National Institute for Health and Care Excellence

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Developmental follow-up of children and young people born preterm

Appendices A - J

NICE Guideline

Methods, evidence and recommendations

February 2017

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Draft for Consultation

Developed by the National Guidleine Alliance hosted by the Royal College of Obstetrics and Gynaecologists

Disclaimer
Healthcare professionals are expected to take NICE clinical guidelines fully into account when exercising their clinical judgement. However, the guidance does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient and/or their guardian or carer.

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Appendices

Appendix A: Scope

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Developmental follow-up of preterm babies

Topic

The Department of Health in England has asked NICE to develop a clinical guideline on the developmental follow-up of preterm babies.

For more information about why this guideline is being developed, and how the guideline will fit into current practice, see the context section.

Who the guideline is for

- Parents and carers of babies, children and young people who were born preterm.
- Healthcare professionals in primary, secondary and tertiary care.
- Commissioners and providers of services for the developmental follow-up of preterm babies.

It may also be relevant for:

- Voluntary organisations.
- Educational services.
- Social care services.

NICE guideline: Developmental follow-up of preterm babies final scope (August 2015)

1 of 13

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.

Equality considerations

NICE has carried out an equality impact assessment during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

1 What the guideline is about

1.1 Who is the focus?

Groups that will be covered

- Babies, children and young people under 18 years who were born preterm (less than 37 weeks of pregnancy).

1.2 Settings

Settings that will be covered

- All settings in which NHS or local authority commissioned healthcare is provided (including educational settings).

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1.3 Activities, services or aspects of care

Key areas that will be covered

1 The risk of developmental problems (such as feeding difficulties) and developmental disorders (such as cerebral palsy or autism) in relation to gestational age at birth for babies, children and young people who were born preterm, and other factors that might affect their risk.

2 Identifying developmental problems and disorders in babies, children and young people who were born preterm.

3 Providing information about the development of preterm babies for parents and carers and children and young people who were born preterm.

4 Providing support (for example, help with feeding difficulties, including continuing breastfeeding if appropriate, and with parent-child interaction) for babies, children and young people who were born preterm and their parents and carers.

5 Service delivery for developmental follow-up after preterm birth.

Areas that will not be covered

1 Diagnosing and managing developmental disorders such as autism and cerebral palsy. These areas are covered by existing NICE guidance on autism diagnosis in children and young people and autism: the management and support of children and young people on the autism spectrum, and in guidance being developed on the diagnosis and management of cerebral palsy in children and young people.

2 Reducing the risk of preterm birth.

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1.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS, educational and personal social services perspective, as appropriate.

1.5 Draft review questions

While writing this scope, we have identified the following key issues, and review questions related to them:

1 The risk of developmental problems and disorders in relation to gestational age at birth for babies, children and young people who were born preterm, and other factors (for example, maternal, neonatal and societal factors) that might affect their risk:
   - What is the risk of developmental problems and disorders in babies, children and young people born preterm at different gestational ages?
   - What is the prognosis of specific developmental problems and disorders in babies, children and young people born preterm at different gestational ages?
   - What factors other than the degree of prematurity (for example, maternal, neonatal, socioeconomic and environmental factors) influence the prevalence and prognosis of developmental problems and disorders in babies, children and young people born preterm?

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2 Identifying developmental problems and disorders in babies, children and young people who were born preterm:

- How often should babies, children and young people born preterm with different levels of risk be monitored to identify developmental problems and disorders?
- Until what age should babies, children and young people born preterm with different levels of risk be monitored to identify developmental problems and disorders?
- What is the diagnostic value of parents' and teachers' observations in identifying developmental disorders in babies, children and young people who were born preterm?
- What is the diagnostic value of standard opportunistic assessments (for example, the Healthy Child Programme [Department of Health 2009]) and validated developmental screening and assessment tools (used in primary and secondary settings) in identifying developmental disorders in babies, children and young people who were born preterm?
- What corrections, if any, should be made for gestational age when using developmental screening and assessment tools?
- When should corrections for gestational age stop?

3 Providing information:

- What information about the development of preterm babies should be given to parents and carers and children and young people who were born preterm?

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- What information about follow-up arrangements of preterm babies should be given to parents and carers and children and young people?
- What information should be shared (with consent) between those delivering NHS-commissioned care, and between the NHS and schools, on the developmental follow-up of babies, children and young people born preterm?
- How should information be shared between those delivering NHS-commissioned care, and between the NHS and schools, on the developmental follow-up of babies, children and young people born preterm?

4 Support:

- What support (for example, help with feeding difficulties including continuing breastfeeding if appropriate, and with parent-child interaction) should be provided for parents and carers of preterm babies and for children and young people who were born preterm and their parents or carers?

5 Service delivery for developmental follow-up programmes:

- What is the most effective model (including staff and setting) of service delivery to identify developmental problems and disorders in babies, children and young people born preterm?

1.6 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are:

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1 Quality of life (both health- and social-related quality).
2 Social functioning.
3 Ability to carry out activities of daily living.
4 Educational attainment.

2 Links with other NICE guidance, NICE quality standards, and NICE Pathways

2.1 NICE guidance

NICE guidance in development that is closely related to this guideline

NICE is currently developing the following guidance that is closely related to this guideline:

- Preterm labour and birth NICE guideline. Publication expected November 2015.
- Mental health problems in people with learning disabilities NICE guideline. Publication expected September 2016.
- Cerebral palsy NICE guideline. Publication expected October 2016.
- Intrapartum care for high risk women NICE guideline. Publication expected January 2017.
- Faltering growth NICE guideline. Publication expected October 2017.
- Social and emotional wellbeing in primary and secondary education Publication date to be confirmed.

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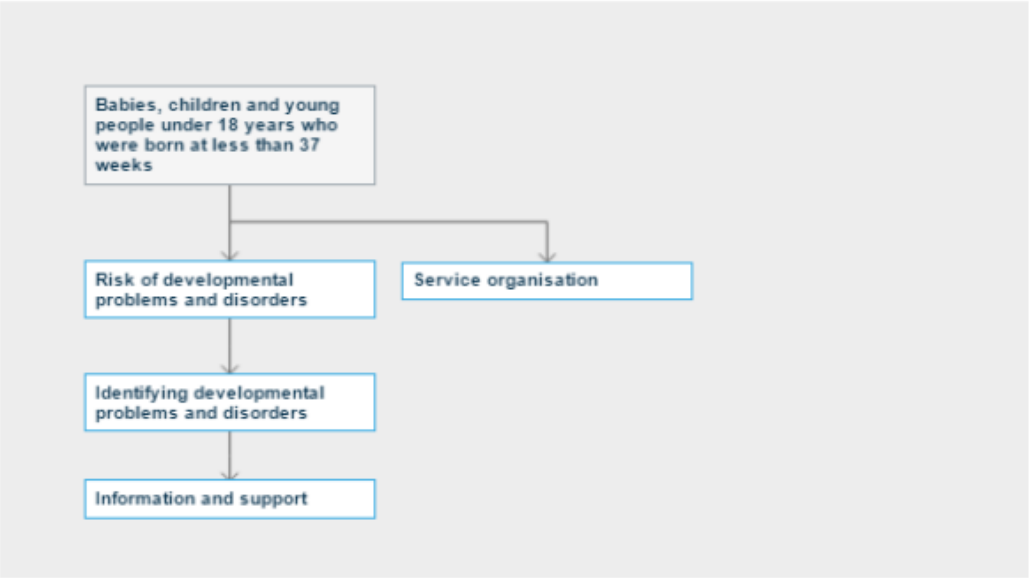
2.2 NICE Pathways

When this guideline is published, the recommendations will be added to NICE Pathways. NICE Pathways bring together all related NICE guidance and associated products on a topic in an interactive topic-based flow chart.

A draft pathway outline on developmental follow-up of preterm babies, based on this scope, is included below. It will be adapted and more detail added as the recommendations are written during guideline development.

Developmental follow-up of preterm babies overview



Links will be made from other relevant pathways, for example, preterm labour and birth (when published) and postnatal care.

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3 Context

3.1 Key facts and figures

Development in childhood is the process whereby children progress from a state of complete dependency to independent adult life. This encompasses a broad range of skills and their application in daily life: motor competencies, speech and language, communication, cognitive and learning skills, vision and listening skills, social, emotional and behavioural development applied both in self-regulation and interpersonal relationships, and self-help competencies such as feeding, sleeping and excretion.

Development typically progresses in a regular manner with skills (milestones) being attained in a predictable sequence. There is normal variation in the age at which milestones are reached and the median age is generally used for comparison. In addition, ages by which particular milestones would be expected to have been reached have been defined. Developmental follow-up is intended to monitor this progress.

Development is influenced by both genetic and environmental factors. Brain development begins early in gestation and progresses through early childhood and beyond. During intrauterine development and in the early years of life the brain is susceptible to injury, potentially leading to impairments that can affect development.

In 2012/2013 more than 7% of live babies were born preterm (less than 37^{+0} weeks of pregnancy) in England (Health and Social Care Information Centre: NHS maternity statistic 2012/13).

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The consequences of preterm birth can be substantial with a wide range of possible physical, neurodevelopmental and behavioural sequelae. Compared with those born at term, preterm babies have more health problems, including higher rates of temperature instability, respiratory distress, apnoea, seizures, jaundice and feeding difficulties. They are also more likely to need re-admission to hospital. Neurodevelopmental problems, behavioural problems, cerebral palsy, sensory impairment and complex mixed neurodevelopmental problems affecting attention and academic progress have been linked to preterm birth.

It has been predicted that 4.2% of all surviving preterm babies will have a severe disability at 18 years, and that 18.5% will have a milder disability (Mangham LJ, Petrou S, Doyle LW et al. [2009] The cost of preterm birth throughout childhood in England Wales. Pediatrics 123: 312-27). The EPICure 1995 study of children born very prematurely (between 20^{+0} and 25^{+6} weeks of gestation) showed that at the age of 11 years more than half had no or only minor impairments or health problems and 45% had moderate or severe impairments.

The greater the degree of prematurity, the higher the risk of both short-term and long-term complications. However, even babies born between 32^{+0} and 36^{+0} weeks of pregnancy are at higher risk of short- and long-term poor health outcomes or disability compared with babies born at full term. The NHS atlas of variation (Annual Report of the Chief Medical Officer 2012) Map 34 shows that impairment-free survival at 2 years for babies born at less than 30^{+0} weeks of pregnancy in neonatal units ranges from 15.7-37.1% across the

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country, but 2-year health status data were available for only 40% of eligible babies. Local factors are likely to have a major influence on this.

Public sector annual cost for babies, children and young people up to 18 years of age who were born preterm is estimated to be £1.24 billion, with a total societal cost of £2.48 billion, including parental costs and lost productivity (Strelitz [2012] Annual Report of the chief Medical Officer). Most of the costs (92%) are incurred during the neonatal period (the first 28 days of life) and are largely attributable to neonatal hospitalisation. For those with severe disability, estimated at 4.2% of preterm babies, the costs are far greater and have been estimated as 10% of the total costs of disability in childhood.

3.2 Current practice

Screening for developmental disorders can be inaccurate, both in terms of missing significant delays in development (false-negative results) and over-recognition. This trade-off between sensitivity and specificity has been seen as problematic and as a result screening is selective in some countries and universal in others.

In the UK the Healthy Child Programme (Department of Health 2009) is used as the basis for practice in supporting optimum development and identifying problems and disorders. This programme includes developmental reviews to aid early detection of developmental delay, and emphasises the importance of a review at 2.5 years. There is a core programme that applies to all children and additional elements for those at risk.

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In current practice, primary care practitioners (health visitors or GPs) ask questions about the child's development and any parental concerns at each visit. Standardised development screening tools are not currently used, and are not recommended by the UK National Screening Committee or the Healthy Child Programme.

Preterm babies, especially those who are very premature (between 28^{+0} and 32^{+0} weeks of pregnancy) or extremely premature (less than 28^{+0} weeks of pregnancy) are likely to be followed up in a secondary or tertiary care clinic, often with outreach nurses.

3.3 Policy, legislation, regulation and commissioning

Policy

The National service framework for children, young people and maternity services (Department of Health 2004) aims for long-term and sustained improvement in children's health, and sets standards for health and social services for children, young people and pregnant women.

The UK National Screening Committee advises on evidence-based whole-population screening for conditions including congenital heart disease, cystic fibrosis, congenital cataracts and sensorineural hearing impairment.

The Healthy Child Programme (Department of Health 2009) is the key universal public health service for improving the health and well-being of children through health and developmental reviews, screening and health promotion, immunisation and parenting support.

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The NICE quality standard for specialist neonatal care (2010) includes the quality statement 'Babies receiving specialist neonatal care have their health outcomes monitored'. The associated measures include the proportion of babies born at less than 30 weeks of gestation and at less than 32 weeks of gestation and/or with a birth weight less than 1501 g, and receiving specialist neonatal care, who had a 2-year outcome form completed. However, variation in practice has been identified in the nature, frequency and duration of developmental assessments, and less than half of very premature babies have an assessment of their health outcomes at 2 years.

4 Further information

This is the final scope, incorporating comments from registered stakeholders during consultation.

The guideline is expected to be published in August 2017.

You can follow progress of the guideline.

Our website has information about how NICE guidelines are developed.

Appendix B: Stakeholders

5 Boroughs Partnership NHS Foundation Trust

Alder Hey Children's NHS Foundation Trust

Ante-natal Results and Choices

Aquatic Therapy Association of Chartered Physiotherapists

Association for Improvements in the Maternity Services

Association of Anaesthetists of Great Britain and Ireland

Association of Catholic Nurses of England and Wales

Association of Child Psychotherapists

Association of Directors of Public Health

Association of Paediatric Anaesthetists of Great Britain and Ireland

Association of Paediatric Chartered Physiotherapists

Autistica

Barefoot Birth Pools Limited

Barts Health NHS Trust

Belfast Health and Social Care Trust

Best Beginnings

Birmingham Women's NHS Foundation Trust

Bliss

British Association of Perinatal Medicine

British Dietetic Association

British Medical Association

British Medical Journal

British National Formulary

British Nuclear Cardiology Society

British Psychological Society

British Red Cross

British Society of Neuroradiologists

Calderdale Metropolitan Borough Council

Caplond Services

Care Quality Commission

1 Careworks Limited
2 Central Manchester University Hospitals NHS Foundation Trust
3 Chiesi Ltd
4 Child Growth Foundation
5 Childpsychology.london
6 Chroma
7 CMV Action UK
8 Cochrane UK
9 College of Occupational Therapists
10 College of Paramedics
11 Cumbria Partnership NHS Foundation Trust
12 Danone Nutricia Early Life Nutrition
13 Department of Health
14 Department of Health, Social Services and Public Safety - Northern Ireland
15 East Kent Hospitals University NHS Foundation Trust
16 East London NHS Foundation Trust
17 Faculty of Dental Surgery
18 Family Lives
19 Food for the Brain Foundation
20 Genetic Alliance UK
21 Gloucestershire Hospitals NHS Foundation Trust
22 Guy's and St Thomas' NHS Foundation Trust
23 Health and Care Professions Council
24 Healthcare Improvement Scotland
25 Healthcare Quality Improvement Partnership
26 Healthwatch Bristol
27 Healthwatch Darlington
28 Healthwatch Salford
29 Homerton Hospital NHS Foundation Trust
30 Hywel Dda University Health Board
31 IDCAHMS SHSCT
32 Institute of Health Visiting
33 James Cook University Hospital

1 JT Healing
2 King's College Hospital NHS Foundation Trust
3 Kirklees Council
4 Lactation Consultants of Great Britain
5 Leeds Community Healthcare NHS Trust
6 Leicestershire Partnership NHS Trust
7 Liverpool University
8 Mastercall Healthcare
9 Medicines and Healthcare Products Regulatory Agency
10 Milton Keynes Hospital NHS Foundation Trust
11 Ministry of Defence
12 Multiple Births Foundation
13 National Childbirth Trust
14 National Collaborating Centre for Cancer
15 National Collaborating Centre for Mental Health
16 National Collaborating Centre for Women's and Children's Health
17 National Deaf CAMHS
18 National Deaf Children's Society
19 National Guideline Alliance
20 National Guideline Centre
21 National Institute for Health Research
22 Natus Medical Incorporated
23 Neonatal Critical Care CRG
24 NHS Choices
25 NHS Chorley and South Ribble CCG
26 NHS Digital
27 NHS England
28 NHS Health at Work
29 NHS Leeds South and East CCG
30 NHS Mid Essex CCG
31 NHS North East Lincolnshire CCG
32 NHS Sheffield CCG
33 NHS Somerset CCG

1 NIHR CCRN ENT Specialty Group
2 Northern Health and Social Care Trust
3 Northumbria Healthcare NHS Foundation Trust
4 Nursing and Midwifery Council
5 Nurtured Journey
6 Plymouth Community Healthcare CIC
7 Public Health England
8 Queens Nursing Institute
9 Royal College of Anaesthetists
10 Royal College of General Practitioners
11 Royal College of General Practitioners in Wales
12 Royal College of Midwives
13 Royal College of Nursing
14 Royal College of Obstetricians and Gynaecologists
15 Royal College of Paediatrics and Child Health
16 Royal College of Pathologists
17 Royal College of Physicians
18 Royal College of Psychiatrists
19 Royal College of Radiologists
20 Royal College of Speech and Language Therapists
21 Royal College of Surgeons of Edinburgh
22 Royal College of Surgeons of England
23 Royal Pharmaceutical Society
24 Safeguarding Board Northern Ireland
25 Sandoz Ltd
26 Scottish Directors of Public Health
27 Scottish Intercollegiate Guidelines Network
28 Sheffield Teaching Hospitals NHS Foundation Trust
29 Sirona Care & Health CIC
30 Social Care Institute for Excellence
31 South Eastern Health and Social Care Trust
32 South West Yorkshire Partnership NHS Foundation Trust Southern Health & Social Care
33 Trust

1 St George's University Hospitals NHS Foundation Trust

2 Staffordshire and Stoke on Trent Partnership NHS Trust

3 Staffordshire, Shropshire & Black Country Newborn and Maternity Network

4 Thames Regional Perinatal Group

5 The Breastfeeding Network

6 The Neonatal Society

7 Tiny Tickers

8 University College London Hospital NHS Foundation Trust

9 University Hospitals Coventry and Warwickshire NHS Trust

10 WellBeing of Women

11 Welsh Government

12 Welsh Scientific Advisory Committee

13 West Hertfordshire Hospitals NHS Trust

14 Western Health and Social Care Trust

15 Wye Valley NHS Trust

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1 Appendix C: Declarations of interest

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
Jennifer Baulcomb	Educational Psychologist, Evalina London Children's hospital, Guy's	Invited to speak as a respondent at a dissemination seminar at the Nuffield Foundation on Thursday 10 March, chaired by Professor Terrie Moffitt relating to a study led by Professor Dieter Wolke (University of Warwick), looking at the impact of premature birth on mathematics achievement and schooling.	Non-personal non-financial specific	Declared Committee meeting 5 (11.03.2016) and participated
Joe Fawke	Consultant Neonatologist, University Hospitals Leicester NHS Trust	Member of the Resuscitation Council (UK) advanced resuscitation of the newborn infant working group	Personal non-financial specific	Declared Committee meeting 1 (15.09.2015) and participated
Joe Fawke	Consultant Neonatologist, University Hospitals Leicester NHS Trust	Co-author, advanced resuscitation of the newborn infant course manual	Personal non-financial non-specific	Declared Committee meeting 1 (15.09.2015) and participated
Joe Fawke	Consultant Neonatologist, University Hospitals Leicester NHS Trust	Working group member, Course Manual Editor, Course Director and Newborn Life Support Course Director for Resuscitation Council UK advanced resuscitation of the newborn infant (ARNI). Also course co-director for the neonatal high fidelity simulation instructor course.	Non-personal non-financial specific	Declared Committee meeting 1 (15.09.2016) and participated
Joe Fawke	Consultant Neonatologist, University Hospitals Leicester NHS Trust	Paediatric training programme director for Health Education East Midlands.	Personal, non-financial, non-specific	Declared Committee meeting 1 (15.09.2016) and Committee meeting 9 (07.09.2016) and participated
Joe Fawke	Consultant Neonatologist, University	Chaired Committee on resuscitation of the newborn infant (ARNI)	Personal, non-	Declared Committee

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
	Hospitals Leicester NHS Trust	Resuscitation Council (UK)	financial, specific	meeting 8 (12.07.2016) and participated
Joe Fawke	Consultant Neonatologist, University Hospitals Leicester NHS Trust	Presentation to the Central Newborn Network regional meeting on long term outcomes of extreme prematurity (May 2016). No payment received.	Personal, Non-financial. specific	Declared Committee meeting 7 (27.05.2016) and participated
Joe Fawke	Consultant Neonatologist, University Hospitals Leicester NHS Trust	Helped design and lead a Neonatal stabilization at the bedside training day as part of CORD trial group. Nottingham. No remuneration.	Personal, non-financial, non-specific	Declared Committee meeting 7 (27.05.2016) and participated
Joe Fawke	Consultant Neonatologist, University Hospitals Leicester NHS Trust	Acknowledged in the Resuscitation Council (UK) Newborn Life support manual 3rd edition for facemask ventilation work. No payment received.	Personal, non-financial, non-specific	Declared Committee meeting 7 (27.05.2016) and participated
Joe Fawke	Consultant Neonatologist, University Hospitals Leicester NHS Trust	Co- authored an addendum covering the 2015 ILCOR recommendations for the Resuscitation Council (UK) Advanced resuscitation of the newborn infant (1st edition). No payment received.	Personal, non-financial, specific	Declared Committee meeting 7 (27.05.2016) and participated
Joe Fawke	Consultant Neonatologist, University Hospitals Leicester NHS Trust	Poster presentation accepted by the European Resuscitation Council meeting in Reykjavik, September 2016. No payment received.	Personal, non-financial, specific	Declared Committee meeting 7 (27.05.2016) and participated
Joanna Goodman	Lay member	Interview given for an article in British journal of school nursing publication on children with ADHD in education. No payment received.	Non-personal , non-financial, specific	Declared Committee meeting 8 (12.07.2016) and participated
Celia Harding	Speech and Language Therapist, Royal Free Hospital and Barnet Hospital	Member of Committee representing RCSLT which involves commenting on video clips for apps parent/baby care for	Non-personal non-financial specific	Declared committee meeting 28.01.2016 and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		the Best Beginnings/Baby Buddy app project.		
Celia Harding	Speech and Language Therapist, Royal Free Hospital and Barnet Hospital	Published the following brief article: Harding C., Bowden C., Lima L., Levin A. (2016).How do we determine oral readiness in infants? Infant ; 12(1): 10 – 12	Non-personal non-financial specific	Declared Committee meeting 4 (28.01.2016) and participated
Celia Harding	Speech and Language Therapist, Royal Free Hospital and Barnet Hospital	Chaired the neo natal SLTs study day at City University London on behalf of RCSLT on 29.06.2016	Personal, Non-specific, non-financial	Declared Committee meeting 8 (12.07.2016) and participated
Sarra Hoy	Lay member	Wrote an article for a personal blog which was subsequently used to publicize Scottish Book Week, received a small fee for this which was donated to the baby charity Tommy's.	Personal financial specific	Declared Committee meeting 1 (15.09.2016) and participated
Betty Hutchon	Head Paediatric Occupational Therapist - Royal Free Hospital	Provides training and guidance in the use of developmental assessments, in particular Bayley III and sometimes charges for said training. Also worked closely with test publishers, Pearson.	Personal financial specific	Declared Committee meeting 1 (15.09.2015) Action: Betty sent apologies for Committee meeting 8 when the Committee discussed Identification of problems and disorders
Betty Hutchon	Head Paediatric Occupational Therapist - Royal Free Hospital	Provides advice and support to staff at the Brazelton Centre UK and the Bobath Centre London.	Personal financial specific	Declared Committee meeting 1 (15.09.2015) and participated
Betty Hutchon	Head Paediatric Occupational Therapist - Royal Free Hospital	Attended a meeting with Action CP on potentially joining their committee regarding identifying ways to offer early assessment and early intervention to children with cerebral palsy. This was an academic meeting	Personal, non-financial, specific	Declared Committee meeting 6 (15.04.2016) and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		with various professionals		
Sally Jary	Clinical Specialist Paediatric Physiotherapist - Bristol Royal Hospital	Four active research grants; all specific to different aspects of developmental follow-up. One from Action Medical Research, two from the Medical Research council and one from Nuffield Foundation. Has also published peer reviewed journal papers and book chapters relating to pre term birth.	Non personal, financial, specific	Declared Committee meeting 1 (15.09.2015) and participated
Sally Jary	Clinical Specialist Paediatric Physiotherapist - Bristol Royal Hospital	Part-time fixed contact post for 24 months at a charity for children with cerebral palsy.	Personal, financial non-specific	Declared Committee meeting 8 (12.07.2016) and participated
Sally Jary	Clinical Specialist Paediatric Physiotherapist - Bristol Royal Hospital	Two papers published in relation to developmental follow-up of preterm babies.	Personal, non-financial specific	Declared Committee meeting 2 (22.10.2015) and participated
Sally Jary	Clinical Specialist Paediatric Physiotherapist - Bristol Royal Hospital	Taken up a part time, 2- year, paid post at Bobath Children's Therapy Centre Wales setting up an early intervention service for infants at risk of cerebral palsy called 'Better start better future"	Personal, financial, nonspecific.	Declared Committee meeting 8 (12.07.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Two peer reviewed papers accepted for publication: Johnson S, Kochhar P, Hennessey E, Marlow N, Wolke D, Hollis C. Antecedents of Attention-Deficit/Hyperactivity Disorder symptoms in children born extremely preterm. Journal of Developmental and Behavioral Pediatrics. (In Press). Johnson S, Matthews R, Draper ES, Field DJ, Manktelow B,	Personal non-financial specific	Declared Committee meeting 3 (11.12.2015) and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		Marlow N, Smith LK, Boyle EM. Eating difficulties in children born late and moderately preterm at 2 years of age: a prospective population-based cohort study. American Journal of Clinical Nutrition.		
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Gave a presentation on neurodevelopment following late and moderately preterm birth at a study day entitled “Just a few weeks early: the challenge of moderate-late prematurity” funded by Chiesi Ltd.	Non-personal financial specific	Declared Committee meeting 3 (11/12/2015) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	In a competition judged by the British Association of Perinatal Medicine executive committee, was awarded a travel grant to attend the Pediatric Academic Societies annual conference in Baltimore (USA) from Chiesi Ltd. The grant reimbursed the return flights to Baltimore, taxi from hotel to Baltimore airport, hotel accommodation (B&B) for 4 nights and one evening meal.	Personal, financial, non - specific	Declared Committee meeting 7 (27.05.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Two papers published in relation to developmental follow up of pre term babies Papers published: Field DJ, Spata E, Davies T, Manktelow BN, Johnson S, Boyle EM, Draper ES. Evaluation of the use of a parent questionnaire to provide later health status data: The Panda Study. Archives of Disease in	Personal non-financial, specific	Declared Committee meeting 2 (22/10/2016) and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		Childhood Fetal & Neonatal Edition Johnson S, Matthews R, Draper ES, Field DJ, Manktelow BN, Marlow N, Smith LK, Boyle EM. Early emergence of delayed social competence in infants born late and moderately preterm: A prospective population-based cohort study. Journal of Developmental and Behavioral Pediatrics.		
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Invited to join a Topic Expert Group to advise on developmental follow-up and continuing care for the European Foundation of Newborn Infants (EFCNI) project to develop European Standards of Care for Newborn Health. Anticipated launch of the standards is September 2017.	Personal, non-financial, specific	Declared Committee meeting 4 (28.01.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Paper accepted for publication that relates to the subject of the guideline: Parekh S, Boyle EM, Guy A, Blaggan S, Manktelow B, Wolke D & Johnson S. Correcting for prematurity affects developmental test scores in infants born late and moderately preterm. Early Human Development (In press).	Personal, non-financial, specific	Declared Committee meeting 4 (28.01.2010) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Paper published that relates to the subject of the guideline: Linsell L, Malouf F, Johnson S, Morris J, Kurinczuk JJ, Marlow N. Prognostic factors for behavioral problems and psychiatric disorders in children born very	Personal non-financial, specific	Declared Committee meeting 4 (28.01.2016) and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		preterm/very low birth weight: a systematic review. Journal of Developmental and Behavioral Pediatrics 2016;37(1):88-102.		
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Letter accepted for publication that relates to the subject of the guideline: Boyle EM, Matthews R, Johnson S. Preterm and post-term births: Terminology and definitions. Journal of Developmental and Behavioral Pediatrics, In press.	Personal non-financial, specific	Declared Committee meeting 4 (28.01.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Presentation to supporters of Action Medical Research entitled “Tackling premature children’s difficulties with maths”	Personal non-financial, specific	Declared Committee meeting 5 (11.03.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Presentation to academic, health and education professionals at an impact event organized by the Nuffield Foundation to present the final report from a research grant, this was entitled “The impact of preterm birth on mathematics achievement and schooling”	Personal non-financial, specific	Declared Committee meeting 5 (11.03.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Gave two presentations to health professionals relating to developmental follow-up of preterm children at the Mariani Foundation XVIII Update Course "The preterm infant: developmental disorders and early intervention” entitled (1) Lifespan mental health outcomes of extremely preterm children and (2) Behavioural and emotional outcomes	Personal non-financial, specific	Declared Committee meeting 6 (15.04.2016) and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		over the preschool years		
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Co-author of a report entitled “The impact of preterm birth on mathematics achievement and schooling: briefing notes and recommendations” which provides recommendations for the developmental follow-up of preterm infants. This reports findings from the PRIME study funded by a research grant from The Nuffield Foundation.	Personal non-financial, specific	Declared Committee meeting 6 (15.04.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	2 papers accepted for publication. ‘Learning disabilities among extremely preterm children without neurosensory impairment, comorbidity, neuropsychological profiles and scholastic outcomes’ Early Human development ‘Charting the survival, health and development of extremely preterm infants: EPICure and beyond’	Personal, non-financial, specific	Declared committee meeting 9 (07.09.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Co Author of a manuscript accepted for publication entitled ‘Bayley scales of Infant and Toddler development’ to appear in SAGE encyclopedia of intellectual and developmental disorders. In press.	Personal, Non-financial specific	Declared committee meeting 8 (12.07.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Presentation given entitled ‘Behavioral outcomes and psychiatric disorders following extremely pre term birth:	Personal, non-financial specific	Declared Committee meeting 7 (12.07.2016) and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		Evidence from EPICure studies' at the European congress of perinatal medicine in Maastricht (June 2016) Accommodation and Conference registration fees reimbursed. No honorarium received.		
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Co-investigator for a survey recently carried out via social media to obtain parents opinions about delayed school entry for children born preterm or in the summer months as part of an ongoing feasibility study.	Personal, non-financial, non-specific	Declared Committee meeting 7 (12.07.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Twitter account used to publish tweets including reference to matters relating to research into outcomes of preterm birth. This account is @SamJPsych	Personal, non-financial, specific	Declared Committee meeting 7 (12.07.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Platform presentation at the Pediatric Academic Societies in Baltimore (USA) on 30th April- 2nd May entitled 'Psychiatic outcomes in extremely preterm young adults: The EPICure study, No honorarium/payment received.	Personal, non-financial, specific	Declared Committee meeting 7 (27.05.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Poster presentation given at the Pediatric academic society's annual conference in Baltimore (USA) entitled 'Educational attainment and employment status of young adults born extremely preterm birth to 19 years of age: The EPICure study' No honorarium/payment received	Personal, non-financial, specific	Declared Committee meeting 7 (27.05.2016) and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Co-author on a conference abstract presented by Prof Neil Marlow at the Pediatric Academic society's annual conference in Baltimore (USA) on 30th April- 2nd May 2016 entitled 'Cognitive outcomes following extremely preterm birth to 19 years of age: The EPICure study	Personal, non-financial, specific	Declared Committee meeting 7 (27.05.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Gave a Presentation entitled 'Tackling very premature children's difficulties with Math's: the PRISM studies at a fundraising event hosted by Action Medical research. No Honorarium/payment received	Personal, Non-financial, specific	Declared committee meeting 7 (27.05.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Co-investigator on a project grant awarded by SPARKs Medical Research charity to carry out a 13 month study at University College London (UCL) entitled 'Predicting School readiness for very preterm children.	Non personal, financial specific	Declared committee meeting 7 (27.05.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Co-investigator on a programme grant awarded by the Medical Research Council to University College London to carry out a 3 year study entitled EPICure2@11 – Outcome at 11 years for a national cohort of births between 22 and 26 weeks of gestation in England in 2006 commencing in September 2016.	Non Personal, financial, specific	Declared Committee meeting 7 (27.05.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Presentation given on 'using routine data for long term developmental outcome assessment' to panel convened to	Personal, non-financial, specific	Declared Committee meeting 10 (11.10.2016) and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		discuss the assessment of long term outcomes at second workshop on Applying Regulatory science held by the Neonatal Consortium. Accommodation and travel reimbursed, no payment received for attending the workshop		
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Two presentations given (September 2016) at University of Bergen entitled 'psychiatric outcomes following extremely preterm birth' and 'Understanding educational outcomes and mathematics learning difficulties following very pre term birth: Implications for intervention'	Personal, non-financial, specific	Declared Committee meeting 10 (11.10.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Review paper accepted for publication in Archives of Disease in childhood entitled 'Early and long term Outcome of infants born extremely preterm'	Personal, non-financial, specific	Declared Committee meeting 8 (12.07.2016). Action: Samantha withdrew from discussions on PARCA-R during this meeting due to personal, non-financial interest in this topic
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Presentation given to the community Paediatrics team at Leicester Partnership NHS trust entitled "Cognitive and behavioral outcomes following preterm birth" November 2016. No payment received.	Personal, non-financial, specific	Declared Committee meeting 11 (24.11.2016) and participated
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Filmed by the BBC for a documentary about premature birth for an "inside out"	Personal, non-financial, specific	Declared Committee meeting 11 (24.11.2016) and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		programme. No payment received.		
Samantha Johnson	Developmental Psychologist and Senior Research Fellow, Leicester University	Co-investigator on a successful EU Horizon 2020 funding for a research programme entitled "Research on Children and Adults born Preterm (RECAP)" that was submitted to the call SC1-PM04-2016: Networking and optimizing the use of population and patient cohorts at EU level'. Funding awarded to institution. No funding will be received personally.	Non-personal, financial, specific	Declared Committee meeting 11 (24.11.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Led a working party on the developmental follow-up of preterm babies	Personal non-financial specific	Declared Committee meeting 2 (22.10.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Co-author of paper on: "Outcomes of two trials of oxygen-saturation targets in preterm infants" New Eng. J. Med. 2016	Personal non-financial non-specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Co-author of paper on: "Vaginal progesterone prophylaxis for preterm babies (the OPPTIMUM study): A multicenter, randomized, double-blind trial" The Lancet 2016	Personal non-financial specific	Declared Committee meeting 6 meeting (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Co-author of paper on: "Prognostic factors for cerebral palsy and motor impairment in children born very preterm or very low birthweight: a systematic review" Developmental medicine and child neurology 2016	Personal non-financial specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Co-author of paper on: "Prognostic factors for behavioral problems and	Personal non-financial specific	Declared Committee meeting (15.04.2016)

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		psychiatric disorders in children born very preterm or very low birth weight: a systematic review" J Developmental and Behavioral Pediatrics 2016		and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Co-author of paper on: "Eating difficulties in children born late and moderately preterm at 2 years of age: a prospective population-based cohort study" American J of Clinical Nutrition	Personal non-financial specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Co-author of paper on: "Prognostic factors for poor cognitive development in children born very preterm or with very low birth weight: a systematic review" JAMA Pediatrics 2015	Personal non-financial specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Co-author of paper on: "Early emergence of delayed social competence in infants born late and moderately preterm: a prospective population-based cohort study" J of Developmental and Behavioral Pediatrics 2015	Personal non-financial specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Co-author of paper on: "Economic costs associated with moderate and late preterm birth: a prospective population-based study" BJOG: An International Journal of Obstetrics and Gynecology 2016	Personal non-financial specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Co-author of paper on: "2 year neurodevelopmental and intermediate perinatal outcomes in infants with very preterm fetal growth	Personal non-financial specific	Declared Committee meeting 6 (15.04.2016) and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		restriction (TRUFFLE): a randomised trial" Obstetrical and Gynaecological Survey 2015		
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Author of paper on: "Proactive perinatal care for extremely premature infants decreases morbidity without affecting neurodevelopmental outcomes" J of Pediatrics 2015	Personal non-financial specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Co-author of paper on: "Associations between late and moderately preterm birth and smoking, alcohol, drug use and diet: a population-based case-cohort study" Archives of Disease in Childhood: Fetal and Neonatal Edition 2015	Personal non-financial specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Talk at European Parliament MEPS breakfast meeting	Personal non-financial non-specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Talk at Organization of Neonatal follow up SEC ODN	Personal non-financial specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Talk on "Long term outcomes following EP birth", An der Maas, Netherlands	Personal non-financial specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Talk on "Interpreting neonatal data", An der Maas Netherlands	Personal non-financial non-specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Talk on "Interpreting neonatal data", Scottish Neonatal Consultants' Group	Personal non-financial non-specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA	Talk on "Outcome following neonatal intensive care", St	Personal non-	Declared Committee

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
	Institute for Women's Health	George's House Consultation	financial specific	meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Talk on: "Assessing infant neurology", Shire Inc. Webinar	Personal financial non-specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Talk on: "EPICure Studies", Journée, Paris, France	Personal non-financial specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Talk on: "Interpreting Neonatal Data", Thames Valley Study Day	Personal non-financial specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Talk on: "Determining long term outcomes", FDA Washington, USA. Sponsored by Critical Path Institute	Personal non-financial, specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Talk on: "Neurobehavioural outcomes", British Academy of Childhood Disability	Personal non-financial, non-specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Talk on: "The EPICure studies", Neurobehavioural Course, Modena, Italy. Sponsored by the Mariani Foundation	Personal non-financial non-specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Chair of Committee Meeting, EFNCI European Standards project	Personal non-financial non-specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Expenses received for attending: EFCNI Trustees Meeting, Munich (Executive Board Member)	Personal financial non-specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Expenses received for attending: RCOG, Chair of Each Baby Counts IAG	Personal financial non-specific	Declared Committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA	Expenses received for attending and speaking at West	Personal financial non-specific	Declared Committee

