

Table S1: Current^a clinical trials of empiric treatment of neonatal sepsis in developing countries.

Study	Methods	Participants	Intervention	Outcomes
Evaluation of community-based management of neonatal sepsis, Bangladesh	Single blind, cluster randomised study	Neonates with danger signs of sepsis	Training of health workers on managing sepsis (amoxicillin and gentamicin), in addition to essential neonatal care	Coverage of intervention, provider performance, referral compliance
Infant Severe Sepsis and Bacterial Meningitis in Malawi	Open label randomized trial	Infants <2mo with severe sepsis or meningitis	Ceftriaxone vs penicillin and gentamicin	Recovery vs death or severe neurological sequelae
Simplified Antibiotic Therapy for Sepsis in Young Infants, Karachi	Three-arm open label equivalence randomized controlled trial	Infants <60 days old with pSBI	Procaine penicillin+gentamicin, or amoxicillin+gentamicin, or procaine penicillin+gentamicin then amoxicillin	Treatment failure within seven days of enrolment
Simplified Antibiotic Regimens for Outpatient Treatment of Suspected Sepsis in Bangladesh	Three-arm open label randomized trial	Infants <60 days old with pSBI	Procaine penicillin+gentamicin, or amoxicillin+gentamicin, or penicillin+gentamicin then amoxicillin	Treatment failure
7 vs 10d Antibiotics for Neonatal Sepsis, India	Open label randomized trial	Neonates ≥32 weeks and ≥1,500g with culture-positive sepsis	7d vs 10d of ceftriaxone, or amikacin, or vancomycin, or meropenem	Treatment failure
Antibiotic Combinations for Infection in Newborn Babies, India	Randomized parallel group trial	Neonates 3-28d old with clinical and laboratory evidence of LONS	Cloxacillin+amikacin vs cefotaxime+gentamicin for 7-10d	Mortality, treatment failure, fungal infections, cost analysis
Short Course Treatment of Early Onset Neonatal Sepsis, Iran	Single-blind, randomized trial	Neonates >1,500g and/or >34 weeks with clinical sepsis within 7 postnatal days	3d vs 5d of ampicillin+amikacin	C-reactive protein level at end of treatment course, post-discharge cure rates
Efficacy Study of Community-Based Treatment of Serious Bacterial Infections in Young Infants, Karachi	Three-arm open label equivalence randomized controlled trial	Infants <60 days old with clinically-diagnosed pSBI	Procaine penicillin+gentamicin, or ceftriaxone, or trimethoprim/sulfamethoxazole +gentamicin	Treatment success/cure rates, completion rates, adverse events, relapse rates
Children's Antibiotic Resistant Infections in Low Income Countries, Madagascar	Prospective cohort study	Neonates with features of infection	Samples collected prior to initiation of empiric antibiotics	Bacterial aetiology of infections, incidence of infections with resistant bacteria
Zambia Chlorhexidine Application Trial	Cluster-randomized controlled trial	Neonates born of women recruited during 2 nd or 3 rd trimesters	4% chlorhexidine vs dry cord care	Neonatal mortality, omphalitis
Chlorhexidine Cordcare for Reduction in Neonatal Mortality and Omphalitis, Zanzibar	Double-blind, community-based randomized controlled trial	Neonates with first contact with health workers within 48h of delivery	4% chlorhexidine vs a control cord cleaning solution without chlorhexidine, then vs dry cord care	Neonatal mortality, omphalitis
Chlorhexidine Skin Application for Prevention of Infection, India	Double-blind, randomized controlled trial	Neonates weighing <1500g at birth	0.25% chlorhexidine vs sterile water wipes	Sepsis, readmission and mortality rates, skin colonization rates
Chlorhexidine Vaginal and Infant Wash in Pakistan	Double-blind randomized controlled trial	Gravid women and their neonates	0.6% chlorhexidine vaginal and infant wash vs sterile physiologic saline solution	Neonatal death or sepsis, maternal infection or death

^a As of September 2014; assessed from <https://clinicaltrials.gov> and www.who.int/ictrp/en/