ICMJE DISCLOSURE FORM

Date: 3/29/2022

Your Name: Ms. Lara Waite

Manuscript Title: "Use of induction of labour and emergency caesarean section and perinatal outcomes in English maternity services: a national hospital-level study"

Manuscript Number (if known): BJOG-21-1906.R1.

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 author’s relationships/activities/interests should be defined broadly. 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) |
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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☐ None  
Funding for the NMPA from the Healthcare Quality Improvement Partnership (HQIP)  
This fund was used for to fund my salary during the period November 2020 – November 2021. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
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| 6 | Payment for expert testimony                                                             | ☒ None                                                                           |
| 7 | Support for attending meetings and/or travel                                            | ☒ None                                                                           |
| 8 | Patents planned, issued or pending                                                       | ☒ None                                                                           |
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| 11 | Stock or stock options                                                                     | ☒ None                                                                             |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services          | ☒ None                                                                             |
|    |                                                                                         |                                                                                   |
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|    |                                                                                         |                                                                                   |

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