

STROBE checklist (cohort studies) – Completed with page/line references

Manuscript: “ICU revision 2 docx” (continuous line numbering shown on manuscript PDF).

Page/line references below correspond to the current version of the manuscript.

Section	Item No.	Recommendation	Manuscript location (page:line)
Title and abstract	1(a)	Indicate the study’s design with a commonly used term in the title or the abstract.	Abstract – Methods (p.2, lines 38–42).
Title and abstract	1(b)	Provide in the abstract an informative and balanced summary of what was done and what was found.	Abstract – Background/Methods/Results/Conclusion (p.2, lines 33–55).
Introduction	2	Explain the scientific background and rationale for the investigation being reported.	Introduction (p.3–4, lines 64–99).
Introduction	3	State specific objectives, including any prespecified hypotheses.	Objective stated (p.4–5, lines 100–103). No explicit hypothesis stated.
Methods	4	Present key elements of study design early in the paper.	Materials and Methods – Study Design and Setting (p.5, lines 105–110).
Methods	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.	Study setting and dates (p.5, lines 105–110). Clinical care environment/ICU admission policy (p.5, lines 111–126; p.6, lines 127–131). Ethics/consent waiver (p.6, lines 132–139). Data collection and extraction (p.7–8, lines 153–186).
Methods	6(a)	Give the eligibility criteria, and the sources and	Eligibility/exclusion and source population (p.6, lines 145–152). Flow/selection described (p.6, lines 138–

		methods of selection of participants. Describe methods of follow-up.	142 and Supplementary File 2). Outcomes assessed from records until ICU/hospital outcome (p.7–8, lines 186–194).
Methods	6(b)	For matched studies, give matching criteria and number of exposed and unexposed.	Not applicable (no matching).
Methods	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable.	Definitions of outcomes and clinical variables (p.7–8, lines 153–194), including WHO near-miss definition (p.7, lines 173–175) and WHO criterion-category classification (p.8, lines 181–184).
Methods	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 sources and abstraction (p.7, lines 154–158; cross-checking p.7, line 185). Diagnostic/near-miss assessment approach (p.7, lines 173–175).
Methods	9	Describe any efforts to address potential sources of bias.	Consecutive admissions/all eligible included (p.6, lines 145–147). Cross-checking by two independent researchers (p.8, line 185). Bias minimization noted (p.15, lines 366–369).
Methods	10	Explain how the study size was arrived at.	All eligible ICU admissions within the study period were included; no formal sample size calculation (p.6, lines 145–147).
Methods	11	Explain how quantitative variables were	Continuous variables summarized as mean±SD or median (min–max); categorical as n (%) (p.8–9, lines 196–

		handled in the analyses. If applicable, describe which groupings were chosen and why.	199).
Methods	12(a)	Describe all statistical methods, including those used to control for confounding.	Statistical analysis methods (p.8–9, lines 196–202). Univariable analyses only; no confounding control (p.14, lines 323–325; p.16, lines 373–375).
Methods	12(b)	Describe any methods used to examine subgroups and interactions.	Not performed / not reported (univariable comparisons only; p.10, lines 233–247).
Methods	12(c)	Explain how missing data were addressed.	Cases with incomplete records excluded (p.6, lines 151–152). Remaining missingness for some labs acknowledged (p.16, lines 375–376). No imputation method stated.
Methods	12(d)	If applicable, explain how loss to follow-up was addressed.	Not applicable (retrospective ICU cohort; outcomes assessed during admission).
Methods	12(e)	Describe any sensitivity analyses.	Not performed / not reported.
Results	13(a)	Report numbers of individuals at each stage of study—e.g., numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analyzed.	Flow diagram referenced (p.6, lines 138–142; Supplementary File 2). Included/excluded described (p.6, lines 145–152).
Results	13(b)	Give reasons for non-participation at each stage.	Exclusions: non-obstetric ICU admissions and incomplete records (p.6, lines 151–152).
Results	13(c)	Consider use of a flow diagram.	Flow diagram provided (p.6, lines 138–142; Supplementary File 2).

Results	14(a)	Give characteristics of study participants (e.g., demographic, clinical, social) and information on exposures and potential confounders.	Baseline characteristics in text (p.9, lines 206–217) and Table 1 (p.22, lines 543–552 and following pages).
Results	14(b)	Indicate number of participants with missing data for each variable of interest.	Not reported by variable; missing data acknowledged for some laboratory variables (p.16, lines 375–376).
Results	14(c)	Summarise follow-up time (e.g., average and total amount).	ICU length of stay reported (p.9, lines 216–217; p.10, lines 237–238).
Results	15	Report numbers of outcome events or summary measures over time.	Outcome frequencies and descriptive results (p.9–11, lines 218–249). Detailed survivor vs non-survivor comparisons in Table 4 (p.27, lines 561–562 and continued on p.28).
Results	16(a)	Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (e.g., 95% confidence interval). Make clear which confounders were adjusted for and why they were included.	Unadjusted (univariable) comparisons only (p.10, lines 233–247; Table 4, p.27–28). No adjusted estimates; multivariable modeling not feasible due to small number of deaths (p.16, lines 373–375).
Results	16(b)	Report category boundaries when continuous variables were categorized.	Not applicable for continuous-variable categorization. Key categorical definitions (e.g., timing of ICU admission/delivery status) provided in Results/Table 4 (p.9, lines 215–216; p.10, lines 233–236; Table 4, p.27–30).
Results	16(c)	If relevant, consider translating	Not performed / not reported.

		estimates of relative risk into absolute risk for a meaningful time period.	
Results	17	Report other analyses done—e.g., analyses of subgroups and interactions, and sensitivity analyses.	Association of WHO organ dysfunction with neonatal outcomes (p.11, lines 250–254; Table 5, p.31, lines 569–573).
Discussion	18	Summarise key results with reference to study objectives.	Discussion summary (p.11, lines 257–262) and Conclusion (p.16, lines 384–390).
Discussion	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias.	Strengths and Limitations (p.15–16, lines 365–381).
Discussion	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence.	Interpretation and comparison with literature (p.12–15, lines 272–363; p.14, lines 323–344).
Discussion	21	Discuss the generalisability (external validity) of the study results.	Institution-specific interpretation and lack of national registry context (p.13, lines 296–305). Generalisability limitations noted (p.16, lines 374–381).
Other information	22	Give the source of funding and the role of the funders for the present study and, if applicable,	Funding statement (p.17, line 410).

for the original
study on which the
present article is
based.