

Guideline for Growth, Health and Developmental Follow-up for Children Born Very Preterm

Technical Report
Draft for Public Consultation
August 2023

Date of Publication

Draft guideline published on 21st August 2023

Authors

Preterm Follow Up Guideline Development Group

Corresponding Author

Professor Jeanie Cheong, Director, Centre of Research Excellence in Newborn Medicine, Murdoch Children's Research Institute, jeanie.cheong@thewomens.org.au

Publisher

Centre of Research Excellence in Newborn Medicine, Murdoch Children's Research Institute

Copyright information including copyright holder

© Copyright Centre of Research Excellence in Newborn Medicine, 2023

Requesting permission to reproduce material in the text

Please contact Professor Jeanie Cheong to request permission to reproduce any material in the text via email: jeanie.cheong@thewomens.org.au

ISBN

[will be inserted at time of final publication]

Table of Contents

1. PURPOSE OF THE GUIDELINE, INCLUDING THE CLINICAL QUESTIONS, ISSUE OR PROBLEMS THE GUIDELINE ADDRESSES.	4
1.1 Purpose of Guideline	4
1.2 Questions considered in the guideline	5
2. QUESTION 1: SHOULD CHILDREN BORN VERY PRETERM AND THEIR CAREGIVERS BE OFFERED STRUCTURED, PRETERM-SPECIFIC POST-DISCHARGE FOLLOW-UP CARE?	6
2.1 Introduction	6
2.2 Inclusion and Exclusion Criteria	6
2.3 Search Strategy	8
2.4 Characteristics of included studies	9
2.5 Additional Considerations	10
2.6 Quality Assessment	14
2.7 Summary of findings with GRADE certainty	15
2.8 GRADE Evidence to Decision Criteria to Consider in Forming Recommendations	17
2.9 Question 1 Excluded Studies	19
2.10 Question 1 Included Studies	21
3. QUESTION 2: WHAT BIOLOGICAL AND ENVIRONMENTAL FACTORS INFLUENCE HEALTH AND DEVELOPMENTAL OUTCOMES FOR CHILDREN BORN VERY PRETERM AND THEIR CAREGIVERS?	22
3.1 Introduction	22
3.2 Search Strategy	24
3.3 Inclusion and Exclusion Criteria	24
3.4 Search Results – PRISMA flowchart	25
3.5 Summary of findings with GRADE certainty	26
3.6 Characteristics of Included Studies	64
3.7 Question 2 Excluded Studies	68
3.8 Question 2 Included Studies	69
4. REFERENCES	79
5. APPENDICES	84
Appendix 1. Systematic Literature Review Search Strategy for Question 1	84
Appendix 2: Systematic Literature Review Search Strategy for Question 2	91
Appendix 3: Question 2: Excluded Articles	98

Evidence Review

1. PURPOSE OF THE GUIDELINE, INCLUDING THE CLINICAL QUESTIONS, ISSUE OR PROBLEMS THE GUIDELINE ADDRESSES.

1.1 Purpose of Guideline

The overarching goal of this guideline is to help strengthen families who have experienced very preterm birth through promoting optimal health and developmental outcomes for children and mental health and wellbeing for their caregivers across the infant and early childhood period. To achieve these goals, this guideline is intended to provide evidence-based guidance for all Australian health providers who provide follow-up for infants and children born very preterm prior to the commencement of full-time formal schooling. For the purposes of this guideline, we define “follow-up care” as healthcare provided after discharge from hospital that includes monitoring of health and development, providing appropriate management within the scope of the service or health professional, and referring on for additional support, intervention, or investigation as needed. Various health professionals working in various settings may be involved in providing follow-up care to children born very preterm and their caregivers.

Specifically, this guideline includes recommendations for age of follow-up, the domains of health and development that need specific attention, and the factors that may influence the risk of health and developmental difficulties after very preterm birth. As well as child health and development, we explicitly include caregiver mental health and wellbeing as important health outcomes after very preterm birth. The guideline will also provide practice points around assessment approaches that may be used to identify areas where children or caregivers may need support. This will standardise follow-up care, improve early identification of health and developmental difficulties, and ultimately improve outcomes for children born very preterm and their caregivers.

The guideline was developed based on the following guiding principles, as decided by the guideline working group:

- Follow up care should be family centred, flexible, resource efficient, and consistent.
- Follow up should be equitable, culturally safe, and appropriate to each individual child and family’s needs, preferences, and values
- Many factors will influence how follow up services operate and continuity of care and coordination between health professionals and services is critical

- Various factors affect children’s likelihood of experiencing health and developmental difficulties, and different levels of surveillance may be appropriate for different children
- Acknowledge there are groups of people who are at risk of experiencing inequitable healthcare and outcomes, including, but not limited to, Aboriginal and Torres Strait Islander Australians, children in out of home care, families from refugee or culturally and linguistically diverse backgrounds, families who are temporary visa holders, families who live in regional or remote areas, and families experiencing mental health difficulties, learning difficulties, low health literacy, family violence and/or socioeconomic adversity.

1.2 Questions considered in the guideline

Table 1. Questions covered in the guideline

Question	Section in Guideline	Evidence Review
Which aspects of children’s health and development and caregivers’ wellbeing are affected by very preterm birth?	Background	Narrative Review
What is the current landscape of follow-up services, early intervention, and developmental supports available for children born VP? <i>Including social, cultural, and geographical factors affecting access</i>	Background	Narrative Review
What factors are important in enabling children born very preterm to have a positive transition to formal schooling?	Background	Narrative Review
What services do parents/caregivers want for themselves and their children born very preterm from hospital discharge to school entry?	Background	Narrative Review
Is there evidence that systematic and targeted follow-up after VP birth improves child or family outcomes?	Chapter 1	Systematic Evidence Review
What is the impact of biological and environmental factors on health and developmental outcomes for children/families?	Chapter 2	Systematic Evidence Review
What assessment methods are appropriate for use when working with children born very preterm?	“Practice points” recs	Clinical Practice Point Recommendations

2. QUESTION 1: SHOULD CHILDREN BORN VERY PRETERM AND THEIR CAREGIVERS BE OFFERED STRUCTURED, PRETERM-SPECIFIC POST-DISCHARGE FOLLOW-UP CARE?

2.1 Introduction

This question was examined by a systematic review of the literature, guided by the PICOT framing below:

P	Among infants born <32 weeks' gestation
I	does structured, preterm-specific post-hospital follow-up care
C	compared with any other follow-up care (which could include no follow-up)
O	Improve health, development, or emotional/behavioural outcomes for children, or mental health for caregivers (see list of Table 2 for specific outcomes)
T	at any later time?

2.2 Inclusion and Exclusion Criteria

The focus was on follow-up care that was structured (i.e., had a particular schedule of appointments rather than ad hoc interactions between families and health professionals) and offered in the window between the time of discharge and the child turning 6 years of age (as a proxy for school entry).

Important and critical outcomes were identified from public consultation and by the Guideline Development Group and are detailed below.

Studies were excluded if they were published before January 1, 1990, and/or published in a language other than English.

Specific outcomes

Table 2. Question 1 Key Outcomes

<u>Domain</u>	<u>Subdomain</u>	<u>Specific outcomes of interest</u>
Physical	Growth and nutrition	<ul style="list-style-type: none"> • Height/length/weight/head circumference • BMI • Body composition
	Respiratory	<ul style="list-style-type: none"> • Asthma • Respiratory tract infections • Croup
	Cardiovascular	<ul style="list-style-type: none"> • Elevated blood pressure
	Infection	<ul style="list-style-type: none"> • Gastrointestinal • Otitis media
	Sensory functioning	<ul style="list-style-type: none"> • Vision • Hearing • Blindness • Deafness
Sleep	Sleep	<ul style="list-style-type: none"> • Sleep problems, including sleep apnoea

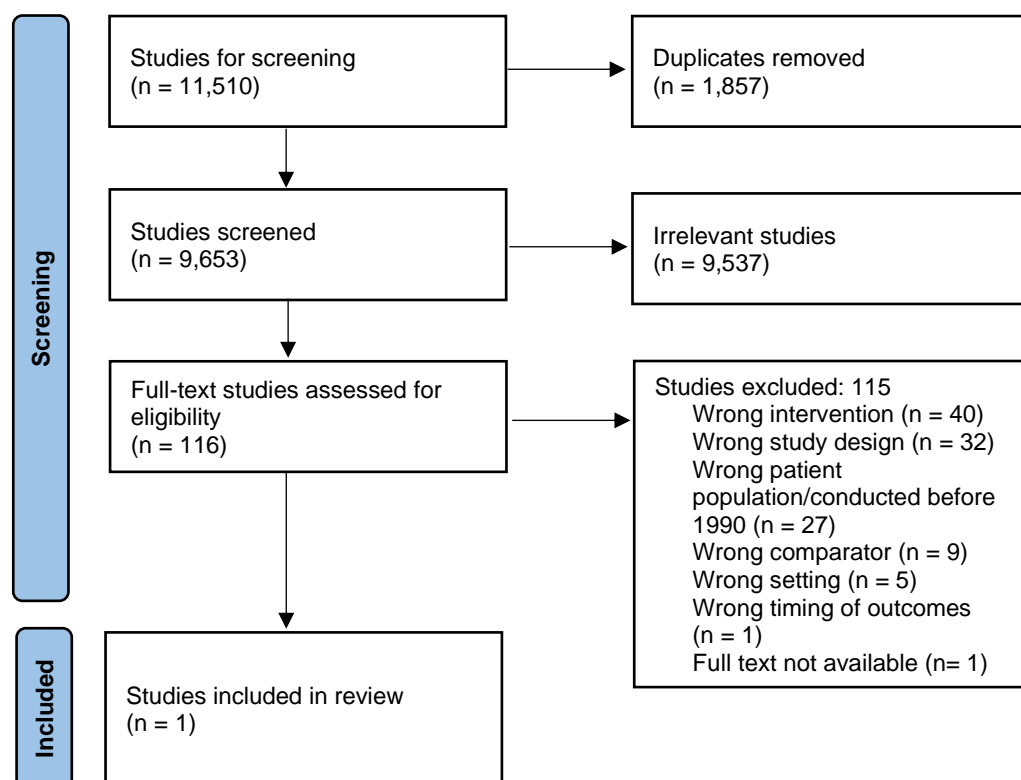
Domain	Subdomain	Specific outcomes of interest
Developmental	General development	<ul style="list-style-type: none"> • Neurodevelopmental impairment (a composite of sensory, motor, and/or cognitive impairments)
	Cognition	<ul style="list-style-type: none"> • Early cognitive development • General cognition/IQ • Attention • Working memory/ executive function • Visuospatial skills
	Feeding	<ul style="list-style-type: none"> • Swallowing • Functional feeding skills • Feeding disorders
	Language and communication	<ul style="list-style-type: none"> • General language function or delay • Receptive language • Expressive language
	Motor	<ul style="list-style-type: none"> • Cerebral palsy • Developmental coordination disorder (or high-risk of DCD) • General motor function or delay • Fine motor function or delay • Gross motor function or delay
	Behaviour, emotions, and mental health	<ul style="list-style-type: none"> • General behaviour difficulties • Hyperactivity/externalising • Anxiety/internalising • Autism spectrum disorder • Attention deficit hyperactivity disorder • Other psychiatric disorders • Trauma • Adaptive behaviours
	Social skills	<ul style="list-style-type: none"> • Friendships • Interpersonal relationships
	School readiness	<ul style="list-style-type: none"> • Pre-academic skills
	Quality of Life	Overall quality of life
<ul style="list-style-type: none"> • Family's quality of life 		
Family	Parental wellbeing and mental health	<ul style="list-style-type: none"> • Anxiety • Depression • General stress • Post-traumatic stress
	Parental knowledge of child development	
	Parenting	<ul style="list-style-type: none"> • Parenting behaviour • Parenting confidence • Parent self-efficacy
	Access to services	<ul style="list-style-type: none"> • Barriers to accessing services (follow-up and early intervention)

2.3 Search Strategy

A systematic literature search was conducted in three databases: Ovid MEDLINE, Embase, and PubMed. The three searches were run on the 8th of September 2022. The publication period ranged from 1990 to the time of the searches on the 8th of September 2022. The search terms are detailed in Appendix 1. Systematic Literature Review Search Strategies for Question 1. The PRISMA flow diagram for the systematic review process is in Appendix 2. PRISMA Diagram for Study Selection.

A team of four reviewers screened all abstracts, with weekly meetings held to maintain consistency in screening. Each abstract was screened twice. Two reviewers reviewed the full text of articles that passed screening, extracted the data from the included study, and conducted risk of bias assessment using the JBI Critical Appraisal Checklist for Cohort Studies (see Appendix 3. Study Quality Appraisal: JBI Critical Appraisal Checklist for Cohort Studies). In all stages, conflicts were resolved by discussion and/or a third reviewer.

Figure 1 Search Results - PRISMA flowchart



2.4 Characteristics of included studies

Table 3. Characteristics of included studies

Study information	Design	Participants	Outcomes measured	Methods	Findings	Limitations/Risk of bias
Huang et al., 2022 [1] China Aim: To compare the time to diagnosis of neurodevelopmental impairment and cerebral palsy in preterm neonates (<29 weeks) at a multidisciplinary assessment and care (MDAC) clinic with that of a conventional high-risk follow-up clinic in China. Assessed outcomes of follow-up prior to (2015-2017) and during implementation of MDAC (2018-2020).	Retrospective observational study (from non-concurrent cohort design). Single site.	All preterm infants born <29 weeks gestation from Jan 2015 – Dec 2019 in University of Hong Kong-Shenzhen Hospital. Pre-MDAC $n = 24$ MDAC $n = 29$ Followed-up to 2 years corrected age.	Outcomes were identified at the time of clinic attendance (to 24 months corrected age). Neurodevelopmental impairment: any of sensory impairment (visual or hearing impairment requiring corrective measures), cognitive impairment (2+ Ages and Stages Questionnaire, version 3 (ASQ-3) scores in the monitoring zone or 1+ score below the recommended cut-off), or motor impairment (cerebral palsy, high risk of cerebral palsy (both detailed below), or ASQ-3 scores in both gross and fine motor domains in the monitoring zone or one below cut-off). Cerebral palsy: a HINE score <59 at 6 months or <65 at 12 months corrected age. Adjusted age at diagnosis of neurodevelopmental impairment (NDI) or cerebral palsy Visual impairment: Vision requiring corrective measures	Pre-MDAC: High-risk infant follow-up clinic in 2015-2017. Routinely followed up all neonates born at University of Hong Kong-Shenzhen Hospital. The follow-up schedule involved clinic visits at 6 weeks after discharge from NICU and every 3-6 months thereafter. The clinical team comprised neonatologists and nurses. All visits included medical and neurological exams, needs assessment by neonatologists, and ASQ-3 administered by certified nurses at 12 and 18 months. Onward referral was provided to subspecialty programs (audiology, ophthalmology, CP, physical medicine) as appropriate or a follow-up appointment was offered. MDAC Clinic (2018-2020): This clinic specifically focused on following infants born <29 weeks' gestation.	Total neurodevelopmental impairment prevalence: Pre-MDAC $n = 12$ (50%), MDAC $n = 12$ (41%). OR for MDAC = 0.71 (95%CI 0/24, 2.10) Cerebral palsy: Pre-MDAC $n = 3$ (12%), MDAC $n = 2$ (7%). OR = 0.52 (95%CI 0.08, 3.39) Median corrected age at diagnosis of neurodevelopmental impairment (NDI) or cerebral palsy: Pre-MDAC = 14 months (IQR 11-18 months), MDAC = 6 months (IQR 5-12 months). (Effect size could not be computed). Visual impairment: Pre-MDAC $n = 3$ (12%), MDAC $n = 1$ (4%). OR = 0.25 (95%CI 0.02, 2.58) Hearing impairment: Pre-MDAC $n = 1$ (4%), MDAC $n = 1$ (4%). OR = 0.82 (95%CI 0.05, 13.87)	Small sample Loss to follow-up in conventional clinic (81% vs 97%) Lack of inclusion of potential confounders in analysis.

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
 Technical Report Draft for Public Consultation

			<p>Hearing impairment: Hearing requiring corrective measures.</p>	<p>The follow-up schedule involved visits at 6, 12, 18 and 24 months adjusted age.</p> <p>The multidisciplinary team comprised neonatologists, nursing specialists, and physical, occupational, and speech therapists. The team maintained contact with families after discharge via social media (WeChat). Nursing specialists interviewed parents prior to the MDAC clinic to discuss their child’s (1) conditions such as seizures, feeding, sleep, and bladder and bowel habits (2) vision and hearing test results, (3) the administration of ASQ-3 at 12-18 months, and (4) other parental concerns.</p>		
--	--	--	--	--	--	--

OR: odds ratio; 95%CI: 95% confidence interval. Please note, odds ratios were calculated from summary data presented in publication.

2.5 Additional Considerations

The following publications provide guidance about recommendations for long-term follow-up from a national or international perspective [2-6]. Please note, only recommendations relevant to the population of interest (children born <32 weeks and their caregivers) and the period of interest for this guideline (hospital discharge to school-entry) are included.

Table 4. Recommendations for long-term follow-up from a national or international perspective

	Doyle et al. (2014)	Wang et al. (2006)	deVries et al. (2022)	EFCNI Follow-up and Continuing Care Topic Expert Group. (2018)	NICE guideline NG72. (2017)
Nature of guidance	Expert consensus statement (Australia/international)	Expert consensus statement (USA)	National clinical practice recommendation (NZ)	Expert-developed clinical standard (Europe)	National clinical practice guideline (UK)
Relevant population considered	Children at high-risk due to neonatal illness (preterm birth/low birthweight, and various other conditions) or due to family factors (high social risk, parental substance abuse, major psychiatric history, or developmental disability)	Children born with very low birthweight (VLBW;	Infants at high risk of developmental disability (including infants born <30 weeks, infants, with neonatal encephalopathy, or more generally infants that required NICU treatment). Focus is on follow-up in first two years	Children born < 32 weeks or after 32 weeks with one or more significant risk factor, including brain injuries, grade 2 or 3 HIE, neonatal bacterial or viral meningitis/encephalitis, severe foetal growth restriction, known severe social or family problems with safety concerns for the child	Children born <30 weeks or 30-37 weeks with any of the following neonatal complications: brain injury (cPVL or IVH grade III/IV), grade 2 or 3 HIE, bacterial meningitis
Domains recommended:					
Physical functioning	X	X	X	X	X
Developmental functioning	X	X	X	X	X
Quality of life	X	X			

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
 Technical Report Draft for Public Consultation

Family wellbeing	X	X		X	
Physical					
General health	2-6w; 3-4m; 8m; 12m 15-18m; 24m 3y; 4-5y		At each medical review (12w; 6m; 12- 18m)	Throughout childhood	
Growth/length, weight, head circumference	2-6w; 3-4m; 8m; 12m	Every health maintenance visit 0-24m; height and weight at every visit 0-6y	At each medical review (12w; 6m; 12- 18m)	Age not specified (but more of a focus earlier than later in development)	3-5m; 12m; 24m. 4y (children born <28 weeks/<1000g)
Feeding problems	2-6w		At each medical review (12w; 6m; 12- 18m)	Age not specified (but more of a focus earlier than later in development)	3-5m; 12m; 24m. 4y (children born <28 weeks/<1000g)
Ophthalmologic examination/visual assessment	2-6w	12-24m; 3-4y; 4-5y; 5-6y	At each medical review (12w; 6m; 12- 18m)	3.5-5y; 5-6y	3-5m; 12m; 24m. 4y (children born <28 weeks/<1000g)
Hearing screening/test	2-6w	By 1m of discharge if no newborn hearing screen; within 3m if failed newborn screen; by 12m if passed newborn screen	At each medical review (12w; 6m; 12- 18m)	0-12m (including within 3m if failed newborn screen)	3-5m; 12m; 24m. 4y (children born <28 weeks/<1000g)

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

Neurological (see also motor skills)	2-6w; 3-4m; 8m; 12m 15-18m; 24m		At each medical review (12w; 6m; 12- 18m)	0-24m (e.g., 3-6, 12, 24m); Before transition to school	
Respiratory health	2-6w; 3-4m; 8m; 12m 15-18m; 24m		At each medical review (12w; 6m; 12- 18m)	Age not specified	
Cardiovascular health				Every 2 years from 3y onwards	
Sleep problems/safe sleep practices		Within 1m of discharge	At each medical review (12w; 6m; 12- 18m)	Transition to home	3-5m; 12m; 24m. 4y (children born <28 weeks/<1000g)
<i>Developmental</i>					
Development / cognitive function (screening and/or formal assessment)	15-18m; 24m; 3y; 4-5y	0-6m; 6-12m; 12-24m; 2-3y; 3-4y; 4-5y	6m; 12-18m; 24-30m	By 24m; Before transition to school	3-5m; 12m; 24m 4y (children born <28 weeks/<1000g)
Communication, speech and language (screening and/or formal assessment)	8m; 12m; 15-18m; 24m; 3y; 4-5y	12-24m; 2-3y; 3-4y; 4-5y	6m; 9m; 12-18m; 24-30m	0-24m; Before transition to school	3-5m; 12m; 24m. 4y (children born <28 weeks/<1000g)
Pre-academic skills	4-5y	3-5y (children born <28 weeks/<1000g)	[beyond the scope]	Before transition to school	
Motor skills (see also neurological)	12m 15-18m; 24m 3y; 4-5y	0-6m; 6-12m; 12-24m; 2-3y; 4-5y	12w; 6m; 9m; 12-18m; 24-30m	0-24m; Before transition to school	3-5m; 12m; 24m; 4y if CP has been diagnosed

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

Behaviour/emotions/attention	2-6w; 3-4m; 8m; 12m 15-18m; 24m 3y; 4-5y		At each medical review (12w; 6m; 12- 18m)	0-24m; Before transition to school	3-5m; 12m; 24m. 4y (children born <28 weeks/<1000g)
Social skills	12m 15-18m; 24m 3y; 4-5y		6m; 12-18m	From school entry (peer relationship problems)	
Quality of life					
Daily functioning	3y; 4-5y				
Family					
Parents' mental health	2-6w; 3-4m; 8m; 12m 15-18m; 24m 3y; 4-5y		4-6w	6m post-discharge; 24m	
Carer -child interaction	2 -6w; 3 -4m; 8m; 12m 24m 3y; 4 -5y			From discharge, offer preventive responsive parenting support	
Family function / psychosocial information	2 -6w; 3 -4m; 8m; 12m 15 -18m; 24m 3y; 4 -5y	0 -12m; 1 -3y; 3 -5y	4 -6w		
Siblings	2 -6w; 3 -4m; 8m; 12m 15 -18m; 24m 3y; 4 -5y			Age not specified	

2.6 Quality Assessment

Quality Assessment Available Upon Request

2.7 Summary of findings with GRADE certainty

Table 5. GRADE evidence profile: Multidisciplinary clinic versus conventional high-risk infant follow-up clinic

Number of studies	Quality assessment							Anticipated absolute effects* (95% CI)		Effect (95% CI)	N participants	Certainty	Importance
	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication bias	Other	Risk with conventional follow-up	Risk with MDAC				
<i>Outcome: Prevalence of neurodevelopmental impairment (motor, cognitive, or sensory impairments, post-discharge to 24 months)</i>													
1	Observational non-concurrent, single-site cohort study	Serious ^a	Not applicable (single study)	Serious ^b	Serious ^c	Undetected	-	500 per 1,000	415 per 1,000 (230 to 745)	RR 0.83 (0.46, 1.49)	53 (1 study)	Very low: ⊕000	CRITICAL
<i>Outcome: Prevalence of cerebral palsy at any follow-up (post-discharge to 24 months)</i>													
1	Observational non-concurrent, single-site cohort study	Serious ^a	Not applicable (single study)	Serious ^b	Serious ^c	Undetected	-	125 per 1,000	69 per 1,000 (13 to 380)	OR = 0.52 [0.08, 3.39]	53 (1 study)	Very low: ⊕000	CRITICAL
<i>Outcome: Timing of identification of cerebral palsy or neurodevelopmental impairment (months)</i>													
1	Observational non-concurrent, single-site cohort study	Serious ^a	Not applicable (single study)	Serious ^b	Not possible to rate [^]	Undetected	-	#	#	#	53 (1 study)	Very low: ⊕000	CRITICAL
<i>Outcome: Prevalence of visual impairment at any follow-up (post-discharge at 24 months)</i>													
1	Observational non-concurrent, single-site cohort study	Serious ^a	Not applicable (single study)	Serious ^b	Serious ^c	Undetected	-	125 per 1,000	35 per 1,000 (4 to 310)	RR 0.28 (0.03, 2.48)	53 (1 study)	Very low: ⊕000	CRITICAL
<i>Outcome: Prevalence of hearing impairment at any follow-up (post-discharge at 24 months)</i>													

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
 Technical Report Draft for Public Consultation

1	Observational non-concurrent, single-site cohort study	Serious ^a	Not applicable (single study)	Serious ^b	Serious ^c	Undetected	-	42 per 1,000	35 per 1,000 (2 to 523)	RR 0.83 (0.05, 12.54)	53 (1 study)	Very low: ⊕○○○	CRITICAL
---	--	----------------------	-------------------------------	----------------------	----------------------	------------	---	--------------	-------------------------	-----------------------	--------------	----------------	----------

*MDAC: multi-disciplinary assessment and care follow-up clinic; Conv: conventional high-risk infant follow-up clinic; RR: risk ratio; CI: confidence interval. *The risk in the MDAC group and its 95% confidence interval is based on the assumed risk in the conventional group and the relative effect of the intervention, and its 95% confidence interval).

^a Downgraded one level due to lack of inclusion of potential confounders and some differential loss to follow-up in the two groups

^b Downgraded one level as study focuses on a subgroup of clinical population of interest.

^c Downgraded one level as confidence intervals were very wide.

Not possible to compute a standardised mean difference and confidence interval from non-parametric data for the timing outcome.

No up-rating criteria were considered given the presence of serious concerns in other domains.

Note: Key to GRADE quality of evidence: ⊕⊕⊕⊕ = We are very confident in the reported associations; ⊕⊕⊕○ = We are moderately confident in the reported associations; ⊕⊕○○ = Our confidence in the reported associations is limited; ⊕○○○ = We are not confident about the reported associations.

2.8 GRADE Evidence to Decision Criteria to Consider in Forming Recommendations

In forming recommendations for this guideline, the GDG will take the perspective of the individual patient. GRADE guidance indicates that guideline developers such as professional societies may take an individual patient perspective, “with a view towards providing guidance to individual patients and clinicians making individual patient choices” [7]. Therefore, the GDG did not consider considerations of costs and resources when making recommendations.

Table 6. GRADE Evidence to Decision Criteria and Judgements

Option, intervention, comparison or evidence this framework addresses:	Structure, Preterm-Specific Post-Discharge Follow-Up Care	
Recommendation # CCR	Structured, preterm-specific post-discharge follow-up care should be offered to children born very preterm	
Criteria	Questions	Explanations
Problem	Is this problem a priority?	The GDG has identified that the potential health, developmental, and caregiver impacts of very preterm birth are a major priority for families and the community. Please see background of guideline for more detail of the narrative review conducted.
Desirable Effects	How substantial are the desirable anticipated effects?	The GDG considers that the benefits of offering structured, preterm-specific follow-up care would be <u>at least moderate and likely large</u> for some families, as children born very preterm are known to be at increased risk of adverse.
Undesirable Effects	How substantial are the undesirable anticipated effects?	While we have no direct evidence, the GDG considers that harms or undesirable effects of offering structured, preterm-specific follow-up care are likely to be <u>small</u> (e.g., may be a source of anxiety for some families; attending appointments can be costly and burdensome depending on families’ situations, but families would be free to choose whether the engage with the care that is offered).
What is the overall certainty of the evidence of effects?	Very Low ⊕○○○.	Outcomes of interest were captured in a single study for consideration were a composite of neurodevelopmental impairment measure, cerebral palsy, visual impairment and hearing impairment. For all outcomes, evidence was very uncertain about the effect of different kinds of clinical follow up.
Values	Is there important uncertainty about or variability in how much people value the main outcomes?	The GDG considered that there was <u>possibly important uncertainty or variability</u> in how caregivers and those born very preterm value different outcomes given the existing literature often combines perspectives of people who have experienced very preterm with those who have experienced other neonatal conditions (i.e., is indirect to our population of interest), and there has been little explicit investigation of perspectives of consumers with socioeconomic disadvantage.

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
 Technical Report Draft for Public Consultation

Balance of effects	Does the balance between desirable and undesirable effects favor the intervention or the comparison?	Overall, the GDG judged that the balance of benefits and harms favours offering structured, preterm-specific follow-up care for children born very preterm compared with the current variability of care, which may include no routinely available follow-up care
Considerations of costs and resources		No economic evaluations of different clinical follow-up models were identified in the systematic review of the literature related to Question 1. In light of the GRADE guidance, we elect to not consider resource use in forming recommendations given a lack of reliable data.
Equity	What would the impact on health equity?	While we have no evidence, the GDG considers that offering structured, preterm-specific follow-up care <u>would probably increase</u> health equity. Equity factors should be considered in tailoring services to local contexts and resourcing them appropriately.
Acceptability	Is the intervention acceptable to key stakeholders?	The GDG considers that offering structured, preterm-specific follow-up care <u>is</u> acceptable to key stakeholders (families who have a child born very preterm and clinicians).
Feasibility	Is the intervention feasible to implement?	The GDG believes that offering structured, preterm-specific follow-up care <u>is</u> feasible for consumers and individual clinicians but will require additional resourcing at the systems level (e.g., funding tailored to the requirements of the consumer and clinicians).

