

Appendix 1: Gestational age classification (n=755)

Classification	Category	Number (%)	GA (Week)	Number (%)
Preterm	<i>Extremely preterm</i>	246 (%32.9)	22W	4 (%0.5)
			23W	8 (%1.1)
			24W	34 (%4.5)
			25W	59 (%7.9)
			26W	75 (%10.1)
			27W	66 (%8.8)
	<i>Very preterm</i>	200 (%26.8)	28W	66 (%8.8)
			29W	55 (%7.4)
			30W	33 (%4.4)
			31W	46 (%6.2)
	<i>Moderate preterm</i>	57 (%7.6)	32W	33 (%3.8)
			33W	27 (%3.0)
	<i>Late preterm</i>	102 (%13.5)	34W	43 (%5.7)
35W			30 (%4.0)	
36W			29 (%3.8)	
Term	<i>Early term</i>	97 (%13)	37W	35 (%4.5)
			38W	62 (%8.1)
	<i>Term</i>	46 (%6)	39W	21 (%2.7)
			40W	19 (%2.4)
			41W	5 (%0.5)
			42W	1 (50.1)
Unknown		7 (%0.9)		7 (%0.9)

Over 80% of the expired neonates were premature and extremely preterm neonates comprised 32.9% of the expired neonates, where among those neonates, 26-week-gestational age neonates contributed 10.1% to the total death rate

Appendix 2: Demographic variables (n=755)

<i>Variables</i>	<i>Mean</i>	<i>Median</i>	<i>Std. Deviation</i>	<i>Minimum</i>	<i>Maximum</i>
<i>Birth weight (gram)</i>	1616.28	1280.00	904.94	220	5540
<i>Gestational age (week)</i>	30.85	30.00	4.76	22	42
<i>Minute 1 Apgar score</i>	5.71	6.00	2.27	0	9
<i>Minute 5 Apgar score</i>	7.27	8.00	2.24	0	10
<i>Days of hospitalization</i>	8.40	4.00	13.15	1	119

Appendix 3: Most common neonatal recorded cause of death presented in number (N) and percent (n=755)

	<i>Total</i>	<i>During day 1</i>	<i>Days 2 to 7</i>	<i>Days 8 to 28</i>	<i>After 28 days</i>
	<i>N (%)</i>	<i>N (%)</i>	<i>N (%)</i>	<i>N (%)</i>	<i>N (%)</i>
<i>Prematurity</i>	178 (23.6%)	13 (1.7%)	102 (13.5%)	53 (7.1%)	10 (1.3%)
<i>Congenital anomaly</i>	150 (19.9%)	27 (3.6%)	90 (11.9%)	25 (3.3%)	8 (1.1%)
<i>RDS</i>	147 (19.5%)	18 (2.4%)	93 (12.3%)	30 (4%)	6 (0.8%)
<i>Sepsis</i>	100 (13.2%)	2 (0.3%)	63 (8.3%)	28 (3.7%)	7 (0.9%)
<i>Asphyxia</i>	53 (7.0%)	7 (0.9%)	37 (4.9%)	8 (1.1%)	1 (0.1%)

Appendix 4: Most common maternal health complications presented in number and percent (n=728)

<i>Maternal Problems</i>	<i>Category</i>	<i>Number (%)</i>
<i>Preeclampsia</i>	<i>Yes</i>	35 (4.8)
	<i>No</i>	693 (95.2)
<i>Diabetes</i>	<i>Yes</i>	52 (7.1)
	<i>No</i>	676 (92.9)
<i>PROM</i>	<i>Yes</i>	30 (4.1)
	<i>No</i>	698 (95.9)
<i>Drug abuse</i>	<i>Yes</i>	15 (2.10)
	<i>No</i>	713 (97.9)
<i>Amniotic fluid problems</i>	<i>Yes</i>	52 (7.1)
	<i>No</i>	676 (92.9)
<i>Abortion history</i>	<i>Yes</i>	14 (1.9)
	<i>No</i>	714 (98.1)
<i>Infertility history</i>	<i>Yes</i>	40 (5.5)
	<i>No</i>	688 (94.5)
<i>Familial marriage</i>	<i>Yes</i>	14 (1.9)
	<i>No</i>	714 (98.1)
<i>Other problems</i>	<i>Yes</i>	55 (7.6)
	<i>No</i>	673 (92.4)

PROM: Premature rupture of membranes

Appendix 5: Univariate Chi-square results showing correlation with the time (day) that the neonate died.

