

Supplementary material

Annexure 1:

Labor & Delivery Record sheet

LABOUR AND DELIVERY RECORD		
Name:	Age:	C.R. No.:
Consultant:	Date of admission:	Time of admission:
9. Antibiotic(s) used <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Antibiotic(s) used _____		
Indications(s) of Antibiotic usage _____		

Annexure 2:

Perinatal data collection template

Antibiotics in low risk uncomplicated vaginal deliveries										Perinatal data entry non-compliances
Antibiotic given- Yes/no	Indications for antibiotic administration	Name of antibiotic	Included in present project	Specific Exclusion criteria (if present)	Follow up					
					Infected episiotomy within 10 days of delivery (Yes/No)	Post partum pyrexia with suspected genital source within 10 days of delivery (Yes/No)	Suspected neonatal sepsis	Proven (culture positive) neonatal sepsis	Antibiotics given to baby (Yes/No)	
▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