



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

Technical Report

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In the spirit of reconciliation, the CRE 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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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</i> <i>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:

Ρ	Among infants born <32 weeks' gestation
I	does structured, preterm-specific post-hospital follow-up care
С	compared with any other follow-up care (which could include no follow-up)
0	Improve health, development, or emotional/behavioural outcomes for children, or mental
	health for caregivers (see list of Table 2 for specific outcomes)
Т	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

Domain	Subdomain	Specific outcomes of interest				
Physical	Growth and nutrition	 Height/length/weight/head circumference BMI Body composition 				
	Respiratory	AsthmaRespiratory tract infectionsCroup				
	Cardiovascular	Elevated blood pressure				
	Infection	GastrointestinalOtitis media				
	Sensory functioning	 Vision Hearing Blindness Deafness 				
Sleep	Sleep	Sleep problems, including sleep apnoea				
Developmental	General development	 Neurodevelopmental impairment (a composite of sensory, motor, and/or cognitive impairments) 				
	Cognition	 Early cognitive development General cognition/IQ Attention Working memory/ executive function Visuospatial skills 				
	Feeding	 Swallowing Functional feeding skills Feeding disorders 				
	Language and communication	 General language function or delay Receptive language Expressive language 				
	Motor	 Cerebral palsy Developmental coordination disorder (or highrisk of DCD) General motor function or delay Fine motor function or delay Gross motor function or delay 				
	Behaviour, emotions, and mental health	 General behaviour difficulties Hyperactivity/externalising Anxiety/internalising Autism spectrum disorder Attention deficit hyperactivity disorder Other psychiatric disorders Trauma Adaptive behaviours 				
	Social skills	 Friendships Interpersonal relationships 				
	School readiness	Pre-academic skills				

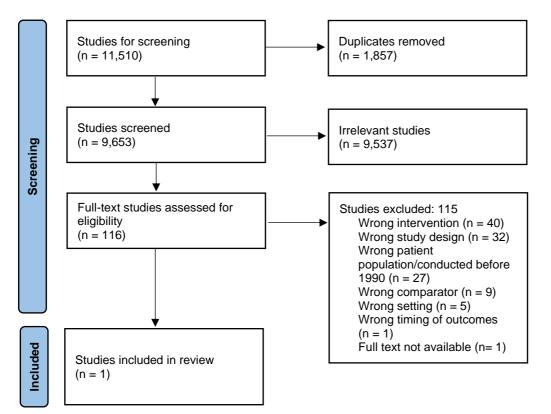
Domain	Subdomain	Specific outcomes of interest
Quality of Life	Overall quality of life	Child's quality of life
		Family's quality of life
Family	Parental wellbeing and	Anxiety
	mental health	Depression
-		General stress
		Post-traumatic stress
	Parental knowledge of child development	
	Parenting	Parenting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

	Hearing impairment: Hearing requiring corrective measures.	The follow-up schedule involved visits at 6, 12, 18 and 24 months adjusted age. 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.	OR = 0.82 (95%CI 0.05, 13.87)
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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.

	Expert consensus statement (Australia/ international)Expert consensus statement (USA)National clinical practice recommendation (NZ)Expert de standardedChildren at high-risk due to neonatal illness (preterm birth/low birthweight, and various other conditions) or due toChildren born with very low birthweight (VLBW; infants born <30 weeks, infants, with neonatal encephalopathy, orChildren born with very low birthweight, and birthweight, and various other conditions) or due toChildren born with very low birthweight (VLBW; attractional)Children born with very attractional disability (including attractional)Children born with very attractional attractional birthweight, and warious other conditions) or due toChildren born with very attractional attractional birthweight, and attractional attractional attractional birthweight, and attractional		EFCNI Follow-up and Continuing Care Topic Expert Group. (2018)	NICE guideline NG72. (2017)	
Nature of guidance	statement (Australia/		practice	Expert-developed clinical standard (Europe)	National clinical practice guideline (UK)
Relevant population considered	due to neonatal illness (preterm birth/low birthweight, and various other		developmental disability (including infants born <30 weeks, infants, with neonatal	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	Х	Х	Х	X	Х
Developmental functioning	Х	Х	Х	X	Х
Quality of life	Х	X			
Family wellbeing	Х	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)

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

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
Pre-academic skills	4-5y	3-5y (children born <28 weeks/<1000g)	[beyond the scope]	Before transition to school	
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)
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)
practices Developmental			(12w; 6m; 12- 18m)		(children born <28 weeks/<1000g)
Cardiovascular health Sleep problems/safe sleep		Within 1m of discharge	At each medical review	Every 2 years from 3y onwards Transition to home	3-5m; 12m; 24m. 4y
Respiratory health	2-6w; 3-4m; 8m; 12m 15-18m; 24m		At each medical review (12w; 6m; 12- 18m)	Age not specified	
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	
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	born hearing (12w; 6m; 12- 18m) 3m if failed newborn screen; within 3m if swborn screen; if passed		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)	3.5-5у; 5-бу	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)

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	Зу; 4-5у				
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

	Quality assessm	<u>nent</u>						Anticipated at effects* (95%			<u>N</u> participants		
<u>Number</u> of studies	<u>Design</u>	<u>RoB</u>	Inconsistency	Indirectness	Imprecision	Publication bias	<u>Other</u>	Risk with conventional follow-up	<u>Risk</u> with MDAC	<u>Effect</u> (95% <u>CI)</u>	participants	<u>Certainty</u>	Importance
	Outcome: Prevo	alence of r	neurodevelopme	ntal impairmen	t (motor, cogn	itive, or sensor	y impair	ments, post-disc	charge to	24 mont	hs)		
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 Iow: ⊕000	CRITICAL
	Outcome: Prevo	alence of c	erebral palsy at		post-discharge	to 24 months)						
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
	Outcome: Timir	ng of ident	fication of cerel	bral palsy or ne	urodevelopme	ntal impairmer	nt (mont	hs)		1		1	
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
	Outcome: Prevo	alence of v	visual impairmen	t at any follow-	-up (post-disch	arge at 24 moi	nths)						
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 Iow: ⊕000	CRITICAL

	Outcome: Preve	Outcome: Prevalence of hearing impairment at any follow-up (post-discharge at 24 months)											
1	Observational	Serious	Not	Serious ^b	Serious ^c	Undetected	-	42 per 1,000	35	RR	53 (1 study)	Very	CRITICAL
	non-	а	applicable						per	0.83		low:	
	concurrent,		(single study)						1,000	(0.05,		⊕000	
	single-site								(2 to	12.54)			
	cohort study								523)				

*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.

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.

Option, intervention, comparison or evidence this framework addresses:						
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 (e.g., may be a</u> 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.				

Table 6. GRADE Evidence to Decision Criteria and Judgements

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 <u>harms favours offering structured</u> , <u>preterm-specific follow-up care for children born very preterm compared with the current</u> <u>variability of care</u> , which may include no routinely available follow-up care
Considerations of costs and resources	5	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
Bufteac 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
lijima 2009	Wrong intervention
Jafarzadeh 2019	-
Jaworski 2022	Wrong setting
Jeukens 2021	Wrong comparator
Johnson 2005	Wrong comparator
	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
1	· · ·

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:

Ρ	among infants born <32 weeks' gestation	
I	do medical	and social/environmental
	1. gestational age	13. socioeconomic status
	2. sex	14. parental mental health
	3. small-for-gestational age status	15. access to breastmilk in the
	4. brain abnormalities	neonatal/infant period
	5. sepsis	16. adverse childhood experiences
	6. retinopathy of prematurity	17. geographical remoteness
	7. necrotising enterocolitis	18. culturally and linguistically diverse
	8. antenatal steroids	background
	9. postnatal steroids	
	10. bronchopulmonary dysplasia	
	11. neonatal surgery	
	12. neonatal seizures	
С	compared with not having the complication/	exposure
0	affect later health or developmental or emot	ional/behavioural outcomes for children,
	or mental health for caregivers	
Т	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. S	Specific	Outcomes _	for	Question 2
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Domain	Subdomain	Specific outcomes of interest	Consensus rating of importance
Physical	Growth and nutrition	 Height/length/weight/head circumference BMI Body composition 	I/CImportantImportant
	Respiratory	AsthmaRespiratory tract infectionsCroup	ImportantI/CLI/I
	Cardiovascular	Elevated blood pressure	Important
	Infection Sensory functioning	 (See also respiratory outcome) Gastrointestinal Otitis media Vision Hearing 	 LI/I Important CRITICAL CRITICAL

