



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

Administrative Report

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Preterm Follow Up Guideline Development
Group

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In the spirit of reconciliation, the Centre of Research Excellence in Newborn Medicine acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginals and Torres Strait Islander peoples.

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1. GOVERNANCE AND STAKEHOLDER INVOLVEMENT

1.1 Organisation/s Responsible

The organisation/s responsible for developing and publishing the guideline is/are named.

The Newborn Medicine CRE based at the Murdoch Children's Research Institute (MCRI) is responsible for the development and publication of this guideline. Affiliation organisations of all Steering Committee members and authors are also acknowledged as partner organisations. These include The University of Melbourne, Monash University, La Trobe University, The Royal Women's Hospital and Life's Little Treasures Foundation.

1.2 Funding

Sources of funding for guideline development, publication and dissemination are stated.

The authors acknowledge funding from the National Health & Medical Research Council through a Centre of Research Excellence Grant (#1153176) to the Centre of Research Excellence in Newborn Medicine. The views of the funders did not influence the recommendations of the guideline.

1.3 Multidisciplinary Guideline Development Group Process

A multidisciplinary group that includes end-users, relevant disciplines and clinical experts is convened to develop the purposes, scope and content of the guideline, and the process and criteria for selecting members are described

The multidisciplinary Guideline Development Group (GDG) was convened by inviting people with experience of very preterm birth, caring for children born very preterm and academics with experience in very preterm birth, to participate in the development of the guideline.

A Steering Committee was formed by members of the Centre of Research Excellence in Newborn Medicine to oversee the development of the guideline. This included Prof Jeanie Cheong (Chair), Prof Peter Anderson, and Prof Rod Hunt. A Project Officer (Dr Alice Burnett, until April 2023 and Dr Jamie Owen from April 2023) was engaged to facilitate the development of the guideline and the activities of the GDG and reported to the Steering Committee.

GDG members were sought to represent various relevant clinical disciplines, healthcare settings, research expertise, and consumer experiences from around metropolitan, regional, and rural Australia. Clinical disciplines included neonatology, paediatrics, psychology, speech pathology, occupational therapy, physiotherapy, nursing, and general practice. Community stakeholders including representatives from early childhood education, refugee and migrant support organisations as well as three consumers with lived experience were also included. Efforts were also made to ensure representation from Aboriginal and Torres Strait Islander peoples, members of culturally and linguistically diverse communities, and the early childhood education and care sector.

GDG members were recruited via an expression of interest process advertised through professional networks, consumer organisations, and social media, and by direct invitation. The Steering Committee and GDG Chair considered all expressions of interest and responses to invitations to participate and selected the GDG members based on the principles above. The Steering Committee selected Prof Katrina Williams as Chair, and Prof Angela Morgan was subsequently selected as Co-Chair after a call for nominations from the GDG.

1.4 Consumer Involvement

Consumers participate in the guideline development, and the processes employed to recruit, involve and support consumer participants are described.

Engagement with consumers occurred throughout guideline development. This included involvement of consumers in the Guideline Development Group (GDG) (See Table 1).

GDG members were sought to represent various relevant clinical disciplines, healthcare settings, research expertise, and consumer experiences from around metropolitan, regional, and rural Australia. GDG members were recruited via an expression of interest process advertised through professional networks, consumer organisations, and social media, and by direct invitation.

The Steering Committee and Guideline Development Group Chair considered all expressions of interest and responses to invitations to participate and selected the GDG members based on the principles above.

The following GDG members provided perspectives of people with lived experience of very preterm birth and their families throughout the guideline development process:

- Ms Amber Bates
- Ms Madeline Francis
- Mr Leigh Hutchinson

These consumers were voting members of the GDG and co-created the guideline. These consumers were remunerated for their time.

Guideline Development Group Members

A complete list of all the people involved in the guideline development process is provided, including the following information for each person: name, profession or discipline, organisational affiliation and role in the guideline development process.

A complete list of all the people involved in the guideline development process is provided below in Table 1.