2.9 Question 1 Excluded Studies

Reference	Reason for exclusion
Ahmed 2008	Wrong patient population
Ahmed 2010	Wrong study design
Albaghli 2021	Wrong study design
Allen 1992	Wrong comparator
Andersen 2021	Wrong intervention
Bagner 2010	Wrong intervention
Ballantyne 2014	Wrong patient population
Baraldi 2020	Wrong intervention
Beigy 2021	Wrong patient population
Bilagi 2013	Full text not available
Blaakman 2015	Wrong intervention
Blair 1995	Wrong patient population
Bora Gunes 2020	Wrong patient population
Brisch 2003	Wrong intervention
Brooks 1993	Wrong patient population
Brooks 1992	Conducted before 1990
Brown 2018	Wrong intervention
Browne 2011	Wrong study design
Broyles 2000	Wrong patient population
Buftimeac 2020	Wrong patient population
Buys 2021	Wrong study design
Chiu 2012	Wrong patient population
Colditz 2019	Wrong intervention
Sauvegrain 2021	Wrong study design
Deater 2000	Wrong study design
DeMauro 2022	Wrong study design
Dougherty 2022	Wrong study design
Dudova 2014	Wrong intervention
Dusing 2018	Wrong intervention
Feehan 2020	Wrong patient population
Feng 2021	Wrong study design
Finello 1998	Wrong patient population
Finello 1998	Wrong patient population
Flierman 2016	Wrong intervention
Gaddlin 2011	Wrong study design
Gerdes 1998	Wrong study design
Gledhill 2018	Wrong study design
Goyal 2013	Wrong study design
Greene 2020	Wrong intervention
Griffith 2022	Wrong study design
Hauglann 2015	Wrong intervention
Heiny 2021	Wrong intervention
Hill 2003	Wrong patient population
Hintz 2016	Wrong study design
Holmstrom 2008	Wrong patient population

Horsch 2016	Wrong intervention
Hughes 2016	Wrong study design
Huning 2012	Wrong setting
Iijima 2009	Wrong intervention
Jafarzadeh 2019	Wrong setting
Jaworski 2022	Wrong comparator
Jeukens 2021	Wrong comparator
Johnson 2005	Wrong intervention
Johnson 2009	Wrong intervention
Kaewwimol 2022	Wrong patient population
Kallioinen 2017	Wrong study design
Kang 1995	Wrong patient population
Kerkering 1994	Wrong comparator
Khosravan 2020	Wrong setting
Koldewijn 2010	Wrong intervention
Koldewijn 2005	Wrong intervention
Kono 2021	Wrong study design
Kooiker 2021	Wrong intervention
Lakshmanan 2019	Wrong patient population
Landsem 2015	Wrong study design
Landsem 2019	Wrong intervention
Landsem 2020	Wrong patient population
Langkamp 1999	Wrong intervention
Lee 2019	Wrong setting
Li 2021	Wrong patient population
Lipner 2018	Wrong study design
Litt 2018	Wrong comparator
Litt 2020	Wrong comparator
Liu 2017	Wrong comparator
Lopez 2012	Wrong study design
Lucas 2001	Wrong intervention
Ma 2015	Wrong intervention
Maitre 2015	Wrong study design
McCarton 1995	Wrong study design
McCormick 1995	Wrong study design
McCormick 1993	Wrong study design
McKelvey 2021	Wrong patient population
Mckinnon 2019	Wrong study design
McManus 2012	Wrong intervention
Meijssen 2010	Wrong intervention
Meijssen 2011	Wrong intervention
Melnyk 2008	Wrong intervention
Moddemann 2006	Wrong study design
Ochandorena 2022	Wrong patient population
Pascoali 2021	Wrong patient population
Ramey 1992	Wrong patient population
Ruegger 2015	Wrong intervention
Salokorpi 1998	Wrong intervention

Sauvegrain 2021	Wrong comparator
Shaw 2014	Wrong patient population
Silverstein 2011	Wrong setting
Spencer-Smith 2012	Wrong intervention
Spittle 2010	Wrong intervention
Spittle 2016	Wrong intervention
Spittle 2015	Wrong study design
Stutchfield 2000	Wrong intervention
Toftlund 2019	Wrong intervention
Tooten 2013	Wrong intervention
Tsou 2006	Wrong timing of outcomes
van Veen 2018	Wrong intervention
Verkerk 2012	Wrong intervention
Verkerk 2011	Wrong intervention
Voss 2007	Wrong intervention
Wang 2006	Wrong study design
Wang 2012	Wrong study design
Willis 2008	Wrong comparator
Yecco 1993	Wrong study design
Yigit 2002	Wrong patient population
Zhang 2021	Wrong study design
Zheng 2022	Wrong patient population

2.10 Question 1 Included Studies

Huang, H. B., Watt, M. J., Hicks, M., Zhang, Q. S., Lin, F., Wan, X. Q., . . . Cheung, P. Y. (2022). A Family-Centered, Multidisciplinary Clinic for Early Diagnosis of Neurodevelopmental Impairment and Cerebral Palsy in China-A Pilot Observation. *Front Pediatr*, 10, 840190.
doi:10.3389/fped.2022.840190

3. QUESTION 2: WHAT BIOLOGICAL AND ENVIRONMENTAL FACTORS INFLUENCE HEALTH AND DEVELOPMENTAL OUTCOMES FOR CHILDREN BORN VERY PRETERM AND THEIR CAREGIVERS?

3.1 Introduction

This question was examined by a systematic review of the literature, guided by the PICOT framing below:

P	among infants born <32 weeks' gestation	
I	do medical 1. <i>gestational age</i> 2. <i>sex</i> 3. <i>small-for-gestational age status</i> 4. <i>brain abnormalities</i> 5. <i>sepsis</i> 6. <i>retinopathy of prematurity</i> 7. <i>necrotising enterocolitis</i> 8. <i>antenatal steroids</i> 9. <i>postnatal steroids</i> 10. <i>bronchopulmonary dysplasia</i> 11. <i>neonatal surgery</i> 12. <i>neonatal seizures</i>	and social/environmental 13. <i>socioeconomic status</i> 14. <i>parental mental health</i> 15. <i>access to breastmilk in the neonatal/infant period</i> 16. <i>adverse childhood experiences</i> 17. <i>geographical remoteness</i> 18. <i>culturally and linguistically diverse background</i>
C	compared with not having the complication/exposure	
O	affect later health or developmental or emotional/behavioural outcomes for children, or mental health for caregivers	
T	at any later time?	

Specific Outcomes

As for Question One, important and critical outcomes were identified from public consultation and by the Guideline Development Group and are detailed below.

Table 7. Specific Outcomes for Question 2

<u>Domain</u>	<u>Subdomain</u>	<u>Specific outcomes of interest</u>	<u>Consensus rating of importance</u>
Physical	Growth and nutrition	<ul style="list-style-type: none"> • Height/length/weight/head circumference • BMI • Body composition 	<ul style="list-style-type: none"> • I/C • Important • Important
	Respiratory	<ul style="list-style-type: none"> • Asthma • Respiratory tract infections • Croup 	<ul style="list-style-type: none"> • Important • I/C • LI/I
	Cardiovascular	<ul style="list-style-type: none"> • Elevated blood pressure 	<ul style="list-style-type: none"> • Important
	Infection	<ul style="list-style-type: none"> • (See also respiratory outcome) • Gastrointestinal • Otitis media 	<ul style="list-style-type: none"> • LI/I • Important
	Sensory functioning	<ul style="list-style-type: none"> • Vision • Hearing • Blindness 	<ul style="list-style-type: none"> • CRITICAL • CRITICAL • CRITICAL

<u>Domain</u>	<u>Subdomain</u>	<u>Specific outcomes of interest</u>	<u>Consensus rating of importance</u>
		<ul style="list-style-type: none"> • Deafness 	<ul style="list-style-type: none"> • CRITICAL
Sleep	Sleep	<ul style="list-style-type: none"> • Sleep problems, including sleep apnoea 	<ul style="list-style-type: none"> • I/C
Developmental	General development	<ul style="list-style-type: none"> • Neurodevelopmental impairment (a composite of sensory, motor, and/or cognitive impairments) 	<ul style="list-style-type: none"> • CRITICAL
	Cognition	<ul style="list-style-type: none"> • Early cognitive development • General cognition/IQ • Attention • Working memory/ executive function • Visuospatial skills 	<ul style="list-style-type: none"> • CRITICAL • CRITICAL • CRITICAL • CRITICAL • I/C
	Feeding	<ul style="list-style-type: none"> • Swallowing • Functional feeding skills • Feeding disorders 	<ul style="list-style-type: none"> • I/C • I/C • I/C
	Language and communication	<ul style="list-style-type: none"> • General language function or delay • Receptive language • Expressive language 	<ul style="list-style-type: none"> • CRITICAL • CRITICAL • CRITICAL
	Motor	<ul style="list-style-type: none"> • Cerebral palsy • Developmental coordination disorder (or high-risk of DCD) • General motor function or delay • Fine motor function or delay • Gross motor function or delay 	<ul style="list-style-type: none"> • CRITICAL • I/C • CRITICAL • CRITICAL • CRITICAL
	Behaviour, emotions, and mental health	<ul style="list-style-type: none"> • General behaviour difficulties • Hyperactivity/externalising • Anxiety/internalising • Autism spectrum disorder • Attention deficit hyperactivity disorder • Other psychiatric disorders • Trauma • Adaptive behaviours 	<ul style="list-style-type: none"> • CRITICAL • CRITICAL • I/C • CRITICAL • CRITICAL • I/C • I/C • I/C
	Social skills	<ul style="list-style-type: none"> • Friendships • Interpersonal relationships 	<ul style="list-style-type: none"> • I/C • I/C
	School readiness	<ul style="list-style-type: none"> • Pre-academic skills 	<ul style="list-style-type: none"> • CRITICAL
Quality of Life	Overall quality of life	<ul style="list-style-type: none"> • Child's quality of life • Family's quality of life 	<ul style="list-style-type: none"> • CRITICAL • CRITICAL
Family	Parental wellbeing and mental health	<ul style="list-style-type: none"> • Anxiety • Depression • General stress • Post-traumatic stress 	<ul style="list-style-type: none"> • CRITICAL • CRITICAL • I/C • CRITICAL
	Parental knowledge of child development	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • I/C
	Parenting	<ul style="list-style-type: none"> • Parenting behaviour 	<ul style="list-style-type: none"> • I/C

<u>Domain</u>	<u>Subdomain</u>	<u>Specific outcomes of interest</u>	<u>Consensus rating of importance</u>
		<ul style="list-style-type: none"> • Parenting confidence • Parent self-efficacy 	<ul style="list-style-type: none"> • CRITICAL • CRITICAL
	Access to services	<ul style="list-style-type: none"> • Barriers to accessing services (follow-up and early intervention) 	<ul style="list-style-type: none"> • CRITICAL

I/C: important/critical, LI/C: limited importance/important

3.2 Search Strategy

A systematic literature search was conducted in three databases: Ovid MEDLINE, Embase, and PubMed. The three searches were run on the 8th of September 2022. The publication period ranged from 1990 to the time of the searches on the 8th of September 2022. The search terms are detailed in [Appendix 2. Systematic Literature Review Search Strategies for Question 2.](#)

A team of six reviewers screened all abstracts, with weekly meetings held to maintain consistency in screening. Each abstract was screened twice and the full text of each article that passed screening was reviewed by two out of five reviewers. Individual reviewers then extracted the data from included studies (which was double-checked by a second reviewer) and conducted risk of bias assessment using the JBI Critical Appraisal Checklist for Cohort Studies. In all stages, conflicts were resolved by discussion and/or a third reviewer, including oversight from the Chair of the Steering Committee.

Studies were included if they reported on relationships between risk/resilience factors and outcomes of interest in a representative sample of children born <32 weeks. Studies that identified their samples by birthweight only (i.e., provided no information about gestational age) were excluded. Studies that defined their samples by birthweight (e.g., ELBW, <1000 g) but not gestational age were included if they reported the gestational age mean and standard deviation of their samples, provided the mean + 1 standard deviation of gestational age was below 32.0 weeks.

3.3 Inclusion and Exclusion Criteria

Given the large amount of research to be considered, the review was restricted to studies of representative very preterm cohorts to attempt to ensure the highest quality evidence was considered. To be included, studies needed to:

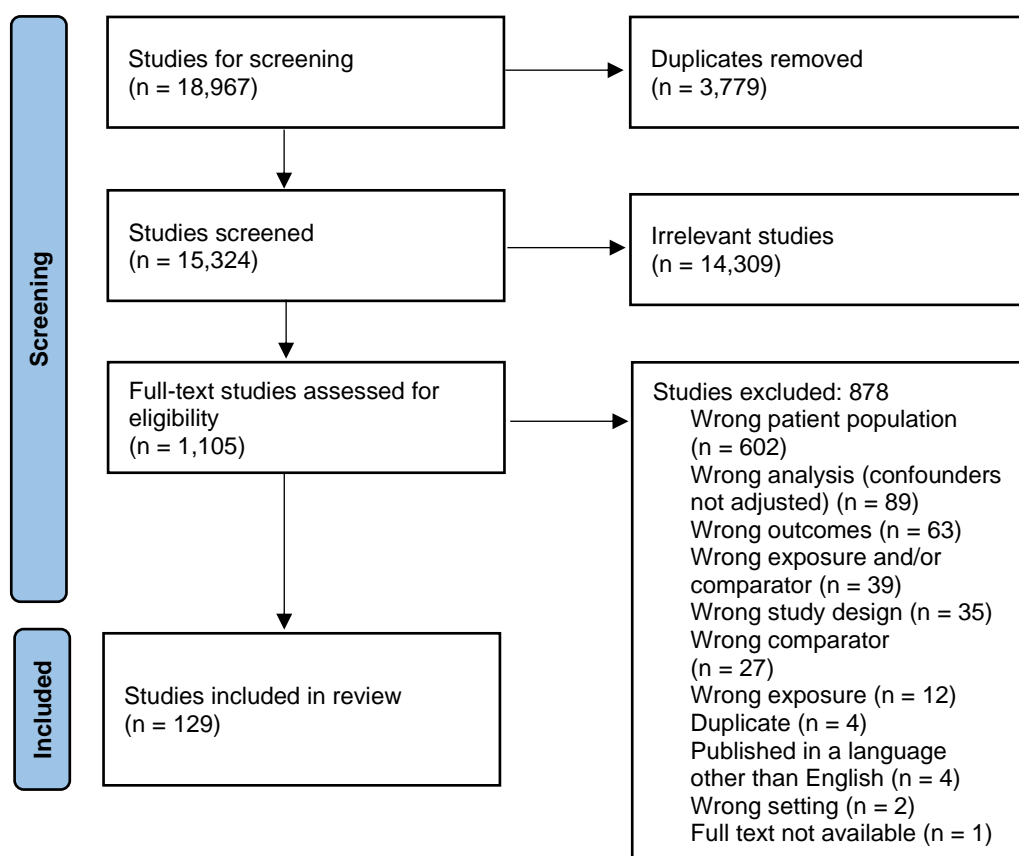
- Include only children born <32 weeks' gestation
- Include only children born from 1990 onwards
- Have a minimum sample size of 50

- Be representative of children born very preterm (e.g., not drawn from a single hospital unless that hospital services an entire region; not report a follow-up of a clinical trial; not exclude children considered to be at higher or lower risk or who had other specific characteristics)
- Compare outcomes for children born VP (or their caregivers) with the risk/resilience factor of interest against outcomes for children born VP (or their caregivers) without that risk/resilience factor
- Report adjusted analyses for outcomes and predictors of interest at specific timepoints

Studies were excluded if they were published before January 1, 1990, and/or published in a language other than English.

3.4 Search Results – PRISMA flowchart

Figure 2 Search Results - PRISMA flowchart



3.5 Summary of findings with GRADE certainty

Gestational age (GA)

Table 8. GRADE evidence profile: Gestational Age

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Physical Growth - weight</i>										
	155 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	Serious ^a	Undetected	-	Very low ⊕○○○.	Important/Critical
<i>Outcome: Physical Growth – Head Circumference</i>										
	524 (2 studies)	Geographical cohort	No serious	Not applicable (same cohort)	Serious ^b	Serious ^c	Undetected	-	Very low ⊕○○○.	Important
<i>Outcome: Respiratory – Asthma</i>										
	232 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^b	Serious ^a	Undetected	-	Very low ⊕○○○.	Important
<i>Outcome: Respiratory – Respiratory tract infections</i>										
	5882 (3 studies)	Geographical cohort	Serious ^d	No serious ^e	Serious ^f	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Cardiovascular – elevated blood pressure</i>										
	171 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	Serious ^b	Undetected	-	Very low ⊕○○○.	Important
<i>Outcome: Physical: Sensory function – blindness</i>										
	434 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○.	CRITICAL
<i>Outcome: Physical: Sensory function – other vision difficulties</i>										
	1,107 (2 studies)	Geographical cohort	Serious ^a	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○.	CRITICAL
<i>Outcome: Physical: Sensory function - deafness</i>										
	29,441 (2 studies)	Geographical cohort	Serious ^g	No serious	No serious	Serious ^h	Undetected	-	Very low ⊕○○○.	CRITICAL

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	26,987 (12 studies)	Geographical cohort	No serious	No serious	Serious ⁱ	Serious ^j	Undetected	-	Very low ⊕○○○.	CRITICAL
<i>Outcome: Developmental: Cognition – early cognitive development</i>										
	4,944 (2 studies)	Geographical cohort	No serious	No serious	No serious, Borderline ^k	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – IQ/General cognitive ability</i>										
	2,793 (4 studies)	Geographical cohort	Serious ^l	No serious ^m	No serious ^o	No serious ^p	Undetected	-	Very low ⊕○○○.	CRITICAL
<i>Outcome: Developmental: Cognition – working memory/executive functioning</i>										
	275 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^b	Serious ^q	Undetected	-	Very low ⊕○○○.	CRITICAL
<i>Outcome: Developmental: Feeding – functional feeding skills</i>										
	2,103 (1 study)	Geographical cohort	No serious	Not applicable (single study)	serious ^b	No serious	Undetected	-	Very low ⊕○○○.	Important/Critical
<i>Outcome: Developmental: Language/communication – general language function or delay</i>										
	6,284 (2 studies)	Geographical cohort	Serious ^r	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○.	CRITICAL
<i>Outcome: Developmental: Motor – cerebral palsy</i>										
	5,463 (4 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○.	CRITICAL
<i>Outcome: Developmental: Motor – general motor function or delay</i>										
	3785 (1 studies)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: developmental: behaviour, emotions, mental health – general behaviour difficulties</i>										
	3,002 (3 studies)	Geographical cohort	No serious ^s	No serious	Serious ^b	No serious	Undetected	-	Very low ⊕○○○.	CRITICAL
<i>Outcome: Developmental: Behaviour, emotions, mental health – anxiety/internalising difficulties</i>										
	889 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

<i>Outcome: Developmental: Behaviour, emotions, mental health – autism spectrum disorder (AS)</i>										
	219 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^b	No serious, borderline [†]	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Quality of life: Children’s quality of life</i>										
	3,687 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	Serious ^u	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Family: Access to services – barriers to accessing health and developmental services</i>										
	10,249 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL

Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgrade one level due to small sample size of included study.

^b Downgraded one level as study focuses on a subgroup of clinical population of interest.

^c Downgraded one level due to wide confidence interval.

^d One of the included studies had high risk of bias due to concerns regarding the validity of the outcome (parent report) and differences in included and excluded populations. This study contributed a large sample size to the analysis and the judgement was made to downgrade one level.

^e Studies showed some inconsistency of results however they are overlapping, and increased odds ratio is in the highest sample size study therefore the reviewers chose not to downgrade.

^f Downgraded one level as study focuses on a subgroup of clinical population of interest and the use of surrogate outcomes (respiratory related admission).

^g One of the included studies has a high risk of bias due to concerns about identification of all potential confounders, and outcome measurement varied between exposure and non-exposure groups and limited information about follow up rates and no adjustment to analysis. The other study has concerns regarding the validity of outcome measurements as well as concerns about adjustment of analyses based on loss to follow up. We judged the evidence to have very serious concerns methodological limitations.

^h Downgraded one level due to non-reporting of effect size and confidence interval of large, included study

ⁱ Downgraded one level as majority of studies (11/12) focus on a subgroup of clinical population of interest and definition of neurodevelopmental impairment was inconsistent across the included studies.

^j Downgraded one level as effect sizes cross the line of no effect and wide confidence intervals.

^k One of the included studies included a subset of the clinical population of interest and was judged to have borderline indirectness due to the large sample size of this study. The decision was made not to downgrade as this was not the largest included study.

^l Downgraded by one due to methodological concerns. One of these studies contributed significantly to the sample size and thus we judged to have methodological limitations to the analysis.

^m Downgraded by one level as a wide variance of effect sizes across studies

ⁿ Downgraded one level as 3/5 studies focus on a subgroup of clinical population of interest and the 2/5 that focus on the target population are the smallest studies in the assessment. Outcome measures used are different across studies.

^p Downgraded by one due to effect sizes crossing the line of no effect and wide CIs

^q Downgraded one level due to small sample size and wide CIs.

^r Downgraded by one due to concerns about identification of confounders and completeness of follow up in one study (Tulviste 2020). As this study was a significantly larger study, we judged this assessment to have serious methodological limitations.

^s Two of the three included studies had concerns regarding loss to follow up however we decided not to downgrade due to the small sample sizes of these studies in the overall assessment

^t Noted small sample size of included study (n=219) however we judged that there were no direct concerns regarding imprecision when reviewing the effect size and 95% CI

^u Downgraded on level due to concerns regarding imprecision as no CI were reported.

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
 Technical Report Draft for Public Consultation

Sex

Table 9. GRADE Evidence profile: Sex

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Physical Growth - weight</i>										
	10049(1study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Physical Growth – BMI</i>										
	889(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important
<i>Outcome: Respiratory - Asthma</i>										
	889(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important
<i>Outcome: Respiratory – Respiratory tract infections</i>										
	5510(2 studies)	Geographical cohort	serious	No serious	No serious	No serious	undetected	-	Very low ⊕○○○	Important
<i>Outcome: Cardiovascular – elevated blood pressure</i>										
	472(3 studies)	Geographical cohort	No serious ^c	No serious	No serious	Serious ^d	Undetected	-	Very low ⊕○○○	Important
<i>Outcome: Physical: Sensory function – blindness</i>										
	889(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No Serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Physical: Sensory function - deafness</i>										
	889(1 study)	Geographical cohort	No serious	Not applicable (single study)	No Serious	No Serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Sleep – sleep problems</i>										
	2196(1 study)	Geographical cohort	Serious ^e	Not applicable (single study)	No serious	No serious	Undetected	-	Very Low ⊕○○○	Important/Critical
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	25408(19 studies)	Geographical cohort	No serious	No serious	Serious ^b	No serious	Undetected		Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Cognition – early cognitive development</i>										

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

	5565(4 studies)	Geographical cohort	No serious	Not serious, borderline ^f	No serious	No serious	Undetected		Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – IQ/General cognitive ability</i>										
	2002 (4 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – attention</i>										
	874(1 study)	Geographical cohort	Serious ^e	Not applicable (single study)	No Serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Cognition – working memory/executive functioning</i>										
	874(1 study)	Geographical cohort	Serious ^e	Not applicable (single study)	No Serious	Not serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Feeding – functional feeding skills</i>										
	1151(1 study)	Geographical cohort	No serious	Not applicable (single study)	no serious	No Serious a	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Language/communication – general language function or delay</i>										
	293 (2 studies)	Geographical cohort	No serious	no serious	No serious	Serious ^g	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Language/communication – receptive language</i>										
	874(1 study)	Geographical cohort	Serious ^e	Not applicable (single study)	No Serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Language/communication – expressive language</i>										
	874(1 study)	Geographical cohort	No serious	Not applicable (single study)	No Serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Motor – cerebral palsy</i>										
	5746 (5 studies)	Geographical cohort	No serious	No serious	No Serious	No Serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – developmental coordination disorder (DCD) or high-risk of DCD</i>										
	629(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Motor – general motor function or delay</i>										
	3785(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – fine motor function or delay</i>										
	355(1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^b	Serious ^h	Undetected	-	Very low ⊕○○○	CRITICAL

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

<i>Outcome: developmental: Motor – gross motor function or delay</i>										
	874(1 study)	Geographical cohort	Serious ^a	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: developmental: behaviour, emotions, mental health – general behaviour difficulties</i>										
	2505 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Behaviour, emotions, mental health – anxiety/internalising difficulties</i>										
	889 (1 study)	Geographical cohort	No serious	No serious	No serious ^a	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Behaviour, emotions, mental health – autism spectrum disorder (AS)</i>										
	1631(3 studies)	Geographical cohort	Serious ^e	No serious	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Behaviour, emotions, mental health – attention deficit hyperactivity disorder</i>										
	889(1 study)	Geographical cohort	No serious	Not applicable (single study)	No Serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Quality of life: Children’s quality of life</i>										
	4576(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL

Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level due to methodological concerns and concerns regarding loss to follow up

^b Downgraded one level as study focuses on a subgroup of clinical population of interest

^c One included study (Roberts 2014) had a moderate RoB due to concern regarding follow up however we judged to have minimal impact to overall assessment due to low sample size of total included studies.

^d Downgraded one level due to wide small sample size

^e Downgrade due to methodological concerns

^f Inconsistency of results is especially noted in one study (Agarwal 2018) however this may be attributed to the small sample size. We judged this to be borderline as it was the smallest of the included studies.

^g Downgrade one level due to wide confidence interval and small sample size of study

^h Downgraded one level due to small sample size and wide CI

Small for gestational age (SGA)

Table 10. GRADE Evidence Profile: SGA

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
Outcome: Physical Growth – height										
	283(1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: Physical Growth – weight										
	10,332(2 studies)	Geographical cohort	Serious ^b	No Serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: Physical Growth – BMI										
	1186(2 studies)	Geographical cohort	Serious ^c	No Serious ^b	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important
Outcome: Physical Growth – Head Circumference										
	283(1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No Serious	Undetected		Very low ⊕○○○	Important/Critical
Outcome: Respiratory – Respiratory tract infections										
	2571(1 study)	Geographical cohort	Serious ^d	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: Cardiovascular – elevated blood pressure										
	486(2 studies)	Geographical cohort	No serious	No serious	Serious ^a	No serious	Undetected	-	Very low	Important/Critical
Outcome: Developmental: Neurodevelopmental impairment										
	6757(6 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
Outcome: Developmental: Cognition – early cognitive development										
	5774(4 studies)	Geographical cohort	Serious ^e	No serious	No serious	No serious b	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Developmental: Cognition – IQ/General cognitive ability										
	235 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No Serious ^a	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
Outcome: Developmental : cognition- attention										

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

	228(1 study)	Geographical cohort	serious	Not applicable (single study)	No serious	No serious	undetected	-	Very Low	CRITICAL
Outcome: Developmental: Feeding – functional feeding skills										
	1151(1 study)	Geographical cohort	Serious ^c	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: Developmental: Motor – cerebral palsy										
	4231(2 studies)	Geographical cohort	Serious ^c	No serious	No serious	no serious	Undetected		Very low ⊕○○○	CRITICAL
Outcome: Developmental: Motor – developmental coordination disorder (DCD) or high-risk DCD										
	629(1 study)	Geographical cohort	Serious ^c	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: Developmental: Motor – general motor function or delay										
	3785(1 study)	Geographical cohort	Serious ^c	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: developmental: behaviour, emotions, mental health – general behaviour difficulties										
	3063(3 studies)	Geographical cohort	Serious ^f	No serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Developmental: Behaviour, emotions, mental health – anxiety/internalising difficulties										
	400 (1 study)	Geographical cohort	Serious ^c	Not applicable (single study)	No serious	No serious, borderline ^g	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Quality of life: Children’s quality of life										
	3687 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
Outcome: Family: Access to services – barriers to accessing health and developmental services										
	10249(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level as study focuses on a subgroup of clinical population of interest

^b Downgraded one due to loss to follow up in larger study in the assessment

^c Downgraded one due to loss to follow up with no statistical adjustment or description of reasons for loss to follow up

^d Downgraded one due to moderate risk of bias. Concerns regarding validity of outcome measurement, differences across groups.

^e Downgraded one due to moderate risk of bias in several studies with concerns regarding loss to follow up.

^f Downgraded one due to moderate risk of bias of two of the three studies. Concerns about loss to follow-up rates and clarity about exposure measurement.

^g Downgraded one level due to wide Cis and borderline sample size.