Domain	Subdomain	Specific outcomes of interest	Consensus rating of importance
		Blindness	CRITICAL
		Deafness	CRITICAL
Sleep	Sleep	 Sleep problems, including sleep apnoea 	• I/C
Developmental	General development	 Neurodevelopmental impairment (a composite of sensory, motor, and/or cognitive impairments) 	CRITICAL
	Cognition	 Early cognitive development General cognition/IQ Attention Working memory/ executive function Visuospatial skills 	 CRITICAL CRITICAL CRITICAL CRITICAL I/C
	Feeding	SwallowingFunctional feeding skillsFeeding disorders	 I/C I/C I/C
	Language and communication	 General language function or delay Receptive language Expressive language 	CRITICALCRITICALCRITICAL
	Motor	 Cerebral palsy Developmental coordination disorder (or high-risk of DCD) 	CRITICALI/C
		 General motor function or delay Fine motor function or delay Gross motor function or delay 	CRITICALCRITICALCRITICAL
	Behaviour, emotions, and mental health	 General behaviour difficulties Hyperactivity/externalising Anxiety/internalising Autism spectrum disorder Attention deficit hyperactivity 	 CRITICAL CRITICAL I/C CRITICAL CRITICAL
		 disorder Other psychiatric disorders Trauma Adaptive behaviours 	 I/C I/C I/C
	Social skills School	 Friendships Interpersonal relationships Pre-academic skills 	I/CI/CCRITICAL
Quality of Life	readiness Overall quality	Child's quality of life	CRITICAL CDITICAL
Family	of life Parental wellbeing and mental health	 Family's quality of life Anxiety Depression General stress Post-traumatic stress 	 CRITICAL CRITICAL CRITICAL I/C CRITICAL
	Parental knowledge of	•	• I/C

Domain	Subdomain	Specific outcomes of interest	Consensus rating of importance
	child development		
	Parenting	 Parenting behaviour Parenting confidence Parent self-efficacy 	I/CCRITICALCRITICAL
	Access to services	Barriers to accessing services (follow-up and early intervention)	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:

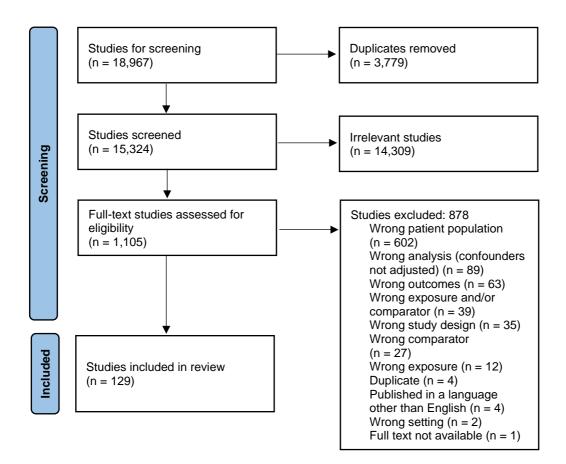
- Include only children born <32 weeks' gestation
- Include only children born from 1990 onwards
- Have a minimum sample size of 50
- Be representative of children born very preterm (e.g., not drawn from a single hospital unless that hospital services an entire region; not report a follow-up of a clinical 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
Outcom	ne: Physical Grow	rth - weight								
	155 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	Serious ^a	Undetected	-	Very low $\oplus \bigcirc \bigcirc \bigcirc$.	Important/Critical
Outcom	ne: Physical Grov	vth – Head Circ	umference	2						
	524 (2 studies)	Geographical cohort	No serious	Not applicable (same cohort)	Serious ^b	Serious ^c	Undetected	-	Very low $\oplus \bigcirc \bigcirc \bigcirc$.	Important
Outcom	ne: Respiratory –	Asthma								
	232 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^b	Serious ^a	Undetected	-	Very low $\oplus \bigcirc \bigcirc \bigcirc$.	Important
Outcom	ne: Respiratory –	Respiratory tra	ct infectio	ns						
	5882 (3 studies)	Geographical cohort	Serious d	No serious ^e	Serious ^f	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcom	ne: Cardiovascula	r – elevated bla	ood pressu	ire						·
	171 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	Serious ^b	Undetected	-	Very low ⊕○○○.	Important
Outcom	ne: Physical: Sens	ory function – L	blindness							
	434 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○.	CRITICAL
Outcom	ne: Physical: Sens	ory function – a	other visio	n difficulties						
	1,107 (2 studies)	Geographical cohort	Serious ^a	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○.	CRITICAL
Outcom	ne: Physical: Sens	ory function - d	leafness							
	29,441 (2 studies)	Geographical cohort	Serious g	No serious	No serious	Serious ^h	Undetected	-	Very low ⊕○○○.	CRITICAL
Outcom	ne: Developmento	al: Neurodevelo	opmental i	mpairment						

	26,987 (12	Geographical	No	No serious	Serious ⁱ	Serious ^j	Undetected	-	Very low	CRITICAL
	studies)	cohort	serious						€000.	
Outcom	e: Developmento	al: Cognition – e	early cogn	itive development	L					
	4,944 (2	Geographical	No	No serious	No serious,	No serious	Undetected	-	Low	CRITICAL
	studies)	cohort	serious		Borderline ^k				$\oplus \oplus \bigcirc \bigcirc$	
Outcom	e: Developmento	al: Cognition – I	Q/Genera	l cognitive ability						
	2,793 (4	Geographical	Serious	No serious ^m	No serious °	No serious ^p	Undetected	-	Very low	CRITICAL
	studies)	cohort	1						€000.	
Outcom	e: Developmento	al: Cognition – v	vorking m	emory/executive	functioning					-
	275 (1 study)	Geographical	No	Not applicable	Serious ^b	Serious ^q	Undetected	-	Very low	CRITICAL
		cohort	serious	(single study)					⊕ 000.	
Outcom	e: Developmento	al: Feeding – fui	nctional fe	eding skills						
	2,103 (1	Geographical	No	Not applicable	serious ^b	No serious	Undetected	-	Very low	Important/Critica
	study)	cohort	serious	(single study)					€000.	
Outcom	e: Developmento	al: Language/co	ommunica	tion – general lan	guage function	or delay				
	6,284 (2	Geographical	Serious	No serious	No serious	No serious	Undetected	-	Very low	CRITICAL
	studies)	cohort	r						€000.	
Outcom	e: Developmento	al: Motor – cere	bral palsy							_
	5,463 (4	Geographical	No	No serious	No serious	No serious	Undetected	-	Very low	CRITICAL
	studies)	cohort	serious						⊕ 000.	
Outcom	e: Developmento	al: Motor – gen	eral moto	r function or delay	/					
	3785 (1	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	CRITICAL
	studies)	cohort	serious	(single study)					$\oplus \oplus \bigcirc \bigcirc$	
Outcom	e: developmento	al: behaviour, ei	notions, n	nental health – ge	eneral behaviou	r difficulties				-
	3,002 (3	Geographical	No	No serious	Serious ^b	No serious	Undetected	-	Very low	CRITICAL
	studies)	cohort	serious						⊕ 000.	
	,		S							
Outcom	e: Developmente	al: Behaviour, e	motions, r	nental health – ar	nxiety/internalis	ing difficulties				
	889 (1 study)	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	Important/Critica
		cohort	serious	(single study)					$\oplus \oplus \bigcirc \bigcirc$	
-										
Jutcom	e: Developmenta	ai: Behaviour, ei	motions, r	mental health – αι	itism spectrum	aisoraer (AS)				

	219 (1 study)	Geographical	No	Not applicable	Serious ^b	No serious,	Undetected	-	Very low	CRITICAL		
		cohort	serious	(single study)		borderline ^t			€000.			
Outcome: Quality of life: Children's quality of life												
	3,687 (1	Geographical	No	Not applicable	No serious	Serious ^u	Undetected	-	Very low	CRITICAL		
	study)	cohort	serious	(single study)					⊕000.			
Outcome: Family: Access to services – barriers to accessing health and developmental services												
	10,249 (1	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	CRITICAL		
	study)	cohort	serious	(single study)					$\Theta \Theta \odot \odot$			

Commonly used symbols to describe certainty in evidence profiles: high certainty $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$. ^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

¹ 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.

¹ 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

^o 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.

