)	Effect allele frequency	Number of informative families	Transmitted minor allele count	Untransmitted allele count	TDT odds ratio	P
1 48824407 rs1877720 (T/C)	0.041	41	18	24	0.75	0.35
3 187987177 rs2306375 (A/C)*	0.075	54	28	27	1.04	0.89

\*rs2306375 was used as a proxy for rs112912841. These SNP are in perfect LD ( $r^2=1.0$ ,  $D'=1.0$ ) in the European populations of the 1000 Genomes Project.

**Supplementary Table 4.** Association between rs7594852 (effect/non-effect allele: C/T) and gene expression in placenta. All cis genes (among 118 genes within 500kb from the SNP) where the eQTL association *P* value was below 0.05 are listed.

Transcript ID	Gene	R <sup>2</sup>	BETA	SE	<i>P</i>
ENSG00000144136	<i>SLC20A1</i>	0.13	-0.50	0.13	0.00027
ENSG00000136688	<i>IL36G</i>	0.095	-0.44	0.14	0.0017
ENSG00000115008	<i>IL1A</i>	0.072	-0.38	0.14	0.0065
ENSG00000180152	<i>AC079753.4</i>	0.044	-0.28	0.13	0.033
ENSG00000136695	<i>IL36RN</i>	0.040	0.29	0.14	0.043

**Supplementary Table 5.** Association between rs7594852 (effect/non-effect allele: C/T) and levels of 10 biomarkers measured in peripheral blood taken a few days after birth from 8,138 participants of the iPSYCH study.

Biomarker	BETA	SE	<i>P</i>
BDNF	0.0004	0.0082	0.9566
CRP	0.0267	0.0183	0.1445
EPO	0.0108	0.0106	0.3124
IgA	0.0069	0.0095	0.4712
IL-18	0.0011	0.0075	0.8876
IL8	-0.0136	0.0087	0.1175
MCP1	0.0047	0.0052	0.3644
S100B	-0.0110	0.0148	0.4571
TARC	-0.0087	0.0109	0.423
VEGFA	-0.0021	0.0067	0.7559

**Supplementary Table 6.** Genomic inflation factors for each phenotype in each study.

<b>Study</b>	<b>Early preterm birth</b>	<b>Preterm birth</b>	<b>Postterm birth</b>	<b>Gestational duration</b>
ALSPAC	NA	1.003	1.014	1.006
CHOP	1.012	1.009	NA	1.017
COPSAC2000	NA	NA	1.012	1.052
COPSAC2010	NA	NA	NA	1.010
COPSAC_REGISTRY	NA	NA	1.004	0.998
DNBC	1.014	0.998	NA	1.010
EFSOCH	NA	NA	NA	1.003
GenR	NA	NA	1.007	0.998
HAPO	NA	NA	NA	0.994
INMA	NA	NA	NA	1.000
MoBa_2008	0.969	0.981	NA	0.992
NFBC1966	NA	1.007	1.005	1.009
NFBC1986	NA	1.011	NA	1.007
Raine Study	NA	NA	NA	0.994
SSI-GE	NA	NA	0.975	1.007
STRIP	NA	NA	NA	1.011
1958BC (DIL-T1DGC)	NA	0.986	0.996	0.991
1958BC (WTCCC)	NA	0.981	1.014	1.002
iPSYCH	1.007	1.007	1.026	1.044
GPN	0.989	0.988	NA	NA

## Supplementary Methods

### Semi-parametric bootstrap of binned allele frequencies to test for non-linearity.

As described in the main text, no association was seen at the 2q13 locus in case-control analyses of early preterm birth or preterm birth. This may suggest that other mechanisms could be playing a greater role in causing early parturition before the mechanisms mediating the effect of the locus get their chance to influence the phenotype. To further investigate this question, we binned the 51,357 births from the largest contributing study (iPSYCH) in five groups by gestational duration. We then estimated the frequency of the rs7594852-C allele in each group and in the whole sample.