Brain abnormalities: Grade III/IV intraventricular haemorrhage (IVH)

Table 11. GRADE Evidence Profile: Grade III/IV IVH

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	18720(9 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – early cognitive development</i>										
	5257(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – attention</i>										
	228(1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	No serious	Serious ^b	Undetected	-	Very Low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Language/communication – general language function or delay</i>										
	1472(1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^c	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Motor – cerebral palsy</i>										
	10153(4 studies)	Geographical cohort	No Serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – general motor function or delay</i>										
	6091(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: developmental: Motor – fine motor function or delay</i>										
	355(1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^c	Serious ^d	Undetected		Very Low ⊕○○○	CRITICAL
<i>Outcome: developmental: Motor – gross motor function or delay</i>										
	2306(1 study)	Geographical cohort	No Serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: developmental: behaviour, emotions, mental health – general behaviour difficulties</i>										
	2505 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^c	No serious	Undetected	-	Very low ⊕○○○	CRITICAL

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level due to concerns over methodological quality in regard to reporting of outcomes as well as loss to follow up

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

- b Downgraded one level as small sample size and no reported effect size and CIs.
- c Downgraded one level as study focuses on a subgroup of clinical population of interest
- d Downgraded one level due to wide confidence interval and small sample size

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
 Technical Report Draft for Public Consultation

Brain abnormalities: Periventricular leukomalacia (PVL)

Table 12. GRADE Evidence profile: PVL

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Physical Growth - height</i>										
	241(2studies)	Geographical cohort	No serious	No serious	No serious	Serious ^a	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Physical Growth – weight</i>										
	160(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	IMPORTANT/CRITICAL
<i>Outcome: Physical Growth – Head Circumference</i>										
	160(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	IMPORTANT/CRITICAL
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	20,319(8 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – early cognitive development</i>										
	5854(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – attention</i>										
	228(1 study)	Geographical cohort	Serious ^b	Not applicable (single study)	No serious	Serious ^c	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Language/communication – general language function or delay</i>										
	2069(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – cerebral palsy</i>										
	9193(3 studies)	Geographical cohort	No serious	No serious	No serious	Serious ^d	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Motor – general motor function or delay</i>										
	8160(3 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: developmental: Motor – gross motor function or delay</i>										

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
 Technical Report Draft for Public Consultation

	2306 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
--	----------------	---------------------	------------	-------------------------------	------------	------------	------------	---	-------------	----------

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

a Downgraded one level due to small sample size and wide confidence intervals

b Downgraded due to methodological concerns with included studies being of moderate and high risk of bias

c Downgraded one level due to concerns regarding precision due to small sample size

d Downgraded one level due to wide confidence intervals for the largest study included

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
 Technical Report Draft for Public Consultation

Brain abnormalities: Either IVH or PVL

Table 13. GRADE Evidence profile: either IVH or PVL

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Physical Growth - weight</i>										
	10204(2 studies)	Geographical cohort	Serious ^a	No serious	No serious	No serious ^b	Undetected	-	Very Low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	5774(8 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – early cognitive development</i>										
	7892(4 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – IQ/General cognitive ability</i>										
	2233 (5 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Feeding – functional feeding skills</i>										
	1151(1 study)	Geographical cohort	Serious ^c	Not applicable (single study)	Serious ^d	No serious	Undetected	-	Very low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Language/communication – general language function or delay</i>										
	2224(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious ^e	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – cerebral palsy</i>										
	2284(4 studies)	Geographical cohort	No serious	Serious ^f	No serious	Serious ^g	Undetected	-	Very low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – general motor function or delay</i>										
	3220(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: developmental: Motor – gross motor function or delay</i>										
	100(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	Serious ^h	Undetected	-	Very low ⊕⊕○○	CRITICAL
<i>Outcome: developmental: behaviour, emotions, mental health – general behaviour difficulties</i>										

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
 Technical Report Draft for Public Consultation

	339 (1 study)	Geographical cohort	Serious ^c	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕⊕○○	CRITICAL
--	---------------	---------------------	----------------------	-------------------------------	------------	------------	------------	---	------------------	----------

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level due to methodological concerns regarding loss to follow up

^b Noted large confidence interval for study 2 but decided not to downgrade due to small sample size and contribution to overall assessment

^c Downgraded due to methodological concerns

^d Downgraded one level due to subset of clinical population of interest

^e Noted wide confidence interval in study 2 however contributed small sample size to overall assessment. Borderline, decision not to downgrade

^f inconsistency in results

^g Downgraded one level due to wide confidence intervals

^h Downgraded one level due to concerns in precision with small sample size of included study

Sepsis

Table 14. GRADE Evidence profile: Sepsis

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Certainty in the evidence*	Importance
<i>Outcome: Physical Growth - weight</i>									
	10049 (1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○
<i>Outcome: Developmental: Neurodevelopmental impairment</i>									
	17181(5 studies)	Geographical cohort	Serious ^a	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○
<i>Outcome: Developmental: Cognition – early cognitive development</i>									
	8302(2 studies)	Geographical cohort	No serious	No serious	Serious ^b	No serious	Undetected	-	Very low ⊕○○○
<i>Outcome: Developmental: Cognition – IQ/General cognitive ability</i>									
	1832(2 studies)	Geographical cohort	Serious ^a	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○
<i>Outcome: Developmental: Feeding – functional feeding skills</i>									
	1151(1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○
<i>Outcome: Developmental: Motor – cerebral palsy</i>									
	9118(4 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○
<i>Outcome: Developmental: Motor – general motor function or delay</i>									
	3785 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○
<i>Outcome: Developmental: Behaviour, emotions, mental health – autism spectrum disorder (ASD)</i>									
	523(1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^c	No serious	Undetected	-	Very low ⊕○○○
<i>Outcome: Quality of life: Children’s quality of life</i>									
	194(1study)	Geographical cohort	Serious ^a	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕○○○

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level to methodological concerns

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

^b Downgraded one level due to subset of clinical population of interest

^c Downgraded one level due to subset of clinical population of interest and use of surrogate outcome

Retinopathy of prematurity (ROP)

Table 15. GRADE evidence profile: ROP

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Physical Growth - weight</i>										
	10049(1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Physical Growth – Head Circumference</i>										
	1085 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Physical: Sensory function – blindness</i>										
	355(1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Physical: Sensory function – other vision difficulties</i>										
	1279(3 studies)	Geographical cohort	Serious ^a	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	11389(9 studies)	Geographical cohort	No Serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – early cognitive development</i>										
	10,089(6 studies)	Geographical cohort	No serious	No serious	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Cognition – IQ/General cognitive ability</i>										
	1702(3 studies)	Geographical cohort	Serious ^a	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Cognition – working memory/executive functioning</i>										
	91(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	Serious ^c	Undetected	-	Very Low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Cognition – visuospatial skills</i>										
	172 (1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	No serious	Serious ^d	Undetected		Very low ⊕○○○	Important/Critical
<i>Outcome: Developmental: Language/communication – general language function or delay</i>										

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

	6586(2 studies)	Geographical cohort	No serious	No serious	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Motor – cerebral palsy</i>										
	1626(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – developmental coordination disorder (DCD) or high-risk of DCD</i>										
	629(1 study)	Geographical cohort	Serious	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Developmental: Motor – general motor function or delay</i>										
	5257(3 study)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: developmental: Motor –fine motor function or delay</i>										
	618(3 studies)	Geographical cohort	Serious ^a	No serious	Serious ^b	Serious ^d	undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: developmental: Motor –gross motor function or delay</i>										
	100(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	-	Undetected	Low ⊕⊕○○	CRITICAL

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level due to methodological concerns and moderate risk of bias

^b Downgraded one level due to subset of clinical population of interest

^c Downgraded one level due to wide confidence interval

^d Downgraded one level due to wide confidence interval and small sample size

Necrotising enterocolitis (NEC)

Table 16. GRADE evidence profile: NEC

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Physical Growth - height</i>										
	322(2 studies)	Geographical cohort	No serious	No serious	Serious ^a	Serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Physical Growth – weight</i>										
	10290(2 studies)	Geographical cohort	Serious ^b	No serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Physical Growth – Head Circumference</i>										
	1396(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	16484(7 studies)	Geographical cohort	Serious ^c	No serious	Serious ^d	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Cognition – early cognitive development</i>										
	12795(7 studies)	Geographical cohort	No serious	No serious	Serious ^a	No Serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – IQ/General cognitive ability</i>										
	2067(3 studies)	Geographical cohort	Serious ^a	Serious ^e	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Feeding – functional feeding skills</i>										
	1151(1 study)	Geographical cohort	Serious ^b	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Developmental: Language/communication – general language function or delay</i>										
	2069(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – cerebral palsy</i>										
	5691(4 studies)	Geographical cohort	Serious ^b	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Motor – general motor function or delay</i>										

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
 Technical Report Draft for Public Consultation

	5240(4 studies)	Geographical cohort	Serious ^b	No serious	No serious	No serious	Undetected	-	Very Low ⊕○○○	CRITICAL
<i>Outcome: developmental: behaviour, emotions, mental health – general behaviour difficulties</i>										
	219(1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	Serious ^f	Undetected	-	Very low ⊕○○○	CRITICAL

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level due to subset of clinical population of interest

^b Downgraded one level due to methodological concerns and moderate risk of bias

^c Downgraded one level due to methodological concerns in several large sample size included studies

^d Downgraded one level due to several studies investigating a subset of clinical population of interest

^e Downgrade due to inconsistency of reported results

^f Downgraded one level due to wide confidence interval and small sample size

Antenatal steroids (ANS)

Table 17. GRADE Evidence profile: ANS

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Physical Growth - weight</i>										
	3892(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Physical Growth – Head Circumference</i>										
	3892 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Sensory function – blindness</i>										
	3892 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	Serious ^a	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Sensory function – deafness</i>										
	3892 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	18964(10 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – early cognitive development</i>										
	10047(5 studies)	Geographical cohort	No serious	No serious ^b	Serious ^c	No serious ^d	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Cognition – IQ/General cognitive ability</i>										
	1714(3 studies)	Geographical cohort	Serious ^e	serious ^f	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Feeding – functional feeding skills</i>										
	1151(1 study)	Geographical cohort	Serious ^e	Not applicable (single study)	Serious ^c	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Developmental: Language/communication – general language function or delay</i>										
	4682(2 studies)	Geographical cohort	No serious	No serious	Serious ^c	No serious	Undetected	-	Very Low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Motor – cerebral palsy</i>										

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

	9608(5 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – general motor function or delay</i>										
	4909(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: developmental: behaviour, emotions, mental health – general behaviour difficulties</i>										
	2168(2 studies)	Geographical cohort	No serious	Serious ^f	Serious ^c	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Behaviour, emotions, mental health – adaptive behaviours</i>										
	1934(1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level due to wide confidence interval

^b Noted smaller study showed inconsistency in results however we judged that it did not contribute enough to the assessment to downgrade

^c Downgraded one level due to subset of clinical population of interest

^d Noted a wide confidence interval on a smaller study however we judged that this did not contribute enough to the assessment to downgrade.

^e Downgraded one level due to methodological concerns and moderate risk of bias

^f Downgrade due to inconsistency of reported results

Postnatal steroids (PNS)

Table 18. GRADE Evidence Profile: PNS

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Physical Growth - height</i>										
	524(3 studies)	Geographical cohort	No serious	Serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Physical Growth – weight</i>										
	443(2 studies)	Geographical cohort	No serious	Serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Physical Growth – Head Circumference</i>										
	443(2 studies)	Geographical cohort	No serious	No serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Respiratory – Respiratory tract infections</i>										
	372(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	8025(7 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – early cognitive development</i>										
	3785(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – IQ/General cognitive ability</i>										
	280(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – attention</i>										
	228 (1 study)	Geographical cohort	Serious ^b	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Feeding – functional feeding skills</i>										
	1151 (1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Developmental: Motor – cerebral palsy</i>										

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

	4889(4 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – general motor function or delay</i>										
	4068(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious ^c	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: developmental: Motor – fine motor function or delay</i>										
	355(1 study)	Geographical cohort	Serious ^b	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: developmental: behaviour, emotions, mental health – general behaviour difficulties</i>										
	158(1 study)	Geographical cohort	Serious ^b	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Behaviour, emotions, mental health – autism spectrum disorder (ASD)</i>										
	523(1 study)	Geographical cohort	Serious ^b	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	CRITICAL

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level due to subset of clinical population of interest in two of the three included studies

^b Downgraded one level due to methodological concerns and moderate risk of bias

^c Noted wide confidence interval but decided not to downgrade due to small sample size.

Bronchopulmonary dysplasia (BPD)

Table 19. GRADE Evidence Profile: BPD

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Physical Growth - height</i>										
	160 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Physical Growth - weight</i>										
	10364(3 studies)	Geographical cohort	Serious ^a	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Physical Growth – head circumference</i>										
	160(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Respiratory - Asthma</i>										
	1296(3 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important
<i>Outcome: Respiratory – Respiratory tract infections</i>										
	6064(4 studies)	Geographical cohort	No serious	No serious	Serious ^b	No serious ^c	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Respiratory – Respiratory tract infections – hospitalisations</i>										
	1043(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Physical: Sensory function – other vision difficulties</i>										
	1023(1 study)	Geographical cohort	Serious ^d	No serious	No serious	No serious	Undetected	-	Very Low ⊕○○○	CRITICAL
<i>Outcome: Sleep – sleep problems</i>										
	2310(1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^e	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	20,103(11 studies)	Geographical cohort	No serious	No serious	Serious ^e	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Cognition – early cognitive development</i>										

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

	8302(2 studies)	Geographical cohort	No serious	No serious	Serious ^e	No serious	Undetected	-	Very Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – IQ/General cognitive ability</i>										
	2258(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – attention</i>										
	1091(2 studies)	Geographical cohort	No serious	No serious Not clear	No serious	No serious Not clear	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – working memory/executive functioning</i>										
	863 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – visuospatial skills</i>										
	863 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Feeding – functional feeding skills</i>										
	3254(2 studies)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Language/communication – general language function or delay</i>										
	5380(2 studies)	Geographical cohort	No serious	No serious	Serious ^e	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Language/communication – receptive language</i>										
	863 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Language/communication – expressive language</i>										
	863 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – cerebral palsy</i>										
	8681(3 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – general motor function or delay</i>										
	5168(4 studies)	Geographical cohort	No serious	Serious ^a	No serious	serious	Undetected		Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: behaviour, emotions, mental health – general behaviour difficulties</i>										
	2505(1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^e	No serious	Undetected	-	Very low ⊕○○○	CRITICAL

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

<i>Outcome: Developmental: Behaviour, emotions, mental health – anxiety/internalising difficulties</i>										
	2310(1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^e	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Developmental: Behaviour, emotions, mental health – autism spectrum disorder (ASD)</i>										
	1386(2 studies)	Geographical cohort	No serious	No serious	Serious ^e	No serious	Undetected	-	Very Low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Social skills – interpersonal relationships</i>										
	863(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Quality of life: Children’s quality of life</i>										
	3687(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level due to methodological concerns and moderate risk of bias of largest included study

^b Noted wide confidence interval for one however decision not to downgrade due to contribution of overall assessment

^c Downgraded one level due to use of surrogate outcomes

^d Downgraded one level due to methodological concerns and moderate risk of bias

^e Downgraded one level due to subset of clinical population of interest

Neonatal surgery

Table 20. GRADE Evidence Profile: Neonatal Surgery

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Physical Growth – Head Circumference</i>										
	241 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	1353(3studies)	Geographical cohort	No serious	No serious	No serious	Serious ^b	Undetected	-	Very low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – IQ/General cognitive ability</i>										
	499 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕○○○.	CRITICAL
<i>Outcome: Motor – Cerebral Palsy</i>										
	499 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	Serious ^c	Undetected	-	Very low ⊕⊕○○	CRITICAL

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level due to subset of clinical population of interest

^b Downgraded one level due to wide confidence interval

^c Downgraded one level due to wide confidence interval and small sample size of included study

Neonatal seizures

Table 21. GRADE Evidence Profile: Neonatal Seizures

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Physical: Sensory function – blindness</i>										
	2762 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	Serious ^a	Undetected	-	Very Low ⊕○○○	CRITICAL
<i>Outcome: Physical: Sensory function – deafness</i>										
	2762 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	2762 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – early cognitive development</i>										
	2762 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – cerebral palsy</i>										
	4865(2 studies)	Geographical cohort	No serious	No serious	Serious ^b	No Serious	Undetected	-	Very Low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Motor – general motor function or delay</i>										
	2103(1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	CRITICAL

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level due to wide confidence interval.

^b Downgraded one level due to subset of clinical population of interest.

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

Socioeconomic status (SES)

Table 22. GRADE Evidence Profile: SES

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Physical Growth - height</i>										
	241 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Physical Growth - weight</i>										
	10049(1 study)	Geographical cohort	Serious ^b	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Physical Growth – BMI</i>										
	1112(2 studies)	Geographical cohort	Serious ^b	Not serious	No serious	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Respiratory - Asthma</i>										
	1114(2 studies)	Geographical cohort	Serious ^b	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○	Important
<i>Outcome: Respiratory – Respiratory tract infections</i>										
	5882(3 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	20,332(8 studies)	Geographical cohort	No serious	No serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Cognition – early cognitive development</i>										
	9827(3 studies)	Geographical cohort	No serious	No serious	Serious ^a	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – IQ/General cognitive ability</i>										
	2955(6 studies)	Geographical cohort	No serious ^a	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Feeding – functional feeding skills</i>										
	3254(2 studies)	Geographical cohort	No serious	Serious ^c	Serious ^a	No serious	Undetected	-	Very Low ⊕○○○	Important/Critical
<i>Outcome: Developmental: Language/communication – general language function or delay</i>										

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

	8383(4 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – cerebral palsy</i>										
	4763(3 studies)	Geographical cohort	No serious	No serious	No serious	No serious d	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – developmental coordination disorder (DCD) or high-risk of DCD</i>										
	629(1 study)	Geographical cohort	Serious ^b	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Developmental: Motor – general motor function or delay</i>										
	5719(2studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: developmental: Motor – fine motor function or delay</i>										
	355(1 study)	Geographical cohort	Serious ^b	No serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: developmental: behaviour, emotions, mental health – adaptive behaviours</i>										
	3903(5 studies)	Geographical cohort	No Serious	No serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Quality of life: Children’s quality of life</i>										
	3881(2 studies)	Geographical cohort	Serious ^b	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Family: Access to services – barriers to accessing health and developmental services</i>										
	194(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level due to subset of clinical population of interest

^b Downgraded one level due to methodological concerns and moderate risk of bias

^c Downgraded one level due to inconsistencies in effect size

^d Noted wide confidence interval in one of the three studies but decided not to downgrade due to overall contribution to the assessment

Parental mental health

No studies reporting associations of parental mental health with any subsequent outcomes of interest were identified as meeting inclusion criteria for this review.

Access to breastmilk in the neonatal/infant period

Table 23. GRADE Evidence Profile: Access to breastmilk in the neonatal/infant period

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Physical Growth - weight</i>										
	10049 (1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Respiratory – Respiratory tract infections</i>										
	2571 (1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Sleep – sleep problems</i>										
	263 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	557 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Cognition – early cognitive development</i>										
	4323 (1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: behaviour, emotions, mental health – general behaviour difficulties</i>										
	263 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Behaviour, emotions, mental health – hyperactivity/externalising difficulties</i>										
	263 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Behaviour, emotions, mental health – anxiety/internalising difficulties</i>										
	263 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Behaviour, emotions, mental health – autism spectrum disorder (ASD)</i>										
	482 (2 studies)	Geographical cohort	No serious	No serious	Serious ^b	No serious	Undetected	-	Very Low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Behaviour, emotions, mental health – attention deficit hyperactivity disorder</i>										

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
 Technical Report Draft for Public Consultation

	482 (2 studies)	Geographical cohort	Serious	No serious	No serious	No Serious ^a	Undetected	-	Very Low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Behaviour, emotions, mental health – other psychiatric disorders</i>										
	263 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level to methodological concerns and moderate risk of bias

^b Downgraded one level due to subset of clinical population of interest

Adverse childhood experiences (ACE)

Studies were included for this component of the review if they reported outcomes of children who experienced adverse childhood experiences compared to those who did not experience adverse childhood experiences in the newborn period. Adverse childhood experiences were defined as neglect, abuse and child protective services involvement.

Table 24. GRADE Evidence Profile: ACE

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Developmental: Cognition – early cognitive development</i>										
	4517 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Language/communication – general language function or delay</i>										
	4517 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	CRITICAL

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgrade one level due to moderate risk of bias

^b Downgraded one level due to subset of the clinical population of interest.

Geographical remoteness

Table 25. GRADE Evidence Profile: Geographical remoteness

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	1473 (1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Language/communication – general language function or delay</i>										
	6146(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Family: Access to services – barriers to accessing health and developmental services</i>										
	10249 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level due to moderate risk of bias.

Culturally and linguistically diverse (CALD) background

Table 26. GRADE evidence profile: culturally and linguistically diverse background association with outcomes

Effect	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
<i>Outcome: Physical Growth - height</i>										
	283 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Physical Growth - weight</i>										
	283 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Physical Growth – Head Circumference</i>										
	283 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Respiratory – Respiratory tract infections</i>										
	2939(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Neurodevelopmental impairment</i>										
	12963(4 studies)	Geographical cohort	No serious	No serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Cognition – early cognitive development</i>										
	8302(2 studies)	Geographical cohort	No serious	No serious	Serious ^a	No serious	Undetected	-	Very Low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Cognition – IQ/General cognitive ability</i>										
	437(1 study)	Geographical cohort	Serious ^b	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Feeding – functional feeding skills</i>										
	1151(1 study)	Geographical cohort	Serious ^b	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
<i>Outcome: Developmental: Language/communication – general language function or delay</i>										
	8080(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – cerebral palsy</i>										

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

	4222(2 studies)	Geographical cohort	No serious ^c	No serious	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Developmental: Motor – general motor function or delay</i>										
	3785(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: developmental: behaviour, emotions, mental health – general behaviour difficulties</i>										
	2663(2 studies)	Geographical cohort	No serious	No serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Behaviour, emotions, mental health – anxiety/internalising difficulties</i>										
	889(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	Important/Critical
<i>Outcome: Developmental: Behaviour, emotions, mental health – attention deficit hyperactivity disorder</i>										
	219(1 study)	Geographical cohort	Serious ^b	Not applicable (single study)	Serious ^a	No Serious	Undetected	-	Very low ⊕○○○	CRITICAL
<i>Outcome: Developmental: Behaviour, emotions, mental health – adaptive behaviours</i>										
	1934(1study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very Low ⊕○○○	Important/Critical
<i>Outcome: Quality of life: Children’s quality of life</i>										
	3687(1 study)	Geographical cohort	No serious	Not applicable (singles study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL
<i>Outcome: Family: Access to services – barriers to accessing health and developmental services</i>										
	10249(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕○○	CRITICAL

*Commonly used symbols to describe certainty in evidence profiles: high certainty ⊕⊕⊕⊕, moderate certainty ⊕⊕⊕○, low certainty ⊕⊕○○ and very low certainty ⊕○○○.

^a Downgraded one level due to subset of clinical population of interest.

^b Downgraded one level due to moderate risk of bias

^c Noted moderate risk of bias in study 2 but small sample size of assessment

3.6 Characteristics of Included Studies

Gestational age (GA)

Lower GA was associated with an increased risk of growth failure [8-10], elevated blood pressure [11], hearing loss [12], neurodevelopmental impairments [8, 13-17], general language delay [18], autism spectrum disorders [19], low health-related quality of life for children [20], and lower GA was associated with an increased attendance at high-risk follow-up services [21].

Sex

Males exhibited a higher rate of respiratory tract infections [22, 23], NDIs [14, 17, 24-33], lower IQ/general cognitive [32, 34], cerebral palsy [35, 36], general motor function delay [35] DCD [37], early cognitive delay [27, 38], general language function delay [8, 39], low receptive [40] and expressive language skills [40], gross motor delay [40], general behavioural difficulties [41], autism spectrum disorders [19, 34, 42], attention deficit hyperactivity disorders [34], and poor quality of life [20, 34] compared to females.

Males were found to have a lower risk of growth failure (defined as birth weight below the 3rd percentile) [43], sleeping problems [44] and fine motor delay [45] compared to females.

Small for gestational age (SGA)

Children classified as SGA demonstrated a significantly higher likelihood of experiencing growth failure [10, 43], NDIs [33, 35, 46], and developmental coordination disorders (DCD)[37]. Families of children with SGA were more likely to have an increased access to health and developmental services [21].

Brain abnormalities

Grade III/IV IVH was associated with an increased risk of NDI [14, 25, 29, 30, 35, 46-49], early cognitive delay [35, 49], general language delay [49], cerebral palsy [35, 49-51], general motor function delay [35, 52], and gross motor function or delay [52].

Children with PVL had an increased risk of experiencing physical growth failure [53], NDI [14, 16, 29-31, 35, 47, 54], early cognitive delay [35, 55], cerebral palsy [35, 51, 56], and delays in general motor function [35, 52, 55] and gross motor function issues [52].

Children affected by IVH grade III/IV and/or PVL are at an increased risk of experiencing physical growth failure [8, 43], NDI [8, 17, 24, 57-61], cerebral palsy [8, 60, 62, 63], early cognitive delay [8, 55, 62, 64],

lower IQ/general cognitive ability [63, 65-68], lower independent feeding ability [62], delays in general language [8, 55] and motor function delay [55, 62].

Sepsis

Neonatal sepsis was associated with an increased risk of early cognitive developmental delays [35, 64], cerebral palsy [35, 51, 60, 63], general motor function delays [35], and autism spectrum disorders [42]. Additionally, infants who experienced neonatal sepsis were found to have a better IQ score in one of the two studies (the larger study) investigated the relationship between IQ and sepsis [66].

Retinopathy of prematurity (ROP)

Children affected by ROP are at a higher risk of experiencing blindness [69], NDI [14, 17, 30, 47, 57-60, 70], delayed early cognitive development [55, 64, 65, 70-72] and general language function [55, 64], reduced working memory/executive function [65], increased developmental coordination disorders [37], delays in general motor function [55, 70, 71], and gross motor function delay [45, 65, 72].

Necrotising enterocolitis (NEC)

NEC is associated with early cognitive delay [8, 55, 62, 64, 73] and shorter height [9, 74]. Additionally, NEC is associated with delays in general motor function [55, 62, 75, 76] and general behavioural difficulties [77]. Furthermore, children without NEC tend to exhibit better general language [55] scores compared to those affected by NEC.

Antenatal steroids (ANS)

While antenatal steroids have shown some effectiveness in reducing certain outcomes such as cerebral palsy [35, 78] and neurodevelopmental impairments [46], a closer examination of the overall articles included in these specific outcomes reveals that the reduction of these developmental outcomes is not statistically significant in included studies. A recent Cochrane review showed that antenatal steroids probably lead to a reduction in developmental delay in childhood (RR 0.51, 95% CI 0.27 to 0.97) [79]. Antenatal steroids demonstrated a protective effect against general motor function delay [35] and general behavioural difficulties [80].

Postnatal steroids (PNS)

Post-natal steroids are associated with an increased risk of growth failure [10, 53, 74], lower IQ/general cognitive ability [81], delayed early cognitive development [81], occurrence of CP [35, 36, 50, 81], poorer general motor [35, 36] and fine motor function [45], general behavioral difficulties [82], and positive screening for ASD [42].

Bronchopulmonary dysplasia (BPD)

BPD is associated with physical growth issues such as weight and height problems [8, 43, 53], a higher risk of respiratory tract infections [22, 23, 83, 84] and hospitalizations [85, 86], visual field deficit [87], NDI [14, 16, 17, 25, 30, 35, 58, 60], delays in early cognitive development [35, 64], lower cognitive ability [66, 88], compromised working memory/executive functions [88] and visuospatial skills [88], difficulties in functional feeding [62, 70] and general language function [64, 88], delays in receptive [88] and expressive [88] language, general motor function delays [35, 38, 45, 88], increase risk of autism spectrum disorders [42, 88], challenges in social relationship skills [88], and a reduced quality of life for children [20].

Neonatal surgery

Neonatal surgery was associated with an increase in NDI with major disability at both 3 and 8 years of age. Major disability was defined as moderate to severe cerebral palsy, blindness or deafness at 3 years with the additional of general intelligence Z score of less than -2 at the 8-year age timepoint. Neonatal surgery was also associated growth failure [9], NDIs [47, 54, 89], IQ scores less than 2 SD below the mean [89] and an increase in moderate to severe CP [89] at 8 years of age.

Neonatal seizures

Neonatal seizures were associated with bilateral blindness at 18-24 months of age [90], moderate and severe hearing impairment [90], NDI [90], and cognitive impairment [90].

Neonatal seizures were associated with overall CP in one of the included studies [70] of extremely low birth weight infants however were not associated in another large cohort studies including very preterm infants <29 weeks for either moderate or severe CP at 18-24 months of age [90]. Neonatal seizures were associated with mild motor impairments at 18-22 months of age as measure by the Bayley-2 Scale of Toddler Development [70].

Socioeconomic status

Among children born very preterm lower socioeconomic status increased the risk of asthma [91], NDIs [16, 29, 30, 35, 48, 60, 61, 68], early cognitive impairment or delay [35, 64, 92], functional feeding difficulties [62, 70], DCD [37], adaptive behaviours [41, 68, 82, 93, 94], poorer child quality of life [20, 95] and barriers to accessing follow-up services [21].

Parental mental health

No studies reporting associations of parental mental health with any subsequent outcomes of interest were identified as meeting inclusion criteria for this review.

Access to breastmilk in the neonatal/infant period

Studies were included for this component of the review if they reported outcomes of children who had access to breastmilk by any modality versus no access to breastmilk. The findings of the review suggest that no access to breastmilk resulted in an increased risk of early cognitive impairment [96, 97] and ADHD in EP (GA <26 w)[19, 97].

Adverse childhood experiences

Studies were included for this component of the review if they reported outcomes of children who experienced adverse childhood experiences compared with those who did not experience adverse childhood experiences in the first two years of life. Adverse childhood experiences were defined as neglect, abuse and child protective services involvement.

This review focused on investigating the impact of adverse childhood experiences on early cognitive development and general language function. The analysis included two eligible studies that examined the relationship between adverse childhood experience and outcomes of interest. The findings revealed that children who have experienced adverse childhood experiences have lower early cognitive [64] and general language scores [64] compared to those with no adverse childhood experience. However, it is important to note that the certainty of evidence for all included outcomes was determined to be very low when assessed using the GRADE approach indicating a high degree of uncertainty in the findings.

Geographical remoteness

The findings of the review indicated a significant association between geographical remoteness and not accessing high-risk follow-up services [21].

Culturally and linguistically diverse background

Children from CALD backgrounds form a heterogeneous group, and it is difficult to generalise findings to a specific subgroup. The findings of the review revealed that children from CALD backgrounds face significant risks in several areas. Specifically, children from CALD families exhibited a higher likelihood of experiencing low weight gain and smaller head circumference [10]. It is important that growth parameters need to be interpreted in the context of culturally appropriate growth charts and against

mid-parental height. Additionally, children from CALD families were found to have a higher rates of respiratory tract infections [23], early cognitive [35, 64] and language delays [18, 80], general behavioural difficulties [41, 82], and anxiety and internalizing behaviours [98].

Evidence tables including characteristics of all included studies is available upon request.

3.7 Question 2 Excluded Studies

Please see [Appendix 3](#).

