**Supplementary Table 1:** Data Abstraction Tool

**SECTION 1: BASIC INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | **Site:** |  |
|  | **Patient’s ID Code:** |  |
|  | **Patient’s Medical Record Number:** |  |
|  | **Address:** |  |
|  | **Age (in days):** |  |
|  | **Gender:**  |  Male |  Female |
|  | **Race/Ethnicity:** |  |

**SECTION 2: MEDICAL RECORD**

|  |  |  |
| --- | --- | --- |
|  | **How many hospital visits have occurred from the date of birth?** |  |
|  | **Did this visit result in hospitalization?** |  Yes |  No |
|  | **Did this hospitalization occur within the week of birth?**  |  Yes |  No |
|  | **How long is the hospitalization from the date of birth?** |  |
|  | **What was the diagnosis(es) for this hospitalization?** |  |
|  | **What was the chief complaint for this hospitalization?** |  |

**SECTION 3: MATERNAL RISK FACTORS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attributes** | **Grades** |  |
|  | **Intrapartum fever** |  <38◦C |  ≥38◦C |
|  | **Chorioamnionitis** |  Yes |  No |
|  | **Duration of ROM** |  <18 hours |  ≥18 hours |
|  | **GBS colonization** |  Positive |  Negative |
|  | **Intrapartum antibiotics** |  <4 hours prior to delivery |  ≥4 hours prior to delivery |
|  | **Maternal Febrile During Pregnancy** |  Yes |  No |
|  | **Duration of Labor** |  <18 hours |  ≥18 hours |
|  | **Foul Odor of the Amniotic Fluid** |  Yes |  No |

**SECTION 4: NEONATAL SIGNS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attributes** | **Grades** |  |
|  | **Gestational age** |  <37 weeks |  ≥37 weeks |
|  | **Birth weight** |  <1.5 kg |  ≥1.5 kg |
|  | **Heart rate** |  ≤100 BPM |  ≥160 BPM |
|  | **Postnatal distress** |  Yes  |  No |
|  | **Feeding difficulty** |  Yes |  No |
|  | **Temperature** |  ≤36.5°C |  ≥38°C |
|  | **Respiratory Distress**  |  Yes  |  No |
|  | **Apnea**  |  Yes  |  No |
|  | **Lethargy** |  Yes  |  No |

**SECTION 5: LABORATORY TESTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attributes** | **Grades** |  |
|  | **Absolute neutrophil count (ANC)** |  ≤1,750 x109/l |  >1,750 x109/l |
|  | **C reactive protein (CRP)** |  <10mg/L |  ≥10mg/L |
|  | **I/T ratio** |  ≤0.2 |  >0.2 |
|  | **Micro-ESR (M-ESR)** |  <8 mm/1st hour |  ≥8 mm/1st hour |
|  | **Platelet count** |  ≤150 000 x109/l |  >150 000 x109/l |
|  | **Total leukocyte count (TLC)** |  ≤5000 x109/l |  >5000 x109/l |
|  | **White Blood Cell Count (WBC)** |  ≤5,000 x109/l |  ≥30,000 x109/l |

Supplementary table 1 above shows the data abstraction tool used to retrieve information essential to the study.