Table 1 - Name, profession/discipline, organisational affiliation, and role in the guideline development process

Name	Profession/discipline	Organisational affiliation	Role
Megan Bater	Consultant nurse	Women's & Children's Hospital, Adelaide, SA	GDG Member
Amber Bates	Preterm community representative	Self, Perth, WA	GDG Member
Siew-Lian Crossley	Speech pathologist	Monash Health, Melbourne, VIC	GDG Member
Natasha Crow	Psychologist	Gold Coast University Hospital, Gold Coast, QLD	GDG Member (Until Feb 2023)
Cathryn Crowle	Occupational therapist	The Children's Hospital at Westmead, Sydney, NSW	GDG Member
Amanda Dyson	Neonatologist	Centenary Hospital for Women and Children, Canberra, ACT	GDG Member
Madeleine Francis	Preterm community representative	NICU Cheer, Melbourne, VIC	GDG Member
Joanne George	Physiotherapist	Queensland Children's Hospital, Brisbane, QLD	GDG Member
Traci-Anne Goyen	Occupational therapist	Westmead Hospital, Sydney, NSW	GDG Member
Elizabeth Hurrion	Neonatologist	Mater Health, Brisbane, QLD	GDG Member
Leigh Hutchinson	Preterm community representative	Self, Launceston, TAS	GDG Member
Michelle Jackman	Occupational therapist	John Hunter Children's Hospital, Newcastle, NSW	GDG Member
Elisha Josev	Clinical neuropsychologist	Mercy Hospital for Women; Murdoch Children's Research Institute, Melbourne, VIC	GDG Member (From Feb 2023)
Amy Keir	Neonatologist	Women's and Children's Hospital, Adelaide, SA	GDG Member
Daniel Leach-McGill	Early childhood	Early Childhood Australia, Canberra, ACT	GDG Member
Helen Lees	Maternal and child health nurse policy advisor	Municipal Association of Victoria, Melbourne, VIC	GDG Member
Felicity Lenck	Teacher	Early Childhood Intervention Service, Hobart, TAS	GDG Member

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Christopher McKinlay	Neonatologist	Kidz First Neonatal Care, Te Whatu Ora Counties Manukau Department of Paediatrics: Child and Youth Health, University of Auckland, Auckland, NZ	GDG Member
Lucy Meldrum	Practice leader	Foundation House, the Victorian Foundation for Survivors of Torture, Melbourne, VIC	GDG Member
Angela Morgan	Speech pathologist	Murdoch Children's Research Institute, University of Melbourne, Melbourne, VIC	Co-Chair of GDG
Bridget O'Connor	Physiotherapist	Murdoch Children's Research Institute, University of Melbourne, VIC	GDG Member
Colleen Oliver	Neonatal dietitian	Royal Women's Hospital, Melbourne, VIC	GDG Member
Kelly Paterson	Physiotherapist	NT Health, Darwin, NT	GDG Member
Tamara Porter	Aboriginal midwife coordinator	Monash Health, Melbourne, VIC	GDG Member
Angela Rajaratnam	General practitioner	Self, Sydney, NSW	GDG Member
Ingrid Rieger	Developmental paediatrician	Royal Prince Alfred Women and Babies, Sydney, NSW	GDG Member (Until Sep 2022)
Gehan Roberts	Developmental paediatrician	Royal Children's Hospital, Melbourne, VIC	GDG Member
Melissa Ross	Clinical psychologist	Westmead Hospital, Sydney, NSW	GDG Member (Until Mar 2023)
Kathryn Schembri	Occupational therapist	Royal Darwin Hospital, Darwin, NT	GDG Member (Until Sep 2022)
Mary Sharp	Neonatologist	King Edward Memorial Hospital, Perth, WA	GDG Member
Tracey Stephens	Aboriginal health liaison midwife	Monash Health, Melbourne VIC	GDG Member (Until Nov 2022)
Javeed Travadi	Neonatologist	Royal Darwin Hospital, Darwin, NT	GDG Member

Katrina Williams	Developmental paediatrician	Monash University, Monash Children’s Hospital, Melbourne, VIC	Co-Chair of GDG
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Abbreviation: GDG: Guideline Development Group

Table 2 - Steering Committee Members

Name	Profession/discipline	Organisational affiliation	Role
Jeanie Cheong	Neonatologist	Royal Women’s Hospital, Melbourne VIC	Chair
Peter Anderson	Psychologist	Monash University, Melbourne VIC	Member
Rod Hunt	Neonatologist	Monash University, Melbourne VIC	Member
Alice Burnett	Neuropsychologist	Murdoch Children’s Research Institute, Melbourne, VIC	Project Officer (Until April 2023)
Jamie Owen	Physiotherapist	Murdoch Children’s Research Institute, Melbourne, VIC	Project Officer (From Jan 2023)

1.5 Competing Interests

Potential competing interests are identified, managed and documented, and a competing interest declaration is completed by each member of the guideline development group

All members of the GDG were required to disclose any potential conflicts of interest on joining the GDG and at each meeting of the GDG. All disclosures were reviewed by a panel comprising one of the GDG Co-Chairs, a member of the Steering Committee, and an independent reviewer who was not involved in any guideline activities (either the Director of Research Operations at Monash Health or the Director of Operations (Research Quality, Governance, and Integrity Lead) at Murdoch Children’s Research Institute). Declarations of the GDG Co-Chairs were reviewed by one or both independent reviewers. The Steering Committee members and Project Officer also disclosed their interests, and these were reviewed by one or both of the GDG Co-Chairs and the independent reviewers.

