Supplemental data

Our sensitivity analysis for unmeasured confounding by calcium intake was adapted from prior work by Lash and Fink (22). To quantify the degree of unmeasured confounding by calcium intake, we parameterized the relative risk due to confounding using a trapezoidal distribution. The following 3 parameters were used.

1. 1.8 to 2.3 odds ratio for the low calcium-preeclampsia relation [based on published data (21) and data from a Pittsburgh pregnancy cohort similar to the one used for the present study].
2. 30% to 52% prevalence of low calcium intake among vitamin D sufficient subjects [based on published data (20) and a local cohort of women (J Cauley, personal communication 2007)].
3. 1.2 to 1.5 odds ratio for the vitamin D deficiency-low calcium intake association [based on published data (20) and a local cohort of women (J Cauley, personal communication 2007)].

The limit of the relative risk due to confounding was then calculated according to Flanders and Khoury (39). The sensitivity analysis iterations reflected systematic error only. Random error was incorporated by resampling from the distribution of the conventional parameter (22).