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
Outcom	e: Physical Growth	- weight								
	10049(1study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcom	e: Physical Growth	– BMI								
	889(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important
Outcom	e: Respiratory - Astl	hma								
	889(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important
Outcom	e: Respiratory – Res	piratory tract inf	ections							
	5510(2 studies)	Geographical cohort	serious	No serious	No serious	No serious	undetected	-	Very low ⊕○○○	Important
Outcom	e: Cardiovascular –	elevated blood p	ressure							
	472(3 studies)	Geographical cohort	No serious c	No serious	No serious	Serious ^d	Undetected	-	Very low $\oplus \bigcirc \bigcirc \bigcirc$	Important
Outcom	e: Physical: Sensory	function – blindr	ness	1		1			1	1
	889(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No Serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcom	e: Physical: Sensory	function - deafn	ess		-	-				
	889(1 study)	Geographical cohort	No serious	Not applicable (single study)	No Serious	No Serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcom	e: Sleep – sleep pro	blems								
	2196(1 study)	Geographical cohort	Serious ^e	Not applicable (single study)	No serious	No serious	Undetected	-	Very Low ⊕○○○	Important/Critical
Outcom	e: Developmental: I	Neurodevelopme	ntal impair	ment						
	25408(19 studies)	Geographical cohort	No serious	No serious	Serious ^b	No serious	Undetected		Very low ⊕○○○	CRITICAL
Outcom	e: Developmental: (Cognition – early	cognitive a	levelopment						

5565(4 studies)	Geographical	No	Not serious,	No serious	No serious	Undetected		Low	CRITICAL
	cohort	serious	borderline ^f					$\oplus \oplus \bigcirc \bigcirc$	
Outcome: Developmental:							1		
2002 (4 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmental:	Cognition – atten	tion							
874(1 study)	Geographical cohort	Serious e	Not applicable (single study)	No Serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Developmental:	Cognition – worki	ng memor	y/executive function	ning					
874(1 study)	Geographical cohort	Serious e	Not applicable (single study)	No Serious	Not serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Developmental:	Feeding – functio	nal feeding	g skills						
1151(1 study)	Geographical cohort	No serious	Not applicable (single study)	no serious	No Serious a	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcome: Developmental:	Language/commเ	unication –	- general language f	function or delay					
293 (2 studies)	Geographical cohort	No serious	no serious	No serious	Serious ^g	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Developmental:	Language/comm	inication –	- receptive language	2					
874(1 study)	Geographical cohort	Serious e	Not applicable (single study)	No Serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Developmental:	Language/comm	inication –	- expressive languag	ie in the second s					
874(1 study)	Geographical cohort	No serious	Not applicable (single study)	No Serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Developmental:	Motor – cerebral	palsy		-					
5746 (5 studies)	Geographical cohort	No serious	No serious	No Serious	No Serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmental:	Motor – developn	nental coo	rdination disorder (l	DCD) or high-risk	of DCD				
629(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcome: Developmental:		notor func							
3785(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmental:	Motor – fine moto	or function							
355(1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^b	Serious ^h	Undetected	-	Very low ⊕○○○	CRITICAL

	874(1 study)	Geographical	Serious	No serious	No serious	No serious	Undetected	-	Very low	CRITICAL
		cohort	а						ΦÓOO	
Outcon	ne: developmental: b	ehaviour, emotic	ons, menta	l health – general b	ehaviour difficult	ies				
	2505 (1 study)	Geographical	No	Not applicable	Serious ^b	No serious	Undetected	-	Very low	CRITICAL
		cohort	serious	(single study)					$\oplus \bigcirc \bigcirc \bigcirc$	
Outcon	ne: Developmental: l	Behaviour, emoti	ons, menta	l health – anxiety/i	nternalising diffic	ulties				
	889 (1 study)	Geographical	No	No serious	No serious ^a	No serious	Undetected	-	Low	Important/Critical
		cohort	serious						$\oplus \oplus \bigcirc \bigcirc$	
Outcon	ne: Developmental: I	Behaviour, emoti	ons, menta	l health – autism s	pectrum disorder	(AS)				
	1631(3 studies)	Geographical	Serious	No serious	Serious ^b	No serious	Undetected	-	Very low	CRITICAL
		cohort	e						$\oplus \bigcirc \bigcirc \bigcirc$	
Outcon	ne: Developmental: I	Behaviour, emoti	ons, menta	l health – attentior	n deficit hyperacti	vity disorder				
	889(1 study)	Geographical	No	Not applicable	No Serious	No serious	Undetected	-	Very low	CRITICAL
		cohort	serious	(single study)					$\oplus O O O$	
	ne: Quality of life: Ch	ildren's quality o	f life							
Outcon				NI	Necorious	No serious	Undetected	-	Low	CRITICAL
Outcon	4576(2 studies)	Geographical	No	No serious	No serious	NO Serious	Undelected	-	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: Physic	al Growth – heig	ght								
	283(1 study)	Geographical cohort	No serious	Not applicable (singe study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: Physic	al Growth – wei	ight				·				
	10,332(2 studies)	Geographical cohort	Serious	No Serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: Physic	cal Growth – BN	11								
	1186(2 studies)	Geographical cohort	Serious د	No Serious ^b	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important
Outcome: Physic	cal Growth – He	ad Circumferenc	е							
	283(1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No Serious	Undetected		Very low ⊕○○○	Important/Critica
Outcome: Respir	atory – Respirat	ory tract infection	ons			·				·
	2571(1 study)	Geographical cohort	Serious d	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: Cardio	ovascular – eleva	ated blood press	ure							
	486(2 studies)	Geographical cohort	No serious	No serious	Serious ^a	No serious	Undetected	-	Very low	Important/Critical
Outcome: Develo	opmental: Neuro	odevelopmental	impairmei	nt			1		-	
	6757(6 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Develo	opmental: Cogni	ition – early cogi	nitive deve	lopment						
	5774(4 studies)	Geographical cohort	Serious ^e	No serious	No serious	No serious b	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Develo	opmental: Cogni	ition – IQ/Gener	al cognitiv	e ability						1
	235 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No Serious ^a	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Develo	opmental : cogn	ition- attention								

	228(1 study)	Geographical	serious	Not applicable	No serious	No serious	undetected	-	Very Low	CRITICAL
		cohort		(single study)						
Outcome: Develop	omental: Feedir	ng — functional f	eeding skil	lls						
	1151(1	Geographical	Serious	Not applicable	Serious ^a	No serious	Undetected	-	Very low	Important/Critical
	study)	cohort	с	(single study)					$\oplus 000$	
Outcome: Develop	omental: Motor	r – cerebral pals	/							
	4231(2	Geographical	Serious	No serious	No serious	no serious	Undetected		Very low	CRITICAL
	studies)	cohort	с						⊕000	
Outcome: Develop	omental: Motor	r – development	al coordine	ation disorder (DC	D) or high-risk D	CD				
	629(1 study)	Geographical	Serious	Not applicable	No serious	No serious	Undetected	-	Very low	Important/Critical
		cohort	с	(single study)					$\oplus 000$	
Outcome: Develop	omental: Motor	r – general moto	or function	or delay						
	3785(1	Geographical	Serious	Not applicable	No serious	No serious	Undetected	-	Very low	Important/Critical
	study)	cohort	с	(single study)					⊕000	
Outcome: develop	omental: behav	iour, emotions, i	mental hea	alth – general beh	aviour difficultie	s				
	3063(3	Geographical	Serious	No serious	Serious ^a	No serious	Undetected	-	Very low	CRITICAL
	studies)	cohort	f						⊕000	
Outcome: Develop	omental: Behav	iour, emotions,	mental he	alth – anxiety/inte	ernalising difficu	ties				
	400 (1 study)	Geographical	Serious	Not applicable	No serious	No serious,	Undetected	-	Very low	CRITICAL
		cohort	с	(single study)		borderline ^g			⊕000	
Outcome: Quality	of life: Childrer	n's quality of life								
	3687 (1	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	CRITICAL
	study)	cohort	serious	(single study)					$\Theta \Theta \odot \odot$	
Outcome: Family:	Access to servi	ces – barriers to	accessing	health and develo	opmental service	5				
	10249(1	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	CRITICAL
	study)	cohort	serious	(single study)					$\oplus \oplus \bigcirc \bigcirc$	

*Commonly used symbols to describe certainty in evidence profiles: high certainty $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$.

^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
Outcome: Developmental	: Neurodevelopr	nental impairme	nt	·	<u>.</u>				-	
	18720(9 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmental	: Cognition – ea	rly cognitive dev	elopment							
	5257(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmental	: Cognition – att	rention								
	228(1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	No serious	Serious ^b	Undetected	-	Very Low ⊕○○○	CRITICAL
Outcome: Developmental	: Language/com	munication – ge	eneral lang	uage function or	delay					
	1472(1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^c	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Developmental	: Motor – cerebr	al palsy								
	10153(4 study)	Geographical cohort	No Serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmental	: Motor – genero	al motor function	n or delay							
	6091(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: developmental	: Motor – fine m	otor function or	delay		·	·				
	355(1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^c	Serious ^d	Undetected		Very Low ⊕○○○	CRITICAL
Outcome: developmental	: Motor – gross ı	motor function o	r delay			·				
	2306(1 study)	Geographical cohort	No Serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: developmental	: behaviour, emo	otions, mental he	ealth – gei	neral behaviour di	fficulties					
	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 $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$.