The process used for the declaration and management of competing interests and the management plans for any conflicts of interest are detailed in Appendix 1 and 2.

1.6 Guideline Endorsement

A list of organisations that will be approached to endorse the guideline is provided.

This guideline was submitted for consideration of approval by the NHMRC. Approval is also being sought from other relevant organisations, including Tiny Sparks WA, Life’s Little Treasures Foundation, Miracle Babies Foundation, ANZNN, PSANZ, RACGP, NACCHO, Occupational Therapy Australia,

Australian Physiotherapy Association, Speech Pathology Australia and The Australian Psychological Society.

1.7 Aboriginal and Torres Strait Islander Peoples and Culturally and Linguistically Diverse Community Involvement

The guideline development process includes participation by representatives of Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities (as appropriate to the clinical need and context), and the processes employed to recruit, involve and support these participants are described.

Engagement with Aboriginal and Torres Strait Islander and culturally and linguistically diverse community members occurred throughout guideline development. This included involvement in the Guideline Development Group (GDG) (See Table 1).

GDG members were sought to represent various relevant clinical disciplines, healthcare settings, research expertise, and consumer experiences from around metropolitan, regional, and rural Australia. Efforts were also made to ensure representation from Aboriginal and Torres Strait Islander peoples, members of culturally and linguistically diverse communities, and the early childhood education and care sector. GDG members were recruited via an expression of interest process advertised through professional networks, consumer organisations, and social media, and by direct invitation.

The Steering Committee and Guideline Development Group Chair considered all expressions of interest and responses to invitations to participate and selected the GDG members based on the principles above.

The following GDG members provided perspectives of Aboriginal and Torres Strait Islander people throughout the guideline development process:

- Ms Tamara Porter
- Ms Tracey Stephens

1.8 Additional Funding Information

Desirable: The amount and percentage of total funding received from each funding source is stated

The full funding amount was received from the National Health & Medical Research Council through a Centre of Research Excellence Grant (#1153176) to the Centre of Research Excellence in Newborn Medicine (100%). All GDG members are independent from the funders.

The Grant provided funding for salary support for project management and research assistance personnel and consumer remuneration for the duration of guideline development. Other than this, there was no additional funding for this guideline.

2. GUIDELINE RECOMMENDATIONS

2.1 Methods

The method used to arrive at consensus-based recommendations or practice points (Requirements D.4 and D.5) (e.g., voting, or formal methods, such as Delphi) is documented.

The method used to develop consensus recommendations and clinical practice points is outlined in the Introduction section of the Guideline. The GDG discussed recommendations during meetings and decisions were reached using an informal consensus development approach. In the event that the GDG could not reach a resolution on an issue, a 70% or greater majority vote was determined to suffice. Voting was conducted by an anonymous zoom poll or via email. The GDG chairs, methodologists and project officer did not vote on recommendations.

2.2 Independent Review

The guideline and recommendations have been assessed by at least 2 reviewers, independent of the guideline development process, using the AGREE II instrument.

External review by two independent reviewers was completed during the public consultation period. A list of suggested reviewers was provided to the NHMRC for consideration.

3. PUBLIC CONSULTATION

3.1 Process

The process for public consultation on the draft guideline complies with Section 14A of the NHMRC Act 1992 (Cwlth) and accompanying regulations.

Public consultation on the draft guideline commenced on August 21st, 2023, and closed on the October 13th, 2023. Public consultation was conducted in compliance with NHMRC requirements. The draft guideline was freely available on the Newborn Medicine CRE website and disseminated via social media and through relevant organisations (as described in 3.3).

3.2 Interventions Not Available in Australia

During the public consultation period, the developer has undertaken and documented consultation with the Director-General, Chief Executive or Secretary of each state, territory and Commonwealth health department, other relevant government departments as appropriate to your guideline topic and relevant authorities

The draft guideline was provided to the Director-General, Chief Executive, and Secretary of each State, Territory and Commonwealth Departments of Health in Australia during the public consultation period.