3.8 Question 2 Included Studies

- Adams-Chapman, I., Bann, C. M., Das, A., Goldberg, R. N., Stoll, B. J., Walsh, M. C., Sánchez, P. J., Higgins, R. D., Shankaran, S., Watterberg, K. L., Duara, S., Miller, N. A., Heyne, R. J., Peralta-Carcelen, M., Goldstein, R. F., Steichen, J. J., Bauer, C. R., Hintz, S. R., Evans, P. W., . . . Benjamin, D. K., Jr. (2013). Neurodevelopmental outcome of extremely low birth weight infants with Candida infection. *J Pediatr*, *163*(4), 961-967.e963. <https://doi.org/10.1016/j.jpeds.2013.04.034>
- Agarwal, P. K., Shi, L., Rajadurai, V. S., Zheng, Q., Yang, P. H., Khoo, P. C., Quek, B. H., & Daniel, L. M. (2018). Factors affecting neurodevelopmental outcome at 2 years in very preterm infants below 1250 grams: a prospective study. *Journal of perinatology : official journal of the California Perinatal Association*, *38*(8), 1093-1100. <https://doi.org/https://dx.doi.org/10.1038/s41372-018-0138-3>
- Allred, E. N., Capone Jr, A., Fraioli, A., Dammann, O., Droste, P., Duker, J., Gise, R., Kuban, K., Leviton, A., O'Shea, T. M., Paneth, N., Petersen, R., Trese, M., Stoessel, K., Vanderveen, D., Wallace, D. K., & Weaver, G. (2014). Retinopathy of prematurity and brain damage in the very preterm newborn. *Journal of AAPOS*, *18*(3), 241-247. <https://doi.org/https://dx.doi.org/10.1016/j.jaapos.2014.01.014>
- Anderson, P. J., Doyle, L. W., & Victorian Infant Collaborative Study, G. (2004). Executive functioning in school-aged children who were born very preterm or with extremely low birth weight in the 1990s. *Pediatrics*, *114*(1), 50-57.
- Asztalos, E. V., Church, P. T., Riley, P., Fajardo, C., & Shah, P. S. (2017). Association between Primary Caregiver Education and Cognitive and Language Development of Preterm Neonates. *American Journal of Perinatology*, *34*(4), 364-371. <https://doi.org/https://dx.doi.org/10.1055/s-0036-1592080>
- Asztalos, E. V., Church, P. T., Riley, P., Fajardo, C., Shah, P. S., Canadian Neonatal, N., & Canadian Neonatal Follow-up Network, I. (2017). Neonatal Factors Associated with a Good Neurodevelopmental Outcome in Very Preterm Infants. *American Journal of Perinatology*, *34*(4), 388-396. <https://doi.org/https://dx.doi.org/10.1055/s-0036-1592129>
- Bangma, J. T., Kwiatkowski, E., Psioda, M., Santos, H. P., Jr., Hooper, S. R., Douglass, L., Joseph, R. M., Frazier, J. A., Kuban, K. C. K., O'Shea, T. M., & Fry, R. C. (2018). Assessing Positive Child Health among Individuals Born Extremely Preterm. *The Journal of Pediatrics*, *202*(jlz, 0375410), 44-49.e44. <https://doi.org/https://dx.doi.org/10.1016/j.jpeds.2018.06.037>
- Bartal, T., Adams, M., Natalucci, G., Borradori-Tolsa, C., Latal, B., Swiss Neonatal, N., & Follow-up, G. (2020). Behavioral problems in very preterm children at five years of age using the Strengths and Difficulties Questionnaire: A multicenter cohort study. *Early Human Development*, *151*(edh, 7708381), 105200. <https://doi.org/https://dx.doi.org/10.1016/j.earlhumdev.2020.105200>
- Bell, E. F., Hintz, S. R., Hansen, N. I., Bann, C. M., Wyckoff, M. H., Dem Mauro, S. B., Walsh, M. C., Vohr, B. R., Stoll, B. J., Carlo, W. A., Van Meurs, K. P., Rysavy, M. A., Patel, R. M., Merhar, S. L., Sanchez, P. J., Laptook, A. R., Hibbs, A. M., Cotten, C. M., D'Angio, C. T., . . . Das, A. (2022). Mortality, In-Hospital Morbidity, Care Practices, and 2-Year Outcomes for Extremely Preterm Infants in the US, 2013-2018. *JAMA - Journal of the American Medical Association*, *327*(3), 248-263. <https://doi.org/https://dx.doi.org/10.1001/jama.2021.23580>
- Bolisetty, S., Dhawan, A., Abdel-Latif, M., Bajuk, B., Stack, J., Lui, K., New South, W., & Australian Capital Territory Neonatal Intensive Care Units' Data, C. (2014). Intraventricular hemorrhage and neurodevelopmental outcomes in extreme preterm infants. *Pediatrics*, *133*(1), 55-62. <https://doi.org/https://dx.doi.org/10.1542/peds.2013-0372>
- Bolisetty, S., Tiwari, M., Sutton, L., Schindler, T., Bajuk, B., Lui, K., New South, W., & the Australian Capital Territory Neonatal Intensive Care Units' Data, R. (2019). Neurodevelopmental outcomes of extremely preterm infants in New South Wales and the Australian Capital Territory. *Journal of Paediatrics and Child Health*, *55*(8), 956-961. <https://doi.org/https://dx.doi.org/10.1111/jpc.14323>
- Bolk, J., Fredriksson Kaul, Y., Hellstrom-Westas, L., Stjernqvist, K., Padilla, N., Serenius, F., Hellgren, K., & Aden, U. (2018). National population-based cohort study found that visual-motor integration was commonly affected in extremely preterm born children at six-and-a-half years. *Acta Paediatrica, International Journal of Paediatrics*, *107*(5), 831-837. <https://doi.org/https://dx.doi.org/10.1111/apa.14231>
- Bracewell, M. A., Hennessy, E. M., Wolke, D., & Marlow, N. (2008). The EPICure study: growth and blood pressure at 6 years of age following extremely preterm birth. *Archives of disease in childhood. Fetal and neonatal edition*, *93*(2), F108-114.
- Broitman, E., Ambalavanan, N., Higgins, R. D., Vohr, B. R., Das, A., Bhaskar, B., Murray, K., Hintz, S. R., Carlo, W. A., National Institute of Child, H., & Human Development Neonatal Research, N. (2007). Clinical data

- predict neurodevelopmental outcome better than head ultrasound in extremely low birth weight infants. *The Journal of Pediatrics*, 151(5), 500-502.
- Brumbaugh, J. E., Bell, E. F., Grey, S. F., DeMauro, S. B., Vohr, B. R., Harmon, H. M., Bann, C. M., Rysavy, M. A., Logan, J. W., Colaizy, T. T., Peralta-Carcelen, M. A., McGowan, E. C., Duncan, A. F., Stoll, B. J., Das, A., Hintz, S. R., Eunice Kennedy Shriver National Institute of Child, H., & Human Development Neonatal Research, N. (2020). Behavior Profiles at 2 Years for Children Born Extremely Preterm with Bronchopulmonary Dysplasia. *The Journal of Pediatrics*, 219(jl2, 0375410), 152-159.e155. <https://doi.org/https://dx.doi.org/10.1016/j.jpeds.2019.12.028>
- Carlo, W. A., McDonald, S. A., Fanaroff, A. A., Vohr, B. R., Stoll, B. J., Ehrenkranz, R. A., Andrews, W. W., Wallace, D., Das, A., Bell, E. F., Walsh, M. C., Laptook, A. R., Shankaran, S., Poindexter, B. B., Hale, E. C., Newman, N. S., Davis, A. S., Schibler, K., Kennedy, K. A., . . . Human Development Neonatal Research, N. (2011). Association of antenatal corticosteroids with mortality and neurodevelopmental outcomes among infants born at 22 to 25 weeks' gestation. *JAMA*, 306(21), 2348-2358. <https://doi.org/https://dx.doi.org/10.1001/jama.2011.1752>
- Chan, N. H., Synnes, A., Grunau, R. E., Colby, L., Petrie, J., Elfring, T., Richter, L., Henderson, L., Banihani, R., Luu, T. M., & On Behalf Of The Canadian Neonatal Follow-Up Network, I. (2022). Impact of Differing Language Background Exposures on Bayley-III Language Assessment in a National Cohort of Children Born Less than 29 Weeks' Gestation. *Children (Basel)*, 9(7). <https://doi.org/10.3390/children9071048>
- Charkaluk, M.-L., Rousseau, J., Dehouck-Vallois, M., Jarreau, P.-H., Nuytten, A., Treluyer, L., Ancel, P.-Y., & Torchin, H. (2021). Occurrence and severity of acute respiratory infections during the first year among very preterm infants: an Epipage-2 cohort analysis. *European Journal of Pediatrics*, 180(6), 1833-1840. <https://doi.org/https://dx.doi.org/10.1007/s00431-021-03956-w>
- Chawla, S., Natarajan, G., Shankaran, S., Pappas, A., Stoll, B. J., Carlo, W. A., Saha, S., Das, A., Laptook, A. R., Higgins, R. D., National Institute of Child, H., & Human Development Neonatal Research, N. (2016). Association of Neurodevelopmental Outcomes and Neonatal Morbidities of Extremely Premature Infants With Differential Exposure to Antenatal Steroids. *JAMA Pediatrics*, 170(12), 1164-1172. <https://doi.org/https://dx.doi.org/10.1001/jamapediatrics.2016.1936>
- Cheong, J. L., Anderson, P., Roberts, G., Duff, J., & Doyle, L. W. (2013). Postnatal corticosteroids and neurodevelopmental outcomes in extremely low birthweight or extremely preterm infants: 15-Year experience in Victoria, Australia. *Archives of Disease in Childhood: Fetal and Neonatal Edition*, 98(1), F32-F36. <https://doi.org/https://dx.doi.org/10.1136/fetalneonatal-2011-301355>
- Cheong, J. L. Y., Haikerwal, A., Wark, J. D., Irving, L., Garland, S. M., Patton, G. C., Cheung, M. M., & Doyle, L. W. (2020). Cardiovascular Health Profile at Age 25 Years in Adults Born Extremely Preterm or Extremely Low Birthweight. *Hypertension*, 76(6), 1838-1846. <https://doi.org/10.1161/hypertensionaha.120.15786>
- Cheong, J. L. Y., Lee, K. J., Boland, R. A., Spittle, A. J., Opie, G. F., Burnett, A. C., Hickey, L. M., Roberts, G., Anderson, P. J., Doyle, L. W., & Victorian Infant Collaborative Study, G. (2018). Changes in long-term prognosis with increasing postnatal survival and the occurrence of postnatal morbidities in extremely preterm infants offered intensive care: a prospective observational study. *The Lancet. Child & adolescent health*, 2(12), 872-879. [https://doi.org/https://dx.doi.org/10.1016/S2352-4642\(18\)30287-6](https://doi.org/https://dx.doi.org/10.1016/S2352-4642(18)30287-6)
- Cooke, R. W. I. (2005). Perinatal and postnatal factors in very preterm infants and subsequent cognitive and motor abilities. *Archives of disease in childhood. Fetal and neonatal edition*, 90(1), F60-63.
- DeMauro, S. B., Bann, C., Flibotte, J., Adams-Chapman, I., & Hintz, S. R. (2020). Cranial Ultrasound and Minor Motor Abnormalities at 2 Years in Extremely Low Gestational Age Infants. *Journal of developmental and behavioral pediatrics : JDBP*, 41(4), 308-315. <https://doi.org/https://dx.doi.org/10.1097/DBP.0000000000000758>
- Downey, L. C., O'Shea, T. M., Allred, E. N., Kuban, K., McElrath, T. F., Warner, D. D., Ware, J., Hecht, J. L., Onderdonk, A., Leviton, A., & Extremely Low Gestational Age Newborn, S. (2015). Antenatal and early postnatal antecedents of parent-reported attention problems at 2 years of age. *The Journal of Pediatrics*, 166(1), 20-25. <https://doi.org/https://dx.doi.org/10.1016/j.jpeds.2014.08.004>
- Doyle, L. W., Bowman, E., Callanan, C., Carse, E., Casalasz, D., Charlton, M. P., Davis, N., Ford, G., Fraser, S., Halliday, J., Hayes, M., Kelly, E., Rickards, A., Stewart, M., Watkins, A., Woods, H., & Yu, V. (2000). Postnatal corticosteroids and sensorineural outcome at 5 years of age. *Journal of Paediatrics and Child Health*, 36(3), 256-261. <https://doi.org/https://dx.doi.org/10.1046/j.1440-1754.2000.00493.x>
- Duncan, A. F., Watterberg, K. L., Nolen, T. L., Vohr, B. R., Adams-Chapman, I., Das, A., Lowe, J., Eunice Kennedy Shriver National Institute of Child, H., & Human Development Neonatal Research, N. (2012). Effect of ethnicity and race on cognitive and language testing at age 18-22 months in extremely preterm infants.

- The Journal of Pediatrics*, 160(6), 966-971.e962.
<https://doi.org/https://dx.doi.org/10.1016/j.jpeds.2011.12.009>
- Dvir, Y., Frazier, J. A., Joseph, R. M., Mokrova, I., Moore, P. S., O'Shea, T. M., Hooper, S. R., Santos, H. P., Jr., Kuban, K., & Investigators, E. S. (2019). Psychiatric Symptoms: Prevalence, Co-occurrence, and Functioning Among Extremely Low Gestational Age Newborns at Age 10 Years. *Journal of developmental and behavioral pediatrics : JDBP*, 40(9), 725-734.
<https://doi.org/https://dx.doi.org/10.1097/DBP.0000000000000744>
- Edstedt Bonamy, A.-K., Mohlkert, L.-A., Hallberg, J., Liuba, P., Fellman, V., Domellof, M., & Norman, M. (2017). Blood Pressure in 6-Year-Old Children Born Extremely Preterm. *Journal of the American Heart Association*, 6(8). <https://doi.org/https://dx.doi.org/10.1161/JAHA.117.005858>
- Fawke, J., Lum, S., Kirkby, J., Hennessy, E., Marlow, N., Rowell, V., Thomas, S., & Stocks, J. (2010). Lung function and respiratory symptoms at 11 years in children born extremely preterm: The EPICure study. *American Journal of Respiratory and Critical Care Medicine*, 182(2), 237-245.
<https://doi.org/https://dx.doi.org/10.1164/rccm.200912-1806OC>
- Fierro, J. L., Passarella, M., & Lorch, S. A. (2019). Prematurity as an Independent Risk Factor for the Development of Pulmonary Disease. *The Journal of Pediatrics*, 213(jlz, 0375410), 110-114.
<https://doi.org/https://dx.doi.org/10.1016/j.jpeds.2019.05.066>
- Finnstrom, O., Otterblad Olausson, P., Sedin, G., Serenius, F., Svenningsen, N., Thiringer, K., Tunell, R., & Wesstrom, G. (1998). Neurosensory outcome and growth at three years in extremely low birthweight infants: Follow-up results from the Swedish national prospective study. *Acta Paediatrica, International Journal of Paediatrics*, 87(10), 1055-1060.
<https://doi.org/https://dx.doi.org/10.1080/080352598750031374>
- Foix-L'Heliass, L., Marret, S., Ancel, P. Y., Marchand, L., Arnaud, C., Fresson, J., Picaud, J. C., Roze, J. C., Theret, B., Burguet, A., Larroque, B., Kaminski, M., & Group, E. S. (2008). Impact of the use of antenatal corticosteroids on mortality, cerebral lesions and 5-year neurodevelopmental outcomes of very preterm infants: the EPIPAGE cohort study. *BJOG : an international journal of obstetrics and gynaecology*, 115(2), 275-282.
- Frazier, J. A., Wood, M. E., Ware, J., Joseph, R. M., Kuban, K. C., O'Shea, M., Allred, E. N., Leviton, A., & Investigators, E. S. (2015). Antecedents of the child behavior checklist-dysregulation profile in children born extremely preterm. *Journal of the American Academy of Child and Adolescent Psychiatry*, 54(10), 816-823. <https://doi.org/https://dx.doi.org/10.1016/j.jaac.2015.07.008>
- Fullerton, B. S., Hong, C. R., Velazco, C. S., Mercier, C. E., Morrow, K. A., Edwards, E. M., Ferrelli, K. R., Soll, R. F., Modi, B. P., Horbar, J. D., & Jaksic, T. (2018). Severe neurodevelopmental disability and healthcare needs among survivors of medical and surgical necrotizing enterocolitis: A prospective cohort study. *Journal of Pediatric Surgery*, 53(1), 101-107.
<https://doi.org/https://dx.doi.org/10.1016/j.jpedsurg.2017.10.029>
- Ghotra, S., Feeny, D., Barr, R., Yang, J., Saigal, S., Vincer, M., Afifi, J., Shah, P. S., Lee, S. K., & Synnes, A. R. (2022). Parent-reported health status of preterm survivors in a Canadian cohort. *Archives of Disease in Childhood: Fetal and Neonatal Edition*, 107(1), 87-93.
<https://doi.org/https://dx.doi.org/10.1136/archdischild-2021-321635>
- GuangXi Cooperative Research Group for Extremely Preterm, I., Li, Y., Meng, D.-H., Wei, Q.-F., Pan, X.-N., Liang, W.-H., Huang, H.-Y., Zhen, H., Zhang, S.-Y., Wei, Y., Wu, C.-B., Wei, Y.-C., Zhou, J.-X., & Lu, G.-X. (2019). Neurodevelopmental outcomes of extremely preterm infants in southern China: A multicenter study. *Early Human Development*, 133(edh, 7708381), 5-10.
<https://doi.org/https://dx.doi.org/10.1016/j.earlhumdev.2019.04.002>
- Guellec, I., Lapillonne, A., Renolleau, S., Charlaluk, M. L., Roze, J. C., Marret, S., Vieux, R., Monique, K., & Ancel, P. Y. (2011). Neurologic outcomes at school age in very preterm infants born with severe or mild growth restriction. *Pediatrics*, 127(4), e883-e891.
<https://doi.org/https://dx.doi.org/10.1542/peds.2010-2442>
- Han, J. H., Yoon, S. J., Lim, J. H., Shin, J. E., Eun, H. S., Park, M. S., Park, K. I., & Lee, S. M. (2022). The impact of neonatal morbidities on child growth and developmental outcomes in very low birth weight infants: a nationwide cohort study. *European Journal of Pediatrics*, 181(1), 197-205.
<https://doi.org/https://dx.doi.org/10.1007/s00431-021-04177-x>
- Haslam, M. D., Lisonkova, S., Creighton, D., Church, P., Yang, J., Shah, P. S., Joseph, K. S., Synnes, A., Harrison, A., Ting, J., Cieslak, Z., Sherlock, R., Yee, W., Fajardo, C., Aziz, K., Toye, J., Kalapesi, Z., Daspal, S., Seshia, M., . . . Murphy, P. (2018). Severe Neurodevelopmental Impairment in Neonates Born Preterm: Impact of Varying Definitions in a Canadian Cohort. *Journal of Pediatrics*, 197((Haslam, Lisonkova, Joseph) School

- of Population and Public Health, University of British Columbia, British Columbia, Canada(Lisonkova, Joseph) Department of Obstetrics and Gynaecology, University of British Columbia, Vancouver, British Columbia, Canada(C), 75-81.e74. <https://doi.org/https://dx.doi.org/10.1016/j.jpeds.2017.12.020>
- Hellgren, K. M., Tornqvist, K., Jakobsson, P. G., Lundgren, P., Carlsson, B., Kallen, K., Serenius, F., Hellstrom, A., & Holmstrom, G. (2016). Ophthalmologic outcome of extremely preterm infants at 6.5 years of age: Extremely preterm infants in Sweden study (EXPRESS). *JAMA Ophthalmology*, *134*(5), 555-562. <https://doi.org/https://dx.doi.org/10.1001/jamaophthalmol.2016.0391>
- Hellström, A., Jacobson, L., Al-Hawasi, A., Hellström-Westas, L., Rakow, A., Johnson, M., Sävman, K., Holmstrom, G., Larsson, E., Gränse, L., Saric, M., Sunnqvist, B., Smith, L., Hård, A. L., Morsing, E., & Lundgren, P. (2022). Retrospective evaluation of ophthalmological and neurological outcomes for infants born before 24 weeks gestational age in a Swedish cohort. *BMJ Open*, *12*(8), e055567. <https://doi.org/10.1136/bmjopen-2021-055567>
- Hintz, S. R., Kendrick, D. E., Stoll, B. J., Vohr, B. R., Fanaroff, A. A., Donovan, E. F., Poole, W. K., Blakely, M. L., Wright, L., Higgins, R., & Network, N. N. R. (2005). Neurodevelopmental and growth outcomes of extremely low birth weight infants after necrotizing enterocolitis. *Pediatrics*, *115*(3), 696-703.
- Hintz, S. R., Kendrick, D. E., Vohr, B. R., Kenneth Poole, W., Higgins, R. D., & Nichd Neonatal Research, N. (2006). Gender differences in neurodevelopmental outcomes among extremely preterm, extremely-low-birthweight infants. *Acta paediatrica (Oslo, Norway : 1992)*, *95*(10), 1239-1248.
- Hintz, S. R., Kendrick, D. E., Vohr, B. R., Poole, W. K., Higgins, R. D., National Institute of Child, H., & Human Development Neonatal Research, N. (2005). Changes in neurodevelopmental outcomes at 18 to 22 months' corrected age among infants of less than 25 weeks' gestational age born in 1993-1999. *Pediatrics*, *115*(6), 1645-1651.
- Hoffman, L., Bann, C., Higgins, R., Vohr, B., Eunice Kennedy Shriver National Institute of Child, H., & Human Development Neonatal Research, N. (2015). Developmental outcomes of extremely preterm infants born to adolescent mothers. *Pediatrics*, *135*(6), 1082-1092. <https://doi.org/https://dx.doi.org/10.1542/peds.2014-3880>
- Holm, M., Msall, M. E., Skranes, J., Dammann, O., Allred, E., & Leviton, A. (2015). Antecedents and correlates of visual field deficits in children born extremely preterm. *European Journal of Paediatric Neurology*, *19*(1), 56-63. <https://doi.org/https://dx.doi.org/10.1016/j.ejpn.2014.10.002>
- Holsti, A., Adamsson, M., Serenius, F., Hagglof, B., & Farooqi, A. (2016). Two-thirds of adolescents who received active perinatal care after extremely preterm birth had mild or no disabilities. *Acta paediatrica (Oslo, Norway : 1992)*, *105*(11), 1288-1297. <https://doi.org/https://dx.doi.org/10.1111/apa.13499>
- Holsti, A., Serenius, F., & Farooqi, A. (2018). Impact of major neonatal morbidities on adolescents born at 23-25 weeks of gestation. *Acta paediatrica (Oslo, Norway : 1992)*, *107*(11), 1893-1901. <https://doi.org/https://dx.doi.org/10.1111/apa.14445>
- Hong, C. R., Fullerton, B. S., Mercier, C. E., Morrow, K. A., Edwards, E. M., Ferrelli, K. R., Soll, R. F., Modi, B. P., Horbar, J. D., & Jaksic, T. (2018). Growth morbidity in extremely low birth weight survivors of necrotizing enterocolitis at discharge and two-year follow-up. *J Pediatr Surg*, *53*(6), 1197-1202. <https://doi.org/10.1016/j.jpedsurg.2018.02.085>
- Hong, T., Bolisetty, S., Bajuk, B., Abdel-Latif, M., Oei, J., Jaffe, A., & Lui, K. (2016). A population study of respiratory rehospitalisation in very preterm infants in the first 3 years of life. *Journal of Paediatrics and Child Health*, *52*(7), 715-721. <https://doi.org/https://dx.doi.org/10.1111/jpc.13205>
- Hreinsdottir, J., Fredriksson Kaul, Y., Hellstrom-Westas, L., Rosander, K., von Hofsten, C., & Holmstrom, G. (2018). Impaired cognitive ability at 2.5 years predicts later visual and ophthalmological problems in children born very preterm. *Acta paediatrica (Oslo, Norway : 1992)*, *107*(5), 822-830. <https://doi.org/https://dx.doi.org/10.1111/apa.14209>
- Hunt, R. W., Hickey, L. M., Burnett, A. C., Anderson, P. J., Cheong, J. L. Y., Doyle, L. W., & Victorian Infant Collaborative Study, g. (2018). Early surgery and neurodevelopmental outcomes of children born extremely preterm. *Archives of disease in childhood. Fetal and neonatal edition*, *103*(3), F227-F232. <https://doi.org/https://dx.doi.org/10.1136/archdischild-2017-313161>
- Iwami, H., Isayama, T., Lodha, A., Canning, R., Abou Mehrem, A., Lee, S. K., Synnes, A., Shah, P. S., Canadian Neonatal, N., & Canadian Neonatal Follow-Up Network, I. (2019). Outcomes after Neonatal Seizures in Infants Less Than 29 Weeks' Gestation: A Population-Based Cohort Study. *American Journal of Perinatology*, *36*(2), 191-199. <https://doi.org/https://dx.doi.org/10.1055/s-0038-1667107>
- Jackson, W. M., O'Shea, T. M., Allred, E. N., Laughon, M. M., Gower, W. A., & Leviton, A. (2018). Risk factors for chronic lung disease and asthma differ among children born extremely preterm. *Pediatric pulmonology*, *53*(11), 1533-1540. <https://doi.org/https://dx.doi.org/10.1002/ppul.24148>

- Johnson, S., Hollis, C., Kochhar, P., Hennessy, E., Wolke, D., & Marlow, N. (2010). Autism spectrum disorders in extremely preterm children. *The Journal of Pediatrics*, *156*(4), 525-531.e522.
<https://doi.org/https://dx.doi.org/10.1016/j.jpeds.2009.10.041>
- Johnson, S., Hollis, C., Kochhar, P., Hennessy, E., Wolke, D., & Marlow, N. (2010). Psychiatric disorders in extremely preterm children: longitudinal finding at age 11 years in the EPICure study. *Journal of the American Academy of Child and Adolescent Psychiatry*, *49*(5), 453-463.e451.
- Johnson, S., Kochhar, P., Hennessy, E., Marlow, N., Wolke, D., & Hollis, C. (2016). Antecedents of Attention-Deficit/Hyperactivity Disorder Symptoms in Children Born Extremely Preterm. *Journal of developmental and behavioral pediatrics : JDBP*, *37*(4), 285-297.
<https://doi.org/https://dx.doi.org/10.1097/DBP.0000000000000298>
- Joseph, R. M., Hooper, S. R., Heeren, T., Santos, H. P., Frazier, J. A., Venuti, L., Foley, A., Rollins, C. K., Kuban, K. C. K., Fry, R. C., Shah, B., Singh, R., Vaidya, R., Van Marter, L., Martin, C., Ware, J., Rollins, C., Cole, C., Perrin, E., . . . Kring, B. (2022). Maternal social risk, gestational age at delivery, and cognitive outcomes among adolescents born extremely preterm. *Paediatric and Perinatal Epidemiology*, *36*(5), 654-664.
<https://doi.org/https://dx.doi.org/10.1111/ppe.12893>
- Joseph, R. M., O'Shea, T. M., Allred, E. N., Heeren, T., Hirtz, D., Jara, H., Leviton, A., Kuban, K. C. K., & Investigators, E. S. (2016). Neurocognitive and Academic Outcomes at Age 10 Years of Extremely Preterm Newborns. *Pediatrics*, *137*(4). <https://doi.org/https://dx.doi.org/10.1542/peds.2015-4343>
- Kallen, K., Serenius, F., Westgren, M., Marsal, K., & Group, E. (2015). Impact of obstetric factors on outcome of extremely preterm births in Sweden: prospective population-based observational study (EXPRESS). *Acta obstetrica et gynecologica Scandinavica*, *94*(11), 1203-1214.
<https://doi.org/https://dx.doi.org/10.1111/aogs.12726>
- Kaul, Y. F., Naseh, N., Strand Brodd, K., Bohm, B., Holmstrom, G., & Hellstrom-Westas, L. (2021). Average 2.5-year neurodevelopmental test results in children born very preterm did not rule out cognitive deficits at 6.5 years of age. *Acta Paediatrica, International Journal of Paediatrics*, *110*(3), 846-854.
<https://doi.org/https://dx.doi.org/10.1111/apa.15586>
- Kent, A. L., Wright, I. M. R., Abdel-Latif, M. E., New South, W., & Australian Capital Territory Neonatal Intensive Care Units Audit, G. (2012). Mortality and adverse neurologic outcomes are greater in preterm male infants. *Pediatrics*, *129*(1), 124-131. <https://doi.org/https://dx.doi.org/10.1542/peds.2011-1578>
- Kiechl-Kohlendorfer, U., Biermayr, M., Pupp Peglow, U., & Griesmaier, E. (2018). Outcome of infants born at <32 weeks' gestation in a single-centre level III neonatology unit - relation to feeding strategy. *J Int Med Res*, *46*(12), 5107-5116. <https://doi.org/10.1177/0300060518790706>
- Kiechl-Kohlendorfer, U., Ralser, E., Pupp Peglow, U., Reiter, G., & Trawogger, R. (2009). Adverse neurodevelopmental outcome in preterm infants: risk factor profiles for different gestational ages. *Acta paediatrica (Oslo, Norway : 1992)*, *98*(5), 792-796.
<https://doi.org/https://dx.doi.org/10.1111/j.1651-2227.2009.01219.x>
- Kochukhova, O., Fredriksson Kaul, Y., Johansson, M., Montgomery, C., Holmstrom, G., Strand Brodd, K., & Hellstrom-Westas, L. (2022). Antenatal steroids and neurodevelopment in 12-year-old children born extremely preterm. *Acta Paediatrica, International Journal of Paediatrics*, *111*(2), 314-322.
<https://doi.org/https://dx.doi.org/10.1111/apa.16140>
- Korzeniewski, S. J., Allred, E. N., Joseph, R. M., Heeren, T., Kuban, K. C. K., O'Shea, T. M., Leviton, A., & Investigators, E. S. (2017). Neurodevelopment at Age 10 Years of Children Born <28 Weeks With Fetal Growth Restriction. *Pediatrics*, *140*(5). <https://doi.org/https://dx.doi.org/10.1542/peds.2017-0697>
- Kuban, K. C. K., Allred, E. N., O'Shea, T. M., Paneth, N., Pagano, M., Dammann, O., Leviton, A., Du Plessis, A., Westra, S. J., Miller, C. R., Bassan, H., Krishnamoorthy, K., Junewick, J., Olomu, N., Romano, E., Seibert, J., Engelke, S., Karna, P., Batton, D., . . . investigators, E. s. (2009). Cranial ultrasound lesions in the NICU predict cerebral palsy at age 2 years in children born at extremely low gestational age. *Journal of Child Neurology*, *24*(1), 63-72. <https://doi.org/https://dx.doi.org/10.1177/0883073808321048>
- Kuban, K. C. K., Joseph, R. M., O'Shea, T. M., Allred, E. N., Heeren, T., Douglass, L., Stafstrom, C. E., Jara, H., Frazier, J. A., Hirtz, D., Leviton, A., & Extremely Low Gestational Age Newborn Study, I. (2016). Girls and Boys Born before 28 Weeks Gestation: Risks of Cognitive, Behavioral, and Neurologic Outcomes at Age 10 Years. *The Journal of Pediatrics*, *173*(j1z, 0375410), 69-75.e61.
<https://doi.org/https://dx.doi.org/10.1016/j.jpeds.2016.02.048>
- Kwinta, P., Klimek, M., Wojcik, M., Grudzien, A., Drozd, D., & Pietrzyk, J. J. (2011). Insulin-like growth factor-1 (IGF-1) serum concentration among 7-year-old extremely low birth weight children--an indicator of growth problems. *Journal of pediatric endocrinology & metabolism : JPEM*, *24*(9-10), 651-657.