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

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

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
Outcom	e: Physical Growtl	h - height								
	241(2studies)	Geographical cohort	No serious	No serious	No serious	Serious ^a	Undetected	-	Very low ⊕○○○	Important/Critical
Outcom	e: Physical Growtl	h – weight								
	160(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	IMPORTANT/CRITICAL
Outcom	e: Physical Growt	h — Head Circum	ference							
	160(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	IMPORTANT/CRITICAL
Outcom	e: Developmental	: Neurodevelopm	ental impa	irment						
	20,319(8 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcom	e: Developmental	: Cognition – earl	y cognitive	development						
	5854(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcom	e: Developmental	: Cognition – atte	ention							
	228(1 study)	Geographical cohort	Serious	Not applicable (single study)	No serious	Serious ^c	Undetected	-	Very low ⊕○○○	CRITICAL
Outcom	e: Developmental	: Language/comr	nunication	– general language	e function or delay					
	2069(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcom	e: Developmental	: Motor – cerebro	al palsy							
	9193(3 studies)	Geographical cohort	No serious	No serious	No serious	Serious ^d	Undetected	-	Very low ⊕○○○	CRITICAL
Outcom	e: Developmental	: Motor – genera	l motor fur	ction or delay						
	8160(3 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcom	e: developmental.	: Motor – gross m	notor funct	on or delay						

	2306 (1 study)	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	CRITICAL
		cohort	serious	(single study)					$\Theta \Theta O O$	

*Commonly used symbols to describe certainty in evidence profiles: high certainty $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$.

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

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
Outcome: Physical Gro	wth - weight									
	10204(2 studies)	Geographical cohort	Serious ^a	No serious	No serious	No serious ^b	Undetected	-	Very Low ⊕⊕⊖⊖	Important/Critical
Outcome: Developmen	ntal: Neurodeve	lopmental impai	irment							
	5774(8 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmen	ntal: Cognition –	- early cognitive	developm	ent						
	7892(4 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmen	ntal: Cognition –	- IQ/General cog	nitive abil	ity						
	2233 (5 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmen	ntal: Feeding — f	unctional feedin	g skills						·	
	1151(1 study)	Geographical cohort	Serious c	Not applicable (single study)	Serious ^d	No serious	Undetected	-	Very low ⊕⊕⊖⊖	Important/Critical
Outcome: Developmen	ntal: Language/	communication	– general l	anguage function	n or delay					1
	2224(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious ^e	Undetected	-	Low ⊕⊕○○	CRITICAL
Outcome: Developmen	ntal: Motor – ce	rebral palsy		·						
	2284(4 studies)	Geographical cohort	No serious	Serious ^f	No serious	Serious ^g	Undetected	-	Very low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmen	ntal: Motor – ge	neral motor fun	ction or de	lay					·	
	3220(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: developmen	tal: Motor – gro	oss motor function	on or delay	/						
	100(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	Serious ^h	Undetected	-	Very low ⊕⊕⊖⊖	CRITICAL
Outcome: developmen	ntal: behaviour,	emotions, mente	al health –	general behavior	ur difficulties					

339 (1	Geographical	Serious	Not applicable	No serious	No serious	Undetected	-	Very low	CRITICAL
study)	cohort	с	(single study)					$\Theta \Theta \odot \odot$	

*Commonly used symbols to describe certainty in evidence profiles: high certainty $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$.

^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
Outcome: Physical Growth	- weight								
	10049 (1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○
Outcome: Developmental: I	Neurodevelopmer	ntal impairment							
	17181(5 studies)	Geographical cohort	Serious ^a	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○
Outcome: Developmental: (Cognition – early	cognitive develo	pment						
	8302(2 studies)	Geographical cohort	No serious	No serious	Serious ^b	No serious	Undetected	-	Very low ⊕○○○
Outcome: Developmental: (Cognition – IQ/Ge	eneral cognitive of	ability						
	1832(2 studies)	Geographical cohort	Serious ^a	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○
Outcome: Developmental: I	Feeding – function	nal feeding skills					1		
	1151(1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○
Outcome: Developmental: I	Motor – cerebral	palsy					1		
	9118(4 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖
Outcome: Developmental: I	Motor – general n	notor function o	r delay	·					
	3785 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖
Outcome: Developmental: I	Behaviour, emotic	ons, mental heal	th – autisr	n spectrum disord	er (ASD)				
	523(1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^c	No serious	Undetected	-	Very low ⊕○○○
Outcome: Quality of life: Ch	nildren's quality oj	f life							
	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 $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$.

^a Downgraded one level to methodological concerns

^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

	Number of participants (studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
Outcome: Physical (Growth - weigl	ht								
	10049(1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: Physical	Growth – Hea	d Circumference	•							
	1085 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcome: Physical:	Sensory functi	on – blindness								
	355(1 study)	Geographical cohort	Serious ª	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Physical:	Sensory functi	on – other visioi	n difficultie	25						
	1279(3 studies)	Geographical cohort	Serious ^a	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Developn	nental: Neuroo	levelopmental ii	npairmen	t	1			1		
	11389(9 studies)	Geographical cohort	No Serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developn	nental: Cogniti	on – early cogn	itive devel	opment						
	10,089(6 studies)	Geographical cohort	No serious	No serious	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Developn	nental: Cogniti	on – IQ/Genera	l cognitive	ability						
	1702(3 studies)	Geographical cohort	Serious ^a	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Developn	nental: Cogniti	on – working m	emory/exe	ecutive functionin	g					
	91(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	Serious ^c	Undetected	-	Very Low ⊕○○○	CRITICAL
Outcome: Developn	nental: Cogniti	on – visuospatio	al skills							

	172 (1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	No serious	Serious ^d	Undetected		Very low ⊕○○○	Important/Critical
Outcome: Develo	opmental: Langu	aqe/communica	tion – gen		nction or delay					
	6586(2 studies)	Geographical cohort	No serious	No serious	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Develo	pmental: Motor	– cerebral palsy	,							
	1626(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Develo	pmental: Motor	- developmenta	al coordina	tion disorder (DC	D) or high-risk	of DCD		·		
	629(1 study)	Geographical cohort	Serious	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: Develo	pmental: Motor	– general motor	r function						1	_
	5257(3 study)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: develo	pmental: Motor	–fine motor fun	ction or de	lay	·			·		
	618(3 studies)	Geographical cohort	Serious ^a	No serious	Serious ^b	Serious ^d	undetected	-	Very low ⊕○○○	CRITICAL
Outcome: develo	pmental: Motor	–gross motor fu	nction or a	lelay						
	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 $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$.

^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	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication	Other	Certainty	Importance
	participants (studies)						Bias		in the evidence*	
Outcome	e: Physical Growth	- height		1					1	
	322(2 studies)	Geographical cohort	No serious	No serious	Serious ^a	Serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome	e: Physical Growth	– weight		1						
	10290(2 studies)	Geographical cohort	Serious	No serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome	e: Physical Growtl	h – Head Circumf	ference	·	<u>'</u>				·	
	1396(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcome	: Developmental:	Neurodevelopm	ental impa	irment						
	16484(7 studies)	Geographical cohort	Serious c	No serious	Serious ^d	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome	: Developmental:	Cognition – earl	y cognitive	development					·	
	12795(7 studies)	Geographical cohort	No serious	No serious	Serious ^a	No Serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome	: Developmental:	Cognition – IQ/C	General cog	nitive ability		_				
	2067(3 studies)	Geographical cohort	Serious ^a	Serious ^e	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome	: Developmental:	Feeding – functi	onal feedir	ng skills		_				
	1151(1 study)	Geographical cohort	Serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome	: Developmental:	Language/comm	nunication	– general language	function or delay					
	2069(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome	: Developmental:	Motor – cerebra	l palsy							
	5691(4 study)	Geographical cohort	Serious	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome	: Developmental:	Motor – general	l motor fun	ction or delay						

	5240(4 studies)	Geographical cohort	Serious	No serious	No serious	No serious	Undetected	-	Very Low ⊕○○○	CRITICAL
Outcome	e: developmental:	behaviour, emot	ions, ment	al health – general l	behaviour difficult	ies				
	219(1 study0	Geographical	No	Not applicable	Serious ^a	Serious ^f	Undetected	-	Very low	CRITICAL
		cohort	serious	(single study)					$\oplus O O O$	

*Commonly used symbols to describe certainty in evidence profiles: high certainty $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$.