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
	Institute for Women's Health	Midlands Health Authority review		meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	NDA signed with UCB for trial of new anticonvulsant	Personal financial non-specific	Declare committee meeting 6 (15.04.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Involvement in the following industry led studies: SHIRE – consultancy for trial design Novartis – consultancy for trial design GSK – member of Data Monitoring Committee	Personal financial non-specific	Declared Committee meeting 9 (07/09/2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Advice given to Novartis and Shire on outcome measures for trials (remunerated through consultancy agreement).	Personal, Financial, Specific	Declared Committee meeting 9 & 10 (07.09.2016 & 11.1.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	British association of Perinatal medicine founders lecture given September 2016	Personal, financial, non-specific	Declared committee meeting 10 (11.10.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	16 publications most directly related to outcomes for preterm babies	Personal, Non-financial, Specific	Declared Committee meeting 9 (07.09.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Presentation given to FDA (Washington DC) about the use of outcome data in regulatory trials (July sponsored by shire)	Personal, non-financial, specific.	Declared Committee meeting 9 (07.09.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Presentation to EMA meeting on the role of long term follow up in regulatory trials (sponsored by Neonatal Consortium)	Personal, non-financial, specific	Declared Committee meeting 9 (07.09.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Lecture including long term outcomes data given to : Neonatal Ethics Conference Oxford (2 June)	Personal, non-financial, specific	Declared Committee meeting 9 (07.09.2016) and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		24th Annual International Neonatal conference (10 June)		
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Media BBC Radio 4 inside the ethics committee (broadcast 11 Aug)	Personal, non-financial, non-specific	Declared Committee meeting 9 (07.09.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Lecture including Long term outcomes data to BAPM founders Lecture (Sep 2016)	Personal, non-financial, specific	Declared Committee meeting 11/10/2016)
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	5 papers and one invited talk at Pediatric Academic Societies Baltimore concerning long term outcomes and the use of follow up data for counselling (30 April-3 May)	Personal, non-financial, non-specific	Declared Committee meeting 7 (27.05.2016)
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	One lecture and contribution to discussion of follow up with Swiss Neonatal follow up group, Bern, Switzerland (12 May)	Personal, non-financial, specific	Declared Committee meeting 7 (27.05.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Co-Author: 'investigating increased admissions to neonatal intensive care in England between 1995 and 2006: data linkage study using Hospital Episode statistics. BMC Med Res Methodol. 2016	Personal, non-financial, specific.	Declared Committee meeting 7 (27.05.2016) and participated
Neil Marlow	Professor of Neonatal Medicine, UCL EGA Institute for Women's Health	Co-Author: Antecedents of attention-deficit/hyperactivity disorder symptoms in children born extremely preterm J Dev Behav Pediatr. 2016	Personal, non-financial, specific	Declared Committee meeting 7 (27.05.2016) and participated
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Attended a Meeting with specialist children service leads at Local Authority	Personal, non-financial, specific.	Declared committee meeting 4 (18.01.2016) and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Presentation at Cardiology MCN 28.4.2016 on "Developmental outcome after bypass surgery, compared to developmental outcome of children born preterm	Personal non-financial non-specific	Declared Committee meeting 6 (15.04.2016) and participated
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Teaching on neonatal nurse course at West of Scotland College, "Developmental outcome of children born preterm"	Personal non-financial non-specific	Declared Committee meeting 6 (15.04.2016) and participated
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Presentation " From the Neonatal Nursery to School" to be given on 18th April 2016 to Renfrewshire Health & Social Care Partnership	Personal non-financial specific	Declared Committee meeting 6 (15.04.2016) and participated
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Speaker for specialist children's services in two local authorities on 'The educational needs of children born preterm'.	Personal non-financial specific	Declared Committee meeting 2 (11.10.2016) and participated
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Presentation at Cardiology MCN entitled 'Developmental outcomes after bypass surgery compared to developmental outcomes of children born preterm'.	Personal non-financial specific	Declared Committee meeting 6 (15.04.2016) and participated
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Accepted to be a member on European ECMO group for neurodevelopmental flu for children/neonates received ECMO.	Personal, non-financial, non-specific	Declared Committee meeting 8 (12/07/2016) and participated
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Accepted to be a member on Delphi study for flu of children born with congenital heart disease.	Personal, non-financial, non-specific	Declared Committee meeting 8 (12/07/2016) and participated
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Joined a group to promote 'family centred care'. Responsible for staff education and giving	Personal, non-financial, specific.	Declared Committee meeting 9 (07.09.2016) and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		parents talks about 'competency of new born and promoting positive relationship'		
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Lecture given to a specialist children service for Scottish government re-children born preterm August 2016	Non personal, non-financial, specific.	Declared Committee meeting 9 (07/09/2016) and participated
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Member of a group to promote 'family centred care' responsible for staff education and speaking with parents about 'competency of new-born and promoting positive relationship	Non Personal, Non-specific, non-financial	Declared Committee meeting 9 (07.09.2016) and participated
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Presentation on Educational needs of children born pre term "from nursery to classroom" To primary school and nursery head teachers	Personal, Non-financial, specific.	Declared Committee meeting 11 (24.11.2016) and participated
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Submitted neonatal follow up pathway for babies born with Trisomy 21, to the west of Scotland Guideline group.	Personal, non-financial, non-specific.	Declared Committee meeting 11 (24.11.2016) and participated
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Gave a series of talks to parents in 2 neonatal units Glasgow and PICU, Cardiology (RHC, Glasgow) regarding the competency of the new-born and how to promote your babies development.	Personal, Non-financial, non-specific.	Declared Committee meeting 11 (24.11.2016) and participated
Nashwa Matta	Associate specialist in neonatology and child development, Princess Royal Maternity Hospital	Chairing a group for staff education as part of family integrated care, focus over next 6 months is on " age appropriate handling and Kangaroo care"	Personal, non-financial, nonspecific.	Declared Committee meeting 11 (24.11.2016) and participated
Nicola O' Connor	Lay member	Parent speaker at the joint annual study day for professionals in neo natal care-protecting baby (Sep 29th 2016) ' The	Personal, Non-financial, specific	Declared committee meeting 9 (07.09.2016) and participated

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
		impact of prematurity on the family and the child as a leaner birth to 12'		
Tilly Pillay	Neonatal Consultant - Staffordshire, Shropshire and Black Country Newborn Network	Director: supporting the sick Neonate training programme: Optimising care between LNU, SCBY and NICU teams in the SWMMNN and SSBCNMN	Personal, Non-financial, Specific	Declared: Committee meeting 7 (27.05.2016) and participated
Tilly Pillay	Neonatal Consultant - Staffordshire, Shropshire and Black Country Newborn Network	Awarded NIHR HS & DR grant OPTI Prem: optimising neonatal service delivery for preterm babies born between 27 and 31 weeks in England using national data, qualitative research and economic analysis. Awarded November 2016.	Non personal, financial, specific.	Declared Committee meeting 11 (24.11.2016) and participated
Claire Rohan	Consultant Paediatrician, Chase Farm & Barnet NHS Trust	Husband is a local GP principal and Board member on clinical commissioning group	Personal non-financial non-specific	Declared Committee meeting 1 (15.09.2015) and participated

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1 Appendix D: Review protocols

D.1 2 Risk of developmental problems

3 **Table 1: Protocol for risk of problems systematic review**

Item	Details
Key area in the scope	The risk of developmental problems and disorders in relation to gestational age at birth for babies, children and young people who were born preterm, and other factors (for example, maternal, neonatal and societal factors) that might affect their risk
Review question	What is the risk of developmental problems in babies, children and young people born preterm at different gestational ages? How do the following factors influence the risk of developmental problems in babies, children and young people born preterm: • Biological • Neonatal • Socioeconomic, maternal and environmental • Postnatal factors?
Objective (s)	To establish the risk of developmental problems in babies, children and young people born preterm at different gestational ages To assess the association between other risk factors (for example, maternal, neonatal, socioeconomic and environmental factors) and developmental problems in babies, children, and young people born preterm.
Language	English
Study design	Only published full text papers: • Systematic reviews/meta-analysis of prospective cohort studies • Prospective population-based cohort studies • Retrospective studies (only include those reported on outcomes where no evidence from other study designs is available, such as special education needs) Exclude: • Studies with a sample size < 50 • Conference abstracts (will consider only if there is no other evidence) • Studies where all participants were born before 1990 • Studies where participants were born before and after 1990 but do not report the distribution of population so we are unclear which account for the majority of the population • Retrospective studies if evidence from prospective cohort studies is available • Follow-up of RCTs • Single centre studies Studies where multivariate regression analysis was not conducted or important confounders not adjusted for in the multivariate analysis
Population and directness	Babies, children and young people under 18 years who were born preterm (less than 37 completed weeks of gestation)
Stratified, subgroup and adjusted analyses	By different gestational ages: • ≤ 28 completed weeks of gestation (include 27+6) • 28-31 completed weeks of gestation (include 31+6) • 32-36 completed weeks of gestation (include 36+6) • Small for gestational age (birth weight less than the 10 percentile for gestational age) By chronological age

Item	Details
	• < 12 months • 12 to 30 months • 30 months to 60 months • 61 months to 11 years • ≥ 11 years By severity of disorders (where the evidence is available)
Risk factors to be considered	Different gestational ages: • ≤ 28 completed weeks of gestation (include 27+6) • 28-31 completed weeks of gestation (include 31+6) • 32-36 completed weeks of gestation (include 36+6) Biological factors: • Sex • Small for gestational age (birthweight <10th or third percentile for gestational age) • Ethnicity Neonatal factors: • Brain abnormalities identified on scans • Periventricular Leucomalacia (PVL) • intra intraventricular haemorrhage (IVH) • Infarct • Sepsis (including meningitis) • ROP – retinopathy of prematurity • NEC – necrotizing enterocolitis (only include studies where the higher state of NEC requiring surgery or drainage was examined and clearly reported) • Antenatal use of steroids • Postnatal use of steroids • BPD (broncho pulmonary dysplasia) (only include BPD at 36 weeks [not 28 days]) • Social/Environmental/maternal factors • Socioeconomic status • Substance abuse • Alcohol misuse • Multiple pregnancy • Chorioamnionitis • Neglect (as measured by documented case conference) • Maternal age • Maternal mental health disorder • Postnatal factors • Epilepsy (requiring continued treatment with AED's) • Age of establishing oral feeding Confounders: • Gestational age • Sex
Comparison	Babies, children and young people born at: Full term Different gestational ages Pre-terms unexposed to risk factors

Item	Details
Outcomes	Sensory sensitivity (hyper and hypo) /sensory difficulties Functional problems with: • Feeding • Sleeping • Toileting (failure to achieve toilet training at appropriate age) • Faltering Growth (to be covered by FG guideline) • Motor, developmental and language delay (as defined by standardised screening tool) • Executive function - working memory(as defined by standardised screening tool) • Problems specific to Infancy • Excessive crying • Irritability • poor self-regulation • Problems specific to childhood • Behavioural, social, emotional, attention problems (as defined by standardised screening tool) • Special educational needs (as defined by standardised screening tool) Exclusions: • Studies where no information about how outcomes were ascertained was given
Importance of outcomes	Critical outcomes: Motor, developmental and language delay Executive function Special educational needs (SEN)
Setting	UK/ non UK, all settings in which healthcare is provided (including educational settings) Exclude studies carried out in developing countries
Search strategy	Sources to be searched: Research that includes participants born after 1990 (coincides with the introduction of surfactant) publication) Supplementary search techniques: No supplementary search techniques were used. See appendix E for full strategies
Review strategy	Appraisal of methodological quality: • The methodological quality of each study should be assessed and the quality of the evidence for an outcome (i.e. across studies) will be assessed using GRADE as set out in the Guidelines Manual 2014. Synthesis of data: • If comparative cohort studies are included, the minimum number of events per covariate to be recorded to ensure accurate multivariate analysis
Equalities	Individuals from backgrounds where English is not the first language, ethnicity, individuals with a family history of learning difficulties or developmental problems/disorders, travellers/people living in temporary accommodation.

D.2 Risk of developmental disorders

Table 2: Protocol for risk of disorders systematic review

Item	Details
Review question	What is the risk of developmental disorders in babies, children and young people born preterm at different gestational ages? How do the following factors influence the risk of developmental disorders in babies, children and young people born preterm: • Biological • Neonatal • Socioeconomic, maternal and environmental factors • Postnatal?
Objective (s)	To establish the risk of developmental disorders in babies, children and young people born preterm in relation to gestational age. and To assess the association between other risk factors (for example, maternal, neonatal, socioeconomic, environmental and postnatal factors) and developmental disorders in babies, children, and young people born preterm.
Language	English
Study design	Only published full text papers: • Systematic reviews/meta-analysis of population based cohort studies • Prospective population-based cohort studies • Retrospective studies Exclude: • Studies with a sample size < 50 • Conference abstracts (will consider only if there is no other evidence) • Studies where all participants were born before 1990 • Studies where participants were born before and after 1990 but do not report the distribution of population so we are unclear which account for the majority of the population • Follow-up of RCTs • Single centre studies Studies where multivariate regression analysis was not conducted or important confounders not adjusted for in the multivariate analysis
Population and directness	Babies, children and young people under 18 years who were born preterm (less than 37 completed weeks of gestation)
Stratified, subgroup and adjusted analyses	By different gestational ages: • ≤ 28 completed weeks of gestation (include 27+6) • 28-31 completed weeks of gestation (include 31+6) • 32-36 completed weeks of gestation (include 36+6) • Small for gestational age (birth weight less than the 10 or third percentile for gestational age) By chronological age • < 12 months • 12 to 30 months • 30 months to 60 months • 61 months to 11 years • ≥ 11 years By severity of disorders (where the evidence is available)
Risk factors to be considered	• Different gestational ages: ○ ≤ 28 completed weeks of gestation (include 27+6)

Item	Details
	○ 28-31 completed weeks of gestation (include 31+6) ○ 32-36 completed weeks of gestation (include 36+6) • Biological factors • Sex • Small for gestational age (birthweight <10th or third percentile for gestational age) • Ethnicity • Neonatal factors • Brain abnormalities identified on scans • Periventricular Leucomalacia (PVL) • intra intraventricular haemorrhage (IVH) • Infarct • Sepsis (including meningitis) • ROP – retinopathy of prematurity • NEC – necrotizing enterocolitis (only include studies where the higher state of NEC requiring surgery or drainage was examined and clearly reported) • Antenatal use of steroids • Postnatal use of steroids • BPD-Broncho pulmonary dysplasia (only include BPD at 36 weeks [not 28 days]) • Social/Environmental/maternal factors • Socioeconomic status • Substance abuse • alcohol abuse • Multiple pregnancy • Chorioamnionitis • Neglect (as measured by documented case conference) • Maternal age • Maternal mental health disorder • Postnatal factors • Epilepsy (requiring continued treatment with AED's) • Age of establishing oral feeding • Confounders: • Gestational age • Sex
Comparison	• Babies, children and young people born at full term • Babies, children and young people born at different gestational ages • Pre-terms unexposed to risk factors
Outcomes	Ascertained by diagnosis criteria • Neurodevelopmental disorders • Cerebral Palsy • Intellectual disability (also known as global developmental delay under 4 years of age, intellectual disorder; learning difficulties; cognitive impairment) • Speech and/or language disorder (also known as specific language impairment SLI; expressive; receptive disorders) • Attention deficit hyperactivity disorder ADHD (also known as hyperkinetic disorder; including subtypes where available- inattentive subtype; combined subtype) • Autism spectrum disorder ASD (also known as pervasive developmental disorder PDD; PDD-NOS; Aspergers syndrome; atypical autism; autism)

Item	Details
	• Specific learning difficulty (also known as reading, spelling, arithmetic/mathematics impairment; academic learning difficulty in literacy/numeracy) • Developmental coordination disorder DCD (also known as dyspraxia, clumsy child disorder, specific developmental disorder of motor function SDDMF) • Mental and behavioural disorders: • Anxiety • Depression • Conduct disorder which includes oppositional defiance disorder • OCD • Psychosis • Vision impairment: ○ partially sighted or blind ○ cortical impairment • Hearing impairment due to sensorineural deafness requiring hearing aids Exclusions: • Outcomes ascertained by screening tools • Studies where no information about how outcomes were ascertained was given • For studies reporting on composite outcomes, only include those where the essential components were included and assessed in the composite outcome (motor, cognition, deafness, and blindness for neurodevelopmental impairment; And motor, deafness, and blindness for neurosensory impairment)
Importance of outcomes	Critical outcomes: • Cerebral Palsy • Learning difficulties • Intellectual disability • ASD • ADHD
Setting	UK/ non UK, all settings in which healthcare is provided (including educational settings) Exclude studies carried out in developing countries
Search strategy	Sources to be searched: Research that includes participants born after 1990 (coincides with the introduction of surfactant) publication) Supplementary search techniques: No supplementary search techniques were used. See appendix E for full strategies
Review strategy	Appraisal of methodological quality: The methodological quality of each study should be assessed and the quality of the evidence for an outcome (i.e. across studies) will be assessed using GRADE as set out in the Guidelines Manual 2014. Synthesis of data: If comparative cohort studies are included, the minimum number of events per covariate to be recorded to ensure accurate multivariate analysis This evidence review will be prioritised for dual weeding.
Equalities	Individuals from backgrounds where English is not the first language, ethnicity, individuals with a family history of learning difficulties or developmental problems/disorders, travellers/people living in temporary accommodation,

D.3 Prevalence of developmental problems

Table 3: Protocol for prevelance of problems systematic review

Item	Details
Key issue in the scope	The risk of developmental problems (such as feeding difficulties) and developmental disorders (such as cerebral palsy or autism) in relation to gestational age at birth for babies, children and young people who were born preterm, and other factors that might affect their risk
Review question	6. What is the prevalence of developmental problems in babies, children and young people born preterm at different gestational ages?
Objective (s)	To establish the prevalence and incidence of developmental problems in relation to the different gestational ages in babies, children and young people born preterm
Language	English
Study design	Only published full text papers: • Prospective population-based cohort studies where prevalence/incidence of different disorders was reported • Population based cross-sectional studies where prevalence of different disorders was reported Exclude: • Studies with a sample size < 50 for prospective studies in babies ≤ 28 weeks • Studies with a sample size < 100 for cross-sectional studies in babies ≤ 28 weeks • Studies with a sample size < 200 for prospective studies in babies ≥28 weeks • Studies with a sample size < 500 for cross-sectional studies in babies ≥28 weeks • Conference abstracts if published studies are available • Studies where all participants were born before 1990 • Studies where participants were born before and after 1990 but do not report the distribution of population so we are unclear which account for the majority of the population • Retrospective studies • Single centre studies • Multicentre studies (not population based) • Follow-up of RCTs • Studies that did not report the confidence interval of the prevalence or incidence estimate and the CI can't be calculated from the data available For multiple publications of the same study, only include the latest one or the most comprehensive one with most information (e.g., the largest sample size)
Population and directness	Babies, children and young people under 18 years who were born preterm (less than 37 weeks)
Stratified, subgroup and adjusted analyses	By different gestational ages: • ≤ 28 completed weeks of gestation (include 27+6) • 28-31 completed weeks of gestation (include 31+6) • 32-36 completed weeks of gestation (include 36+6) • Small for gestational age (birth weight less than the 10 percentile for gestational age) By chronological age • < 12 months • 12 to 30 months • 30 months to 60 months • 61 months to 11 years

Item	Details
	• ≥ 11 years By severity of disorders (where the evidence is available):
Factor(s) in relation to prevalence considered:	Different gestational ages: • ≤ 28 completed weeks of gestation (include 27+6) • 28-31 completed weeks of gestation (include 31+6) • 32-36 completed weeks of gestation (include 36+6)
Outcomes	Prevalence and incidence of: • Sensory sensitivity (hyper and hypo) /sensory difficulties • Functional problems with: • Feeding • Sleeping • Toileting • Motor, developmental and language delay (as defined by standardised screening tool) • Executive function - working memory (as defined by standardised screening tool) • Problems specific to Infancy • Excessive crying • Irritability • poor self-regulation • Problems specific to childhood • Behavioural, social, emotional, attention problems (as defined by standardised screening tool) • Special educational needs (as defined by standardised screening tool) Exclusions: • Studies where no information about how outcomes were ascertained was given
Importance of outcomes	Critical outcomes: • Motor, developmental and language delay • Executive function • Special educational needs
Setting	UK, developed European countries, US, Canada, Australia, and New Zealand all settings in which healthcare is provided (including educational settings) Exclude studies carried out in developing countries
Search strategy	Sources to be searched: Limits (e.g. date, study design): Supplementary search techniques: No supplementary search techniques were used. See appendix E for full strategies
Review strategy	Appraisal of methodological quality: The methodological quality of each study should be assessed and the quality of the evidence for an outcome (i.e. across studies) will be assessed using GRADE as set out in the Guidelines Manual 2014.
Equalities	Individuals from backgrounds where English is not the first language ethnicity, individuals with a family history of learning difficulties or developmental problems/disorders, travellers/people living in temporary accommodation,

D.4 Prevalence of developmental disorders

Table 4: Protocol for prevelance of disorders systematic review

Item	Details
Key issue in the scope	The prevalence of developmental problems (such as feeding difficulties) and developmental disorders (such as cerebral palsy or autism) in relation to gestational age at birth for babies, children and young people who were born preterm, and other factors that might affect their risk
Review question:	What is the prevalence of developmental disorders in babies, children and young people born preterm at different gestational ages?
Objective (s)	To establish the prevalence and incidence of different developmental disorders in relation to the different gestational ages in babies, children and young people born preterm
Language	English
Study design	Only published full text papers: • Prospective population-based cohort studies where prevalence/incidence of different disorders was reported • Population based cross-sectional studies where prevalence of different disorders was reported Exclude: • Studies with a sample size < 50 for prospective studies in babies ≤ 28 weeks • Studies with a sample size < 100 for cross-sectional studies in babies ≤ 28 weeks • Studies with a sample size < 200 for prospective studies in babies ≥28 weeks • Studies with a sample size < 500 for cross-sectional studies in babies ≥28 weeks • Conference abstracts if published studies are available • Studies where all participants were born before 1990 • Studies where participants were born before and after 1990 but do not report the distribution of population so we are unclear which account for the majority of the population • Retrospective studies • Single-centre studies • Follow-up of RCTs • Studies that did not report the confidence interval (CI) of the prevalence or incidence estimate and the CI can't be calculated from the data available For multiple publications of the same study, only include the latest one or the most comprehensive one with most information (e.g., the largest sample size)
Population and directness	Babies, children and young people under 18 years who were born preterm (less than 37 weeks)
Stratified, subgroup and adjusted analyses	By different gestational ages: • ≤ 28 completed weeks of gestation (include 27+6) • 28-31 completed weeks of gestation (include 31+6) • 32-36 completed weeks of gestation (include 36+6) • Small for gestational age (birth weight less than the 10 percentile for gestational age) By chronological age • < 12 months • 12 to 30 months • 30 months to 60 months • 61 months to 11 years • ≥ 11 years

Item	Details
	By severity of disorders (where the evidence is available):
Factors in relation to prevalence considered:	Different gestational ages: • ≤ 28 completed weeks of gestation (include 27+6) • 28-31 completed weeks of gestation (include 31+6) • 32-36 completed weeks of gestation (include 36+6) Confounders: • Gestational age • Sex
Outcomes	Ascertained by diagnosis criteria Prevalence or incidence of: • Neurodevelopmental disorders • Cerebral Palsy • Intellectual disability (also known as global developmental delay under 4 years of age, intellectual disorder; learning difficulties; cognitive impairment) • Speech and/or language disorder (also known as specific language impairment SLI; expressive; receptive disorders) • Attention deficit hyperactivity disorder ADHD (also known as hyperkinetic disorder; including subtypes where available- inattentive subtype; combined subtype) • Autism spectrum disorder ASD (also known as pervasive developmental disorder PDD; PDD-NOS; Asperger's syndrome; atypical autism; autism) • Specific learning difficulty (also known as reading, spelling, arithmetic/mathematics impairment; academic learning difficulty in literacy/numeracy) • Developmental coordination disorder DCD (also known as dyspraxia, clumsy child disorder, specific developmental disorder of motor function SDDMF) • Mental and behavioural disorders: • Anxiety • Depression • Conduct disorder which includes oppositional defiance disorder • OCD • psychosis • Vision impairment: • partially sighted or blind • cortical impairment • Hearing impairment due to sensorineural deafness requiring hearing aids Exclusions: • Outcomes ascertained by screening tools • Studies where no information about how outcomes were ascertained was given • Studies where only prevalence of composite outcomes were reported, despite how they were defined
Importance of outcomes	Critical outcomes: • Cerebral palsy • Intellectual disability • ASD • ADHD
Setting	UK, developed European countries, US, Canada, Australia, and New Zealand all settings in which healthcare is provided (including educational settings) Exclude studies carried out in developing countries
Search strategy	Sources to be searched:

Item	Details
	Limits (e.g. date, study design): Supplementary search techniques: No supplementary search techniques were used. See appendix E for full strategies
Review strategy	Appraisal of methodological quality: The methodological quality of each study should be assessed and the quality of the evidence for an outcome (i.e. across studies) will be assessed using GRADE as set out in the Guidelines Manual 2014.
Equalities	Individuals from backgrounds where English is not the first language, ethnicity, individuals with a family history of learning difficulties or developmental problems/disorders, travellers/people living in temporary accommodation

D.5 Information provision

Table 5: Protocol for information provision systematic review

Item	Details
Review question	What information about development and follow-up arrangements should be provided to parents and carers of preterm babies and to children and young people who were born preterm?
Objective	To identify the information that should be provided to parents and carers about development and follow-up arrangements of babies, children and young people who were born preterm
Language	English
Study design	Study designs to be considered: • Qualitative studies (for example, interviews, focus groups, observations) • Surveys (which include qualitative data) • Exclude • Purely quantitative studies (including surveys with only descriptive quantitative data)
Population and directness	• Babies, children and young people (up to the age of 18) who were born preterm • Parents/carers of babies/children (up to the age of 18) who were born preterm (less than 37 completed weeks of gestation) Exclude Studies where participants were born before and after 1990 but do not report the distribution of population so we are unclear which account for the majority of the population
Stratified, subgroup and adjusted analyses	Groups that will be reviewed and analysed separately: • Infants/babies (age range 18 months and below) • Children (age range 18 months -12 years) • Young people (age range 12-18 years) • Babies and children with increased risk of developmental disorders • Babies and children with increased risk of developmental problems By different gestational ages: • ≤ 28 completed weeks of gestation (include 27+6) • 28-31 completed weeks of gestation (include 31+6) • 32-36 completed weeks of gestation (include 36+6)
Context and likely themes (information)	Themes: Information regarding developmental problems and disorders, appropriate to the babies gestational age Information about what to expect from developmental problems and disorders and when they become apparent.

Item	Details
	Individualised information regarding discharge planning Generic information about red flags and emergency care Information regarding Individualised hand held records Timing of the information delivery Information about named individual for point of contact (e.g., specialist nurse) Clear and accurate information about development and follow-up arrangements (one-to-one verbal involvement with health care professional, with written accessible reference materials, or guidance over the telephone, online, or apps) Information about accessing appropriate services/resources for managing co-morbidities Information about consultation of care and interaction between health care professional and parent/carer/child/young person-direct practical information (how, when, who) [to link with service delivery review if possible] Information about education and health care at pre-school and school Information regarding lifestyle, leisure and social issues Information regarding social security benefits and social services Information about organisations (support groups and charities, and their contact details) Information about community services (i.e. outreach unit)
Setting	UK/ non UK, all settings in which healthcare is provided (including educational settings) Exclude studies carried out in developing countries
Search strategy	Sources to be searched: Limits (e.g. date, study design): Supplementary search techniques: No supplementary search techniques were used. See appendix E for full strategies
Review strategy	Appraisal of methodological quality: The methodological quality of each study will be assessed using qualitative study checklists and the quality of the evidence will be assessed by a modified GRADE approach for each theme. cerQUAL approach will be used Synthesis of data: Thematic analysis of the data will be conducted and findings will be presented
Equalities	Ethnicity Individuals with multi-lingual backgrounds Travellers/people living in temporary accommodation

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D.62 Support of children who are born preterm

3 **Table 6: Support of children who are born preterm systematic review**

Item	Details
Review question	What support do parents and carers report was or would have been helpful to them in the care of infants who were born preterm both at discharge and during subsequent follow-up?
Objective	To understand how different support strategies were perceived from the perspective of the parents and carers of infants, children and young people born pre-term.
Language	English
Study design	Study designs to be considered:

Item	Details
	• Qualitative studies (for example, interviews, focus groups, observations) • Surveys (which include qualitative data) Exclude • Purely quantitative studies (including surveys with only descriptive quantitative data)
Population and directness	Parents/carers of babies and children up to 2 years of age who were born preterm (less than 37 completed weeks of gestation)
Stratified, subgroup and adjusted analyses	Groups that will be reviewed and separately: Parents/carers of infants/babies (age range 18 months and below) Parents/Carers of children (age range 18 months -11 years) Parents/Carers of young people (age range 12-18 years) By different gestational ages: • ≤ 28 completed weeks of gestation (include 27+6) • 28-31 completed weeks of gestation (include 31+6) • 32-36 completed weeks of gestation (include 36+6)

Context and likely themes (information)	Views and experience of support with:
	• Motor development
	• Early learning
	• Feeding (including breast-feeding)
	  ○ Baby Friendly Hospital Initiative [BFHI] professional support).
	  ○ factual or technical information about (hospital or community setting; to individuals or groups).
	  ○ advice or support given by a trained breastfeeding expert (professional or non-professional).
	  ○ Promotion of initiation of breastfeeding (for instance early skin to skin contact)
	• Parent/child interaction (i.e improved bonding)
	• Co-ordination of services
	• Access to services
	• Integration with other services
	• Early identification of developmental problems and disorders
	• Coming to terms with a preterm baby
	• School entry

Setting	UK/ non UK, all settings in which healthcare is provided (including educational settings) Exclude studies carried out in developing countries
Search strategy	Sources to be searched: Limits (e.g. date, study design): Supplementary search techniques: No supplementary search techniques were used. See appendix E for full strategies
Review strategy	Appraisal of methodological quality: The methodological quality of each study will be assessed using qualitative study checklists and the quality of the evidence will be assessed by a modified GRADE approach for each theme. CerQUAL approach will be used. Synthesis of data: Thematic analysis of the data will be conducted and findings will be presented
Equalities	Individuals from multi-lingual backgrounds, ethnicity, individuals with a family history of learning difficulties or developmental problems/disorders, travellers/people living in temporary accommodation.

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D.72 Identification of problems and disorders

3 **Table 7: Identification of problems and disorders systematic review**

Item	Details	Working notes
Key area in scope	Identifying development problems and disorders in babies, children and young people who were born preterm	
Review question	What is the usefulness of the following screening strategies in the identification of children and young people born preterm with intellectual disability, speech and language disorder, specific learning difficulty, social, emotional and mental health, and developmental co-ordination disorder: • healthy child programme (including plus/enhanced) • parental observation/concern • teachers observation/concern • formal screening tests?	Those disorders that are feasible in developmental assessment. Reasons for concern and recommendations for specialist assessment. Intellectual disability (also known as global developmental delay under 4 years of age, intellectual disorder; learning difficulties; cognitive impairment) Speech and/or language disorder (also known as specific language impairment SLI; expressive; receptive disorders Specific learning difficulty (also known as reading, spelling, arithmetic/mathematics impairment; academic learning difficulty in literacy/numeracy)
Rationale and objective (s)	This review question aims to identify approaches to recognising those with intellectual disability, speech and language disorders, specific learning difficulties, social, emotional and mental health, and developmental co-ordination disorder as these may require referral for more specialised assessment. The purpose is to look for approaches and simple screening tools that might be widely used to recognise those requiring a formal diagnostic assessment. To assess the usefulness (diagnostic value) of the above approaches to identifying probable developmental disorders and problems at different time points in children and young people born preterm in order to identify early those requiring referral for specialist for further diagnostic assessment and timely implementation of interventions. To provide the basis for audit data from developmental follow up through national standardisation of processes to allow comparison	

Item	Details	Working notes
	within units in early identification and assessment of the impact of processes of neonatal care.	
Population	Children and young people (up to the age of 18 years) who were born preterm (less than 37 weeks of pregnancy)	
Subgroups and sensitivity analyses (diagnostic/prognostic)	The following groups will be assessed separately: Whether corrections for gestational age were made and how By different gestational ages: • ≤ 28 completed weeks of gestation (include 27+6) • 28-31 completed weeks of gestation (include 31+6) • 32-36 completed weeks of gestation (include 36+6) • Small for gestational age (birth weight less than the 10 or third percentile for gestational age) By chronological age • < 12 months • 12 to 30 months • 30 months to 60 months • 61 months to 11 years • ≥ 11 years By severity of disorders (where the evidence is available) Children and young people, parents whose first language is not English For primary studies with mixed/overlapping age populations we will include and report that to the Committee for their consideration as well. If the studies clearly reported the distribution of age groups, we will also report that so the Committee will know the make-up of the population on which the analysis was based.	
Screening strategies	• Standard healthy child programme • Plus/enhanced health child programme • Parental observation/concern • Teachers observation/concern • Formal screening tests • Ages and stages questionnaire (ASQ) • Strength and Difficulties Questionnaire (SDQ) • Ages and stages questionnaire (ASQ) Social and Emotional • Developmental Coordination Disorder Questionnaire (DCDQ) • Parent report of children's abilities revised (PARCA-R) • Schedule of Growing Skills (UK)	
Reference standards	Intellectual disability: • Bayley scales of infant and toddler development (1 month to 42 months) [Bayley-III] • Wechsler Preschool & Primary Scale of Intelligence (2 years 6 months to 7 years 7 months) [WPPSI-IV UK) • Wechsler Intelligence scale for Children (6 years to 16 years 11 months) [WISC-IV UK]	

Item	Details	Working notes
	• Wechsler Abbreviated Scale of Intelligence (>16 years) • Wechsler Adult Intelligence Scale (>16 years) • The British Ability Scales (3 to 17 years) [BAS 3] • Specific Learning Disorder/Difficulty: • Wechsler Individual Achievement test (4 to 16 years 11 months) [WIAT-II UK] • The British Ability Scales (3 to 17 years) [BAS 3] • Woodcock Johnson • Speech and Language disorder: • Clinical Evaluation of language fundamentals (5 to 21 years) [CELF-4] • CELF-Preschool 2 UK (3 years to 6 years) • Preschool Language Scales (birth to 7:11) [PLS-5] • Social, emotional and mental health: • DAWBA developmental wellbeing assessment • Expert diagnosis may include ICD or DSM • Developmental coordination disorder: • Movement ABC • Bruininks-Oseretsky • Beery visual motor integration test	
Outcomes	Sensitivity Specificity Positive likelihood ratio (LR+) Negative likelihood ratio (LR-) Positive predictive value and negative predictive value vary according to the prevalence, and the Committee agreed to focus on LR+ and LR-	
Importance of outcomes	Critical outcomes: Sensitivity Specificity Positive likelihood ratio Negative likelihood ratio	
Study design	Cross sectional studies; Cohort studies where cross-sectional analysis was performed thus sens, Spec, PPVs, NPVs were reported or could be calculated Longitudinal cohort studies where ORs or RRs were reported Case-control will only be considered if no other evidence is found	
Population size and directness	No restrictions to sample size in this review. Studies with indirect populations will not be considered	
Setting	Community, primary, and secondary settings	
Search strategy	Sources to be searched: No date limits. Supplementary search techniques: No supplementary search techniques were used. See appendix E for full strategies	

Item	Details	Working notes
Review strategy	Appraisal of methodological quality The methodological quality of each study should be assessed and the quality of the evidence for an outcome (i.e. across studies) will be assessed using GRADE as set out in the Guidelines Manual 2014.The methodological quality of each study will be assessed using NICE checklists (QUADASII). Synthesis of data Meta-analysis will not be conducted because of the lack of standardisation of reference standard(s) For diagnostic cohort studies, the QUADAS-2 checklist will be used to assess risk of bias. A list of excluded studies will be provided following weeding Evidence tables and an evidence profile will be used to summarise the evidence	
Equalities	Individuals from multi-lingual backgrounds, ethnicity, individuals with a family history of learning difficulties or developmental problems/disorders, travellers/people living in temporary accommodation.	

D.81 Delivering enhanced support and surveillance

2 **Table 8: Protocol for delivering enhanced support and surveillance systematic review**

Item	Details
Key area in scope	Service delivery for developmental follow-up after preterm birth.
Review question	What is the most effective setting for follow-up for the identification of developmental problems and disorders and support of babies, children and young people born preterm? What is the most effective staffing model for follow-up for the identification of developmental problems and disorders and support of babies, children and young people born preterm?
Rationale and objective (s)	To identify the most appropriate model (setting and staffing) for developmental follow-up for preterm babies to enable: early identification of developmental problems and disorders to enable early intervention improvement of parent and carer satisfaction and support clinical and cost effective services for follow-up successful collection of audit data
Population	Babies, children and young people under 18 years who were born preterm (less than 37 completed weeks of gestation)
Stratified, subgroup and adjusted analyses	Those at high risk of developmental disorders and problems (indicated by reviews on risk and prevalence) By different gestational ages: • ≤ 28 completed weeks of gestation (include 27+6) • 28-31 completed weeks of gestation (include 31+6) • 32-36 completed weeks of gestation (include 36+6) By developmental stage: • Up to 6 weeks post-term age (may include neonatal setting) • Infancy (up to 12 month post-term) • Pre-school

Item	Details
	• Primary and Secondary School Children who have moved to UK at an older age having been born prematurely in another country By method of delivery (i.e. telephone, in-house, school) Process of transition between settings
Intervention	Setting • Neonatal unit (NICU) • Hospital based service • Primary care services • Community services • Early years settings • School setting • Personnel • Health visitors • GPs Multidisciplinary team (MDT) network configuration (including different configurations) Including: • Neonatologists • speech and language therapists • educational psychologists • clinical psychologists • occupational therapy • physiotherapy • hospital paediatricians • specialist nurse • Community Paediatricians (including as part of community MDT) • Paediatric neurologist • Audiologists • Dietitians • Other hospital professionals • Social workers • Ophthalmologists • Teachers • Early years professions • Play therapists • Parents and carers
Comparison	As described by study
Outcomes	Effective identification of disorders and problems Audit information Referral for early intervention Parental satisfaction Parental experience Parental support Developmental disorders and problems
Study design	RCTs Prospective and retrospective cohort studies Cross-sectional studies Registry and audit data (UK only) Grey literature

Item	Details
	Expert opinion/discussion paper
Setting	To include RCTs and observational studies from the following countries: Western European countries Australia New Zealand Canada US
Search strategy	Sources to be searched: Limits (e.g. date, study design): Supplementary search techniques: No supplementary search techniques were used. See appendix E for full strategies
Review strategy	Appraisal of methodological quality: The methodological quality of each study should be assessed and the quality of the evidence for an outcome (i.e. across studies) will be assessed using GRADE as set out in the Guidelines Manual 2014 and the service guidance methods guide 2014 https://www.nice.org.uk/article/pmg8/chapter/1%20introduction Synthesis of data: If comparative cohort studies are included, the minimum number of events per covariate to be recorded to ensure accurate multivariate analysis The NGA process to assess clinical importance will be used for this evidence review. If final and change scores will be pooled and if any study reports both, the method used in the majority of studies will be analysed. If studies only report p-values, this information will be plotted in GRADE tables without an assessment of imprecision possible to be made. This evidence review will be prioritised for dual weeding and extraction.
Equalities	Individuals from backgrounds where English is not the first language, ethnicity, individuals with a family history of learning difficulties or developmental problems/disorders, travellers/people living in temporary accommodation.

D.91 Sharing information

2 **Table 9: Sharing information systematic review**

Item	Details
Review question	What information should be shared between those delivering NHS commissioned care and also between the NHS and the educational sector on the developmental follow-up of babies, children and young people born preterm? How should information be shared between those delivering NHS-commissioned care, and between the NHS and the educational sector, on the developmental follow-up of babies, children and young people born preterm?
Rationale and objective (s)	Sharing information appropriately can have considerable benefits for the development of children and their families. To identify what information should be shared and how should it be shared between those delivering NHS commissioned care and also between the NHS and schools on the developmental follow-up of babies, children and young people born preterm to improve: • communication between NHS organisations • communication between NHS and educational organisations. • parent and carer satisfaction

Item	Details
	• collection of audit data for services for follow-up
Language	English
Study design	RCTs Prospective and retrospective cohort studies Registry and audit data (UK only) Qualitative studies (for example, interviews, focus groups, observations) Surveys (which include qualitative data) To include studies from the following countries: Western European countries Australia New Zealand Canada US
Population and directness	Health care professionals working in NHS Social care professionals Educational professionals (including nursery, and pre-school)
Stratified, subgroup and adjusted analyses	NHS commissioned care • primary • secondary Children born outside the UK Educational settings • primary • secondary Those at high risk of developmental disorders and problems (indicated by reviews on risk and prevalence) By different gestational ages: • ≤ 28 completed weeks of gestation (include 27+6) • 28-31 completed weeks of gestation (include 31+6) • 32-36 completed weeks of gestation (include 36+6) By developmental stage: Up to 6 weeks post-term age (may include neonatal setting) Infancy (up to 12 month post-term) Pre-school Primary and Secondary School
Intervention	Content of information • gestational age • time in NICU • medical factors • risk factors Methods of sharing information • hospital records (including disability record and neonatal discharge summary) • clinical letters • sharing with commissioners • information sharing with nursery • information sharing with preschool • information sharing with school
Comparison	As per study
Outcomes	Record of information sharing collection of audit data Parent and carer satisfaction

Item	Details
	Parent and carer anxiety Parent and carer confidence Risks to sharing information Benchmarking (vs. other units/services) Possible themes if qualitative evidence is retrieved: Failure to share information Discrepancies in sharing information Discrepancies in what information is shared Failure to have a plan to follow-up Failure to know what services are available in the community Failing to refer to the right people Inequalities in terms of who follows up and for how long children are followed up Engagement of parents
Importance of outcomes	Critical outcomes for decision making: Record of information sharing Parent and carer satisfaction
Setting	UK/ non UK, all settings in which healthcare is provided (including educational settings) Exclude studies carried out in developing countries
Search strategy	Sources to be searched: Limits (e.g. date, study design): Supplementary search techniques: No supplementary search techniques were used. See appendix E for full strategies
Review strategy	For quantitative data Appraisal of methodological quality: • The methodological quality of each study should be assessed and the quality of the evidence for an outcome (i.e. across studies) will be assessed using GRADE as set out in the Guidelines Manual 2014. Synthesis of data: • Meta-analysis will not be conducted. • If comparative cohort studies are included, the minimum number of events per covariate to be recorded to ensure accurate multivariate analysis. • If final and change scores will be pooled and if any study reports both, the method used in the majority of studies will be analysed. • If studies only report p-values, this information will be plotted in GRADE tables without an assessment of imprecision possible to be made. • For qualitative data Appraisal of methodological quality: • The methodological quality of each study will be assessed using qualitative study checklists and the quality of the evidence will be assessed by a modified GRADE approach for each theme. • cerQUAL approach will be used Synthesis of data: • Thematic analysis of the data will be conducted and findings will be presented
Equalities	Individuals from multi-lingual backgrounds, ethnicity, individuals with a family history of learning difficulties or developmental problems/disorders, travellers/people living in temporary accommodation. Equality issues in access to service for children born outside UK

1

Appendix E: Search strategies

E.1 Risk of developmental problems

What is the risk of developmental problems in babies, children and young people born preterm at different gestational ages?

