

## Supplemental file I: Data Extraction Tool

### Part I: Socio-demographic and Obstetrics characteristics of a pregnant mothers of admitted preterm neonates

| No  | Maternal socio demographic Characteristics                   | Response                                                                                                 | Skip to |
|-----|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------|
| 101 | Age of the mothers                                           | _____ Year                                                                                               |         |
| 102 | Marital status                                               | 1. Single<br>2. Married<br>3. Divorced<br>4. Widowed                                                     |         |
| 103 | Place of Residency                                           | 1. Urban<br>2. Rural                                                                                     |         |
| 104 | Parity                                                       | 1. Primi-parous<br>2. Multiparous                                                                        |         |
| 105 | ANC follow Up                                                | 1. Yes<br>2. No                                                                                          | 107     |
| 106 | If yes, how many times?                                      | _____                                                                                                    |         |
| 107 | Type of pregnancy                                            | 1. Singleton<br>2. Multiple                                                                              |         |
| 108 | If the pregnancy is multiple                                 | 1. First baby<br>2. Second baby above                                                                    |         |
| 109 | Mode of Delivery/delivery method/                            | 1. SVD<br>2. Instrumental delivery<br>3. C/S                                                             |         |
| 110 | Place of delivery                                            | 1. Outborn<br>2. Inborn                                                                                  |         |
| 111 | Risk of preterm birth                                        | 1. Yes<br>2. No                                                                                          | 113     |
| 112 | If yes, risk of preterm birth (multiple response)            | 1. PPRM<br>2. APH<br>3. Preeclampsia/Eclampsia<br>4. Oligo/polyhydramnios<br>5. Other specify.....       |         |
| 113 | Does the mother diagnose with chronic disease                | 1. Yes<br>2. No                                                                                          | 201     |
| 114 | If yes which one of the medical problems (multiple response) | 1. Diabetes<br>2. Hypertension<br>3. Anemia<br>4. Tuberculosis<br>5. HIV/AIDS<br>6. Others specify ..... |         |

**Part II: Preterm Sociodemographic, medical problem and treatment related characteristics**

|     | <b>Preterm demographic characteristics</b>                         | <b>Response</b>                                                                                                                                                  | <b>Skip to</b> |
|-----|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 201 | Sex                                                                | 1. Male<br>2. Female                                                                                                                                             |                |
| 202 | Age at admission                                                   | _____ hr./day                                                                                                                                                    |                |
| 203 | Gestational age                                                    | _____ Week                                                                                                                                                       |                |
| 204 | Birth Weight                                                       | _____ gram.                                                                                                                                                      |                |
| 205 | Weight for gestational age                                         | 1. AGA<br>2. LGA<br>3. SGA                                                                                                                                       |                |
| 301 | APGAR score at birth                                               | 1. 1 <sup>st</sup> minute _____<br>2. 5 <sup>th</sup> minute _____                                                                                               |                |
| 302 | Diagnosis at admission (multiple response)                         | 1. Hypothermia<br>2. RDS<br>3. EONS<br>4. PNA<br>5. NHB(Jaundice)<br>6. Meningitis<br>7. Other specify .....                                                     |                |
| 303 | Does the neonate develop new medical problem between the follow up | 1. Yes<br>2. No                                                                                                                                                  | 401            |
| 304 | New medical problems between the follow up (multiple response)     | 1. HAI<br>2. NEC<br>3. NHB (Jaundice)<br>4. Apnea of prematurity<br>5. Hypothermia<br>6. Hypoglycemia<br>7. Thrombocytopenia<br>8. DHN<br>9. Other specifies.... |                |
| 401 | Does the neonate eligible to CPAP                                  | 1. Yes<br>2. No                                                                                                                                                  | 403            |
| 402 | Time of initiation of CPAP                                         | 1. Since delivery<br>2. At admission<br>3. After admission                                                                                                       |                |
| 403 | Type of CPAP the neonates put on                                   | 1. Dimedica<br>2. Home Grown                                                                                                                                     |                |
| 404 | Does the neonate receive antibiotics                               | 1. Yes<br>2. No                                                                                                                                                  | 406            |

|     |                                                                            |                                                                                                     |     |
|-----|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----|
| 405 | If yes time of antibiotics initiation in reference to admission            | _____hr./day                                                                                        |     |
| 406 | Does the neonate start feeding                                             | 1. Yes<br>2. No                                                                                     | 408 |
| 407 | If yes, feeding initiation at the age of                                   | _____hr./day                                                                                        |     |
| 408 | Does the neonate receive KMC                                               | 1. Yes<br>2. No                                                                                     |     |
| 501 | Length of stay in the hospital                                             | _____hr./day                                                                                        |     |
| 502 | Outcome of the neonate                                                     | 1. Recovered<br>2. Censored                                                                         |     |
| 503 | If the answer to question number 417 is censored, reason of being censored | 1. Died<br>2. Left against medical advice<br>3. Transferred/referred<br>4. >28days age at follow up | 417 |
| 504 | If died immediate cause of death (multiple response)                       | _____                                                                                               |     |

*Thanks a Lot!*