Supplementary Table S1. Adverse maternal pregnancy outcomes in patients with SLE.

Outcome	Frequency
Hypertension	1.2%
Diabetes	1.2%
Thrombosis	0%
Infection	0%
Pre-eclampsia/eclampsia/HELLP [1]	0%
Placental abruption	3.7%
Oligohydramnios	4.9%
Polyhydramnios	1.2%

[1] Haemolysis, elevated liver enzymes and low platelets.
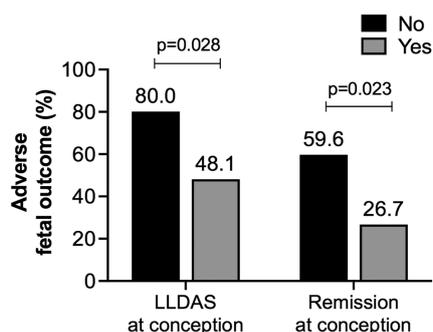
Supplementary Fig. S1. Frequency of adverse foetal outcome according to fulfillment of LLDAS (low disease activity state) and remission at pregnancy onset in women with SLE.

Supplementary Table S2. Univariate analysis for the association of certain risk factors (assessed at pregnancy onset) with adverse foetal outcomes in patients with SLE.

Predictor	OR (95% CI), *p*-value
Maternal age (>33 *vs.* ≤33 years)	1.40 (0.51–3.84), *p*=0.511
Tobacco use (yes *vs.* no)	2.21 (0.53–9.22), *p*=0.278
Assisted reproduction (IVF: yes *vs.* no)	1.84 (0.43–7.93), *p*=0.412
History of arterial hypertension (yes *vs.* no)	1.32 (0.21–8.33), *p*=0.770
History of diabetes mellitus (yes *vs.* no)	– [1]
History of chronic kidney disease (yes *vs.* no)	– [1]

Logistic regression (univariate model) treating adverse foetal outcome (defined as any of foetal loss, preterm delivery, SGA neonate) as an outcome.
[1] Cannot be calculated.

Supplementary Table S3. Generalised linear model to assess the effect of baseline and time-varying factors on the risk for adverse foetal outcome in SLE women.

Factor	B coefficient ± SE	*p*-value
Glucocorticoid dose		
≤7.5 mg/day *vs.* none	0.066 ± 0.028	0.024
>7.5 mg/day *vs.* none	0.086 ± 0.038	0.020
PGA		
0.50-1.00 *vs.* <0.50	0.023 ± 0.010	0.016
>1.00 *vs.* <0.50	0.041 ± 0.019	0.035
Anti-phospholipid antibodies		
+ve *vs.* –ve	1.336 ± 0.649	0.040

Generalised Estimated Equation (GEE) using adverse foetal outcome as dependent variable (Logit link function). Within-subject (repeated measures) effects were considered with autoregression correlation matrix structure. Independent factors included previous maternal outcome, antiphospholipid positivity, smoking, PGA (physician global assessment) and the dose of glucocorticoids. SE: standard error.

Supplementary Table S4. Patterns of medications during pregnancy and post-partum in SLE women.

	Pregnancy onset n=74	Trimester 1 n=75	Trimester 2 n=68	Trimester 3 n=65	Post-partum 1 n=64	Post-partum 2 n=57	Post-partum 3 n=45
GC	28.4%	33.3%	39.7%	35.4%	20.4%	24.6%	20.0%
HCQ	74.3%	75.7%	79.4%	78.5%	59.4%	56.1%	60.0%
AZA	25.3%	24.0%	25.0%	23.1%	14.1%	15.8%	17.8%
Other IST [1]	1.3%	0.0%	0.0%	1.5%	4.7%	5.4%	11.1%
LDA	17.6%	13.5%	19.1%	15.4%	-	-	-
LMWH	1.4%	5.4%	8.8%	13.8%	-	-	-
LDA+LMWH	10.8%	17.6%	17.6%	13.8%	-	-	-

GC: glucocorticoids; HCQ: hydroxychloroquine; AZA: azathioprine; IST: immunosuppressive (including calcineurin inhibitor, methotrexate, mycophenolate, cyclophosphamide) or biological (belimumab) treatment; LDA: low-dose aspirin; LMWH: low-molecular weight heparin.