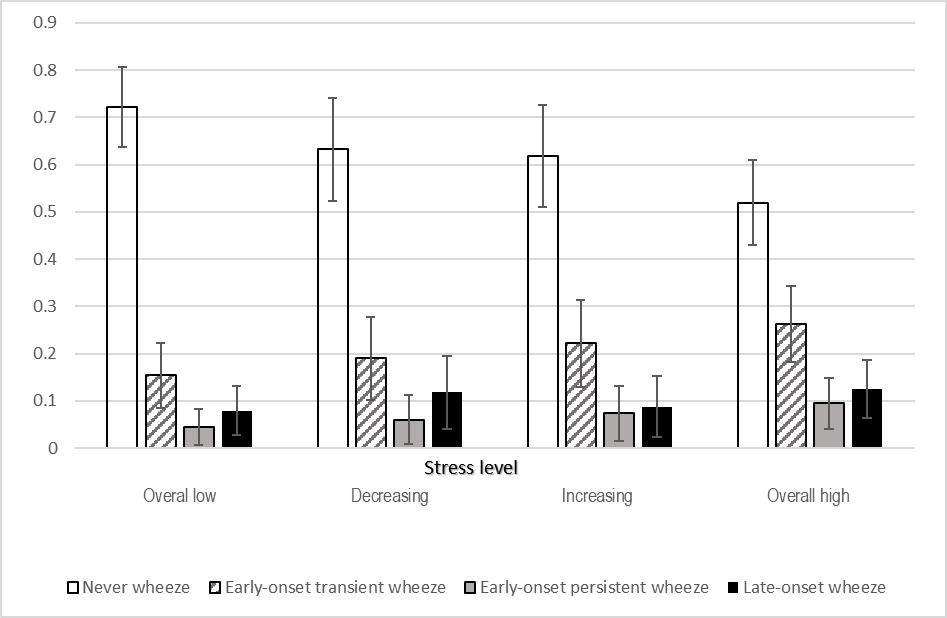
Figure 1. Conceptual Model of the Role of Perinatal Stress in the Development of Wheezing in Children



Figure 2. Predicted Probabilities of Wheeze Phenotypes by Prenatal and Postnatal Psychosocial Stress Levels



Overall low stress: low prenatal/low postnatal life events. Decreasing stress: high prenatal/low postnatal life events Increasing stress: low prenatal/high postnatal life events. Overall high stress: high prenatal/high postnatal life events. Error bars represent 95% confidence intervals. Source: European Longitudinal Study of Pregnancy and Childhood-Czech Republic (ELSPAC-CZ), N=1,849.

Figure 3. Adjusted Relationships between Pediatric Wheezing, Perinatal Stress Exposure, and Mediators



T=Early-onset transient wheeze. P=Early onset persistent wheeze. L=Late-onset wheeze. LRTI=Lower respiratory tract infection. a Odds ratio from binary logistic regression. b Relative risk ratio from multinomial logistic regression, baseline category never wheeze. c Unstandardized coefficient from linear regression. d Relative risk ratio from multinomial logistic regression comparing high to low prenatal stress; baseline category low postnatal stress. 95% confidence intervals in parentheses. Bold arrows indicate statistical significance at p<0.05. Source: European Longitudinal Study of Pregnancy and Childhood-Czech Republic (ELSPAC-CZ). N=1,849. \* p<0.05 \*\* p<0.01 \*\*\* p<0.001