

Authors	Type of study	Year	HCQ duration	HCQ dosage	No. of pregnancies	Results and conclusion
Huybrechts KF, et al. ⁴⁸	Retrospective study	2021	During the first trimester versus no use	371 mg mean daily dose	2045 pregnancies exposed to HCQ and 3,198,589 pregnancies without HCQ exposure	A small increase in the risk of malformations associated with HCQ use in the first trimester, particularly with a daily HCQ dose ≥400 mg.
Friedman DM, et al. ⁴⁹	Clinical trial	2020	Throughout pregnancy	400 mg daily	45 infants exposed to HCQ during gestation	HCQ treatment during pregnancy is associated with a low incidence of infant QTc prolongation.
Klinger G, et al. ⁵⁰	Retrospective study	2001	7.2 months mean duration of HCQ exposure	317 mg average daily dose	14 HCQ-treated cases in 21 pregnancies	No ophthalmic abnormality was found in children exposed to HCQ in uterus.
Costedoat-Chalumeau N, et al. ⁵¹	Retrospective study	2003	At least 6 months prior to pregnancy and throughout gestation	200 mg twice daily or once daily	133 pregnancies treated with HCQ, 70 pregnancies without HCQ	Pregnancy outcomes were not statistically different between 2 groups.
Reynolds JA, et al. ⁵²	Retrospective study	2023	Prescribed during pregnancy	Not recorded	284 live births of 199 mothers, 149/284 (52.5%) exposed to HCQ	No obvious negative outcomes in children exposed to HCQ during pregnancy.
Chambers CD, et al. ²	Prospective study	2022	HCQ treatment in the first day of the last menstrual period to the end of pregnancy	324.8 mg average daily dose	837 pregnancies, of which 279 exposed to HCQ	HCQ exposure showed no abnormality in the rates of structural defects or other adverse outcomes. Risks did not differ at HCQ doses ≥400 mg/day.
Andersson NW, et al. ⁵³	Retrospective study	2021	Women with HCQ prescriptions from 14 days before conception	200 mg (IQR, 200–250)	1,240,875 pregnancies, of which 303 exposed to HCQ	Pregnancies treated with HCQ have no increased risk of major birth defects, preterm birth or SGA.
Bérard A, et al. ⁵⁴	Prospective study	2021	71.8 days on average	204.3 mg mean daily dose	233,748 pregnancies, including 105 HCQ-exposed cases	No data showed the increased risk of prematurity, LBW or MCM in HCQ-exposed pregnancy.
Leroux M, et al. ¹³	Retrospective study	2015	Before pregnancy or during the first 8 weeks	400 mg daily	118 SLE patients, containing HCQ group (n=41) and group without HCQ (n=77)	No malformation was found in fetuses exposed in utero to HCQ.
Diav-Citrin O, et al. ⁵⁵	Prospective study	2013	98.2% of patients were treated with HCQ at least in the first trimester of pregnancy	300 mg (IQR, 200–400)	455 pregnant women without HCQ exposure compared to 114 HCQ-exposed pregnancies	HCQ treatment in pregnancy is not a major malformation.
González R, et al. ⁵⁶	Clinical trials	2024	400 mg/day for 3 days and 200 mg/day for 11 days	400 mg/day and 200 mg/day	55 women in HCQ group and 60 women in control	No differences were in the occurrence of adverse pregnancy outcomes between 2 groups.

For superscript numbers, please see REFERENCES
 HCQ: hydroxychloroquine; IQR: interquartile range; LBW: low birth weight; MCM: major congenital malformations; QTc: heart rate–corrected QT interval; SGA: small size for gestational age; SLE: systemic lupus erythematosus