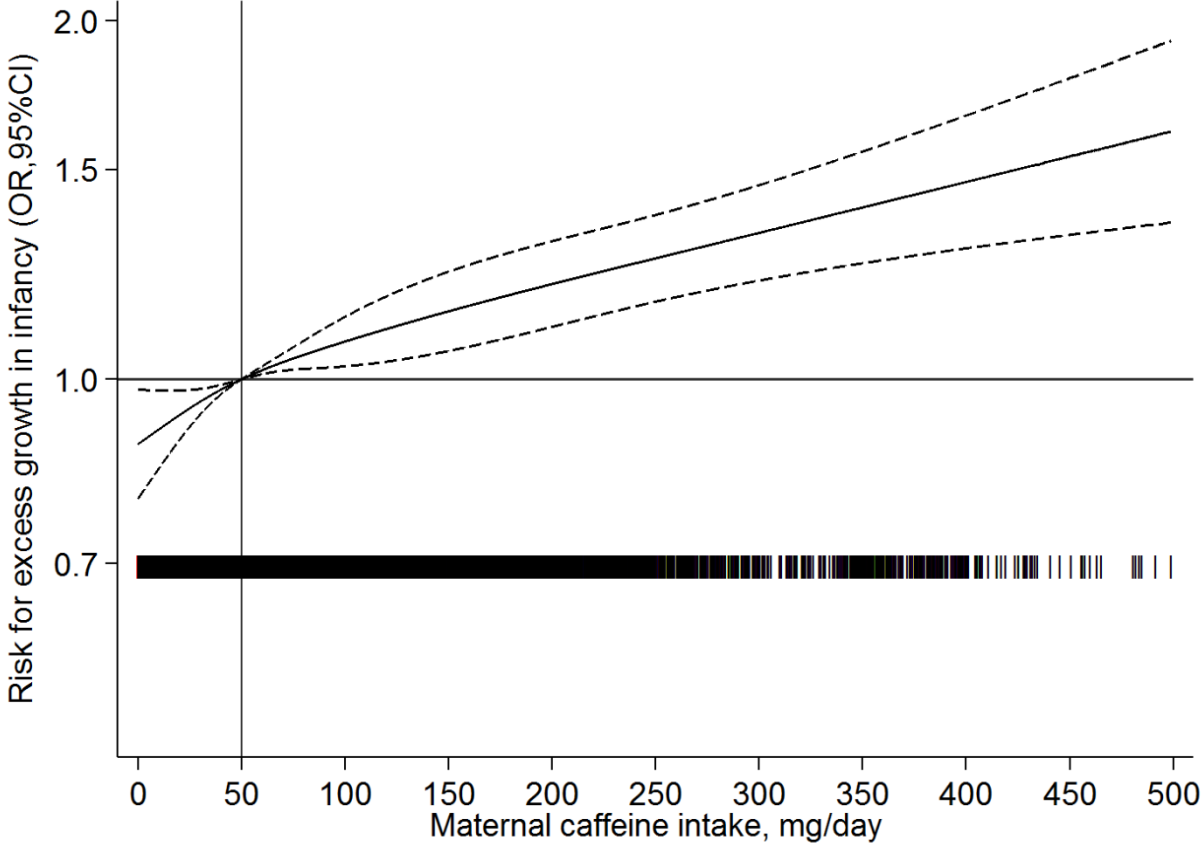
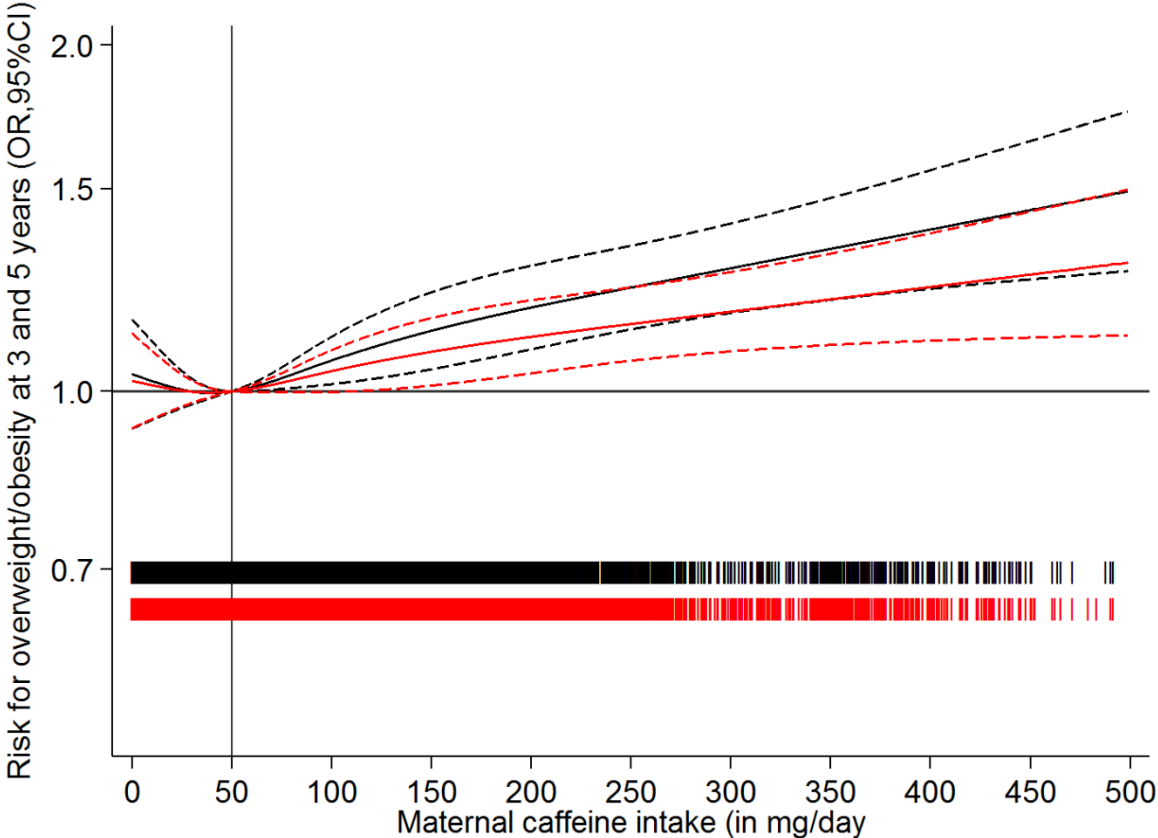