3.3 Key Professional Organisations

The developer has identified and consulted with key professional organisations (such as specialty colleges) and consumer organisations that will be involved in, or affected by, the implementation of the clinical recommendations of the guideline.

The following organisations were invited to participate in the public consultation process: Australian and New Zealand Neonatal Network (ANZNN), Australian Physiotherapy Association (APA), Australasian Neonatal Dietitians Network (ANDiN), Federation of Ethnic Communities' Councils Australia (FECCA), Indigenous Allied Health Australia, Life's Little Treasures Foundation, Maternal Child and Family Health Nurses Australia, Migrant and Refugee Health Partnership, Miracle Babies Foundation, National Aboriginal Community Controlled Health Organisation (NACCHO), Neonatal Occupational Therapy Network, Neonatal Speech Pathology Group, Neurodevelopmental and Behavioural Paediatric Society of Australasia, Newborn Medicine Centre of Research Excellence Consumer Advisory Group, Perinatal Society of Australia and New Zealand (PSANZ), Royal Australian College of General Practitioners (RACGP), Refugee Health Network Australia, Speech Pathology Australia, Tasmanian Education Department Network, Tiny Sparks WA Foundation and Australian Psychological Association.

3.4 Publicly Available Summary

Desirable: A version of the public consultation submissions summary is publicly available, with submissions de-identified.

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A de-identified version of the public consultation submissions summary was made publicly available after publication of the final guideline.

4. APPENDICES

4.1 Appendix 1: Conflict of interest process

This policy is guided by the National Health & Medical Research Council (NHMRC) Standards and Guidelines for Guidelines. It applies to all members of the GDG and SC.

Definition of conflicts of interest

Conflicts of interest may occur in relation to financial, organisational, or other interests that might influence or appear to influence the independent performance of the responsibilities in developing this Guideline.

Financial interests include potential benefits arising as well as losses that may be incurred. Organisational interests can occur if group members serve as representatives of organisations with an interest in the guideline recommendations. Having a conflict of interest does not in itself imply unethical or improper behaviour. However, in order to ensure this Guideline is as free from bias as possible, all conflicts of interest must be identified, reviewed, and, where necessary, addressed by a clear management plan (section 4).

“Conflicts of interest can bias guideline recommendations to disproportionately favour new, expensive and less effective treatments and products. This is often to the detriment of both the public and the health systems on which they depend (Williams, Kevat et al. 2011). They can also promote over-diagnosis, over-treatment and lead to the medicalisation of normal human states and behaviours (Moynihan, Cooke et al. 2013)

It is inevitable that most people involved in guideline development will have an interest or stake in the process—this is typically why they were selected to participate in the first place. A conflict of interest arises when there is a risk that their professional judgment or actions regarding a primary interest (i.e. the guideline) will be unduly influenced by a secondary interest (such as financial gain) (Institute of Medicine 2009).”

NHMRC. *Guidelines for Guidelines: Identifying and managing conflicts of interest*. <https://www.nhmrc.gov.au/guidelinesforguidelines/plan/identifying-and-managing-conflicts-interest>. Last published 22/11/2018.

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Examples of conflicts of interest:

