## ICMJE DISCLOSURE FORM

Date: _ <u>July 11, 2021</u>				
Your Name: <u>Dr Rehana Begum</u>				
Manuscript Title: _ <u>Trends in maternal mortality in India over two decades: Nationally-representative surveys</u>				
from 1997-2018				
Manuscript number (if known):	ID BJOG-21-0361			

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	Time frame: Since the initial planning of the work				
1	1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	x None			
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: past	36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	x None			
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	speakers bureaus,		
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6	Payment for expert testimony	x None	
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10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other services		
12	Other financial or non-	V Nono	
13	financial interests	x None	

Please place an "X" next to the following statement to indicate your agreement:

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Jehane

Dr. Rehana Begum