

## Data Sharing Statement

|                     |   |  |
|---------------------|---|--|
| <b>Article Info</b> | <a href="http://dx.doi.org/10.21037/tp-21-220">http://dx.doi.org/10.21037/tp-21-220</a>   |  |
| <b>Item</b>         | <b>Question</b>   | <b>Authors' Response<br/>(place "-" if not applicable)</b> |
| 1                   | Would you like to share data collected for your study to others?  | Yes.   |
| 2                   | If not, would you like to share the reason for your decision?   | -  |
| 3                   | What data in particular will be shared?   | Medication records of the mother during pregnancy.         |
| 4                   | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | NO.  |
| 5                   | When will data availability begin?  | Since the publication.                                     |
| 6                   | When will data availability end?  | Within a year.   |
| 7                   | To whom will you share the data?  | Colleagues or researchers.                                 |
| 8                   | For what type of analysis or purpose?   | Just for research.   |
| 9                   | How or where can the data/documents be obtained?  | Correspondence author<br>liurui3953@163.com                |
| 10                  | Any other restrictions?   | -  |