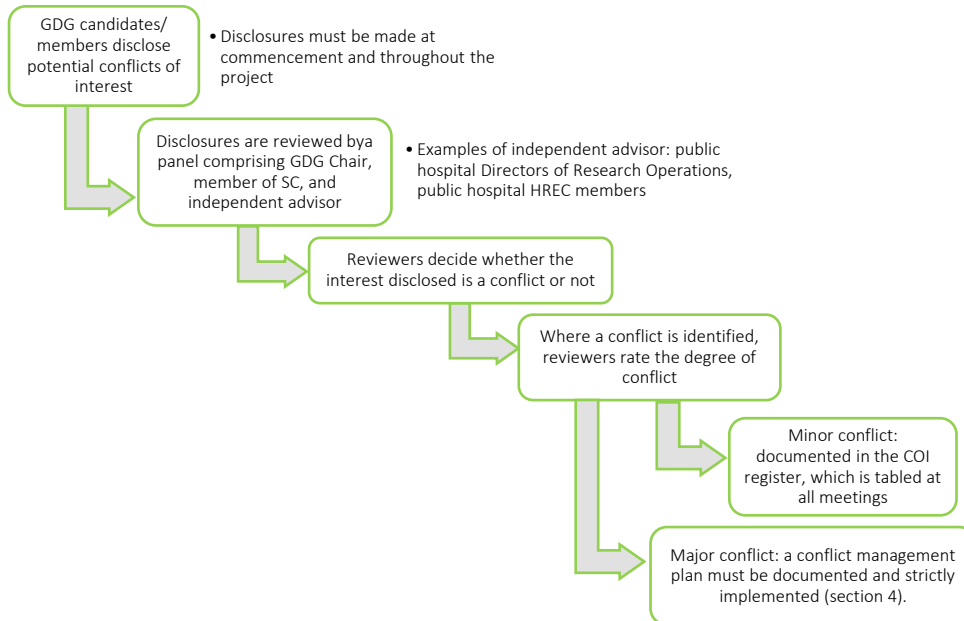
Financial conflicts of interest may include:	<ul style="list-style-type: none">• fees paid for service to a company (e.g., consultancy payments, speaking fees, panel memberships). This includes for-profit and some not-for-profit organisations (e.g., Philip Morris Foundation for a Smoke-Free World).• indirect payments (e.g., funding of travel, accommodation, professional development, hospitality)• company stock• royalties• directorships• support for a researcher’s clinical or research infrastructure (e.g., funding of data managers, scientists, equipment and clinical staff)• personal relationships with those who may have the above interests.
Organisational conflicts of interest may arise when:	<ul style="list-style-type: none">• group members represent, or have roles in, organisations with financial links or affiliations with industry groups which stand to benefit from or be affected by guideline recommendations• group members represent, or have roles in, organisations which advocate known industrial or policy positions• group members have personal relationships with those who may have the above interests.

Taken from: NHMRC. *Guidelines for Guidelines: Identifying and managing conflicts of interest.*

<https://www.nhmrc.gov.au/guidelinesforguidelines/plan/identifying-and-managing-conflicts-interest>. Last published 22/11/2018.

Process for Reviewing and managing conflicts of interest

The following process will be followed for identifying, reviewing, and managing potential conflicts of interest.



Management strategies for conflicts of interest

A management plan will be documented for each major conflict of interest. Depending on the nature of the conflicts disclosed, the following strategies may be used to manage conflicts of interest:

<ul style="list-style-type: none"> a conflicted member being present but not taking part in any discussions or decision making related to the specific area or issue
<ul style="list-style-type: none"> a conflicted member recusing themselves from a meeting when a decision or recommendation is made related to the conflict of interest
<ul style="list-style-type: none"> excluding a conflicted member from involvement in the writing or approval of recommendations associated with the conflict
<ul style="list-style-type: none"> removing a conflicted member from the guideline development group for failure to disclose major conflicts of interest
<ul style="list-style-type: none"> a conflicted member eliminating potential conflicts of interest during the duration of guideline development (such as leave of absence from board positions)
<ul style="list-style-type: none"> disallowing input from sponsoring organisations in guideline development
<ul style="list-style-type: none"> ensuring that any decision to exclude members from discussion and decision making is made in full consultation with all members of the group and/or the independent assessors of the interests (such as a conflict of interest advisor or legal team)
<ul style="list-style-type: none"> (Taken from: NHMRC. Guidelines for Guidelines: Identifying and managing conflicts of interest. https://www.nhmrc.gov.au/guidelinesforguidelines/plan/identifying-and-managing-conflicts-interest. Last published 22/11/2018)

Consequences for failure to disclose relevant interests

In the event that a member does not disclose a relevant interest, the Chair of the GDG or Chair of the Steering Committee may terminate the individual's membership of the GDG or SC.

