**Supplemental file 1.** List of survey questions.

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| Question | Response Options |
| Q1. Does your centre perform routine screening for resistant organisms (e.g. rectal swabs or other surface swabs)? This includes performance of screening during admissions or at weekly intervals; excludes screening performed solely during known or suspected outbreaks. | Yes/No |
| Q2. Which multi-drug resistant organisms (e.g. rectal swab, umbilical swab) do your unit screen for? | * Methicillin-resistant Staphylococcus aureus (MRSA) * Vancomycin-resistant Enterococci (VRE) * Carbapenemase-resistant Organisms (CRO) * Extended-spectrum β-lactamases (ESBL) producing organisms (e.g. E. Coli, Klebsiella spp) OR any 3rd generation cephalosporin resistant organisms (i.e. resistant to cefotaxime) * Others (please specify) |
| Q3. Does your NICU receive regular reports from infection control or the microbiology department regarding the proportion of resistant organisms among bacterial isolates? (e.g. in the format of an antibiogram)? | Yes/No/ Don’t know |
| Q4. What type of antimicrobial stewardship program do you have in your NICU? | * None * Contribute to hospital-wide program * NICU-specific program, including designated pharmacist for audit-and-feedback for NICU patients and neonatology champion |
| Q5. What is the most common choice of empirical antibiotics for suspected late-onset sepsis with CENTRAL CATHETER in-situ at your institution? | * Ampicillin * Cloxacillin * Cefazolin * Clindamycin * Vancomycin * Gentamicin or Tobramycin * Amikacin * Cefotaxime * Linezolid * Piperacillin/tazobactam * Others (please specify) |
| Q6. What is the most common choice of empirical antibiotics for suspected late-onset sepsis with NO CENTRAL CATHETER in-situ at your institution? | * Ampicillin * Cloxacillin * Cefazolin * Clindamycin * Vancomycin * Gentamicin or Tobramycin * Amikacin * Cefotaxime * Linezolid * Piperacillin/tazobactam * Others (please specify) |
| Q7. What is the most common choice of empirical antibiotics (for aerobic organisms coverage) for suspected or confirmed necrotizing enterocolitis at your institution? | * Ampicillin * Cloxacillin * Cefazolin * Clindamycin * Vancomycin * Gentamicin or Tobramycin * Amikacin * Cefotaxime * Linezolid * Piperacillin/tazobactam * Others (please specify) |
| Q8. When do you usually start anaerobic coverage for the following conditions? | * Suspected Stage 1 NEC * Suspected Stage 2 NEC * Perforated bowel * Others (please specify) |
| Q9. What is the commonly used method for diagnosing UTI in your unit? | * Catheterised urine sample with >105 per colony-forming unit growth of pathogen per mL * Catheterised urine sample with >104 per colony-forming unit growth of pathogen per mL * Suprapubic sample with any growth * Any growth in any sample in a symptomatic neonate * Patient dependent * Others (please specify) |
| Q10. What are the criteria for diagnosing ventilator-associated pneumonia in your unit? | * In an infant on ventilator >48 hours * Any positive tracheal aspirate culture * Temperature instability * Increase in MAP >4 cmH2O * Increase in FiO2 >25% * Any radiological evidence * Use of antimicrobials for at least four days * Physician dependent * We do not label VAP as we do not have strict criteria * Others (please specify) |
| Q11. Would your unit be interested in participating in a national collaborative program to examine antibiotic utilization and prevalence of antibiotic resistant organisms? | Yes/No |
| Q12. Do you believe that supporting this project will help your unit in the following aspects? | * Receive reports on resistant organisms and antibiotic utilization of your NICU * Standardize and reduce unnecessary antibiotic use * Reduce antimicrobial resistance in long run * Seek support from administrators in developing antimicrobial stewardship program * Improving patient outcomes * Others (please specify) |