

STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No	Recommendation
Title and abstract	1	<p>(a) Indicate the study’s design with a commonly used term in the title or the abstract “Population-based cohort study” (mentioned in the Abstract on page 2).</p> <p>(b) Provide in the abstract an informative and balanced summary of what was done and what was found.</p> <p>This has been done – please see page 2.</p>
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported Done, please see page 3.
Objectives	3	State specific objectives, including any prespecified hypotheses The objective was to carry out a “population-based study to examine the temporal trends and epidemiologic correlates of ankyloglossia” (please see bottom of page 3).
Methods		
Study design	4	Present key elements of study design early in the paper Data source and details provided on pages 3 and 4.
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection Setting, location and dates provided on pages 3 and 4.
Participants	6	<p>(a) <i>Cohort study</i>—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up Population based study details provided on page 3 and top of page 4.</p> <p><i>Case-control study</i>—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls</p> <p><i>Cross-sectional study</i>—Give the eligibility criteria, and the sources and methods of selection of participants</p> <p>(b) <i>Cohort study</i>—For matched studies, give matching criteria and number of exposed and unexposed No matching employed.</p> <p><i>Case-control study</i>—For matched studies, give matching criteria and the number of controls per case</p>
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable Criteria for diagnosis of ankyloglossia and frenotomy provided on page 4 (ICD10-CA diagnosis codes and Canadian Classification of Health Interventions procedure codes).
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group Data source and validity described on top of page 4 (with references).
Bias	9	Describe any efforts to address potential sources of bias Logistic regression was used to address confounding (see page 4 bottom).
Study size	10	Explain how the study size was arrived at Population based study – all live births in British Columbia during study period were included (see page 3 and 4).
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe

		<p>which groupings were chosen and why</p> <p>Standard categories for maternal age, BMI, plurality, gestational age, birth weight, etc.</p>
Statistical methods	12	<p>(a) Describe all statistical methods, including those used to control for confounding Logistic regression was used – see page 4.</p> <p>(b) Describe any methods used to examine subgroups and interactions No subgroup analyses or interaction examined.</p> <p>(c) Explain how missing data were addressed Missing data was not an issue in this study except for BMI and birth weight (A separate category for missing BMI and missing birth weight was created i.e., subjects with missing values were not excluded).</p> <p>(d) <i>Cohort study</i>—If applicable, explain how loss to follow-up was addressed This was not an issue in our study. <i>Case-control study</i>—If applicable, explain how matching of cases and controls was addressed <i>Cross-sectional study</i>—If applicable, describe analytical methods taking account of sampling strategy</p> <p>(e) Describe any sensitivity analyses No sensitivity analyses were carried out.</p>
Results		
Participants	13*	<p>(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed All live births in the population in the study period were included at all stages - no exclusions or losses (see Methods page 3-4 and Results page 5).</p> <p>(b) Give reasons for non-participation at each stage This was not an issue (database study).</p> <p>(c) Consider use of a flow diagram Not relevant (no losses to follow up).</p>
Descriptive data	14*	<p>(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders Please see Table 1.</p> <p>(b) Indicate number of participants with missing data for each variable of interest Please see Table 1 for number of subjects with missing information on BMI and birth weight.</p> <p>(c) <i>Cohort study</i>—Summarise follow-up time (eg, average and total amount) Please see Table 2 for length of follow up i.e., length of hospital stay.</p>
Outcome data	15*	<p><i>Cohort study</i>—Report numbers of outcome events or summary measures over time Please see Tables 1 to 4 and Results section.</p> <p><i>Case-control study</i>—Report numbers in each exposure category, or summary measures of exposure</p> <p><i>Cross-sectional study</i>—Report numbers of outcome events or summary measures</p>
Main results	16	<p>(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included Please see Tables 3 and 4 for unadjusted and adjusted rate ratio estimates.</p> <p>(b) Report category boundaries when continuous variables were categorized All category values provided in the Tables 1 to 4.</p> <p>(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful</p>

time period.

Absolute rates provided in the Tables.

Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses. No subgroups analyses, interactions or sensitivity analyses were carried out.
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Discussion

Key results	18	Summarise key results with reference to study objectives Please see first paragraph of the Discussion section (page 7).
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias Please see top paragraph on page 8.
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence Please see pages 8 and 9.
Generalisability	21	Discuss the generalisability (external validity) of the study results The guidelines regarding ankyloglossia in several countries is discussed (page 9).

Other information

Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based. The study was not funded. Acknowledgements state sources of salary support for the authors.
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*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at www.strobe-statement.org.