^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
Outcome	e: Physical Growth	- weight								
	3892(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcome	e: Physical Growtl	h — Head Circumj	ference							
	3892 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcome	e: Sensory function	n – blindness								
	3892 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	Serious ^a	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome	e: Sensory function	n – deafness					<u>.</u>			
	3892 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome	: Developmental:	Neurodevelopm	ental impa	irment						·
	18964(10 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome	: Developmental:	Cognition – earl	y cognitive	development		_				
	10047(5 studies)	Geographical cohort	No serious	No serious ^b	Serious ^c	No serious ^d	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome	: Developmental:	Cognition – IQ/C	General cog	nitive ability			<u>.</u>			
	1714(3 studies)	Geographical cohort	Serious e	serious ^f	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome	: Developmental:	Feeding – functi	onal feedir	ng skills						
	1151(1 study)	Geographical cohort	Serious ^e	Not applicable (single study)	Serious ^c	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome	: Developmental:	Language/comm	nunication	– general language	e function or delay					
	4682(2 studies)	Geographical cohort	No serious	No serious	Serious ^c	No serious	Undetected	-	Very Low ⊕○○○	CRITICAL
Outcome	: Developmental:	Motor – cerebra	l palsy							

	9608(5	Geographical	No	No serious	No serious	No serious	Undetected	-	Low	CRITICAL
	studies)	cohort	serious						$\oplus \oplus \bigcirc \bigcirc$	
Outcome	: Developmental:	Motor – general	motor fun	ction or delay						
	4909(2	Geographical	No	No serious	No serious	No serious	Undetected	-	Low	CRITICAL
	studies)	cohort	serious						$\oplus \oplus \bigcirc \bigcirc$	
Outcome	: developmental:	behaviour, emot	ions, ment	al health – general	behaviour difficu	lties				
	2168(2	Geographical	No	Serious ^f	Serious ^c	No serious	Undetected	-	Very low	CRITICAL
	studies)	cohort	serious						$\oplus O O O$	
Outcome	: Developmental:	Behaviour, emot	ions, ment	al health – adaptiv	e behaviours					
	1934(1 study)	Geographical	No	Not applicable	Serious ^a	No serious	Undetected	-	Very low	Important/Critical
		cohort	serious	(single study)					$\oplus O O O$	

*Commonly used symbols to describe certainty in evidence profiles: high certainty $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$.

^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
Outcome	e: Physical Growth	n - height								
	524(3 studies)	Geographical cohort	No serious	Serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome	e: Physical Growth	n – weight								
	443(2 studies)	Geographical cohort	No serious	Serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome	e: Physical Growti	h — Head Circumf	ference							
	443(2 studies)	Geographical cohort	No serious	No serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome	e: Respiratory – Re	espiratory tract in	nfections							
	372(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcome	: Developmental:	Neurodevelopm	ental impa	irment						
	8025(7 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome	: Developmental:	Cognition – earl	y cognitive	development						
	3785(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome	: Developmental:	Cognition – IQ/C	General cog	nitive ability			<u>.</u>			
	280(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome	e: Developmental:	Cognition – atte	ntion							
	228 (1 study)	Geographical cohort	Serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome	: Developmental:	Feeding – functi	onal feedir	ng skills						
	1151 (1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome	e: Developmental:	Motor – cerebra	l palsy							

	4889(4	Geographical	No	No serious	No serious	No serious	Undetected	-	Low	CRITICAL
	studies)	cohort	serious						$\Theta \Theta \odot \odot$	
Outcom	e: Developmental:	: Motor – general	motor fun	ction or delay						
	4068(2	Geographical	No	No serious	No serious	No serious ^c	Undetected	-	Low	CRITICAL
	studies)	cohort	serious						$\Theta \Theta O O$	
Outcom	e: developmental:	Motor – fine mo	tor functio	n or delay						
	355(1 study)	Geographical	Serious	Not applicable	Serious ^a	No serious	Undetected	-	Very low	CRITICAL
		cohort	b	(single study)					⊕000	
Outcom	e: developmental:	behaviour, emot	ions, ment	al health – general	behaviour difficu	lties				
	158(1 study)	Geographical	Serious	Not applicable	No serious	No serious	Undetected	-	Very low	CRITICAL
		cohort	b	(single study)					000	
Outcom	e: Developmental:	: Behaviour, emot	tions, ment	al health – autism s	spectrum disorde	er (ASD)				
	523(1 study)	Geographical	Serious	Not applicable	Serious ^a	No serious	Undetected	-	Very low	CRITICAL
		cohort	b	(single study)					000	

*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
Outcome	e: Physical Growth	n - height		-						
	160 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcome	e: Physical Growth	n - weight								
	10364(3 studies)	Geographical cohort	Serious ^a	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome	e: Physical Growth	n – head circumfe	erence							
	160(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcome	e: Respiratory - As	sthma								
	1296(3 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important
Outcome	e: Respiratory – Re	espiratory tract ii	nfections							
	6064(4 studies)	Geographical cohort	No serious	No serious	Serious ^b	No serious ^c	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcome	e: Respiratory – Re	espiratory tract in	nfections –	hospitalisations		·	<u>.</u>			
	1043(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcome	e: Physical: Sensor	ry function – othe	er vision dif	ficulties		·	<u>.</u>			
	1023(1 study)	Geographical cohort	Serious d	No serious	No serious	No serious	Undetected	-	Very Low ⊕○○○	CRITICAL
Outcome	e: Sleep – sleep pr	oblems								
	2310(1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^e	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome	: Developmental:	: Neurodevelopm	ental impa	irment						
	20,103(11 studies)	Geographical cohort	No serious	No serious	Serious ^e	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome	e: Developmental:	: Cognition – earl	y cognitive	development						

830	02(2	Geographical	No	No serious	Serious ^e	No serious	Undetected	-	Very Low	CRITICAL
stu	idies)	cohort	serious						$\Theta \Theta O O$	
Outcome: De	velopmental:	Cognition – IQ/C	General co	gnitive ability						
225	58(2	Geographical	No	No serious	No serious	No serious	Undetected	-	Low	CRITICAL
stu	idies)	cohort	serious						$\oplus \oplus \bigcirc \bigcirc$	
Outcome: De	velopmental:	Cognition – atte	ntion							
109	91(2	Geographical	No	No serious Not	No serious	No serious	Undetected	-	Low	CRITICAL
stu	idies)	cohort	serious	clear		Not clear			$\Theta \Theta \odot \odot$	
Outcome: De	velopmental:	Cognition – wor	king memo	ory/executive functi	oning					
863	3 (1 study)	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	CRITICAL
		cohort	serious	(single study)					$\Theta \Theta \odot \odot$	
Outcome: De	velopmental:	Cognition – visu	ospatial sk	cills						
863	3 (1 study)	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	Important/Critical
		cohort	serious	(single study)					$\Theta \Theta \odot \odot$	
Outcome: De	velopmental:	Feeding – functi	onal feedi	ng skills						
325	54(2	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	Important/Critica
stu	idies)	cohort	serious	(single study)					$\Theta \Theta \odot \odot$	
Outcome: De	velopmental:	Language/comm	nunication	– general language	e function or dela	iy				
538	80(2	Geographical	No	No serious	Serious ^e	No serious	Undetected	-	Very low	CRITICAL
stu	idies)	cohort	serious						$\oplus 000$	
Outcome: De	velopmental:	Language/comm	nunication	– receptive langua	ge					
863	3 (1 study)	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	CRITICAL
		cohort	serious	(single study)					$\Theta \Theta \odot \odot$	
Outcome: De	velopmental:	Language/comm	nunication	– expressive langue	age					
863	3 (1 study)	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	CRITICAL
		cohort	serious	(single study)					$\Theta \Theta \odot \odot$	
Outcome: De	velopmental:	Motor – cerebra	l palsy							
868	81(3	Geographical	No	No serious	No serious	No serious	Undetected	-	Low	CRITICAL
stu	idies)	cohort	serious						$\Theta \Theta \odot \odot$	
Outcome: De	velopmental:	Motor – general	motor fur	nction or delay						
516	68(4	Geographical	No	Serious ^a	No serious	serious	Undetected		Very low	CRITICAL
stu	idies)	cohort	serious						$\oplus 000$	
Outcome: De	velopmental:	behaviour, emo	tions, men	tal health — general	behaviour diffici	ulties				
250	05(1 study)	Geographical	No	Not applicable	Serious ^e	No serious	Undetected	-	Very low	CRITICAL
		cohort	serious	(single study)					⊕000	

Outcome	: Developmental:	Behaviour, emo	tions, ment	al health – anxiety,	/internalising diff	iculties				
	2310(1 study)	Geographical	No	Not applicable	Serious ^e	No serious	Undetected	-	Very low	Important/Critical
		cohort	serious	(single study)					⊕000	
Outcome	: Developmental:	Behaviour, emo	tions, ment	tal health – autism :	spectrum disorde	r (ASD)				
	1386(2	Geographical	No	No serious	Serious ^e	No serious	Undetected	-	Very Low	CRITICAL
	studies)	cohort	serious						⊕000	
Outcome	: Developmental:	Social skills – int	erpersonal	relationships						
	863(1 study)	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	Important/Critical
		cohort	serious	(single study)					$\Theta \Theta O O$	
Outcome	: Quality of life: C	hildren's quality	of life							
	3687(1 study)	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	CRITICAL
		cohort	serious	(single study)					$\Theta \Theta O O$	

*Commonly used symbols to describe certainty in evidence profiles: high certainty $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$.