E.1.1 Database: Medline

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
8	(pre#mie? or premie or premies).ti,ab.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	SENSATION DISORDERS/
16	exp SOMATOSENSORY DISORDERS/
17	exp PERCEPTUAL DISORDERS/
18	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
19	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
20	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
21	FEEDING BEHAVIOR/
22	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
23	exp SLEEP DISORDERS/
24	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
25	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
26	TOILET TRAINING/
27	"ACTIVITIES OF DAILY LIVING"/
28	FECAL INCONTINENCE/

#	Searches
29	exp URINARY INCONTINENCE/
30	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
31	(encopres$ or enures$ or incontinen$).ti,ab.
32	FAILURE TO THRIVE/
33	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
34	*DEVELOPMENTAL DISABILITIES/
35	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
36	exp SPEECH DISORDERS/
37	exp LANGUAGE DISORDERS/
38	COMMUNICATION DISORDERS/
39	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
40	MOTOR SKILLS DISORDERS/
41	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
42	global delay.ti,ab.
43	exp LEARNING DISORDERS/
44	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
45	EXECUTIVE FUNCTION/
46	executive function$.ti,ab.
47	working memory.ti,ab.
48	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
49	exp EDUCATION, SPECIAL/
50	special educat$.ti,ab.
51	SEND.ti,ab.
52	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
53	IRRITABLE MOOD/ or CRYING/
54	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
55	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
56	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
57	or/15-56
58	RISK FACTORS/
59	risk?.ti.
60	risk factor?.ab.
61	or/58-60
62	RISK FACTORS/ and GESTATIONAL AGE/
63	((gestational age? or fetal age?) adj10 risk?).ab,ti.
64	62 or 63
65	SEX FACTORS/
66	((sex or gender or male? or female?) adj5 factor?).ti,ab.
67	INFANT, SMALL FOR GESTATIONAL AGE/
68	(small for gestational age? or SGA).ab,ti.
69	CEPHALOMETRY/ and GESTATIONAL AGE/
70	((craniometr$ or cephalometr$) adj10 gestational age?).ab,ti.
71	(Head? adj3 circumferenc$ adj10 gestational age?).ab,ti.

#	Searches
72	exp ETHNIC GROUPS/
73	Ethnic$.ab,ti.
74	APGAR SCORE/
75	Apgar score?.ab,ti.
76	exp BRAIN ISCHEMIA/
77	((Brain or cerebral$ or Isch?emi$ or Hypoxi?) adj3 (injur$ or attack$ or infarct$)).ab,ti.
78	(neonatal encephalopathy or Hypoxic Isch?emic Encephalopathy or HIE).ab,ti.
79	LENGTH OF STAY/ and INTENSIVE CARE UNITS, NEONATAL/
80	HOSPITALIZATION/ and INTENSIVE CARE UNITS, NEONATAL/
81	PATIENT ADMISSION/ and INTENSIVE CARE UNITS, NEONATAL/
82	(((length? adj2 stay$) or hospitali$ or admit$ or admission?) adj5 (Neonatal intensive care unit? or newborn intensive care unit? or NICU?)).ti,ab.
83	INTERMITTENT POSITIVE-PRESSURE VENTILATION/
84	Intermittent positive pressure ventilation.ab,ti.
85	IPPV.ab,ti.
86	BRONCHOPULMONARY DYSPLASIA/
87	bronchopulmonary dysplasia.ab,ti.
88	exp DIAGNOSTIC IMAGING/ and BRAIN/ab [Abnormalities]
89	((brain? adj3 abnormal$) and (imag$ or MRI or scan$ or ultraso$ or echogr$ or sonogr$)).ab,ti.
90	LEUKOMALACIA, PERIVENTRICULAR/
91	(Periventricular Leu#omalacia? or PVL).ab,ti.
92	(intraventricular h?emorrhage or IVH).ab,ti.
93	INFARCTION/
94	infarct$.ab,ti.
95	SEPSIS/
96	SEPSIS-ASSOCIATED ENCEPHALOPATHY/
97	Seps#s.ab,ti.
98	exp MENINGITIS/
99	meningitis.ab,ti.
100	RETINOPATHY OF PREMATURITY/
101	((prematurity or fibroplasia?) adj3 (retinopath$ or retrolental)).ab,ti.
102	ROP.ab,ti.
103	ENTEROCOLITIS, NECROTIZING/
104	necroti#ing enterocolitis.ab,ti.
105	NEC.ab,ti.
106	HYPOGLYCEMIA/
107	Hypoglyc?emi$.ab,ti.
108	SEIZURES/ and exp INFANT, NEWBORN/
109	((seiz$ or convuls$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
110	*SURGICAL PROCEDURES, OPERATIVE/ and exp INFANT, NEWBORN/
111	(surg$ adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
112	PREGNANCY/ and (exp *STEROIDS/ or exp *ADRENAL CORTEX HORMONES/)
113	((Antenatal$ or prenatal$ or pregnanc$ or before birth) adj3 (steroid? or corticosteroid?)).ab,ti.
114	*SOCIAL CLASS/

#	Searches
115	*SOCIOECONOMIC FACTORS/
116	(Socioeconomic$ adj3 (factor? or status$)).ab,ti.
117	MOTHERS/ and EDUCATIONAL STATUS/
118	((mother? or maternal) adj3 (educat$ or learn$) adj3 (status$ or level$)).ab,ti.
119	exp SUBSTANCE-RELATED DISORDERS/
120	((Drug? or alcohol$) adj3 (abus$ or misus$ or disorder? or addict$ or depend$)).ab,ti.
121	Alcoholi$.ab,ti.
122	SMOKING/
123	smok$.ab,ti.
124	PREGNANCY COMPLICATIONS/
125	(Comp$ adj3 preg$).ab,ti.
126	PRE-ECLAMPSIA/
127	(preeclampsia? or pre eclampsia?).ab,ti.
128	(antepartum adj3 h?emorrhag$).ab,ti.
129	ABRUPTIO PLACENTAE/
130	(Placenta$ adj3 abruptio$).ab,ti.
131	(cord adj3 prolaps$).ab,ti.
132	exp MULTIPLE BIRTH OFFSPRING/
133	exp PREGNANCY, MULTIPLE/
134	(multiple birth? or twin? or triplet? or quadruplet? or quintuplet?).ab,ti.
135	CHORIOAMNIONITIS/
136	(Chorioamnioniti$ or Funisiti$ or Amnioniti$).ab,ti.
137	exp DELIVERY, OBSTETRIC/
138	((mode? or method? or route?) adj2 (deliver$ or birth)).ti,ab.
139	((vagina$ or cephalic$ or breach$) adj3 (birth$ or born or deliver$)).ab,ti.
140	(c?esar#an$ or c section$ or csection$).ti,ab.
141	Neglect$.ab,ti.
142	Case conference?.ab,ti.
143	MATERNAL AGE/
144	(maternal adj3 age?).ab,ti.
145	FETAL MEMBRANES, PREMATURE RUPTURE/
146	(Premature$ rupture$ adj3 membrane?).ab,ti.
147	PROM.ab,ti.
148	MOTHERS/ and exp *MENTAL DISORDERS/
149	((mother$ or maternal) and (mental adj3 disorder?)).ab,ti.
150	EPILEPSY/
151	epilep$.ab,ti.
152	(POSTNATAL CARE/ or exp INFANT,NEWBORN/) and (exp *STEROIDS/ or exp *ADRENAL CORTEX HORMONES/)
153	((postnatal$ or ((after or post or follow$) adj3 birth)) adj3 (steroid? or corticosteroid?)).ab,ti.
154	Child$ protection plan?.ab,ti.
155	or/65-154
156	PREVALENCE/
157	INCIDENCE/
158	exp COHORT STUDIES/
159	CROSS-SECTIONAL STUDIES/

#	Searches
160	exp MODELS, STATISTICAL/
161	LIFE TABLES/
162	exp RISK/
163	(prevalen$ or incidence? or model$ or risk$ or rate?).ti.
164	or/156-163
165	predict.ti.
166	(validat$ or rule$).ti,ab.
167	(predict$ and (outcome$ or risk$ or model$)).ti,ab.
168	((history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$) and (predict$ or model$ or decision$ or identif$ or prognos$)).ti,ab.
169	decision$.ti,ab. and LOGISTIC MODELS/
170	(decision$ and (model$ or clinical$)).ti,ab.
171	(prognostic and (history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$ or model$)).ti,ab.
172	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).ti,ab.
173	ROC CURVE/
174	or/165-173
175	164 or 174
176	14 and 57 and 61 and 175
177	14 and 57 and 64
178	14 and 57 and 155 and 175
179	*DEVELOPMENTAL DISABILITIES/ep [Epidemiology]
180	14 and (61 or 155) and 179
181	*DEVELOPMENTAL DISABILITIES/et [Etiology]
182	14 and 175 and 181
183	176 or 177 or 178 or 180 or 182
184	limit 183 to english language
185	limit 184 to yr="1990 -Current"
186	LETTER/
187	EDITORIAL/
188	NEWS/
189	exp HISTORICAL ARTICLE/
190	ANECDOTES AS TOPIC/
191	COMMENT/
192	CASE REPORT/
193	(letter or comment*).ti.
194	or/186-193
195	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
196	194 not 195
197	ANIMALS/ not HUMANS/
198	exp ANIMALS, LABORATORY/
199	exp ANIMAL EXPERIMENTATION/
200	exp MODELS, ANIMAL/
201	exp RODENTIA/
202	(rat or rats or mouse or mice).ti.

#	Searches
203	or/196-202
204	185 not 203

E.1.21 Medline In-Process & Other Non-Indexed Citations

#	Searches
1	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
3	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
4	(pre#mie? or premie or premies).ti,ab.
5	(low adj3 birth adj3 weigh$).ab,ti.
6	or/1-5
7	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
8	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
9	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
10	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
11	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
12	(dyssomni$ or parasomni$ or insomni$ or apn?ea?).ti,ab.
13	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
14	(encopres$ or enures$ or incontinen$).ti,ab.
15	((fail$ or falter$ or poor) adj3 (thriv$ or weight or grow$)).ti,ab.
16	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
17	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
18	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
19	global delay.ti,ab.
20	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
21	executive function$.ti,ab.
22	working memory.ti,ab.
23	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
24	special educat$.ti,ab.
25	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
26	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
27	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
28	or/7-27
29	risk?.ti.
30	risk factor?.ab.
31	29 or 30
32	((gestational age? or fetal age?) adj10 risk?).ab,ti.
33	((sex or gender or male? or female?) adj5 factor?).ti,ab.
34	(small for gestational age? or SGA).ab,ti.
35	((craniometr$ or cephalometr$) adj10 gestational age?).ab,ti.
36	(Head? adj3 circumferenc$ adj10 gestational age?).ab,ti.
37	Ethnic$.ab,ti.

#	Searches
38	Apgar score?.ab,ti.
39	((Brain or cerebral$ or Isch?emi$ or Hypoxi?) adj3 (injur$ or attack$ or infarct$)).ab,ti.
40	(neonatal encephalopathy or Hypoxic Isch?emic Encephalopathy or HIE).ab,ti.
41	(((length? adj2 stay$) or hospitali$ or admit$ or admission?) adj5 (Neonatal intensive care unit? or newborn intensive care unit? or NICU?)).ti,ab.
42	Intermittent positive pressure ventilation.ab,ti.
43	IPPV.ab,ti.
44	bronchopulmonary dysplasia.ab,ti.
45	((brain? adj3 abnormal$) and (imag$ or MRI or scan$ or ultraso$ or echogr$ or sonogr$)).ab,ti.
46	(Periventricular Leu#omalacia? or PVL).ab,ti.
47	(intraventricular h?emorrhage or IVH).ab,ti.
48	infarct$.ab,ti.
49	Seps#s.ab,ti.
50	meningitis.ab,ti.
51	((prematurity or fibroplasia?) adj3 (retinopath$ or retrolental)).ab,ti.
52	ROP.ab,ti.
53	necroti#ing enterocolitis.ab,ti.
54	NEC.ab,ti.
55	Hypoglyc?emi$.ab,ti.
56	((seiz$ or convuls$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
57	(surg$ adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
58	((Antenatal$ or prenatal$ or pregnanc$ or before birth) adj3 (steroid? or corticosteroid?)).ab,ti.
59	(Socioeconomic$ adj3 (factor? or status$)).ab,ti.
60	((mother? or maternal) adj3 (educat$ or learn$) adj3 (status$ or level$)).ab,ti.
61	((Drug? or alcohol$) adj3 (abus$ or misus$ or disorder? or addict$ or depend$)).ab,ti.
62	Alcoholi$.ab,ti.
63	smok$.ab,ti.
64	(Comp$ adj3 preg$).ab,ti.
65	(preeclampsia? or pre eclampsia?).ab,ti.
66	(antepartum adj3 h?emorrhag$).ab,ti.
67	(Placenta$ adj3 abruptio$).ab,ti.
68	(cord adj3 prolaps$).ab,ti.
69	(multiple birth? or twin? or triplet? or quadruplet? or quintuplet?).ab,ti.
70	(Chorioamnioniti$ or Funisiti$ or Amnioniti$).ab,ti.
71	((mode? or method? or route?) adj2 (deliver$ or birth)).ti,ab.
72	((vagina$ or cephalic$ or breach$) adj3 (birth$ or born or deliver$)).ab,ti.
73	(c?esar#an$ or c section$ or csection$).ti,ab.
74	Neglect$.ab,ti.
75	Case conference?.ab,ti.
76	(maternal adj3 age?).ab,ti.
77	(Premature$ rupture$ adj3 membrane?).ab,ti.
78	PROM.ab,ti.
79	((mother$ or maternal) and (mental adj3 disorder?)).ab,ti.
80	epilep$.ab,ti.

#	Searches
81	((postnatal$ or ((after or post or follow$) adj3 birth)) adj3 (steroid? or corticosteroid?)).ab,ti.
82	Child$ protection plan?.ab,ti.
83	or/33-82
84	(prevalen$ or incidence? or model$ or risk$ or rate?).ti.
85	predict.ti.
86	(validat$ or rule$).ti,ab.
87	(predict$ and (outcome$ or risk$ or model$)).ti,ab.
88	((history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$) and (predict$ or model$ or decision$ or identif$ or prognos$)).ti,ab.
89	(decision$ and (model$ or clinical$)).ti,ab.
90	(prognostic and (history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$ or model$)).ti,ab.
91	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).ti,ab.
92	or/84-91
93	6 and 28 and 31 and 92
94	6 and 28 and 32
95	6 and 28 and 83 and 92
96	or/93-95
97	limit 96 to yr="1990 -Current"

E.1.31 Database: Cochrane Central Register of Controlled Trials

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti,kw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti,kw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti,kw.
8	(pre#mie? or premie or premies).ab,ti,kw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti,kw.
14	or/1-13
15	SENSATION DISORDERS/
16	exp SOMATOSENSORY DISORDERS/
17	exp PERCEPTUAL DISORDERS/
18	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
19	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab,kw.
20	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab,kw.
21	FEEDING BEHAVIOR/

#	Searches
22	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ti,ab,kw.
23	exp SLEEP DISORDERS/
24	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab,kw.
25	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab,kw.
26	TOILET TRAINING/
27	"ACTIVITIES OF DAILY LIVING"/
28	FECAL INCONTINENCE/
29	exp URINARY INCONTINENCE/
30	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
31	(encopres$ or enures$ or incontinen$).ti,ab,kw.
32	FAILURE TO THRIVE/
33	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab,kw.
34	*DEVELOPMENTAL DISABILITIES/
35	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab,kw.
36	exp SPEECH DISORDERS/
37	exp LANGUAGE DISORDERS/
38	COMMUNICATION DISORDERS/
39	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
40	MOTOR SKILLS DISORDERS/
41	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
42	global delay.ti,ab,kw.
43	exp LEARNING DISORDERS/
44	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
45	EXECUTIVE FUNCTION/
46	executive function$.ti,ab,kw.
47	working memory.ti,ab,kw.
48	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
49	exp EDUCATION, SPECIAL/
50	special educat$.ti,ab,kw.
51	SEND.ti,ab,kw.
52	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
53	IRRITABLE MOOD/ or CRYING/
54	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
55	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab,kw.
56	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
57	or/15-56
58	RISK FACTORS/
59	risk?.ti.
60	risk factor?.ab.
61	or/58-60
62	RISK FACTORS/ and GESTATIONAL AGE/
63	((gestational age? or fetal age?) adj10 risk?).ab,ti,kw.
64	62 or 63

#	Searches
65	SEX FACTORS/
66	((sex or gender or male? or female?) adj5 factor?).ab,ti,kw.
67	INFANT, SMALL FOR GESTATIONAL AGE/
68	(small for gestational age? or SGA).ab,ti,kw.
69	CEPHALOMETRY/ and GESTATIONAL AGE/
70	((craniometr$ or cephalometr$) adj10 gestational age?).ab,ti,kw.
71	(Head? adj3 circumferenc$ adj10 gestational age?).ab,ti,kw.
72	exp ETHNIC GROUPS/
73	Ethnic$.ab,ti,kw.
74	APGAR SCORE/
75	Apgar score?.ab,ti,kw.
76	exp BRAIN ISCHEMIA/
77	((Brain or cerebral$ or Isch?emi$ or Hypoxi?) adj3 (injur$ or attack$ or infarct$)).ab,ti,kw.
78	(neonatal encephalopathy or Hypoxic Isch?emic Encephalopathy or HIE).ab,ti,kw.
79	LENGTH OF STAY/ and INTENSIVE CARE UNITS, NEONATAL/
80	HOSPITALIZATION/ and INTENSIVE CARE UNITS, NEONATAL/
81	PATIENT ADMISSION/ and INTENSIVE CARE UNITS, NEONATAL/
82	(((length? adj2 stay$) or hospitali$ or admit$ or admission?) adj5 (Neonatal intensive care unit? or newborn intensive care unit? or NICU?)).ab,ti,kw.
83	INTERMITTENT POSITIVE-PRESSURE VENTILATION/
84	Intermittent positive pressure ventilation.ab,ti,kw.
85	IPPV.ab,ti,kw.
86	BRONCHOPULMONARY DYSPLASIA/
87	bronchopulmonary dysplasia.ab,ti,kw.
88	exp DIAGNOSTIC IMAGING/ and BRAIN/
89	((brain? adj3 abnormal$) and (imag$ or MRI or scan$ or ultraso$ or echogr$ or sonogr$)).ab,ti,kw.
90	LEUKOMALACIA, PERIVENTRICULAR/
91	(Periventricular Leu#omalacia? or PVL).ab,ti,kw.
92	(intraventricular h?emorrhage or IVH).ab,ti,kw.
93	INFARCTION/
94	infarct$.ab,ti,kw.
95	SEPSIS/
96	SEPSIS-ASSOCIATED ENCEPHALOPATHY/
97	Seps#s.ab,ti,kw.
98	exp MENINGITIS/
99	meningitis.ab,ti,kw.
100	RETINOPATHY OF PREMATURITY/
101	((prematurity or fibroplasia?) adj3 (retinopath$ or retrolental)).ab,ti,kw.
102	ROP.ab,ti,kw.
103	ENTEROCOLITIS, NECROTIZING/
104	necroti#ing enterocolitis.ab,ti,kw.
105	NEC.ab,ti,kw.
106	HYPOGLYCEMIA/
107	Hypoglyc?emi$.ab,ti,kw.
108	SEIZURES/ and exp INFANT, NEWBORN/

#	Searches
109	((seiz$ or convuls$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti,kw.
110	exp *SURGICAL PROCEDURES, OPERATIVE/ and exp INFANT, NEWBORN/
111	(surg$ adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti,kw.
112	PREGNANCY/ and (exp *STEROIDS/ or exp *ADRENAL CORTEX HORMONES/)
113	((Antenatal$ or prenatal$ or pregnanc$ or before birth) adj3 (steroid? or corticosteroid?)).ab,ti,kw.
114	SOCIAL CLASS/
115	SOCIOECONOMIC FACTORS/
116	(Socioeconomic$ adj3 (factor? or status$)).ab,ti,kw.
117	MOTHERS/ and EDUCATIONAL STATUS/
118	((mother? or maternal) adj3 (educat$ or learn$) adj3 (status$ or level$)).ab,ti,kw.
119	exp SUBSTANCE-RELATED DISORDERS/
120	((Drug? or alcohol$) adj3 (abus$ or misus$ or disorder? or addict$ or depend$)).ab,ti,kw.
121	Alcoholi$.ab,ti,kw.
122	SMOKING/
123	smok$.ab,ti,kw.
124	PREGNANCY COMPLICATIONS/
125	(Comp$ adj3 preg$).ab,ti,kw.
126	PRE-ECLAMPSIA/
127	(preeclampsia? or pre eclampsia?).ab,ti,kw.
128	(antepartum adj3 h?emorrhag$).ab,ti,kw.
129	ABRUPTIO PLACENTAE/
130	(Placenta$ adj3 abruptio$).ab,ti,kw.
131	(cord adj3 prolaps$).ab,ti,kw.
132	exp MULTIPLE BIRTH OFFSPRING/
133	exp PREGNANCY, MULTIPLE/
134	(multiple birth? or twin? or triplet? or quadruplet? or quintuplet?).ab,ti,kw.
135	CHORIOAMNIONITIS/
136	(Chorioamnioniti$ or Funisiti$ or Amnioniti$).ab,ti,kw.
137	exp DELIVERY, OBSTETRIC/
138	((mode? or method? or route?) adj2 (deliver$ or birth)).ab,ti,kw.
139	((vagina$ or cephalic$ or breach$) adj3 (birth$ or born or deliver$)).ab,ti,kw.
140	(c?esar#an$ or c section$ or csection$).ab,ti,kw.
141	Neglect$.ab,ti,kw.
142	Case conference?.ab,ti,kw.
143	MATERNAL AGE/
144	(maternal adj3 age?).ab,ti,kw.
145	FETAL MEMBRANES, PREMATURE RUPTURE/
146	(Premature$ rupture$ adj3 membrane?).ab,ti,kw.
147	PROM.ab,ti,kw.
148	MOTHERS/ and exp *MENTAL DISORDERS/
149	((mother$ or maternal) and (mental adj3 disorder?)).ab,ti,kw.
150	EPILEPSY/
151	epilep$.ab,ti,kw.
152	(POSTNATAL CARE/ or exp INFANT,NEWBORN/) and (exp *STEROIDS/ or exp *ADRENAL CORTEX HORMONES/)

#	Searches
153	((postnatal$ or ((after or post or follow$) adj3 birth)) adj3 (steroid? or corticosteroid?)).ab,ti,kw.
154	Child$ protection plan?.ab,ti,kw.
155	or/65-154
156	PREVALENCE/
157	INCIDENCE/
158	exp COHORT STUDIES/
159	CROSS-SECTIONAL STUDIES/
160	exp MODELS, STATISTICAL/
161	LIFE TABLES/
162	exp RISK/
163	(prevalen$ or incidence? or model$ or risk$ or rate?).ti.
164	or/156-163
165	predict.ti.
166	(validat$ or rule$).ab,ti,kw.
167	(predict$ and (outcome$ or risk$ or model$)).ab,ti,kw.
168	((history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$) and (predict$ or model$ or decision$ or identif$ or prognos$)).ab,ti,kw.
169	decision$.ab,ti,kw. and LOGISTIC MODELS/
170	(decision$ and (model$ or clinical$)).ab,ti,kw.
171	(prognostic and (history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$ or model$)).ab,ti,kw.
172	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).ab,ti,kw.
173	ROC CURVE/
174	or/165-173
175	164 or 174
176	14 and 57 and 61 and 175
177	14 and 57 and 64
178	14 and 57 and 155 and 175
179	DEVELOPMENTAL DISABILITIES/ep [Epidemiology]
180	14 and (61 or 155) and 179
181	DEVELOPMENTAL DISABILITIES/et [Etiology]
182	14 and 175 and 181
183	176 or 177 or 178 or 180 or 182
184	limit 183 to yr="1990 -Current"

E.1.41 Database: Cochrane Database of Systematic Reviews

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.

#	Searches
8	(pre#mie? or premie or premies).ab,ti.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	SENSATION DISORDERS.kw.
16	SOMATOSENSORY DISORDERS.kw.
17	PERCEPTUAL DISORDERS.kw.
18	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
19	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
20	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
21	FEEDING BEHAVIOR.kw.
22	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
23	SLEEP DISORDERS.kw.
24	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
25	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
26	TOILET TRAINING.kw.
27	"ACTIVITIES OF DAILY LIVING".kw.
28	FECAL INCONTINENCE.kw.
29	URINARY INCONTINENCE.kw.
30	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
31	(encopres$ or enures$ or incontinen$).ti,ab.
32	FAILURE TO THRIVE.kw.
33	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
34	DEVELOPMENTAL DISABILITIES.kw.
35	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
36	SPEECH DISORDERS.kw.
37	LANGUAGE DISORDERS.kw.
38	COMMUNICATION DISORDERS.kw.
39	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
40	MOTOR SKILLS DISORDERS.kw.
41	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
42	global delay.ti,ab.
43	LEARNING DISORDERS.kw.
44	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
45	EXECUTIVE FUNCTION.kw.
46	executive function$.ti,ab.
47	working memory.ti,ab.
48	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
49	EDUCATION, SPECIAL.kw.

#	Searches
50	special educat$.ti,ab.
51	SEND.ti,ab.
52	(BEHAVIOR or CHILD BEHAVIOR or SOCIAL BEHAVIOR).kw.
53	(IRRITABLE MOOD or CRYING).kw.
54	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
55	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
56	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
57	or/15-56
58	RISK FACTORS.kw.
59	risk?.ti.
60	risk factor?.ab,ti.
61	or/58-60
62	(RISK FACTORS and GESTATIONAL AGE).kw.
63	((gestational age? or fetal age?) adj10 risk?).ab,ti.
64	62 or 63
65	SEX FACTORS.kw.
66	((sex or gender or male? or female?) adj5 factor?).ab,ti.
67	INFANT, SMALL FOR GESTATIONAL AGE.kw.
68	(small for gestational age? or SGA).ab,ti.
69	(CEPHALOMETRY and GESTATIONAL AGE).kw.
70	((craniometr$ or cephalometr$) adj10 gestational age?).ab,ti.
71	(Head? adj3 circumferenc$ adj10 gestational age?).ab,ti.
72	ETHNIC GROUPS.kw.
73	Ethnic$.ab,ti.
74	APGAR SCORE.kw.
75	Apgar score?.ab,ti.
76	BRAIN ISCHEMIA.kw.
77	((Brain or cerebral$ or Isch?emi$ or Hypoxi?) adj3 (injur$ or attack$ or infarct$)).ab,ti.
78	(neonatal encephalopathy or Hypoxic Isch?emic Encephalopathy or HIE).ab,ti.
79	(LENGTH OF STAY and INTENSIVE CARE UNITS, NEONATAL).kw.
80	(HOSPITALIZATION and INTENSIVE CARE UNITS, NEONATAL).kw.
81	(PATIENT ADMISSION and INTENSIVE CARE UNITS, NEONATAL).kw.
82	(((length? adj2 stay$) or hospitali$ or admit$ or admission?) adj5 (Neonatal intensive care unit? or newborn intensive care unit? or NICU?)).ab,ti.
83	INTERMITTENT POSITIVE-PRESSURE VENTILATION.kw.
84	Intermittent positive pressure ventilation.ab,ti.
85	IPPV.ab,ti.
86	BRONCHOPULMONARY DYSPLASIA.kw.
87	bronchopulmonary dysplasia.ab,ti.
88	(DIAGNOSTIC IMAGING and BRAIN).kw.
89	((brain? adj3 abnormal$) and (imag$ or MRI or scan$ or ultraso$ or echogr$ or sonogr$)).ab,ti.
90	LEUKOMALACIA, PERIVENTRICULAR.kw.
91	(Periventricular Leu#omalacia? or PVL).ab,ti.
92	(intraventricular h?emorrhage or IVH).ab,ti.
93	INFARCTION.kw.

#	Searches
94	infarct$.ab,ti.
95	SEPSIS.kw.
96	SEPSIS-ASSOCIATED ENCEPHALOPATHY.kw.
97	Seps#s.ab,ti.
98	MENINGITIS.kw.
99	meningitis.ab,ti.
100	RETINOPATHY OF PREMATURITY.kw.
101	((prematurity or fibroplasia?) adj3 (retinopath$ or retrolental)).ab,ti.
102	ROP.ab,ti.
103	ENTEROCOLITIS, NECROTIZING.kw.
104	necroti#ing enterocolitis.ab,ti.
105	NEC.ab,ti.
106	HYPOGLYCEMIA.kw.
107	Hypoglyc?emi$.ab,ti.
108	(SEIZURES and INFANT, NEWBORN).kw.
109	((seiz$ or convuls$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
110	(SURGICAL PROCEDURES, OPERATIVE and INFANT, NEWBORN).kw.
111	(surg$ adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
112	(PREGNANCY and (STEROIDS or ADRENAL CORTEX HORMONES)).kw.
113	((Antenatal$ or prenatal$ or pregnanc$ or before birth) adj3 (steroid? or corticosteroid?)).ab,ti.
114	SOCIAL CLASS.kw.
115	SOCIOECONOMIC FACTORS.kw.
116	(Socioeconomic$ adj3 (factor? or status$)).ab,ti.
117	(MOTHERS and EDUCATIONAL STATUS).kw.
118	((mother? or maternal) adj3 (educat$ or learn$) adj3 (status$ or level$)).ab,ti.
119	SUBSTANCE-RELATED DISORDERS.kw.
120	((Drug? or alcohol$) adj3 (abus$ or misus$ or disorder? or addict$ or depend$)).ab,ti.
121	Alcoholi$.ab,ti.
122	SMOKING.kw.
123	smok$.ab,ti.
124	PREGNANCY COMPLICATIONS.kw.
125	(Comp$ adj3 preg$).ab,ti.
126	PRE-ECLAMPSIA.kw.
127	(preeclampsia? or pre eclampsia?).ab,ti.
128	(antepartum adj3 h?emorrhag$).ab,ti.
129	ABRUPTIO PLACENTAE.kw.
130	(Placenta$ adj3 abruptio$).ab,ti.
131	(cord adj3 prolaps$).ab,ti.
132	MULTIPLE BIRTH OFFSPRING.kw.
133	PREGNANCY, MULTIPLE.kw.
134	(multiple birth? or twin? or triplet? or quadruplet? or quintuplet?).ab,ti.
135	CHORIOAMNIONITIS.kw.
136	(Chorioamnioniti$ or Funisiti$ or Amnioniti$).ab,ti.
137	DELIVERY, OBSTETRIC.kw.
138	((mode? or method? or route?) adj2 (deliver$ or birth)).ab,ti.

#	Searches
139	((vagina$ or cephalic$ or breach$) adj3 (birth$ or born or deliver$)).ab,ti.
140	(c?esar#an$ or c section$ or csection$).ab,ti.
141	Neglect$.ab,ti.
142	Case conference?.ab,ti.
143	MATERNAL AGE.kw.
144	(maternal adj3 age?).ab,ti.
145	FETAL MEMBRANES, PREMATURE RUPTURE.kw.
146	(Premature$ rupture$ adj3 membrane?).ab,ti.
147	PROM.ab,ti.
148	(MOTHERS and MENTAL DISORDERS).kw.
149	((mother$ or maternal) and (mental adj3 disorder?)).ab,ti.
150	EPILEPSY.kw.
151	epilep$.ab,ti.
152	((POSTNATAL CARE or INFANT,NEWBORN) and (STEROIDS or ADRENAL CORTEX HORMONES)).kw.
153	((postnatal$ or ((after or post or follow$) adj3 birth)) adj3 (steroid? or corticosteroid?)).ab,ti.
154	Child$ protection plan?.ab,ti.
155	or/65-154
156	PREVALENCE.kw.
157	INCIDENCE.kw.
158	COHORT STUDIES.kw.
159	CROSS-SECTIONAL STUDIES.kw.
160	MODELS, STATISTICAL.kw.
161	LIFE TABLES.kw.
162	RISK.kw.
163	(prevalen$ or incidence? or model$ or risk$ or rate?).ti.
164	or/156-163
165	predict.ti.
166	(validat$ or rule$).ab,ti.
167	(predict$ and (outcome$ or risk$ or model$)).ab,ti.
168	((history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$) and (predict$ or model$ or decision$ or identif$ or prognos$)).ab,ti.
169	decision$.ab,ti. and LOGISTIC MODELS.kw.
170	(decision$ and (model$ or clinical$)).ab,ti.
171	(prognostic and (history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$ or model$)).ab,ti.
172	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).ab,ti.
173	ROC CURVE.kw.
174	or/165-173
175	164 or 174
176	14 and 57 and 61 and 175
177	14 and 57 and 64
178	14 and 57 and 155 and 175
179	or/176-178

E.1.51 Database: Database of Abstracts of Reviews of Effects

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw,tx.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw,tx.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw,tx.
8	(pre#mie? or premie or premies).tw,tx.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).tw,tx.
14	or/1-13
15	SENSATION DISORDERS.kw.
16	SOMATOSENSORY DISORDERS.kw.
17	PERCEPTUAL DISORDERS.kw.
18	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
19	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).tw,tx.
20	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).tw,tx.
21	FEEDING BEHAVIOR.kw.
22	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).tw,tx.
23	SLEEP DISORDERS.kw.
24	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).tw,tx.
25	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).tw,tx.
26	TOILET TRAINING.kw.
27	"ACTIVITIES OF DAILY LIVING".kw.
28	FECAL INCONTINENCE.kw.
29	URINARY INCONTINENCE.kw.
30	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
31	(encopres$ or enures$ or incontinen$).tw,tx.
32	FAILURE TO THRIVE.kw.
33	((fail$ or falter$) adj3 (thriv$ or grow$)).tw,tx.
34	DEVELOPMENTAL DISABILITIES.kw.
35	((developmental$ or milestone?) adj3 (delay$ or late$)).tw,tx.
36	SPEECH DISORDERS.kw.
37	LANGUAGE DISORDERS.kw.
38	COMMUNICATION DISORDERS.kw.
39	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
40	MOTOR SKILLS DISORDERS.kw.
41	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
42	global delay.tw,tx.

#	Searches
43	LEARNING DISORDERS.kw.
44	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
45	EXECUTIVE FUNCTION.kw.
46	executive function$.tw,tx.
47	working memory.tw,tx.
48	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
49	EDUCATION, SPECIAL.kw.
50	special educat$.tw,tx.
51	SEND.tw,tx.
52	(BEHAVIOR or CHILD BEHAVIOR or SOCIAL BEHAVIOR).kw.
53	(IRRITABLE MOOD or CRYING).kw.
54	(behav$ adj3 (difficult$ or impair$ or problem$)).tw,tx.
55	(cry or crying or cries or irritab$ or tantrum$ or shy$).tw,tx.
56	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
57	or/15-56
58	RISK FACTORS.kw.
59	risk?.ti.
60	risk factor?.tw,tx.
61	or/58-60
62	(RISK FACTORS and GESTATIONAL AGE).kw.
63	((gestational age? or fetal age?) adj10 risk?).tw,tx.
64	62 or 63
65	SEX FACTORS.kw.
66	((sex or gender or male? or female?) adj5 factor?).tw,tx.
67	INFANT, SMALL FOR GESTATIONAL AGE.kw.
68	(small for gestational age? or SGA).tw,tx.
69	(CEPHALOMETRY and GESTATIONAL AGE).kw.
70	((craniometr$ or cephalometr$) adj10 gestational age?).tw,tx.
71	(Head? adj3 circumferenc$ adj10 gestational age?).tw,tx.
72	ETHNIC GROUPS.kw.
73	Ethnic$.tw,tx.
74	APGAR SCORE.kw.
75	Apgar score?.tw,tx.
76	BRAIN ISCHEMIA.kw.
77	((Brain or cerebral$ or Isch?emi$ or Hypoxi?) adj3 (injur$ or attack$ or infarct$)).tw,tx.
78	(neonatal encephalopathy or Hypoxic Isch?emic Encephalopathy or HIE).tw,tx.
79	(LENGTH OF STAY and INTENSIVE CARE UNITS, NEONATAL).kw.
80	(HOSPITALIZATION and INTENSIVE CARE UNITS, NEONATAL).kw.
81	(PATIENT ADMISSION and INTENSIVE CARE UNITS, NEONATAL).kw.
82	(((length? adj2 stay$) or hospitali$ or admit$ or admission?) adj5 (Neonatal intensive care unit? or newborn intensive care unit? or NICU?)).tw,tx.
83	INTERMITTENT POSITIVE-PRESSURE VENTILATION.kw.
84	Intermittent positive pressure ventilation.tw,tx.
85	IPPV.tw,tx.

#	Searches
86	BRONCHOPULMONARY DYSPLASIA.kw.
87	bronchopulmonary dysplasia.tw,tx.
88	(DIAGNOSTIC IMAGING and BRAIN).kw.
89	((brain? adj3 abnormal$) and (imag$ or MRI or scan$ or ultraso$ or echogr$ or sonogr$)).tw,tx.
90	LEUKOMALACIA, PERIVENTRICULAR.kw.
91	(Periventricular Leu#omalacia? or PVL).tw,tx.
92	(intraventricular h?emorrhage or IVH).tw,tx.
93	INFARCTION.kw.
94	infarct$.tw,tx.
95	SEPSIS.kw.
96	SEPSIS-ASSOCIATED ENCEPHALOPATHY.kw.
97	Seps#s.tw,tx.
98	MENINGITIS.kw.
99	meningitis.tw,tx.
100	RETINOPATHY OF PREMATURITY.kw.
101	((prematurity or fibroplasia?) adj3 (retinopath$ or retrolental)).tw,tx.
102	ROP.tw,tx.
103	ENTEROCOLITIS, NECROTIZING.kw.
104	necroti#ing enterocolitis.tw,tx.
105	NEC.tw,tx.
106	HYPOGLYCEMIA.kw.
107	Hypoglyc?emi$.tw,tx.
108	(SEIZURES and INFANT, NEWBORN).kw.
109	((seiz$ or convuls$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw,tx.
110	(SURGICAL PROCEDURES, OPERATIVE and INFANT, NEWBORN).kw.
111	(surg$ adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw,tx.
112	(PREGNANCY and (STEROIDS or ADRENAL CORTEX HORMONES)).kw.
113	((Antenatal$ or prenatal$ or pregnanc$ or before birth) adj3 (steroid? or corticosteroid?)).tw,tx.
114	SOCIAL CLASS.kw.
115	SOCIOECONOMIC FACTORS.kw.
116	(Socioeconomic$ adj3 (factor? or status$)).tw,tx.
117	(MOTHERS and EDUCATIONAL STATUS).kw.
118	((mother? or maternal) adj3 (educat$ or learn$) adj3 (status$ or level$)).tw,tx.
119	SUBSTANCE-RELATED DISORDERS.kw.
120	((Drug? or alcohol$) adj3 (abus$ or misus$ or disorder? or addict$ or depend$)).tw,tx.
121	Alcoholi$.tw,tx.
122	SMOKING.kw.
123	smok$.tw,tx.
124	PREGNANCY COMPLICATIONS.kw.
125	(Comp$ adj3 preg$).tw,tx.
126	PRE-ECLAMPSIA.kw.
127	(preeclampsia? or pre eclampsia?).tw,tx.
128	(antepartum adj3 h?emorrhag$).tw,tx.
129	ABRUPTIO PLACENTAE.kw.

#	Searches
130	(Placenta$ adj3 abruptio$).tw,tx.
131	(cord adj3 prolaps$).tw,tx.
132	MULTIPLE BIRTH OFFSPRING.kw.
133	PREGNANCY, MULTIPLE.kw.
134	(multiple birth? or twin? or triplet? or quadruplet? or quintuplet?).tw,tx.
135	CHORIOAMNIONITIS.kw.
136	(Chorioamnioniti$ or Funisiti$ or Amnioniti$).tw,tx.
137	DELIVERY, OBSTETRIC.kw.
138	((mode? or method? or route?) adj2 (deliver$ or birth)).tw,tx.
139	((vagina$ or cephalic$ or breach$) adj3 (birth$ or born or deliver$)).tw,tx.
140	(c?esar#an$ or c section$ or csection$).tw,tx.
141	Neglect$.tw,tx.
142	Case conference?.tw,tx.
143	MATERNAL AGE.kw.
144	(maternal adj3 age?).tw,tx.
145	FETAL MEMBRANES, PREMATURE RUPTURE.kw.
146	(Premature$ rupture$ adj3 membrane?).tw,tx.
147	PROM.tw,tx.
148	(MOTHERS and MENTAL DISORDERS).kw.
149	((mother$ or maternal) and (mental adj3 disorder?)).tw,tx.
150	EPILEPSY.kw.
151	epilep$.tw,tx.
152	((POSTNATAL CARE or INFANT,NEWBORN) and (STEROIDS or ADRENAL CORTEX HORMONES)).kw.
153	((postnatal$ or ((after or post or follow$) adj3 birth)) adj3 (steroid? or corticosteroid?)).tw,tx.
154	Child$ protection plan?.tw,tx.
155	or/65-154
156	PREVALENCE.kw.
157	INCIDENCE.kw.
158	COHORT STUDIES.kw.
159	CROSS-SECTIONAL STUDIES.kw.
160	MODELS, STATISTICAL.kw.
161	LIFE TABLES.kw.
162	RISK.kw.
163	(prevalen$ or incidence? or model$ or risk$ or rate?).ti.
164	or/156-163
165	predict.ti.
166	(validat$ or rule$).tw,tx.
167	(predict$ and (outcome$ or risk$ or model$)).tw,tx.
168	((history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$) and (predict$ or model$ or decision$ or identif$ or prognos$)).tw,tx.
169	decision$.tw,tx. and LOGISTIC MODELS.kw.
170	(decision$ and (model$ or clinical$)).tw,tx.
171	(prognostic and (history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$ or model$)).tw,tx.