(n=755)

Variable	χ^2	P Value
<i>Gestational age</i>	5.92	0.116
<i>Birth weight</i>	44.54	0.002*
<i>Type of delivery</i>	0.67	0.88
<i>Multiple delivery</i>	12.8	0.005*
<i>Diabetic mothers</i>	9.66	0.022*
<i>Other maternal conditions</i>	5.04	0.169
<i>Referral</i>	6.4	0.093
<i>Neonatal Heart diseases</i>	36.86	0.000*
<i>Neonatal respiratory diseases</i>	1.397	0.706
<i>Neonatal neurological diseases</i>	19.508	0.000*
<i>RDS</i>	8.789	0.032*
<i>Asphyxia</i>	11.834	0.008*
<i>Other neonatal disease</i>	12.62	0.006
<i>Seizure</i>	4.88	0.180
<i>Familial marriage</i>	9.54	0.023*
<i>Infertility history</i>	3.11	0.234
<i>Abortion history</i>	2.19	0.58
<i>Mothers drug abuse</i>	2.51	0.358
<i>Preeclampsia</i>	1.03	0.75
<i>Amniotic fluid problems</i>	7.74	0.44
<i>PROM</i>	1.24	0.725
<i>Abnormal presentation</i>	2.45	0.32
<i>IUGR</i>	4.68	0.045*
<i>Birth injuries</i>	0.93	0.62
<i>Cyanosis</i>	0.60	0.89
<i>Race</i>	1.84	0.359

The following factors correlated with an early-time (rather than a later-time) of neonatal death: low-birth-weight classification, multiple delivery, diabetic mothers, neonatal heart disease, neonatal neurological diseases, respiratory distress syndrome (RDS), asphyxia, familial marriage, and intrauterine growth restriction (IUGR).

*p values <0.05 are statistically significant.

Appendix 6: Logistic regression results to show factors affecting time-period (day) of neonatal death (n=755)

<i>Variables</i>		<i>Estimate</i>	<i>Std Error</i>	<i>Wald</i>	<i>Lower CI (95%)</i>	<i>Upper CI (95%)</i>	<i>OR</i>	<i>p-value</i>
<i>Neonatal death</i>	<i>During day 1</i>	-1.00	6.122	.027	-13.0	10.997	.367	.870
	<i>Days 2 to 7</i>	1.28	6.206	3.31	-.879	23.449	3.6	.069
	<i>Days 8 to 28</i>	1.9	7.685	41.864	0.659	6.8	6.7	0.00*
<i>Minute 1 Apgar</i>		-.138	.123	1.267	-.379	.102	.871	.260
<i>Minute 5 Apgar</i>		.156	.115	1.851	-.069	.381	1.169	.174
<i>Days of hospitalization</i>		1.847	.164	126.941	1.526	2.168	6.3	<0.00*
<i>Multiple Delivery</i>	<i>yes</i>	1.042	.475	4.812	.111	1.973	2.8	.028*
	<i>no</i>	.000					1.000	
<i>Type of delivery</i>	<i>NVD</i>	.71	.341	4.371	.045	1.380	2.03	.037*
	<i>Cesarean</i>	.000					1.000	

CI: Confidence interval; OR: Odds ratio; NVD: Normal vaginal delivery

*p values less than 0.05 were considered statistically significant.

The odds ratio calculations showed that multiple births and normal vaginal delivery associated with an earlier neonatal death rather than a later-period.

Appendix 7: Spearman's rho correlation coefficients between Apgar scores and hospitalization days

<i>Spearman's rho</i>				
		<i>Minute 1 Apgar</i>	<i>Minute 5 Apgar</i>	<i>Hospitalization days</i>
<i>Minute 1 Apgar</i>	<i>Correlation Coefficient</i>		.850	.178
	<i>Sig. (2-tailed)</i>		.000*	.000*
<i>Minute 5 Apgar</i>	<i>Correlation Coefficient</i>	.850		.190
	<i>Sig. (2-tailed)</i>	.000*		.000*
<i>Hospitalization days</i>	<i>Correlation Coefficient</i>	.178	.190	
	<i>Sig. (2-tailed)</i>	.000*	.000*	

*p values <0.05 and are statistically significant.

Apgar scores at 1 minute and 5 minutes correlated with each other. Lower Apgar scores at 1 minute and at 5 minutes correlated with a longer duration of hospitalization.