

ICMJE DISCLOSURE FORM

Date: 12/26/2024

Your Name: Sanne J Gordijn

Manuscript Title: Pijnstilling tijdens de baring; indicaties, voor- en nadelen voor patiënt en neonaat

Manuscript Number (if known): D8441

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)									
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 <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>										
Time frame: past 36 months												
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">ERC consolidator beneficiary: FGR POD 2022</td> <td style="width: 40%;">Institutional</td> <td style="width: 10%;"></td> </tr> <tr> <td>ZonMw stimulation: VREDA 2022</td> <td>Institutional</td> <td style="text-align: center;">Ins</td> </tr> <tr> <td>Wellcome leap 'in utero' for iTECH study</td> <td>Institutional</td> <td></td> </tr> </table>		ERC consolidator beneficiary: FGR POD 2022	Institutional		ZonMw stimulation: VREDA 2022	Institutional	Ins	Wellcome leap 'in utero' for iTECH study	Institutional	
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3	Royalties or licenses	☒ None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>										

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4	Consulting fees	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None <table border="1"> <tr> <td>SCEM fetal growth anno 2022 and 2024</td> <td>Institutional</td> </tr> <tr> <td>Voluson symposium fetal growth restriction</td> <td>Institutional</td> </tr> <tr><td></td><td></td></tr> </table>		SCEM fetal growth anno 2022 and 2024	Institutional	Voluson symposium fetal growth restriction	Institutional				
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6	Payment for expert testimony	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	☐ None <table border="1"> <tr> <td>Fetal growth Warsaw 2024</td> <td>Invited speaker 09-2024 travel and hotel, no speaker fee</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Fetal growth Warsaw 2024	Invited speaker 09-2024 travel and hotel, no speaker fee						
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8	Patents planned, issued or pending	☐ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ None <table border="1"> <tr> <td>International stillbirth alliance board</td> <td></td> </tr> <tr> <td>NVOG scientific board</td> <td></td> </tr> <tr><td></td><td></td></tr> </table>		International stillbirth alliance board		NVOG scientific board					
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11	Stock or stock options	☐ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	☐ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.