#	Searches
172	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).tw,tx.
173	ROC CURVE.kw.
174	or/165-173
175	164 or 174
176	14 and 57 and 61 and 175
177	14 and 57 and 64
178	14 and 57 and 155 and 175
179	or/176-178

E.1.61 Database: Health Technology Assessment

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
8	(pre#mie? or premie or premies).tw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).tw.
14	or/1-13
15	SENSATION DISORDERS/
16	exp SOMATOSENSORY DISORDERS/
17	exp PERCEPTUAL DISORDERS/
18	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).tw.
19	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).tw.
20	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).tw.
21	FEEDING BEHAVIOR/
22	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).tw.
23	exp SLEEP DISORDERS/
24	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).tw.
25	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).tw.
26	TOILET TRAINING/
27	"ACTIVITIES OF DAILY LIVING"/
28	FECAL INCONTINENCE/
29	exp URINARY INCONTINENCE/
30	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).tw.
31	(encopres$ or enures$ or incontinen$).tw.
32	FAILURE TO THRIVE/

#	Searches
33	((fail$ or falter$) adj3 (thriv$ or grow$)).tw.
34	*DEVELOPMENTAL DISABILITIES/
35	((developmental$ or milestone?) adj3 (delay$ or late$)).tw.
36	exp SPEECH DISORDERS/
37	exp LANGUAGE DISORDERS/
38	COMMUNICATION DISORDERS/
39	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
40	MOTOR SKILLS DISORDERS/
41	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
42	global delay.tw.
43	exp LEARNING DISORDERS/
44	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
45	EXECUTIVE FUNCTION/
46	executive function$.tw.
47	working memory.tw.
48	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
49	exp EDUCATION, SPECIAL/
50	special educat$.tw.
51	SEND.tw.
52	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
53	IRRITABLE MOOD/ or CRYING/
54	(behav$ adj3 (difficult$ or impair$ or problem$)).tw.
55	(cry or crying or cries or irritab$ or tantrum$ or shy$).tw.
56	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).tw.
57	or/15-56
58	RISK FACTORS/
59	risk?.ti.
60	risk factor?.tw.
61	or/58-60
62	RISK FACTORS/ and GESTATIONAL AGE/
63	((gestational age? or fetal age?) adj10 risk?).tw.
64	62 or 63
65	SEX FACTORS/
66	((sex or gender or male? or female?) adj5 factor?).tw.
67	INFANT, SMALL FOR GESTATIONAL AGE/
68	(small for gestational age? or SGA).tw.
69	CEPHALOMETRY/ and GESTATIONAL AGE/
70	((craniometr$ or cephalometr$) adj10 gestational age?).tw.
71	(Head? adj3 circumferenc$ adj10 gestational age?).tw.
72	exp ETHNIC GROUPS/
73	Ethnic$.tw.
74	APGAR SCORE/
75	Apgar score?.tw.

#	Searches
76	exp BRAIN ISCHEMIA/
77	((Brain or cerebral$ or Isch?emi$ or Hypoxi?) adj3 (injur$ or attack$ or infarct$)).tw.
78	(neonatal encephalopathy or Hypoxic Isch?emic Encephalopathy or HIE).tw.
79	LENGTH OF STAY/ and INTENSIVE CARE UNITS, NEONATAL/
80	HOSPITALIZATION/ and INTENSIVE CARE UNITS, NEONATAL/
81	PATIENT ADMISSION/ and INTENSIVE CARE UNITS, NEONATAL/
82	(((length? adj2 stay$) or hospitali$ or admit$ or admission?) adj5 (Neonatal intensive care unit? or newborn intensive care unit? or NICU?)).tw.
83	INTERMITTENT POSITIVE-PRESSURE VENTILATION/
84	Intermittent positive pressure ventilation.tw.
85	IPPV.tw.
86	BRONCHOPULMONARY DYSPLASIA/
87	bronchopulmonary dysplasia.tw.
88	exp DIAGNOSTIC IMAGING/ and BRAIN/ab
89	((brain? adj3 abnormal$) and (imag$ or MRI or scan$ or ultraso$ or echogr$ or sonogr$)).tw.
90	LEUKOMALACIA, PERIVENTRICULAR/
91	(Periventricular Leu#omalacia? or PVL).tw.
92	(intraventricular h?emorrhage or IVH).tw.
93	INFARCTION/
94	infarct$.tw.
95	SEPSIS/
96	SEPSIS-ASSOCIATED ENCEPHALOPATHY/
97	Seps#s.tw.
98	exp MENINGITIS/
99	meningitis.tw.
100	RETINOPATHY OF PREMATURITY/
101	((prematurity or fibroplasia?) adj3 (retinopath$ or retrolental)).tw.
102	ROP.tw.
103	ENTEROCOLITIS, NECROTIZING/
104	necroti#ing enterocolitis.tw.
105	NEC.tw.
106	HYPOGLYCEMIA/
107	Hypoglyc?emi$.tw.
108	SEIZURES/ and exp INFANT, NEWBORN/
109	((seiz$ or convuls$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
110	SURGICAL PROCEDURES, OPERATIVE/ and exp INFANT, NEWBORN/
111	(surg$ adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
112	PREGNANCY/ and (exp STEROIDS/ or exp ADRENAL CORTEX HORMONES/)
113	((Antenatal$ or prenatal$ or pregnanc$ or before birth) adj3 (steroid? or corticosteroid?)).tw.
114	SOCIAL CLASS/
115	SOCIOECONOMIC FACTORS/
116	(Socioeconomic$ adj3 (factor? or status$)).tw.
117	MOTHERS/ and EDUCATIONAL STATUS/
118	((mother? or maternal) adj3 (educat$ or learn$) adj3 (status$ or level$)).tw.
119	exp SUBSTANCE-RELATED DISORDERS/
120	((Drug? or alcohol$) adj3 (abus$ or misus$ or disorder? or addict$ or depend$)).tw.

#	Searches
121	Alcoholi$.tw.
122	SMOKING/
123	smok$.tw.
124	PREGNANCY COMPLICATIONS/
125	(Comp$ adj3 preg$).tw.
126	PRE-ECLAMPSIA/
127	(preeclampsia? or pre eclampsia?).tw.
128	(antepartum adj3 h?emorrhag$).tw.
129	ABRUPTIO PLACENTAE/
130	(Placenta$ adj3 abruptio$).tw.
131	(cord adj3 prolaps$).tw.
132	exp MULTIPLE BIRTH OFFSPRING/
133	exp PREGNANCY, MULTIPLE/
134	(multiple birth? or twin? or triplet? or quadruplet? or quintuplet?).tw.
135	CHORIOAMNIONITIS/
136	(Chorioamnioniti$ or Funisiti$ or Amnioniti$).tw.
137	exp DELIVERY, OBSTETRIC/
138	((mode? or method? or route?) adj2 (deliver$ or birth)).tw.
139	((vagina$ or cephalic$ or breach$) adj3 (birth$ or born or deliver$)).tw.
140	(c?esar#an$ or c section$ or csection$).tw.
141	Neglect$.tw.
142	Case conference?.tw.
143	MATERNAL AGE/
144	(maternal adj3 age?).tw.
145	FETAL MEMBRANES, PREMATURE RUPTURE/
146	(Premature$ rupture$ adj3 membrane?).tw.
147	PROM.tw.
148	MOTHERS/ and exp MENTAL DISORDERS/
149	((mother$ or maternal) and (mental adj3 disorder?)).tw.
150	EPILEPSY/
151	epilep$.tw.
152	(POSTNATAL CARE/ or exp INFANT,NEWBORN/) and (exp STEROIDS/ or exp ADRENAL CORTEX HORMONES/)
153	((postnatal$ or ((after or post or follow$) adj3 birth)) adj3 (steroid? or corticosteroid?)).tw.
154	Child$ protection plan?.tw.
155	or/65-154
156	14 and 57 and 61
157	14 and 57 and 64
158	14 and 57 and 155
159	DEVELOPMENTAL DISORDERS/
160	14 and 159
161	156 or 157 or 158 or 160

E.1.71 Database: Embase

#	Searches
1	PREMATURE LABOR/

#	Searches
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURITY/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
6	(pre#mie? or premie or premies).ti,ab.
7	LOW BIRTH WEIGHT/
8	SMALL FOR DATE INFANT/
9	VERY LOW BIRTH WEIGHT/
10	EXTREMELY LOW BIRTH WEIGHT/
11	(low adj3 birth adj3 weigh$).ab,ti.
12	or/1-11
13	*SENSORY DYSFUNCTION/
14	exp *SOMATOSENSORY DISORDER/
15	exp *PERCEPTION DISORDER/
16	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
17	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
18	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
19	*FEEDING BEHAVIOR/
20	*FEEDING DIFFICULTY/
21	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
22	exp *SLEEP DISORDER/
23	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
24	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
25	*CHILD REARING/
26	*DAILY LIFE ACTIVITY/
27	*FECES INCONTINENCE/
28	exp *URINE INCONTINENCE/
29	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
30	(encopres$ or enures$ or incontinen$).ti,ab.
31	*FAILURE TO THRIVE/
32	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
33	*DEVELOPMENTAL DISORDER/
34	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
35	exp *SPEECH DISORDER/
36	exp *LANGUAGE DISABILITY/
37	*COMMUNICATION DISORDER/
38	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
39	*PSYCHOMOTOR DISORDERS/
40	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
41	global delay.ti,ab.
42	exp *LEARNING DISORDER/
43	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.

#	Searches
44	*EXECUTIVE FUNCTION/
45	executive function$.ti,ab.
46	working memory.ti,ab.
47	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
48	exp *SPECIAL EDUCATION/
49	special educat$.ti,ab.
50	SEND.ti,ab.
51	*BEHAVIOR/ or *CHILD BEHAVIOR/ or exp *SOCIAL BEHAVIOR/
52	*IRRITABILITY/ or *CRYING/
53	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
54	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
55	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
56	or/13-55
57	RISK FACTOR/
58	risk?.ti.
59	risk factor?.ab.
60	or/57-59
61	RISK FACTOR/ and GESTATIONAL AGE/
62	((gestational age? or fetal age?) adj10 risk?).ab,ti.
63	61 or 62
64	*SEX DIFFERENCE/
65	((sex or gender or male? or female?) adj5 factor?).ti,ab.
66	*SMALL FOR DATE INFANT/
67	(small for gestational age? or SGA).ab,ti.
68	CEPHALOMETRY/ and *GESTATIONAL AGE/
69	((craniometr$ or cephalometr$) adj10 gestational age?).ab,ti.
70	(Head? adj3 circumferenc$ adj10 gestational age?).ab,ti.
71	exp *ETHNIC GROUP/
72	Ethnic$.ab,ti.
73	*APGAR SCORE/
74	Apgar score?.ab,ti.
75	exp *BRAIN ISCHEMIA/
76	((Brain or cerebral$ or Isch?emi$ or Hypoxi?) adj3 (injur$ or attack$ or infarct$)).ab,ti.
77	(neonatal encephalopathy or Hypoxic Isch?emic Encephalopathy or HIE).ab,ti.
78	LENGTH OF STAY/ and *NEWBORN INTENSIVE CARE UNIT/
79	HOSPITALIZATION/ and *NEWBORN INTENSIVE CARE UNIT/
80	HOSPITAL ADMISSION/ and *NEWBORN INTENSIVE CARE UNIT/
81	(((length? adj2 stay$) or hospitali$ or admit$ or admission?) adj5 (Neonatal intensive care unit? or newborn intensive care unit? or NICU?)).ti,ab.
82	*INTERMITTENT POSITIVE-PRESSURE VENTILATION/
83	Intermittent positive pressure ventilation.ab,ti.
84	IPPV.ab,ti.
85	*LUNG DYSPLASIA/
86	bronchopulmonary dysplasia.ab,ti.
87	exp *DIAGNOSTIC IMAGING/ and *BRAIN/

#	Searches
88	((brain? adj3 abnormal$) and (imag$ or MRI or scan$ or ultraso$ or echogr$ or sonogr$)).ab,ti.
89	*ENCEPHALOMALACIA/
90	(Periventricular Leu#omalacia? or PVL).ab,ti.
91	(intraventricular h?emorrhage or IVH).ab,ti.
92	*INFARCTION/
93	infarct$.ab,ti.
94	*SEPSIS/
95	*SEPSIS ASSOCIATED ENCEPHALOPATHY/
96	Seps#s.ab,ti.
97	exp *MENINGITIS/
98	meningitis.ab,ti.
99	*RETROLENTAL FIBROPLASIA/
100	((prematurity or fibroplasia?) adj3 (retinopath$ or retrolental)).ab,ti.
101	ROP?.ab,ti.
102	*NECROTIZING ENTEROCOLITIS/
103	necroti#ing enterocolitis.ab,ti.
104	NEC.ab,ti.
105	*HYPOGLYCEMIA/
106	Hypoglyc?emi$.ab,ti.
107	*SEIZURE/ and exp INFANT/
108	((seiz$ or convuls$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
109	*SURGERY/ and exp INFANT/
110	(surg$ adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
111	PREGNANCY/ and (exp *STEROID/ or exp *CORTICOSTEROID/)
112	((Antenatal$ or prenatal$ or pregnanc$ or before birth) adj3 (steroid? or corticosteroid?)).ab,ti.
113	*SOCIAL CLASS/
114	*SOCIOECONOMICS/
115	(Socioeconomic$ adj3 (factor? or status$)).ab,ti.
116	MOTHER/ and EDUCATIONAL STATUS/
117	((mother? or maternal) adj3 (educat$ or learn$) adj3 (status$ or level$)).ab,ti.
118	*ADDICTION/ or *ALCOHOLISM/ or exp *DRUG DEPENDENCE/ or *TOBACCO DEPENDENCE/
119	((Drug? or alcohol$) adj3 (abus$ or misus$ or disorder? or addict$ or depend$)).ab,ti.
120	Alcoholi$.ab,ti.
121	*SMOKING/
122	smok$.ab,ti.
123	*PREGNANCY COMPLICATION/
124	(Comp$ adj3 preg$).ab,ti.
125	*PREECLAMPSIA/
126	(preeclampsia? or pre eclampsia?).ab,ti.
127	(antepartum adj3 h?emorrhag$).ab,ti.
128	SOLUTIO PLACENTAE/
129	(Placenta$ adj3 abruptio$).ab,ti.
130	(cord adj3 prolaps$).ab,ti.

#	Searches
131	exp *MULTIPLE PREGNANCY/
132	(multiple birth? or twin? or triplet? or quadruplet? or quintuplet?).ab,ti.
133	*CHORIOAMNIONITIS/
134	(Chorioamnioniti$ or Funisiti$ or Amnioniti$).ab,ti.
135	*VAGINAL DELIVERY/ or exp *INSTRUMENTAL DELIVERY/
136	((mode? or method? or route?) adj3 (deliver$ or birth)).ti,ab.
137	((vagina$ or cephalic$ or breach$) adj3 (birth$ or born or deliver$)).ab,ti.
138	(c?esar#an$ or c section$ or csection$).ti,ab.
139	exp *NEGLECT/
140	Neglect$.ab,ti.
141	Case conference?.ab,ti.
142	*MATERNAL AGE/
143	(maternal adj3 age?).ab,ti.
144	*PREMATURE FETUS MEMBRANE RUPTURE/
145	(Premature$ rupture$ adj3 membrane?).ab,ti.
146	PROM.ab,ti.
147	MOTHER/ and exp *MENTAL DISEASE/
148	((mother$ or maternal) and (mental adj3 disorder?)).ab,ti.
149	*EPILEPSY/
150	epilep$.ab,ti.
151	(POSTNATAL CARE/ or exp INFANT/) and (exp *STEROID/ or exp *CORTICOSTEROID/)
152	((postnatal$ or ((after or post or follow$) adj3 birth)) adj3 (steroid? or corticosteroid?)).ab,ti.
153	Child$ protection plan?.ab,ti.
154	or/64-153
155	PREVALENCE/
156	INCIDENCE/
157	STATISTICAL MODEL/
158	LIFE TABLE/
159	exp RISK/
160	(prevalen$ or incidence? or model$ or risk$ or rate?).ti.
161	or/155-160
162	predict.ti.
163	(validat* or rule*).ti,ab.
164	(predict* and (outcome* or risk* or model*)).ti,ab.
165	((history or variable* or criteria or scor* or characteristic* or finding* or factor*) and (predict* or model* or decision* or identif* or prognos*)).ti,ab.
166	decision*.ti,ab. and STATISTICAL MODEL/
167	(decision* and (model* or clinical*)).ti,ab.
168	(prognostic and (history or variable* or criteria or scor* or characteristic* or finding* or factor* or model*)).ti,ab.
169	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).ti,ab.
170	RECEIVER OPERATING CHARACTERISTIC/
171	or/162-170
172	161 or 171
173	12 and 56 and 60 and 172

#	Searches
174	12 and 56 and 63
175	12 and 56 and 154 and 172
176	DEVELOPMENTAL DISORDER/ep [Epidemiology]
177	12 and (60 or 154) and 176
178	*DEVELOPMENTAL DISORDER/et [Etiology]
179	12 and 172 and 178
180	173 or 174 or 175 or 177 or 179
181	limit 180 to english language
182	limit 181 to yr="1990 -Current"
183	letter.pt. or LETTER/
184	note.pt.
185	editorial.pt.
186	CASE REPORT/ or CASE STUDY/
187	(letter or comment*).ti.
188	or/183-187
189	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
190	188 not 189
191	ANIMAL/ not HUMAN/
192	NONHUMAN/
193	exp ANIMAL EXPERIMENT/
194	exp EXPERIMENTAL ANIMAL/
195	ANIMAL MODEL/
196	exp RODENT/
197	(rat or rats or mouse or mice).ti.
198	or/190-197
199	182 not 198

E.21 Risk of developmental disorders

E.2.12 Database: Medline

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
8	(pre#mie? or premie or premies).ti,ab.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti.

#	Searches
14	or/1-13
15	CEREBRAL PALSY/
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
17	exp INTELLECTUAL DISABILITY/
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
19	(mental$ adj3 retard$).ab,ti.
20	Global development$ delay.ab,ti.
21	COGNITION DISORDERS/
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
23	COMMUNICATION DISORDERS/
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
25	exp SPEECH DISORDERS/
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
28	exp LANGUAGE DISORDERS/
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
30	SLI.ab,ti.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
32	exp "ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS"/
33	(Attention deficit adj3 disorder?).ab,ti.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
35	ADHD?.ab,ti.
36	exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/
37	(development$ disorder? adj3 pervasive).ab,ti.
38	(Asperger? or Autis$ or Kanner?).ab,ti.
39	(ASD or PDD or PDD-NOS).ab,ti.
40	exp LEARNING DISORDERS/
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
44	MOTOR SKILLS DISORDERS/
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
46	(DCD or SDDMF).ab,ti.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
48	PSYCHOMOTOR DISORDERS/
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
50	exp APRAXIAS/
51	(Dyspraxi$ or apraxi$).ab,ti.
52	ANXIETY DISORDERS/
53	(anxiety$ adj3 disorder?).ab,ti.
54	DEPRESSIVE DISORDER/
55	(depress$ adj3 disorder?).ab,ti.

#	Searches
56	CONDUCT DISORDER/
57	(Conduct adj3 disorder?).ab,ti.
58	Oppositional defiant disorder?.ab,ti.
59	OBSESSIVE-COMPULSIVE DISORDER/
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
61	OCD.ab,ti.
62	PSYCHOTIC DISORDERS/
63	Psychos#s.ab,ti.
64	exp VISION DISORDERS/
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
68	exp HEARING DISORDERS/
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti.
71	or/15-70
72	RISK FACTORS/
73	risk?.ti.
74	risk factor?.ab.
75	or/72-74
76	RISK FACTORS/ and GESTATIONAL AGE/
77	((gestational age? or fetal age?) adj10 risk?).ab,ti.
78	76 or 77
79	SEX FACTORS/
80	((sex or gender or male? or female?) adj5 factor?).ti,ab.
81	INFANT, SMALL FOR GESTATIONAL AGE/
82	(small for gestational age? or SGA).ab,ti.
83	CEPHALOMETRY/ and GESTATIONAL AGE/
84	((craniometr$ or cephalometr$) adj10 gestational age?).ab,ti.
85	(Head? adj3 circumferenc$ adj10 gestational age?).ab,ti.
86	exp ETHNIC GROUPS/
87	Ethnic$.ab,ti.
88	APGAR SCORE/
89	Apgar score?.ab,ti.
90	exp BRAIN ISCHEMIA/
91	((Brain or cerebral$ or Isch?emi$ or Hypoxi?) adj3 (injur$ or attack$ or infarct$)).ab,ti.
92	(neonatal encephalopathy or Hypoxic Isch?emic Encephalopathy or HIE).ab,ti.
93	LENGTH OF STAY/ and INTENSIVE CARE UNITS, NEONATAL/
94	HOSPITALIZATION/ and INTENSIVE CARE UNITS, NEONATAL/
95	PATIENT ADMISSION/ and INTENSIVE CARE UNITS, NEONATAL/
96	(((length? adj2 stay$) or hospitali$ or admit$ or admission?) adj5 (Neonatal intensive care unit? or newborn intensive care unit? or NICU?)).ti,ab.
97	INTERMITTENT POSITIVE-PRESSURE VENTILATION/
98	Intermittent positive pressure ventilation.ab,ti.
99	IPPV.ab,ti.

#	Searches
100	BRONCHOPULMONARY DYSPLASIA/
101	bronchopulmonary dysplasia.ab,ti.
102	exp DIAGNOSTIC IMAGING/ and BRAIN/ab [Abnormalities]
103	((brain? adj3 abnormal$) and (imag$ or MRI or scan$ or ultraso$ or echogr$ or sonogr$)).ab,ti.
104	LEUKOMALACIA, PERIVENTRICULAR/
105	(Periventricular Leu#omalacia? or PVL).ab,ti.
106	(intraventricular h?emorrhage or IVH).ab,ti.
107	INFARCTION/
108	infarct$.ab,ti.
109	SEPSIS/
110	SEPSIS-ASSOCIATED ENCEPHALOPATHY/
111	Seps#s.ab,ti.
112	exp MENINGITIS/
113	meningitis.ab,ti.
114	RETINOPATHY OF PREMATURITY/
115	((prematurity or fibroplasia?) adj3 (retinopath$ or retrolental)).ab,ti.
116	ROP.ab,ti.
117	ENTEROCOLITIS, NECROTIZING/
118	necroti#ing enterocolitis.ab,ti.
119	NEC.ab,ti.
120	HYPOGLYCEMIA/
121	Hypoglyc?emi$.ab,ti.
122	SEIZURES/ and exp INFANT, NEWBORN/
123	((seiz$ or convuls$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
124	*SURGICAL PROCEDURES, OPERATIVE/ and exp INFANT, NEWBORN/
125	(surg$ adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
126	PREGNANCY/ and (exp *STEROIDS/ or exp *ADRENAL CORTEX HORMONES/)
127	((Antenatal$ or prenatal$ or pregnanc$ or before birth) adj3 (steroid? or corticosteroid?)).ab,ti.
128	*SOCIAL CLASS/
129	*SOCIOECONOMIC FACTORS/
130	(Socioeconomic$ adj3 (factor? or status$)).ab,ti.
131	MOTHERS/ and EDUCATIONAL STATUS/
132	((mother? or maternal) adj3 (educat$ or learn$) adj3 (status$ or level$)).ab,ti.
133	exp SUBSTANCE-RELATED DISORDERS/
134	((Drug? or alcohol$) adj3 (abus$ or misus$ or disorder? or addict$ or depend$)).ab,ti.
135	Alcoholi$.ab,ti.
136	SMOKING/
137	smok$.ab,ti.
138	PREGNANCY COMPLICATIONS/
139	(Comp$ adj3 preg$).ab,ti.
140	PRE-ECLAMPSIA/
141	(preeclampsia? or pre eclampsia?).ab,ti.
142	(antepartum adj3 h?emorrhag$).ab,ti.
143	ABRUPTIO PLACENTAE/

#	Searches
144	(Placenta$ adj3 abruptio$).ab,ti.
145	(cord adj3 prolaps$).ab,ti.
146	exp MULTIPLE BIRTH OFFSPRING/
147	exp PREGNANCY, MULTIPLE/
148	(multiple birth? or twin? or triplet? or quadruplet? or quintuplet?).ab,ti.
149	CHORIOAMNIONITIS/
150	(Chorioamnioniti$ or Funisiti$ or Amnioniti$).ab,ti.
151	exp DELIVERY, OBSTETRIC/
152	((mode? or method? or route?) adj2 (deliver$ or birth)).ti,ab.
153	((vagina$ or cephalic$ or breach$) adj3 (birth$ or born or deliver$)).ab,ti.
154	(c?esar#an$ or c section$ or csection$).ti,ab.
155	Neglect$.ab,ti.
156	Case conference?.ab,ti.
157	MATERNAL AGE/
158	(maternal adj3 age?).ab,ti.
159	FETAL MEMBRANES, PREMATURE RUPTURE/
160	(Premature$ rupture$ adj3 membrane?).ab,ti.
161	PROM.ab,ti.
162	MOTHERS/ and exp *MENTAL DISORDERS/
163	((mother$ or maternal) and (mental adj3 disorder?)).ab,ti.
164	EPILEPSY/
165	epilep$.ab,ti.
166	AGE FACTORS/ and EATING/
167	((establish$ or start$ or begin$ or begun or commence$) adj3 (oral$ feed$ or oral$ fed)).ab,ti.
168	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
169	FEEDING BEHAVIOR/
170	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
171	(POSTNATAL CARE/ or exp INFANT,NEWBORN/) and (exp *STEROIDS/ or exp *ADRENAL CORTEX HORMONES/)
172	((postnatal$ or ((after or post or follow$) adj3 birth)) adj3 (steroid? or corticosteroid?)).ab,ti.
173	Child$ protection plan?.ab,ti.
174	or/79-173
175	PREVALENCE/
176	INCIDENCE/
177	exp COHORT STUDIES/
178	CROSS-SECTIONAL STUDIES/
179	exp MODELS, STATISTICAL/
180	LIFE TABLES/
181	exp RISK/
182	(prevalen$ or incidence? or model$ or risk$ or rate?).ti.
183	or/175-182
184	predict.ti.
185	(validat$ or rule$).ti,ab.
186	(predict$ and (outcome$ or risk$ or model$)).ti,ab.
187	((history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$) and (predict$ or model$ or decision$ or identif$ or prognos$)).ti,ab.

#	Searches
188	decision$.ti,ab. and LOGISTIC MODELS/
189	(decision$ and (model$ or clinical$)).ti,ab.
190	(prognostic and (history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$ or model$)).ti,ab.
191	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).ti,ab.
192	ROC CURVE/
193	or/184-192
194	183 or 193
195	14 and 71 and 75 and 194
196	14 and 71 and 78
197	14 and 71 and 174 and 194
198	*DEVELOPMENTAL DISABILITIES/ep [Epidemiology]
199	14 and (75 or 174) and 198
200	*DEVELOPMENTAL DISABILITIES/et [Etiology]
201	14 and 194 and 200
202	195 or 196 or 197 or 199 or 201
203	limit 202 to english language
204	limit 203 to yr="1990 -Current"
205	LETTER/
206	EDITORIAL/
207	NEWS/
208	exp HISTORICAL ARTICLE/
209	ANECDOTES AS TOPIC/
210	COMMENT/
211	CASE REPORT/
212	(letter or comment*).ti.
213	or/205-212
214	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
215	213 not 214
216	ANIMALS/ not HUMANS/
217	exp ANIMALS, LABORATORY/
218	exp ANIMAL EXPERIMENTATION/
219	exp MODELS, ANIMAL/
220	exp RODENTIA/
221	(rat or rats or mouse or mice).ti.
222	or/215-221
223	204 not 222

E.2.21 Medline In-Process & Other Non-Indexed Citations

#	Searches
1	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
3	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
4	(pre#mie? or premie or premies).ti,ab.

#	Searches
5	(low adj3 birth adj3 weigh$).ab,ti.
6	or/1-5
7	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
8	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
9	(mental$ adj3 retard$).ab,ti.
10	Global development$ delay.ab,ti.
11	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
12	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
13	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
14	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
15	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
16	SLI.ab,ti.
17	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
18	(Attention deficit adj3 disorder?).ab,ti.
19	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
20	ADHD?.ab,ti.
21	(development$ disorder? adj3 pervasive).ab,ti.
22	(Asperger? or Autis$ or Kanner?).ab,ti.
23	(ASD or PDD or PDD-NOS).ab,ti.
24	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
25	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
26	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
27	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
28	(DCD or SDDMF).ab,ti.
29	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
30	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
31	(Dyspraxi$ or apraxi$).ab,ti.
32	(anxiety$ adj3 disorder?).ab,ti.
33	(depress$ adj3 disorder?).ab,ti.
34	(Conduct adj3 disorder?).ab,ti.
35	Oppositional defiant disorder?.ab,ti.
36	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
37	OCD.ab,ti.
38	Psychos#s.ab,ti.
39	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
40	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
41	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
42	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
43	(deaf$ or Paracu?si$ or dysacusi$).ab,ti.
44	or/7-43
45	risk?.ti.
46	risk factor?.ab.

#	Searches
47	45 or 46
48	((gestational age? or fetal age?) adj10 risk?).ab,ti.
49	((sex or gender or male? or female?) adj5 factor?).ti,ab.
50	(small for gestational age? or SGA).ab,ti.
51	((craniometr$ or cephalometr$) adj10 gestational age?).ab,ti.
52	(Head? adj3 circumferenc$ adj10 gestational age?).ab,ti.
53	Ethnic$.ab,ti.
54	Apgar score?.ab,ti.
55	((Brain or cerebral$ or Isch?emi$ or Hypoxi?) adj3 (injur$ or attack$ or infarct$)).ab,ti.
56	(neonatal encephalopathy or Hypoxic Isch?emic Encephalopathy or HIE).ab,ti.
57	(((length? adj2 stay$) or hospitali$ or admit$ or admission?) adj5 (Neonatal intensive care unit? or newborn intensive care unit? or NICU?)).ti,ab.
58	Intermittent positive pressure ventilation.ab,ti.
59	IPPV.ab,ti.
60	bronchopulmonary dysplasia.ab,ti.
61	((brain? adj3 abnormal$) and (imag$ or MRI or scan$ or ultraso$ or echogr$ or sonogr$)).ab,ti.
62	(Periventricular Leu#omalacia? or PVL).ab,ti.
63	(intraventricular h?emorrhage or IVH).ab,ti.
64	infarct$.ab,ti.
65	Seps#s.ab,ti.
66	meningitis.ab,ti.
67	((prematurity or fibroplasia?) adj3 (retinopath$ or retrolental)).ab,ti.
68	ROP.ab,ti.
69	necroti#ing enterocolitis.ab,ti.
70	NEC.ab,ti.
71	Hypoglyc?emi$.ab,ti.
72	((seiz$ or convuls$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
73	(surg$ adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
74	((Antenatal$ or prenatal$ or pregnanc$ or before birth) adj3 (steroid? or corticosteroid?)).ab,ti.
75	(Socioeconomic$ adj3 (factor? or status$)).ab,ti.
76	((mother? or maternal) adj3 (educat$ or learn$) adj3 (status$ or level$)).ab,ti.
77	((Drug? or alcohol$) adj3 (abus$ or misus$ or disorder? or addict$ or depend$)).ab,ti.
78	Alcoholi$.ab,ti.
79	smok$.ab,ti.
80	(Comp$ adj3 preg$).ab,ti.
81	(preeclampsia? or pre eclampsia?).ab,ti.
82	(antepartum adj3 h?emorrhag$).ab,ti.
83	(Placenta$ adj3 abruptio$).ab,ti.
84	(cord adj3 prolaps$).ab,ti.
85	(multiple birth? or twin? or triplet? or quadruplet? or quintuplet?).ab,ti.
86	(Chorioamnioniti$ or Funisiti$ or Amnioniti$).ab,ti.
87	((mode? or method? or route?) adj2 (deliver$ or birth)).ti,ab.
88	((vagina$ or cephalic$ or breach$) adj3 (birth$ or born or deliver$)).ab,ti.
89	(c?esar#an$ or c section$ or csection$).ti,ab.

#	Searches
90	Neglect$.ab,ti.
91	Case conference?.ab,ti.
92	(maternal adj3 age?).ab,ti.
93	(Premature$ rupture$ adj3 membrane?).ab,ti.
94	PROM.ab,ti.
95	((mother$ or maternal) and (mental adj3 disorder?)).ab,ti.
96	epilep$.ab,ti.
97	((establish$ or start$ or begin$ or begun or commence$) adj3 (oral$ feed$ or oral$ fed)).ab,ti.
98	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
99	((postnatal$ or ((after or post or follow$) adj3 birth)) adj3 (steroid? or corticosteroid?)).ab,ti.
100	Child$ protection plan?.ab,ti.
101	or/49-100
102	(prevalen$ or incidence? or model$ or risk$ or rate?).ti.
103	predict.ti.
104	(validat$ or rule$).ti,ab.
105	(predict$ and (outcome$ or risk$ or model$)).ti,ab.
106	((history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$) and (predict$ or model$ or decision$ or identif$ or prognos$)).ti,ab.
107	(decision$ and (model$ or clinical$)).ti,ab.
108	(prognostic and (history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$ or model$)).ti,ab.
109	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).ti,ab.
110	or/102-109
111	6 and 44 and 47 and 110
112	6 and 44 and 48
113	6 and 44 and 101 and 110
114	111 or 112 or 113
115	limit 114 to english language
116	limit 115 to yr="1990 -Current"

E.2.31 Database: Cochrane Central Register of Controlled Trials

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti,kw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti,kw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti,kw.
8	(pre#mie? or premie or premies).ab,ti,kw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/

#	Searches
13	(low adj3 birth adj3 weigh$).ab,ti,kw.
14	or/1-13
15	CEREBRAL PALSY/
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti,kw.
17	exp INTELLECTUAL DISABILITY/
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti,kw.
19	(mental$ adj3 retard$).ab,ti,kw.
20	Global development$ delay.ab,ti,kw.
21	COGNITION DISORDERS/
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti,kw.
23	COMMUNICATION DISORDERS/
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti,kw.
25	exp SPEECH DISORDERS/
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti,kw.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti,kw.
28	exp LANGUAGE DISORDERS/
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti,kw.
30	SLI.ab,ti,kw.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti,kw.
32	exp "ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS"/
33	(Attention deficit adj3 disorder?).ab,ti,kw.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti,kw.
35	ADHD?.ab,ti,kw.
36	exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/
37	(development$ disorder? adj3 pervasive).ab,ti,kw.
38	(Asperger? or Autis$ or Kanner?).ab,ti,kw.
39	(ASD or PDD or PDD-NOS).ab,ti,kw.
40	exp LEARNING DISORDERS/
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti,kw.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti,kw.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti,kw.
44	MOTOR SKILLS DISORDERS/
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti,kw.
46	(DCD or SDDMF).ab,ti,kw.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti,kw.
48	PSYCHOMOTOR DISORDERS/
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti,kw.
50	exp APRAXIAS/
51	(Dyspraxi$ or apraxi$).ab,ti,kw.
52	ANXIETY DISORDERS/
53	(anxiety$ adj3 disorder?).ab,ti,kw.
54	DEPRESSIVE DISORDER/

#	Searches
55	(depress$ adj3 disorder?).ab,ti,kw.
56	CONDUCT DISORDER/
57	(Conduct adj3 disorder?).ab,ti,kw.
58	Oppositional defiant disorder?.ab,ti,kw.
59	OBSESSIVE-COMPULSIVE DISORDER/
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti,kw.
61	OCD.ab,ti,kw.
62	PSYCHOTIC DISORDERS/
63	Psychos#s.ab,ti,kw.
64	exp VISION DISORDERS/
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti,kw.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti,kw.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti,kw.
68	exp HEARING DISORDERS/
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti,kw.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti,kw.
71	or/15-70
72	RISK FACTORS/
73	risk?.ti.
74	risk factor?.ab.
75	or/72-74
76	RISK FACTORS/ and GESTATIONAL AGE/
77	((gestational age? or fetal age?) adj10 risk?).ab,ti,kw.
78	76 or 77
79	SEX FACTORS/
80	((sex or gender or male? or female?) adj5 factor?).ab,ti,kw.
81	INFANT, SMALL FOR GESTATIONAL AGE/
82	(small for gestational age? or SGA).ab,ti,kw.
83	CEPHALOMETRY/ and GESTATIONAL AGE/
84	((craniometr$ or cephalometr$) adj10 gestational age?).ab,ti,kw.
85	(Head? adj3 circumferenc$ adj10 gestational age?).ab,ti,kw.
86	exp ETHNIC GROUPS/
87	Ethnic$.ab,ti,kw.
88	APGAR SCORE/
89	Apgar score?.ab,ti,kw.
90	exp BRAIN ISCHEMIA/
91	((Brain or cerebral$ or Isch?emi$ or Hypoxi?) adj3 (injur$ or attack$ or infarct$)).ab,ti,kw.
92	(neonatal encephalopathy or Hypoxic Isch?emic Encephalopathy or HIE).ab,ti,kw.
93	LENGTH OF STAY/ and INTENSIVE CARE UNITS, NEONATAL/
94	HOSPITALIZATION/ and INTENSIVE CARE UNITS, NEONATAL/
95	PATIENT ADMISSION/ and INTENSIVE CARE UNITS, NEONATAL/
96	(((length? adj2 stay$) or hospitali$ or admit$ or admission?) adj5 (Neonatal intensive care unit? or newborn intensive care unit? or NICU?)).ab,ti,kw.
97	INTERMITTENT POSITIVE-PRESSURE VENTILATION/
98	Intermittent positive pressure ventilation.ab,ti,kw.

#	Searches
99	IPPV.ab,ti,kw.
100	BRONCHOPULMONARY DYSPLASIA/
101	bronchopulmonary dysplasia.ab,ti,kw.
102	exp DIAGNOSTIC IMAGING/ and BRAIN/
103	((brain? adj3 abnormal$) and (imag$ or MRI or scan$ or ultraso$ or echogr$ or sonogr$)).ab,ti,kw.
104	LEUKOMALACIA, PERIVENTRICULAR/
105	(Periventricular Leu#omalacia? or PVL).ab,ti,kw.
106	(intraventricular h?emorrhage or IVH).ab,ti,kw.
107	INFARCTION/
108	infarct$.ab,ti,kw.
109	SEPSIS/
110	SEPSIS-ASSOCIATED ENCEPHALOPATHY/
111	Seps#s.ab,ti,kw.
112	exp MENINGITIS/
113	meningitis.ab,ti,kw.
114	RETINOPATHY OF PREMATURITY/
115	((prematurity or fibroplasia?) adj3 (retinopath$ or retrolental)).ab,ti,kw.
116	ROP.ab,ti,kw.
117	ENTEROCOLITIS, NECROTIZING/
118	necroti#ing enterocolitis.ab,ti,kw.
119	NEC.ab,ti,kw.
120	HYPOGLYCEMIA/
121	Hypoglyc?emi$.ab,ti,kw.
122	SEIZURES/ and exp INFANT, NEWBORN/
123	((seiz$ or convuls$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti,kw.
124	exp *SURGICAL PROCEDURES, OPERATIVE/ and exp INFANT, NEWBORN/
125	(surg$ adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti,kw.
126	PREGNANCY/ and (exp *STEROIDS/ or exp *ADRENAL CORTEX HORMONES/)
127	((Antenatal$ or prenatal$ or pregnanc$ or before birth) adj3 (steroid? or corticosteroid?)).ab,ti,kw.
128	SOCIAL CLASS/
129	SOCIOECONOMIC FACTORS/
130	(Socioeconomic$ adj3 (factor? or status$)).ab,ti,kw.
131	MOTHERS/ and EDUCATIONAL STATUS/
132	((mother? or maternal) adj3 (educat$ or learn$) adj3 (status$ or level$)).ab,ti,kw.
133	exp SUBSTANCE-RELATED DISORDERS/
134	((Drug? or alcohol$) adj3 (abus$ or misus$ or disorder? or addict$ or depend$)).ab,ti,kw.
135	Alcoholi$.ab,ti,kw.
136	SMOKING/
137	smok$.ab,ti,kw.
138	PREGNANCY COMPLICATIONS/
139	(Comp$ adj3 preg$).ab,ti,kw.
140	PRE-ECLAMPSIA/
141	(preeclampsia? or pre eclampsia?).ab,ti,kw.
142	(antepartum adj3 h?emorrhag$).ab,ti,kw.

