

Data Sharing Statement

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| Article Info | http://dx.doi.org/10.21037/atm-21-1209 | |
| Item | Question | Authors' Response (place “-” if not applicable) |
| 1 | Would you like to share data collected for your study to others? | Yes. |
| 2 | If not, would you like to share the reason for your decision? | - |
| 3 | What data in particular will be shared? | The pregnancy and fetal data will be shared. |
| 4 | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | Statistical analysis plan, informed consent form, and clinical study report will also be shared if requested. |
| 5 | When will data availability begin? | From the publication date. |
| 6 | When will data availability end? | Two years within the publication date. |
| 7 | To whom will you share the data? | Physicians and gynecologists who are interested in studies of DIP and Helicobacter pylori. |
| 8 | For what type of analysis or purpose? | For analysis to evaluate the effect of Helicobacter pylori on DIP. |
| 9 | How or where can the data/documents be obtained? | Emails could be sent to the address below to obtain the shared data: lijun314@163.com |
| 10 | Any other restrictions? | We may balance the potential benefits and risks for each request and then provide the data that could be shared. |