This dataset was used to analyse the Low Birth Weight South Asia Trial (LBWSAT) cluster-randomised controlled trial. The trial generated data on maternal and child anthropometry, diet in pregnancy and early life, details of pregnancy, delivery and the first 1-2 years of life.

Trial registration: ISRCTN75964374, 12 Jul 2013

Primary funder: UKaid from Department for International Development South Asia Research Hub (PO 5675). All women of reproductive age (10-49 years) resident in the study areas were invited to participate in monthly monitoring of whether they have had or missed their period. We interviewed (and at certain times weighed or measured) consenting women with a positive pregnancy test at the following times: an enrolment (usually 8-20 weeks gestation), in early pregnancy (8-31 weeks), late pregnancy (32 weeks to birth), at delivery (within 72 hours of birth where possible) and at 4-6 weeks after birth. This means that different variables in the dataset came from different data collection instruments, which had differing capture rates. We failed to capture as many birth weights within 72 hours as planned due to conflict in the data collection team.

Only children born to permanent residents between 4 June 2014 and 20 June 2015 were eligible for intention to treat analyses (n= 10936) while in-migrating women and children born before interventions had been running for 16 weeks were excluded, so these are the cases shared in this dataset. Although we collected information on miscarriage, stillbirth or maternal or neonatal mortality rates we lacked funds to conduct an endline census to capture these in an unbiased way across all participants, so although we reported these we did not analyse them. Since the endpoint survey was conducted in data collection points where participant reported with their children it may have systematically missed families that had deaths of the mother or baby.

The dataset contains variables in the following categories:

1) individual, cluster and case identifiers: cluster and strata identifiers, in-migrators, time period of data collection, eligibility for trial analyses;

2) caste, religion, education of mother;

3) maternal age, gravida/parity, age at marriage;

4) household socioeconomic variables: asset score, multi-dimensional poverty index, assets, housing characteristics, husband’s migratory labour status;

5) birth anthropometry of index child born of the study: weight, length, head circumference, z-scores for length of age, weight for age and weight for length, stunting, wasting, underweight, low birth weight;

6) variables indicating timing of / age of child at birth anthropometry;

7) endpoint anthropometry of child (same as at birth);

8) child morbidity at endpoint;

9) anthropometry of mother: weight, MUAC, underweight, BMI at endpoint, height at endpoint or during trial;

10) pregnant woman’s diet: dietary diversity, key food groups, food avoidance (taboo), fasting, eating down, meals per day;

11) maternal morbidity: bleeding, high blood pressure, convulsions, swelling;

12) neonatal morbidity: indicator of any of 7 danger signs and any acute respiratory infection signs, danger signs recalled by the mother such as umbilical redness, fast breathing, grunting, chest-indrawing, hypothermia, fever, diarrhoea, eye and skin infections, jaundice, cough, feeding problems, unresponsiveness, weak cry;

13) early breastfeeding and child feeding at endpoint: exclusive breastfeeding, colostrum feeding, time of initiation of breastfeeding; dietary diversity and key food groups;

14) child gender; multiple birth status (only singletons included);

15) child age variables as used in analyses;

16) delivery outcomes: recall of obstructed labour, birth defects (excluded those with birth defects), institutional delivery, c-section, episiotomy, gestational age at birth;

17) maternal outcomes: vital status at birth and endpoint, death categories;

18) pregnancy / child mortality outcomes used to exclude cases: miscarriage/abortion; stillbirth, birth outcome, death timing;

19) exposure to women’s groups and their strategies – who attended from the family, times the pregnant woman attended, strategies observed;

20) exposure to food and cash transfers – number received.

Information on access:

These data are openly accessible. We hope they will be used by scientists seeking to undertake novel analyses or to repeat our trial analyses. At the time of taking consent respondents agreed to allow others to use their non-personally identifiable data for other research, so secondary analyses are available. If you have any queries about the data please email Dr Naomi Saville at [n.saville@ucl.ac.uk](mailto:n.saville@ucl.ac.uk)

The data are not for commercial use.