- Lakshmanan, A., Rogers, E. E., Lu, T., Gray, E., Vernon, L., Briscoe, H., Profit, J., Jocson, M. A. L., & Hintz, S. R. (2022). Disparities and Early Engagement Associated with the 18- to 36-month High-risk Infant Follow-up Visit among Very Low Birthweight Infants in California. *J Pediatr*.
<https://doi.org/10.1016/j.jpeds.2022.05.026>
- Lee, B. H., Stoll, B. J., McDonald, S. A., Higgins, R. D., National Institute of Child, H., & Human Development Neonatal Research, N. (2008). Neurodevelopmental outcomes of extremely low birth weight infants exposed prenatally to dexamethasone versus betamethasone. *Pediatrics*, *121*(2), 289-296.
<https://doi.org/https://dx.doi.org/10.1542/peds.2007-1103>
- Leveresen, K. T., Sommerfelt, K., Ronnestad, A., Kaaresen, P. I., Farstad, T., Skranes, J., Stoen, R., Elgen, I. B., Rettedal, S., Eide, G. E., Irgens, L. M., & Markestad, T. (2010). Predicting neurosensory disabilities at two years of age in a national cohort of extremely premature infants. *Early Human Development*, *86*(9), 581-586. <https://doi.org/https://dx.doi.org/10.1016/j.earlhumdev.2010.07.009>
- Lin, C. Y., Hsu, C. H., & Chang, J. H. (2020). Neurodevelopmental outcomes at 2 and 5 years of age in very-low-birth-weight preterm infants born between 2002 and 2009: A prospective cohort study in Taiwan. *Pediatrics and Neonatology*, *61*(1), 36-44.
<https://doi.org/https://dx.doi.org/10.1016/j.pedneo.2019.05.006>
- Lodha, A., Lakhani, J., Ediger, K., Tang, S., Lodha, A., Gandhi, V., & Creighton, D. (2018). Do preterm infants with a birth weight ≤ 1250 g born to single-parent families have poorer neurodevelopmental outcomes at age 3 than those born to two-parent families? *Journal of perinatology : official journal of the California Perinatal Association*, *38*(7), 900-907. <https://doi.org/https://dx.doi.org/10.1038/s41372-018-0118-7>
- Martin, C. R., Dammann, O., Allred, E. N., Patel, S., O'Shea, T. M., Kuban, K. C. K., & Leviton, A. (2010). Neurodevelopment of extremely preterm infants who had necrotizing enterocolitis with or without late bacteremia. *The Journal of Pediatrics*, *157*(5), 751-756.e751.
<https://doi.org/https://dx.doi.org/10.1016/j.jpeds.2010.05.042>
- McGowan, E. C., Lupton, A. R., Lowe, J., Peralta-Carcelen, M., Chowdhury, D., Higgins, R. D., Hintz, S. R., Vohr, B. R., Eunice Kennedy Shriver National Institute of Child, H., & Human Development Neonatal Research, N. (2019). Developmental Outcomes of Extremely Preterm Infants with a Need for Child Protective Services Supervision. *The Journal of Pediatrics*, *215*(j1z, 0375410), 41-49.e44.
<https://doi.org/https://dx.doi.org/10.1016/j.jpeds.2019.07.063>
- Mercier, C. E., Dunn, M. S., Ferrelli, K. R., Howard, D. B., & Soll, R. F. (2010). Neurodevelopmental outcome of extremely low birth weight infants from the Vermont Oxford network: 1998-2003 and the Vermont Oxford Network ELBW infant follow-up study group. *Neonatology*, *97*(4), 329-338.
<https://doi.org/https://dx.doi.org/10.1159/000260136>
- Molloy, C. S., Anderson, P. J., Anderson, V. A., & Doyle, L. W. (2016). The long-term outcome of extremely preterm (<28 weeks' gestational age) infants with and without severe retinopathy of prematurity. *Journal of neuropsychology*, *10*(2), 276-294. <https://doi.org/https://dx.doi.org/10.1111/jnp.12069>
- Molloy, C. S., Wilson-Ching, M., Doyle, L. W., Anderson, V. A., & Anderson, P. J. (2014). Visual memory and learning in extremely low-birth-weight/extremely preterm adolescents compared with controls: a geographic study. *Journal of pediatric psychology*, *39*(3), 316-331.
<https://doi.org/https://dx.doi.org/10.1093/jpepsy/jst088>
- Moore, P. S., Mokrova, I., Frazier, J. A., Joseph, R. M., Santos, H. P., Dvir, Y., Hooper, S. R., O'Shea, T. M., Douglass, L. M., & Kuban, K. C. K. (2021). Anxiety and Depression Correlates at Age 10 in Children Born Extremely Preterm. *Journal of pediatric psychology*, *46*(4), 422-432.
<https://doi.org/https://dx.doi.org/10.1093/jpepsy/jsaa118>
- Moore, T., Johnson, S., Hennessy, E., & Marlow, N. (2012). Screening for autism in extremely preterm infants: problems in interpretation. *Developmental Medicine and Child Neurology*, *54*(6), 514-520.
<https://doi.org/https://dx.doi.org/10.1111/j.1469-8749.2012.04265.x>
- Morriss, F. H., Jr., Saha, S., Bell, E. F., Colaizy, T. T., Stoll, B. J., Hintz, S. R., Shankaran, S., Vohr, B. R., Hamrick, S. E. G., Pappas, A., Jones, P. M., Carlo, W. A., Lupton, A. R., Van Meurs, K. P., Sanchez, P. J., Hale, E. C., Newman, N. S., Das, A., Higgins, R. D., . . . Human Development Neonatal Research, N. (2014). Surgery and neurodevelopmental outcome of very low-birth-weight infants. *JAMA Pediatrics*, *168*(8), 746-754.
<https://doi.org/https://dx.doi.org/10.1001/jamapediatrics.2014.307>
- Natalucci, G., Bucher, H. U., Von Rhein, M., Borradori Tolsa, C., Latal, B., & Adams, M. (2017). Population based report on health related quality of life in adolescents born very preterm. *Early Human Development*, *104*(edh, 7708381), 7-12. <https://doi.org/https://dx.doi.org/10.1016/j.earlhumdev.2016.11.002>
- Natarajan, G., Pappas, A., Shankaran, S., Kendrick, D. E., Das, A., Higgins, R. D., Lupton, A. R., Bell, E. F., Stoll, B. J., Newman, N., Hale, E. C., Bara, R., & Walsh, M. C. (2012). Outcomes of extremely low birth weight

- infants with bronchopulmonary dysplasia: Impact of the physiologic definition. *Early Human Development*, 88(7), 509-515. <https://doi.org/https://dx.doi.org/10.1016/j.earlhumdev.2011.12.013>
- Neitmann, J., Hanke, K., Humberg, A., Siller, B., Spiegler, J., Juhnke, K., Gilmore, J., Odendahl, R., Herting, E., Gopel, W., Hartel, C., & Fortmann, I. (2022). Sleep problems in infancy and early school age in very preterm infants. *Early Human Development*, 173((Neitmann, Hanke, Humberg, Siller, Juhnke, Gilmore, Odendahl, Herting, Gopel, Fortmann) Department of Pediatrics, University of Luebeck, Luebeck, Germany(Spiegler, Hartel) Department of Pediatrics, University Hospital of Wuerzburg, Wuerzburg, Germany), 105656. <https://doi.org/https://dx.doi.org/10.1016/j.earlhumdev.2022.105656>
- Ni, Y., Beckmann, J., Hurst, J. R., Morris, J. K., & Marlow, N. (2021). Size at birth, growth trajectory in early life, and cardiovascular and metabolic risks in early adulthood: EPICure study. *Archives of disease in childhood. Fetal and neonatal edition*, 106(2), 149-155. <https://doi.org/https://dx.doi.org/10.1136/archdischild-2020-319328>
- O'Shea, T. M., Allred, E. N., Kuban, K. C. K., Hirtz, D., Specter, B., Durfee, S., Paneth, N., & Leviton, A. (2012). Intraventricular hemorrhage and developmental outcomes at 24 months of age in extremely preterm infants. *Journal of Child Neurology*, 27(1), 22-29. <https://doi.org/https://dx.doi.org/10.1177/0883073811424462>
- O'Shea, T. M., Kuban, K. C. K., Allred, E. N., Paneth, N., Pagano, M., Dammann, O., Bostic, L., Brooklier, K., Butler, S., Goldstein, D. J., Hounshell, G., Keller, C., McQuiston, S., Miller, A., Pasternak, S., Plesha-Troyke, S., Price, J., Romano, E., Solomon, K. M., . . . Extremely Low Gestational Age Newborns Study, I. (2008). Neonatal cranial ultrasound lesions and developmental delays at 2 years of age among extremely low gestational age children. *Pediatrics*, 122(3), e662-669. <https://doi.org/https://dx.doi.org/10.1542/peds.2008-0594>
- O'Shea, T. M., Shah, B., Allred, E. N., Fichorova, R. N., Kuban, K. C. K., Dammann, O., & Leviton, A. (2013). Inflammation-initiating illnesses, inflammation-related proteins, and cognitive impairment in extremely preterm infants. *Brain, Behavior, and Immunity*, 29((O'Shea) Division of Neonatology, Department of Pediatrics, Wake Forest University School of Medicine, Winston-Salem, NC 27157, United States(Shah) Department of Pediatrics, Baystate Children's Hospital, Springfield, MA 01199, United States(Allred, Levito), 104-112. <https://doi.org/https://dx.doi.org/10.1016/j.bbi.2012.12.012>
- Payne, A. H., Hintz, S. R., Hibbs, A. M., Walsh, M. C., Vohr, B. R., Bann, C. M., Wilson-Costello, D. E., Eunice Kennedy Shriver National Institute of Child, H., & Human Development Neonatal Research, N. (2013). Neurodevelopmental outcomes of extremely low-gestational-age neonates with low-grade periventricular-intraventricular hemorrhage. *JAMA Pediatrics*, 167(5), 451-459. <https://doi.org/https://dx.doi.org/10.1001/jamapediatrics.2013.866>
- Peralta-Carcelen, M., Carlo, W. A., Pappas, A., Vaucher, Y. E., Yeates, K. O., Phillips, V. A., Gustafson, K. E., Payne, A. H., Duncan, A. F., Newman, J. E., Bann, C. M., Follow Up Committee of the Eunice Kennedy Shriver National Institute of Child, H., & Human Development Neonatal, N. (2017). Behavioral Problems and Socioemotional Competence at 18 to 22 Months of Extremely Premature Children. *Pediatrics*, 139(6). <https://doi.org/https://dx.doi.org/10.1542/peds.2016-1043>
- Perrott, S., Dodds, L., & Vincer, M. (2003). A population-based study of prognostic factors related to major disability in very preterm survivors. *Journal of perinatology : official journal of the California Perinatal Association*, 23(2), 111-116.
- Pittet-Metrailler, M. P., Murner-Lavanchy, I., Adams, M., Bickle-Graz, M., Pfister, R. E., Natalucci, G., Grunt, S., Borradori Tolsa, C., Swiss National, N., & Follow-Up, G. (2019). Neurodevelopmental outcome at early school age in a Swiss national cohort of very preterm children. *Swiss medical weekly*, 149(d10, 100970884), w20084. <https://doi.org/https://dx.doi.org/10.4414/sm.w.2019.20084>
- Puopolo, K. M., Mukhopadhyay, S., Hansen, N. I., Flannery, D. D., Greenberg, R. G., Sanchez, P. J., Bell, E. F., DeMauro, S. B., Wyckoff, M. H., Eichenwald, E. C., & Stoll, B. J. (2022). Group B Streptococcal Infection in Extremely Preterm Neonates and Neurodevelopmental Outcomes at 2 Years. *Clinical infectious diseases : an official publication of the Infectious Diseases Society of America*((Puopolo, Mukhopadhyay, Flannery, DeMauro, Eichenwald) Division of Neonatology, Children's Hospital of Philadelphia, PA, Philadelphia, United States(Puopolo, Mukhopadhyay, Flannery, DeMauro, Eichenwald) Department of Pediatrics, University of Pennsylvania). <https://doi.org/https://dx.doi.org/10.1093/cid/ciac222>
- Radic, J. A. E., Vincer, M., & McNeely, P. D. (2015). Outcomes of intraventricular hemorrhage and posthemorrhagic hydrocephalus in a population-based cohort of very preterm infants born to residents of Nova Scotia from 1993 to 2010. *Journal of neurosurgery. Pediatrics*, 15(6), 580-588. <https://doi.org/https://dx.doi.org/10.3171/2014.11.PEDS14364>

- Rijken, M., Wit, J. M., Le Cessie, S., & Veen, S. (2007). The effect of perinatal risk factors on growth in very preterm infants at 2 years of age: The Leiden Follow-Up Project on Prematurity. *Early Human Development*, 83(8), 527-534. <https://doi.org/https://dx.doi.org/10.1016/j.earlhumdev.2006.10.002>
- Roberts, G., Lee, K. J., Cheong, J. L. Y., Doyle, L. W., & Victorian Infant Collaborative Study, G. (2014). Higher ambulatory blood pressure at 18 years in adolescents born less than 28 weeks' gestation in the 1990s compared with term controls. *Journal of hypertension*, 32(3), 620-626. <https://doi.org/https://dx.doi.org/10.1097/HJH.0000000000000055>
- Rodrigues, A. N., Bajuk, B., Oei, J., Lui, K., Abdel-Latif, M. E., & Network, N. (2015). Neurodevelopmental outcome of extremely preterm infants born to rural and urban residents' mothers in Australia. *Early Human Development*, 91(8), 437-443. <https://doi.org/https://dx.doi.org/10.1016/j.earlhumdev.2015.04.014>
- Rodrigues, C., Zeitlin, J., Carvalho, A. R., Gonzaga, D., & Barros, H. (2022a). Behavioral and emotional outcomes at preschool age in children born very preterm: The role of breast milk feeding practices. *Early Human Development*, 165((Rodrigues, Carvalho, Barros) EPIUnit - Instituto de Saude Publica, Universidade do Porto, Porto, Portugal(Rodrigues, Barros) Laboratorio para a Investigacao Integrativa e Translacional em Saude Populacional (ITR), Porto, Portugal(Zeitlin) Universite de P), 105535. <https://doi.org/https://dx.doi.org/10.1016/j.earlhumdev.2021.105535>
- Rodrigues, C., Zeitlin, J., Zemlin, M., Wilson, E., Pedersen, P., & Barros, H. (2022b). Never-breastfed children face a higher risk of suboptimal cognition at 2 years of corrected age: A multinational cohort of very preterm children. *Matern Child Nutr*, 18(3), e13347. <https://doi.org/10.1111/mcn.13347>
- Sarkar, S., Shankaran, S., Barks, J., Do, B. T., Lupton, A. R., Das, A., Ambalavanan, N., Van Meurs, K. P., Bell, E. F., Sanchez, P. J., Hintz, S. R., Wyckoff, M. H., Stoll, B. J., Carlo, W. A., Jobe, A. H., Caplan, M. S., Polin, R. A., Kesler, M., Oh, W., . . . Williams, J. (2018). Outcome of Preterm Infants with Transient Cystic Periventricular Leukomalacia on Serial Cranial Imaging Up to Term Equivalent Age. *Journal of Pediatrics*, 195((Sarkar, Barks) Department of Pediatrics, University of Michigan Health System, Ann Arbor, MI, United States(Shankaran) Department of Pediatrics, Wayne State University, Detroit, MI, United States(Do) Social, Statistical and Environmental Sciences Unit, R), 59-65.e53. <https://doi.org/https://dx.doi.org/10.1016/j.jpeds.2017.12.010>
- Schlapbach, L. J., Aebischer, M., Adams, M., Natalucci, G., Bonhoeffer, J., Latzin, P., Nelle, M., Bucher, H. U., Latal, B., Swiss Neonatal, N., & Follow-Up, G. (2011). Impact of sepsis on neurodevelopmental outcome in a Swiss National Cohort of extremely premature infants. *Pediatrics*, 128(2), e348-357. <https://doi.org/https://dx.doi.org/10.1542/peds.2010-3338>
- Seppanen, A. V., Sentenac, M., Lebeer, J., Van Reempts, P., Bruneel, E., Cloet, E., Oostra, A., Ortibus, E., Sarrechia, I., Boerch, K., Pedersen, P., Toome, L., Varendi, H., Mannamaa, M., Ancel, P. Y., Burguet, A., Jarreau, P. H., Pierrat, V., Truffert, P., . . . Seppanen, A. V. (2022). Health-related quality of life of children born very preterm: a multinational European cohort study. *Quality of Life Research*((Kim, Petrou) Nuffield Department of Primary Care Health Sciences, University of Oxford, Radcliffe Observatory Quarter, Woodstock Road, Oxford OX2 6GG, United Kingdom(Andronis) Warwick Clinical Trials Unit, Warwick Medical School, University of Warwick, C). <https://doi.org/https://dx.doi.org/10.1007/s11136-022-03217-9>
- Serenius, F., Ewald, U., Farooqi, A., Fellman, V., Hafstrom, M., Hellgren, K., Marsal, K., Ohlin, A., Olhager, E., Stjernqvist, K., Stromberg, B., Aden, U., Kallen, K., & Extremely Preterm Infants in Sweden Study, G. (2016). Neurodevelopmental Outcomes Among Extremely Preterm Infants 6.5 Years After Active Perinatal Care in Sweden. *JAMA Pediatrics*, 170(10), 954-963. <https://doi.org/https://dx.doi.org/10.1001/jamapediatrics.2016.1210>
- Shafey, A., Bashir, R. A., Shah, P., Synnes, A., Yang, J., Kelly, E., Shah, P. S., Harrison, A., Ting, J., Yee, W., Aziz, K., Toye, J., Fajardo, C., Kalapesi, Z., Sankaran, K., Daspal, S., Seshia, M., Alvaro, R., Shivananda, S., . . . Murphy, P. (2020). Outcomes and resource usage of infants born at <= 25 weeks gestation in Canada. *Paediatrics and Child Health (Canada)*, 25(4), 207-215. <https://doi.org/https://dx.doi.org/10.1093/pch/pxz002>
- Shah, T. A., Meinen-Derr, J., Gratton, T., Steichen, J., Donovan, E. F., Yolton, K., Alexander, B., Narendran, V., & Schibler, K. R. (2012). Hospital and neurodevelopmental outcomes of extremely low-birth-weight infants with necrotizing enterocolitis and spontaneous intestinal perforation. *Journal of perinatology : official journal of the California Perinatal Association*, 32(7), 552-558. <https://doi.org/https://dx.doi.org/10.1038/jp.2011.176>
- Skromme, K., Leversen, K. T., Eide, G. E., Markestad, T., & Halvorsen, T. (2015). Respiratory illness contributed significantly to morbidity in children born extremely premature or with extremely low birthweights in

- 1999-2000. *Acta paediatrica (Oslo, Norway : 1992)*, 104(11), 1189-1198.
<https://doi.org/https://dx.doi.org/10.1111/apa.13165>
- Skromme, K., Vollsaeter, M., Oymar, K., Markestad, T., & Halvorsen, T. (2018). Respiratory morbidity through the first decade of life in a national cohort of children born extremely preterm. *BMC Pediatr*, 18(1), 102. <https://doi.org/https://dx.doi.org/10.1186/s12887-018-1045-7>
- Sriram, S., Schreiber, M. D., Msall, M. E., Kuban, K. C. K., Joseph, R. M., O' Shea, T. M., Allred, E. N., Leviton, A., & Investigators, E. S. (2018). Cognitive Development and Quality of Life Associated With BPD in 10-Year-Olds Born Preterm. *Pediatrics*, 141(6). <https://doi.org/https://dx.doi.org/10.1542/peds.2017-2719>
- Stahlmann, N., Rapp, M., Herting, E., & Thyen, U. (2009). Outcome of extremely premature infants at early school age: health-related quality of life and neurosensory, cognitive, and behavioral outcomes in a population-based sample in northern Germany. *Neuropediatrics*, 40(3), 112-119.
<https://doi.org/https://dx.doi.org/10.1055/s-0029-1243166>
- Stoelhorst, G. M. S. J., Martens, S. E., Rijken, M., van Zwieten, P. H. T., Zwinderman, A. H., Wit, J. M., Veen, S., & Leiden Follow-Up Project on, P. (2003). Behaviour at 2 years of age in very preterm infants (gestational age < 32 weeks). *Acta paediatrica (Oslo, Norway : 1992)*, 92(5), 595-601.
- Synnes, A., Luu, T. M., Moddemann, D., Church, P., Lee, D., Vincer, M., Ballantyne, M., Majnemer, A., Creighton, D., Yang, J., Sauve, R., Saigal, S., Shah, P., Lee, S. K., Canadian Neonatal, N., & the Canadian Neonatal Follow-Up, N. (2017). Determinants of developmental outcomes in a very preterm Canadian cohort. *Archives of disease in childhood. Fetal and neonatal edition*, 102(3), F235-F234.
<https://doi.org/https://dx.doi.org/10.1136/archdischild-2016-311228>
- Toome, L., Varendi, H., Mannamaa, M., Vals, M.-A., Tanavsuu, T., & Kolk, A. (2013). Follow-up study of 2-year-olds born at very low gestational age in Estonia. *Acta paediatrica (Oslo, Norway : 1992)*, 102(3), 300-307. <https://doi.org/https://dx.doi.org/10.1111/apa.12091>
- Tulviste, T., Toome, L., Mannamaa, M., & Varendi, H. (2020). Language skills at corrected age 2;0 are poorer in extremely and very preterm boys but not girls compared with their full-term peers. *Early Human Development*, 151((Tulviste, Toome) University of Tartu, Estonia(Mannamaa, Varendi) Tartu University Hospital, Children's Clinic, Estonia(Toome) Tallinn Children Hospital, Estonia), 105164.
<https://doi.org/https://dx.doi.org/10.1016/j.earlhumdev.2020.105164>
- van Beek, P. E., Rijken, M., Broeders, L., Ter Horst, H. J., Koopman-Esseboom, C., de Kort, E., Laarman, C., Mulder-de Tollenaer, S. M., Steiner, K., Swarte, R. M., van Westering-Kroon, E., Oei, S. G., Leemhuis, A. G., Andriessen, P., & group, E.-D. s. (2022). Two-year neurodevelopmental outcome in children born extremely preterm: the EPI-DAF study. *Archives of disease in childhood. Fetal and neonatal edition*, 107(5), 467-474. <https://doi.org/https://dx.doi.org/10.1136/archdischild-2021-323124>
- van Dommelen, P., Verkerk, P. H., van Straaten, H. L. M., & Dutch Neonatal Intensive Care Unit Neonatal Hearing Screening Working, G. (2015). Hearing loss by week of gestation and birth weight in very preterm neonates. *The Journal of Pediatrics*, 166(4), 840-843.e841.
<https://doi.org/https://dx.doi.org/10.1016/j.jpeds.2014.12.041>
- Vincer, M. J., Allen, A. C., Joseph, K. S., Stinson, D. A., Scott, H., & Wood, E. (2006). Increasing prevalence of cerebral palsy among very preterm infants: a population-based study. *Pediatrics*, 118(6), e1621-1626.
- Vohr, B. R., Wright, L. L., Dusick, A. M., Mele, L., Verter, J., Steichen, J. J., Simon, N. P., Wilson, D. C., Broyles, S., Bauer, C. R., Delaney-Black, V., Yolton, K. A., Fleisher, B. E., Papile, L. A., & Kaplan, M. D. (2000). Neurodevelopmental and functional outcomes of extremely low birth weight infants in the National Institute of Child Health and Human Development Neonatal Research Network, 1993-1994. *Pediatrics*, 105(6), 1216-1226.
- Vohr, B. R., Wright, L. L., Dusick, A. M., Perritt, R., Poole, W. K., Tyson, J. E., Steichen, J. J., Bauer, C. R., Wilson-Costello, D. E., Mayes, L. C., & Neonatal Research, N. (2004). Center differences and outcomes of extremely low birth weight infants. *Pediatrics*, 113(4), 781-789.
- Vohr, B. R., Wright, L. L., Poole, W. K., & McDonald, S. A. (2005). Neurodevelopmental outcomes of extremely low birth weight infants <32 weeks' gestation between 1993 and 1998. *Pediatrics*, 116(3), 635-643.
<https://doi.org/https://dx.doi.org/10.1542/peds.2004-2247>
- Voss, W., Hobbiebrunken, E., Ungermann, U., Wagner, M., & Damm, G. (2016). The development of extremely premature infants - Results from the Lower Saxony Longitudinal Study of Prematurity (Niedersächsisches Frühgeborenen-Nachuntersuchungsprojekt). *Deutsches Arzteblatt International*, 113(51-52), 871-878. <https://doi.org/https://dx.doi.org/10.3238/arztebl.2016.0871>
- Wang, L.-W., Lin, Y.-C., Wang, S.-T., Yeh, T.-F., & Huang, C.-C. (2014). Hypoxic/ischemic and infectious events have cumulative effects on the risk of cerebral palsy in very-low-birth-weight preterm infants. *Neonatology*, 106(3), 209-215. <https://doi.org/https://dx.doi.org/10.1159/000362782>

- Wilson-Ching, M., Molloy, C. S., Anderson, V. A., Burnett, A., Roberts, G., Cheong, J. L. Y., Doyle, L. W., & Anderson, P. J. (2013). Attention difficulties in a contemporary geographic cohort of adolescents born extremely preterm/extremely low birth weight. *Journal of the International Neuropsychological Society : JINS*, *19*(10), 1097-1108. <https://doi.org/https://dx.doi.org/10.1017/S1355617713001057>
- Wong, D., Abdel-Latif, M., & Kent, A. (2014). Antenatal steroid exposure and outcomes of very premature infants: a regional cohort study. *Arch Dis Child Fetal Neonatal Ed*, *99*(1), F12-20. <https://doi.org/10.1136/archdischild-2013-304705>
- Wood, C. T., Linthavong, O., Perrin, E. M., Leviton, A., Allred, E. N., Kuban, K. C. K., & O'Shea, T. M. (2018). Antecedents of obesity among children born extremely preterm. *Pediatrics*, *142*(5), e20180519. <https://doi.org/https://dx.doi.org/10.1542/peds.2018-0519>
- Wood, N. S., Costeloe, K., Gibson, A. T., Hennessy, E. M., Marlow, N., & Wilkinson, A. R. (2005). The EPICure study: Associations and entecedents of neurological and developmental disability at the 30 months of age following extremely preterm birth. *Archives of Disease in Childhood: Fetal and Neonatal Edition*, *90*(2), F134-F140. <https://doi.org/https://dx.doi.org/10.1136/adc.2004.052407>
- Wood, N. S., Costeloe, K., Gibson, A. T., Hennessy, E. M., Marlow, N., Wilkinson, A. R., & Group, E. P. S. (2003). The EPICure study: growth and associated problems in children born at 25 weeks of gestational age or less. *Archives of disease in childhood. Fetal and neonatal edition*, *88*(6), F492-500.
- Zoia, S., Biancotto, M., Caravale, B., Valletti, A., Montelisciani, L., Croci, I., Voller, F., Rusconi, F., Carrozzi, M., Chiandotto, V., Di Lallo, D., Vicari, S., & Cuttini, M. (2022). Early factors associated with risk of developmental coordination disorder in very preterm children: A prospective area-based cohort study in Italy. *Paediatric and Perinatal Epidemiology*, *36*(5), 683-695. <https://doi.org/https://dx.doi.org/10.1111/ppe.12878>

4. REFERENCES

1. Huang, H.B., et al., *A Family-Centered, Multidisciplinary Clinic for Early Diagnosis of Neurodevelopmental Impairment and Cerebral Palsy in China-A Pilot Observation*. *Front Pediatr*, 2022. **10**: p. 840190.
2. de Vries, N.K., et al., *New Zealand Newborn Clinical Network: Practice recommendations for 2 year follow-up of infants, at high risk of developmental disability*. 2022.
3. Doyle, L.W., et al., *Long term follow up of high risk children: who, why and how?* *BMC Pediatr*, 2014. **14**.
4. EFCNI, *European Standards of Care for Newborn Health: Follow-up and Continuing Care*. 2018, European Foundation for the Care of Newborn Infants.
5. National Institute for Health and Care Excellence, *Developmental follow-up of children and young people born preterm [NICE Guideline No. 72]*. 2017: www.nice.org.uk/guidance/ng72.
6. Wang, C.J., et al., *Quality-of-care indicators for the neurodevelopmental follow-up of very low birth weight children: results of an expert panel process*. *Pediatrics*, 2006. **117**(6): p. 2080-92.
7. Alonso-Coello, P., et al., *GRADE Evidence to Decision (EtD) frameworks: a systematic and transparent approach to making well informed healthcare choices. 2: Clinical practice guidelines*. *Bmj*, 2016. **353**: p. i2089.
8. Toome, L., et al., *Follow-up study of 2-year-olds born at very low gestational age in Estonia*. *Acta paediatrica (Oslo, Norway : 1992)*, 2013. **102**(3): p. 300-7.
9. Bracewell, M.A., et al., *The EPICure study: growth and blood pressure at 6 years of age following extremely preterm birth*. *Arch Dis Child Fetal Neonatal Ed*, 2008. **93**(2): p. F108-14.
10. Wood, N.S., et al., *The EPICure study: growth and associated problems in children born at 25 weeks of gestational age or less*. *Arch Dis Child Fetal Neonatal Ed*, 2003. **88**(6): p. F492-500.
11. Edstedt Bonamy, A.-K., et al., *Blood Pressure in 6-Year-Old Children Born Extremely Preterm*. *J Am Heart Assoc*, 2017. **6**(8).
12. van Dommelen, P., et al., *Hearing loss by week of gestation and birth weight in very preterm neonates*. *J Pediatr*, 2015. **166**(4): p. 840-3.e1.
13. Bell, E.F., et al., *Mortality, In-Hospital Morbidity, Care Practices, and 2-Year Outcomes for Extremely Preterm Infants in the US, 2013-2018*. *JAMA*, 2022. **327**(3): p. 248-263.
14. Bolisetty, S., et al., *Intraventricular hemorrhage and neurodevelopmental outcomes in extreme preterm infants*. *Pediatrics*, 2014. **133**(1): p. 55-62.
15. GuangXi Cooperative Research Group for Extremely Preterm, I., et al., *Neurodevelopmental outcomes of extremely preterm infants in southern China: A multicenter study*. *Early Hum Dev*, 2019. **133**: p. 5-10.
16. Sarkar, S., et al., *Outcome of Preterm Infants with Transient Cystic Periventricular Leukomalacia on Serial Cranial Imaging Up to Term Equivalent Age*. *J Pediatr*, 2018. **195**: p. 59-65.e3.
17. Synnes, A., et al., *Determinants of developmental outcomes in a very preterm Canadian cohort*. *Arch Dis Child Fetal Neonatal Ed*, 2017. **102**(3): p. F235-F234.
18. Chan, N.H., et al., *Impact of Differing Language Background Exposures on Bayley-III Language Assessment in a National Cohort of Children Born Less than 29 Weeks' Gestation*. *Children (Basel)*, 2022. **9**(7).
19. Johnson, S., et al., *Autism spectrum disorders in extremely preterm children*. *J Pediatr*, 2010. **156**(4): p. 525-31.e2.
20. Seppanen, A.V., et al., *Health-related quality of life of children born very preterm: a multinational European cohort study*. *Qual Life Res*, 2022.
21. Lakshmanan, A., et al., *Disparities and Early Engagement Associated with the 18- to 36-month High-risk Infant Follow-up Visit among Very Low Birthweight Infants in California*. *J Pediatr*, 2022.

22. Charkaluk, M.-L., et al., *Occurrence and severity of acute respiratory infections during the first year among very preterm infants: an Epipage-2 cohort analysis*. Eur J Pediatr, 2021. **180**(6): p. 1833-1840.
23. Hong, T., et al., *A population study of respiratory rehospitalisation in very preterm infants in the first 3 years of life*. J Paediatr Child Health, 2016. **52**(7): p. 715-721.
24. Adams-Chapman, I., et al., *Neurodevelopmental outcome of extremely low birth weight infants with Candida infection*. J Pediatr, 2013. **163**(4): p. 961-7.e3.
25. Bolisetty, S., et al., *Neurodevelopmental outcomes of extremely preterm infants in New South Wales and the Australian Capital Territory*. J Paediatr Child Health, 2019. **55**(8): p. 956-961.
26. Cheong, J.L., et al., *Postnatal corticosteroids and neurodevelopmental outcomes in extremely low birthweight or extremely preterm infants: 15-Year experience in Victoria, Australia*. Arch Dis Child Fetal Neonatal Ed, 2013. **98**(1): p. F32-F36.
27. Kallen, K., et al., *Impact of obstetric factors on outcome of extremely preterm births in Sweden: prospective population-based observational study (EXPRESS)*. Acta obstetrica et gynecologica Scandinavica, 2015. **94**(11): p. 1203-14.
28. Kent, A.L., et al., *Mortality and adverse neurologic outcomes are greater in preterm male infants*. Pediatrics, 2012. **129**(1): p. 124-31.
29. Lin, C.Y., C.H. Hsu, and J.H. Chang, *Neurodevelopmental outcomes at 2 and 5 years of age in very-low-birth-weight preterm infants born between 2002 and 2009: A prospective cohort study in Taiwan*. Pediatr Neonatol, 2020. **61**(1): p. 36-44.
30. Mercier, C.E., et al., *Neurodevelopmental outcome of extremely low birth weight infants from the Vermont oxford network: 1998-2003 and the Vermont Oxford Network ELBW infant follow-up study group*. Neonatology, 2010. **97**(4): p. 329-338.
31. Radic, J.A.E., M. Vincer, and P.D. McNeely, *Outcomes of intraventricular hemorrhage and posthemorrhagic hydrocephalus in a population-based cohort of very preterm infants born to residents of Nova Scotia from 1993 to 2010*. Journal of neurosurgery. Pediatrics, 2015. **15**(6): p. 580-8.
32. Serenius, F., et al., *Neurodevelopmental Outcomes Among Extremely Preterm Infants 6.5 Years After Active Perinatal Care in Sweden*. JAMA pediatrics, 2016. **170**(10): p. 954-963.
33. Wong, D., M. Abdel-Latif, and A. Kent, *Antenatal steroid exposure and outcomes of very premature infants: a regional cohort study*. Arch Dis Child Fetal Neonatal Ed, 2014. **99**(1): p. F12-20.
34. Bangma, J.T., et al., *Assessing Positive Child Health among Individuals Born Extremely Preterm*. J Pediatr, 2018. **202**(jlz, 0375410): p. 44-49.e4.
35. Vohr, B.R., et al., *Neurodevelopmental outcomes of extremely low birth weight infants <32 weeks' gestation between 1993 and 1998*. Pediatrics, 2005. **116**(3): p. 635-643.
36. Wood, N.S., et al., *The EPICure study: Associations and entecedents of neurological and developmental disability at the 30 months of age following extremely preterm birth*. Arch Dis Child Fetal Neonatal Ed, 2005. **90**(2): p. F134-F140.
37. Zoia, S., et al., *Early factors associated with risk of developmental coordination disorder in very preterm children: A prospective area-based cohort study in Italy*. Paediatr Perinat Epidemiol, 2022. **36**(5): p. 683-695.
38. Agarwal, P.K., et al., *Factors affecting neurodevelopmental outcome at 2 years in very preterm infants below 1250 grams: a prospective study*. J Perinatol, 2018. **38**(8): p. 1093-1100.
39. Tulviste, T., et al., *Language skills at corrected age 2;0 are poorer in extremely and very preterm boys but not girls compared with their full-term peers*. Early Hum Dev, 2020. **151**: p. 105164.
40. Kuban, K.C.K., et al., *Girls and Boys Born before 28 Weeks Gestation: Risks of Cognitive, Behavioral, and Neurologic Outcomes at Age 10 Years*. J Pediatr, 2016. **173**(jlz, 0375410): p. 69-75.e1.