In the overall meta-analysis, each additional fetal rs7594852-C allele was associated with increased gestational duration (**Table 1**). The frequency of the rs7594852-C allele in the group with the shortest gestational duration was only slightly lower than the frequency in the whole sample (**Supplementary Figure 5**). The lowest allele frequency (0.518) was seen in the second group, representing a mean gestational duration of 276.5 days. The allele frequency then gradually increased in the next groups with the highest frequency (0.555) observed for the group representing the longest gestational duration (mean of 298.3 days) (**Supplementary Figure 5**).

To investigate if this pattern in allele frequencies represents a statistically significant deviation from what is expected under the hypothesis that the strength of the association is independent of gestational duration, we carried out semi-parametric bootstrapping under the assumption  $H_0$ : "the variant contributes equally to higher gestational duration no matter when the child is born". We chose a semi-parametric bootstrap approach to avoid assuming normal-distributed residuals in the untransformed distribution of gestational duration.

Our test statistic is based on bootstrapping allele frequencies in the five bins under  $H_0$ . If the variant influences gestational duration less in the early part of the distribution, then the observed allele frequency  $f_1$  in the first bin will be closer to the overall frequency than expected under  $H_0$ , while the allele frequency in the second bin ( $f_2$ ) will be lower than expected under  $H_0$  and in the fifth bin ( $f_5$ ) the allele frequency will be higher than expected under  $H_0$ .

Semi-parametric bootstrap was performed based on imputed genotype dosages and gestational duration in days from the 51,357 iPSYCH samples.

First, observed allele frequencies ( $f_1, \dots, f_5$ ) in the gestational duration intervals (0,273), [273,280), [280,287), [287,294) and [294,315) were calculated, as stated above and in the main text.

Next, expected gestational duration conditional on genotype was estimated using least squares regression assuming a linear relationship in the whole range of gestational duration:

$$E[y | g] = a + b * g \quad (1)$$

Empirical residuals were then extracted based on the expected gestational duration given the genotype:

$$r = y - \hat{a} - \hat{b} * g \quad (2)$$

Given the genotype  $g$ , gestational duration was now bootstrapped under the null hypothesis with resampling of the empirical residuals:

$$y_{boot} = \hat{a} + \hat{b} * g + r_{boot} \quad (3)$$

Based on the bootstrapped gestational duration, bootstrapped allele frequencies ( $f1_{boot}, \dots, f5_{boot}$ ) in the intervals (0,273), [273,280), [280,287), [287,294) and [294,315) were estimated. The bootstrap procedure was repeated 10,000 times.

The non-linearity  $P$  value was calculated as:

$$P = \frac{1}{10000} \sum_{boot=1}^{10000} 1(f1_{boot} > f1) * 1(f2_{boot} < f2) * 1(f5_{boot} > f5) \quad (4)$$

The expected allele frequency under  $H_0$  in interval  $i$  was estimated as the mean of the bootstrapped allele-frequencies  $f_{i_{boot}}$ , and the standard deviations of the respective bootstrapped distributions were likewise calculated.

Based on 10,000 joint bootstrap distributions of gestational age and genotype, we estimate that the probability under  $H_0$  of observing more deviating allele frequencies is  $P = 0.0013$ . The expected binned allele frequencies under  $H_0$  obtained from the bootstrap procedure are illustrated in **Supplementary Figure 5**.

### Reference-based bimodal gestational duration quantile transformation

The DNBC and MoBa\_2008 cohorts represent case-control studies of preterm birth, which means that the distribution of gestational duration is bimodal for these studies. In these two cohorts, we transformed gestational duration to be on the same scale as the population-based cohorts. For that purpose, we used gestational duration and sex of a representative (random) population based sample from Denmark and Norway, respectively, as reference data.