4.2 Appendix 2. Conflict of Interest Management

Table 3 - Guideline Development Group Conflict of Interest Management

Name	Interests disclosed	Management plan (if required)
Megan Bater	<p><i>Payment for lectures or educational tools/conducting training or test development:</i> I have a business name registered which I plan to launch post completion of my PhD in 2023. It will include teaching parents and assessing the development of children (including those born VP). I do not derive any income from this yet and won't until 18 months – 2 years from now.</p> <p><i>Update:</i> 26/01/2024 <i>Employment:</i> Resigned from position as consultant RN, Neonatal Growth and Development Programme on 29/12/2023. Remains a PhD candidate at the University of Adelaide. Plans to move into private practice conducting Bayley-4 assessments and Newborn Behavioural Observations (NBO) in February 2024.</p>	<p>Continued disclosure.</p> <p>Update disclosure: no conflict; continued disclosure.</p>
Amber Bates	<p><i>Memberships:</i> I hold a number of positions with other organisations as a Consumer Representative providing lived experience input as a parent of a child born very preterm. These organisations include Tiny Sparks WA, Telethon Kids Institute, Child & Adolescent Health Service (PCH), Woman and Infants Research Foundation, Ability WA, Woman and Newborn Health Service. For some of these positions I receive an honorarium for my contribution.</p> <p><i>Other:</i> I am a named Associate Investigator on a number of research projects with yet to be published outcomes.</p> <p><i>Update:</i> <i>Other:</i> Investigator on publicly funded research grant (Australian Government; Medical Research Future Fund grant 2018596): “Targeted surveillance of developmental delay and impairments for young children born very preterm”. Project Summary: aims to reduce the burden associated with developmental delay in children born very preterm by developing a family-focused surveillance program. Funding commenced 2022, completion 2027.</p>	<p>N/A</p> <p>Updated disclosure: no conflict; continued disclosure.</p>
Siew-Lian Crossley	<p><i>Memberships:</i> I am coordinating a working group of neonatal speech pathologists in Neonatal Care across Australia/New Zealand. The focus of the group is on working with Speech Pathology Australia, our professional body to</p>	<p>Continued disclosure.</p>

	<p>look at development of practice guidelines, competencies and training needs for speech pathologists in neonatal care. This is a newly established group and will be meeting quarterly, looking at developing this area of the speech pathology profession.</p> <p><i>Employment:</i> I have a business "Northside Nurture" registered in my name. I plan to offer private lactation and speech pathology services once my youngest child is in primary school. Although the business is registered, it is not yet active and I do not plan to take on any private clients until April 2023 at least.</p> <p><i>Update:</i></p> <p><i>Employment:</i> 17/07/23 lactation practice has been closed down and practice dissolved. Commenced employment in a private feeding clinic called 'tiny bites'. Currently employed as a SP in feeding clinic which is run jointly with a dietitian from Offspring Health in Hawthorn. The clinic accepts self/medical referrals for infants and preschool children with functional feeding difficulties and communication impairments. The clinic runs fortnightly and services private, Medicare and NDIS patients. The clinic started in June 2023 and the role is currently for 12 months.</p>	<p>Updated disclosure: no conflict; continued disclosure.</p>
Cathryn Crowle	<p><i>Board Memberships:</i> Member of NIDCAP Board of Directors (non-financial)</p> <p><i>Payment for lectures or educational tools:</i> Occasionally e.g., if invited to speak at a course or workshop.</p> <p><i>Payment for conducting training or test development:</i> Not routinely, but possible as HINE trainer</p> <p><i>Memberships:</i> Member of PSANZ & AusACPDM</p>	<p>Interests (particularly HINE trainer status) to be considered during allocation to evidence review and recommendation subcommittees</p>
Amanda Dyson	<p><i>Memberships:</i> PSANZ long-term outcomes subcommittee; NICUS/ANZNN follow-up groups (both unpaid)</p>	<p>N/A</p>
Madeleine Francis	<p><i>Memberships:</i> Founder of NICU Cheer a non-profit organisation that supports families in all of Melbourne's five NICUs at Mercy Hospital for Women, Royal Children's, Royal Women's, Monash Children's and Joan Kirner Women and Children's Hospitals.</p> <p><i>Other:</i> Maddie also holds the position of NICU Ambassador for the Mercy Health Foundation which involves supporting and promoting their fundraising efforts and public speaking at events and has been invited by Mercy and RCH to speak to their NICU staff in CPD sessions about the lived NICU</p>	<p>N/A</p>

