

## Supplementary

**Table S1.** Results of the binary logistic regression model for the prediction of gestational diabetes mellitus development in twin pregnancies

with spontaneous conception.

	<b>Women with GDM (n = 205)</b>	<b>Women without GDM (n = 907)</b>	<b>OR (95% CI)</b>	<b>p</b>
Vaginal progesterone treatment	17 (8.3)	65 (7.2)	1.339 (0.724;2.474)	0.352
Maternal age (years)	31.9 ± 5.1	30.96 ± 6.29	1.039 (1.007;1.072)	0.017
Pre-pregnancy BMI (kg/m <sup>2</sup> )	26.5 ± 6.0	23.5 ± 4.6	1.095 (1.062;1.129)	<0.001
Family history of diabetes	69 (33.7)	204 (22.5)	1.274 (0.888;1.828)	0.188
Previous pregnancy with GDM	28 (13.7)	14 (1.5)	7.390 (3.558;15.348)	<0.001
Betamethasone 12mg 2x within 24 hours	69 (33.7)	368 (40.6)	1.449 (0.654;3.212)	0.361
Atosiban* for at least 48 hours	64 (31.2)	357 (39.4)	0.668 (0.296;1.506)	0.331
Current smoking	39 (19.0)	101 (11.1)	1.598(1.021; 2.502)	0.040

BMI: body mass index, OR: odds ratio, 95%CI: 95% confidence interval. Multivariate analyses included all parameters significant in the univariate analysis; \*In the atosiban group, women received a bolus injection of 6.75 mg intravenous in 1 min, followed by 18 mg/h. for 3 h, followed by a maintenance dosage of 6 mg/h for 45 h.