#	Searches
143	ABRUPTIO PLACENTAE/
144	(Placenta$ adj3 abruptio$).ab,ti,kw.
145	(cord adj3 prolaps$).ab,ti,kw.
146	exp MULTIPLE BIRTH OFFSPRING/
147	exp PREGNANCY, MULTIPLE/
148	(multiple birth? or twin? or triplet? or quadruplet? or quintuplet?).ab,ti,kw.
149	CHORIOAMNIONITIS/
150	(Chorioamnioniti$ or Funisiti$ or Amnioniti$).ab,ti,kw.
151	exp DELIVERY, OBSTETRIC/
152	((mode? or method? or route?) adj2 (deliver$ or birth)).ab,ti,kw.
153	((vagina$ or cephalic$ or breach$) adj3 (birth$ or born or deliver$)).ab,ti,kw.
154	(c?esar#an$ or c section$ or csection$).ab,ti,kw.
155	Neglect$.ab,ti,kw.
156	Case conference?.ab,ti,kw.
157	MATERNAL AGE/
158	(maternal adj3 age?).ab,ti,kw.
159	FETAL MEMBRANES, PREMATURE RUPTURE/
160	(Premature$ rupture$ adj3 membrane?).ab,ti,kw.
161	PROM.ab,ti,kw.
162	MOTHERS/ and exp *MENTAL DISORDERS/
163	((mother$ or maternal) and (mental adj3 disorder?)).ab,ti,kw.
164	EPILEPSY/
165	epilep$.ab,ti,kw.
166	AGE FACTORS/ and EATING/
167	((establish$ or start$ or begin$ or begun or commence$) adj3 (oral$ feed$ or oral$ fed)).ab,ti,kw.
168	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
169	FEEDING BEHAVIOR/
170	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti,kw.
171	(POSTNATAL CARE/ or exp INFANT,NEWBORN/) and (exp *STEROIDS/ or exp *ADRENAL CORTEX HORMONES/)
172	((postnatal$ or ((after or post or follow$) adj3 birth)) adj3 (steroid? or corticosteroid?)).ab,ti,kw.
173	Child$ protection plan?.ab,ti,kw.
174	or/79-173
175	PREVALENCE/
176	INCIDENCE/
177	exp COHORT STUDIES/
178	CROSS-SECTIONAL STUDIES/
179	exp MODELS, STATISTICAL/
180	LIFE TABLES/
181	exp RISK/
182	(prevalen$ or incidence? or model$ or risk$ or rate?).ti.
183	or/175-182
184	predict.ti.
185	(validat$ or rule$).ab,ti,kw.

#	Searches
186	(predict$ and (outcome$ or risk$ or model$)).ab,ti,kw.
187	((history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$) and (predict$ or model$ or decision$ or identif$ or prognos$)).ab,ti,kw.
188	decision$.ab,ti,kw. and LOGISTIC MODELS/
189	(decision$ and (model$ or clinical$)).ab,ti,kw.
190	(prognostic and (history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$ or model$)).ab,ti,kw.
191	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).ab,ti,kw.
192	ROC CURVE/
193	or/184-192
194	183 or 193
195	14 and 71 and 75 and 194
196	14 and 71 and 78
197	14 and 71 and 174 and 194
198	DEVELOPMENTAL DISABILITIES/ep [Epidemiology]
199	14 and (75 or 174) and 198
200	DEVELOPMENTAL DISABILITIES/et [Etiology]
201	14 and 194 and 200
202	195 or 196 or 197 or 199 or 201
203	limit 202 to english language
204	limit 203 to yr="1990 -Current"

E.2.41 Database: Cochrane Database of Systematic Reviews

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
8	(pre#mie? or premie or premies).ab,ti.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	CEREBRAL PALSY.kw.
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
17	INTELLECTUAL DISABILITY.kw.
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
19	(mental$ adj3 retard$).ab,ti.
20	Global development$ delay.ab,ti.

#	Searches
21	COGNITION DISORDERS.kw.
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
23	COMMUNICATION DISORDERS.kw.
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
25	SPEECH DISORDERS.kw.
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
28	LANGUAGE DISORDERS.kw.
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
30	SLI.ab,ti.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
32	"ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS".kw.
33	(Attention deficit adj3 disorder?).ab,ti.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
35	ADHD?.ab,ti.
36	CHILD DEVELOPMENT DISORDERS, PERVASIVE.kw.
37	(development$ disorder? adj3 pervasive).ab,ti.
38	(Asperger? or Autis$ or Kanner?).ab,ti.
39	(ASD or PDD or PDD-NOS).ab,ti.
40	LEARNING DISORDERS.kw.
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
44	MOTOR SKILLS DISORDERS.kw.
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
46	(DCD or SDDMF).ab,ti.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
48	PSYCHOMOTOR DISORDERS.kw.
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
50	APRAXIAS.kw.
51	(Dyspraxi$ or apraxi$).ab,ti.
52	ANXIETY DISORDERS.kw.
53	(anxiety$ adj3 disorder?).ab,ti.
54	DEPRESSIVE DISORDER.kw.
55	(depress$ adj3 disorder?).ab,ti.
56	CONDUCT DISORDER.kw.
57	(Conduct adj3 disorder?).ab,ti.
58	Oppositional defiant disorder?.ab,ti.
59	OBSESSIVE-COMPULSIVE DISORDER.kw.
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
61	OCD.ab,ti.
62	PSYCHOTIC DISORDERS.kw.

#	Searches
63	Psychos#s.ab,ti.
64	VISION DISORDERS.kw.
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
68	HEARING DISORDERS.kw.
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti.
71	or/15-70
72	RISK FACTORS.kw.
73	risk?.ti.
74	risk factor?.ab,ti.
75	or/72-74
76	(RISK FACTORS and GESTATIONAL AGE).kw.
77	((gestational age? or fetal age?) adj10 risk?).ab,ti.
78	76 or 77
79	SEX FACTORS.kw.
80	((sex or gender or male? or female?) adj5 factor?).ab,ti.
81	INFANT, SMALL FOR GESTATIONAL AGE.kw.
82	(small for gestational age? or SGA).ab,ti.
83	(CEPHALOMETRY and GESTATIONAL AGE).kw.
84	((craniometr$ or cephalometr$) adj10 gestational age?).ab,ti.
85	(Head? adj3 circumferenc$ adj10 gestational age?).ab,ti.
86	ETHNIC GROUPS.kw.
87	Ethnic$.ab,ti.
88	APGAR SCORE.kw.
89	Apgar score?.ab,ti.
90	BRAIN ISCHEMIA.kw.
91	((Brain or cerebral$ or Isch?emi$ or Hypoxi?) adj3 (injur$ or attack$ or infarct$)).ab,ti.
92	(neonatal encephalopathy or Hypoxic Isch?emic Encephalopathy or HIE).ab,ti.
93	(LENGTH OF STAY and INTENSIVE CARE UNITS, NEONATAL).kw.
94	(HOSPITALIZATION and INTENSIVE CARE UNITS, NEONATAL).kw.
95	(PATIENT ADMISSION and INTENSIVE CARE UNITS, NEONATAL).kw.
96	(((length? adj2 stay$) or hospitali$ or admit$ or admission?) adj5 (Neonatal intensive care unit? or newborn intensive care unit? or NICU?)).ab,ti.
97	INTERMITTENT POSITIVE-PRESSURE VENTILATION.kw.
98	Intermittent positive pressure ventilation.ab,ti.
99	IPPV.ab,ti.
100	BRONCHOPULMONARY DYSPLASIA.kw.
101	bronchopulmonary dysplasia.ab,ti.
102	(DIAGNOSTIC IMAGING and BRAIN).kw.
103	((brain? adj3 abnormal$) and (imag$ or MRI or scan$ or ultraso$ or echogr$ or sonogr$)).ab,ti.
104	LEUKOMALACIA, PERIVENTRICULAR.kw.
105	(Periventricular Leu#omalacia? or PVL).ab,ti.

#	Searches
106	(intraventricular h?emorrhage or IVH).ab,ti.
107	INFARCTION.kw.
108	infarct$.ab,ti.
109	SEPSIS.kw.
110	SEPSIS-ASSOCIATED ENCEPHALOPATHY.kw.
111	Seps#s.ab,ti.
112	MENINGITIS.kw.
113	meningitis.ab,ti.
114	RETINOPATHY OF PREMATURITY.kw.
115	((prematurity or fibroplasia?) adj3 (retinopath$ or retrolental)).ab,ti.
116	ROP.ab,ti.
117	ENTEROCOLITIS, NECROTIZING.kw.
118	necroti#ing enterocolitis.ab,ti.
119	NEC.ab,ti.
120	HYPOGLYCEMIA.kw.
121	Hypoglyc?emi$.ab,ti.
122	(SEIZURES and INFANT, NEWBORN).kw.
123	((seiz$ or convuls$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
124	(SURGICAL PROCEDURES, OPERATIVE and INFANT, NEWBORN).kw.
125	(surg$ adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
126	(PREGNANCY and (STEROIDS or ADRENAL CORTEX HORMONES)).kw.
127	((Antenatal$ or prenatal$ or pregnanc$ or before birth) adj3 (steroid? or corticosteroid?)).ab,ti.
128	SOCIAL CLASS.kw.
129	SOCIOECONOMIC FACTORS.kw.
130	(Socioeconomic$ adj3 (factor? or status$)).ab,ti.
131	(MOTHERS and EDUCATIONAL STATUS).kw.
132	((mother? or maternal) adj3 (educat$ or learn$) adj3 (status$ or level$)).ab,ti.
133	SUBSTANCE-RELATED DISORDERS.kw.
134	((Drug? or alcohol$) adj3 (abus$ or misus$ or disorder? or addict$ or depend$)).ab,ti.
135	Alcoholi$.ab,ti.
136	SMOKING.kw.
137	smok$.ab,ti.
138	PREGNANCY COMPLICATIONS.kw.
139	(Comp$ adj3 preg$).ab,ti.
140	PRE-ECLAMPSIA.kw.
141	(preeclampsia? or pre eclampsia?).ab,ti.
142	(antepartum adj3 h?emorrhag$).ab,ti.
143	ABRUPTIO PLACENTAE.kw.
144	(Placenta$ adj3 abruptio$).ab,ti.
145	(cord adj3 prolaps$).ab,ti.
146	MULTIPLE BIRTH OFFSPRING.kw.
147	PREGNANCY, MULTIPLE.kw.
148	(multiple birth? or twin? or triplet? or quadruplet? or quintuplet?).ab,ti.
149	CHORIOAMNIONITIS.kw.
150	(Chorioamnioniti$ or Funisiti$ or Amnioniti$).ab,ti.

#	Searches
151	DELIVERY, OBSTETRIC.kw.
152	((mode? or method? or route?) adj2 (deliver$ or birth)).ab,ti.
153	((vagina$ or cephalic$ or breach$) adj3 (birth$ or born or deliver$)).ab,ti.
154	(c?esar#an$ or c section$ or csection$).ab,ti.
155	Neglect$.ab,ti.
156	Case conference?.ab,ti.
157	MATERNAL AGE.kw.
158	(maternal adj3 age?).ab,ti.
159	FETAL MEMBRANES, PREMATURE RUPTURE.kw.
160	(Premature$ rupture$ adj3 membrane?).ab,ti.
161	PROM.ab,ti.
162	(MOTHERS and MENTAL DISORDERS).kw.
163	((mother$ or maternal) and (mental adj3 disorder?)).ab,ti.
164	EPILEPSY.kw.
165	epilep$.ab,ti.
166	(AGE FACTORS and EATING).kw.
167	((establish$ or start$ or begin$ or begun or commence$) adj3 (oral$ feed$ or oral$ fed)).ab,ti.
168	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
169	FEEDING BEHAVIOR.kw.
170	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
171	((POSTNATAL CARE or INFANT,NEWBORN) and (STEROIDS or ADRENAL CORTEX HORMONES)).kw.
172	((postnatal$ or ((after or post or follow$) adj3 birth)) adj3 (steroid? or corticosteroid?)).ab,ti.
173	Child$ protection plan?.ab,ti.
174	or/79-173
175	PREVALENCE.kw.
176	INCIDENCE.kw.
177	COHORT STUDIES.kw.
178	CROSS-SECTIONAL STUDIES.kw.
179	MODELS, STATISTICAL.kw.
180	LIFE TABLES.kw.
181	RISK.kw.
182	(prevalen$ or incidence? or model$ or risk$ or rate?).ti.
183	or/175-182
184	predict.ti.
185	(validat$ or rule$).ab,ti.
186	(predict$ and (outcome$ or risk$ or model$)).ab,ti.
187	((history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$) and (predict$ or model$ or decision$ or identif$ or prognos$)).ab,ti.
188	decision$.ab,ti. and LOGISTIC MODELS.kw.
189	(decision$ and (model$ or clinical$)).ab,ti.
190	(prognostic and (history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$ or model$)).ab,ti.
191	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).ab,ti.
192	ROC CURVE.kw.

#	Searches
193	or/184-192
194	183 or 193
195	14 and 71 and 75 and 194
196	14 and 71 and 78
197	14 and 71 and 174 and 194
198	195 or 196 or 197

E.2.51 Database: Database of Abstracts of Reviews of Effects

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw,tx.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw,tx.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw,tx.
8	(pre#mie? or premie or premies).tw,tx.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).tw,tx.
14	or/1-13
15	CEREBRAL PALSY.kw.
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).tw,tx.
17	INTELLECTUAL DISABILITY.kw.
18	(Intellect$ adj3 (disab$ or disorder?)).tw,tx.
19	(mental$ adj3 retard$).tw,tx.
20	Global development$ delay.tw,tx.
21	COGNITION DISORDERS.kw.
22	(cognit$ adj3 (disab$ or disorder? or impair$)).tw,tx.
23	COMMUNICATION DISORDERS.kw.
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).tw,tx.
25	SPEECH DISORDERS.kw.
26	((speech or speak$) adj3 (disab$ or disorder?)).tw,tx.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).tw,tx.
28	LANGUAGE DISORDERS.kw.
29	(Language? adj3 (disab$ or disorder? or impair$)).tw,tx.
30	SLI.tw,tx.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).tw,tx.
32	"ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS".kw.
33	(Attention deficit adj3 disorder?).tw,tx.
34	(hyperkinetic adj3 (syndrome? or disorder?)).tw,tx.

#	Searches
35	ADHD?.tw,tx.
36	CHILD DEVELOPMENT DISORDERS, PERVASIVE.kw.
37	(development$ disorder? adj3 pervasive).tw,tx.
38	(Asperger? or Autis$ or Kanner?).tw,tx.
39	(ASD or PDD or PDD-NOS).tw,tx.
40	LEARNING DISORDERS.kw.
41	(Learning adj3 (disab$ or disorder? or difficult$)).tw,tx.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).tw,tx.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).tw,tx.
44	MOTOR SKILLS DISORDERS.kw.
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).tw,tx.
46	(DCD or SDDMF).tw,tx.
47	(clumsy child$ adj3 (disorder? or syndrome?)).tw,tx.
48	PSYCHOMOTOR DISORDERS.kw.
49	(Psychomotor adj3 (disorder? or impair$)).tw,tx.
50	APRAXIAS.kw.
51	(Dyspraxi$ or apraxi$).tw,tx.
52	ANXIETY DISORDERS.kw.
53	(anxiety$ adj3 disorder?).tw,tx.
54	DEPRESSIVE DISORDER.kw.
55	(depress$ adj3 disorder?).tw,tx.
56	CONDUCT DISORDER.kw.
57	(Conduct adj3 disorder?).tw,tx.
58	Oppositional defiant disorder?.tw,tx.
59	OBSESSIVE-COMPULSIVE DISORDER.kw.
60	(obsessive compulsive adj3 (disorder? or neuros?s)).tw,tx.
61	OCD.tw,tx.
62	PSYCHOTIC DISORDERS.kw.
63	Psychos#s.tw,tx.
64	VISION DISORDERS.kw.
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).tw,tx.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).tw,tx.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).tw,tx.
68	HEARING DISORDERS.kw.
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).tw,tx.
70	(deaf$ or Paracu?si$ or dysacusi$).tw,tx.
71	or/15-70
72	RISK FACTORS.kw.
73	risk?.ti.
74	risk factor?.tw,tx.
75	or/72-74
76	(RISK FACTORS and GESTATIONAL AGE).kw.
77	((gestational age? or fetal age?) adj10 risk?).tw,tx.

#	Searches
78	76 or 77
79	SEX FACTORS.kw.
80	((sex or gender or male? or female?) adj5 factor?).tw,tx.
81	INFANT, SMALL FOR GESTATIONAL AGE.kw.
82	(small for gestational age? or SGA).tw,tx.
83	(CEPHALOMETRY and GESTATIONAL AGE).kw.
84	((craniometr$ or cephalometr$) adj10 gestational age?).tw,tx.
85	(Head? adj3 circumferenc$ adj10 gestational age?).tw,tx.
86	ETHNIC GROUPS.kw.
87	Ethnic$.tw,tx.
88	APGAR SCORE.kw.
89	Apgar score?.tw,tx.
90	BRAIN ISCHEMIA.kw.
91	((Brain or cerebral$ or Isch?emi$ or Hypoxi?) adj3 (injur$ or attack$ or infarct$)).tw,tx.
92	(neonatal encephalopathy or Hypoxic Isch?emic Encephalopathy or HIE).tw,tx.
93	(LENGTH OF STAY and INTENSIVE CARE UNITS, NEONATAL).kw.
94	(HOSPITALIZATION and INTENSIVE CARE UNITS, NEONATAL).kw.
95	(PATIENT ADMISSION and INTENSIVE CARE UNITS, NEONATAL).kw.
96	(((length? adj2 stay$) or hospitali$ or admit$ or admission?) adj5 (Neonatal intensive care unit? or newborn intensive care unit? or NICU?)).tw,tx.
97	INTERMITTENT POSITIVE-PRESSURE VENTILATION.kw.
98	Intermittent positive pressure ventilation.tw,tx.
99	IPPV.tw,tx.
100	BRONCHOPULMONARY DYSPLASIA.kw.
101	bronchopulmonary dysplasia.tw,tx.
102	(DIAGNOSTIC IMAGING and BRAIN).kw.
103	((brain? adj3 abnormal$) and (imag$ or MRI or scan$ or ultraso$ or echogr$ or sonogr$)).tw,tx.
104	LEUKOMALACIA, PERIVENTRICULAR.kw.
105	(Periventricular Leu#omalacia? or PVL).tw,tx.
106	(intraventricular h?emorrhage or IVH).tw,tx.
107	INFARCTION.kw.
108	infarct$.tw,tx.
109	SEPSIS.kw.
110	SEPSIS-ASSOCIATED ENCEPHALOPATHY.kw.
111	Seps#s.tw,tx.
112	MENINGITIS.kw.
113	meningitis.tw,tx.
114	RETINOPATHY OF PREMATURITY.kw.
115	((prematurity or fibroplasia?) adj3 (retinopath$ or retrolental)).tw,tx.
116	ROP.tw,tx.
117	ENTEROCOLITIS, NECROTIZING.kw.
118	necroti#ing enterocolitis.tw,tx.
119	NEC.tw,tx.
120	HYPOGLYCEMIA.kw.
121	Hypoglyc?emi$.tw,tx.

#	Searches
122	(SEIZURES and INFANT, NEWBORN).kw.
123	((seiz$ or convuls$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw,tx.
124	(SURGICAL PROCEDURES, OPERATIVE and INFANT, NEWBORN).kw.
125	(surg$ adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw,tx.
126	(PREGNANCY and (STEROIDS or ADRENAL CORTEX HORMONES)).kw.
127	((Antenatal$ or prenatal$ or pregnanc$ or before birth) adj3 (steroid? or corticosteroid?)).tw,tx.
128	SOCIAL CLASS.kw.
129	SOCIOECONOMIC FACTORS.kw.
130	(Socioeconomic$ adj3 (factor? or status$)).tw,tx.
131	(MOTHERS and EDUCATIONAL STATUS).kw.
132	((mother? or maternal) adj3 (educat$ or learn$) adj3 (status$ or level$)).tw,tx.
133	SUBSTANCE-RELATED DISORDERS.kw.
134	((Drug? or alcohol$) adj3 (abus$ or misus$ or disorder? or addict$ or depend$)).tw,tx.
135	Alcoholi$.tw,tx.
136	SMOKING.kw.
137	smok$.tw,tx.
138	PREGNANCY COMPLICATIONS.kw.
139	(Comp$ adj3 preg$).tw,tx.
140	PRE-ECLAMPSIA.kw.
141	(preeclampsia? or pre eclampsia?).tw,tx.
142	(antepartum adj3 h?emorrhag$).tw,tx.
143	ABRUPTIO PLACENTAE.kw.
144	(Placenta$ adj3 abruptio$).tw,tx.
145	(cord adj3 prolaps$).tw,tx.
146	MULTIPLE BIRTH OFFSPRING.kw.
147	PREGNANCY, MULTIPLE.kw.
148	(multiple birth? or twin? or triplet? or quadruplet? or quintuplet?).tw,tx.
149	CHORIOAMNIONITIS.kw.
150	(Chorioamnioniti$ or Funisiti$ or Amnioniti$).tw,tx.
151	DELIVERY, OBSTETRIC.kw.
152	((mode? or method? or route?) adj2 (deliver$ or birth)).tw,tx.
153	((vagina$ or cephalic$ or breach$) adj3 (birth$ or born or deliver$)).tw,tx.
154	(c?esar#an$ or c section$ or csection$).tw,tx.
155	Neglect$.tw,tx.
156	Case conference?.tw,tx.
157	MATERNAL AGE.kw.
158	(maternal adj3 age?).tw,tx.
159	FETAL MEMBRANES, PREMATURE RUPTURE.kw.
160	(Premature$ rupture$ adj3 membrane?).tw,tx.
161	PROM.tw,tx.
162	(MOTHERS and MENTAL DISORDERS).kw.
163	((mother$ or maternal) and (mental adj3 disorder?)).tw,tx.
164	EPILEPSY.kw.
165	epilep$.tw,tx.
166	(AGE FACTORS and EATING).kw.

#	Searches
167	((establish$ or start$ or begin$ or begun or commence$) adj3 (oral$ feed$ or oral$ fed)).tw,tx.
168	"FEEDING AND EATING DISORDERS OF CHILDHOOD".kw.
169	FEEDING BEHAVIOR.kw.
170	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).tw,tx.
171	((POSTNATAL CARE or INFANT,NEWBORN) and (STEROIDS or ADRENAL CORTEX HORMONES)).kw.
172	((postnatal$ or ((after or post or follow$) adj3 birth)) adj3 (steroid? or corticosteroid?)).tw,tx.
173	Child$ protection plan?.tw,tx.
174	or/79-173
175	PREVALENCE.kw.
176	INCIDENCE.kw.
177	COHORT STUDIES.kw.
178	CROSS-SECTIONAL STUDIES.kw.
179	MODELS, STATISTICAL.kw.
180	LIFE TABLES.kw.
181	RISK.kw.
182	(prevalen$ or incidence? or model$ or risk$ or rate?).ti.
183	or/175-182
184	predict.ti.
185	(validat$ or rule$).tw,tx.
186	(predict$ and (outcome$ or risk$ or model$)).tw,tx.
187	((history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$) and (predict$ or model$ or decision$ or identif$ or prognos$)).tw,tx.
188	decision$.tw,tx. and LOGISTIC MODELS.kw.
189	(decision$ and (model$ or clinical$)).tw,tx.
190	(prognostic and (history or variable$ or criteria or scor$ or characteristic$ or finding$ or factor$ or model$)).tw,tx.
191	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).tw,tx.
192	ROC CURVE.kw.
193	or/184-192
194	183 or 193
195	14 and 71 and 75 and 194
196	14 and 71 and 78
197	14 and 71 and 174 and 194
198	195 or 196 or 197

E.2.61 Database: Health Technology Assessment

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/

#	Searches
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
8	(pre#mie? or premie or premies).tw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).tw.
14	or/1-13
15	CEREBRAL PALSY/
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).tw.
17	MENTAL RETARDATION/
18	(Intellect$ adj3 (disab$ or disorder?)).tw.
19	(mental$ adj3 retard$).tw.
20	Global development$ delay.tw.
21	COGNITION DISORDERS/
22	(cognit$ adj3 (disab$ or disorder? or impair$)).tw.
23	COMMUNICATION DISORDERS/
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).tw.
25	exp SPEECH DISORDERS/
26	((speech or speak$) adj3 (disab$ or disorder?)).tw.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).tw.
28	exp LANGUAGE DISORDERS/
29	(Language? adj3 (disab$ or disorder? or impair$)).tw.
30	SLI.tw.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).tw.
32	exp "ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS"/
33	(Attention deficit adj3 disorder?).tw.
34	(hyperkinetic adj3 (syndrome? or disorder?)).tw.
35	ADHD?.tw.
36	exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/
37	(development$ disorder? adj3 pervasive).tw.
38	(Asperger? or Autis$ or Kanner?).tw.
39	(ASD or PDD or PDD-NOS).tw.
40	exp LEARNING DISORDERS/
41	(Learning adj3 (disab$ or disorder? or difficult$)).tw.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).tw.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).tw.
44	MOTOR SKILLS DISORDERS/
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).tw.
46	(DCD or SDDMF).tw.
47	(clumsy child$ adj3 (disorder? or syndrome?)).tw.
48	PSYCHOMOTOR DISORDERS/

#	Searches
49	(Psychomotor adj3 (disorder? or impair$)).tw.
50	exp APRAXIAS/
51	(Dyspraxi$ or apraxi$).tw.
52	ANXIETY DISORDERS/
53	(anxiety$ adj3 disorder?).tw.
54	DEPRESSIVE DISORDER/
55	(depress$ adj3 disorder?).tw.
56	CONDUCT DISORDER/
57	(Conduct adj3 disorder?).tw.
58	Oppositional defiant disorder?.tw.
59	OBSESSIVE-COMPULSIVE DISORDER/
60	(obsessive compulsive adj3 (disorder? or neuros?s)).tw.
61	OCD.tw.
62	PSYCHOTIC DISORDERS/
63	Psychos#s.tw.
64	exp VISION DISORDERS/
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).tw.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).tw.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).tw.
68	exp HEARING DISORDERS/
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).tw.
70	(deaf$ or Paracu?si$ or dysacusi$).tw.
71	or/15-70
72	RISK FACTORS/
73	risk?.ti.
74	risk factor?.tw.
75	or/72-74
76	RISK FACTORS/ and GESTATIONAL AGE/
77	((gestational age? or fetal age?) adj10 risk?).tw.
78	76 or 77
79	SEX FACTORS/
80	((sex or gender or male? or female?) adj5 factor?).tw.
81	INFANT, SMALL FOR GESTATIONAL AGE/
82	(small for gestational age? or SGA).tw.
83	CEPHALOMETRY/ and GESTATIONAL AGE/
84	((craniometr$ or cephalometr$) adj10 gestational age?).tw.
85	(Head? adj3 circumferenc$ adj10 gestational age?).tw.
86	exp ETHNIC GROUPS/
87	Ethnic$.tw.
88	APGAR SCORE/
89	Apgar score?.tw.
90	exp BRAIN ISCHEMIA/
91	((Brain or cerebral$ or Isch?emi$ or Hypoxi?) adj3 (injur$ or attack$ or infarct$)).tw.
92	(neonatal encephalopathy or Hypoxic Isch?emic Encephalopathy or HIE).tw.
93	LENGTH OF STAY/ and INTENSIVE CARE UNITS, NEONATAL/

#	Searches
94	HOSPITALIZATION/ and INTENSIVE CARE UNITS, NEONATAL/
95	PATIENT ADMISSION/ and INTENSIVE CARE UNITS, NEONATAL/
96	(((length? adj2 stay$) or hospitali$ or admit$ or admission?) adj5 (Neonatal intensive care unit? or newborn intensive care unit? or NICU?)).tw.
97	INTERMITTENT POSITIVE-PRESSURE VENTILATION/
98	Intermittent positive pressure ventilation.tw.
99	IPPV.tw.
100	BRONCHOPULMONARY DYSPLASIA/
101	bronchopulmonary dysplasia.tw.
102	exp DIAGNOSTIC IMAGING/ and BRAIN/ab
103	((brain? adj3 abnormal$) and (imag$ or MRI or scan$ or ultraso$ or echogr$ or sonogr$)).tw.
104	LEUKOMALACIA, PERIVENTRICULAR/
105	(Periventricular Leu#omalacia? or PVL).tw.
106	(intraventricular h?emorrhage or IVH).tw.
107	INFARCTION/
108	infarct$.tw.
109	SEPSIS/
110	SEPSIS-ASSOCIATED ENCEPHALOPATHY/
111	Seps#s.tw.
112	exp MENINGITIS/
113	meningitis.tw.
114	RETINOPATHY OF PREMATURITY/
115	((prematurity or fibroplasia?) adj3 (retinopath$ or retrolental)).tw.
116	ROP.tw.
117	ENTEROCOLITIS, NECROTIZING/
118	necroti#ing enterocolitis.tw.
119	NEC.tw.
120	HYPOGLYCEMIA/
121	Hypoglyc?emi$.tw.
122	SEIZURES/ and exp INFANT, NEWBORN/
123	((seiz$ or convuls$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
124	SURGICAL PROCEDURES, OPERATIVE/ and exp INFANT, NEWBORN/
125	(surg$ adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
126	PREGNANCY/ and (exp STEROIDS/ or exp ADRENAL CORTEX HORMONES/)
127	((Antenatal$ or prenatal$ or pregnanc$ or before birth) adj3 (steroid? or corticosteroid?)).tw.
128	SOCIAL CLASS/
129	SOCIOECONOMIC FACTORS/
130	(Socioeconomic$ adj3 (factor? or status$)).tw.
131	MOTHERS/ and EDUCATIONAL STATUS/
132	((mother? or maternal) adj3 (educat$ or learn$) adj3 (status$ or level$)).tw.
133	exp SUBSTANCE-RELATED DISORDERS/
134	((Drug? or alcohol$) adj3 (abus$ or misus$ or disorder? or addict$ or depend$)).tw.
135	Alcoholi$.tw.
136	SMOKING/
137	smok$.tw.
138	PREGNANCY COMPLICATIONS/

#	Searches
139	(Comp$ adj3 preg$).tw.
140	PRE-ECLAMPSIA/
141	(preeclampsia? or pre eclampsia?).tw.
142	(antepartum adj3 h?emorrhag$).tw.
143	ABRUPTIO PLACENTAE/
144	(Placenta$ adj3 abruptio$).tw.
145	(cord adj3 prolaps$).tw.
146	exp MULTIPLE BIRTH OFFSPRING/
147	exp PREGNANCY, MULTIPLE/
148	(multiple birth? or twin? or triplet? or quadruplet? or quintuplet?).tw.
149	CHORIOAMNIONITIS/
150	(Chorioamnioniti$ or Funisiti$ or Amnioniti$).tw.
151	exp DELIVERY, OBSTETRIC/
152	((mode? or method? or route?) adj2 (deliver$ or birth)).tw.
153	((vagina$ or cephalic$ or breach$) adj3 (birth$ or born or deliver$)).tw.
154	(c?esar#an$ or c section$ or csection$).tw.
155	Neglect$.tw.
156	Case conference?.tw.
157	MATERNAL AGE/
158	(maternal adj3 age?).tw.
159	FETAL MEMBRANES, PREMATURE RUPTURE/
160	(Premature$ rupture$ adj3 membrane?).tw.
161	PROM.tw.
162	MOTHERS/ and exp MENTAL DISORDERS/
163	((mother$ or maternal) and (mental adj3 disorder?)).tw.
164	EPILEPSY/
165	epilep$.tw.
166	AGE FACTORS/ and EATING/
167	((establish$ or start$ or begin$ or begun or commence$) adj3 (oral$ feed$ or oral$ fed)).tw.
168	"FEEDING AND EATING DISORDERS OF CHILDHOOD"/
169	FEEDING BEHAVIOR/
170	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).tw.
171	(POSTNATAL CARE/ or exp INFANT,NEWBORN/) and (exp STEROIDS/ or exp ADRENAL CORTEX HORMONES/)
172	((postnatal$ or ((after or post or follow$) adj3 birth)) adj3 (steroid? or corticosteroid?)).tw.
173	Child$ protection plan?.tw.
174	or/79-173
175	14 and 71 and 75
176	14 and 71 and 78
177	14 and 71 and 174
178	DEVELOPMENTAL DISORDERS/
179	14 and 178
180	175 or 176 or 177 or 179

E.2.71 Database: Embase

#	Searches
1	PREMATURE LABOR/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURITY/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
6	(pre#mie? or premie or premies).ti,ab.
7	LOW BIRTH WEIGHT/
8	SMALL FOR DATE INFANT/
9	VERY LOW BIRTH WEIGHT/
10	EXTREMELY LOW BIRTH WEIGHT/
11	(low adj3 birth adj3 weigh$).ab,ti.
12	or/1-11
13	*CEREBRAL PALSY/
14	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
15	*INTELLECTUAL IMPAIRMENT/ or *MENTAL DEFICIENCY/
16	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
17	(mental$ adj3 retard$).ab,ti.
18	Global development$ delay.ab,ti.
19	*COGNITIVE DEFECT/
20	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
21	*COMMUNICATION DISORDER/
22	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
23	exp *SPEECH DISORDER/
24	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
25	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
26	exp *LANGUAGE DISABILITY/
27	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
28	SLI.ab,ti.
29	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
30	*ATTENTION DEFICIT DISORDER/
31	(Attention deficit adj3 disorder?).ab,ti.
32	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
33	ADHD?.ab,ti.
34	exp *AUTISM/
35	(development$ disorder? adj3 pervasive).ab,ti.
36	(Asperger? or Autis$ or Kanner?).ab,ti.
37	(ASD or PDD or PDD-NOS).ab,ti.
38	exp *LEARNING DISORDER/
39	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
40	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
41	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.

#	Searches
42	*PSYCHOMOTOR DISORDERS/
43	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
44	(DCD or SDDMF).ab,ti.
45	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
46	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
47	exp *APRAXIA/
48	(Dyspraxi$ or apraxi$).ab,ti.
49	*ANXIETY DISORDER/
50	(anxiety$ adj3 disorder?).ab,ti.
51	*DEPRESSION/
52	(depress$ adj3 disorder?).ab,ti.
53	*CONDUCT DISORDER/ or *OPPOSITIONAL DEFIANT DISORDER/
54	(Conduct adj3 disorder?).ab,ti.
55	Oppositional defiant disorder?.ab,ti.
56	*OBSESSIVE COMPULSIVE DISORDER/
57	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
58	OCD.ab,ti.
59	*PSYCHOSIS/
60	Psychos#s.ab,ti.
61	exp *VISUAL DISORDER/
62	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
63	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
64	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
65	exp *HEARING DISORDER/
66	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
67	(deafness or Paracu?si$ or dysacusi$).ab,ti.
68	or/13-67
69	RISK FACTOR/
70	risk?.ti.
71	risk factor?.ab.
72	or/69-71
73	RISK FACTOR/ and GESTATIONAL AGE/
74	((gestational age? or fetal age?) adj10 risk?).ab,ti.
75	73 or 74
76	*SEX DIFFERENCE/
77	((sex or gender or male? or female?) adj5 factor?).ti,ab.
78	*SMALL FOR DATE INFANT/
79	(small for gestational age? or SGA).ab,ti.
80	CEPHALOMETRY/ and *GESTATIONAL AGE/
81	((craniometr$ or cephalometr$) adj10 gestational age?).ab,ti.
82	(Head? adj3 circumferenc$ adj10 gestational age?).ab,ti.
83	exp *ETHNIC GROUP/
84	Ethnic$.ab,ti.
85	*APGAR SCORE/

#	Searches
86	Apgar score?.ab,ti.
87	exp *BRAIN ISCHEMIA/
88	((Brain or cerebral$ or Isch?emi$ or Hypoxi?) adj3 (injur$ or attack$ or infarct$)).ab,ti.
89	(neonatal encephalopathy or Hypoxic Isch?emic Encephalopathy or HIE).ab,ti.
90	LENGTH OF STAY/ and *NEWBORN INTENSIVE CARE UNIT/
91	HOSPITALIZATION/ and *NEWBORN INTENSIVE CARE UNIT/
92	HOSPITAL ADMISSION/ and *NEWBORN INTENSIVE CARE UNIT/
93	(((length? adj2 stay$) or hospitali$ or admit$ or admission?) adj5 (Neonatal intensive care unit? or newborn intensive care unit? or NICU?)).ti,ab.
94	*INTERMITTENT POSITIVE-PRESSURE VENTILATION/
95	Intermittent positive pressure ventilation.ab,ti.
96	IPPV.ab,ti.
97	*LUNG DYSPLASIA/
98	bronchopulmonary dysplasia.ab,ti.
99	exp *DIAGNOSTIC IMAGING/ and *BRAIN/
100	((brain? adj3 abnormal$) and (imag$ or MRI or scan$ or ultraso$ or echogr$ or sonogr$)).ab,ti.
101	*ENCEPHALOMALACIA/
102	(Periventricular Leu#omalacia? or PVL).ab,ti.
103	(intraventricular h?emorrhage or IVH).ab,ti.
104	*INFARCTION/
105	infarct$.ab,ti.
106	*SEPSIS/
107	*SEPSIS ASSOCIATED ENCEPHALOPATHY/
108	Seps#s.ab,ti.
109	exp *MENINGITIS/
110	meningitis.ab,ti.
111	*RETROLENTAL FIBROPLASIA/
112	((prematurity or fibroplasia?) adj3 (retinopath$ or retrolental)).ab,ti.
113	ROP?.ab,ti.
114	*NECROTIZING ENTEROCOLITIS/
115	necroti#ing enterocolitis.ab,ti.
116	NEC.ab,ti.
117	*HYPOGLYCEMIA/
118	Hypoglyc?emi$.ab,ti.
119	*SEIZURE/ and exp INFANT/
120	((seiz$ or convuls$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
121	*SURGERY/ and exp INFANT/
122	(surg$ adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
123	PREGNANCY/ and (exp *STEROID/ or exp *CORTICOSTEROID/)
124	((Antenatal$ or prenatal$ or pregnanc$ or before birth) adj3 (steroid? or corticosteroid?)).ab,ti.
125	*SOCIAL CLASS/
126	*SOCIOECONOMICS/
127	(Socioeconomic$ adj3 (factor? or status$)).ab,ti.
128	MOTHER/ and EDUCATIONAL STATUS/

#	Searches
129	((mother? or maternal) adj3 (educat$ or learn$) adj3 (status$ or level$)).ab,ti.
130	*ADDICTION/ or *ALCOHOLISM/ or exp *DRUG DEPENDENCE/ or *TOBACCO DEPENDENCE/
131	((Drug? or alcohol$) adj3 (abus$ or misus$ or disorder? or addict$ or depend$)).ab,ti.
132	Alcoholi$.ab,ti.
133	*SMOKING/
134	smok$.ab,ti.
135	*PREGNANCY COMPLICATION/
136	(Comp$ adj3 preg$).ab,ti.
137	*PREECLAMPSIA/
138	(preeclampsia? or pre eclampsia?).ab,ti.
139	(antepartum adj3 h?emorrhag$).ab,ti.
140	SOLUTIO PLACENTAE/
141	(Placenta$ adj3 abruptio$).ab,ti.
142	(cord adj3 prolaps$).ab,ti.
143	exp *MULTIPLE PREGNANCY/
144	(multiple birth? or twin? or triplet? or quadruplet? or quintuplet?).ab,ti.
145	*CHORIOAMNIONITIS/
146	(Chorioamnioniti$ or Funisiti$ or Amnioniti$).ab,ti.
147	*VAGINAL DELIVERY/ or exp *INSTRUMENTAL DELIVERY/
148	((mode? or method? or route?) adj3 (deliver$ or birth)).ti,ab.
149	((vagina$ or cephalic$ or breach$) adj3 (birth$ or born or deliver$)).ab,ti.
150	(c?esar#an$ or c section$ or csection$).ti,ab.
151	exp *NEGLECT/
152	Neglect$.ab,ti.
153	Case conference?.ab,ti.
154	*MATERNAL AGE/
155	(maternal adj3 age?).ab,ti.
156	*PREMATURE FETUS MEMBRANE RUPTURE/
157	(Premature$ rupture$ adj3 membrane?).ab,ti.
158	PROM.ab,ti.
159	MOTHER/ and exp *MENTAL DISEASE/
160	((mother$ or maternal) and (mental adj3 disorder?)).ab,ti.
161	*EPILEPSY/
162	epilep$.ab,ti.
163	AGE/ and EATING/
164	((establish$ or start$ or begin$ or begun or commence$) adj3 (oral$ feed$ or oral$ fed)).ab,ti.
165	*FEEDING DISORDER/ or *FEEDING DIFFICULTY/
166	*FEEDING BEHAVIOR/
167	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
168	(POSTNATAL CARE/ or exp INFANT/) and (exp *STEROID/ or exp *CORTICOSTEROID/)
169	((postnatal$ or ((after or post or follow$) adj3 birth)) adj3 (steroid? or corticosteroid?)).ab,ti.
170	Child$ protection plan?.ab,ti.
171	or/76-170
172	PREVALENCE/
173	INCIDENCE/

#	Searches
174	STATISTICAL MODEL/
175	LIFE TABLE/
176	exp RISK/
177	(prevalen$ or incidence? or model$ or risk$ or rate?).ti.
178	or/172-177
179	predict.ti.
180	(validat* or rule*).ti,ab.
181	(predict* and (outcome* or risk* or model*)).ti,ab.
182	((history or variable* or criteria or scor* or characteristic* or finding* or factor*) and (predict* or model* or decision* or identif* or prognos*)).ti,ab.
183	decision*.ti,ab. and STATISTICAL MODEL/
184	(decision* and (model* or clinical*)).ti,ab.
185	(prognostic and (history or variable* or criteria or scor* or characteristic* or finding* or factor* or model*)).ti,ab.
186	(stratification or discrimination or discriminate or c statistic or "area under the curve" or AUC or calibration or indices or algorithm or multivariable).ti,ab.
187	RECEIVER OPERATING CHARACTERISTIC/
188	or/179-187
189	178 or 188
190	12 and 68 and 72 and 189
191	12 and 68 and 75
192	12 and 68 and 171 and 189
193	DEVELOPMENTAL DISORDER/ep [Epidemiology]
194	12 and (72 or 171) and 193
195	*DEVELOPMENTAL DISORDER/et [Etiology]
196	12 and 189 and 195
197	190 or 191 or 192 or 194 or 196
198	limit 197 to english language
199	limit 198 to yr="1990 -Current"
200	letter.pt. or LETTER/
201	note.pt.
202	editorial.pt.
203	CASE REPORT/ or CASE STUDY/
204	(letter or comment*).ti.
205	or/200-204
206	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
207	205 not 206
208	ANIMAL/ not HUMAN/
209	NONHUMAN/
210	exp ANIMAL EXPERIMENT/
211	exp EXPERIMENTAL ANIMAL/
212	ANIMAL MODEL/
213	exp RODENT/
214	(rat or rats or mouse or mice).ti.
215	or/207-214
216	199 not 215

E.3 Prevalence of developmental problems

What is the prevalence of developmental problems in babies, children and young people born preterm at different gestational ages?