Supplementary Figure 1. Maternal caffeine intake on a continuous scale and risk of excess growth in infancy. Odds ratios (solid line) and 95% confidence intervals (dashed lines) derived from a logistic regression model using restricted cubic splines. The solid vertical line represents the reference value (50mg/day). The bar represents the children with excess growth.



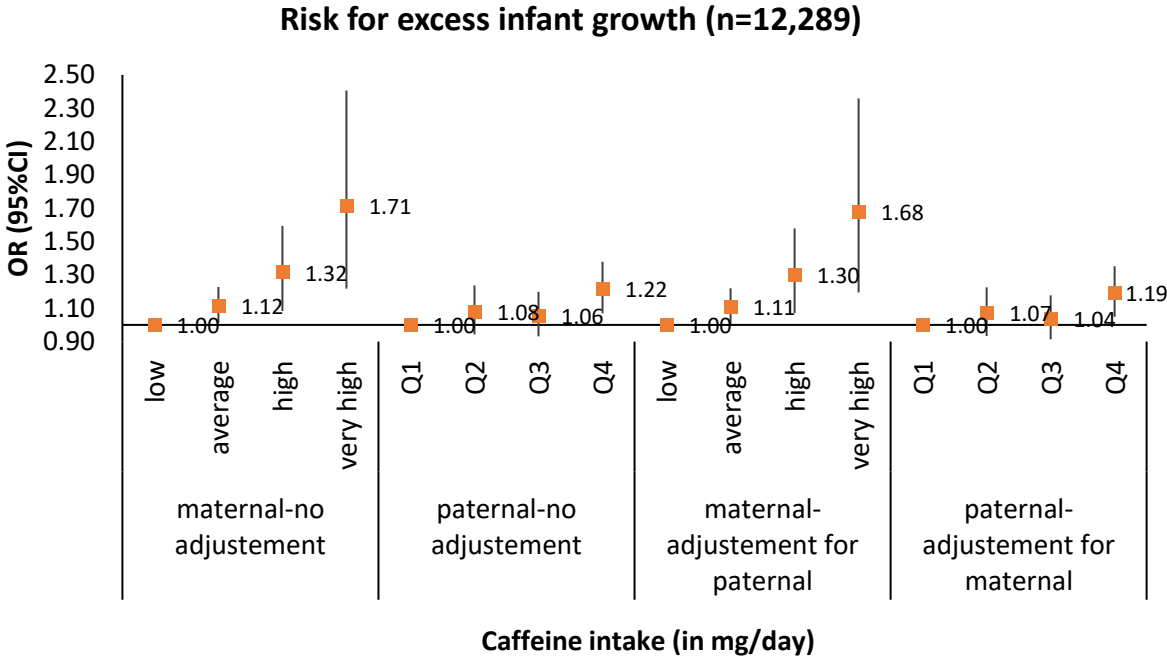
Footnote: all models adjusted for maternal age, parity, parental education, pre-pregnancy BMI, total energy intake, nausea and/or vomiting during pregnancy, paternal BMI, parental smoking during pregnancy, gestational age and gender and SGA according to Skjaerven et al.