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	experience from the parent’s perspective start date imminent but TBD.	
Joanne George	<p><i>Employment:</i> Employed by Queensland Health at Queensland Children’s Hospital</p> <p><i>Payment for lectures or educational tools:</i> Lectures to undergraduate physiotherapy students at Griffith University occasionally – paid to me.</p> <p><i>Payment for conducting training or test development:</i> Payment for HINE training that I provide in the future, will be paid to Physiotherapy Department at Queensland Children’s Hospital to reimburse my time and travel costs.</p> <p><i>Other:</i> I lead a Steering committee developing recommendations for QLD state-wide follow up of infants at risk of adverse neurodevelopmental outcomes. This work includes children born very preterm. I lead this work within my role at QH. No payment will be received personally or to my organisation for the development of these recommendations.</p> <p><i>Update:</i> On 26/05/22 it was decided that QLD state-wide follow up of infants at risk of adverse neurodevelopmental outcomes project would be put on hold until after the Preterm Follow Up Guideline is published.</p>	Interests (particularly HINE trainer status) to be considered during allocation to evidence review and recommendation subcommittees
Traci-Anne Goyen	<i>Other:</i> NICUS member (non-financial)	N/A
Elizabeth Hurrion	<i>Other:</i> I am on the Steering Committee for the development of a similar Queensland-wide Guideline for the follow-up of high-risk infants (including preterm born infants), however myself and my institution do not receive any revenue from this role.	N/A
Leigh Hutchinson	None disclosed	N/A
Michelle Jackman	None disclosed	N/A
Elisha Josev	<p><i>Membership:</i> Member of PSANZ long-term outcomes subcommittee, PSANZ Academy, Australian Paediatric Neuropsychology Research Network.</p> <p><i>Employment:</i> Employed by Mercy Hospital for Women (Victoria) as paediatric clinical neuropsychologist in a neurodevelopmental follow-up clinic where I regularly assess children born preterm. Also employed by Murdoch Children’s Research Institute as a researcher in field of paediatric chronic illness.</p>	N/A
Amy Keir	None disclosed	N/A

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Daniel Leach-McGill	None disclosed	N/A
Helen Lees	None disclosed	N/A
Felicity Lenck	<i>Employment:</i> Teacher with Department of Education	N/A
Christopher McKinlay	None disclosed	N/A
Angela Morgan	<i>Consultancy:</i> MCRI cost centre paid for my consultancy work with Deloitte in evaluating the speech pathologists in schools program for the Department of Education Victoria <i>Employment:</i> MCRI and The University of Melbourne <i>Payment for lectures or educational tools:</i> Speech pathology lectures to The University of Melbourne where I am employed	N/A
Bridget O'Connor	<i>Employment:</i> Kids Plus Foundation Baby Smart program using standardised assessment tools as part of routine follow up program. <i>Payment for lectures or educational tools:</i> Flights and accommodation paid by Aust Physiotherapy Association for invited lecture at National conference in March 2022 [conference cancelled due to COVID] <i>Payment for manuscript preparation:</i> Paid for research time linked to this activity: Research output from ENVISAGE-Families research project. <i>Update:</i> Employment relationship ceased August 2022; some ongoing involvement with Kids Plus Foundation in their role as a consortium member of this recent federally funded grant (6.9 million) to roll out ENVISAGE - Families nationally. "The Australian Catholic University (ACU) Consortium, including key partner, the University of Melbourne, will deliver a peer support program that empowers, supports and connects caregivers early in their experience of raising a child with disability or developmental concerns. The consortium includes research, health and community services."	Interests (particularly employment status) to be considered during allocation to evidence review and recommendation subcommittees Updated disclosure reviewed by Chair, undergoing review by external panel
Colleen Oliver	<i>Payment for lectures or educational tools:</i> Payment for presentation on 'Post- discharge Nutrition in Preterm Infants' https://educationinnutrition.com.au/	N/A
Kelly Paterson	<i>Employment:</i> Role involved in development of local (RDH) and potentially regional (NT) guidelines for developmental care of at-risk infants and children	N/A
Tamara Porter	None disclosed	N/A

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Angela Rajaratnam	<i>Employment:</i> I see very preterm children as part of my work.	N/A
Gehan Roberts	None disclosed <i>Update:</i> <i>Other:</i> Investigator on publicly funded research grant (Australian Government; Medical Research Future Fund grant 2018596): “Targeted surveillance of developmental delay and impairments for young children born very preterm”. Project Summary: aims to reduce the burden associated with developmental delay in children born very preterm by developing a family-focused surveillance program. Funding commenced 2022, completion 2027.	Updated disclosure: no conflict; continued disclosure.
Mary Sharp	<i>Employment:</i> Employed by Child and Adolescent Health Services	N/A
Javeed Travadi	None disclosed	N/A
Katrina Williams	None disclosed	N/A