^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
Outcom	e: Physical Growth	– Head Circumfe	rence					1		
	241 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕⊕⊖⊖	Important/Critical
Outcom	e: Developmental: N	leurodevelopmer	ntal impair	ment						
	1353(3studies)	Geographical cohort	No serious	No serious	No serious	Serious ^b	Undetected	-	Very low ⊕⊕⊖⊖	CRITICAL
Outcom	e: Developmental: C	Cognition – IQ/Ge	neral cogr	nitive ability		_				
	499 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊖⊖⊖.	CRITICAL
Outcom	e: Motor – Cerebral	Palsy								
	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 $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$.

^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 wise 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
Outcome: Physical:	Sensory function	– blindness		·						
	2762 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	Serious ^a	Undetected	-	Very Low ⊕○○○	CRITICAL
Outcome: Physical:	Sensory function	– deafness								·
	2762 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developi	mental: Neurodev	elopmental imp	airment		·					
	2762 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developi	mental: Cognition	– early cognitive	e developr	nent						
	2762 (1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developi	mental: Motor – c	erebral palsy								
	4865(2 studies)	Geographical cohort	No serious	No serious	Serious ^b	No Serious	Undetected	-	Very Low ⊕○○○	CRITICAL
Outcome: Developi	mental: Motor – g	eneral motor fu	nction or a	lelay						
	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 $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$.

^a Downgraded one level due to wide confidence interval.

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

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
Outcom	e: Physical Growth -	height								
	241 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcom	e: Physical Growth -	weight				·			·	
	10049(1 study)	Geographical cohort	Serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcom	e: Physical Growth -	– BMI								
	1112(2 studies)	Geographical cohort	Serious	Not serious	No serious	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcom	e: Respiratory - Asth	пта								
	1114(2 studies)	Geographical cohort	Serious	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○	Important
Outcom	e: Respiratory – Res	piratory tract inf	fections		<u>.</u>	·			·	
	5882(3 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcom	e: Developmental: N	Neurodevelopme	ntal impair	ment	_					
	20,332(8 studies)	Geographical cohort	No serious	No serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcom	e: Developmental: (Cognition – early	cognitive a	levelopment						
	9827(3 studies)	Geographical cohort	No serious	No serious	Serious ^a	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcom	e: Developmental: (Cognition – IQ/Ge	eneral cogn	nitive ability						
	2955(6 studies)	Geographical cohort	No serious ª	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcom	e: Developmental: F	eeding – functio	nal feeding	skills						
	3254(2 studies)	Geographical cohort	No serious	Serious ^c	Serious ^a	No serious	Undetected	-	Very Low ⊕○○○	Important/Critical
Outcom	e: Developmental: L	anguage/comm	unication –	general language	function or delay					

8383(4 studies	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmenta	l: Motor – cerebral	palsy							
4763(3 studies	Geographical cohort	No serious	No serious	No serious	No serious d	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmenta	l: Motor – developr	mental coo	rdination disorder ((DCD) or high-risl	of DCD				
629(1 study)	Geographical cohort	Serious	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: Developmenta	l: Motor – general i	motor func	tion or delay						
5719(2studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: developmental	: Motor – fine moto	or function	or delay			<u>.</u>		·	
355(1 study)	Geographical cohort	Serious	No serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: developmental	: behaviour, emotio	ons, menta	l health – adaptive	behaviours					
3903(5 studies	Geographical cohort	No Serious	No serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: Quality of life:	Children's quality o	f life							
3881(2 studies	Geographical cohort	Serious	No serious	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Family: Access	to services – barrie	rs to acces	sing health and de	velopmental serv	ices			·	
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 certain

^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

p	lumber of participants studies)	Design	RoB	Inconsistency	Indirectness	Imprecision	Publication Bias	Other	Certainty in the evidence*	Importance
Outcome: Physical Growth	- weight									•
S	.0049 (1 tudy)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: Respiratory – Re	spiratory trac	ct infections				1		1	1	1
	571 (1 tudy)	Geographical cohort	Serious ^a	Not applicable (single study)	Serious ^b	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome: Sleep – sleep pro	oblems									
	63 (1 tudy)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcome: Developmental:	Neurodevelo	omental impairi	ment							
	57 (1 tudy)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmental:	Cognition – e	arly cognitive d	evelopmer	nt	1	1				1
	323 (1 tudy)	Geographical cohort	Serious ^a	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Developmental:	behaviour, er	motions, menta	health – g	general behaviou	r difficulties					
	63 (1 tudy)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmental:	Behaviour, ei	motions, menta	l health — l	nyperactivity/exte	ernalising difficu	ılties				
S	:63 (1 tudy)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Developmental:	Behaviour, ei	motions, menta	l health — d	anxiety/internalis	ing difficulties					

	263 (1	Geographical	No	Not	No serious	No serious	Undetected	-	Low	Important/Critical
	study)	cohort	serious	applicable					$\oplus \oplus \bigcirc \bigcirc$	
				(single study)						
Outcome: Developmento	al: Behaviour, e	motions, mental	health – d	autism spectrum	disorder (ASD)					
	482 (2	Geographical	No	No serious	Serious ^b	No serious	Undetected	-	Very Low	CRITICAL
	studies)	cohort	serious						$\oplus O O O$	
Outcome: Developmento	al: Behaviour, e	motions, mental	health – d	attention deficit h	nyperactivity dis	order				
	482 (2	Geographical	Serious	No serious	No serious	No Serious ^a	Undetected	-	Very Low	CRITICAL
	studies)	cohort							$\oplus O O O$	
Outcome: Developmento	al: Behaviour, e	motions, mental	health – c	other psychiatric	disorders					
	263 (1	Geographical	No	Not	No serious	No serious	Undetected	-	Low	Important/Critical
	study)	cohort	serious	applicable					$\oplus \oplus \bigcirc \bigcirc$	
				(single study)						

*Commonly used symbols to describe certainty in evidence profiles: high certainty $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$.

^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
Outcome: Developmento	al: Cognition – ea	arly cognitive de	velopment	t						
	4517 (1	Geographical	No	Not applicable	Serious ^a	No serious	Undetected	-	Very low	CRITICAL
	study)	cohort	serious	(single study)					⊕000	
Outcome: Developmento	al: Language/cor	nmunication – g	eneral lan	guage function or	delay					
	4517 (1	Geographical	No	Not applicable	Serious ^b	No serious	Undetected	-	Very low	CRITICAL
	study)	cohort	serious	(single study)					$\Theta O O O$	

*Commonly used symbols to describe certainty in evidence profiles: high certainty $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$.

^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
Outcome: Developme	ntal: Neurodevel	opmental impaii	rment							
	1473 (1 study)	Geographical cohort	Serious ^a	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome: Developme	ntal: Language/c	communication -	- general l	anguage function	or delay					
	6146(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome: Family: Acc	ess to services –	barriers to acces	sing healt	h and developmer	ntal 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 $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$. ^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
Outcome	e: Physical Growth	- height								
	283 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome	e: Physical Growth	- weight				-	·			
	283 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome	e: Physical Growtl	h – Head Circumf	erence							
	283 (1 study)	Geographical cohort	No serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome	e: Respiratory – Re	espiratory tract ir	fections							
	2939(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcome	: Developmental:	Neurodevelopm	ental impa	irment		-				
	12963(4 studies)	Geographical cohort	No serious	No serious	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome	: Developmental:	Cognition – early	, cognitive	development			-			
	8302(2 studies)	Geographical cohort	No serious	No serious	Serious ^a	No serious	Undetected	-	Very Low ⊕○○○	CRITICAL
Outcome	: Developmental:	Cognition – IQ/C	General cog	nitive ability						
	437(1 study)	Geographical cohort	Serious	Not applicable (single study)	No serious	No serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcome	: Developmental:	Feeding – functi	onal feedir	ig skills						
	1151(1 study)	Geographical cohort	Serious	Not applicable (single study)	Serious ^a	No serious	Undetected	-	Very low ⊕○○○	Important/Critical
Outcome	: Developmental:	Language/comn	nunication	– general language	function or delay					
	8080(2 studies)	Geographical cohort	No serious	No serious	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	CRITICAL
Outcome	e: Developmental:	Motor – cerebra	l palsy							