E.3.1 Database: Medline

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
8	(pre#mie? or premie or premies).ti,ab.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	SENSATION DISORDERS/
16	exp SOMATOSENSORY DISORDERS/
17	exp PERCEPTUAL DISORDERS/
18	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
19	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
20	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
21	FEEDING BEHAVIOR/
22	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
23	exp SLEEP DISORDERS/
24	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
25	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
26	TOILET TRAINING/
27	"ACTIVITIES OF DAILY LIVING"/
28	FECAL INCONTINENCE/
29	exp URINARY INCONTINENCE/
30	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
31	(encopres$ or enures$ or incontinen$).ti,ab.
32	FAILURE TO THRIVE/
33	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
34	*DEVELOPMENTAL DISABILITIES/
35	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
36	exp SPEECH DISORDERS/
37	exp LANGUAGE DISORDERS/
38	COMMUNICATION DISORDERS/

#	Searches
39	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
40	MOTOR SKILLS DISORDERS/
41	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
42	global delay.ti,ab.
43	exp LEARNING DISORDERS/
44	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
45	EXECUTIVE FUNCTION/
46	executive function.ti,ab.
47	working memory.ti,ab.
48	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
49	exp EDUCATION, SPECIAL/
50	special educat$.ti,ab.
51	SEND.ti,ab.
52	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
53	IRRITABLE MOOD/ or CRYING/
54	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
55	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
56	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
57	or/15-56
58	PREVALENCE/
59	INCIDENCE/
60	exp MODELS, STATISTICAL/
61	(prevalen$ or incidence? or model$ or rate?).ti.
62	((prevalen$ or incidence? or transversal$) adj3 (study or studies)).ti,ab.
63	COHORT STUDIES/
64	(cohort adj3 (study or studies)).ti,ab.
65	(Cohort adj3 analy$).ti,ab.
66	FOLLOW-UP STUDIES/
67	(Follow$ up adj3 (study or studies)).ti,ab.
68	LONGITUDINAL STUDIES/
69	longitudinal$.ti,ab.
70	PROSPECTIVE STUDIES/
71	prospective$.ti,ab.
72	RETROSPECTIVE STUDIES/
73	retrospective$.ti,ab.
74	CROSS-SECTIONAL STUDIES/
75	cross-sectional$.ti,ab.
76	MULTICENTER STUDIES/
77	((multicent$ or multi$ cent$) adj3 (study or studies)).ti,ab.
78	REGISTRIES/
79	(registr$ or register?).ti,ab.
80	or/58-79
81	META-ANALYSIS/

#	Searches
82	META-ANALYSIS AS TOPIC/
83	(meta analy* or metanaly* or metaanaly*).ti,ab.
84	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
85	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
86	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
87	(search* adj4 literature).ab.
88	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
89	cochrane.jw.
90	or/81-89
91	GESTATIONAL AGE/
92	((gestational or fetal) adj2 age?).ab,ti.
93	or/91-92
94	14 and 57 and 80 and 93
95	14 and 57 and 90 and 93
96	or/94-95
97	limit 96 to english language
98	limit 97 to yr="1990 -Current"
99	LETTER/
100	EDITORIAL/
101	NEWS/
102	exp HISTORICAL ARTICLE/
103	ANECDOTES AS TOPIC/
104	COMMENT/
105	CASE REPORT/
106	(letter or comment*).ti.
107	or/99-106
108	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
109	107 not 108
110	ANIMALS/ not HUMANS/
111	exp ANIMALS, LABORATORY/
112	exp ANIMAL EXPERIMENTATION/
113	exp MODELS, ANIMAL/
114	exp RODENTIA/
115	(rat or rats or mouse or mice).ti.
116	or/109-115
117	98 not 116

E.3.21 Medline In-Process & Other Non-Indexed Citations

#	Searches
1	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
3	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
4	(pre#mie? or premie or premies).ti,ab.

#	Searches
5	(low adj3 birth adj3 weigh$).ab,ti.
6	or/1-5
7	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
8	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
9	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
10	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
11	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
12	(dyssomni$ or parasomni$ or insomni$ or apn?ea?).ti,ab.
13	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
14	(encopres$ or enures$ or incontinen$).ti,ab.
15	((fail$ or falter$ or poor) adj3 (thriv$ or weight or grow$)).ti,ab.
16	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
17	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
18	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
19	global delay.ti,ab.
20	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
21	executive function.ti,ab.
22	working memory.ti,ab.
23	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
24	special educat$.ti,ab.
25	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
26	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
27	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
28	or/7-27
29	(prevalen$ or incidence? or model$ or rate?).ti.
30	((prevalen$ or incidence? or transversal$) adj3 (study or studies)).ti,ab.
31	(cohort adj3 (study or studies)).ti,ab.
32	(Cohort adj3 analy$).ti,ab.
33	(Follow$ up adj3 (study or studies)).ti,ab.
34	longitudinal$.ti,ab.
35	prospective$.ti,ab.
36	retrospective$.ti,ab.
37	cross-sectional$.ti,ab.
38	((multicent$ or multi$ cent$) adj3 (study or studies)).ti,ab.
39	(registr$ or register?).ti,ab.
40	or/29-39
41	(meta analy* or metanaly* or metaanaly*).ti,ab.
42	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
43	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
44	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
45	(search* adj4 literature).ab.

#	Searches
46	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
47	cochrane.jw.
48	or/41-47
49	((gestational or fetal) adj2 age?).ab,ti.
50	6 and 28 and 40 and 49
51	6 and 28 and 48 and 49
52	or/50-51

E.3.31 Database: Cochrane Central Register of Controlled Trials

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti,kw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti,kw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti,kw.
8	(pre#mie? or premie or premies).ab,ti,kw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti,kw.
14	or/1-13
15	SENSATION DISORDERS/
16	exp SOMATOSENSORY DISORDERS/
17	exp PERCEPTUAL DISORDERS/
18	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
19	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab,kw.
20	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab,kw.
21	FEEDING BEHAVIOR/
22	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ti,ab,kw.
23	exp SLEEP DISORDERS/
24	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab,kw.
25	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab,kw.
26	TOILET TRAINING/
27	"ACTIVITIES OF DAILY LIVING"/
28	FECAL INCONTINENCE/
29	exp URINARY INCONTINENCE/
30	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
31	(encopres$ or enures$ or incontinen$).ti,ab,kw.
32	FAILURE TO THRIVE/

#	Searches
33	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab,kw.
34	*DEVELOPMENTAL DISABILITIES/
35	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab,kw.
36	exp SPEECH DISORDERS/
37	exp LANGUAGE DISORDERS/
38	COMMUNICATION DISORDERS/
39	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
40	MOTOR SKILLS DISORDERS/
41	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
42	global delay.ti,ab,kw.
43	exp LEARNING DISORDERS/
44	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
45	EXECUTIVE FUNCTION/
46	executive function.ti,ab,kw.
47	working memory.ti,ab,kw.
48	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
49	exp EDUCATION, SPECIAL/
50	special educat$.ti,ab,kw.
51	SEND.ti,ab,kw.
52	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
53	IRRITABLE MOOD/ or CRYING/
54	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
55	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab,kw.
56	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
57	or/15-56
58	PREVALENCE/
59	INCIDENCE/
60	(prevalen$ or incidence?).ti,kw.
61	((prevalen$ or incidence? or transversal$) adj3 (study or studies)).ab.
62	COHORT STUDIES/
63	cohort.ti,ab,kw.
64	FOLLOW-UP STUDIES/
65	(Follow$ up adj3 (study or studies)).ti,ab.
66	LONGITUDINAL STUDIES/
67	longitudinal$.ti,ab,kw.
68	RETROSPECTIVE STUDIES/
69	retrospective$.ti,ab,kw.
70	CROSS-SECTIONAL STUDIES/
71	cross-sectional$.ti,ab,kw.
72	MULTICENTER STUDIES/
73	((multicent$ or multi$ cent$) adj3 (study or studies)).ti,ab.
74	REGISTRIES/
75	(registr$ or register?).ti,kw.

#	Searches
76	(registry or registries or register?).ab.
77	or/58-76
78	META-ANALYSIS/
79	META-ANALYSIS AS TOPIC/
80	(meta analy* or metanaly* or metaanaly*).ti,ab,kw.
81	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
82	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
83	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
84	(search* adj4 literature).ab.
85	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
86	cochrane.ab.
87	or/78-86
88	GESTATIONAL AGE/
89	((gestational or fetal) adj2 age?).ab,ti.
90	or/88-89
91	14 and 57 and 77 and 90
92	14 and 57 and 87 and 90
93	or/91-92

E.3.41 Database: Cochrane Database of Systematic Reviews

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
8	(pre#mie? or premie or premies).ab,ti.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	SENSATION DISORDERS.kw.
16	SOMATOSENSORY DISORDERS.kw.
17	PERCEPTUAL DISORDERS.kw.
18	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
19	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
20	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
21	FEEDING BEHAVIOR.kw.

#	Searches
22	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
23	SLEEP DISORDERS.kw.
24	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
25	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
26	TOILET TRAINING.kw.
27	"ACTIVITIES OF DAILY LIVING".kw.
28	FECAL INCONTINENCE.kw.
29	URINARY INCONTINENCE.kw.
30	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
31	(encopres$ or enures$ or incontinen$).ti,ab.
32	FAILURE TO THRIVE.kw.
33	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
34	DEVELOPMENTAL DISABILITIES.kw.
35	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
36	SPEECH DISORDERS.kw.
37	LANGUAGE DISORDERS.kw.
38	COMMUNICATION DISORDERS.kw.
39	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
40	MOTOR SKILLS DISORDERS.kw.
41	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
42	global delay.ti,ab.
43	LEARNING DISORDERS.kw.
44	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
45	EXECUTIVE FUNCTION.kw.
46	executive function.ti,ab.
47	working memory.ti,ab.
48	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
49	EDUCATION, SPECIAL.kw.
50	special educat$.ti,ab.
51	SEND.ti,ab.
52	(BEHAVIOR or CHILD BEHAVIOR or SOCIAL BEHAVIOR).kw.
53	(IRRITABLE MOOD or CRYING).kw.
54	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
55	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
56	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
57	or/15-56
58	14 and 57

E.3.51 Database: Database of Abstracts of Reviews of Effects

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw,tx.
3	PREMATURE BIRTH.kw.

#	Searches
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw,tx.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw,tx.
8	(pre#mie? or premie or premies).tw,tx.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).tw,tx.
14	or/1-13
15	SENSATION DISORDERS.kw.
16	SOMATOSENSORY DISORDERS.kw.
17	PERCEPTUAL DISORDERS.kw.
18	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
19	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).tw,tx.
20	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).tw,tx.
21	FEEDING BEHAVIOR.kw.
22	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).tw,tx.
23	SLEEP DISORDERS.kw.
24	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).tw,tx.
25	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).tw,tx.
26	TOILET TRAINING.kw.
27	"ACTIVITIES OF DAILY LIVING".kw.
28	FECAL INCONTINENCE.kw.
29	URINARY INCONTINENCE.kw.
30	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
31	(encopres$ or enures$ or incontinen$).tw,tx.
32	FAILURE TO THRIVE.kw.
33	((fail$ or falter$) adj3 (thriv$ or grow$)).tw,tx.
34	DEVELOPMENTAL DISABILITIES.kw.
35	((developmental$ or milestone?) adj3 (delay$ or late$)).tw,tx.
36	SPEECH DISORDERS.kw.
37	LANGUAGE DISORDERS.kw.
38	COMMUNICATION DISORDERS.kw.
39	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
40	MOTOR SKILLS DISORDERS.kw.
41	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
42	global delay.tw,tx.
43	LEARNING DISORDERS.kw.
44	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
45	EXECUTIVE FUNCTION.kw.

#	Searches
46	executive function.tw,tx.
47	working memory.tw,tx.
48	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
49	EDUCATION, SPECIAL.kw.
50	special educat$.tw,tx.
51	SEND.tw,tx.
52	(BEHAVIOR or CHILD BEHAVIOR or SOCIAL BEHAVIOR).kw.
53	(IRRITABLE MOOD or CRYING).kw.
54	(behav$ adj3 (difficult$ or impair$ or problem$)).tw,tx.
55	(cry or crying or cries or irritab$ or tantrum$ or shy$).tw,tx.
56	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
57	or/15-56
58	14 and 57

E.3.61 Database: Health Technology Assessment

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
8	(pre#mie? or premie or premies).tw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).tw.
14	or/1-13
15	SENSATION DISORDERS/
16	exp SOMATOSENSORY DISORDERS/
17	exp PERCEPTUAL DISORDERS/
18	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).tw.
19	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).tw.
20	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).tw.
21	FEEDING BEHAVIOR/
22	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).tw.
23	exp SLEEP DISORDERS/
24	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).tw.
25	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).tw.
26	TOILET TRAINING/
27	"ACTIVITIES OF DAILY LIVING"/

#	Searches
28	FECAL INCONTINENCE/
29	exp URINARY INCONTINENCE/
30	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).tw.
31	(encopres$ or enures$ or incontinen$).tw.
32	FAILURE TO THRIVE/
33	((fail$ or falter$) adj3 (thriv$ or grow$)).tw.
34	*DEVELOPMENTAL DISABILITIES/
35	((developmental$ or milestone?) adj3 (delay$ or late$)).tw.
36	exp SPEECH DISORDERS/
37	exp LANGUAGE DISORDERS/
38	COMMUNICATION DISORDERS/
39	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
40	MOTOR SKILLS DISORDERS/
41	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
42	global delay.tw.
43	exp LEARNING DISORDERS/
44	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
45	EXECUTIVE FUNCTION/
46	executive function.tw.
47	working memory.tw.
48	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
49	exp EDUCATION, SPECIAL/
50	special educat$.tw.
51	SEND.tw.
52	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
53	IRRITABLE MOOD/ or CRYING/
54	(behav$ adj3 (difficult$ or impair$ or problem$)).tw.
55	(cry or crying or cries or irritab$ or tantrum$ or shy$).tw.
56	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).tw.
57	or/15-56
58	14 and 57

E.3.71 Database: Embase

#	Searches
1	PREMATURE LABOR/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURITY/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
6	(pre#mie? or premie or premies).ti,ab.
7	LOW BIRTH WEIGHT/
8	SMALL FOR DATE INFANT/

#	Searches
9	VERY LOW BIRTH WEIGHT/
10	EXTREMELY LOW BIRTH WEIGHT/
11	(low adj3 birth adj3 weigh$).ab,ti.
12	or/1-11
13	*SENSORY DYSFUNCTION/
14	exp *SOMATOSENSORY DISORDER/
15	exp *PERCEPTION DISORDER/
16	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
17	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
18	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
19	*FEEDING BEHAVIOR/
20	*FEEDING DIFFICULTY/
21	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
22	exp *SLEEP DISORDER/
23	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
24	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
25	*CHILD REARING/
26	*DAILY LIFE ACTIVITY/
27	*FECES INCONTINENCE/
28	exp *URINE INCONTINENCE/
29	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
30	(encopres$ or enures$ or incontinen$).ti,ab.
31	*FAILURE TO THRIVE/
32	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
33	*DEVELOPMENTAL DISORDER/
34	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
35	exp *SPEECH DISORDER/
36	exp *LANGUAGE DISABILITY/
37	*COMMUNICATION DISORDER/
38	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
39	*PSYCHOMOTOR DISORDERS/
40	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
41	global delay.ti,ab.
42	exp *LEARNING DISORDER/
43	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
44	*EXECUTIVE FUNCTION/
45	executive function.ti,ab.
46	working memory.ti,ab.
47	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
48	exp *SPECIAL EDUCATION/
49	special educat$.ti,ab.
50	SEND.ti,ab.

#	Searches
51	*BEHAVIOR/ or *CHILD BEHAVIOR/ or exp *SOCIAL BEHAVIOR/
52	*IRRITABILITY/ or *CRYING/
53	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
54	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
55	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
56	or/13-55
57	PREVALENCE/
58	INCIDENCE/
59	STATISTICAL MODEL/
60	(prevalen$ or incidence? or model$ or rate?).ti.
61	((prevalen$ or incidence? or transversal$) adj3 (study or studies)).ti,ab.
62	COHORT ANALYSIS/
63	(cohort adj3 (study or studies)).ti,ab.
64	(Cohort adj3 analy$).ti,ab.
65	FOLLOW-UP/
66	(Follow$ up adj3 (study or studies)).ti,ab.
67	LONGITUDINAL STUDY/
68	longitudinal$.ti,ab.
69	PROSPECTIVE STUDY/
70	prospective$.ti,ab.
71	RETROSPECTIVE STUDY/
72	retrospective$.ti,ab.
73	CROSS-SECTIONAL STUDY/
74	cross-sectional$.ti,ab.
75	MULTICENTER STUDY/
76	((multicent$ or multi$ cent$) adj3 (study or studies)).ti,ab.
77	REGISTER/
78	(registr$ or register?).ti,ab.
79	or/57-78
80	SYSTEMATIC REVIEW/
81	META-ANALYSIS/
82	(meta analy* or metanaly* or metaanaly*).ti,ab.
83	((systematic or evidence) adj2 (review* or overview*)).ti,ab.
84	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
85	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
86	(search* adj4 literature).ab.
87	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
88	((pool* or combined) adj2 (data or trials or studies or results)).ab.
89	cochrane.jw.
90	or/80-89
91	GESTATIONAL AGE/
92	((gestational or fetal) adj2 age?).ab,ti.
93	or/91-92
94	12 and 56 and 79 and 93

#	Searches
95	12 and 56 and 90 and 93
96	or/94-95
97	limit 96 to english language
98	limit 97 to yr="1990 -Current"
99	letter.pt. or LETTER/
100	note.pt.
101	editorial.pt.
102	CASE REPORT/ or CASE STUDY/
103	(letter or comment*).ti.
104	or/99-103
105	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
106	104 not 105
107	ANIMAL/ not HUMAN/
108	NONHUMAN/
109	exp ANIMAL EXPERIMENT/
110	exp EXPERIMENTAL ANIMAL/
111	ANIMAL MODEL/
112	exp RODENT/
113	(rat or rats or mouse or mice).ti.
114	or/106-113
115	98 not 114

E.4 Prevalence of developmental disorders

What is the prevalence of developmental disorders in babies, children and young people born preterm at different gestational ages?

E.4.1 Database: Medline

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
8	(pre#mie? or premie or premies).ti,ab.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	CEREBRAL PALSY/
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.

#	Searches
17	exp INTELLECTUAL DISABILITY/
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
19	(mental$ adj3 retard$).ab,ti.
20	Global development$ delay.ab,ti.
21	COGNITION DISORDERS/
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
23	COMMUNICATION DISORDERS/
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
25	exp SPEECH DISORDERS/
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
28	exp LANGUAGE DISORDERS/
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
30	SLI.ab,ti.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
32	exp "ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS"/
33	(Attention deficit adj3 disorder?).ab,ti.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
35	ADHD?.ab,ti.
36	exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/
37	(development$ disorder? adj3 pervasive).ab,ti.
38	(Asperger? or Autis$ or Kanner?).ab,ti.
39	(ASD or PDD or PDD-NOS).ab,ti.
40	exp LEARNING DISORDERS/
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
44	MOTOR SKILLS DISORDERS/
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
46	(DCD or SDDMF).ab,ti.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
48	PSYCHOMOTOR DISORDERS/
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
50	exp APRAXIAS/
51	(Dyspraxi$ or apraxi$).ab,ti.
52	ANXIETY DISORDERS/
53	(anxiety$ adj3 disorder?).ab,ti.
54	DEPRESSIVE DISORDER/
55	(depress$ adj3 disorder?).ab,ti.
56	CONDUCT DISORDER/
57	(Conduct adj3 disorder?).ab,ti.
58	Oppositional defiant disorder?.ab,ti.

#	Searches
59	OBSESSIVE-COMPULSIVE DISORDER/
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
61	OCD.ab,ti.
62	PSYCHOTIC DISORDERS/
63	Psychos#s.ab,ti.
64	exp VISION DISORDERS/
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
68	exp HEARING DISORDERS/
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti.
71	or/15-70
72	PREVALENCE/
73	INCIDENCE/
74	exp MODELS, STATISTICAL/
75	(prevalen$ or incidence? or model$ or rate?).ti.
76	((prevalen$ or incidence? or transversal$) adj3 (study or studies)).ti,ab.
77	COHORT STUDIES/
78	(cohort adj3 (study or studies)).ti,ab.
79	(Cohort adj3 analy$).ti,ab.
80	FOLLOW-UP STUDIES/
81	(Follow$ up adj3 (study or studies)).ti,ab.
82	LONGITUDINAL STUDIES/
83	longitudinal$.ti,ab.
84	PROSPECTIVE STUDIES/
85	prospective$.ti,ab.
86	RETROSPECTIVE STUDIES/
87	retrospective$.ti,ab.
88	CROSS-SECTIONAL STUDIES/
89	cross-sectional$.ti,ab.
90	MULTICENTER STUDIES/
91	((multicent$ or multi$ cent$) adj3 (study or studies)).ti,ab.
92	REGISTRIES/
93	(registr$ or register?).ti,ab.
94	or/72-93
95	META-ANALYSIS/
96	META-ANALYSIS AS TOPIC/
97	(meta analy* or metanaly* or metaanaly*).ti,ab.
98	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
99	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
100	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
101	(search* adj4 literature).ab.

#	Searches
102	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
103	cochrane.jw.
104	or/95-103
105	GESTATIONAL AGE/
106	((gestational or fetal) adj2 age?).ab,ti.
107	or/105-106
108	14 and 71 and 94 and 107
109	14 and 71 and 104 and 107
110	or/108-109
111	limit 110 to english language
112	limit 111 to yr="1990 -Current"
113	LETTER/
114	EDITORIAL/
115	NEWS/
116	exp HISTORICAL ARTICLE/
117	ANECDOTES AS TOPIC/
118	COMMENT/
119	CASE REPORT/
120	(letter or comment*).ti.
121	or/113-120
122	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
123	121 not 122
124	ANIMALS/ not HUMANS/
125	exp ANIMALS, LABORATORY/
126	exp ANIMAL EXPERIMENTATION/
127	exp MODELS, ANIMAL/
128	exp RODENTIA/
129	(rat or rats or mouse or mice).ti.
130	or/123-129
131	112 not 130

E.4.21 Medline In-Process & Other Non-Indexed Citations

#	Searches
1	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
3	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
4	(pre#mie? or premie or premies).ti,ab.
5	(low adj3 birth adj3 weigh$).ab,ti.
6	or/1-5
7	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
8	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
9	(mental$ adj3 retard$).ab,ti.
10	Global development$ delay.ab,ti.
11	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.

#	Searches
12	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
13	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
14	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
15	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
16	SLI.ab,ti.
17	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
18	(Attention deficit adj3 disorder?).ab,ti.
19	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
20	ADHD?.ab,ti.
21	(development$ disorder? adj3 pervasive).ab,ti.
22	(Asperger? or Autis$ or Kanner?).ab,ti.
23	(ASD or PDD or PDD-NOS).ab,ti.
24	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
25	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
26	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
27	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
28	(DCD or SDDMF).ab,ti.
29	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
30	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
31	(Dyspraxi$ or apraxi$).ab,ti.
32	(anxiety$ adj3 disorder?).ab,ti.
33	(depress$ adj3 disorder?).ab,ti.
34	(Conduct adj3 disorder?).ab,ti.
35	Oppositional defiant disorder?.ab,ti.
36	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
37	OCD.ab,ti.
38	Psychos#s.ab,ti.
39	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
40	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
41	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
42	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
43	(deaf$ or Paracu?si$ or dysacusi$).ab,ti.
44	or/7-43
45	(prevalen$ or incidence? or model$ or rate?).ti.
46	((prevalen$ or incidence? or transversal$) adj3 (study or studies)).ti,ab.
47	(cohort adj3 (study or studies)).ti,ab.
48	(Cohort adj3 analy$).ti,ab.
49	(Follow$ up adj3 (study or studies)).ti,ab.
50	longitudinal$.ti,ab.
51	prospective$.ti,ab.
52	retrospective$.ti,ab.
53	cross-sectional$.ti,ab.

#	Searches
54	((multicent$ or multi$ cent$) adj3 (study or studies)).ti,ab.
55	(registr$ or register?).ti,ab.
56	or/45-55
57	(meta analy* or metanaly* or metaanaly*).ti,ab.
58	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
59	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
60	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
61	(search* adj4 literature).ab.
62	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
63	cochrane.jw.
64	or/57-63
65	((gestational or fetal) adj2 age?).ab,ti.
66	6 and 44 and 56 and 65
67	6 and 44 and 64 and 65
68	or/66-67

E.4.31 Database: Cochrane Central Register of Controlled Trials

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti,kw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti,kw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti,kw.
8	(pre#mie? or premie or premies).ab,ti,kw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti,kw.
14	or/1-13
15	CEREBRAL PALSY/
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti,kw.
17	exp INTELLECTUAL DISABILITY/
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti,kw.
19	(mental$ adj3 retard$).ab,ti,kw.
20	Global development$ delay.ab,ti,kw.
21	COGNITION DISORDERS/
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti,kw.
23	COMMUNICATION DISORDERS/
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti,kw.
25	exp SPEECH DISORDERS/

#	Searches
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti,kw.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti,kw.
28	exp LANGUAGE DISORDERS/
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti,kw.
30	SLI.ab,ti,kw.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti,kw.
32	exp "ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS"/
33	(Attention deficit adj3 disorder?).ab,ti,kw.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti,kw.
35	ADHD?.ab,ti,kw.
36	exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/
37	(development$ disorder? adj3 pervasive).ab,ti,kw.
38	(Asperger? or Autis$ or Kanner?).ab,ti,kw.
39	(ASD or PDD or PDD-NOS).ab,ti,kw.
40	exp LEARNING DISORDERS/
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti,kw.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti,kw.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti,kw.
44	MOTOR SKILLS DISORDERS/
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti,kw.
46	(DCD or SDDMF).ab,ti,kw.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti,kw.
48	PSYCHOMOTOR DISORDERS/
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti,kw.
50	exp APRAXIAS/
51	(Dyspraxi$ or apraxi$).ab,ti,kw.
52	ANXIETY DISORDERS/
53	(anxiety$ adj3 disorder?).ab,ti,kw.
54	DEPRESSIVE DISORDER/
55	(depress$ adj3 disorder?).ab,ti,kw.
56	CONDUCT DISORDER/
57	(Conduct adj3 disorder?).ab,ti,kw.
58	Oppositional defiant disorder?.ab,ti,kw.
59	OBSESSIVE-COMPULSIVE DISORDER/
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti,kw.
61	OCD.ab,ti,kw.
62	PSYCHOTIC DISORDERS/
63	Psychos#s.ab,ti,kw.
64	exp VISION DISORDERS/
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti,kw.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti,kw.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti,kw.

#	Searches
68	exp HEARING DISORDERS/
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti,kw.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti,kw.
71	or/15-70
72	PREVALENCE/
73	INCIDENCE/
74	(prevalen$ or incidence?).ti,kw.
75	((prevalen$ or incidence? or transversal$) adj3 (study or studies)).ab.
76	COHORT STUDIES/
77	cohort.ti,ab,kw.
78	FOLLOW-UP STUDIES/
79	(Follow$ up adj3 (study or studies)).ti,ab.
80	LONGITUDINAL STUDIES/
81	longitudinal$.ti,ab,kw.
82	RETROSPECTIVE STUDIES/
83	retrospective$.ti,ab,kw.
84	CROSS-SECTIONAL STUDIES/
85	cross-sectional$.ti,ab,kw.
86	MULTICENTER STUDIES/
87	((multicent$ or multi$ cent$) adj3 (study or studies)).ti,ab.
88	REGISTRIES/
89	(registr$ or register?).ti,kw.
90	(registry or registries or register?).ab.
91	or/72-90
92	META-ANALYSIS/
93	META-ANALYSIS AS TOPIC/
94	(meta analy* or metanaly* or metaanaly*).ti,ab,kw.
95	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
96	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
97	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
98	(search* adj4 literature).ab.
99	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
100	cochrane.ab.
101	or/92-100
102	GESTATIONAL AGE/
103	((gestational or fetal) adj2 age?).ab,ti.
104	or/102-103
105	14 and 71 and 91 and 104
106	14 and 71 and 101 and 104
107	or/105-106

E.4.41 Database: Cochrane Database of Systematic Reviews

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.

#	Searches
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
8	(pre#mie? or premie or premies).ab,ti.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	CEREBRAL PALSY.kw.
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
17	INTELLECTUAL DISABILITY.kw.
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
19	(mental$ adj3 retard$).ab,ti.
20	Global development$ delay.ab,ti.
21	COGNITION DISORDERS.kw.
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
23	COMMUNICATION DISORDERS.kw.
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
25	SPEECH DISORDERS.kw.
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
28	LANGUAGE DISORDERS.kw.
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
30	SLI.ab,ti.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
32	"ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS".kw.
33	(Attention deficit adj3 disorder?).ab,ti.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
35	ADHD?.ab,ti.
36	CHILD DEVELOPMENT DISORDERS, PERVASIVE.kw.
37	(development$ disorder? adj3 pervasive).ab,ti.
38	(Asperger? or Autis$ or Kanner?).ab,ti.
39	(ASD or PDD or PDD-NOS).ab,ti.
40	LEARNING DISORDERS.kw.
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.

#	Searches
44	MOTOR SKILLS DISORDERS.kw.
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
46	(DCD or SDDMF).ab,ti.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
48	PSYCHOMOTOR DISORDERS.kw.
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
50	APRAXIAS.kw.
51	(Dyspraxi$ or apraxi$).ab,ti.
52	ANXIETY DISORDERS.kw.
53	(anxiety$ adj3 disorder?).ab,ti.
54	DEPRESSIVE DISORDER.kw.
55	(depress$ adj3 disorder?).ab,ti.
56	CONDUCT DISORDER.kw.
57	(Conduct adj3 disorder?).ab,ti.
58	Oppositional defiant disorder?.ab,ti.
59	OBSESSIVE-COMPULSIVE DISORDER.kw.
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
61	OCD.ab,ti.
62	PSYCHOTIC DISORDERS.kw.
63	Psychos#s.ab,ti.
64	VISION DISORDERS.kw.
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
68	HEARING DISORDERS.kw.
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti.
71	or/15-70
72	14 and 71

E.4.51 Database: Database of Abstracts of Reviews of Effects

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw,tx.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw,tx.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw,tx.
8	(pre#mie? or premie or premies).tw,tx.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.

#	Searches
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).tw,tx.
14	or/1-13
15	CEREBRAL PALSY.kw.
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).tw,tx.
17	INTELLECTUAL DISABILITY.kw.
18	(Intellect$ adj3 (disab$ or disorder?)).tw,tx.
19	(mental$ adj3 retard$).tw,tx.
20	Global development$ delay.tw,tx.
21	COGNITION DISORDERS.kw.
22	(cognit$ adj3 (disab$ or disorder? or impair$)).tw,tx.
23	COMMUNICATION DISORDERS.kw.
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).tw,tx.
25	SPEECH DISORDERS.kw.
26	((speech or speak$) adj3 (disab$ or disorder?)).tw,tx.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).tw,tx.
28	LANGUAGE DISORDERS.kw.
29	(Language? adj3 (disab$ or disorder? or impair$)).tw,tx.
30	SLI.tw,tx.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).tw,tx.
32	"ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS".kw.
33	(Attention deficit adj3 disorder?).tw,tx.
34	(hyperkinetic adj3 (syndrome? or disorder?)).tw,tx.
35	ADHD?.tw,tx.
36	CHILD DEVELOPMENT DISORDERS, PERVASIVE.kw.
37	(development$ disorder? adj3 pervasive).tw,tx.
38	(Asperger? or Autis$ or Kanner?).tw,tx.
39	(ASD or PDD or PDD-NOS).tw,tx.
40	LEARNING DISORDERS.kw.
41	(Learning adj3 (disab$ or disorder? or difficult$)).tw,tx.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).tw,tx.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).tw,tx.
44	MOTOR SKILLS DISORDERS.kw.
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).tw,tx.
46	(DCD or SDDMF).tw,tx.
47	(clumsy child$ adj3 (disorder? or syndrome?)).tw,tx.
48	PSYCHOMOTOR DISORDERS.kw.
49	(Psychomotor adj3 (disorder? or impair$)).tw,tx.
50	APRAXIAS.kw.
51	(Dyspraxi$ or apraxi$).tw,tx.
52	ANXIETY DISORDERS.kw.
53	(anxiety$ adj3 disorder?).tw,tx.

#	Searches
54	DEPRESSIVE DISORDER.kw.
55	(depress$ adj3 disorder?).tw,tx.
56	CONDUCT DISORDER.kw.
57	(Conduct adj3 disorder?).tw,tx.
58	Oppositional defiant disorder?.tw,tx.
59	OBSESSIVE-COMPULSIVE DISORDER.kw.
60	(obsessive compulsive adj3 (disorder? or neuros?s)).tw,tx.
61	OCD.tw,tx.
62	PSYCHOTIC DISORDERS.kw.
63	Psychos#s.tw,tx.
64	VISION DISORDERS.kw.
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).tw,tx.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).tw,tx.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).tw,tx.
68	HEARING DISORDERS.kw.
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).tw,tx.
70	(deaf$ or Paracu?si$ or dysacusi$).tw,tx.
71	or/15-70
72	14 and 71

E.4.61 Database: Health Technology Assessment

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
8	(pre#mie? or premie or premies).tw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).tw.
14	or/1-13
15	CEREBRAL PALSY/
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).tw.
17	MENTAL RETARDATION/
18	(Intellect$ adj3 (disab$ or disorder?)).tw.
19	(mental$ adj3 retard$).tw.
20	Global development$ delay.tw.
21	COGNITION DISORDERS/
22	(cognit$ adj3 (disab$ or disorder? or impair$)).tw.

#	Searches
23	COMMUNICATION DISORDERS/
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).tw.
25	exp SPEECH DISORDERS/
26	((speech or speak$) adj3 (disab$ or disorder?)).tw.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).tw.
28	exp LANGUAGE DISORDERS/
29	(Language? adj3 (disab$ or disorder? or impair$)).tw.
30	SLI.tw.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).tw.
32	exp "ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS"/
33	(Attention deficit adj3 disorder?).tw.
34	(hyperkinetic adj3 (syndrome? or disorder?)).tw.
35	ADHD?.tw.
36	exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/
37	(development$ disorder? adj3 pervasive).tw.
38	(Asperger? or Autis$ or Kanner?).tw.
39	(ASD or PDD or PDD-NOS).tw.
40	exp LEARNING DISORDERS/
41	(Learning adj3 (disab$ or disorder? or difficult$)).tw.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).tw.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).tw.
44	MOTOR SKILLS DISORDERS/
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).tw.
46	(DCD or SDDMF).tw.
47	(clumsy child$ adj3 (disorder? or syndrome?)).tw.
48	PSYCHOMOTOR DISORDERS/
49	(Psychomotor adj3 (disorder? or impair$)).tw.
50	exp APRAXIAS/
51	(Dyspraxi$ or apraxi$).tw.
52	ANXIETY DISORDERS/
53	(anxiety$ adj3 disorder?).tw.
54	DEPRESSIVE DISORDER/
55	(depress$ adj3 disorder?).tw.
56	CONDUCT DISORDER/
57	(Conduct adj3 disorder?).tw.
58	Oppositional defiant disorder?.tw.
59	OBSESSIVE-COMPULSIVE DISORDER/
60	(obsessive compulsive adj3 (disorder? or neuros?s)).tw.
61	OCD.tw.
62	PSYCHOTIC DISORDERS/
63	Psychos#s.tw.
64	exp VISION DISORDERS/
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).tw.

#	Searches
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).tw.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).tw.
68	exp HEARING DISORDERS/
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).tw.
70	(deaf$ or Paracu?si$ or dysacusi$).tw.
71	or/15-70
72	14 and 71

E.4.71 Database: Embase

#	Searches
1	PREMATURE LABOR/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURITY/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
6	(pre#mie? or premie or premies).ti,ab.
7	LOW BIRTH WEIGHT/
8	SMALL FOR DATE INFANT/
9	VERY LOW BIRTH WEIGHT/
10	EXTREMELY LOW BIRTH WEIGHT/
11	(low adj3 birth adj3 weigh$).ab,ti.
12	or/1-11
13	*CEREBRAL PALSY/
14	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
15	*INTELLECTUAL IMPAIRMENT/ or *MENTAL DEFICIENCY/
16	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
17	(mental$ adj3 retard$).ab,ti.
18	Global development$ delay.ab,ti.
19	*COGNITIVE DEFECT/
20	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
21	*COMMUNICATION DISORDER/
22	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
23	exp *SPEECH DISORDER/
24	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
25	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
26	exp *LANGUAGE DISABILITY/
27	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
28	SLI.ab,ti.
29	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
30	*ATTENTION DEFICIT DISORDER/
31	(Attention deficit adj3 disorder?).ab,ti.
32	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.

#	Searches
33	ADHD?.ab,ti.
34	exp *AUTISM/
35	(development$ disorder? adj3 pervasive).ab,ti.
36	(Asperger? or Autis$ or Kanner?).ab,ti.
37	(ASD or PDD or PDD-NOS).ab,ti.
38	exp *LEARNING DISORDER/
39	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
40	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
41	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
42	*PSYCHOMOTOR DISORDERS/
43	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
44	(DCD or SDDMF).ab,ti.
45	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
46	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
47	exp *APRAXIA/
48	(Dyspraxi$ or apraxi$).ab,ti.
49	*ANXIETY DISORDER/
50	(anxiety$ adj3 disorder?).ab,ti.
51	*DEPRESSION/
52	(depress$ adj3 disorder?).ab,ti.
53	*CONDUCT DISORDER/ or *OPPOSITIONAL DEFIANT DISORDER/
54	(Conduct adj3 disorder?).ab,ti.
55	Oppositional defiant disorder?.ab,ti.
56	*OBSESSIVE COMPULSIVE DISORDER/
57	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
58	OCD.ab,ti.
59	*PSYCHOSIS/
60	Psychos#s.ab,ti.
61	exp *VISUAL DISORDER/
62	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
63	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
64	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
65	exp *HEARING DISORDER/
66	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
67	(deafness or Paracu?si$ or dysacusi$).ab,ti.
68	or/13-67
69	PREVALENCE/
70	INCIDENCE/
71	STATISTICAL MODEL/
72	(prevalen$ or incidence? or model$ or rate?).ti.
73	((prevalen$ or incidence? or transversal$) adj3 (study or studies)).ti,ab.
74	COHORT ANALYSIS/
75	(cohort adj3 (study or studies)).ti,ab.