Table 4 - Steering Committee Conflict of Interest Management

Name	Interests disclosed	Management plan (if required)
Peter Anderson	<i>Payment for conducting training or test development:</i> 1. Consultancy on development of the Bayley-4; 2. Reimbursed for expenses associated with collecting Australian normative data for the new Bayley-4; 3. Consultancy relating to the Brigance Inventory of Early Development <i>Update:</i> <i>Other:</i> Investigator on publicly funded research grant (Australian Government; Medical Research Future Fund grant 2018596): “Targeted surveillance of developmental delay and impairments for young children born very preterm”. Project Summary: aims to reduce the burden associated with developmental delay in children born very preterm by developing a family-focused surveillance program. Funding commenced 2022, completion 2027.	Interests (particularly involvement in Bayley Scales development) to be considered during allocation to evidence review and recommendation subcommittees Updated disclosure: no conflict; continued disclosure.
Alice Burnett	<i>Payment for lectures or educational tools/ conducting training or test development:</i> Invited lectures and workshops for graduate students (e.g., at the University of Melbourne, Swinburne University, La Trobe University) about health and developmental outcomes of prematurity,	N/A Updated disclosure: no conflict; continued disclosure.

	<p>neuropsychological assessment, and related topics (0-3 times per year).</p> <p><i>Update:</i></p> <p><i>Other:</i> Investigator on publicly funded research grant (Australian Government; Medical Research Future Fund grant 2018596): “Targeted surveillance of developmental delay and impairments for young children born very preterm”. Project Summary: aims to reduce the burden associated with developmental delay in children born very preterm by developing a family-focused surveillance program. Funding commenced 2022, completion 2027.</p>	
Jeanie Cheong	<p><i>Memberships:</i> Professional neonatal societies PSANZ, SPR (USA)</p> <p><i>Consultancy:</i> Paid an honorarium by Elsevier for reviewing a proposal for a book on the Bayley-4 titled “Bayley-4: Clinical Use and interpretation” in regard to the merits as to whether it should be published. There is no ongoing arrangement and no further planned consultancy for the Bayley 4.</p> <p><i>Employment:</i> RWH and MCRI</p> <p><i>Expert testimony:</i> Have been asked to provide medical opinion on neonatal medicolegal cases</p> <p><i>Payment for lectures or educational tools:</i> Guest lectures at UoM, Medical student tutorials at UoM, Invited speaker (travel paid, some with honorarium): 2021 – Hot Topics in Neonatology USA; 2019 – Council of International Neonatal Nurses NZ, Congress of Global Children Healthcare Alliance China, KL International Neonatal Conference Malaysia; 2018 – IPOKRATES Belgium 2017 – Neonatal US workshop Singapore, KL International Neonatal Conference Malaysia</p> <p><i>Payment for manuscript preparation:</i> Reviews for Seminars of Fetal and Neonatal Medicine (2017, 2019, 2020), Guest editor roles in Seminars of Fetal and Neonatal Medicine (2019) and Seminars of Perinatology (2021)</p> <p><i>Update:</i></p> <p><i>Other:</i> Investigator on publicly funded research grant (Australian Government; Medical Research Future Fund grant 2018596): “Targeted surveillance of developmental delay and impairments for young children born very preterm”. Project Summary: aims to reduce the burden associated with developmental delay in children born very preterm by developing a family-focused surveillance program. Funding commenced 2022, completion 2027.</p>	<p>N/A</p> <p>Updated disclosure: no conflict; continued disclosure.</p>
Rod Hunt	None disclosed	N/A

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	<p><i>Update:</i></p> <p><i>Other:</i> Investigator on publicly funded research grant (Australian Government; Medical Research Future Fund grant 2018596): “Targeted surveillance of developmental delay and impairments for young children born very preterm”. Project Summary: aims to reduce the burden associated with developmental delay in children born very preterm by developing a family-focused surveillance program. Funding commenced 2022, completion 2027.</p>	Updated disclosure: no conflict; continued disclosure.
Jamie Owen	<i>Employment:</i> Royal Flying Doctors Service Victoria Casual Program Support Officer.	N/A

Table 5 - Past Guideline Development Group Members Conflict of Interest Management

Name	Interests disclosed	Management plan (if required)
Natasha Crow	None disclosed	N/A
Ingrid Rieger	<i>Employment:</i> On LSL (RPA Syd)	N/A
Melissa Ross	<p><i>Employment:</i> NICU, Westmead Hospital</p> <p><i>Payment for conducting training or test development:</i> Consultant & Trainer for Pearson Bayley Scales of Infant Dev-4th Ed.</p> <p><i>Other:</i> contribute to Neonatal Intensive Care Unit Study (NICUS) Group</p>	Interests (particularly Bayley trainer status) to be considered during allocation to evidence review and recommendation subcommittees
Kathryn Schembri	<i>Employment:</i> Member of working group to develop model of care for NICU inpatient and follow up services for the NT, resulting in business case.	N/A
Tracey Stephens	None disclosed	N/A