

## **eAppendix**

Antiemetic prescription fills during pregnancy: a drug utilization study among 762,437 pregnancies in Norway

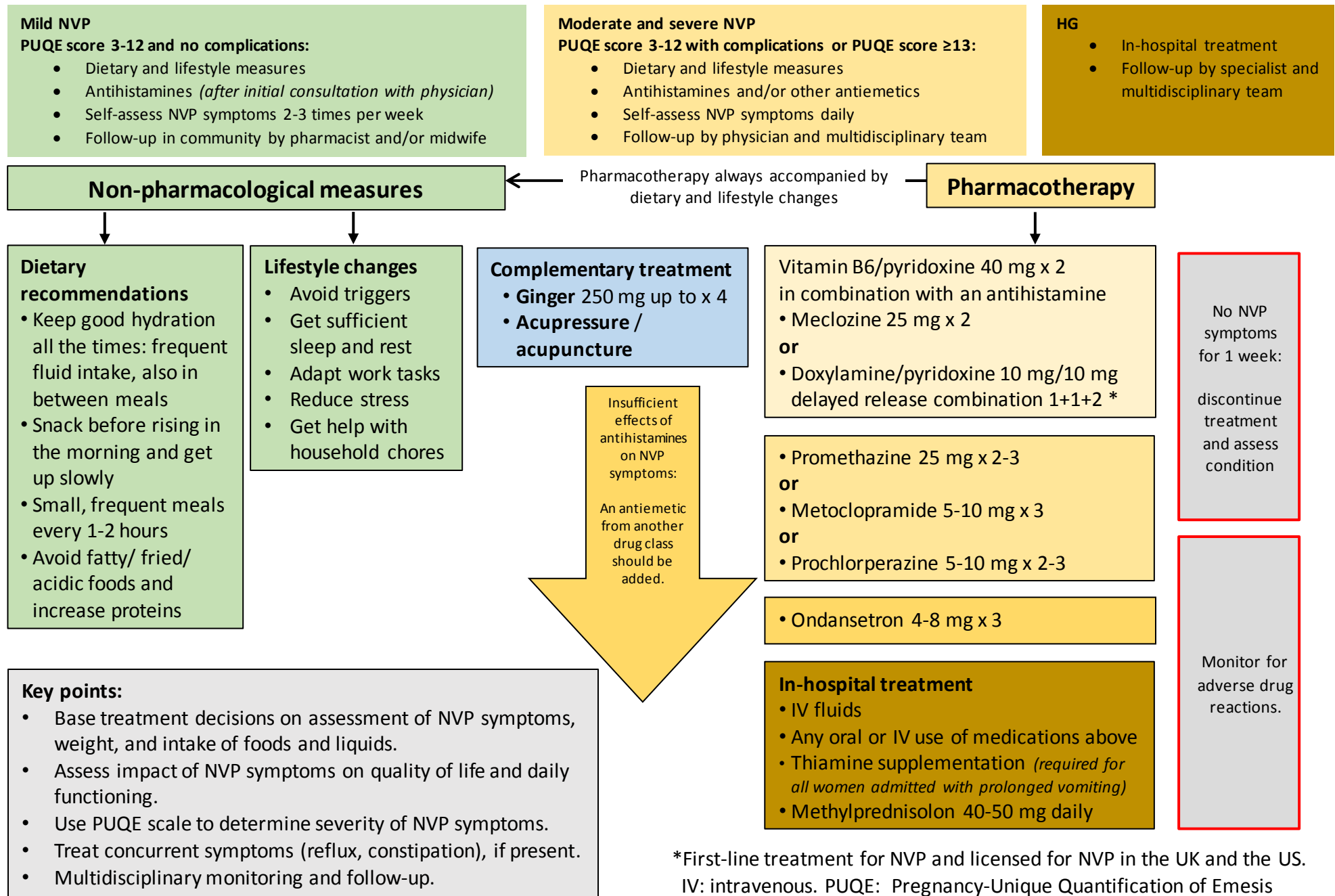
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## eFigure 1. Norwegian treatment algorithm for nausea and vomiting in pregnancy (NVP) and hyperemesis gravidarum (HG)

Adapted from Obstetric guidelines issued by the Norwegian Society of Obstetrics and Gynaecology<sup>14</sup>