41. Peralta-Carcelen, M., et al., *Behavioral Problems and Socioemotional Competence at 18 to 22 Months of Extremely Premature Children*. Pediatrics, 2017. **139**(6).
42. Moore, T., et al., *Screening for autism in extremely preterm infants: problems in interpretation*. Dev Med Child Neurol, 2012. **54**(6): p. 514-20.
43. Hong, C.R., et al., *Growth morbidity in extremely low birth weight survivors of necrotizing enterocolitis at discharge and two-year follow-up*. J Pediatr Surg, 2018. **53**(6): p. 1197-1202.
44. Neitmann, J., et al., *Sleep problems in infancy and early school age in very preterm infants*. Early Hum Dev, 2022. **173**: p. 105656.
45. Bolk, J., et al., *National population-based cohort study found that visual-motor integration was commonly affected in extremely preterm born children at six-and-a-half years*. Acta Paediatrica, International Journal of Paediatrics, 2018. **107**(5): p. 831-837.
46. Kiechl-Kohlendorfer, U., et al., *Adverse neurodevelopmental outcome in preterm infants: risk factor profiles for different gestational ages*. Acta paediatrica, 2009. **98**(5): p. 792-6.
47. Cheong, J.L.Y., et al., *Changes in long-term prognosis with increasing postnatal survival and the occurrence of postnatal morbidities in extremely preterm infants offered intensive care: a prospective observational study*. Lancet Child Adolesc Health, 2018. **2**(12): p. 872-879.
48. Haslam, M.D., et al., *Severe Neurodevelopmental Impairment in Neonates Born Preterm: Impact of Varying Definitions in a Canadian Cohort*. J Pediatr, 2018. **197**: p. 75-81.e4.
49. Payne, A.H., et al., *Neurodevelopmental outcomes of extremely low-gestational-age neonates with low-grade periventricular-intraventricular hemorrhage*. JAMA pediatrics, 2013. **167**(5): p. 451-9.
50. Vincer, M.J., et al., *Increasing prevalence of cerebral palsy among very preterm infants: a population-based study*. Pediatrics, 2006. **118**(6): p. e1621-6.
51. Wang, L.-W., et al., *Hypoxic/ischemic and infectious events have cumulative effects on the risk of cerebral palsy in very-low-birth-weight preterm infants*. Neonatology, 2014. **106**(3): p. 209-15.
52. DeMauro, S.B., et al., *Cranial Ultrasound and Minor Motor Abnormalities at 2 Years in Extremely Low Gestational Age Infants*. J Dev Behav Pediatr, 2020. **41**(4): p. 308-315.
53. Rijken, M., et al., *The effect of perinatal risk factors on growth in very preterm infants at 2 years of age: The Leiden Follow-Up Project on Prematurity*. Early Hum Dev, 2007. **83**(8): p. 527-534.
54. Perrott, S., L. Dodds, and M. Vincer, *A population-based study of prognostic factors related to major disability in very preterm survivors*. J Perinatol, 2003. **23**(2): p. 111-6.
55. Asztalos, E.V., et al., *Neonatal Factors Associated with a Good Neurodevelopmental Outcome in Very Preterm Infants*. Am J Perinatol, 2017. **34**(4): p. 388-396.
56. Kuban, K.C.K., et al., *Cranial ultrasound lesions in the NICU predict cerebral palsy at age 2 years in children born at extremely low gestational age*. J Child Neurol, 2009. **24**(1): p. 63-72.
57. Finnstrom, O., et al., *Neurosensory outcome and growth at three years in extremely low birthweight infants: Follow-up results from the Swedish national prospective study*. Acta Paediatrica, 1998. **87**(10): p. 1055-1060.
58. Holsti, A., F. Serenius, and A. Farooqi, *Impact of major neonatal morbidities on adolescents born at 23-25 weeks of gestation*. Acta paediatrica (Oslo, Norway : 1992), 2018. **107**(11): p. 1893-1901.
59. Leversen, K.T., et al., *Predicting neurosensory disabilities at two years of age in a national cohort of extremely premature infants*. Early Hum Dev, 2010. **86**(9): p. 581-6.
60. Schlapbach, L.J., et al., *Impact of sepsis on neurodevelopmental outcome in a Swiss National Cohort of extremely premature infants*. Pediatrics, 2011. **128**(2): p. e348-57.
61. van Beek, P.E., et al., *Two-year neurodevelopmental outcome in children born extremely preterm: the EPI-DAF study*. Arch Dis Child Fetal Neonatal Ed, 2022. **107**(5): p. 467-474.

62. Vohr, B.R., et al., *Neurodevelopmental and functional outcomes of extremely low birth weight infants in the National Institute of Child Health and Human Development Neonatal Research Network, 1993-1994*. Pediatrics, 2000. **105**(6): p. 1216-26.
63. Voss, W., et al., *The development of extremely premature infants - Results from the Lower Saxony Longitudinal Study of Prematurity (Niedersächsisches Frühgeborenen-Nachuntersuchungsprojekt)*. Dtsch Arztebl Int, 2016. **113**(51-52): p. 871-878.
64. McGowan, E.C., et al., *Developmental Outcomes of Extremely Preterm Infants with a Need for Child Protective Services Supervision*. J Pediatr, 2019. **215**(jlz, 0375410): p. 41-49.e4.
65. Kaul, Y.F., et al., *Average 2.5-year neurodevelopmental test results in children born very preterm did not rule out cognitive deficits at 6.5 years of age*. Acta Paediatrica, 2021. **110**(3): p. 846-854.
66. Lodha, A., et al., *Do preterm infants with a birth weight \leq 1250 g born to single-parent families have poorer neurodevelopmental outcomes at age 3 than those born to two-parent families?* J Perinatol, 2018. **38**(7): p. 900-907.
67. Pittet-Metrailler, M.P., et al., *Neurodevelopmental outcome at early school age in a Swiss national cohort of very preterm children*. Swiss Med Wkly, 2019. **149**: p. w20084.
68. Stahlmann, N., et al., *Outcome of extremely premature infants at early school age: health-related quality of life and neurosensory, cognitive, and behavioral outcomes in a population-based sample in northern Germany*. Neuropediatrics, 2009. **40**(3): p. 112-9.
69. Hellström, A., et al., *Retrospective evaluation of ophthalmological and neurological outcomes for infants born before 24 weeks gestational age in a Swedish cohort*. BMJ Open, 2022. **12**(8): p. e055567.
70. Broitman, E., et al., *Clinical data predict neurodevelopmental outcome better than head ultrasound in extremely low birth weight infants*. J Pediatr, 2007. **151**(5): p. 500-2.
71. Allred, E.N., et al., *Retinopathy of prematurity and brain damage in the very preterm newborn*. J AAPOS, 2014. **18**(3): p. 241-247.
72. Molloy, C.S., et al., *The long-term outcome of extremely preterm (<28 weeks' gestational age) infants with and without severe retinopathy of prematurity*. J Neuropsychol, 2016. **10**(2): p. 276-94.
73. Hintz, S.R., et al., *Neurodevelopmental and growth outcomes of extremely low birth weight infants after necrotizing enterocolitis*. Pediatrics, 2005. **115**(3): p. 696-703.
74. Kwinta, P., et al., *Insulin-like growth factor-1 (IGF-1) serum concentration among 7-year-old extremely low birth weight children--an indicator of growth problems*. J Pediatr Endocrinol Metab, 2011. **24**(9-10): p. 651-7.
75. Martin, C.R., et al., *Neurodevelopment of extremely preterm infants who had necrotizing enterocolitis with or without late bacteremia*. J Pediatr, 2010. **157**(5): p. 751-6.e1.
76. Shah, T.A., et al., *Hospital and neurodevelopmental outcomes of extremely low-birth-weight infants with necrotizing enterocolitis and spontaneous intestinal perforation*. J Perinatol, 2012. **32**(7): p. 552-8.
77. Johnson, S., et al., *Psychiatric disorders in extremely preterm children: longitudinal finding at age 11 years in the EPICure study*. J Am Acad Child Adolesc Psychiatry, 2010. **49**(5): p. 453-63.e1.
78. Chawla, S., et al., *Association of Neurodevelopmental Outcomes and Neonatal Morbidities of Extremely Premature Infants With Differential Exposure to Antenatal Steroids*. JAMA pediatrics, 2016. **170**(12): p. 1164-1172.
79. McGoldrick, E., et al., *Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth*. Cochrane Database Syst Rev, 2020. **12**(12): p. CD004454.
80. Hoffman, L., et al., *Developmental outcomes of extremely preterm infants born to adolescent mothers*. Pediatrics, 2015. **135**(6): p. 1082-92.
81. Doyle, L.W., et al., *Postnatal corticosteroids and sensorineural outcome at 5 years of age*. J Paediatr Child Health, 2000. **36**(3): p. 256-261.

82. Stoelhorst, G.M.S.J., et al., *Behaviour at 2 years of age in very preterm infants (gestational age < 32 weeks)*. Acta paediatrica 2003. **92**(5): p. 595-601.
83. Skromme, K., et al., *Respiratory illness contributed significantly to morbidity in children born extremely premature or with extremely low birthweights in 1999-2000*. Acta paediatrica 2015. **104**(11): p. 1189-98.
84. Fawke, J., et al., *Lung function and respiratory symptoms at 11 years in children born extremely preterm: The EPICure study*. Am J Respir Crit Care Med, 2010. **182**(2): p. 237-245.
85. Fierro, J.L., M. Passarella, and S.A. Lorch, *Prematurity as an Independent Risk Factor for the Development of Pulmonary Disease*. J Pediatr, 2019. **213**(jlz, 0375410): p. 110-114.
86. Skromme, K., et al., *Respiratory morbidity through the first decade of life in a national cohort of children born extremely preterm*. BMC Pediatrics, 2018. **18**(1): p. 102.
87. Holm, M., et al., *Antecedents and correlates of visual field deficits in children born extremely preterm*. Eur J Paediatr Neurol, 2015. **19**(1): p. 56-63.
88. Sriram, S., et al., *Cognitive Development and Quality of Life Associated With BPD in 10-Year-Olds Born Preterm*. Pediatrics, 2018. **141**(6).
89. Hunt, R.W., et al., *Early surgery and neurodevelopmental outcomes of children born extremely preterm*. Arch Dis Child Fetal Neonatal Ed, 2018. **103**(3): p. F227-F232.
90. Iwami, H., et al., *Outcomes after Neonatal Seizures in Infants Less Than 29 Weeks' Gestation: A Population-Based Cohort Study*. Am J Perinatol, 2019. **36**(2): p. 191-199.
91. Jackson, W.M., et al., *Risk factors for chronic lung disease and asthma differ among children born extremely preterm*. Pediatr Pulmonol, 2018. **53**(11): p. 1533-1540.
92. Asztalos, E.V., et al., *Association between Primary Caregiver Education and Cognitive and Language Development of Preterm Neonates*. Am J Perinatol, 2017. **34**(4): p. 364-371.
93. Bartal, T., et al., *Behavioral problems in very preterm children at five years of age using the Strengths and Difficulties Questionnaire: A multicenter cohort study*. Early Hum Dev, 2020. **151**: p. 105200.
94. Frazier, J.A., et al., *Antecedents of the child behavior checklist-dysregulation profile in children born extremely preterm*. J Am Acad Child Adolesc Psychiatry, 2015. **54**(10): p. 816-23.
95. Natalucci, G., et al., *Population based report on health related quality of life in adolescents born very preterm*. Early Hum Dev, 2017. **104**: p. 7-12.
96. Rodrigues, C., et al., *Behavioral and emotional outcomes at preschool age in children born very preterm: The role of breast milk feeding practices*. Early Hum Dev, 2022. **165**: p. 105535.
97. Rodrigues, C., et al., *Never-breastfed children face a higher risk of suboptimal cognition at 2 years of corrected age: A multinational cohort of very preterm children*. Matern Child Nutr, 2022. **18**(3): p. e13347.
98. Moore, P.S., et al., *Anxiety and Depression Correlates at Age 10 in Children Born Extremely Preterm*. J Pediatr Psychol, 2021. **46**(4): p. 422-432.

5. APPENDICES

Appendix 1. Systematic Literature Review Search Strategy for Question 1

Ovid MEDLINE search strategy

1. *infant, very low birth weight/ or *infant, extremely low birth weight/ or *infant, premature/ or *infant, extremely premature/
((28-week* or 29-week* or 30-week* or 31-week* or 32-week* or twenty-eight-week* or twenty-nine-week* or thirty-week* or thirty-one-week* or thirty-two-week*) adj3 gestation*).tw,kf.
3. (very-preterm or very-pre-term or very-premature or very-pre-mature or very-low-gestational-age or extremely-preterm or extremely-pre-term or extremely-premature or extremely-pre-mature or extreme-prematurity or extremely-low-gestational-age or very-low-birth-weight or very-low-birthweight or extremely-low-birth-weight or extremely-low-birthweight).tw,kf.
4. 1 or 2 or 3
5. *Weight Gain/
6. *Motor Disorders/
7. exp *Neuropsychological Tests/
8. *child development/ or exp *language development/
9. *communication/ or *language/ or *literacy/ or exp *nonverbal communication/ or exp *verbal behavior/
exp *communication disorders/ or exp *learning disabilities/ or *intellectual disability/ or
10. *memory disorders/ or exp *amnesia/ or exp *perceptual disorders/ or exp *psychomotor disorders/
*neurodevelopmental disorders/ or *anxiety, separation/ or exp *"attention deficit and
11. disruptive behavior disorders"/ or *child behavior disorders/ or exp *child development disorders, pervasive/ or *developmental disabilities/ or *motor skills disorders/
12. *cognition disorders/ or *cognitive dysfunction/
13. *Cerebral Palsy/
14. exp *hearing disorders/ or exp *vision disorders/
15. *Anxiety/
16. *Depression/
17. *treatment outcome/
18. exp *Sleep Wake Disorders/ or *social skills/ or *quality of life/
19. *stress, psychological/ or *caregiver burden/ or *financial stress/
20. exp *mental disorders/

21. *attitude to health/ or *health knowledge, attitudes, practice/
 22. (sleep or school-readiness or trauma or PTSD or stress).tw,kf.
 23. *stress disorders, traumatic/ or *psychological trauma/ or *stress disorders, post-traumatic/ or
 *stress disorders, traumatic, acute/
 24. *Feeding Behavior/
 25. *respiratory tract infections/ or exp *bronchitis/ or *common cold/ or *influenza, human/ or
 exp *pneumonia/ or *whooping cough/ or *croup/
 26. *Asthma/
 27. *Gastroenteritis/
 28. *Blood Pressure/
 29. exp *Health Services Accessibility/ or exp *otitis media/ or *parenting/ or (exp *parents/ and
 (*self concept/ or *self efficacy/))
 30. 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22
 or 23 or 24 or 25 or 26 or 27 or 28 or 29
 (newborn* or new-born* or baby or babies or neonat* or neo-nat* or infan* or toddler* or
 pre-schooler* or preschooler* or kinder or kinders or kindergarten* or kinder-aged or boy or
 31. boys or girl or girls or child or children or childhood or pediatric* or paediatric* or school-age*
 or schoolage* or schoolchild* or schoolgirl* or schoolboy* or adolescen* or youth or youths or
 teen or teens or teenage*).af.
 32. exp *"Delivery of Health Care"/
 33. exp *"Continuity of Patient Care"/
 34. exp "Referral and Consultation"/
 35. exp *Ambulatory Care/
 36. exp *ambulatory care facilities/
 37. (follow-up or followup or outpatient* or ambulatory or delivery or continuity).tw,kf.
 38. 32 or 33 or 34 or 35 or 36 or 37
 39. 4 and 31 and 38 and 30
 40. limit 39 to (english language and yr="1990 -Current")
 41. limit 40 to (case reports or comment or editorial or letter)
 42. 40 not 41

EMBASE

1. exp *very low birth weight/ or *prematurity/
((28-week* or 29-week* or 30-week* or 31-week* or 32-week* or twenty-eight-week* or
2. twenty-nine-week* or thirty-week* or thirty-one-week* or thirty-two-week*) adj3
gestation*).tw,kf,dq.

(very-preterm or very-pre-term or very-premature or very-pre-mature or very-low-gestational-
3. age or extremely-preterm or extremely-pre-term or extremely-premature or extremely-pre-
mature or extreme-prematurity or extremely-low-gestational-age or very-low-birth-weight or
very-low-birthweight or extremely-low-birth-weight or extremely-low-birthweight).tw,kf,dq.
4. 1 or 2 or 3
5. body weight gain/
6. motor dysfunction/
7. exp neuropsychological test/
8. child development/ or language development/
9. interpersonal communication/ or language/ or literacy/ or exp nonverbal communication/ or
exp verbal behavior/
10. exp communication disorder/ or exp learning disorder/ or intellectual impairment/ or memory
disorder/ or exp amnesia/ or exp perception disorder/ or exp psychomotor disorder/
11. mental disease/ or separation anxiety/ or attention deficit disorder/ or behavior disorder/ or
exp autism/ or developmental disorder/ or psychomotor disorder/
12. cognitive defect/
13. cerebral palsy/
14. exp hearing disorder/ or exp visual disorder/
15. anxiety/
16. depression/
17. treatment outcome/
18. exp sleep disorder/ or social competence/ or "quality of life"/
19. mental stress/ or caregiver burden/ or financial stress/
20. exp mental disease/
21. attitude to health/
22. (sleep or school-readiness or trauma or PTSD or stress).tw,kf,dq.
23. posttraumatic stress disorder/ or psychotrauma/ or acute stress disorder/
24. feeding behavior/
25. respiratory tract infection/ or exp influenza/ or exp lower respiratory tract infection/ or
respiratory syncytial virus infection/ or exp upper respiratory tract infection/ or exp croup/

26. asthma/
27. gastroenteritis/
28. blood pressure/
29. exp health care access/ or exp otitis media/ or exp child parent relation/ or (exp parent/ and self concept/)
30. 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29
(newborn* or new-born* or baby or babies or neonat* or neo-nat* or infan* or toddler* or pre-schooler* or preschooler* or kinder or kinders or kindergarten* or kinder-aged or boy or girls or girl or girls or child or children or childhood or pediatric* or paediatric* or school-age* or schoolage* or schoolchild* or schoolgirl* or schoolboy* or adolescen* or youth or youths or teen or teens or teenage*).af.
31. boys or girl or girls or child or children or childhood or pediatric* or paediatric* or school-age* or schoolage* or schoolchild* or schoolgirl* or schoolboy* or adolescen* or youth or youths or teen or teens or teenage*).af.
32. exp health care delivery/
33. exp patient care/
34. patient referral/
35. exp ambulatory care/
36. outpatient department/
37. (follow-up or followup or outpatient* or ambulatory or delivery or continuity).tw,kf,dq.
38. 32 or 33 or 34 or 35 or 36 or 37
39. 4 and 31 and 38 and 30
40. limit 39 to (english language and yr="1990 -Current")
41. case report/
42. limit 40 to (conference abstract or conference paper or "conference review" or editorial or letter)
43. 40 not (41 or 42)

PubMed search strategy

((("28-week"[Title/Abstract] OR "29-week"[Title/Abstract] OR "30-week"[Title/Abstract] OR "31-week"[Title/Abstract] OR "32-week"[Title/Abstract] OR "twenty-eight-week"[Title/Abstract] OR "twenty-nine-week"[Title/Abstract] OR "thirty-week"[Title/Abstract] OR "thirty-one-week"[Title/Abstract] OR "thirty-two-week"[Title/Abstract]) AND "gestation"[Title/Abstract] OR "very-preterm"[Title/Abstract] OR "very-pre-term"[Title/Abstract] OR "very-premature"[Title/Abstract] OR "very-pre-mature"[Title/Abstract] OR "very-low-gestational-age"[Title/Abstract] OR "extremely-preterm"[Title/Abstract] OR "extremely-pre-term"[Title/Abstract] OR "extremely-premature"[Title/Abstract] OR "extremely-pre-mature"[Title/Abstract] OR "prematurity"[Title/Abstract] OR "extremely-low-gestational-age"[Title/Abstract] OR "very-low-birth-weight"[Title/Abstract] OR "very-low-birthweight"[Title/Abstract] OR "extremely-low-birth-weight"[Title/Abstract] OR "extremely-low-birthweight"[Title/Abstract]) AND ("newborn"[Title/Abstract] OR "new-born"[Title/Abstract] OR "baby"[Title/Abstract] OR "babies"[Title/Abstract] OR "neonat"[Title/Abstract] OR "neo-nat"[Title/Abstract] OR "infan"[Title/Abstract] OR "toddler"[Title/Abstract] OR "pre-schooler"[Title/Abstract] OR "preschooler"[Title/Abstract] OR "kinder"[Title/Abstract] OR "kinders"[Title/Abstract] OR "kindergarten"[Title/Abstract] OR "kinder-aged"[Title/Abstract] OR "boy"[Title/Abstract] OR "boys"[Title/Abstract] OR "girl"[Title/Abstract] OR "girls"[Title/Abstract] OR "child"[Title/Abstract] OR "children"[Title/Abstract] OR "childhood"[Title/Abstract] OR "pediatric"[Title/Abstract] OR "paediatric"[Title/Abstract] OR "school-age"[Title/Abstract] OR "schoolage"[Title/Abstract] OR "schoolchild"[Title/Abstract] OR "schoolgirl"[Title/Abstract] OR "schoolboy"[Title/Abstract] OR "adolescen"[Title/Abstract] OR "youth"[Title/Abstract] OR "youths"[Title/Abstract] OR "teen"[Title/Abstract] OR "teens"[Title/Abstract] OR "teenage"[Title/Abstract]) AND ("follow-up"[Title/Abstract] OR "followup"[Title/Abstract] OR "outpatient"[Title/Abstract] OR "ambulatory"[Title/Abstract] OR "delivery"[Title/Abstract] OR "referral"[Title/Abstract] OR "consultation"[Title/Abstract] OR "continuity"[Title/Abstract] OR "patient-care"[Title/Abstract]) AND ("Weight-gain"[Title/Abstract] OR "growth"[Title/Abstract] OR "feeding"[Title/Abstract] OR "neurodevelopment"[Title/Abstract] OR "neuropsychologic"[Title/Abstract] OR "developmental-disabilit"[Title/Abstract] OR "neurodevelopmental-delay"[Title/Abstract] OR "neurodevelopmental-disorder"[Title/Abstract] OR "developmental-delay"[Title/Abstract] OR "developmental-disorder"[Title/Abstract] OR "child-development"[Title/Abstract] OR "self-regulat"[Title/Abstract] OR "deaf"[Title/Abstract] OR "blind"[Title/Abstract] OR "hearing"[Title/Abstract] OR "visual-impair"[Title/Abstract] OR "vision-impair"[Title/Abstract] OR "vision-disorder"[Title/Abstract] OR "outcome"[Title/Abstract] OR "motor-disorder"[Title/Abstract] OR "Neuropsychological-Test"[Title/Abstract] OR "language"[Title/Abstract] OR "communication"[Title/Abstract] OR "literacy"[Title/Abstract] OR "verbal-behavo"[Title/Abstract] OR "learning-disabilit"[Title/Abstract] OR "learning-disorder"[Title/Abstract] OR "intellectual-disabilit"[Title/Abstract] OR "intellectual-disorder"[Title/Abstract] OR "memory-disorder"[Title/Abstract] OR "memory-deficit"[Title/Abstract] OR "amnesia"[Title/Abstract] OR "perceptual-disorder"[Title/Abstract] OR "psychomotor-disorder"[Title/Abstract] OR "anxiety"[Title/Abstract] OR "attention-deficit"[Title/Abstract] OR "behavior-disorder"[Title/Abstract] OR "behaviour-disorder"[Title/Abstract] OR "behavioral-disorder"[Title/Abstract] OR "behavioural-disorder"[Title/Abstract] OR "motor-skill-disorder"[Title/Abstract] OR "cognition-disorder"[Title/Abstract] OR "cognition-dysfunction"[Title/Abstract] OR "cognitive-disorder"[Title/Abstract] OR "cognitive-dysfunction"[Title/Abstract] OR "cerebral-palsy"[Title/Abstract] OR "motor-dysfunction"[Title/Abstract] OR "cognitive-defect"[Title/Abstract] OR "autism"[Title/Abstract] OR "depression"[Title/Abstract] OR "social-skill"[Title/Abstract] OR "social-competence"[Title/Abstract] OR "quality-of-life"[Title/Abstract] OR "mental-disease"[Title/Abstract] OR "mental-health"[Title/Abstract] OR "mental-ill"[Title/Abstract] OR "mental-disorder"[Title/Abstract] OR "caregiver-burden"[Title/Abstract] OR "care-giver-burden"[Title/Abstract] OR "carer-burden"[Title/Abstract] OR "attitude-to-health"[Title/Abstract] OR

"health-knowledge"[Title/Abstract] OR "sleep"[Title/Abstract] OR "school-readiness"[Title/Abstract] OR "ready-for-school"[Title/Abstract] OR "trauma"[Title/Abstract] OR "PTSD"[Title/Abstract] OR "stress"[Title/Abstract] OR "Feeding"[Title/Abstract] OR "respiratory-tract-infection*"[Title/Abstract] OR "influenza"[Title/Abstract] OR "bronchitis"[Title/Abstract] OR "common-cold"[Title/Abstract] OR "pneumonia*"[Title/Abstract] OR "whooping-cough"[Title/Abstract] OR "pertussis"[Title/Abstract] OR "respiratory-syncytial-virus-infection*"[Title/Abstract] OR "croup"[Title/Abstract] OR "asthma"[Title/Abstract] OR "gastro*"[Title/Abstract] OR "blood-pressure"[Title/Abstract] OR ("Health*"[Title/Abstract] OR "access*"[Title/Abstract]) OR "otitis-media"[Title/Abstract] AND "parenting behaviour*"[Title/Abstract] OR "parenting behavior*"[Title/Abstract] OR "parenting confidence"[Title/Abstract] OR "parenting-self-efficacy"[Title/Abstract] OR OR[Title/Abstract]) AND (NOTNLM OR publisher[sb] OR inprocess[sb] OR pubmednotmedline[sb] OR indatereview[sb] OR pubstatusaheadofprint) AND ((1990:3000/12/12[pdat]) AND (english[Filter]))) NOT (((("28-week*"[Title/Abstract] OR "29-week*"[Title/Abstract] OR "30-week*"[Title/Abstract] OR "31-week*"[Title/Abstract] OR "32-week*"[Title/Abstract] OR "twenty-eight-week*"[Title/Abstract] OR "twenty-nine-week*"[Title/Abstract] OR "thirty-week*"[Title/Abstract] OR "thirty-one-week*"[Title/Abstract] OR "thirty-two-week*"[Title/Abstract]) AND "gestation*"[Title/Abstract]) OR "very-preterm"[Title/Abstract] OR "very-pre-term"[Title/Abstract] OR "very-premature"[Title/Abstract] OR "very-pre-mature"[Title/Abstract] OR "very-low-gestational-age"[Title/Abstract] OR "extremely-preterm"[Title/Abstract] OR "extremely-pre-term"[Title/Abstract] OR "extremely-premature"[Title/Abstract] OR "extremely-pre-mature"[Title/Abstract] OR "prematurity"[Title/Abstract] OR "extremely-low-gestational-age"[Title/Abstract] OR "very-low-birth-weight"[Title/Abstract] OR "very-low-birthweight"[Title/Abstract] OR "extremely-low-birth-weight"[Title/Abstract] OR "extremely-low-birthweight"[Title/Abstract]) AND ("newborn*"[Title/Abstract] OR "new-born*"[Title/Abstract] OR "baby"[Title/Abstract] OR "babies"[Title/Abstract] OR "neonat*"[Title/Abstract] OR "neo-nat*"[Title/Abstract] OR "infan*"[Title/Abstract] OR "toddler*"[Title/Abstract] OR "pre-schooler*"[Title/Abstract] OR "preschooler*"[Title/Abstract] OR "kinder"[Title/Abstract] OR "kinders"[Title/Abstract] OR "kindergarten*"[Title/Abstract] OR "kinder-aged"[Title/Abstract] OR "boy"[Title/Abstract] OR "boys"[Title/Abstract] OR "girl"[Title/Abstract] OR "girls"[Title/Abstract] OR "child"[Title/Abstract] OR "children"[Title/Abstract] OR "childhood"[Title/Abstract] OR "pediatric*"[Title/Abstract] OR "paediatric*"[Title/Abstract] OR "school-age*"[Title/Abstract] OR "schoolage*"[Title/Abstract] OR "schoolchild*"[Title/Abstract] OR "schoolgirl*"[Title/Abstract] OR "schoolboy*"[Title/Abstract] OR "adolescen*"[Title/Abstract] OR "youth"[Title/Abstract] OR "youths"[Title/Abstract] OR "teen"[Title/Abstract] OR "teens"[Title/Abstract] OR "teenage*"[Title/Abstract]) AND ("follow-up"[Title/Abstract] OR "followup"[Title/Abstract] OR "outpatient*"[Title/Abstract] OR "ambulatory"[Title/Abstract] OR "delivery"[Title/Abstract] OR "referral*"[Title/Abstract] OR "consultation*"[Title/Abstract] OR "continuity"[Title/Abstract] OR "patient-care"[Title/Abstract]) AND ("Weight-gain"[Title/Abstract] OR "growth"[Title/Abstract] OR "feeding"[Title/Abstract] OR "neurodevelopment*"[Title/Abstract] OR "neuropsychologic*"[Title/Abstract] OR "developmental-disabilit*"[Title/Abstract] OR "neurodevelopmental-delay*"[Title/Abstract] OR "neurodevelopmental-disorder*"[Title/Abstract] OR "developmental-delay*"[Title/Abstract] OR "developmental-disorder*"[Title/Abstract] OR "child-development"[Title/Abstract] OR "self-regulat*"[Title/Abstract] OR "deaf*"[Title/Abstract] OR "blind*"[Title/Abstract] OR "hearing"[Title/Abstract] OR "visual-impair*"[Title/Abstract] OR "vision-impair*"[Title/Abstract] OR "vision-disorder*"[Title/Abstract] OR "outcome*"[Title/Abstract] OR "motor-disorder*"[Title/Abstract] OR "Neuropsychological-Test*"[Title/Abstract] OR "language"[Title/Abstract] OR "communication"[Title/Abstract] OR "literacy"[Title/Abstract] OR "verbal-behavo*"[Title/Abstract] OR "learning-disabilit*"[Title/Abstract] OR "learning-disorder*"[Title/Abstract] OR "intellectual-disabilit*"[Title/Abstract] OR "intellectual-disorder*"[Title/Abstract] OR "memory-disorder*"[Title/Abstract] OR "memory-deficit*"[Title/Abstract] OR "amnesia"[Title/Abstract] OR "perceptual-disorder*"[Title/Abstract] OR "psychomotor-disorder*"[Title/Abstract] OR "anxiety"[Title/Abstract] OR "attention-

deficit"[Title/Abstract] OR "behavior-disorder*"[Title/Abstract] OR "behaviour-disorder*"[Title/Abstract] OR "behavioral-disorder*"[Title/Abstract] OR "behavioural-disorder*"[Title/Abstract] OR "motor-skill-disorder*"[Title/Abstract] OR "cognition-disorder*"[Title/Abstract] OR "cognition-dysfunction"[Title/Abstract] OR "cognitive-disorder*"[Title/Abstract] OR "cognitive-dysfunction"[Title/Abstract] OR "cerebral-palsy"[Title/Abstract] OR "motor-dysfunction"[Title/Abstract] OR "cognitive-defect*"[Title/Abstract] OR "autism"[Title/Abstract] OR "depression"[Title/Abstract] OR "social-skill*"[Title/Abstract] OR "social-competence"[Title/Abstract] OR "quality-of-life"[Title/Abstract] OR "mental-disease*"[Title/Abstract] OR "mental-health"[Title/Abstract] OR "mental-ill*"[Title/Abstract] OR "mental-disorder*"[Title/Abstract] OR "caregiver-burden"[Title/Abstract] OR "care-giver-burden"[Title/Abstract] OR "carer-burden"[Title/Abstract] OR "attitude-to-health"[Title/Abstract] OR "health-knowledge"[Title/Abstract] OR "sleep"[Title/Abstract] OR "school-readiness"[Title/Abstract] OR "ready-for-school"[Title/Abstract] OR "trauma"[Title/Abstract] OR "PTSD"[Title/Abstract] OR "stress"[Title/Abstract] OR "Feeding"[Title/Abstract] OR "respiratory-tract-infection*"[Title/Abstract] OR "influenza"[Title/Abstract] OR "bronchitis"[Title/Abstract] OR "common-cold"[Title/Abstract] OR "pneumonia*"[Title/Abstract] OR "whooping-cough"[Title/Abstract] OR "pertussis"[Title/Abstract] OR "respiratory-syncytial-virus-infection*"[Title/Abstract] OR "croup"[Title/Abstract] OR "asthma"[Title/Abstract] OR "gastro*"[Title/Abstract] OR "blood-pressure"[Title/Abstract] OR ("Health*"[Title/Abstract] OR "access*"[Title/Abstract]) OR "otitis-media"[Title/Abstract] AND "parenting behaviour*"[Title/Abstract] OR "parenting behavior*"[Title/Abstract] OR "parenting confidence"[Title/Abstract] OR "parenting-self-efficacy"[Title/Abstract] OR OR[Title/Abstract]) AND (NOTNLM OR publisher[sb] OR inprocess[sb] OR pubmednotmedline[sb] OR indatareview[sb] OR pubstatusaheadofprint) AND ((booksdocs[Filter] OR casereports[Filter] OR comment[Filter] OR editorial[Filter] OR letter[Filter]) AND (1990:3000/12/12[pdat]) AND (english[Filter])))

