

Appendix 1. Causes of Neonatal Deaths

Allocation	Interval between		Cause of death
	Gestation at birth (weeks ^{+days})	birth and death (days)	
Amnioinfusion	25 ^{+1/7}	20	Respiratory and circulatory insufficiency secondary to full-blown ischemia of the small bowel complicated by a grade IV intraventricular hemorrhage. Treatment was discontinued due to poor prognosis.*
	26 ^{+0/7}	1	Respiratory and circulatory insufficiency secondary to fulminant early-onset sepsis with PPHN and perforation of the small bowel due to focal ischemia. Treatment was discontinued due to poor prognosis.†
	24 ^{+3/7}	<1	Respiratory and circulatory insufficiency secondary to a tension pneumothorax and PPHN. Treatment was discontinued due to poor prognosis.*

van Kempen LE, van Teeffelen AS, de Ruigh AA, Oepkes D, Haak MC, van Leeuwen E, et al. Amnioinfusion compared with no intervention in women with second-trimester rupture of membranes: a randomized controlled trial. *Obstet Gynecol* 2019; 133.

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	24 ^{+4/7}	<1	Respiratory and circulatory insufficiency secondary to meconium aspiration and fulminant early-onset sepsis. Treatment was discontinued due to poor prognosis.†
	24 ^{+0/7}	4	Respiratory and circulatory insufficiency secondary to convulsions due to an intraventricular hemorrhage grade IV. Treatment was discontinued due to poor prognosis.*
No intervention	27 ^{+0/7}	<1	Respiratory and circulatory insufficiency secondary to a tension pneumothorax and PPHN. The infant was resuscitated, which was unsuccessful.*
	25 ^{+2/7}	14	Respiratory and circulatory insufficiency secondary to interstitial emphysema following mechanical ventilation, presenting with pneumothorax and PPHN in combination with a proven late-onset sepsis. Treatment was discontinued due to poor prognosis.*

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26 ^{+2/7}	<1	Respiratory and circulatory insufficiency and anemia secondary to Rhesus antagonism, a tension pneumothorax, and PPHN. Treatment was discontinued due to poor prognosis.*
28 ^{+4/7}	3	Respiratory and circulatory insufficiency secondary to fulminant suspected early-onset sepsis and PPHN. Treatment was discontinued due to poor prognosis.*
25 ^{+5/7}	<1	Respiratory and circulatory insufficiency secondary to perinatal asphyxia, hypovolemic shock due to a hemorrhage in the newborn's neck following a traumatic delivery and PPHN. Treatment was discontinued due to poor prognosis.*
24 ^{+4/7}	<1	An emergency cesarean section was performed because of cord prolapse. The neonate died during resuscitation due to respiratory and circulatory insufficiency.*

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*Cause of death determined by clinical course only. PPHN=persistent pulmonary hypertension of the neonate. †Cause of death determined by clinical course and findings during autopsy.

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Appendix 2. Post-Hoc Analysis for Composite Neonatal Outcome of All Live-Born Neonates in the Intention-To-Treat Population				
Composite neonatal outcome	Amnioinfusion (n=15)	No intervention (n=13)	RR (95% CI)	<i>P</i> value
Death	5 (33%)	6 (46%)	0.72 (0.29–1.82)	0.49
Survival with composite morbidity	6 (40%)	5 (38%)	1.04 (0.41–2.63)	0.93
Survival without composite morbidity	4 (27%)	2 (15%)	1.73 (0.38–7.98)	0.48
Data are number (%). n=number of analyzed participants. RR=relative risk. CI=confidence interval.				

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