#	Searches
76	(Cohort adj3 analy$).ti,ab.
77	FOLLOW-UP/
78	(Follow$ up adj3 (study or studies)).ti,ab.
79	LONGITUDINAL STUDY/
80	longitudinal$.ti,ab.
81	PROSPECTIVE STUDY/
82	prospective$.ti,ab.
83	RETROSPECTIVE STUDY/
84	retrospective$.ti,ab.
85	CROSS-SECTIONAL STUDY/
86	cross-sectional$.ti,ab.
87	MULTICENTER STUDY/
88	((multicent$ or multi$ cent$) adj3 (study or studies)).ti,ab.
89	REGISTER/
90	(registr$ or register?).ti,ab.
91	or/69-90
92	SYSTEMATIC REVIEW/
93	META-ANALYSIS/
94	(meta analy* or metanaly* or metaanaly*).ti,ab.
95	((systematic or evidence) adj2 (review* or overview*)).ti,ab.
96	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
97	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
98	(search* adj4 literature).ab.
99	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
100	((pool* or combined) adj2 (data or trials or studies or results)).ab.
101	cochrane.jw.
102	or/92-101
103	GESTATIONAL AGE/
104	((gestational or fetal) adj2 age?).ab,ti.
105	or/103-104
106	12 and 68 and 91 and 105
107	12 and 68 and 102 and 105
108	or/106-107
109	limit 108 to english language
110	limit 109 to yr="1990 -Current"
111	letter.pt. or LETTER/
112	note.pt.
113	editorial.pt.
114	CASE REPORT/ or CASE STUDY/
115	(letter or comment*).ti.
116	or/111-115
117	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
118	116 not 117
119	ANIMAL/ not HUMAN/

#	Searches
120	NONHUMAN/
121	exp ANIMAL EXPERIMENT/
122	exp EXPERIMENTAL ANIMAL/
123	ANIMAL MODEL/
124	exp RODENT/
125	(rat or rats or mouse or mice).ti.
126	or/118-125
127	110 not 126

E.5 Information provision

What information about development and follow-up arrangements should be provided to parents and carers of preterm babies and to children and young people who were born preterm?

E.5.1 Database: Medline; Medline EPub Ahead of Print; and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
8	(pre#mie? or premie or premies).ti,ab.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	CEREBRAL PALSY/
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
17	exp INTELLECTUAL DISABILITY/
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
19	(mental$ adj3 retard$).ab,ti.
20	Global development$ delay.ab,ti.
21	COGNITION DISORDERS/
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
23	COMMUNICATION DISORDERS/
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
25	exp SPEECH DISORDERS/
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.

#	Searches
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
28	exp LANGUAGE DISORDERS/
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
30	SLI.ab,ti.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
32	exp "ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS"/
33	(Attention deficit adj3 disorder?).ab,ti.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
35	ADHD?.ab,ti.
36	exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/
37	(development$ disorder? adj3 pervasive).ab,ti.
38	(Asperger? or Autis$ or Kanner?).ab,ti.
39	(ASD or PDD or PDD-NOS).ab,ti.
40	exp LEARNING DISORDERS/
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
44	MOTOR SKILLS DISORDERS/
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
46	(DCD or SDDMF).ab,ti.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
48	PSYCHOMOTOR DISORDERS/
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
50	exp APRAXIAS/
51	(Dyspraxi$ or apraxi$).ab,ti.
52	ANXIETY DISORDERS/
53	(anxiety$ adj3 disorder?).ab,ti.
54	DEPRESSIVE DISORDER/
55	(depress$ adj3 disorder?).ab,ti.
56	CONDUCT DISORDER/
57	(Conduct adj3 disorder?).ab,ti.
58	Oppositional defiant disorder?.ab,ti.
59	OBSESSIVE-COMPULSIVE DISORDER/
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
61	OCD.ab,ti.
62	PSYCHOTIC DISORDERS/
63	Psychos#s.ab,ti.
64	exp VISION DISORDERS/
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
68	exp HEARING DISORDERS/

#	Searches
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti.
71	or/15-70
72	SENSATION DISORDERS/
73	exp SOMATOSENSORY DISORDERS/
74	exp PERCEPTUAL DISORDERS/
75	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
76	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
78	FEEDING BEHAVIOR/
79	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
80	exp SLEEP DISORDERS/
81	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
82	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
83	TOILET TRAINING/
84	"ACTIVITIES OF DAILY LIVING"/
85	FECAL INCONTINENCE/
86	exp URINARY INCONTINENCE/
87	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
88	(encopres$ or enures$ or incontinen$).ti,ab.
89	FAILURE TO THRIVE/
90	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
91	*DEVELOPMENTAL DISABILITIES/
92	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
93	exp SPEECH DISORDERS/
94	exp LANGUAGE DISORDERS/
95	COMMUNICATION DISORDERS/
96	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
97	MOTOR SKILLS DISORDERS/
98	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
99	global delay.ti,ab.
100	exp LEARNING DISORDERS/
101	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
102	EXECUTIVE FUNCTION/
103	executive function.ti,ab.
104	working memory.ti,ab.
105	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
106	exp EDUCATION, SPECIAL/
107	special educat$.ti,ab.
108	SEND.ti,ab.
109	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
110	IRRITABLE MOOD/ or CRYING/

#	Searches
111	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
112	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
113	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
114	or/72-113
115	71 or 114
116	HEALTH EDUCATION/
117	exp CONSUMER HEALTH INFORMATION/
118	PATIENT EDUCATION AS TOPIC/
119	exp PARENTS/ed [education]
120	INFORMATION SEEKING BEHAVIOR/
121	POSTERS AS TOPIC/
122	PUBLICATIONS/
123	GOVERNMENT PUBLICATIONS AS TOPIC/
124	PAMPHLETS/
125	INTERNET/
126	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 educat$).ti.
127	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 educat$).ab. /freq=2
128	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 (inform$ or communicat$ or advis$ or advice)).ti,ab.
129	((pamphlet? or leaflet? or booklet? or manual$ or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?) adj5 (inform$ or communicat$ or educat$ or advis$ or advice)).ti,ab.
130	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj5 (pamphlet? or leaflet? or booklet? or manual? or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?)).ti,ab.
131	((inform$ or communicat$ or advis$ or advice) adj3 (model? or program$ or need$ or requir$ or seek$ or access$ or dissem$ or shar$ or provi$)).ti,ab.
132	((inform$ or communicat$ or advis$ or advice) adj5 (help$ or support$ or benefi$ or hinder$ or hindran$ or barrier? or facilitat$ or practical$ or clear$ or accurat$)).ti,ab.
133	((inform$ or communicat$ or advis$ or advice) adj5 (type? or content? or method?)).ti,ab.
134	((additional or extra or added or further) adj3 inform$).ti,ab.
135	((time? or timing or when) adj5 inform$).ti,ab.
136	((give? or giving or gave) adj5 inform$).ti,ab.
137	(inform$ adj5 (support$ or group? or network? or meeting? or forum? or mentor? or benefit? or grant? or financial$ or economic$ or monetary$ or feed$ or breastfeed$ or breastfed$ or formula? or milk or skin or hospital? or service? or resource? or charit$ or outreach or discharg$ or transfer$ or hand held record? or access$ or educat$ or School? or red flag? or emergency care or contact? or Lifestyle? or Leisure or social$ or issue?)).ti,ab.
138	(informat$ or communicat$).ti.
139	informat$.ab. /freq=2
140	communicat$.ab. /freq=2
141	patient education handout.pt.
142	or/116-141
143	PHYSICIAN-PATIENT RELATIONS/

#	Searches
144	PROFESSIONAL-FAMILY RELATIONS/
145	NURSE-PATIENT RELATIONS/
146	PROFESSIONAL-PATIENT RELATIONS/
147	ATTITUDE OF HEALTH PERSONNEL/
148	((professional? or personnel or doctor? or physician? or general practitioner? or GP? or nurse? or AHP?) adj5 (client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj5 (relation$ or interact$ or involv$ or meet$ or collaborat$ or rapport$)).ti,ab.
149	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 percept$).ab,ti.
150	or/143-149
151	PATIENT CARE PLANNING/
152	CRITICAL PATHWAY/
153	CLINICAL PROTOCOLS/
154	AFTERCARE/
155	or/151-154
156	(inform$ or communicat$ or advis$ or advice).ti,ab.
157	155 and 156
158	((inform$ or communicat$ or advis$ or advice) adj3 (screen$ or surveillance or monitor$ or follow$ up or pathway? or protocol?)).ti,ab.
159	((inform$ or communicat$ or advis$ or advice) adj5 (post or follow$ or after$) adj3 (discharg$ or care)).ti,ab.
160	((inform$ or communicat$ or advis$ or advice) adj5 (aftercare or postcare)).ti,ab.
161	or/157-160
162	((tele$ or phone? or phoning) adj5 (post or follow$ or after$) adj3 (discharg$ or care)).ti,ab.
163	((tele$ or phone? or phoning) adj5 (follow$ up or aftercare or postcare)).ti,ab.
164	or/162-163
165	COMMUNICATION BARRIERS/
166	(communicat$ adj3 (barrier? or facilitat$)).ti,ab.
167	(communicat$ adj3 (help$ or unhelp$ or un-help$ or encourag$ or prevent$ or good or bad$ or effect$ or ineffect$ or in-effect$ or poor$ or difficult$)).ti,ab.
168	(communicat$ adj3 (time? or timing? or initiat$)).ti,ab.
169	or/165-168
170	inform$.ab. /freq=3
171	14 and 115 and 142
172	14 and 115 and 150
173	14 and 161
174	14 and 164
175	14 and 169
176	14 and 170
177	"National Service Framework for Children, Young people and Maternity services".ti,ab.
178	picker institute.ti,ab.
179	or/171-178
180	limit 179 to english language
181	limit 180 to yr="1990 -Current"
182	LETTER/
183	EDITORIAL/

#	Searches
184	NEWS/
185	exp HISTORICAL ARTICLE/
186	ANECDOTES AS TOPIC/
187	COMMENT/
188	CASE REPORT/
189	(letter or comment*).ti.
190	or/182-189
191	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
192	190 not 191
193	ANIMALS/ not HUMANS/
194	exp ANIMALS, LABORATORY/
195	exp ANIMAL EXPERIMENTATION/
196	exp MODELS, ANIMAL/
197	exp RODENTIA/
198	(rat or rats or mouse or mice).ti.
199	or/192-198
200	181 not 199

E.5.21 Database: Cochrane Central Register of Controlled Trials

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti,kw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti,kw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti,kw.
8	(pre#mie? or premie or premies).ab,ti,kw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti,kw.
14	or/1-13
15	CEREBRAL PALSY/
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti,kw.
17	exp INTELLECTUAL DISABILITY/
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti,kw.
19	(mental$ adj3 retard$).ab,ti,kw.
20	Global development$ delay.ab,ti,kw.
21	COGNITION DISORDERS/
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti,kw.
23	COMMUNICATION DISORDERS/
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti,kw.
25	exp SPEECH DISORDERS/

#	Searches
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti,kw.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti,kw.
28	exp LANGUAGE DISORDERS/
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti,kw.
30	SLI.ab,ti,kw.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti,kw.
32	exp "ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS"/
33	(Attention deficit adj3 disorder?).ab,ti,kw.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti,kw.
35	ADHD?.ab,ti,kw.
36	exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/
37	(development$ disorder? adj3 pervasive).ab,ti,kw.
38	(Asperger? or Autis$ or Kanner?).ab,ti,kw.
39	(ASD or PDD or PDD-NOS).ab,ti,kw.
40	exp LEARNING DISORDERS/
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti,kw.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti,kw.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti,kw.
44	MOTOR SKILLS DISORDERS/
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti,kw.
46	(DCD or SDDMF).ab,ti,kw.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti,kw.
48	PSYCHOMOTOR DISORDERS/
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti,kw.
50	exp APRAXIAS/
51	(Dyspraxi$ or apraxi$).ab,ti,kw.
52	ANXIETY DISORDERS/
53	(anxiety$ adj3 disorder?).ab,ti,kw.
54	DEPRESSIVE DISORDER/
55	(depress$ adj3 disorder?).ab,ti,kw.
56	CONDUCT DISORDER/
57	(Conduct adj3 disorder?).ab,ti,kw.
58	Oppositional defiant disorder?.ab,ti,kw.
59	OBSESSIVE-COMPULSIVE DISORDER/
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti,kw.
61	OCD.ab,ti,kw.
62	PSYCHOTIC DISORDERS/
63	Psychos#s.ab,ti,kw.
64	exp VISION DISORDERS/
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti,kw.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti,kw.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti,kw.

#	Searches
68	exp HEARING DISORDERS/
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti,kw.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti,kw.
71	or/15-70
72	SENSATION DISORDERS/
73	exp SOMATOSENSORY DISORDERS/
74	exp PERCEPTUAL DISORDERS/
75	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
76	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab,kw.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab,kw.
78	FEEDING BEHAVIOR/
79	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ti,ab,kw.
80	exp SLEEP DISORDERS/
81	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab,kw.
82	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab,kw.
83	TOILET TRAINING/
84	"ACTIVITIES OF DAILY LIVING"/
85	FECAL INCONTINENCE/
86	exp URINARY INCONTINENCE/
87	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
88	(encopres$ or enures$ or incontinen$).ti,ab,kw.
89	FAILURE TO THRIVE/
90	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab,kw.
91	*DEVELOPMENTAL DISABILITIES/
92	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab,kw.
93	exp SPEECH DISORDERS/
94	exp LANGUAGE DISORDERS/
95	COMMUNICATION DISORDERS/
96	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
97	MOTOR SKILLS DISORDERS/
98	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
99	global delay.ti,ab,kw.
100	exp LEARNING DISORDERS/
101	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
102	EXECUTIVE FUNCTION/
103	executive function.ti,ab,kw.
104	working memory.ti,ab,kw.
105	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
106	exp EDUCATION, SPECIAL/
107	special educat$.ti,ab,kw.
108	SEND.ti,ab,kw.
109	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/

#	Searches
110	IRRITABLE MOOD/ or CRYING/
111	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
112	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab,kw.
113	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
114	or/72-113
115	71 or 114
116	HEALTH EDUCATION/
117	exp CONSUMER HEALTH INFORMATION/
118	PATIENT EDUCATION AS TOPIC/
119	exp PARENTS/ed [education]
120	INFORMATION SEEKING BEHAVIOR/
121	POSTERS AS TOPIC/
122	PUBLICATIONS/
123	GOVERNMENT PUBLICATIONS AS TOPIC/
124	PAMPHLETS/
125	INTERNET/
126	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 educat$).ti.
127	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 educat$).ab. /freq=2
128	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 (inform$ or communicat$ or advis$ or advice)).ti,ab.
129	((pamphlet? or leaflet? or booklet? or manual$ or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?) adj5 (inform$ or communicat$ or educat$ or advis$ or advice)).ti,ab.
130	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj5 (pamphlet? or leaflet? or booklet? or manual? or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?)).ti,ab.
131	((inform$ or communicat$ or advis$ or advice) adj3 (model? or program$ or need$ or requir$ or seek$ or access$ or dissem$ or shar$ or provi$)).ti,ab.
132	((inform$ or communicat$ or advis$ or advice) adj5 (help$ or support$ or benefi$ or hinder$ or hindran$ or barrier? or facilitat$ or practical$ or clear$ or accurat$)).ti,ab.
133	((inform$ or communicat$ or advis$ or advice) adj5 (type? or content? or method?)).ti,ab.
134	((additional or extra or added or further) adj3 inform$).ti,ab.
135	((time? or timing or when) adj5 inform$).ti,ab.
136	((give? or giving or gave) adj5 inform$).ti,ab.
137	(inform$ adj5 (support$ or group? or network? or meeting? or forum? or mentor? or benefit? or grant? or financial$ or economic$ or monetary$ or feed$ or breastfeed$ or breastfed$ or formula? or milk or skin or hospital? or service? or resource? or charit$ or outreach or discharg$ or transfer$ or hand held record? or access$ or educat$ or School? or red flag? or emergency care or contact? or Lifestyle? or Leisure or social$ or issue?)).ti,ab.
138	(informat$ or communicat$).ti.
139	informat$.ab. /freq=2
140	communicat$.ab. /freq=2
141	patient education handout.pt,kw.
142	or/116-141

#	Searches
143	PHYSICIAN-PATIENT RELATIONS/
144	PROFESSIONAL-FAMILY RELATIONS/
145	NURSE-PATIENT RELATIONS/
146	PROFESSIONAL-PATIENT RELATIONS/
147	ATTITUDE OF HEALTH PERSONNEL/
148	((professional? or personnel or doctor? or physician? or general practitioner? or GP? or nurse? or AHP?) adj5 (client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj5 (relation$ or interact$ or involv$ or meet$ or collaborat$ or rapport$)).ti,ab.
149	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 percept$).ab,ti.
150	or/143-149
151	PATIENT CARE PLANNING/
152	CRITICAL PATHWAY/
153	CLINICAL PROTOCOLS/
154	AFTERCARE/
155	or/151-154
156	(inform$ or communicat$ or advis$ or advice).ti,ab,kw.
157	155 and 156
158	((inform$ or communicat$ or advis$ or advice) adj3 (screen$ or surveillance or monitor$ or follow$ up or pathway? or protocol?)).ti,ab.
159	((inform$ or communicat$ or advis$ or advice) adj5 (post or follow$ or after$) adj3 (discharg$ or care)).ti,ab.
160	((inform$ or communicat$ or advis$ or advice) adj5 (aftercare or postcare)).ti,ab.
161	or/157-160
162	((tele$ or phone? or phoning) adj5 (post or follow$ or after$) adj3 (discharg$ or care)).ti,ab.
163	((tele$ or phone? or phoning) adj5 (follow$ up or aftercare or postcare)).ti,ab.
164	or/162-163
165	COMMUNICATION BARRIERS/
166	(communicat$ adj3 (barrier? or facilitat$)).ti,ab.
167	(communicat$ adj3 (help$ or unhelp$ or un-help$ or encourag$ or prevent$ or good or bad$ or effect$ or ineffect$ or in-effect$ or poor$ or difficult$)).ti,ab.
168	(communicat$ adj3 (time? or timing? or initiat$)).ti,ab.
169	or/165-168
170	inform$.ab. /freq=3
171	14 and 115 and 142
172	14 and 115 and 150
173	14 and 161
174	14 and 164
175	14 and 169
176	14 and 170
177	"National Service Framework for Children, Young people and Maternity services".ti,ab.
178	picker institute.ti,ab.
179	or/171-178
180	limit 179 to yr="1990 -Current"

E.5.31 Database: Cochrane Database of Systematic Reviews

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
8	(pre#mie? or premie or premies).ab,ti.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	CEREBRAL PALSY.kw.
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
17	INTELLECTUAL DISABILITY.kw.
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
19	(mental$ adj3 retard$).ab,ti.
20	Global development$ delay.ab,ti.
21	COGNITION DISORDERS.kw.
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
23	COMMUNICATION DISORDERS.kw.
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
25	SPEECH DISORDERS.kw.
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
28	LANGUAGE DISORDERS.kw.
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
30	SLI.ab,ti.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
32	"ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS".kw.
33	(Attention deficit adj3 disorder?).ab,ti.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
35	ADHD?.ab,ti.
36	CHILD DEVELOPMENT DISORDERS, PERVASIVE.kw.
37	(development$ disorder? adj3 pervasive).ab,ti.
38	(Asperger? or Autis$ or Kanner?).ab,ti.
39	(ASD or PDD or PDD-NOS).ab,ti.
40	LEARNING DISORDERS.kw.
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.

#	Searches
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
44	MOTOR SKILLS DISORDERS.kw.
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
46	(DCD or SDDMF).ab,ti.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
48	PSYCHOMOTOR DISORDERS.kw.
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
50	APRAXIAS.kw.
51	(Dyspraxi$ or apraxi$).ab,ti.
52	ANXIETY DISORDERS.kw.
53	(anxiety$ adj3 disorder?).ab,ti.
54	DEPRESSIVE DISORDER.kw.
55	(depress$ adj3 disorder?).ab,ti.
56	CONDUCT DISORDER.kw.
57	(Conduct adj3 disorder?).ab,ti.
58	Oppositional defiant disorder?.ab,ti.
59	OBSESSIVE-COMPULSIVE DISORDER.kw.
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
61	OCD.ab,ti.
62	PSYCHOTIC DISORDERS.kw.
63	Psychos#s.ab,ti.
64	VISION DISORDERS.kw.
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
68	HEARING DISORDERS.kw.
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti.
71	or/15-70
72	SENSATION DISORDERS.kw.
73	SOMATOSENSORY DISORDERS.kw.
74	PERCEPTUAL DISORDERS.kw.
75	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
76	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
78	FEEDING BEHAVIOR.kw.
79	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
80	SLEEP DISORDERS.kw.
81	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
82	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
83	TOILET TRAINING.kw.
84	"ACTIVITIES OF DAILY LIVING".kw.

#	Searches
85	FECAL INCONTINENCE.kw.
86	URINARY INCONTINENCE.kw.
87	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
88	(encopres$ or enures$ or incontinen$).ti,ab.
89	FAILURE TO THRIVE.kw.
90	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
91	DEVELOPMENTAL DISABILITIES.kw.
92	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
93	SPEECH DISORDERS.kw.
94	LANGUAGE DISORDERS.kw.
95	COMMUNICATION DISORDERS.kw.
96	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
97	MOTOR SKILLS DISORDERS.kw.
98	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
99	global delay.ti,ab.
100	LEARNING DISORDERS.kw.
101	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
102	EXECUTIVE FUNCTION.kw.
103	executive function.ti,ab.
104	working memory.ti,ab.
105	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
106	EDUCATION, SPECIAL.kw.
107	special educat$.ti,ab.
108	SEND.ti,ab.
109	(BEHAVIOR or CHILD BEHAVIOR or SOCIAL BEHAVIOR).kw.
110	(IRRITABLE MOOD or CRYING).kw.
111	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
112	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
113	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
114	or/72-113
115	71 or 114
116	HEALTH EDUCATION.kw.
117	CONSUMER HEALTH INFORMATION.kw.
118	PATIENT EDUCATION AS TOPIC.kw.
119	INFORMATION SEEKING BEHAVIOR.kw.
120	POSTERS AS TOPIC.kw.
121	PUBLICATIONS.kw.
122	GOVERNMENT PUBLICATIONS AS TOPIC.kw.
123	PAMPHLETS.kw.
124	INTERNET.kw.
125	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 educat$).ti.
126	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 educat$).ab. /freq=2

#	Searches
127	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 (inform$ or communicat$ or advis$ or advice)).ti,ab.
128	((pamphlet? or leaflet? or booklet? or manual$ or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?) adj5 (inform$ or communicat$ or educat$ or advis$ or advice)).ti,ab.
129	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj5 (pamphlet? or leaflet? or booklet? or manual? or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?)).ti,ab.
130	((inform$ or communicat$ or advis$ or advice) adj3 (model? or program$ or need$ or requir$ or seek$ or access$ or dissem$ or shar$ or provi$)).ti,ab.
131	((inform$ or communicat$ or advis$ or advice) adj5 (help$ or support$ or benefi$ or hinder$ or hindran$ or barrier? or facilitat$ or practical$ or clear$ or accurat$)).ti,ab.
132	((inform$ or communicat$ or advis$ or advice) adj5 (type? or content? or method?)).ti,ab.
133	((additional or extra or added or further) adj3 inform$).ti,ab.
134	((time? or timing or when) adj5 inform$).ti,ab.
135	((give? or giving or gave) adj5 inform$).ti,ab.
136	(inform$ adj5 (support$ or group? or network? or meeting? or forum? or mentor? or benefit? or grant? or financial$ or economic$ or monetary$ or feed$ or breastfeed$ or breastfed$ or formula? or milk or skin or hospital? or service? or resource? or charit$ or outreach or discharg$ or transfer$ or hand held record? or access$ or educat$ or School? or red flag? or emergency care or contact? or Lifestyle? or Leisure or social$ or issue?)).ti,ab.
137	(informat$ or communicat$).ti.
138	informat$.ab. /freq=2
139	communicat$.ab. /freq=2
140	patient education handout.kw.
141	or/116-140
142	PHYSICIAN-PATIENT RELATIONS.kw.
143	PROFESSIONAL-FAMILY RELATIONS.kw.
144	NURSE-PATIENT RELATIONS.kw.
145	PROFESSIONAL-PATIENT RELATIONS.kw.
146	ATTITUDE OF HEALTH PERSONNEL.kw.
147	((professional? or personnel or doctor? or physician? or general practitioner? or GP? or nurse? or AHP?) adj5 (client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj5 (relation$ or interact$ or involv$ or meet$ or collaborat$ or rapport$)).ti,ab.
148	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 percept$).ab,ti.
149	or/142-148
150	PATIENT CARE PLANNING.kw.
151	CRITICAL PATHWAY.kw.
152	CLINICAL PROTOCOLS.kw.
153	AFTERCARE.kw.
154	or/150-153
155	(inform$ or communicat$ or advis$ or advice).ti,ab.
156	154 and 155
157	((inform$ or communicat$ or advis$ or advice) adj3 (screen$ or surveillance or monitor$ or follow$ up or pathway? or protocol?)).ti,ab.

#	Searches
158	((inform$ or communicat$ or advis$ or advice) adj5 (post or follow$ or after$) adj3 (discharg$ or care)).ti,ab.
159	((inform$ or communicat$ or advis$ or advice) adj5 (aftercare or postcare)).ti,ab.
160	or/156-159
161	((tele$ or phone? or phoning) adj5 (post or follow$ or after$) adj3 (discharg$ or care)).ti,ab.
162	((tele$ or phone? or phoning) adj5 (follow$ up or aftercare or postcare)).ti,ab.
163	or/161-162
164	COMMUNICATION BARRIERS.kw.
165	(communicat$ adj3 (barrier? or facilitat$)).ti,ab.
166	(communicat$ adj3 (help$ or unhelp$ or un-help$ or encourag$ or prevent$ or good or bad$ or effect$ or ineffect$ or in-effect$ or poor$ or difficult$)).ti,ab.
167	(communicat$ adj3 (time? or timing? or initiat$)).ti,ab.
168	or/164-167
169	inform$.ab. /freq=3
170	14 and 115 and 141
171	14 and 115 and 149
172	14 and 160
173	14 and 163
174	14 and 168
175	14 and 169
176	"National Service Framework for Children, Young people and Maternity services".ti,ab.
177	picker institute.ti,ab.
178	or/170-177

E.5.41 Database: Database of Abstracts of Reviews of Effects

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw,tx.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw,tx.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw,tx.
8	(pre#mie? or premie or premies).tw,tx.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).tw,tx.
14	or/1-13
15	CEREBRAL PALSY.kw.
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).tw,tx.
17	INTELLECTUAL DISABILITY.kw.
18	(Intellect$ adj3 (disab$ or disorder?)).tw,tx.
19	(mental$ adj3 retard$).tw,tx.

#	Searches
20	Global development$ delay.tw,tx.
21	COGNITION DISORDERS.kw.
22	(cognit$ adj3 (disab$ or disorder? or impair$)).tw,tx.
23	COMMUNICATION DISORDERS.kw.
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).tw,tx.
25	SPEECH DISORDERS.kw.
26	((speech or speak$) adj3 (disab$ or disorder?)).tw,tx.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).tw,tx.
28	LANGUAGE DISORDERS.kw.
29	(Language? adj3 (disab$ or disorder? or impair$)).tw,tx.
30	SLI.tw,tx.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).tw,tx.
32	"ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS".kw.
33	(Attention deficit adj3 disorder?).tw,tx.
34	(hyperkinetic adj3 (syndrome? or disorder?)).tw,tx.
35	ADHD?.tw,tx.
36	CHILD DEVELOPMENT DISORDERS, PERVASIVE.kw.
37	(development$ disorder? adj3 pervasive).tw,tx.
38	(Asperger? or Autis$ or Kanner?).tw,tx.
39	(ASD or PDD or PDD-NOS).tw,tx.
40	LEARNING DISORDERS.kw.
41	(Learning adj3 (disab$ or disorder? or difficult$)).tw,tx.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).tw,tx.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).tw,tx.
44	MOTOR SKILLS DISORDERS.kw.
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).tw,tx.
46	(DCD or SDDMF).tw,tx.
47	(clumsy child$ adj3 (disorder? or syndrome?)).tw,tx.
48	PSYCHOMOTOR DISORDERS.kw.
49	(Psychomotor adj3 (disorder? or impair$)).tw,tx.
50	APRAXIAS.kw.
51	(Dyspraxi$ or apraxi$).tw,tx.
52	ANXIETY DISORDERS.kw.
53	(anxiety$ adj3 disorder?).tw,tx.
54	DEPRESSIVE DISORDER.kw.
55	(depress$ adj3 disorder?).tw,tx.
56	CONDUCT DISORDER.kw.
57	(Conduct adj3 disorder?).tw,tx.
58	Oppositional defiant disorder?.tw,tx.
59	OBSESSIVE-COMPULSIVE DISORDER.kw.
60	(obsessive compulsive adj3 (disorder? or neuros?s)).tw,tx.
61	OCD.tw,tx.

#	Searches
62	PSYCHOTIC DISORDERS.kw.
63	Psychos#s.tw,tx.
64	VISION DISORDERS.kw.
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).tw,tx.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).tw,tx.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).tw,tx.
68	HEARING DISORDERS.kw.
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).tw,tx.
70	(deaf$ or Paracu?si$ or dysacusi$).tw,tx.
71	or/15-70
72	SENSATION DISORDERS.kw.
73	SOMATOSENSORY DISORDERS.kw.
74	PERCEPTUAL DISORDERS.kw.
75	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
76	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).tw,tx.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).tw,tx.
78	FEEDING BEHAVIOR.kw.
79	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).tw,tx.
80	SLEEP DISORDERS.kw.
81	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).tw,tx.
82	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).tw,tx.
83	TOILET TRAINING.kw.
84	"ACTIVITIES OF DAILY LIVING".kw.
85	FECAL INCONTINENCE.kw.
86	URINARY INCONTINENCE.kw.
87	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
88	(encopres$ or enures$ or incontinen$).tw,tx.
89	FAILURE TO THRIVE.kw.
90	((fail$ or falter$) adj3 (thriv$ or grow$)).tw,tx.
91	DEVELOPMENTAL DISABILITIES.kw.
92	((developmental$ or milestone?) adj3 (delay$ or late$)).tw,tx.
93	SPEECH DISORDERS.kw.
94	LANGUAGE DISORDERS.kw.
95	COMMUNICATION DISORDERS.kw.
96	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
97	MOTOR SKILLS DISORDERS.kw.
98	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
99	global delay.tw,tx.
100	LEARNING DISORDERS.kw.
101	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
102	EXECUTIVE FUNCTION.kw.
103	executive function.tw,tx.

#	Searches
104	working memory.tw,tx.
105	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
106	EDUCATION, SPECIAL.kw.
107	special educat$.tw,tx.
108	SEND.tw,tx.
109	(BEHAVIOR or CHILD BEHAVIOR or SOCIAL BEHAVIOR).kw.
110	(IRRITABLE MOOD or CRYING).kw.
111	(behav$ adj3 (difficult$ or impair$ or problem$)).tw,tx.
112	(cry or crying or cries or irritab$ or tantrum$ or shy$).tw,tx.
113	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
114	or/72-113
115	71 or 114
116	HEALTH EDUCATION.kw.
117	CONSUMER HEALTH INFORMATION.kw.
118	PATIENT EDUCATION AS TOPIC.kw.
119	INFORMATION SEEKING BEHAVIOR.kw.
120	POSTERS AS TOPIC.kw.
121	PUBLICATIONS.kw.
122	GOVERNMENT PUBLICATIONS AS TOPIC.kw.
123	PAMPHLETS.kw.
124	INTERNET.kw.
125	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 educat$).tw.
126	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 educat$).tx.
127	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 (inform$ or communicat$ or advis$ or advice)).tw,tx.
128	((pamphlet? or leaflet? or booklet? or manual$ or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?) adj5 (inform$ or communicat$ or educat$ or advis$ or advice)).tw,tx.
129	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj5 (pamphlet? or leaflet? or booklet? or manual? or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?)).tw,tx.
130	((inform$ or communicat$ or advis$ or advice) adj3 (model? or program$ or need$ or requir$ or seek$ or access$ or dissem$ or shar$ or provi$)).tw,tx.
131	((inform$ or communicat$ or advis$ or advice) adj5 (help$ or support$ or benefi$ or hinder$ or hindran$ or barrier? or facilitat$ or practical$ or clear$ or accurat$)).tw,tx.
132	((inform$ or communicat$ or advis$ or advice) adj5 (type? or content? or method?)).tw,tx.
133	((additional or extra or added or further) adj3 inform$).tw,tx.
134	((time? or timing or when) adj5 inform$).tw,tx.
135	((give? or giving or gave) adj5 inform$).tw,tx.
136	(inform$ adj5 (support$ or group? or network? or meeting? or forum? or mentor? or benefit? or grant? or financial$ or economic$ or monetary$ or feed$ or breastfeed$ or breastfed$ or formula? or milk or skin or hospital? or service? or resource? or charit$ or outreach or

#	Searches
	discharg$ or transfer$ or hand held record? or access$ or educat$ or School? or red flag? or emergency care or contact? or Lifestyle? or Leisure or social$ or issue?)).tw,tx.
137	patient education handout.kw.
138	or/116-137
139	PHYSICIAN-PATIENT RELATIONS.kw.
140	PROFESSIONAL-FAMILY RELATIONS.kw.
141	NURSE-PATIENT RELATIONS.kw.
142	PROFESSIONAL-PATIENT RELATIONS.kw.
143	ATTITUDE OF HEALTH PERSONNEL.kw.
144	((professional? or personnel or doctor? or physician? or general practitioner? or GP? or nurse? or AHP?) adj5 (client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj5 (relation$ or interact$ or involv$ or meet$ or collaborat$ or rapport$)).tw,tx.
145	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 percept$).tw,tx.
146	or/139-145
147	PATIENT CARE PLANNING.kw.
148	CRITICAL PATHWAY.kw.
149	CLINICAL PROTOCOLS.kw.
150	AFTERCARE.kw.
151	or/147-150
152	(inform$ or communicat$ or advis$ or advice).tw,tx.
153	151 and 152
154	((inform$ or communicat$ or advis$ or advice) adj3 (screen$ or surveillance or monitor$ or follow$ up or pathway? or protocol?)).tw,tx.
155	((inform$ or communicat$ or advis$ or advice) adj5 (post or follow$ or after$) adj3 (discharg$ or care)).tw,tx.
156	((inform$ or communicat$ or advis$ or advice) adj5 (aftercare or postcare)).tw,tx.
157	or/153-156
158	((tele$ or phone? or phoning) adj5 (post or follow$ or after$) adj3 (discharg$ or care)).tw,tx.
159	((tele$ or phone? or phoning) adj5 (follow$ up or aftercare or postcare)).tw,tx.
160	or/158-159
161	COMMUNICATION BARRIERS.kw.
162	(communicat$ adj3 (barrier? or facilitat$)).tw,tx.
163	(communicat$ adj3 (help$ or unhelp$ or un-help$ or encourag$ or prevent$ or good or bad$ or effect$ or ineffect$ or in-effect$ or poor$ or difficult$)).tw,tx.
164	(communicat$ adj3 (time? or timing? or initiat$)).tw,tx.
165	or/161-164
166	14 and 115 and 138
167	14 and 115 and 146
168	14 and 157
169	14 and 160
170	14 and 165
171	"National Service Framework for Children, Young people and Maternity services".tw,tx.
172	picker institute.tw,tx.
173	or/166-172

E.5.51 Database: Health Technology Assessment

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
8	(pre#mie? or premie or premies).tw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).tw.
14	or/1-13
15	HEALTH EDUCATION/
16	PATIENT EDUCATION AS TOPIC/
17	exp PARENTS/ed [education]
18	INFORMATION SEEKING BEHAVIOR/
19	POSTERS AS TOPIC/
20	PUBLICATIONS/
21	GOVERNMENT PUBLICATIONS AS TOPIC/
22	PAMPHLETS/
23	INTERNET/
24	(inform$ or communicat$ or educat$ or advis$ or advice).tw.
25	(pamphlet? or leaflet? or booklet? or manual? or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?).tw.
26	patient education handout.tw.
27	PHYSICIAN-PATIENT RELATIONS/
28	PROFESSIONAL-FAMILY RELATIONS/
29	NURSE-PATIENT RELATIONS/
30	PROFESSIONAL-PATIENT RELATIONS/
31	ATTITUDE OF HEALTH PERSONNEL/
32	((professional? or personnel or doctor? or physician? or general practitioner? or GP? or nurse? or AHP?) adj5 (client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj5 (relation$ or interact$ or involv$ or meet$ or collaborat$ or rapport$)).tw.
33	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 percept$).tw.
34	PATIENT CARE PLANNING/
35	CRITICAL PATHWAY/
36	CLINICAL PROTOCOLS/
37	AFTERCARE/
38	((tele$ or phone? or phoning) adj5 (post or follow$ or after$) adj3 (discharg$ or care)).tw.
39	((tele$ or phone? or phoning) adj5 (follow$ up or aftercare or postcare)).tw.

#	Searches
40	COMMUNICATION BARRIERS/
41	(communicat$ adj3 (barrier? or facilitat$)).tw.
42	(communicat$ adj3 (help$ or unhelp$ or un-help$ or encourag$ or prevent$ or good or bad$ or effect$ or ineffect$ or in-effect$ or poor$ or difficult$)).tw.
43	(communicat$ adj3 (time? or timing? or initiat$)).tw.
44	"National Service Framework for Children, Young people and Maternity services".tw.
45	picker institute.tw.
46	or/15-45
47	14 and 46

E.5.61 Database: Embase

#	Searches
1	PREMATURE LABOR/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURITY/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
6	(pre#mie? or premie or premies).ti,ab.
7	LOW BIRTH WEIGHT/
8	SMALL FOR DATE INFANT/
9	VERY LOW BIRTH WEIGHT/
10	EXTREMELY LOW BIRTH WEIGHT/
11	(low adj3 birth adj3 weigh$).ab,ti.
12	or/1-11
13	*CEREBRAL PALSY/
14	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
15	*INTELLECTUAL IMPAIRMENT/ or *MENTAL DEFICIENCY/
16	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
17	(mental$ adj3 retard$).ab,ti.
18	Global development$ delay.ab,ti.
19	*COGNITIVE DEFECT/
20	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
21	*COMMUNICATION DISORDER/
22	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
23	exp *SPEECH DISORDER/
24	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
25	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
26	exp *LANGUAGE DISABILITY/
27	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
28	SLI.ab,ti.
29	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
30	*ATTENTION DEFICIT DISORDER/
31	(Attention deficit adj3 disorder?).ab,ti.

#	Searches
32	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
33	ADHD?.ab,ti.
34	exp *AUTISM/
35	(development$ disorder? adj3 pervasive).ab,ti.
36	(Asperger? or Autis$ or Kanner?).ab,ti.
37	(ASD or PDD or PDD-NOS).ab,ti.
38	exp *LEARNING DISORDER/
39	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
40	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
41	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
42	*PSYCHOMOTOR DISORDERS/
43	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
44	(DCD or SDDMF).ab,ti.
45	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
46	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
47	exp *APRAXIA/
48	(Dyspraxi$ or apraxi$).ab,ti.
49	*ANXIETY DISORDER/
50	(anxiety$ adj3 disorder?).ab,ti.
51	*DEPRESSION/
52	(depress$ adj3 disorder?).ab,ti.
53	*CONDUCT DISORDER/ or *OPPOSITIONAL DEFIANT DISORDER/
54	(Conduct adj3 disorder?).ab,ti.
55	Oppositional defiant disorder?.ab,ti.
56	*OBSESSIVE COMPULSIVE DISORDER/
57	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
58	OCD.ab,ti.
59	*PSYCHOSIS/
60	Psychos#s.ab,ti.
61	exp *VISUAL DISORDER/
62	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
63	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
64	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
65	exp *HEARING DISORDER/
66	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
67	(deafness or Paracu?si$ or dysacusi$).ab,ti.
68	or/13-67
69	*SENSORY DYSFUNCTION/
70	exp *SOMATOSENSORY DISORDER/
71	exp *PERCEPTION DISORDER/
72	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
73	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.