	4222(2	Geographical	No	No serious	No serious	No serious	Undetected	-	Low	CRITICAL
	studies)	cohort	serious د						$\oplus \oplus \bigcirc \bigcirc$	
Outcom	e: Developmental:	Motor – general	motor fun	ction or delay						
	3785(1 study)	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	CRITICAL
_		cohort	serious	(single study)					$\oplus \oplus \bigcirc \bigcirc$	
Outcom	e: developmental:	behaviour, emot	ions, ment	al health – general	behaviour difficu	ilties		-		
	2663(2	Geographical	No	No serious	Serious ^a	No serious	Undetected	-	Very low	CRITICAL
	studies)	cohort	serious						000	
Outcom	e: Developmental:	Behaviour, emo	tions, ment	al health – anxiety/	internalising dif	ficulties				
	889(1 study)	Geographical cohort	No serious	Not applicable (single study)	No serious	No serious	Undetected	-	Low ⊕⊕⊖⊖	Important/Critical
Outcom	e: Developmental:	Behaviour, emo	tions, ment	al health – attentio	n deficit hyperad	tivity disorder				
	219(1 study)	Geographical cohort	Serious	Not applicable (single study)	Serious ^a	No Serious	Undetected	-	Very low ⊕○○○	CRITICAL
Outcom	e: Developmental:	Behaviour, emo	tions, ment	al health – adaptive	e behaviours					
	1934(1study)	Geographical	No	Not applicable	Serious ^a	No serious	Undetected	-	Very Low	Important/Critical
		cohort	serious	(single study					$\oplus O O O$	
Outcom	e: Quality of life: C	hildren's quality	of life							
	3687(1 study)	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	CRITICAL
		cohort	serious	(singles study)					$\oplus \oplus \bigcirc \bigcirc$	
Outcom	e: Family: Access t	o services – barri	ers to acce	ssing health and de	velopmental ser	vices				
	10249(1	Geographical	No	Not applicable	No serious	No serious	Undetected	-	Low	CRITICAL
	study)	cohort	serious	(single study)					$\oplus \oplus \bigcirc \bigcirc$	

*Commonly used symbols to describe certainty in evidence profiles: high certainty $\oplus \oplus \oplus \oplus$, moderate certainty $\oplus \oplus \oplus \bigcirc$, low certainty $\oplus \oplus \bigcirc \bigcirc$ and very low certainty $\oplus \bigcirc \bigcirc \bigcirc$.

^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 GRADE Evidence to Decision Criteria to Consider in Forming Recommendations

For question 2, the GRADE evidence-to recommendation framework was not considered appropriate as the guideline working group did not intend to make specific recommendations on individual risk factors but rather consider how the presence of various risk factors may influence structured follow-up care.

For some risk/resilience factors, the evidence review found a lack of evidence. The GDG acknowledges that a lack of evidence is not evidence for a lack of an effect. This consideration is reflected in the strength assigned to recommendations on interventions that are not supported by evidence.

3.7 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.

3.8 Question 2 Excluded Studies *Please see Appendix 3.*

3.9 Question 2 Included Studies

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5. APPENDICES

Appendix 1. Systematic Literature Review Search Strategy for Question 1

Ovid MEDLINE search strategy

- *infant, very low birth weight/ or *infant, extremely low birth weight/ or *infant, premature/
- 1. 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.

(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/
- *communication/ or *language/ or *literacy/ or exp *nonverbal communication/ or exp
- 9. *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.
- *stress disorders, traumatic/ or *psychological trauma/ or *stress disorders, post-traumatic/
- 23. or *stress disorders, traumatic, acute/
- 24. *Feeding Behavior/

*respiratory tract infections/ or exp *bronchitis/ or *common cold/ or *influenza, human/ or 25. exp *pneumonia/ or *whooping cough/ or *croup/

- 26. *Asthma/
- 27. *Gastroenteritis/
- 28. *Blood Pressure/
- exp *Health Services Accessibility/ or exp *otitis media/ or *parenting/ or (exp *parents/ and 29. (*self concept/ or *self efficacy/))

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 30. 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 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

EME	BASE
1.	exp *very low birth weight/ or *prematurity/
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,dq.
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,dq.
4.	1 or 2 or 3
	body weight gain/
	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

25. respiratory syncytial virus infection/ or exp upper respiratory tract infection/ or exp croup/

26.	asthma/
20.	astinia

27. gastroenteritis/

28. blood pressure/

exp health care access/ or exp otitis media/ or exp child parent relation/ or (exp parent/ and 29. self concept/)

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 30. 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 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/

limit 40 to (conference abstract or conference paper or "conference review" or editorial or 42. 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-oneweek*"[Title/Abstract] OR "thirty-two-week*"[Title/Abstract]) AND "gestation*"[Title/Abstract]) OR "very-preterm"[Title/Abstract] OR "very-pre-term"[Title/Abstract] OR "verypremature"[Title/Abstract] OR "very-pre-mature"[Title/Abstract] OR "very-low-gestationalage"[Title/Abstract] OR "extremely-preterm"[Title/Abstract] OR "extremely-preterm"[Title/Abstract] OR "extremely-premature"[Title/Abstract] OR "extremely-premature"[Title/Abstract] OR "prematurity"[Title/Abstract] OR "extremely-low-gestationalage"[Title/Abstract] OR "very-low-birth-weight"[Title/Abstract] OR "very-lowbirthweight"[Title/Abstract] OR "extremely-low-birth-weight"[Title/Abstract] OR "extremely-lowbirthweight"[Title/Abstract]) AND ("newborn*"[Title/Abstract] OR "new-born*"[Title/Abstract] OR "baby"[Title/Abstract] OR "babies"[Title/Abstract] OR "neonat*"[Title/Abstract] OR "neonat*"[Title/Abstract] OR "infan*"[Title/Abstract] OR "toddler*"[Title/Abstract] OR "preschooler*"[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 "childdevelopment"[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 "visionimpair*"[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-behavio*"[Title/Abstract] OR "learning-disabilit*"[Title/Abstract] OR "learningdisorder*"[Title/Abstract] OR "intellectual-disabilit*"[Title/Abstract] OR "intellectualdisorder*"[Title/Abstract] OR "memory-disorder*"[Title/Abstract] OR "memorydeficit*"[Title/Abstract] OR "amnesia"[Title/Abstract] OR "perceptual-disorder*"[Title/Abstract] OR "psychomotor-disorder*"[Title/Abstract] OR "anxiety"[Title/Abstract] OR "attentiondeficit"[Title/Abstract] OR "behavior-disorder*"[Title/Abstract] OR "behaviourdisorder*"[Title/Abstract] OR "behavioral-disorder*"[Title/Abstract] OR "behaviouraldisorder*"[Title/Abstract] OR "motor-skill-disorder*"[Title/Abstract] OR "cognitiondisorder*"[Title/Abstract] OR "cognition-dysfunction"[Title/Abstract] OR "cognitivedisorder*"[Title/Abstract] OR "cognitive-dysfunction"[Title/Abstract] OR "cerebralpalsy"[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 "mentaldisease*"[Title/Abstract] OR "mental-health"[Title/Abstract] OR "mental-ill*"[Title/Abstract] OR "mental-disorder*"[Title/Abstract] OR "caregiver-burden"[Title/Abstract] OR "care-giverburden"[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 ((1990:3000/12/12[pdat]) AND (english[Filter]))) NOT ((((("28week*"[Title/Abstract] OR "29-week*"[Title/Abstract] OR "30-week*"[Title/Abstract] OR "31week*"[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-oneweek*"[Title/Abstract] OR "thirty-two-week*"[Title/Abstract]) AND "gestation*"[Title/Abstract]) OR "very-preterm"[Title/Abstract] OR "very-pre-term"[Title/Abstract] OR "verypremature"[Title/Abstract] OR "very-pre-mature"[Title/Abstract] OR "very-low-gestationalage"[Title/Abstract] OR "extremely-preterm"[Title/Abstract] OR "extremely-preterm"[Title/Abstract] OR "extremely-premature"[Title/Abstract] OR "extremely-premature"[Title/Abstract] OR "prematurity"[Title/Abstract] OR "extremely-low-gestationalage"[Title/Abstract] OR "very-low-birth-weight"[Title/Abstract] OR "very-lowbirthweight"[Title/Abstract] OR "extremely-low-birth-weight"[Title/Abstract] OR "extremely-lowbirthweight"[Title/Abstract]) AND ("newborn*"[Title/Abstract] OR "new-born*"[Title/Abstract] OR "baby"[Title/Abstract] OR "babies"[Title/Abstract] OR "neonat*"[Title/Abstract] OR "neonat*"[Title/Abstract] OR "infan*"[Title/Abstract] OR "toddler*"[Title/Abstract] OR "preschooler*"[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 "childdevelopment"[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 "visionimpair*"[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-behavio*"[Title/Abstract] OR "learning-disabilit*"[Title/Abstract] OR "learningdisorder*"[Title/Abstract] OR "intellectual-disabilit*"[Title/Abstract] OR "intellectualdisorder*"[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 "attentiondeficit"[Title/Abstract] OR "behavior-disorder*"[Title/Abstract] OR "behaviourdisorder*"[Title/Abstract] OR "behavioral-disorder*"[Title/Abstract] OR "behaviouraldisorder*"[Title/Abstract] OR "motor-skill-disorder*"[Title/Abstract] OR "cognitiondisorder*"[Title/Abstract] OR "cognition-dysfunction"[Title/Abstract] OR "cognitivedisorder*"[Title/Abstract] OR "cognitive-dysfunction"[Title/Abstract] OR "cerebralpalsy"[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 "mentaldisease*"[Title/Abstract] OR "mental-health"[Title/Abstract] OR "mental-ill*"[Title/Abstract] OR "mental-disorder*"[Title/Abstract] OR "caregiver-burden"[Title/Abstract] OR "care-giverburden"[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

- *infant, very low birth weight/ or *infant, extremely low birth weight/ or *infant, premature/ 1.
- 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.