Appendix 2: Systematic Literature Review Search Strategy for Question 2

Ovid MEDLINE search strategy

1.	*infant, very low birth weight/ or *infant, extremely low birth weight/ or *infant, premature/ or *infant, extremely premature/
2.	((28-week* or 29-week* or 30-week* or 31-week* or 32-week* or twenty-eight-week* or twenty-nine-week* or thirty-week* or thirty-one-week* or thirty-two-week*) adj3 gestation*).tw,kf.
3.	(very-preterm or very-pre-term or very-premature or very-pre-mature or very-low-gestational-age or extremely-preterm or extremely-pre-term or extremely-premature or extremely-pre-mature or extreme-prematurity or extremely-low-gestational-age or very-low-birth-weight or very-low-birthweight or extremely-low-birth-weight or extremely-low-birthweight).tw,kf.
4.	1 or 2 or 3
5.	*Weight Gain/
6.	*Motor Disorders/
7.	exp *Neuropsychological Tests/
8.	*child development/ or exp *language development/
9.	*communication/ or *language/ or *literacy/ or exp *nonverbal communication/ or exp *verbal behavior/
10.	exp *communication disorders/ or exp *learning disabilities/ or *intellectual disability/ or *memory disorders/ or exp *amnesia/ or exp *perceptual disorders/ or exp *psychomotor disorders/
11.	*neurodevelopmental disorders/ or *anxiety, separation/ or exp *"attention deficit and disruptive behavior disorders"/ or *child behavior disorders/ or exp *child development disorders, pervasive/ or *developmental disabilities/ or *motor skills disorders/
12.	*cognition disorders/ or *cognitive dysfunction/
13.	*Cerebral Palsy/
14.	exp *hearing disorders/ or exp *vision disorders/
15.	*Anxiety/
16.	*Depression/
17.	*treatment outcome/
18.	exp *Sleep Wake Disorders/ or *social skills/ or *quality of life/
19.	*stress, psychological/ or *caregiver burden/ or *financial stress/
20.	exp *mental disorders/
21.	*attitude to health/ or *health knowledge, attitudes, practice/

22. (sleep or school-readiness or trauma or PTSD or stress).tw,kf.
 *stress disorders, traumatic/ or *psychological trauma/ or *stress disorders, post-traumatic/ or
23. *stress disorders, traumatic, acute/
24. *Feeding Behavior/
25. *respiratory tract infections/ or exp *bronchitis/ or *common cold/ or *influenza, human/ or
 exp *pneumonia/ or *whooping cough/ or *croup/
26. *Asthma/
27. *Gastroenteritis/
28. *Blood Pressure/
29. exp *Health Services Accessibility/ or exp *otitis media/ or *parenting/ or (exp *parents/ and
 (*self concept/ or *self efficacy/))
30. 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22
 or 23 or 24 or 25 or 26 or 27 or 28 or 29
 (newborn* or new-born* or baby or babies or neonat* or neo-nat* or infan* or toddler* or
 pre-schooler* or preschooler* or kinder or kinders or kindergarten* or kinder-aged or boy or
 31. boys or girl or girls or child or children or childhood or pediatric* or paediatric* or school-age*
 or schoolage* or schoolchild* or schoolgirl* or schoolboy* or adolescen* or youth or youths or
 teen or teens or teenage*).af.
32. exp *"Delivery of Health Care"/
33. exp *"Continuity of Patient Care"/
34. exp "Referral and Consultation"/
35. exp *Ambulatory Care/
36. exp *ambulatory care facilities/
37. (follow-up or followup or outpatient* or ambulatory or delivery or continuity).tw,kf.
38. 32 or 33 or 34 or 35 or 36 or 37
39. 4 and 31 and 38 and 30
40. limit 39 to (english language and yr="1990 -Current")
41. limit 40 to (case reports or comment or editorial or letter)
42. 40 not 41

Embase search strategy

1. exp *very low birth weight/ or *prematurity/
((28-week* or 29-week* or 30-week* or 31-week* or 32-week* or twenty-eight-week* or
2. twenty-nine-week* or thirty-week* or thirty-one-week* or thirty-two-week*) adj3
gestation*).tw,kf,dq.

(very-preterm or very-pre-term or very-premature or very-pre-mature or very-low-gestational-
age or extremely-preterm or extremely-pre-term or extremely-premature or extremely-pre-
mature or extreme-prematurity or extremely-low-gestational-age or very-low-birth-weight or
very-low-birthweight or extremely-low-birth-weight or extremely-low-birthweight).tw,kf,dq.
- 3.
4. 1 or 2 or 3
5. body weight gain/
6. motor dysfunction/
7. exp neuropsychological test/
8. child development/ or language development/
9. interpersonal communication/ or language/ or literacy/ or exp nonverbal communication/ or
exp verbal behavior/
10. exp communication disorder/ or exp learning disorder/ or intellectual impairment/ or memory
disorder/ or exp amnesia/ or exp perception disorder/ or exp psychomotor disorder/
11. mental disease/ or separation anxiety/ or attention deficit disorder/ or behavior disorder/ or
exp autism/ or developmental disorder/ or psychomotor disorder/
12. cognitive defect/
13. cerebral palsy/
14. exp hearing disorder/ or exp visual disorder/
15. anxiety/
16. depression/
17. treatment outcome/
18. exp sleep disorder/ or social competence/ or "quality of life"/
19. mental stress/ or caregiver burden/ or financial stress/
20. exp mental disease/
21. attitude to health/
22. (sleep or school-readiness or trauma or PTSD or stress).tw,kf,dq.
23. posttraumatic stress disorder/ or psychotrauma/ or acute stress disorder/
24. feeding behavior/
25. respiratory tract infection/ or exp influenza/ or exp lower respiratory tract infection/ or
respiratory syncytial virus infection/ or exp upper respiratory tract infection/ or exp croup/

26. asthma/
27. gastroenteritis/
28. blood pressure/
29. exp health care access/ or exp otitis media/ or exp child parent relation/ or (exp parent/ and self concept/)
30. 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29
(newborn* or new-born* or baby or babies or neonat* or neo-nat* or infan* or toddler* or pre-schooler* or preschooler* or kinder or kinders or kindergarten* or kinder-aged or boy or
31. boys or girl or girls or child or children or childhood or pediatric* or paediatric* or school-age* or schoolage* or schoolchild* or schoolgirl* or schoolboy* or adolescen* or youth or youths or teen or teens or teenage*).af.
32. exp health care delivery/
33. exp patient care/
34. patient referral/
35. exp ambulatory care/
36. outpatient department/
37. (follow-up or followup or outpatient* or ambulatory or delivery or continuity).tw,kf,dq.
38. 32 or 33 or 34 or 35 or 36 or 37
39. 4 and 31 and 38 and 30
40. limit 39 to (english language and yr="1990 -Current")
41. case report/
42. limit 40 to (conference abstract or conference paper or "conference review" or editorial or letter)
43. 40 not (41 or 42)

PubMed search strategy

((("28-week"[Title/Abstract] OR "29-week"[Title/Abstract] OR "30-week"[Title/Abstract] OR "31-week"[Title/Abstract] OR "32-week"[Title/Abstract] OR "twenty-eight-week"[Title/Abstract] OR "twenty-nine-week"[Title/Abstract] OR "thirty-week"[Title/Abstract] OR "thirty-one-week"[Title/Abstract] OR "thirty-two-week"[Title/Abstract]) AND "gestation"[Title/Abstract] OR "very-preterm"[Title/Abstract] OR "very-pre-term"[Title/Abstract] OR "very-premature"[Title/Abstract] OR "very-pre-mature"[Title/Abstract] OR "very-low-gestational-age"[Title/Abstract] OR "extremely-preterm"[Title/Abstract] OR "extremely-pre-term"[Title/Abstract] OR "extremely-premature"[Title/Abstract] OR "extremely-pre-mature"[Title/Abstract] OR "prematurity"[Title/Abstract] OR "extremely-low-gestational-age"[Title/Abstract] OR "very-low-birth-weight"[Title/Abstract] OR "very-low-birthweight"[Title/Abstract] OR "extremely-low-birth-weight"[Title/Abstract] OR "extremely-low-birthweight"[Title/Abstract]) AND ("newborn"[Title/Abstract] OR "new-born"[Title/Abstract] OR "baby"[Title/Abstract] OR "babies"[Title/Abstract] OR "neonat"[Title/Abstract] OR "neo-nat"[Title/Abstract] OR "infan"[Title/Abstract] OR "toddler"[Title/Abstract] OR "pre-schooler"[Title/Abstract] OR "preschooler"[Title/Abstract] OR "kinder"[Title/Abstract] OR "kinders"[Title/Abstract] OR "kindergarten"[Title/Abstract] OR "kinder-aged"[Title/Abstract] OR "boy"[Title/Abstract] OR "boys"[Title/Abstract] OR "girl"[Title/Abstract] OR "girls"[Title/Abstract] OR "child"[Title/Abstract] OR "children"[Title/Abstract] OR "childhood"[Title/Abstract] OR "pediatric"[Title/Abstract] OR "paediatric"[Title/Abstract] OR "school-age"[Title/Abstract] OR "schoolage"[Title/Abstract] OR "schoolchild"[Title/Abstract] OR "schoolgirl"[Title/Abstract] OR "schoolboy"[Title/Abstract] OR "adolescen"[Title/Abstract] OR "youth"[Title/Abstract] OR "youths"[Title/Abstract] OR "teen"[Title/Abstract] OR "teens"[Title/Abstract] OR "teenage"[Title/Abstract]) AND ("follow-up"[Title/Abstract] OR "followup"[Title/Abstract] OR "outpatient"[Title/Abstract] OR "ambulatory"[Title/Abstract] OR "delivery"[Title/Abstract] OR "referral"[Title/Abstract] OR "consultation"[Title/Abstract] OR "continuity"[Title/Abstract] OR "patient-care"[Title/Abstract]) AND ("Weight-gain"[Title/Abstract] OR "growth"[Title/Abstract] OR "feeding"[Title/Abstract] OR "neurodevelopment"[Title/Abstract] OR "neuropsychologic"[Title/Abstract] OR "developmental-disabilit"[Title/Abstract] OR "neurodevelopmental-delay"[Title/Abstract] OR "neurodevelopmental-disorder"[Title/Abstract] OR "developmental-delay"[Title/Abstract] OR "developmental-disorder"[Title/Abstract] OR "child-development"[Title/Abstract] OR "self-regulat"[Title/Abstract] OR "deaf"[Title/Abstract] OR "blind"[Title/Abstract] OR "hearing"[Title/Abstract] OR "visual-impair"[Title/Abstract] OR "vision-impair"[Title/Abstract] OR "vision-disorder"[Title/Abstract] OR "outcome"[Title/Abstract] OR "motor-disorder"[Title/Abstract] OR "Neuropsychological-Test"[Title/Abstract] OR "language"[Title/Abstract] OR "communication"[Title/Abstract] OR "literacy"[Title/Abstract] OR "verbal-behavo"[Title/Abstract] OR "learning-disabilit"[Title/Abstract] OR "learning-disorder"[Title/Abstract] OR "intellectual-disabilit"[Title/Abstract] OR "intellectual-disorder"[Title/Abstract] OR "memory-disorder"[Title/Abstract] OR "memory-deficit"[Title/Abstract] OR "amnesia"[Title/Abstract] OR "perceptual-disorder"[Title/Abstract] OR "psychomotor-disorder"[Title/Abstract] OR "anxiety"[Title/Abstract] OR "attention-deficit"[Title/Abstract] OR "behavior-disorder"[Title/Abstract] OR "behaviour-disorder"[Title/Abstract] OR "behavioral-disorder"[Title/Abstract] OR "behavioural-disorder"[Title/Abstract] OR "motor-skill-disorder"[Title/Abstract] OR "cognition-disorder"[Title/Abstract] OR "cognition-dysfunction"[Title/Abstract] OR "cognitive-disorder"[Title/Abstract] OR "cognitive-dysfunction"[Title/Abstract] OR "cerebral-palsy"[Title/Abstract] OR "motor-dysfunction"[Title/Abstract] OR "cognitive-defect"[Title/Abstract] OR "autism"[Title/Abstract] OR "depression"[Title/Abstract] OR "social-skill"[Title/Abstract] OR "social-competence"[Title/Abstract] OR "quality-of-life"[Title/Abstract] OR "mental-disease"[Title/Abstract] OR "mental-health"[Title/Abstract] OR "mental-ill"[Title/Abstract] OR "mental-disorder"[Title/Abstract] OR "caregiver-burden"[Title/Abstract] OR "care-giver-burden"[Title/Abstract] OR "carer-burden"[Title/Abstract] OR "attitude-to-health"[Title/Abstract] OR

"health-knowledge"[Title/Abstract] OR "sleep"[Title/Abstract] OR "school-readiness"[Title/Abstract] OR "ready-for-school"[Title/Abstract] OR "trauma"[Title/Abstract] OR "PTSD"[Title/Abstract] OR "stress"[Title/Abstract] OR "Feeding"[Title/Abstract] OR "respiratory-tract-infection*"[Title/Abstract] OR "influenza"[Title/Abstract] OR "bronchitis"[Title/Abstract] OR "common-cold"[Title/Abstract] OR "pneumonia*"[Title/Abstract] OR "whooping-cough"[Title/Abstract] OR "pertussis"[Title/Abstract] OR "respiratory-syncytial-virus-infection*"[Title/Abstract] OR "croup"[Title/Abstract] OR "asthma"[Title/Abstract] OR "gastro*"[Title/Abstract] OR "blood-pressure"[Title/Abstract] OR ("Health*"[Title/Abstract] OR "access*"[Title/Abstract]) OR "otitis-media"[Title/Abstract] AND "parenting behaviour*"[Title/Abstract] OR "parenting behavior*"[Title/Abstract] OR "parenting confidence"[Title/Abstract] OR "parenting-self-efficacy"[Title/Abstract] OR OR[Title/Abstract]) AND (NOTNLM OR publisher[sb] OR inprocess[sb] OR pubmednotmedline[sb] OR indatereview[sb] OR pubstatusaheadofprint) AND ((1990:3000/12/12[pdat]) AND (english[Filter]))) NOT (((("28-week*"[Title/Abstract] OR "29-week*"[Title/Abstract] OR "30-week*"[Title/Abstract] OR "31-week*"[Title/Abstract] OR "32-week*"[Title/Abstract] OR "twenty-eight-week*"[Title/Abstract] OR "twenty-nine-week*"[Title/Abstract] OR "thirty-week*"[Title/Abstract] OR "thirty-one-week*"[Title/Abstract] OR "thirty-two-week*"[Title/Abstract]) AND "gestation*"[Title/Abstract]) OR "very-preterm"[Title/Abstract] OR "very-pre-term"[Title/Abstract] OR "very-premature"[Title/Abstract] OR "very-pre-mature"[Title/Abstract] OR "very-low-gestational-age"[Title/Abstract] OR "extremely-preterm"[Title/Abstract] OR "extremely-pre-term"[Title/Abstract] OR "extremely-premature"[Title/Abstract] OR "extremely-pre-mature"[Title/Abstract] OR "prematurity"[Title/Abstract] OR "extremely-low-gestational-age"[Title/Abstract] OR "very-low-birth-weight"[Title/Abstract] OR "very-low-birthweight"[Title/Abstract] OR "extremely-low-birth-weight"[Title/Abstract] OR "extremely-low-birthweight"[Title/Abstract]) AND ("newborn*"[Title/Abstract] OR "new-born*"[Title/Abstract] OR "baby"[Title/Abstract] OR "babies"[Title/Abstract] OR "neonat*"[Title/Abstract] OR "neo-nat*"[Title/Abstract] OR "infan*"[Title/Abstract] OR "toddler*"[Title/Abstract] OR "pre-schooler*"[Title/Abstract] OR "preschooler*"[Title/Abstract] OR "kinder"[Title/Abstract] OR "kinders"[Title/Abstract] OR "kindergarten*"[Title/Abstract] OR "kinder-aged"[Title/Abstract] OR "boy"[Title/Abstract] OR "boys"[Title/Abstract] OR "girl"[Title/Abstract] OR "girls"[Title/Abstract] OR "child"[Title/Abstract] OR "children"[Title/Abstract] OR "childhood"[Title/Abstract] OR "pediatric*"[Title/Abstract] OR "paediatric*"[Title/Abstract] OR "school-age*"[Title/Abstract] OR "schoolage*"[Title/Abstract] OR "schoolchild*"[Title/Abstract] OR "schoolgirl*"[Title/Abstract] OR "schoolboy*"[Title/Abstract] OR "adolescen*"[Title/Abstract] OR "youth"[Title/Abstract] OR "youths"[Title/Abstract] OR "teen"[Title/Abstract] OR "teens"[Title/Abstract] OR "teenage*"[Title/Abstract]) AND ("follow-up"[Title/Abstract] OR "followup"[Title/Abstract] OR "outpatient*"[Title/Abstract] OR "ambulatory"[Title/Abstract] OR "delivery"[Title/Abstract] OR "referral*"[Title/Abstract] OR "consultation*"[Title/Abstract] OR "continuity"[Title/Abstract] OR "patient-care"[Title/Abstract]) AND ("Weight-gain"[Title/Abstract] OR "growth"[Title/Abstract] OR "feeding"[Title/Abstract] OR "neurodevelopment*"[Title/Abstract] OR "neuropsychologic*"[Title/Abstract] OR "developmental-disabilit*"[Title/Abstract] OR "neurodevelopmental-delay*"[Title/Abstract] OR "neurodevelopmental-disorder*"[Title/Abstract] OR "developmental-delay*"[Title/Abstract] OR "developmental-disorder*"[Title/Abstract] OR "child-development"[Title/Abstract] OR "self-regulat*"[Title/Abstract] OR "deaf*"[Title/Abstract] OR "blind*"[Title/Abstract] OR "hearing"[Title/Abstract] OR "visual-impair*"[Title/Abstract] OR "vision-impair*"[Title/Abstract] OR "vision-disorder*"[Title/Abstract] OR "outcome*"[Title/Abstract] OR "motor-disorder*"[Title/Abstract] OR "Neuropsychological-Test*"[Title/Abstract] OR "language"[Title/Abstract] OR "communication"[Title/Abstract] OR "literacy"[Title/Abstract] OR "verbal-behavo*"[Title/Abstract] OR "learning-disabilit*"[Title/Abstract] OR "learning-disorder*"[Title/Abstract] OR "intellectual-disabilit*"[Title/Abstract] OR "intellectual-disorder*"[Title/Abstract] OR "memory-disorder*"[Title/Abstract] OR "memory-deficit*"[Title/Abstract] OR "amnesia"[Title/Abstract] OR "perceptual-disorder*"[Title/Abstract] OR "psychomotor-disorder*"[Title/Abstract] OR "anxiety"[Title/Abstract] OR "attention-

deficit"[Title/Abstract] OR "behavior-disorder*"[Title/Abstract] OR "behaviour-disorder*"[Title/Abstract] OR "behavioral-disorder*"[Title/Abstract] OR "behavioural-disorder*"[Title/Abstract] OR "motor-skill-disorder*"[Title/Abstract] OR "cognition-disorder*"[Title/Abstract] OR "cognition-dysfunction"[Title/Abstract] OR "cognitive-disorder*"[Title/Abstract] OR "cognitive-dysfunction"[Title/Abstract] OR "cerebral-palsy"[Title/Abstract] OR "motor-dysfunction"[Title/Abstract] OR "cognitive-defect*"[Title/Abstract] OR "autism"[Title/Abstract] OR "depression"[Title/Abstract] OR "social-skill*"[Title/Abstract] OR "social-competence"[Title/Abstract] OR "quality-of-life"[Title/Abstract] OR "mental-disease*"[Title/Abstract] OR "mental-health"[Title/Abstract] OR "mental-ill*"[Title/Abstract] OR "mental-disorder*"[Title/Abstract] OR "caregiver-burden"[Title/Abstract] OR "care-giver-burden"[Title/Abstract] OR "carer-burden"[Title/Abstract] OR "attitude-to-health"[Title/Abstract] OR "health-knowledge"[Title/Abstract] OR "sleep"[Title/Abstract] OR "school-readiness"[Title/Abstract] OR "ready-for-school"[Title/Abstract] OR "trauma"[Title/Abstract] OR "PTSD"[Title/Abstract] OR "stress"[Title/Abstract] OR "Feeding"[Title/Abstract] OR "respiratory-tract-infection*"[Title/Abstract] OR "influenza"[Title/Abstract] OR "bronchitis"[Title/Abstract] OR "common-cold"[Title/Abstract] OR "pneumonia*"[Title/Abstract] OR "whooping-cough"[Title/Abstract] OR "pertussis"[Title/Abstract] OR "respiratory-syncytial-virus-infection*"[Title/Abstract] OR "croup"[Title/Abstract] OR "asthma"[Title/Abstract] OR "gastro*"[Title/Abstract] OR "blood-pressure"[Title/Abstract] OR ("Health*"[Title/Abstract] OR "access*"[Title/Abstract]) OR "otitis-media"[Title/Abstract] AND "parenting behaviour*"[Title/Abstract] OR "parenting behavior*"[Title/Abstract] OR "parenting confidence"[Title/Abstract] OR "parenting-self-efficacy"[Title/Abstract] OR OR[Title/Abstract]) AND (NOTNLM OR publisher[sb] OR inprocess[sb] OR pubmednotmedline[sb] OR indatareview[sb] OR pubstatusaheadofprint) AND ((booksdocs[Filter] OR casereports[Filter] OR comment[Filter] OR editorial[Filter] OR letter[Filter]) AND (1990:3000/12/12[pdat]) AND (english[Filter])))

Appendix 3: Question 2: Excluded Articles

Reference	Reason for exclusion
Aarnoudse-Moens 2009	Wrong comparator
Abimana 2020	Wrong patient population
Adams 2005	Wrong patient population
Adams-Chapman 2013	Wrong patient population
Adams-Chapman 2015	Wrong study design
Afzal 2009	Wrong patient population
Agarwal 2021	Wrong comparator
Agerholm 2011	Wrong analysis-Confounders not adjusted
Agostini 2014	Wrong patient population
Agostini 2022	Wrong patient population
Ahn 2013	Wrong intervention
Ahn 2022	Wrong patient population
Alcantara-Canabal 2019	Published in a language other than English
Alcantara-Canabal 2020	Published in a language other than English
Alde 2022	Wrong patient population
Al-Hindi 2021	Wrong patient population
Allen 2020	Wrong patient population
AlOum 2014	Wrong patient population
Alshaikh 2014	Wrong patient population
Altendahl 2021	Wrong patient population
Ambalavanan 2000	Wrong analysis-Confounders not adjusted
Ambalavanan 2012	Wrong patient population
Amess 2009	Wrong patient population
Amess 2010	Wrong patient population
Amin 1997	Wrong patient population
Anand 2014	Wrong patient population
Ancel 2006	Wrong patient population
Anderson 1996	Wrong patient population
Anderson 2004	Wrong patient population
Anderson 2011	Wrong analysis-Confounders not adjusted
Anderson 2021	Wrong exposure and/or comparator
Andrews 2008	Wrong patient population
AnneliMartikainen 1992	Wrong patient population
Arad 2002	Wrong patient population
Arnaud 2007	Wrong patient population
ARogvi 2015	Wrong patient population
Asproudis 2002	Wrong outcomes
Asztalos 2016	Duplicate
Asztalos 2016	Duplicate
Ayoubi 2002	Wrong outcomes
BÃ¥rdsen 2022	Wrong comparator
Balakrishnan 2011	Wrong outcomes
Balasubramanian 2019	Wrong analysis-Confounders not adjusted
Baldassarre 2020	Wrong patient population

Ballot 2012	Wrong patient population
Ballot 2017	Wrong exposure and/or comparator
Barber 2021	Wrong patient population
Bardin 2004	Wrong patient population
Bayram 2008	Wrong patient population
Beaino 2010	Wrong patient population
Beaino 2011	Wrong patient population
Beer 2022	Wrong patient population
Belfort 2016	Wrong exposure and/or comparator
Benavente-Fernandez 2019	Wrong patient population
Bentsen 2017	Wrong exposure and/or comparator
Berbis 2012	Wrong patient population
Berdasco-Munoz 2018	Wrong patient population
Beretta 2021	Wrong outcomes
Berland 2022	Wrong patient population
Berry 2018	Wrong comparator
BickleGraz 2015	Wrong patient population
Bigger 2014	Wrong patient population
Bilgin 2021	Wrong exposure and/or comparator
Bin-Khathlan 2014	Wrong patient population
Bocca-Tjeertes 2012	Wrong outcomes
BogiÅševiÅš 2021	Wrong outcomes
Bohm 2002	Wrong patient population
Bohm 2004	Wrong patient population
Bohm 2010	Wrong patient population
Borkoski-Barreiro 2013	Wrong patient population
Bos 2011	Wrong patient population
Bosch 2021	Wrong patient population
Bourgoin 2016	Wrong comparator
Boyd 2013	Wrong analysis-Confounders not adjusted
Bozzette 2015	Wrong patient population
Brady 2019	Wrong patient population
Brandt 2003	Wrong patient population
Brion 2020	Wrong patient population
Brockmann 2020	Wrong comparator
Brodd 2012	Wrong outcomes
Broring 2018	Wrong study design
Brouwer 2014	Wrong patient population
Brown 2006	Wrong outcomes
Brown 2022	Wrong intervention
Brumbaugh 2018	Wrong patient population
Brun 2020	Wrong setting
Brunson 2021	Wrong patient population
Bucher 2003	Wrong exposure and/or comparator
Buchiboyina 2021	Wrong patient population
Burquet 1999	Wrong patient population
Burnett 2018	Wrong intervention
Cacciani 2013	Wrong patient population

Callanan 2001	Wrong analysis-Confounders not adjusted
Campbell 2021	Wrong exposure and/or comparator
Campos 2008	Wrong patient population
Candel-Pau 2016	Wrong patient population
Caporali 2022	Wrong patient population
Caravale 2019	Wrong patient population
Carbonell-Estrany 2000	Wrong patient population
Cassiano 2017	Wrong patient population
Cassiano 2022	Wrong patient population
Catlett 1993	Wrong patient population
Cejas 2015	Wrong study design
CelenYoldas 2020	Wrong patient population
Chan 2010	Wrong patient population
Chang 2018	Wrong analysis-Confounders not adjusted
Chang 2020	Wrong analysis-Confounders not adjusted
Chapron 2022	Wrong comparator
Chau 2019	Wrong patient population
Chaudhari 1995	Wrong patient population
Chawla 2013	Wrong patient population
Chee 2020	Wrong patient population
Chen 2004	Duplicate
Chen 2005	Wrong patient population
Chen 2010	Wrong patient population
Chenouard 2014	Wrong patient population
Cheung 1999	Wrong patient population
Chien 2002	Wrong patient population
Chiriboga 2003	Wrong patient population
Cho 2008	Wrong analysis-Confounders not adjusted
Choi 2022	Wrong patient population
Chou 2021	Wrong outcomes
Christians 2022	Wrong patient population
Christiansen 2002	Wrong patient population
Chu 2012	Wrong patient population
Claas 2011	Wrong patient population
Clark 2010	Wrong patient population
Clark 2015	Wrong patient population
Cloonan 2001	Wrong exposure and/or comparator
Colacci 2017	Wrong exposure and/or comparator
Coletti 2015	Wrong patient population
Connors 2022	Wrong study design
Constantinou 2005	Wrong intervention
Cook 2008	Wrong patient population
Cooper 1997	Wrong patient population
Costantine 2007	Wrong study design
Crapnell 2013	Wrong analysis-Confounders not adjusted
Crapnell 2015	Wrong intervention
Crippa 2012	Wrong patient population
Crotty 2012	Wrong patient population

