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| ICMJE DISCLOSURE FORM | |
| **Date:** | 3/28/2022 |
| **Your Name:** | Tina Harris |
| **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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| **Time frame: Since the initial planning of the work** | | | | |
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  **No time limit for this item.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | De Montfort University and The Royal College of Obstetrics and Gynaecology (RCOG) | I am seconded from De Montfort University to work with the National Maternity and Perinatal Audit (NMPA) at the RCOG as Senior Clinical Lead (Midwifery). The NMPA is commissioned by HQIP and funded by NHS England and the Scottish and Welsh governments. De Montfort University therefore receives funds to cover the cost of my secondment from the NMPA. De Montfort University also provide me with additional research time in my contract of employment out with the secondment arrangement. De Montfort University, HQIP or the funders had any involvement in designing the study; collecting, analysing, and interpreting the data; writing the report; or in making the decision to submit the article for publication. | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 36 months** | | | | |
| **2** | | Grants or contracts from any entity (if not indicated in item #1 above). | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **3** | | Royalties or licenses | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **4** | | Consulting fees | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | | |
| **5** | | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **6** | | Payment for expert testimony | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **7** | | Support for attending meetings and/or travel | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | NMPA at the RCOG | The NMPA support my attendance at conferences and meetings by paying registration fees, travel and accommodation costs as necessary | |  |  | |  |  | | |
| **8** | | Patents planned, issued or pending | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **9** | | Participation on a Data Safety Monitoring Board or Advisory Board | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **10** | | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **11** | | Stock or stock options | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **12** | | Receipt of equipment, materials, drugs, medical writing, gifts or other services | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **13** | | Other financial or non-financial interests | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
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