

Supplemental material S5. Summary of questionnaire		
Q1	In which country is your hospital located?	Country
Q2	How would you classify the level of care in your neonatology unit?	Level 1 Neonatal Unit (look after healthy newborns but are relatively stable and mature) Level 2 Neonatal Unit (look after babies who need more advanced support like TPN, CPAP, brief CMV...) Level 3 NICU (look after the most premature and unwell babies) Level 3 NICU with neonatal surgery, cardiac surgery or neurosurgery Mixed pediatric and neonatal intensive care unit
Q4	In your unit, do you care for premature newborns under 28 weeks until discharge?	Yes No
Q5	How many NEONATAL ADMISSIONS of babies did you have in 2020? (in numbers please)	Number
Q6	How many ADMISSIONS of babies < 1500 gr did you have in 2020?	Less than 30 Between 30 and 50 More than 50
Q7	How many intensive care beds / incubators do you have in your unit? (in numbers please)	Number
Q8	Does your neonatal unit has a written antibiotic GUIDELINE to treat empirically EARLY ONSET NEONATAL SEPSIS?	Yes No
Q9	If your answer to the previous question is YES, how would you describe the level of adherence to the GUIDELINE?	Very low Low Intermediate High Very high
Q10	Does your neonatal unit has a written antibiotic GUIDELINE to treat empirically LATE ONSET NEONATAL SEPSIS?	Yes No
Q11	If your answer to the previous question is YES, how would you describe the level of adherence to the GUIDELINE?	Very low Low Intermediate High Very high
Q12	Does your neonatal unit has a written antibiotic GUIDELINE to STOP treatment in NEONATAL SEPSIS?	Yes No
Q13	If your answer to the previous question is YES, how would you describe the level of adherence to the GUIDELINE?	Very low Low Intermediate High Very high
Q14	Does your MATERNITY unit has a written antibiotic stewardship to IDENTIFY and TREAT MOTHERS with risk of perinatal infection?	Yes No
Q15	If your answer to the previous question is YES, how would you describe the level of adherence to the GUIDELINE?	Very low Low Intermediate High Very high
Q16	Does your hospital screen ALL mothers for Group B Streptococcus (GBS) colonization at 35-37 weeks of gestation?	Yes No Only for selected mothers
Q17	Does your neonatal unit uses any tool (like Kaiser Permanente Early Onset Sepsis) to predict the risk of microbiologically confirmed	Yes No

	infection in order to reduce unnecessary investigations and antibiotic therapy with some success?	Only sometimes, depending on the neonatologist
Q18	Which is your initial EMPIRIC therapy for EARLY ONSET NEONATAL SEPSIS? Could you specify the dose regime for the selected antibiotics in the last text box?	Penicillin Ampicillin Gentamicin Tobramycin Amikacin Cefotaxime Ceftazidime Meropenem Vancomycin Nafcillin Metronidazole Piperacillin-tazobactam Teicoplanin Flucloxacillin Oxacillin Other (please specify)
Q19	Which is your initial EMPIRIC therapy for LATE ONSET NEONATAL SEPSIS? Could you specify the dose regime for the selected antibiotics in the last text box?	Penicillin Ampicillin Gentamicin Tobramycin Amikacin Cefotaxime Ceftazidime Meropenem Vancomycin Nafcillin Metronidazole Piperacillin-tazobactam Teicoplanin Flucloxacillin Oxacillin Other (please specify)
Q20	Which is your initial EMPIRIC therapy for babies with Necrotizing Enterocolitis (NEC)?	Penicillin Ampicillin Gentamicin Tobramycin Amikacin Cefotaxime Ceftazidime Meropenem Vancomycin Nafcillin Metronidazole Piperacillin-tazobactam Teicoplanin Flucloxacillin Other (please specify)
Q21	Does your Neonatal Unit perform TDM (Therapeutic Drug Monitoring) as per local/national guidelines, always that you prescribe...?	Gentamycin Tobramycin Vancomycin Teicoplanin Amikacin Never Other (please specify)

Q22	Which markers do you routinely use in your neonatal unit for the DIAGNOSIS and MONITORING of neonatal infections?	C reactive protein Procalcitonin Cytokines PCR based methods DNA microarray-based methods Blood culture HeRo monitoring (heart rate variability monitoring) Other (please specify)
Q23	Which markers do you really routinely use in your NICU to STOP your antibiotics in neonatal infections?	C reactive protein Procalcitonin Cytokines PCR based methods DNA microarray-based methods Blood culture HeRo monitoring (heart rate variability monitoring) Other (please specify)
Q24	What is your usual practice regarding the decision to perform a lumbar puncture and analyze CSF (cerebrospinal fluid) in a CLINICALLY SEPTIC newborn?	I always perform a lumbar puncture if the newborn is clinically stable I decide to perform a lumbar puncture, based on the patients' history, risk factors, clinical features... I decide to perform a lumbar puncture depending on blood markers (CRP, for example) I decide to perform a lumbar puncture depending on the positivity or negativity of the blood culture Other (please specify)
Q25	Do you use ORAL antibiotics in newborns admitted in your NICU?	Yes No
Q26	If your answer is YES to the previous question, could you explain in which clinical situation you would use them?	In case of limited vascular access As a prophylactic treatment for babies at risk of infection As an optional treatment for mild infections Other (please specify)
Q27	Do you use FUNGAL prophylaxis in your VLBW preterm babies?	Yes No
Q28	Which regimen of IV FLUCONAZOLE do you normally use as prophylaxis in your preterm babies?	Free text
Q29	Do you normally swap to ORAL NYSTATIN when your preterm baby is on MINIMAL ENTERAL FEEDING? If not, when?	Free text