

Supplemental Information

SUPPLEMENTAL TABLE 4 EOS Cases in All Infants ≥ 34 Weeks' Gestation Born During QI Time Period (2015–2017)

Case No.	Risk Factors	Clinical Signs	Age at Presentation, h	Highest I:T Ratio	Highest CRP, md/dL	NSC Score Risk Factors Only	NSC Score After Clinical Examination ^a	Organism
1	GA: 35 wk Maternal Tmax: 37.0°C ROM: 17 h GBS status: negative Intrapartum antibiotic: none	Respiratory distress requiring CPAP	Birth	0.71	9.6	0.98	20.4	GBS
2	GA: 39 wk; Maternal Tmax: 37.2°C ROM: 3.5 h GBS status: negative Intrapartum antibiotic: none	Respiratory distress requiring CPAP	6	0.17	4.4	0.16	3.31	GBS
3	GA: 40 wk Maternal Tmax: 38.3°C ROM: 0.4 h GBS status: positive Intrapartum antibiotic: none	New-onset tachypnea	24	0.6	13.6	0.93	4.63	GBS ^b
4	GA: 39 wk Maternal Tmax: 37.0°C ROM: 5.5 h GBS status: unknown Intrapartum antibiotic: none	Seizures	36	0.83	19.0	0.14	0.06	GBS ^c
5	GA: 37 wk Maternal Tmax: 37.2°C ROM: 17 h GBS status: unknown ^d Intrapartum antibiotic: none	Fever ^e	64	0.28	8.8	0.39	0.16	GBS

Cohort represents $n = 12901$ births ≥ 34 wk gestation. CPAP, continuous positive airway pressure; GA, gestational age; I:T, Immature to Total Neutrophil Ratio; maternal Tmax, highest maternal temperature during labor; ROM, rupture of membranes duration.

^a Most severe clinical presentation in first 24 h of life.

^b Infant born to a mother with chorioamnionitis during phase II of QI project.

^c Infant additionally grew GBS from cerebrospinal fluid culture.

^d Unknown during labor, found to be positive postdelivery.

^e Infant born to mother with poorly controlled diabetes and required a central line placement at 24 h for intravenous dextrose. Initial CRP was 0.7 md/dL at 23 h and 1.0 md/dL at 39 h. New-onset fever at 64 h of life, prompting sepsis laboratories and antibiotics.