In the population based reference sample, we first regressed gestational duration on infant sex. We stored the coefficients (intercept  $a_{ref}$  and effect of sex  $b_{ref}$ ) and calculated the residuals  $x_{ref}$  in the population based reference sample ( $x_{ref} = \text{gestational duration} - (a_{ref} + b_{ref} * \text{sex})$ ). We mapped the reference residuals,  $x_{ref}$ , to quantile transformed residuals,  $q_{ref}$ , using a rank-based inverse normal transformation and we stored the pairs ( $x_{ref}, q_{ref}$ ) of reference residual and transformed reference residual. Having established a transformation from gestational duration to quantile transformed residuals in the population based reference sample, we calculated the equivalent transformation of the gestational duration in the corresponding case-control studies (DNBC and MoBa\_2008, respectively). To do so, we first calculated pseudo residuals,  $x_{cc}$ , from gestational duration in the case-control study based on the stored coefficients from the reference sample ( $x_{cc} = \text{gestational duration} - (a_{ref} + b_{ref} * \text{sex})$ ). Based on the pseudo residual,  $x_{cc}$ , in the case-control study, a transformed pseudo residual,  $q_{cc}$ , was obtained by linear interpolation from the pairs ( $x_{ref}, q_{ref}$ ) of residuals and transformed residuals from the reference population sample. Finally, the transformed pseudo residuals were used for association testing in the DNBC and MoBa\_2008 cohorts. The reference-based quantile transformation is illustrated in **Supplementary Figure 11**.

## Supplementary Notes

### Supplementary Note 1. EGG Membership

Full list of EGG Consortium members (as of July 2019), listed in alphabetical order.

