ESM Fig. 1 Adjusted FORs and 95% CIs for the association between diabetes and TTP, according to various sensitivity analyses. Model A is the main analysis presented in Table 2 in the paper. Models B and C address wantedness bias, which may result if women who did not plan their pregnancy (non-planners) respond that the pregnancy was in fact planned when asked about it in retrospect [1, 2]. These women would then be incorrectly classified as planners and generally report short TTP. Therefore, to assess wantedness bias, we excluded women who reported either a TTP=1 (Model B) or TTP=2 (Model C). Models D, E and F assess planning bias, which may occur by excluding non-planners from the analysis [1, 2]. To estimate the impact of excluding this group, non-planners were assigned either TTP=1 (Model D), TTP=2 (Model E) or TTP=3 (Model F) and included in the analysis. To assess medical intervention bias, which may result if the exposure under study is associated with the probability that women will receive successful medical help for infertility [1, 2], we conducted sensitivity analyses censoring TTP at either 7 months (Model G) or 10 months (Model H).

References