(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.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/
- *communication/ or *language/ or *literacy/ or exp *nonverbal communication/ or exp 9.
- *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.
- *stress disorders, traumatic/ or *psychological trauma/ or *stress disorders, post-traumatic/ 23.

or *stress disorders, traumatic, acute/

- 24. *Feeding Behavior/
- *respiratory tract infections/ or exp *bronchitis/ or *common cold/ or *influenza, human/ or 25.
- exp *pneumonia/ or *whooping cough/ or *croup/
- 26. *Asthma/
- 27. *Gastroenteritis/
- 28. *Blood Pressure/
- exp *Health Services Accessibility/ or exp *otitis media/ or *parenting/ or (exp *parents/ and 29. (*self concept/ or *self efficacy/))
- 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 30. 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 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

	07		
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.		
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,dq.		
4	1 or 2 or 3		
	body weight gain/		
	motor dysfunction/		
	exp neuropsychological test/		
	child development/ or language development/		
0.	interpersonal communication/ or language/ or literacy/ or exp nonverbal communication/ or		
9.	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.	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/		

27. gastroenteritis/

28. blood pressure/

exp health care access/ or exp otitis media/ or exp child parent relation/ or (exp parent/ and 29. self concept/)

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 30. 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 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/

limit 40 to (conference abstract or conference paper or "conference review" or editorial or 42. 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-oneweek*"[Title/Abstract] OR "thirty-two-week*"[Title/Abstract]) AND "gestation*"[Title/Abstract]) OR "very-preterm"[Title/Abstract] OR "very-pre-term"[Title/Abstract] OR "verypremature"[Title/Abstract] OR "very-pre-mature"[Title/Abstract] OR "very-low-gestationalage"[Title/Abstract] OR "extremely-preterm"[Title/Abstract] OR "extremely-preterm"[Title/Abstract] OR "extremely-premature"[Title/Abstract] OR "extremely-premature"[Title/Abstract] OR "prematurity"[Title/Abstract] OR "extremely-low-gestationalage"[Title/Abstract] OR "very-low-birth-weight"[Title/Abstract] OR "very-lowbirthweight"[Title/Abstract] OR "extremely-low-birth-weight"[Title/Abstract] OR "extremely-lowbirthweight"[Title/Abstract]) AND ("newborn*"[Title/Abstract] OR "new-born*"[Title/Abstract] OR "baby"[Title/Abstract] OR "babies"[Title/Abstract] OR "neonat*"[Title/Abstract] OR "neonat*"[Title/Abstract] OR "infan*"[Title/Abstract] OR "toddler*"[Title/Abstract] OR "preschooler*"[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 "childdevelopment"[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 "visionimpair*"[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-behavio*"[Title/Abstract] OR "learning-disabilit*"[Title/Abstract] OR "learningdisorder*"[Title/Abstract] OR "intellectual-disabilit*"[Title/Abstract] OR "intellectualdisorder*"[Title/Abstract] OR "memory-disorder*"[Title/Abstract] OR "memorydeficit*"[Title/Abstract] OR "amnesia"[Title/Abstract] OR "perceptual-disorder*"[Title/Abstract] OR "psychomotor-disorder*"[Title/Abstract] OR "anxiety"[Title/Abstract] OR "attentiondeficit"[Title/Abstract] OR "behavior-disorder*"[Title/Abstract] OR "behaviourdisorder*"[Title/Abstract] OR "behavioral-disorder*"[Title/Abstract] OR "behaviouraldisorder*"[Title/Abstract] OR "motor-skill-disorder*"[Title/Abstract] OR "cognitiondisorder*"[Title/Abstract] OR "cognition-dysfunction"[Title/Abstract] OR "cognitivedisorder*"[Title/Abstract] OR "cognitive-dysfunction"[Title/Abstract] OR "cerebralpalsy"[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 "mentaldisease*"[Title/Abstract] OR "mental-health"[Title/Abstract] OR "mental-ill*"[Title/Abstract] OR "mental-disorder*"[Title/Abstract] OR "caregiver-burden"[Title/Abstract] OR "care-giverburden"[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 ((1990:3000/12/12[pdat]) AND (english[Filter]))) NOT ((((("28week*"[Title/Abstract] OR "29-week*"[Title/Abstract] OR "30-week*"[Title/Abstract] OR "31week*"[Title/Abstract] OR "32-week*"[Title/Abstract] OR "twenty-eight-week*"[Title/Abstract] OR "twenty-nine-week*"[Title/Abstract] 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"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 "childdevelopment"[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 "visionimpair*"[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-behavio*"[Title/Abstract] OR "learning-disabilit*"[Title/Abstract] OR "learningdisorder*"[Title/Abstract] OR "intellectual-disabilit*"[Title/Abstract] OR "intellectualdisorder*"[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 "attentiondeficit"[Title/Abstract] OR "behavior-disorder*"[Title/Abstract] OR "behaviourdisorder*"[Title/Abstract] OR "behavioral-disorder*"[Title/Abstract] OR "behaviouraldisorder*"[Title/Abstract] OR "motor-skill-disorder*"[Title/Abstract] OR "cognitiondisorder*"[Title/Abstract] OR "cognition-dysfunction"[Title/Abstract] OR "cognitivedisorder*"[Title/Abstract] OR "cognitive-dysfunction"[Title/Abstract] OR "cerebralpalsy"[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 "mentaldisease*"[Title/Abstract] OR "mental-health"[Title/Abstract] OR "mental-ill*"[Title/Abstract] OR "mental-disorder*"[Title/Abstract] OR "caregiver-burden"[Title/Abstract] OR "care-giverburden"[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
Bogiĕ ević 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

Dumment 1000	
Burguet 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 Wrong patient population
Cooper 1337	

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 Wrong patient population
Crump 2019	Wrong patient population Wrong patient population
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Crump 2021 Dahan-Oliel 2014	Wrong patient population
	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
DeGroote 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 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
GonzÃjlezGarcÃa 2022	Wrong patient population
Gonzalez-Gomez 2021	Wrong patient population
Gonzalez-Serrano 2012	Wrong patient population
Gough 2015	Wrong patient population Wrong patient population
Gouyon 2013	Wrong patient population Wrong patient population
Gray 2004	Wrong patient population Wrong patient population
Gray 2004 Gray 2006	Wrong analysis-Confounders not adjusted
Gray 2003	Wrong patient population
Gray 2015	Wrong patient population 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
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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
lijima 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
lto 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	
Jensen-Willett 2019	Wrong patient population
	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
Klevebro 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 Wrong patient population
Kono 2011	Wrong outcomes
Koo 2010	Wrong patient population
Kopec-Godlewska 2018	
Kopec-Godiewska 2018 Korvenranta 2009	Wrong outcomes Wrong patient population
Kucukevcilioglu 2015	Wrong analysis-Confounders not adjusted
Kuint 2009	Wrong outcomes

Kuint 2017	Wrong patient population
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
Kytnarova 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
Leversen 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
Menna 2012 Mhanna 2015	Wrong intervention
Miceli 2000	Wrong patient population
Michels 2017	Wrong patient population
Mikkola 2005	
Miller 2001	Wrong patient population
	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
Pérez-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
Petriçliİ 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
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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
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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
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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
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Sanchez 2016	Wrong analysis-Confounders not adjusted
Sanchez 2019	Wrong patient population
Sanchez 2020	Wrong patient population
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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
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Schmid 2011	Wrong patient population
Schmidhauser 2006	Wrong patient population
Schmoker 2020	Wrong patient population
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Schulzke 2010	Wrong patient population
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Shah 2008 Shah 2013	Wrong analysis-Confounders not adjusted
Shankaran 2004	Wrong patient population
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	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
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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
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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
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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
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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
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Wang 2013	Wrong study design
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Wang 2017 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
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Wild 2013	Wrong patient population
Wildin 1995	Wrong patient population
Winter 2018	Wrong study design
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Wolke 1998	Wrong patient population
Wolke 1999	Wrong patient population
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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
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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
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Yeo 2005	Wrong patient population
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
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Zehetgruber 2014	Wrong patient population

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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