Linda S Adair<sup>1</sup>, Emma Ahlqvist<sup>2</sup>, Tarunveer S Ahluwalia<sup>3,4,5</sup>, Peter Almgren<sup>2</sup>, Wei Ang<sup>6</sup>, Mustafa Atalay<sup>7</sup>, Robin N Beaumont<sup>8</sup>, Jacques S Beckmann<sup>9</sup>, Tom Bond<sup>10</sup>, Klaus Bønnelykke<sup>3</sup>, Dorret I Boomsma<sup>11,12,13,14</sup>, Judith B Borja<sup>15,16</sup>, Jonathan P Bradfield<sup>17,18</sup>, Mariona Bustamante<sup>19,20,21</sup>, Pimphen Charoen<sup>10,22</sup>, Lachlan Coin<sup>23</sup>, Cyrus Cooper<sup>24</sup>, Diana L Cousminer<sup>25,26</sup>, John A Curtin<sup>27</sup>, Adnan Custovic<sup>28</sup>, Shikta Das<sup>29</sup>, Felix R Day<sup>30</sup>, N Maneka De Silva<sup>10</sup>, George V Dedoussis<sup>31</sup>, Paul Elliott<sup>10</sup>, Johan G Eriksson<sup>32,33,34</sup>, David M Evans<sup>35,36,37</sup>, João Fadista<sup>38</sup>, Bjarke Feenstra<sup>38</sup>, Janine F Felix<sup>39,40,41</sup>, Timothy M Frayling<sup>8</sup>, Rachel M Freathy<sup>8,35</sup>, Romy Gaillard<sup>40</sup>, Frank Geller<sup>38</sup>, Vincente Gilsanz<sup>42</sup>, Struan FA Grant<sup>17,25,26,43</sup>, Niels Grarup<sup>4</sup>, Leif Groop<sup>2,44</sup>, Monica Guxens<sup>19,20,21</sup>, Dexter Hadley<sup>45</sup>, Hakon Hakonarson<sup>17,25,43</sup>, Torben Hansen<sup>4</sup>, Andrew T Hattersley<sup>8,46</sup>, M Geoffrey Hayes<sup>47</sup>, Johannes Hebebrand<sup>48</sup>, Joachim Heinrich<sup>49,50</sup>, Øyvind Helgeland<sup>51,52,53</sup>, Tine B Henriksen<sup>54</sup>, Anke Hinney<sup>48</sup>, Joel N Hirschhorn<sup>55,56,57</sup>, Marie-France Hivert<sup>58,59,60</sup>, Berthold Hocher<sup>61,62</sup>, John W Holloway<sup>63</sup>, Momoko Horikoshi<sup>64,65,66</sup>, Jouke-Jan Hottenga<sup>11,12,14</sup>, Elina Hyppönen<sup>67,68,69</sup>, Bo Jacobsson<sup>53,70</sup>, Vincent WV Jaddoe<sup>39,40,41</sup>, Marjo-Riitta Järvelin<sup>10,71,72,73,74</sup>, Stefan Johansson<sup>51,75</sup>, Heidi J Kalkwarf<sup>76</sup>, Antje Körner<sup>77,78</sup>, Sailesh Kotecha<sup>79</sup>, Eskil Kreiner-Møller<sup>3,80</sup>, Zoltán Kutalik<sup>81,82</sup>, Timo A Lakka<sup>7,83,84</sup>, Joan M Lappe<sup>85</sup>, Debbie A Lawlor<sup>35,36,86</sup>, Terho Lehtimäki<sup>87,88</sup>, Alexandra M Lewin<sup>10</sup>, Cecilia M Lindgren<sup>64,89,90</sup>, Virpi Lindi<sup>7</sup>, Allan Linneberg<sup>91,92</sup>, Xueping Liu<sup>38</sup>, Jun Liu<sup>40</sup>, William L Lowe Jr<sup>47</sup>, Ronald CW Ma<sup>93,94,95</sup>, Reedik Mägi<sup>96</sup>, Per Magnus<sup>97</sup>, Anubha Mahajan<sup>64,65</sup>, Mark I McCarthy<sup>64,65,98</sup>, Nina S McCarthy<sup>99</sup>, Mads Melbye<sup>38,100</sup>, Karen L Mohlke<sup>101</sup>, Claire Monnerieu<sup>39,40,41</sup>, Dennis O Mook-Kanamori<sup>102,103</sup>, Camilla S Morgen<sup>104</sup>, Andrew P Morris<sup>64,96,105</sup>, Louis Muglia<sup>106,107,108</sup>, Jeffrey C Murray<sup>109</sup>, Ronny Myhre<sup>110</sup>, Pål R Njølstad<sup>51,52</sup>, Ellen A Nohr<sup>111</sup>, Ioanna Ntalla<sup>112</sup>, Paul O'Reilly<sup>113</sup>, Sharon E Oberfield<sup>114</sup>, Emily Oken<sup>115</sup>, Ken K Ong<sup>30,116</sup>, Kalliope Panoutsopoulou<sup>117</sup>, Oluf Pedersen<sup>4</sup>, Craig E Pennell<sup>118</sup>, John RB Perry<sup>30</sup>, Niina Pitkänen<sup>119</sup>, Beate St Pourcain<sup>35,120</sup>, Christine Power<sup>69</sup>, Rashmi B Prasad<sup>2</sup>, Inga Prokopenko<sup>64,121</sup>, Olli T Raitakari<sup>119,122</sup>, Rebecca M Reynolds<sup>123</sup>, Rebecca C Richmond<sup>35,36</sup>, Alina Rodriguez<sup>10,124</sup>, Rany Salem<sup>56,125,126,127</sup>, Seang-Mei Saw<sup>128,129</sup>, Theresia M Schnurr<sup>4</sup>, Sylvain Sebert<sup>10,71,73,130</sup>, John A Shepherd<sup>131</sup>, Angela Simpson<sup>27</sup>, Line Skotte<sup>38</sup>, Thorkild IA Sørensen<sup>4,35,104</sup>, Marie Standl<sup>49</sup>, Eric AP Steegers<sup>132</sup>, David P Strachan<sup>133</sup>, Jordi Sunyer<sup>19,20,21,134</sup>, Michelle Taylor<sup>35,36</sup>, Yik-Ying Teo<sup>128,135,136</sup>, Elisabeth Thiering<sup>49,137</sup>, Nicholas J Timpson<sup>35,36</sup>, Jessica Tyrrell<sup>8,138</sup>, André G Uitterlinden<sup>39,40,139</sup>, Cornelia M van Duijn<sup>40</sup>, Suzanne Vogelesang<sup>39,40,41</sup>, Tanja GM Vrijkotte<sup>140</sup>, Carol A Wang<sup>118</sup>, Nicole M Warrington<sup>37</sup>, William J Watkins<sup>79</sup>, H-Erich Wichmann<sup>49,141,142</sup>, Elisabeth E Widén<sup>44</sup>, Gonneke Willemsen<sup>11,12,14</sup>, James F Wilson<sup>143,144</sup>, Hanieh Yaghoobkar<sup>8</sup>, Mohammad Hadi Zafarmand<sup>140,145</sup>, Eleftheria Zeggini<sup>117,146</sup>, Babette S Zemel<sup>143,147</sup>, Ge Zhang<sup>106,107,108</sup>

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### **Supplementary Note 3. Additional acknowledgements by study**

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**BiB:** Born in Bradford is only possible because of the enthusiasm and commitment of the Children and Parents in BiB. We are grateful to all the participants, practitioners and researchers who have made Born in Bradford happen. Fetal GWAS data was generated at the Bristol Bioresource Laboratories (University of Bristol).

