**Supplemental Table:** Summary of studies reporting on the association between measures of stress and hair cortisol concentrations (HCC) during pregnancy.

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| **Last name,**  **Year** | **Sample size (N),**  **Recruitment, Age** | **Scalp hair collection,**  **Laboratory analysis** | **Stress scale,**  **Time of assessment** | **Main findings** |
| Scharlau, 2017 | N=45,  Public advertisements and gynecologists’ offices in Germany, ages ≤40 | 1cm in the 2nd and 3rd trimester, Liquid chromatography | Depression using 9-item PHQ (past 2 weeks), stress, and somatization using the 15-item PHQ (past 4 weeks), 2nd and 3rd trimester | No association between HCC and depression, stress, or somatization scores (magnitudes of association not reported). However, negative correlations with hair cortisone and its ratio to cortisol were found (Pearson correlation coefficients -0.49 to -0.31, p-values <0.04). |
| Caparros-Gonzalez, 2017 | N=44,  Prenatal visits in Spain, mean age=32 | ≤3cm in each trimester and postpartum, immunoassay | Depression using the EPDS (past 7 days) continuous score and using a cutoff of 10, mean=16 days after birth | HCC was higher comparing those with postpartum depression to those without at all trimester, p-values <0.05 for 1st and 3rd trimester. In linear regression models 1st and 3rd trimester HCC predicted EPDS scores (Betas were 0.32, p<0.05). |
| Wilkenius, 2016 | N=181,  Prenatal visits in Norway, mean age=30 | 1cm in the 2nd trimester, immunoassay | Depression using the EPDS (past 7 days) continuous score, 2nd trimester | HCC and depression scores were not correlated (Pearson correlation coefficient=0.1, p-value not reported), nor were they associated in multivariable linear regression models (Beta not reported, p=0.38). |
| Hoffman,  2016 | N=90,  Prenatal visits in USA, mean ages for term and preterm deliveries were 28 and 32 | 3cm hair segments in each trimester, immunoassay | 14-item perceived stress using the PSS scale, Depression using the CES-D, and anxiety using the STAI-S, each trimester | Education and socioeconomic status were not associated with HCC (p-values >0.05, magnitudes of association not reported). An analysis of 45 correlations found correlations between PSS and 1st and 2nd HCC, CES-D and all trimesters, and STAI-S with the 2nd and 3rd trimesters. |
| Braig,  2015 | N=768,  During hospital stay after delivery in Germany, ages 18+ | 3cm from scalp reflecting the 3rd trimester,  HPLC-MS/MS | Chronic stress using the SSCS-TICS (past 3 months) included employment and social burdens, anxiety using the PRAQ-R (time window not reported), and anxiety and depression using HADS subscales (past week) | Stress measures did not correlate with HCC (Spearman correlation coefficient’s ranged from 0.0-0.1, p-values >0.06), and no associations were observed in multivariable regression analyses |
| Kalra,  2007 | N=25,  Callers requesting medication safety information in Canada, (age range 18-45 years) | 1-1.5cm scalp hair collected in the end of the 1st trimester or beginning of the 2nd trimester, immunoassay | Perceived stress using the 10-item PSS scale assessed at the end of the 1st trimester or beginning of the 2nd trimester | HCC and PSS scores were correlated (Spearman correlation coefficient= 0.47, p<0.05) |

**Abbreviations:** SD= standard deviation, cm= centimeter, HPLC-MS/MS= high performance liquid chromatography with tandem mass spectrometry, PHQ= Patient Health Questionnaire, EPDS= Edinburgh Postnatal Depression Scale, PSS= Perceived Stress Scale, CES-D= Center for Epidemiologic Studies-Depression Scale, STAI-S= State-Trait-Anxiety Inventory, SSCS-TICS= screening scale of the Trier Inventory of Chronic Stress, PRAQ-R= revised version of the Pregnancy-Related Anxiety Questionnaire, and HADS= Hospital Anxiety and Depression Scale