Crump 2019	Wrong patient population
Crump 2021	Wrong patient population
Dahan-Oliel 2014	Wrong patient population
Dai 2021	Wrong intervention
Dammann 2001	Wrong patient population
Dammann 2003	Wrong patient population
Daniel 2003	Wrong patient population
DaSilva 2015	Wrong patient population
daSilvaMartins 2018	Wrong analysis-Confounders not adjusted
Dassios 2022	Wrong exposure and/or comparator
Davidovitch 2020	Wrong patient population
Davis 2003	Wrong analysis-Confounders not adjusted
Davis 2007	Wrong analysis-Confounders not adjusted
Davis 2010	Wrong outcomes
Davis 2014	Wrong patient population
Debata 2019	Wrong patient population
Decollogne 2021	Wrong patient population
DeGroot 2007	Wrong analysis-Confounders not adjusted
deHaan 2013	Wrong outcomes
Delmas 2016	Published in a language other than English
Delobel-Ayoub 2006	Wrong patient population
Delobel-Ayoub 2009	Wrong patient population
DeMauro 2022	Wrong patient population
deMello 2006	Wrong patient population
deMello 2017	Wrong patient population
Demissie 1997	Wrong patient population
Dempsey 2020	Wrong intervention
Deng 2019	Wrong analysis-Confounders not adjusted
dePaulaEduardo 2022	Wrong patient population
Dessardo 2014	Wrong patient population
DeVries 2004	Wrong patient population
DeVries 2008	Wrong patient population
Dewey 2011	Wrong patient population
Dezoete 1997	Wrong analysis-Confounders not adjusted
Dezoete 2003	Wrong patient population
Dhamrait 2021	Wrong patient population
Dilworth-Bart 2010	Wrong patient population
DiRosa 2016	Wrong patient population
doCarmo 2022	Wrong patient population
Doiron 2022	Wrong patient population
Dombkowski 2008	Wrong patient population
Downie 2002	Wrong patient population
Downie 2005	Wrong patient population
Doyle 2000	Wrong exposure and/or comparator
Doyle 2017	Wrong analysis-Confounders not adjusted
Doyle 2019	Wrong analysis-Confounders not adjusted
Doyle 2021	Wrong study design
Doyle 2021	Wrong study design

Draper 2020	Wrong exposure and/or comparator
Drost 2018	Wrong patient population
Dudova 2014	Wrong analysis-Confounders not adjusted
Duncan 2011	Wrong patient population
Durrant 2020	Wrong outcomes
DutraGarcia 2002	Published in a language other than English
Duvall 2015	Wrong patient population
Dyet 2006	Wrong analysis-Confounders not adjusted
Edwards 2014	Wrong comparator
Egashira 2019	Wrong patient population
Eicher 2012	Wrong analysis-Confounders not adjusted
ElAyoubi 2016	Wrong study design
Elder 1996	Wrong patient population
El-Dib 2014	Wrong patient population
Elgen 2015	Wrong exposure and/or comparator
Emery 1993	Wrong patient population
Eneriz-Wiemer 2016	Wrong patient population
Eras 2014	Wrong patient population
Erikson 2003	Wrong patient population
Eutrope 2014	Wrong analysis-Confounders not adjusted
Evensen 2004	Wrong patient population
Eves 2020	Wrong exposure and/or comparator
Eves 2020	Wrong patient population
FaeboLarsen 2013	Wrong comparator
Farooqi 2006	Wrong patient population
Farooqi 2011	Wrong outcomes
Farooqi 2013	Wrong exposure and/or comparator
Fawer 1995	Wrong patient population
Fazzi 1992	Wrong patient population
Fazzi 1997	Wrong patient population
Feldman 2003	Wrong patient population
Feldman 2007	Wrong patient population
Fernandes 2019	Wrong patient population
Ferreira 2014	Wrong patient population
Fetters 2007	Wrong patient population
Fevang 2019	Wrong patient population
Fiess 2017	Wrong exposure and/or comparator
Figueras-Aloy 2020	Wrong analysis-Confounders not adjusted
Filan 2012	Wrong patient population
Fily 2006	Wrong patient population
Flannery 2021	Wrong outcomes
Fortin-Pellerin 2013	Wrong analysis-Confounders not adjusted
Foster-Cohen 2007	Wrong patient population
Foulder-Hughes 2003	Wrong exposure and/or comparator
Franckx 2018	Wrong exposure and/or comparator
Franz 2009	Wrong patient population
Frazier 2022	Wrong analysis-Confounders not adjusted
French 2004	Wrong patient population

Frezza 2019	Wrong analysis-Confounders not adjusted
Furman 2004	Wrong patient population
Gaddlin 2008	Wrong patient population
Galan-Megias 2021	Wrong patient population
Gallini 2021	Wrong patient population
Gano 2015	Wrong patient population
Gargus 2009	Wrong exposure and/or comparator
Gentle 2020	Wrong comparator
Gerstein 2019	Wrong patient population
Ghods 2011	Wrong patient population
Ghotra 2019	Wrong exposure and/or comparator
Gianni 2015	Wrong comparator
Gibertoni 2015	Wrong patient population
Gibertoni 2020	Wrong analysis-Confounders not adjusted
GidleyLarson 2011	Wrong patient population
Giordano 2022	Wrong patient population
Girouard 1998	Wrong patient population
Glass 2017	Wrong patient population
Glass 2018	Wrong patient population
Gnigler 2015	Wrong patient population
Gocer 2011	Wrong patient population
Goetz 1995	Wrong patient population
Goktas 2012	Wrong patient population
Goldin 2016	Wrong patient population
Goldstein 2018	Wrong patient population
Goncalves 2016	Wrong analysis-Confounders not adjusted
Goncalves 2018	Wrong patient population
GonzálezGarcía 2022	Wrong patient population
Gonzalez-Gomez 2021	Wrong patient population
Gonzalez-Serrano 2012	Wrong patient population
Gough 2015	Wrong patient population
Gouyon 2013	Wrong patient population
Gray 2004	Wrong patient population
Gray 2006	Wrong analysis-Confounders not adjusted
Gray 2013	Wrong patient population
Gray 2015	Wrong patient population
Gray 2017	Wrong patient population
Gray 2018	Wrong patient population
Greene 2012	Wrong patient population
Greene 2018	Wrong patient population
Greene 2019	Wrong patient population
Gregoire 1998	Wrong patient population
Grelli 2021	Wrong patient population
Griffin 2016	Wrong setting
Griffiths 2017	Wrong study design
Grischkan 2004	Wrong patient population
Gross 1998	Wrong patient population
Grottenberg 2021	Wrong outcomes

Guedeney 2012	Wrong patient population
Guellec 2015	Wrong patient population
GuilhermeMonteCassiano 2016	Wrong patient population
Gunkel 2018	Wrong intervention
Gursoy 2014	Wrong patient population
Haavisto 2022	Wrong analysis-Confounders not adjusted
Hack 2000	Wrong patient population
Hack 2005	Wrong outcomes
Hack 2011	Wrong comparator
Hadchouel 2018	Wrong patient population
Hakeem 2012	Wrong outcomes
Hall 2012	Wrong patient population
Halterman 2009	Wrong patient population
Halvorsen 2005	Wrong patient population
Han 2002	Wrong patient population
Han 2015	Wrong patient population
Han 2022	Wrong outcomes
Hanke 2003	Wrong patient population
Hansen 2004	Wrong patient population
Hard 2000	Wrong patient population
Harel-Gadassi 2020	Wrong patient population
Harris 2021	Wrong study design
Hartel 2020	Wrong patient population
Hayakawa 2015	Wrong outcomes
He 2020	Wrong patient population
Heidemann 2019	Wrong patient population
Heitzer 2020	Wrong patient population
Helderman 2012	Wrong patient population
Helle 2015	Wrong outcomes
Helle 2019	Wrong patient population
Hentges 2014	Wrong patient population
Herber-Jonat 2014	Wrong patient population
Heuvelman 2018	Wrong patient population
Hibbs 2014	Wrong patient population
High Risk Follow-up Working Group (KowloonRegion) 2008	Wrong patient population
Hillemeier 2009	Wrong comparator
Himmelmann 2010	Wrong analysis-Confounders not adjusted
Himpens 2010	Wrong analysis-Confounders not adjusted
Hindmarsh 2000	Wrong patient population
Hintz 2019	Wrong patient population
Hirata 2015	Wrong patient population
Hirata 2017	Wrong patient population
Hirschberger 2018	Wrong analysis-Confounders not adjusted
Hirvonen 2018	Wrong exposure and/or comparator
Hoberg 2022	Wrong patient population
Hok-Wikstrand 2010	Wrong patient population
Holdgrafer 1996	Wrong patient population

Holditch-Davis 2008	Wrong patient population
Holmstrom 2008	Wrong patient population
Hoppenbrouwers 2005	Wrong patient population
Horsch 2005	Wrong patient population
Hou 2020	Wrong patient population
Houtzager 2010	Wrong outcomes
Hovi 2016	Wrong patient population
Howard 2011	Wrong patient population
Hsu 2018	Wrong intervention
Hubert 2020	Wrong analysis-Confounders not adjusted
Huhtala 2011	Wrong patient population
Huhtala 2012	Wrong patient population
Huhtala 2014	Wrong patient population
Huhtala 2016	Wrong patient population
Humberg 2020	Wrong patient population
Hung 2005	Wrong patient population
Hurst 2020	Wrong patient population
Hutchinson 2013	Wrong analysis-Confounders not adjusted
Hwang 2013	Wrong comparator
Hysing 2019	Wrong comparator
Iijima 2009	Wrong exposure and/or comparator
Indredavik 2010	Wrong patient population
Inoue 2018	Wrong patient population
Inoue 2021	Wrong patient population
Ionio 2022	Wrong patient population
Ishii 2013	Wrong outcomes
Ito 2016	Wrong analysis-Confounders not adjusted
Jacobson 2009	Wrong analysis-Confounders not adjusted
Jaekel 2012	Wrong patient population
Jaekel 2013	Wrong patient population
Jaekel 2014	Wrong patient population
Jain 2022	Wrong exposure and/or comparator
Jasper 2021	Wrong outcomes
Jennische 1998	Wrong patient population
Jensen-Willett 2019	Wrong patient population
Jing 2021	Wrong outcomes
Johnson 2009	Wrong comparator
Johnston 2018	Wrong patient population
Jones 2013	Wrong patient population
Jongmans 1997	Wrong patient population
Joseph 2003	Wrong patient population
Joseph 2016	Wrong patient population
Joseph 2017	Wrong patient population
Joseph 2017	Wrong patient population
Joud 2020	Wrong patient population
Kan 2008	Wrong patient population
Karagianni 2010	Wrong patient population
Kartam 2022	Wrong patient population

Kase 2009	Wrong patient population
Kato 2013	Wrong exposure and/or comparator
Kato 2016	Wrong patient population
Katz 2022	Wrong patient population
Kavas 2017	Wrong patient population
Kazibwe 2020	Wrong patient population
Keller 2017	Wrong outcomes
Kelly 2018	Wrong patient population
Kelso 2011	Wrong patient population
Kenyhercz 2022	Wrong patient population
Kiatchoosakun 2012	Wrong patient population
Kiechl-Kohlendorfer 2019	Wrong outcomes
Kim 2020	Wrong patient population
Kim 2021	Wrong patient population
Kim 2021	Wrong patient population
Kirk 2017	Wrong patient population
Klein 2008	Wrong patient population
Kleveno 2016	Wrong outcomes
Knops 2005	Wrong patient population
Koc 2016	Wrong patient population
Koc 2016	Wrong analysis-Confounders not adjusted
Kodama 2020	Wrong study design
Kono 2007	Wrong patient population
Kono 2011	Wrong patient population
Kono 2011	Wrong outcomes
Koo 2010	Wrong patient population
Kopec-Godlewska 2018	Wrong outcomes
Korvenranta 2009	Wrong patient population
Kucukevcilioglu 2015	Wrong analysis-Confounders not adjusted
Kuint 2009	Wrong outcomes
Kuint 2017	Wrong patient population
Kulkarni 2019	Wrong patient population
Kumar 2004	Wrong patient population
Kumar 2013	Wrong study design
Kuo 2010	Wrong study design
Kuschel 1999	Wrong patient population
Kuzniewicz 2013	Wrong patient population
Kuzniewicz 2014	Wrong patient population
Kytarova 2011	Wrong analysis-Confounders not adjusted
Lademann 2021	Wrong patient population
Laerum 2019	Wrong patient population
Lal 2021	Wrong analysis-Confounders not adjusted
Landry 2002	Wrong patient population
Laptook 2005	Wrong patient population
Larroque 2011	Wrong patient population
Larsen 2022	Wrong exposure and/or comparator
Larsson 2005	Wrong patient population
Larsson 2012	Wrong patient population

Latal-Hajnal 2003	Wrong patient population
Laucht 2001	Wrong patient population
Lavizzari 2021	Wrong outcomes
Lean 2018	Wrong patient population
Lean 2020	Wrong outcomes
Lean 2021	Wrong comparator
Lee 2014	Wrong exposure and/or comparator
Lehtinen 2017	Wrong patient population
Lemola 2017	Wrong patient population
Leung 2016	Wrong patient population
Leveresen 2011	Wrong patient population
Leviton 2018	Wrong patient population
Levy 2017	Wrong patient population
Levy-Shiff 1994	Wrong patient population
Lewis 2002	Wrong patient population
Li 2013	Wrong outcomes
Li 2022	Wrong patient population
Liao 2019	Wrong patient population
Liljenwall 2022	Wrong comparator
Lim 2015	Wrong patient population
Limperopoulos 2008	Wrong patient population
Lin 2015	Wrong comparator
Lin 2017	Wrong patient population
Lind 2020	Wrong patient population
Linden 2015	Wrong patient population
Linsell 2018	Wrong outcomes
Litt 2005	Wrong patient population
Littner 2021	Wrong patient population
Liu 2017	Wrong patient population
Liu 2019	Wrong patient population
Liu 2021	Wrong study design
Locatelli 2010	Wrong patient population
Lombardi 2018	Wrong analysis-Confounders not adjusted
Longo 2021	Wrong patient population
LOrton 2015	Wrong analysis-Confounders not adjusted
Louis 2022	Wrong comparator
Lowe 2009	Wrong study design
Lowe 2013	Wrong patient population
Lowe 2013	Wrong patient population
Lowe 2019	Wrong intervention
Lu 2021	Wrong patient population
Luciana 1999	Wrong patient population
Lugli 2021	Wrong analysis-Confounders not adjusted
Lundequist 2015	Wrong patient population
Lundqvist-Persson 2012	Wrong patient population
Luoma 1998	Wrong patient population
Luoma 1998	Wrong patient population
Luu 2011	Wrong patient population

MacLean 2016	Wrong patient population
Madayi 2021	Wrong patient population
Madden 2010	Wrong patient population
Majnemer 2000	Wrong patient population
Malavolti 2018	Wrong patient population
Malek 2019	Wrong patient population
Mangin 2017	Wrong patient population
Mansouri 2001	Wrong patient population
Mansson 2015	Wrong analysis-Confounders not adjusted
Marchman 2019	Wrong patient population
Marlow 2007	Wrong patient population
Marret 2013	Wrong analysis-Confounders not adjusted
Marston 2007	Wrong study design
Martin 2022	Wrong patient population
Martines 2013	Wrong patient population
Martinez-Cruz 2006	Wrong patient population
Martinez-Cruz 2012	Wrong patient population
Martinez-Cruz 2012	Wrong analysis-Confounders not adjusted
Martins 2010	Wrong patient population
Maruyama 2016	Wrong patient population
Matsushita 2019	Wrong patient population
McElrath 2009	Wrong analysis-Confounders not adjusted
McGrath 1995	Wrong patient population
McGrath 2002	Wrong patient population
McMahon 2019	Wrong patient population
McMahon 2020	Wrong exposure and/or comparator
McManus 2011	Wrong patient population
McManus 2012	Wrong patient population
McNicholas 2016	Wrong patient population
Medina-Alva 2019	Wrong study design
Medoff-Cooper 2009	Wrong patient population
Meier 2019	Wrong patient population
Mello 2009	Wrong patient population
Merhar 2012	Wrong comparator
Mhanna 2015	Wrong intervention
Miceli 2000	Wrong patient population
Michels 2017	Wrong patient population
Mikkola 2005	Wrong patient population
Miller 2001	Wrong patient population
Miller 2009	Wrong patient population
Mitha 2013	Wrong patient population
Mitsiakos 2016	Wrong outcomes
Miyahara 2003	Wrong patient population
Mohlkert 2018	Wrong outcomes
Molteno 1999	Wrong patient population
Monset-Couchard 2002	Wrong patient population
Montagna 2020	Wrong patient population
Montgomery-Downs 2010	Wrong patient population

Moore 2006	Wrong patient population
Moore 2012	Wrong analysis-Confounders not adjusted
Morag 2021	Wrong patient population
Morris 2002	Wrong patient population
Morris 2021	Wrong patient population
Morsing 2011	Wrong patient population
Morsing 2022	Wrong analysis-Confounders not adjusted
Mossabeb 2012	Wrong patient population
Moura 2017	Wrong patient population
Mowitz 2019	Wrong outcomes
Mowitz 2021	Wrong patient population
Msall 2000	Wrong patient population
Msall 2004	Wrong patient population
Mu 2008	Wrong patient population
Mukhopadhyay 2010	Wrong patient population
Mukhopadhyay 2016	Wrong patient population
Mukhopadhyay 2020	Wrong patient population
Mukhopadhyay 2020	Wrong exposure and/or comparator
Mulder 2018	Wrong exposure and/or comparator
Muller 2019	Wrong patient population
Munck 2010	Wrong patient population
Munck 2012	Wrong patient population
Murphy 1995	Wrong patient population
Murray 2016	Wrong patient population
Nadeau 2004	Wrong patient population
Nadeau 2009	Wrong patient population
Nakanishi 2016	Wrong exposure and/or comparator
Narberhaus 2007	Wrong patient population
Needelman 2008	Wrong patient population
Needelman 2010	Wrong analysis-Confounders not adjusted
Neel 2022	Wrong patient population
Nehab 2022	Wrong patient population
Neri 2017	Wrong intervention
Neri 2020	Wrong patient population
Neubauer 2008	Wrong patient population
Neubauer 2012	Wrong analysis-Confounders not adjusted
Newman 2011	Wrong patient population
Nguyen 2018	Wrong outcomes
Nguyen 2019	Wrong patient population
Ni 2020	Wrong outcomes
Ni 2022	Wrong study design
Nikoghosyan 2015	Wrong patient population
Nixon 2013	Wrong patient population
Nixon 2019	Wrong patient population
Nosarti 2005	Wrong patient population
Nunes 2021	Wrong patient population
Nuysink 2013	Wrong patient population
Nyman 2017	Wrong patient population

Nyman 2019	Wrong patient population
Ochiai 2014	Wrong patient population
Ochiai 2015	Wrong patient population
Ohlweiler 2003	Wrong patient population
Oliveira 2008	Wrong patient population
Oncel 2013	Wrong analysis-Confounders not adjusted
Ondusko 2022	Wrong outcomes
Ong 1997	Wrong patient population
Ong 1997	Wrong patient population
Ong 2001	Wrong patient population
Ong 2001	Wrong patient population
Oommen 2019	Wrong patient population
Orcesi 2012	Wrong patient population
Orchinik 2011	Wrong patient population
Ortgies 2021	Wrong patient population
O'Shea 1993	Wrong patient population
Ouyang 2015	Wrong patient population
Ozdemir 2015	Wrong patient population
Ozkan 2012	Wrong patient population
PÃ©rez-Pereira 2021	Wrong patient population
Pace 2020	Wrong analysis-Confounders not adjusted
Pagano 2021	Wrong exposure and/or comparator
Palomo-Osuna 2022	Wrong patient population
Panagiotounakou 2019	Wrong patient population
Panceri 2020	Wrong patient population
Paramore 2010	Wrong patient population
Park 2012	Wrong patient population
Park 2017	Wrong analysis-Confounders not adjusted
Pascal 2020	Wrong patient population
Patra 2015	Wrong patient population
Patra 2016	Wrong patient population
Patra 2017	Wrong comparator
Patra 2018	Wrong outcomes
Paul 1998	Wrong patient population
Peacock 2012	Wrong study design
Pedersen 2003	Wrong analysis-Confounders not adjusted
Peng 2022	Wrong outcomes
Pennefather 1997	Wrong analysis-Confounders not adjusted
Pennefather 1999	Wrong outcomes
Peralta-Carcelen 2009	Wrong patient population
Peralta-Carcelen 2013	Wrong study design
Pereira 2007	Wrong patient population
Perez-Tarazona 2021	Wrong patient population
PetriÃ§liÄ° 2018	Wrong outcomes
Phadke 2014	Wrong outcomes
Picciolini 2016	Wrong patient population
Piecuch 1997	Wrong analysis-Confounders not adjusted
Piecuch 1998	Wrong analysis-Confounders not adjusted

Pinelli 2003	Wrong study design
PirisBorregas 2019	Wrong analysis-Confounders not adjusted
Piriyapokin 2020	Wrong patient population
Plomgaard 2006	Wrong outcomes
Poehlmann 2010	Wrong patient population
Pontello 2008	Wrong patient population
Potharst 2011	Wrong patient population
Potharst 2012	Wrong patient population
Potharst 2012	Wrong patient population
Potharst 2013	Wrong patient population
Powers 2008	Wrong patient population
Pridham 2001	Wrong patient population
Pritchard 2012	Wrong study design
Procianoy 2009	Wrong patient population
Qin 2017	Wrong study design
Rademaker 2007	Wrong patient population
Rajput 2018	Wrong patient population
Rand 2016	Wrong patient population
Ranke 2007	Wrong analysis-Confounders not adjusted
Ranke 2016	Wrong patient population
Rasoulinejad 2016	Wrong outcomes
Rasoulinejad 2020	Wrong patient population
Rautava 2009	Wrong patient population
Rautava 2010	Wrong patient population
Rautava 2010	Wrong patient population
Raynes-Greenow 2012	Wrong comparator
Raz 2012	Wrong patient population
Reijneveld 2006	Wrong patient population
Reis 2012	Wrong patient population
Reiterer 2019	Wrong analysis-Confounders not adjusted
Renault 2016	Wrong study design
Resch 2017	Wrong analysis-Confounders not adjusted
Resch 2019	Wrong patient population
Resch 2020	Wrong patient population
Reyes 2021	Wrong patient population
Ritchie 2018	Wrong patient population
Rite 2022	Wrong patient population
Ritter 2014	Wrong patient population
RobainaCastellanos 2016	Wrong patient population
Roberts 2011	Wrong patient population
Roberts 2013	Wrong analysis-Confounders not adjusted
Robertson 2009	Wrong patient population
Robinson 1993	Wrong patient population
Robson 1997	Wrong patient population
Rocha 2020	Wrong patient population
Rodrigues 2012	Wrong patient population
Rodriguez 2011	Wrong patient population
Rodriguez 2018	Wrong patient population

Rodriguez 2020	Wrong patient population
Roggero 2011	Wrong patient population
Ross 2016	Wrong outcomes
Ross 2018	Wrong exposure and/or comparator
Ross 2020	Wrong patient population
Ross 2022	Wrong patient population
Ross-Sheehy 2017	Wrong patient population
Rover 2016	Wrong patient population
Rvachew 2005	Wrong patient population
Rysavy 2020	Wrong analysis-Confounders not adjusted
Sacchi 2021	Wrong patient population
SaenzdePipaon 2017	Wrong patient population
Salas 2016	Wrong analysis-Confounders not adjusted
Saldir 2010	Wrong patient population
Saldir 2010	Wrong patient population
Salomaki 2021	Wrong patient population
Salt 2006	Wrong patient population
Samara 2008	Wrong analysis-Confounders not adjusted
Samara 2010	Wrong analysis-Confounders not adjusted
Sammallahti 2015	Wrong patient population
Sanchez 2016	Wrong analysis-Confounders not adjusted
Sanchez 2019	Wrong patient population
Sanchez 2020	Wrong patient population
Sansavini 2006	Wrong patient population
Sansavini 2007	Wrong patient population
Sansavini 2011	Wrong patient population
Sathar 2019	Wrong analysis-Confounders not adjusted
Sato 2004	Wrong outcomes
Sato 2022	Wrong patient population
Saw 2005	Wrong patient population
Schiariti 2007	Wrong patient population
Schirmer 2006	Wrong patient population
Schlapbach 2012	Wrong outcomes
Schmalisch 2012	Wrong outcomes
Schmid 2011	Wrong patient population
Schmidhauser 2006	Wrong patient population
Schmoker 2020	Wrong patient population
Schmucker 2005	Wrong patient population
Schulzke 2010	Wrong patient population
Schwichtenberg 2009	Wrong patient population
Sentenac 2020	Wrong patient population
Shah 2008	Wrong analysis-Confounders not adjusted
Shah 2013	Wrong patient population
Shankaran 2004	Duplicate
Shankaran 2004	Wrong patient population
Shankaran 2020	Wrong exposure and/or comparator
Sharma 2007	Wrong patient population
Sherlock 2005	Wrong analysis-Confounders not adjusted

Shim 2021	Wrong patient population
Shin 2022	Wrong patient population
Shoji 2020	Wrong analysis-Confounders not adjusted
Short 2003	Wrong patient population
Short 2008	Wrong patient population
Sifre 2018	Wrong exposure and/or comparator
Siltanen 2004	Wrong patient population
Silva 2018	Wrong patient population
Simkin 2022	Wrong analysis-Confounders not adjusted
Simoës 2019	Wrong patient population
Singer 1997	Wrong patient population
Singer 2001	Wrong patient population
Singer 2003	Wrong patient population
Singer 2007	Wrong patient population
Skovgaard 2017	Wrong patient population
Skrablin 2008	Wrong patient population
Slidsborg 2012	Wrong outcomes
Smith 1994	Wrong patient population
Smith 2011	Wrong analysis-Confounders not adjusted
Sobaih 2018	Wrong patient population
Soderstrom 2021	Wrong analysis-Confounders not adjusted
Song 2021	Wrong patient population
Sonntag 2000	Wrong analysis-Confounders not adjusted
Soraisham 2006	Wrong patient population
Soraisham 2006	Wrong patient population
Spencer 2006	Wrong patient population
Spinelli 2013	Wrong patient population
Spittle 2009	Wrong patient population
Stahlberg 2022	Wrong patient population
Stahlmann 2016	Wrong analysis-Confounders not adjusted
Stalnacke 2019	Wrong patient population
Stangenes 2018	Wrong patient population
Stichtenoth 2015	Wrong analysis-Confounders not adjusted
Stipdonk 2020	Wrong patient population
Stoelhorst 2003	Wrong patient population
Stoinska 2011	Wrong patient population
Stoll 2004	Wrong patient population
Strathearn 2001	Wrong patient population
Suenaga 2022	Wrong patient population
Sugimoto 1998	Wrong patient population
Sukhov 2012	Wrong analysis-Confounders not adjusted
Sullivan 2007	Wrong patient population
Sullivan 2019	Wrong patient population
Sung 1993	Wrong patient population
Sung 2019	Wrong study design
Sveinsdottir 2018	Wrong patient population
Sykes 1997	Wrong patient population
Synnes 2019	Wrong analysis-Confounders not adjusted

Tachikawa 2020	Wrong patient population
Takahashi 2005	Wrong patient population
Takayanagi 2013	Wrong patient population
Takeuchi 2019	Wrong patient population
Tan 2020	Wrong patient population
Tanabe 2014	Wrong patient population
Taskila 2022	Wrong patient population
Taylor 1998	Wrong patient population
Taylor 2000	Wrong patient population
Taylor 2001	Wrong patient population
Taylor 2006	Wrong patient population
Taylor 2022	Wrong study design
TerWolbeek 2013	Wrong patient population
terWolbeek 2015	Wrong patient population
Thompson 1997	Wrong patient population
Thunqvist 2015	Wrong analysis-Confounders not adjusted
Thunqvist 2018	Wrong outcomes
Tiong 2021	Wrong patient population
Tommiska 2003	Wrong patient population
Torio 2021	Wrong patient population
Trebar 2007	Wrong patient population
Treyvaud 2009	Wrong patient population
Treyvaud 2011	Wrong patient population
Treyvaud 2013	Wrong patient population
Trittmann 2013	Wrong patient population
Tyson 2008	Wrong patient population
Uberos 2022	Wrong patient population
Uemura 2021	Unable to access full text
Unal 2017	Wrong patient population
Upadhyaya 2021	Wrong comparator
Ushida 2021	Wrong patient population
vanBaar 2005	Wrong study design
vanBeek 2021	Wrong outcomes
vanderRee 2011	Wrong patient population
vanHoudt 2019	Wrong patient population
vanHoudt 2020	Wrong analysis-Confounders not adjusted
VanLieshout 2018	Wrong patient population
VanMarter 2011	Wrong outcomes
vanVeen 2019	Wrong patient population
vanVeen 2019	Wrong exposure and/or comparator
vanVeen 2020	Wrong patient population
Velikos 2015	Wrong patient population
Vesoulis 2014	Wrong patient population
Villar 2021	Wrong patient population
Villela 2018	Wrong patient population
Vimercati 2008	Wrong patient population
Visuthranukul 2019	Wrong patient population
Vogel 2002	Wrong outcomes

Vogt 2011	Wrong patient population
Vohr 2006	Wrong patient population
Vohr 2007	Wrong study design
Vohr 2018	Wrong study design
VomHove 2014	Wrong patient population
Vriend 2021	Wrong patient population
Vrijlandt 2007	Wrong outcomes
Walch 2009	Wrong patient population
Walczak-Kozłowska 2022	Wrong patient population
Wang 2008	Wrong patient population
Wang 2009	Wrong patient population
Wang 2010	Wrong patient population
Wang 2013	Wrong study design
Wang 2014	Wrong comparator
Wang 2017	Wrong patient population
Wang 2020	Wrong patient population
Wang 2022	Wrong patient population
Washburn 2010	Wrong patient population
Watkins 2020	Wrong analysis-Confounders not adjusted
Weisglas-Kuperus 1992	Wrong patient population
Weiss 2021	Wrong patient population
Welinder 2020	Wrong analysis-Confounders not adjusted
Were 2006	Wrong patient population
Wern-Yih 2022	Wrong patient population
Wheater 2000	Wrong patient population
Wightman 2007	Wrong patient population
Wild 2013	Wrong patient population
Wildin 1995	Wrong patient population
Winter 2018	Wrong study design
Witt 2012	Wrong patient population
Wocadlo 1994	Wrong patient population
Wolke 1998	Wrong patient population
Wolke 1999	Wrong patient population
Wolke 2008	Wrong comparator
Wolke 2013	Wrong patient population
Wolke 2015	Wrong exposure and/or comparator
Wong 2014	Wrong patient population
Woods 2014	Wrong patient population
Woodward 2012	Wrong patient population
Yaari 2018	Wrong patient population
Yaari 2019	Wrong patient population
Yamasaki 2012	Wrong patient population
Yang 2015	Wrong patient population
Yanuarti 2014	Wrong patient population
Yates 2022	Wrong patient population
Yau 2013	Wrong patient population
Yeh 2004	Wrong patient population
Yeo 2005	Wrong patient population

Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm
Technical Report Draft for Public Consultation

Youn 2019	Wrong patient population
Young 2016	Wrong patient population
Youngblut 1994	Wrong patient population
Yu 2021	Wrong outcomes
Yun 2021	Wrong exposure and/or comparator
Zahr 1999	Wrong patient population
Zanchetta 2010	Wrong patient population
Zang 2016	Wrong patient population
Zasada 2016	Wrong exposure and/or comparator
Zehetgruber 2014	Wrong patient population
Zelkowitz 2009	Wrong patient population
Zelkowitz 2011	Wrong patient population
Zhang 2018	Wrong analysis-Confounders not adjusted
Zhang 2020	Wrong outcomes
Zhang 2021	Wrong patient population
Zonnenberg 2019	Wrong comparator
Zozaya 2019	Wrong outcomes
Zozaya 2021	Wrong patient population
Zwicker 2013	Wrong patient population