Supplementary Figure 2. Maternal caffeine intake in continuous scale and risk for overweight/obesity at age 3 (black) and 5 years (red). Odds ratios (solid line) and the 95% confidence intervals (dashed lines) derived from a logistic regression model using restricted cubic splines. The solid vertical line represent the reference value (50mg/day). The bars represent the children with overweight/obesity.



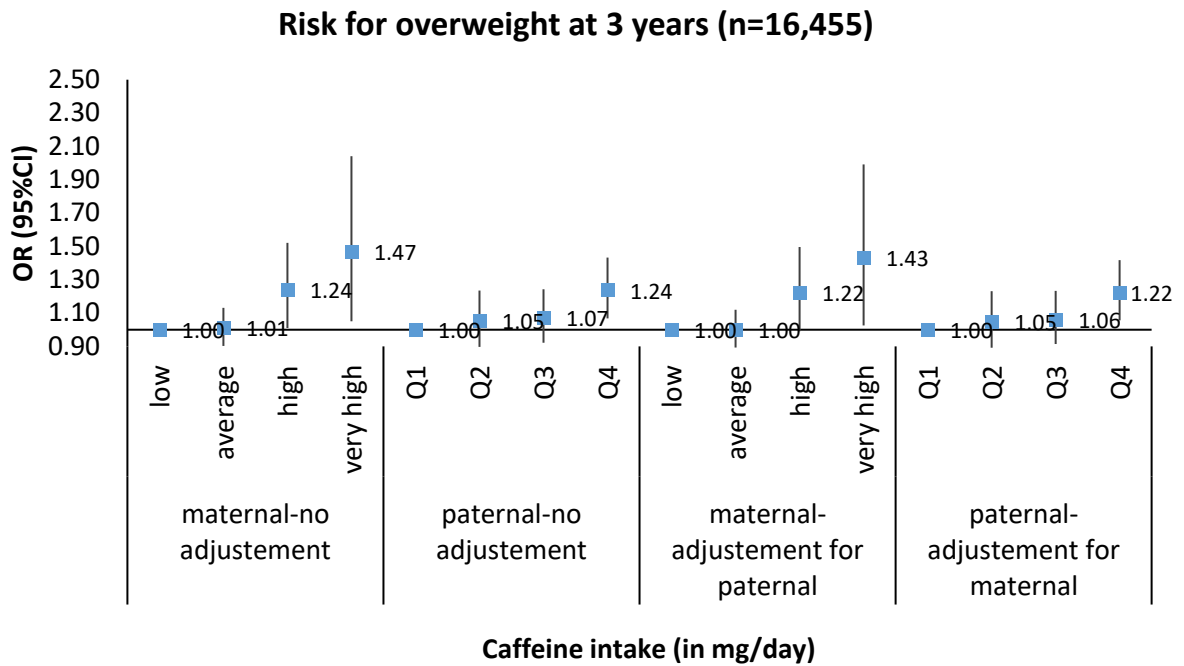
Footnote: All models adjusted for maternal age, parity, parental education, pre-pregnancy BMI, total energy intake, nausea and/or vomiting during pregnancy, paternal BMI, parental smoking during pregnancy, gestational age, gender and birth weight

Supplementary Figure 3. Association between maternal and paternal caffeine intake during pregnancy and excess infant growth.



Footnote: All models adjusted for maternal age, parity, parental education, pre-pregnancy BMI, total energy intake, nausea and/or vomiting during pregnancy, paternal BMI, parental smoking during pregnancy, gestational age and gender.

Supplementary Figure 4. Association between maternal and paternal caffeine intake during pregnancy and overweight at 3 years.



Footnote: All models adjusted for maternal age, parity, parental education, pre-pregnancy BMI, total energy intake, nausea and/or vomiting during pregnancy, paternal BMI, parental smoking during pregnancy, gestational age and gender.

Supplementary Figure 5. Simplified causal diagram for the direct and indirect associations between maternal caffeine intake during pregnancy and the studied outcomes, mediated by SGA and birth weight