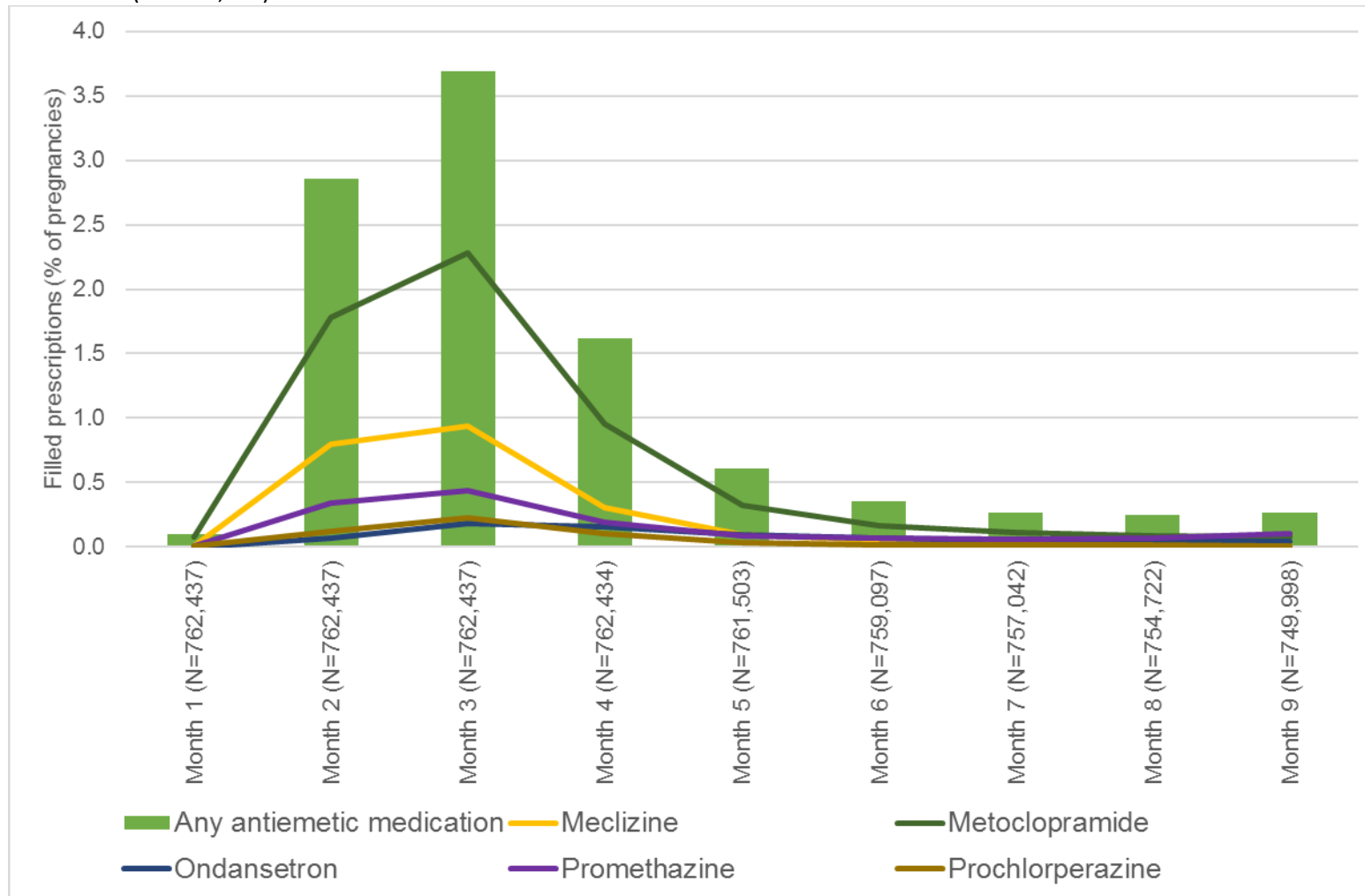


**eFigure 2.** Definitions used for treatment pathways

	Definition	Graphical example(s)
<b>Add-on</b>	Adding a different antiemetic while the end date of the previously dispensed antiemetic was not reached yet.	
<b>Continuous use</b>	Continuing on a specific antiemetic medication. A gap of at most 14 days between the end of the initial prescription and the filling date of the subsequent prescription was allowed.	
<b>Monotherapy</b>	Filling prescriptions of only one type of antiemetic medication for each time frame of interest. Time frames of interest in this study were either the first trimester or the entire pregnancy.	
<b>Polytherapy</b>	Filling prescriptions for multiple different antiemetic medications (add-ons and switchers) in each time frame of interest. Time frames of interest in this study were either the first trimester or the entire pregnancy.	
<b>Switcher</b>	Switching to a different antiemetic after the end date of the previously dispensed antiemetic. Any gap more than 1 day between the end date of antiemetic 1 and the start date of antiemetic 2 was considered a switch.	

DDD, defined daily dose; GD, gestational day

**eFigure 3.** Antiemetic prescription fills by lunar month. Data are from the Medical Birth Registry of Norway and the Norwegian Prescription Database, 2005–2017 (N = 762,437)



**eFigure 4.** Median gestational age (with interquartile range) at initiation of antiemetic prescription fills.