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**DNBC and SSI-GE:** We are very grateful to all DNBC and SSI-GE participants. We would also like to thank everyone involved in data collection and biological material handling.

**GenR:** The Generation R Study is conducted by the Erasmus Medical Center in close collaboration with the School of Law and Faculty of Social Sciences of the Erasmus University Rotterdam, the Municipal Health Service Rotterdam area, Rotterdam, the Rotterdam Homecare Foundation, Rotterdam and the Stichting Trombosedienst & Artsenlaboratorium Rijnmond [STAR-SHL], Rotterdam. We gratefully acknowledge the contribution of children and parents, general practitioners, hospitals, midwives and pharmacies in Rotterdam. The generation and management of GWAS genotype data for the Generation R Study was done at the Genetic Laboratory of the Department of Internal Medicine, Erasmus MC, the Netherlands. We would like to thank Karol Estrada, Dr. Tobias A. Knoch, Anis Abuseiris, Luc V. de Zeeuw, and Rob de Graaf, for their help in creating GRIMP, BigGRID, MediGRID, and Services@MediGRID/D-Grid, [funded by the German Bundesministerium fuer Forschung und Technology; grants 01 AK 803 A-H, 01 IG 07015 G] for access to their grid computing resources. We thank Pascal Arp, Mila Jhamai, Marijn Verkerk, Manoushka Ganesh, Lizbeth Herrera and Marjolein Peters for their help in creating, managing and QC of the GWAS database.

**GPN:** The analyses described in this manuscript included data obtained from the database of Genotype and Phenotype (dbGaP) found at <http://www.ncbi.nlm.nih.gov/gap> [accession number phs000714.v1.p1]. Samples and associated data were provided by the NICHD-funded Genomic and Proteomic Network for Preterm Birth Research (GPN-PBR). The contents of this report represent the views of the authors and do not necessarily represent the views of the NICHD or the GPN-PBR.

**HAPO:** Supported by grants from the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the National Institute of Diabetes and Digestive and Kidney Diseases (R01-HD34242 and

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**INMA:** INMA researchers would like to thank all the participants for their generous collaboration. A full roster of the INMA Project Investigators can be found at

[http://www.proyectoinma.org/presentacioninma/listado-investigadores/en\\_listado-investigadores.html](http://www.proyectoinma.org/presentacioninma/listado-investigadores/en_listado-investigadores.html).

**MoBa\_2008 and MoBa\_HARVEST:** The Norwegian Mother and Child Cohort Study (MoBa) is a prospective population-based pregnancy cohort study conducted by the Norwegian Institute of Public Health. Participants were recruited from all over Norway from 1999-2008. The women consented to participation in 41% of the pregnancies. The cohort now includes 114.500 children, 95.200 mothers and 75.200 fathers. Blood samples were obtained from both parents during pregnancy and from mothers and children (umbilical cord) at birth. We are grateful to all the participating families in Norway who take part in this on-going cohort study.

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**DNBC:** The Danish National Birth Cohort (DNBC) is a result of major grants from the Danish National Research Foundation, the Danish Pharmacists' Fund, the Egmont Foundation, the March of Dimes Birth Defects Foundation, the Augustinus Foundation, and the Health Fund of the Danish Health Insurance Societies. The DNBC biobank is a part of the Danish National Biobank resource, which is supported by the Novo Nordisk Foundation. The generation of GWAS genotype data for the DNBC samples was carried out within the Gene Environment Association Studies (GENEVA) Consortium with funding provided through the National Institutes of Health's Genes, Environment, and Health Initiative (U01HG004423; U01HG004446; U01HG004438).

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