#	Searches
74	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
75	*FEEDING BEHAVIOR/
76	*FEEDING DIFFICULTY/
77	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
78	exp *SLEEP DISORDER/
79	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
80	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
81	*CHILD REARING/
82	*DAILY LIFE ACTIVITY/
83	*FECES INCONTINENCE/
84	exp *URINE INCONTINENCE/
85	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
86	(encopres$ or enures$ or incontinen$).ti,ab.
87	*FAILURE TO THRIVE/
88	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
89	*DEVELOPMENTAL DISORDER/
90	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
91	exp *SPEECH DISORDER/
92	exp *LANGUAGE DISABILITY/
93	*COMMUNICATION DISORDER/
94	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
95	*PSYCHOMOTOR DISORDERS/
96	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
97	global delay.ti,ab.
98	exp *LEARNING DISORDER/
99	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
100	*EXECUTIVE FUNCTION/
101	executive function.ti,ab.
102	working memory.ti,ab.
103	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
104	exp *SPECIAL EDUCATION/
105	special educat$.ti,ab.
106	SEND.ti,ab.
107	*BEHAVIOR/ or *CHILD BEHAVIOR/ or exp *SOCIAL BEHAVIOR/
108	*IRRITABILITY/ or *CRYING/
109	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
110	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
111	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
112	or/69-111
113	68 or 112
114	*INFORMATION/
115	*CONSUMER HEALTH INFORMATION/

#	Searches
116	*INFORMATION DISSEMINATION/
117	*INFORMATION SEEKING/
118	*PATIENT EDUCATION/
119	*MEDICAL INFORMATION/
120	*PUBLICATION/
121	*INTERNET/
122	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 educat$).ti.
123	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 educat$).ab. /freq=2
124	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 (inform$ or communicat$ or advis$ or advice)).ti,ab.
125	((pamphlet? or leaflet? or booklet? or manual$ or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?) adj3 (inform$ or communicat$ or educat$ or advis$ or advice)).ti,ab.
126	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 (pamphlet? or leaflet? or booklet? or manual? or brochure? or publication? or handout? or written or website? or web site? or web page? or webpage? or web based or video? or dvd? or online? or internet? or app? or application?)).ti,ab.
127	((inform$ or communicat$ or advis$ or advice) adj3 (model? or program$ or need$ or requir$ or seek$ or access$ or dissem$ or shar$ or provi$)).ti,ab.
128	((inform$ or communicat$ or advis$ or advice) adj3 (help$ or support$ or benefi$ or hinder$ or hindran$ or barrier? or facilitat$ or practical$ or clear$ or accurat$)).ti,ab.
129	((inform$ or communicat$ or advis$ or advice) adj3 (type? or content? or method?)).ti,ab.
130	((additional or extra or added or further) adj3 inform$).ti,ab.
131	((time? or timing or when) adj3 inform$).ti,ab.
132	((give? or giving or gave) adj3 inform$).ti,ab.
133	(inform$ adj3 (support$ or group? or network? or meeting? or forum? or mentor? or benefit? or grant? or financial$ or economic$ or monetary$ or feed$ or breastfeed$ or breastfed$ or formula? or milk or skin or hospital? or service? or resource? or charit$ or outreach or discharg$ or transfer$ or hand held record? or access$ or educat$ or School? or red flag? or emergency care or contact? or Lifestyle? or Leisure or social$ or issue?)).ti,ab.
134	(informat$ or communicat$).ti.
135	informat$.ab. /freq=2
136	communicat$.ab. /freq=2
137	or/114-136
138	*DOCTOR PATIENT RELATION/
139	*NURSE PATIENT RELATIONSHIP/
140	exp *HEALTH PERSONNEL ATTITUDE/
141	((professional? or personnel or doctor? or physician? or general practitioner? or GP? or nurse? or AHP?) adj3 (client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 (relation$ or interact$ or involv$ or meet$ or collaborat$ or rapport$)).ti,ab.
142	((client$ or patient$ or user$ or carer$ or consumer$ or customer$ or famil$ or parent$ or father$ or mother$ or caregiver$) adj3 percept$).ab,ti.
143	or/138-142
144	*PATIENT CARE PLANNING/
145	*CLINICAL PATHWAY/

#	Searches
146	*CLINICAL PROTOCOLS/
147	*AFTERCARE/
148	or/144-147
149	(inform$ or communicat$ or advis$ or advice).ti,ab.
150	148 and 149
151	((inform$ or communicat$ or advis$ or advice) adj3 (screen$ or surveillance or monitor$ or follow$ up or pathway? or protocol?)).ti,ab.
152	((inform$ or communicat$ or advis$ or advice) adj3 (post or follow$ or after$) adj3 (discharg$ or care)).ti,ab.
153	((inform$ or communicat$ or advis$ or advice) adj3 (aftercare or postcare)).ti,ab.
154	or/150-153
155	((tele$ or phone? or phoning) adj3 (post or follow$ or after$) adj3 (discharg$ or care)).ti,ab.
156	((tele$ or phone? or phoning) adj3 (follow$ up or aftercare or postcare)).ti,ab.
157	or/155-156
158	(communicat$ adj3 (barrier? or facilitat$)).ti,ab.
159	(communicat$ adj3 (help$ or unhelp$ or un-help$ or encourag$ or prevent$ or good or bad$ or effect$ or ineffect$ or in-effect$ or poor$ or difficult$)).ti,ab.
160	(communicat$ adj3 (time? or timing? or initiat$)).ti,ab.
161	or/158-160
162	inform$.ab. /freq=4
163	12 and 113 and 137
164	12 and 113 and 143
165	12 and 154
166	12 and 157
167	12 and 161
168	12 and 162
169	"National Service Framework for Children, Young people and Maternity services".ti,ab.
170	picker institute.ti,ab.
171	or/163-170
172	limit 171 to english language
173	limit 172 to yr="1990 -Current"
174	letter.pt. or LETTER/
175	note.pt.
176	editorial.pt.
177	CASE REPORT/ or CASE STUDY/
178	(letter or comment*).ti.
179	or/174-178
180	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
181	179 not 180
182	ANIMAL/ not HUMAN/
183	NONHUMAN/
184	exp ANIMAL EXPERIMENT/
185	exp EXPERIMENTAL ANIMAL/
186	ANIMAL MODEL/
187	exp RODENT/
188	(rat or rats or mouse or mice).ti.

#	Searches
189	or/181-188
190	173 not 189

E.6 Support of children who are born preterm

What support do parents report was or would have been helpful to them in the care of infants who were born preterm both at discharge and during subsequent follow-up?

E.6.1 Database: Medline; Medline EPub Ahead of Print; and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
8	(pre#mie? or premie or premies).ti,ab.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	CEREBRAL PALSY/
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
17	exp INTELLECTUAL DISABILITY/
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
19	(mental$ adj3 retard$).ab,ti.
20	Global development$ delay.ab,ti.
21	COGNITION DISORDERS/
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
23	COMMUNICATION DISORDERS/
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
25	exp SPEECH DISORDERS/
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
28	exp LANGUAGE DISORDERS/
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
30	SLI.ab,ti.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
32	exp "ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS"/

#	Searches
33	(Attention deficit adj3 disorder?).ab,ti.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
35	ADHD?.ab,ti.
36	exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/
37	(development$ disorder? adj3 pervasive).ab,ti.
38	(Asperger? or Autis$ or Kanner?).ab,ti.
39	(ASD or PDD or PDD-NOS).ab,ti.
40	exp LEARNING DISORDERS/
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
44	MOTOR SKILLS DISORDERS/
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
46	(DCD or SDDMF).ab,ti.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
48	PSYCHOMOTOR DISORDERS/
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
50	exp APRAXIAS/
51	(Dyspraxi$ or apraxi$).ab,ti.
52	ANXIETY DISORDERS/
53	(anxiety$ adj3 disorder?).ab,ti.
54	DEPRESSIVE DISORDER/
55	(depress$ adj3 disorder?).ab,ti.
56	CONDUCT DISORDER/
57	(Conduct adj3 disorder?).ab,ti.
58	Oppositional defiant disorder?.ab,ti.
59	OBSESSIVE-COMPULSIVE DISORDER/
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
61	OCD.ab,ti.
62	PSYCHOTIC DISORDERS/
63	Psychos#s.ab,ti.
64	exp VISION DISORDERS/
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
68	exp HEARING DISORDERS/
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti.
71	or/15-70
72	SENSATION DISORDERS/
73	exp SOMATOSENSORY DISORDERS/
74	exp PERCEPTUAL DISORDERS/
75	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.

#	Searches
76	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
78	FEEDING BEHAVIOR/
79	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
80	exp SLEEP DISORDERS/
81	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
82	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
83	TOILET TRAINING/
84	"ACTIVITIES OF DAILY LIVING"/
85	FECAL INCONTINENCE/
86	exp URINARY INCONTINENCE/
87	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
88	(encopres$ or enures$ or incontinen$).ti,ab.
89	FAILURE TO THRIVE/
90	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
91	*DEVELOPMENTAL DISABILITIES/
92	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
93	exp SPEECH DISORDERS/
94	exp LANGUAGE DISORDERS/
95	COMMUNICATION DISORDERS/
96	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
97	MOTOR SKILLS DISORDERS/
98	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
99	global delay.ti,ab.
100	exp LEARNING DISORDERS/
101	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
102	EXECUTIVE FUNCTION/
103	executive function.ti,ab.
104	working memory.ti,ab.
105	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
106	exp EDUCATION, SPECIAL/
107	special educat$.ti,ab.
108	SEND.ti,ab.
109	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
110	IRRITABLE MOOD/ or CRYING/
111	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
112	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
113	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
114	or/72-113
115	71 or 114
116	support$.ab. /freq=3
117	(advi?e? or advising or inform$ or guidance or help$ or assist$ or promot$).ab. /freq=4

#	Searches
118	NEEDS ASSESSMENT/
119	"HEALTH SERVICES NEEDS AND DEMAND"/
120	(support$ adj3 (need or needs or assess$)).ti,ab.
121	SELF-HELP GROUPS/
122	SOCIAL SUPPORT/
123	COMMUNITY NETWORKS/
124	PEER GROUP/
125	((peer? or self help) adj3 group?).ti,ab.
126	group meeting?.ti,ab.
127	(social support or social network? or cultural support).ti,ab.
128	(community adj3 (support or network?)).ti,ab.
129	((parent$ or mother or father or sibling$ or brother$ or sister$ or caregiver? or carer? or non-medical? or non-professional? or family or families or friend? or relative? or peer? or volunt$ or charit$ or communit$ or group?) adj3 support).ti,ab.
130	INTERNET/
131	((online or on-line) adj3 (forum? or group? or support)).ti,ab.
132	MENTORS/
133	mentor$.ti,ab.
134	((financial$ or economic$ or monetary$) adj3 (support$ or help$ or benefit? or grant? or advi$ or info$)).ti,ab.
135	LEGISLATION, MEDICAL/
136	((legal$ or regulatory or law) adj3 (require$ or advi$ or info$ or support$)).ti,ab.
137	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 (Motor or develop$)).ti,ab.
138	"EARLY INTERVENTION (EDUCATION)"/
139	(early adj3 (learn$ or educat$) adj3 intervention?).ti,ab.
140	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 learn$).ti,ab.
141	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 (feed$ or breastfeed$ or breastfed$ or formula? or milk or skin)).ti,ab.
142	Baby Friendly Hospital Initiative.ti,ab.
143	BFHI.ti,ab.
144	((medical? or professional?) adj3 support).ti,ab.
145	PATIENT EDUCATION AS TOPIC/
146	((information$ or educat$) adj3 (model$ or program$ or need$ or requirement$ or support$ or seek$ or access$ or disseminat$)).ti,ab.
147	(information$ adj3 (hospital? or service? or communit$)).ti,ab.
148	exp *PARENT-CHILD RELATIONS/
149	((Parent? or mother? or father?) adj2 (child$ or infant? or baby or babies) adj2 (interact$ or relation$)).ti,ab.
150	(improv$ adj3 bond$).ti,ab.
151	DELIVERY OF HEALTH CARE, INTEGRATED/
152	((integrat$ or Co-ordinat$ or coordinat$) adj3 (healthcare or care or service? or department?)).ti,ab.
153	CONTINUITY OF PATIENT CARE/
154	((continuity or continuing) adj3 care).ti,ab.
155	PATIENT DISCHARGE/
156	PATIENT TRANSFER/

#	Searches
157	PATIENT HANDOFF/
158	(Support$ adj3 discharg$).ti,ab.
159	(Transfer$ adj3 (patient? or service? or care)).ti,ab.
160	(Team? adj3 child$).ti,ab.
161	HEALTH SERVICES ACCESSIBILITY/
162	(access$ adj3 (service$ or assessment$ or support$ or clinic$)).ti,ab.
163	EARLY DIAGNOSIS/
164	(Early adj1 (identif$ or diagnos$)).ti,ab.
165	Common assessment framework?.ti,ab.
166	ATTITUDE TO HEALTH/
167	PATIENT ACCEPTANCE OF HEALTH CARE/
168	Com$ to terms with.ti,ab.
169	((parent$ or mother or father or sibling$ or brother$ or sister$ or caregiver? or carer? or family or families or friend? or relative?) adj3 (accept$ or respon$)).ti,ab.
170	(School? adj3 (entry or enter or join$ or going or select$ or admiss$ or apply$ or applicat$ or find$)).ti,ab.
171	CHILD HEALTH SERVICES/
172	MATERNAL-CHILD HEALTH SERVICES/
173	((child$ or development$ or support$) adj3 service?).ti,ab.
174	or/116-173
175	14 and 115 and 174
176	limit 175 to english language
177	limit 176 to yr="1990 -Current"
178	LETTER/
179	EDITORIAL/
180	NEWS/
181	exp HISTORICAL ARTICLE/
182	ANECDOTES AS TOPIC/
183	COMMENT/
184	CASE REPORT/
185	(letter or comment*).ti.
186	or/178-185
187	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
188	186 not 187
189	ANIMALS/ not HUMANS/
190	exp ANIMALS, LABORATORY/
191	exp ANIMAL EXPERIMENTATION/
192	exp MODELS, ANIMAL/
193	exp RODENTIA/
194	(rat or rats or mouse or mice).ti.
195	or/188-194
196	177 not 195

E.6.21 Database: Cochrane Central Register of Controlled Trials

#	Searches
1	OBSTETRIC LABOR, PREMATURE/

#	Searches
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti,kw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti,kw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti,kw.
8	(pre#mie? or premie or premies).ab,ti,kw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti,kw.
14	or/1-13
15	CEREBRAL PALSY/
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti,kw.
17	exp INTELLECTUAL DISABILITY/
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti,kw.
19	(mental$ adj3 retard$).ab,ti,kw.
20	Global development$ delay.ab,ti,kw.
21	COGNITION DISORDERS/
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti,kw.
23	COMMUNICATION DISORDERS/
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti,kw.
25	exp SPEECH DISORDERS/
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti,kw.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti,kw.
28	exp LANGUAGE DISORDERS/
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti,kw.
30	SLI.ab,ti,kw.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti,kw.
32	exp "ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS"/
33	(Attention deficit adj3 disorder?).ab,ti,kw.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti,kw.
35	ADHD?.ab,ti,kw.
36	exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/
37	(development$ disorder? adj3 pervasive).ab,ti,kw.
38	(Asperger? or Autis$ or Kanner?).ab,ti,kw.
39	(ASD or PDD or PDD-NOS).ab,ti,kw.
40	exp LEARNING DISORDERS/
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti,kw.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti,kw.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti,kw.

#	Searches
44	MOTOR SKILLS DISORDERS/
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti,kw.
46	(DCD or SDDMF).ab,ti,kw.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti,kw.
48	PSYCHOMOTOR DISORDERS/
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti,kw.
50	exp APRAXIAS/
51	(Dyspraxi$ or apraxi$).ab,ti,kw.
52	ANXIETY DISORDERS/
53	(anxiety$ adj3 disorder?).ab,ti,kw.
54	DEPRESSIVE DISORDER/
55	(depress$ adj3 disorder?).ab,ti,kw.
56	CONDUCT DISORDER/
57	(Conduct adj3 disorder?).ab,ti,kw.
58	Oppositional defiant disorder?.ab,ti,kw.
59	OBSESSIVE-COMPULSIVE DISORDER/
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti,kw.
61	OCD.ab,ti,kw.
62	PSYCHOTIC DISORDERS/
63	Psychos#s.ab,ti,kw.
64	exp VISION DISORDERS/
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti,kw.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti,kw.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti,kw.
68	exp HEARING DISORDERS/
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti,kw.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti,kw.
71	or/15-70
72	SENSATION DISORDERS/
73	exp SOMATOSENSORY DISORDERS/
74	exp PERCEPTUAL DISORDERS/
75	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
76	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab,kw.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab,kw.
78	FEEDING BEHAVIOR/
79	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ti,ab,kw.
80	exp SLEEP DISORDERS/
81	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab,kw.
82	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab,kw.
83	TOILET TRAINING/
84	"ACTIVITIES OF DAILY LIVING"/
85	FECAL INCONTINENCE/

#	Searches
86	exp URINARY INCONTINENCE/
87	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
88	(encopres$ or enures$ or incontinen$).ti,ab,kw.
89	FAILURE TO THRIVE/
90	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab,kw.
91	*DEVELOPMENTAL DISABILITIES/
92	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab,kw.
93	exp SPEECH DISORDERS/
94	exp LANGUAGE DISORDERS/
95	COMMUNICATION DISORDERS/
96	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
97	MOTOR SKILLS DISORDERS/
98	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
99	global delay.ti,ab,kw.
100	exp LEARNING DISORDERS/
101	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
102	EXECUTIVE FUNCTION/
103	executive function.ti,ab,kw.
104	working memory.ti,ab,kw.
105	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
106	exp EDUCATION, SPECIAL/
107	special educat$.ti,ab,kw.
108	SEND.ti,ab,kw.
109	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
110	IRRITABLE MOOD/ or CRYING/
111	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
112	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab,kw.
113	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
114	or/72-113
115	71 or 114
116	support$.ab. /freq=3
117	(advi?e? or advising or inform$ or guidance or help$ or assist$ or promot$).ab. /freq=4
118	NEEDS ASSESSMENT/
119	"HEALTH SERVICES NEEDS AND DEMAND"/
120	(support$ adj3 (need or needs or assess$)).ti,ab.
121	SELF-HELP GROUPS/
122	SOCIAL SUPPORT/
123	COMMUNITY NETWORKS/
124	PEER GROUP/
125	((peer? or self help) adj3 group?).ti,ab.
126	group meeting?.ti,ab,kw.
127	(social support or social network? or cultural support).ti,ab,kw.
128	(community adj3 (support or network?)).ti,ab.

#	Searches
129	((parent$ or mother or father or sibling$ or brother$ or sister$ or caregiver? or carer? or non-medical? or non-professional? or family or families or friend? or relative? or peer? or volunt$ or charit$ or communit$ or group?) adj3 support).ti,ab.
130	INTERNET/
131	((online or on-line) adj3 (forum? or group? or support)).ti,ab.
132	MENTORS/
133	mentor$.ti,ab.
134	((financial$ or economic$ or monetary$) adj3 (support$ or help$ or benefit? or grant? or advi$ or info$)).ti,ab.
135	LEGISLATION, MEDICAL/
136	((legal$ or regulatory or law) adj3 (require$ or advi$ or info$ or support$)).ti,ab.
137	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 (Motor or develop$)).ti,ab.
138	"EARLY INTERVENTION (EDUCATION)"/
139	(early adj3 (learn$ or educat$) adj3 intervention?).ti,ab.
140	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 learn$).ti,ab.
141	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 (feed$ or breastfeed$ or breastfed$ or formula? or milk or skin)).ti,ab.
142	Baby Friendly Hospital Initiative.ti,ab.
143	BFHI.ti,ab.
144	((medical? or professional?) adj3 support).ti,ab.
145	PATIENT EDUCATION AS TOPIC/
146	((information$ or educat$) adj3 (model$ or program$ or need$ or requirement$ or support$ or seek$ or access$ or disseminat$)).ti,ab.
147	(information$ adj3 (hospital? or service? or communit$)).ti,ab.
148	exp *PARENT-CHILD RELATIONS/
149	((Parent? or mother? or father?) adj2 (child$ or infant? or baby or babies) adj2 (interact$ or relation$)).ti,ab.
150	(improv$ adj3 bond$).ti,ab.
151	DELIVERY OF HEALTH CARE, INTEGRATED/
152	((integrat$ or Co-ordinat$ or coordinat$) adj3 (healthcare or care or service? or department?)).ti,ab.
153	CONTINUITY OF PATIENT CARE/
154	((continuity or continuing) adj3 care).ti,ab.
155	PATIENT DISCHARGE/
156	PATIENT TRANSFER/
157	PATIENT HANDOFF/
158	(Support$ adj3 discharg$).ti,ab.
159	(Transfer$ adj3 (patient? or service? or care)).ti,ab.
160	(Team? adj3 child$).ti,ab.
161	HEALTH SERVICES ACCESSIBILITY/
162	(access$ adj3 (service$ or assessment$ or support$ or clinic$)).ti,ab.
163	EARLY DIAGNOSIS/
164	(Early adj1 (identif$ or diagnos$)).ti,ab.
165	Common assessment framework?.ti,ab,kw.
166	ATTITUDE TO HEALTH/
167	PATIENT ACCEPTANCE OF HEALTH CARE/

#	Searches
168	Com$ to terms with.ti,ab.
169	((parent$ or mother or father or sibling$ or brother$ or sister$ or caregiver? or carer? or family or families or friend? or relative?) adj3 (accept$ or respon$)).ti,ab.
170	(School? adj3 (entry or enter or join$ or going or select$ or admiss$ or apply$ or applicat$ or find$)).ti,ab.
171	CHILD HEALTH SERVICES/
172	MATERNAL-CHILD HEALTH SERVICES/
173	((child$ or development$ or support$) adj3 service?).ti,ab.
174	or/116-173
175	14 and 115 and 174
176	limit 175 to yr="1990 -Current"

E.6.31 Database: Cochrane Database of Systematic Reviews

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
8	(pre#mie? or premie or premies).ab,ti.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	CEREBRAL PALSY.kw.
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
17	INTELLECTUAL DISABILITY.kw.
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
19	(mental$ adj3 retard$).ab,ti.
20	Global development$ delay.ab,ti.
21	COGNITION DISORDERS.kw.
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
23	COMMUNICATION DISORDERS.kw.
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
25	SPEECH DISORDERS.kw.
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
28	LANGUAGE DISORDERS.kw.
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
30	SLI.ab,ti.

#	Searches
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
32	"ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS".kw.
33	(Attention deficit adj3 disorder?).ab,ti.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
35	ADHD?.ab,ti.
36	CHILD DEVELOPMENT DISORDERS, PERVASIVE.kw.
37	(development$ disorder? adj3 pervasive).ab,ti.
38	(Asperger? or Autis$ or Kanner?).ab,ti.
39	(ASD or PDD or PDD-NOS).ab,ti.
40	LEARNING DISORDERS.kw.
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
44	MOTOR SKILLS DISORDERS.kw.
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
46	(DCD or SDDMF).ab,ti.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
48	PSYCHOMOTOR DISORDERS.kw.
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
50	APRAXIAS.kw.
51	(Dyspraxi$ or apraxi$).ab,ti.
52	ANXIETY DISORDERS.kw.
53	(anxiety$ adj3 disorder?).ab,ti.
54	DEPRESSIVE DISORDER.kw.
55	(depress$ adj3 disorder?).ab,ti.
56	CONDUCT DISORDER.kw.
57	(Conduct adj3 disorder?).ab,ti.
58	Oppositional defiant disorder?.ab,ti.
59	OBSESSIVE-COMPULSIVE DISORDER.kw.
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
61	OCD.ab,ti.
62	PSYCHOTIC DISORDERS.kw.
63	Psychos#s.ab,ti.
64	VISION DISORDERS.kw.
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
68	HEARING DISORDERS.kw.
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti.
71	or/15-70
72	SENSATION DISORDERS.kw.
73	SOMATOSENSORY DISORDERS.kw.

#	Searches
74	PERCEPTUAL DISORDERS.kw.
75	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
76	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
78	FEEDING BEHAVIOR.kw.
79	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
80	SLEEP DISORDERS.kw.
81	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
82	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
83	TOILET TRAINING.kw.
84	"ACTIVITIES OF DAILY LIVING".kw.
85	FECAL INCONTINENCE.kw.
86	URINARY INCONTINENCE.kw.
87	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
88	(encopres$ or enures$ or incontinen$).ti,ab.
89	FAILURE TO THRIVE.kw.
90	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
91	DEVELOPMENTAL DISABILITIES.kw.
92	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
93	SPEECH DISORDERS.kw.
94	LANGUAGE DISORDERS.kw.
95	COMMUNICATION DISORDERS.kw.
96	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
97	MOTOR SKILLS DISORDERS.kw.
98	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
99	global delay.ti,ab.
100	LEARNING DISORDERS.kw.
101	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
102	EXECUTIVE FUNCTION.kw.
103	executive function.ti,ab.
104	working memory.ti,ab.
105	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
106	EDUCATION, SPECIAL.kw.
107	special educat$.ti,ab.
108	SEND.ti,ab.
109	(BEHAVIOR or CHILD BEHAVIOR or SOCIAL BEHAVIOR).kw.
110	(IRRITABLE MOOD or CRYING).kw.
111	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
112	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
113	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
114	or/72-113
115	71 or 114

#	Searches
116	support$.ab. /freq=3
117	(advi?e? or advising or inform$ or guidance or help$ or assist$ or promot$).ab. /freq=4
118	NEEDS ASSESSMENT.kw.
119	"HEALTH SERVICES NEEDS AND DEMAND".kw.
120	(support$ adj3 (need or needs or assess$)).ti,ab.
121	SELF-HELP GROUPS.kw.
122	SOCIAL SUPPORT.kw.
123	COMMUNITY NETWORKS.kw.
124	PEER GROUP.kw.
125	((peer? or self help) adj3 group?).ti,ab.
126	group meeting?.ti,ab.
127	(social support or social network? or cultural support).ti,ab.
128	(community adj3 (support or network?)).ti,ab.
129	((parent$ or mother or father or sibling$ or brother$ or sister$ or caregiver? or carer? or non-medical? or non-professional? or family or families or friend? or relative? or peer? or volunt$ or charit$ or communit$ or group?) adj3 support).ti,ab.
130	INTERNET.kw.
131	((online or on-line) adj3 (forum? or group? or support)).ti,ab.
132	MENTORS.kw.
133	mentor$.ti,ab.
134	((financial$ or economic$ or monetary$) adj3 (support$ or help$ or benefit? or grant? or advi$ or info$)).ti,ab.
135	LEGISLATION, MEDICAL.kw.
136	((legal$ or regulatory or law) adj3 (require$ or advi$ or info$ or support$)).ti,ab.
137	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 (Motor or develop$)).ti,ab.
138	"EARLY INTERVENTION (EDUCATION)".kw.
139	(early adj3 (learn$ or educat$) adj3 intervention?).ti,ab.
140	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 learn$).ti,ab.
141	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 (feed$ or breastfeed$ or breastfed$ or formula? or milk or skin)).ti,ab.
142	Baby Friendly Hospital Initiative.ti,ab.
143	BFHI.ti,ab.
144	((medical? or professional?) adj3 support).ti,ab.
145	PATIENT EDUCATION AS TOPIC.kw.
146	((information$ or educat$) adj3 (model$ or program$ or need$ or requirement$ or support$ or seek$ or access$ or disseminat$)).ti,ab.
147	(information$ adj3 (hospital? or service? or communit$)).ti,ab.
148	PARENT-CHILD RELATIONS.kw.
149	((Parent? or mother? or father?) adj2 (child$ or infant? or baby or babies) adj2 (interact$ or relation$)).ti,ab.
150	(improv$ adj3 bond$).ti,ab.
151	DELIVERY OF HEALTH CARE, INTEGRATED.kw.
152	((integrat$ or Co-ordinat$ or coordinat$) adj3 (healthcare or care or service? or department?)).ti,ab.
153	CONTINUITY OF PATIENT CARE.kw.
154	((continuity or continuing) adj3 care).ti,ab.

#	Searches
155	PATIENT DISCHARGE.kw.
156	PATIENT TRANSFER.kw.
157	PATIENT HANDOFF.kw.
158	(Support$ adj3 discharg$).ti,ab.
159	(Transfer$ adj3 (patient? or service? or care)).ti,ab.
160	(Team? adj3 child$).ti,ab.
161	HEALTH SERVICES ACCESSIBILITY.kw.
162	(access$ adj3 (service$ or assessment$ or support$ or clinic$)).ti,ab.
163	EARLY DIAGNOSIS.kw.
164	(Early adj1 (identif$ or diagnos$)).ti,ab.
165	Common assessment framework?.ti,ab.
166	ATTITUDE TO HEALTH.kw.
167	PATIENT ACCEPTANCE OF HEALTH CARE.kw.
168	Com$ to terms with.ti,ab.
169	((parent$ or mother or father or sibling$ or brother$ or sister$ or caregiver? or carer? or family or families or friend? or relative?) adj3 (accept$ or respon$)).ti,ab.
170	(School? adj3 (entry or enter or join$ or going or select$ or admiss$ or apply$ or applicat$ or find$)).ti,ab.
171	CHILD HEALTH SERVICES.kw.
172	MATERNAL-CHILD HEALTH SERVICES.kw.
173	((child$ or development$ or support$) adj3 service?).ti,ab.
174	or/116-173
175	14 and 115 and 174

E.6.41 Database: Database of Abstracts of Reviews of Effects

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw,tx.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw,tx.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw,tx.
8	(pre#mie? or premie or premies).tw,tx.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).tw,tx.
14	or/1-13
15	CEREBRAL PALSY.kw.
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).tw,tx.
17	INTELLECTUAL DISABILITY.kw.
18	(Intellect$ adj3 (disab$ or disorder?)).tw,tx.
19	(mental$ adj3 retard$).tw,tx.

#	Searches
20	Global development$ delay.tw,tx.
21	COGNITION DISORDERS.kw.
22	(cognit$ adj3 (disab$ or disorder? or impair$)).tw,tx.
23	COMMUNICATION DISORDERS.kw.
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).tw,tx.
25	SPEECH DISORDERS.kw.
26	((speech or speak$) adj3 (disab$ or disorder?)).tw,tx.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).tw,tx.
28	LANGUAGE DISORDERS.kw.
29	(Language? adj3 (disab$ or disorder? or impair$)).tw,tx.
30	SLI.tw,tx.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).tw,tx.
32	"ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS".kw.
33	(Attention deficit adj3 disorder?).tw,tx.
34	(hyperkinetic adj3 (syndrome? or disorder?)).tw,tx.
35	ADHD?.tw,tx.
36	CHILD DEVELOPMENT DISORDERS, PERVASIVE.kw.
37	(development$ disorder? adj3 pervasive).tw,tx.
38	(Asperger? or Autis$ or Kanner?).tw,tx.
39	(ASD or PDD or PDD-NOS).tw,tx.
40	LEARNING DISORDERS.kw.
41	(Learning adj3 (disab$ or disorder? or difficult$)).tw,tx.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).tw,tx.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).tw,tx.
44	MOTOR SKILLS DISORDERS.kw.
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).tw,tx.
46	(DCD or SDDMF).tw,tx.
47	(clumsy child$ adj3 (disorder? or syndrome?)).tw,tx.
48	PSYCHOMOTOR DISORDERS.kw.
49	(Psychomotor adj3 (disorder? or impair$)).tw,tx.
50	APRAXIAS.kw.
51	(Dyspraxi$ or apraxi$).tw,tx.
52	ANXIETY DISORDERS.kw.
53	(anxiety$ adj3 disorder?).tw,tx.
54	DEPRESSIVE DISORDER.kw.
55	(depress$ adj3 disorder?).tw,tx.
56	CONDUCT DISORDER.kw.
57	(Conduct adj3 disorder?).tw,tx.
58	Oppositional defiant disorder?.tw,tx.
59	OBSESSIVE-COMPULSIVE DISORDER.kw.
60	(obsessive compulsive adj3 (disorder? or neuros?s)).tw,tx.
61	OCD.tw,tx.

#	Searches
62	PSYCHOTIC DISORDERS.kw.
63	Psychos#s.tw,tx.
64	VISION DISORDERS.kw.
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).tw,tx.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).tw,tx.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).tw,tx.
68	HEARING DISORDERS.kw.
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).tw,tx.
70	(deaf$ or Paracu?si$ or dysacusi$).tw,tx.
71	or/15-70
72	SENSATION DISORDERS.kw.
73	SOMATOSENSORY DISORDERS.kw.
74	PERCEPTUAL DISORDERS.kw.
75	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
76	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).tw,tx.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).tw,tx.
78	FEEDING BEHAVIOR.kw.
79	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).tw,tx.
80	SLEEP DISORDERS.kw.
81	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).tw,tx.
82	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).tw,tx.
83	TOILET TRAINING.kw.
84	"ACTIVITIES OF DAILY LIVING".kw.
85	FECAL INCONTINENCE.kw.
86	URINARY INCONTINENCE.kw.
87	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
88	(encopres$ or enures$ or incontinen$).tw,tx.
89	FAILURE TO THRIVE.kw.
90	((fail$ or falter$) adj3 (thriv$ or grow$)).tw,tx.
91	DEVELOPMENTAL DISABILITIES.kw.
92	((developmental$ or milestone?) adj3 (delay$ or late$)).tw,tx.
93	SPEECH DISORDERS.kw.
94	LANGUAGE DISORDERS.kw.
95	COMMUNICATION DISORDERS.kw.
96	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
97	MOTOR SKILLS DISORDERS.kw.
98	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
99	global delay.tw,tx.
100	LEARNING DISORDERS.kw.
101	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
102	EXECUTIVE FUNCTION.kw.
103	executive function.tw,tx.

#	Searches
104	working memory.tw,tx.
105	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
106	EDUCATION, SPECIAL.kw.
107	special educat$.tw,tx.
108	SEND.tw,tx.
109	(BEHAVIOR or CHILD BEHAVIOR or SOCIAL BEHAVIOR).kw.
110	(IRRITABLE MOOD or CRYING).kw.
111	(behav$ adj3 (difficult$ or impair$ or problem$)).tw,tx.
112	(cry or crying or cries or irritab$ or tantrum$ or shy$).tw,tx.
113	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
114	or/72-113
115	71 or 114
116	support$.ti.
117	(advi?e? or advising or inform$ or guidance or help$ or assist$ or promot$).ti.
118	NEEDS ASSESSMENT.kw.
119	"HEALTH SERVICES NEEDS AND DEMAND".kw.
120	(support$ adj3 (need or needs or assess$)).tw,tx.
121	SELF-HELP GROUPS.kw.
122	SOCIAL SUPPORT.kw.
123	COMMUNITY NETWORKS.kw.
124	PEER GROUP.kw.
125	((peer? or self help) adj3 group?).tw,tx.
126	group meeting?.tw,tx.
127	(social support or social network? or cultural support).tw,tx.
128	(community adj3 (support or network?)).tw,tx.
129	((parent$ or mother or father or sibling$ or brother$ or sister$ or caregiver? or carer? or non-medical? or non-professional? or family or families or friend? or relative? or peer? or volunt$ or charit$ or communit$ or group?) adj3 support).tw,tx.
130	INTERNET.kw.
131	((online or on-line) adj3 (forum? or group? or support)).tw,tx.
132	MENTORS.kw.
133	mentor$.tw,tx.
134	((financial$ or economic$ or monetary$) adj3 (support$ or help$ or benefit? or grant? or advi$ or info$)).tw,tx.
135	LEGISLATION, MEDICAL.kw.
136	((legal$ or regulatory or law) adj3 (require$ or advi$ or info$ or support$)).tw,tx.
137	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 (Motor or develop$)).tw,tx.
138	"EARLY INTERVENTION (EDUCATION)".kw.
139	(early adj3 (learn$ or educat$) adj3 intervention?).tw,tx.
140	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 learn$).tw,tx.
141	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 (feed$ or breastfeed$ or breastfed$ or formula? or milk or skin)).tw,tx.
142	Baby Friendly Hospital Initiative.tw,tx.
143	BFHI.tw,tx.

#	Searches
144	((medical? or professional?) adj3 support).tw,tx.
145	PATIENT EDUCATION AS TOPIC.kw.
146	((information$ or educat$) adj3 (model$ or program$ or need$ or requirement$ or support$ or seek$ or access$ or disseminat$)).tw,tx.
147	(information$ adj3 (hospital? or service? or communit$)).tw,tx.
148	PARENT-CHILD RELATIONS.kw.
149	((Parent? or mother? or father?) adj2 (child$ or infant? or baby or babies) adj2 (interact$ or relation$)).tw,tx.
150	(improv$ adj3 bond$).tw,tx.
151	DELIVERY OF HEALTH CARE, INTEGRATED.kw.
152	((integrat$ or Co-ordinat$ or coordinat$) adj3 (healthcare or care or service? or department?)).tw,tx.
153	CONTINUITY OF PATIENT CARE.kw.
154	((continuity or continuing) adj3 care).tw,tx.
155	PATIENT DISCHARGE.kw.
156	PATIENT TRANSFER.kw.
157	PATIENT HANDOFF.kw.
158	(Support$ adj3 discharg$).tw,tx.
159	(Transfer$ adj3 (patient? or service? or care)).tw,tx.
160	(Team? adj3 child$).tw,tx.
161	HEALTH SERVICES ACCESSIBILITY.kw.
162	(access$ adj3 (service$ or assessment$ or support$ or clinic$)).tw,tx.
163	EARLY DIAGNOSIS.kw.
164	(Early adj1 (identif$ or diagnos$)).tw,tx.
165	Common assessment framework?.tw,tx.
166	ATTITUDE TO HEALTH.kw.
167	PATIENT ACCEPTANCE OF HEALTH CARE.kw.
168	Com$ to terms with.tw,tx.
169	((parent$ or mother or father or sibling$ or brother$ or sister$ or caregiver? or carer? or family or families or friend? or relative?) adj3 (accept$ or respon$)).tw,tx.
170	(School? adj3 (entry or enter or join$ or going or select$ or admiss$ or apply$ or applicat$ or find$)).tw,tx.
171	CHILD HEALTH SERVICES.kw.
172	MATERNAL-CHILD HEALTH SERVICES.kw.
173	((child$ or development$ or support$) adj3 service?).tw,tx.
174	or/116-173
175	14 and 115 and 174

E.6.51 Database: Health Technology Assessment

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/

#	Searches
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
8	(pre#mie? or premie or premies).tw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).tw.
14	or/1-13
15	CEREBRAL PALSY/
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).tw.
17	MENTAL RETARDATION/
18	(Intellect$ adj3 (disab$ or disorder?)).tw.
19	(mental$ adj3 retard$).tw.
20	Global development$ delay.tw.
21	COGNITION DISORDERS/
22	(cognit$ adj3 (disab$ or disorder? or impair$)).tw.
23	COMMUNICATION DISORDERS/
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).tw.
25	exp SPEECH DISORDERS/
26	((speech or speak$) adj3 (disab$ or disorder?)).tw.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).tw.
28	exp LANGUAGE DISORDERS/
29	(Language? adj3 (disab$ or disorder? or impair$)).tw.
30	SLI.tw.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).tw.
32	exp "ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS"/
33	(Attention deficit adj3 disorder?).tw.
34	(hyperkinetic adj3 (syndrome? or disorder?)).tw.
35	ADHD?.tw.
36	exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/
37	(development$ disorder? adj3 pervasive).tw.
38	(Asperger? or Autis$ or Kanner?).tw.
39	(ASD or PDD or PDD-NOS).tw.
40	exp LEARNING DISORDERS/
41	(Learning adj3 (disab$ or disorder? or difficult$)).tw.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).tw.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).tw.
44	MOTOR SKILLS DISORDERS/
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).tw.
46	(DCD or SDDMF).tw.
47	(clumsy child$ adj3 (disorder? or syndrome?)).tw.
48	PSYCHOMOTOR DISORDERS/

#	Searches
49	(Psychomotor adj3 (disorder? or impair$)).tw.
50	exp APRAXIAS/
51	(Dyspraxi$ or apraxi$).tw.
52	ANXIETY DISORDERS/
53	(anxiety$ adj3 disorder?).tw.
54	DEPRESSIVE DISORDER/
55	(depress$ adj3 disorder?).tw.
56	CONDUCT DISORDER/
57	(Conduct adj3 disorder?).tw.
58	Oppositional defiant disorder?.tw.
59	OBSESSIVE-COMPULSIVE DISORDER/
60	(obsessive compulsive adj3 (disorder? or neuros?s)).tw.
61	OCD.tw.
62	PSYCHOTIC DISORDERS/
63	Psychos#s.tw.
64	exp VISION DISORDERS/
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).tw.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).tw.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).tw.
68	exp HEARING DISORDERS/
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).tw.
70	(deaf$ or Paracu?si$ or dysacusi$).tw.
71	or/15-70
72	SENSATION DISORDERS/
73	exp SOMATOSENSORY DISORDERS/
74	exp PERCEPTUAL DISORDERS/
75	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).tw.
76	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).tw.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).tw.
78	FEEDING BEHAVIOR/
79	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).tw.
80	exp SLEEP DISORDERS/
81	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).tw.
82	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).tw.
83	TOILET TRAINING/
84	"ACTIVITIES OF DAILY LIVING"/
85	FECAL INCONTINENCE/
86	exp URINARY INCONTINENCE/
87	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).tw.
88	(encopres$ or enures$ or incontinen$).tw.
89	FAILURE TO THRIVE/
90	((fail$ or falter$) adj3 (thriv$ or grow$)).tw.
91	*DEVELOPMENTAL DISABILITIES/
92	((developmental$ or milestone?) adj3 (delay$ or late$)).tw.

#	Searches
93	exp SPEECH DISORDERS/
94	exp LANGUAGE DISORDERS/
95	COMMUNICATION DISORDERS/
96	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
97	MOTOR SKILLS DISORDERS/
98	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
99	global delay.tw.
100	exp LEARNING DISORDERS/
101	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
102	EXECUTIVE FUNCTION/
103	executive function.tw.
104	working memory.tw.
105	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
106	exp EDUCATION, SPECIAL/
107	special educat$.tw.
108	SEND.tw.
109	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
110	IRRITABLE MOOD/ or CRYING/
111	(behav$ adj3 (difficult$ or impair$ or problem$)).tw.
112	(cry or crying or cries or irritab$ or tantrum$ or shy$).tw.
113	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).tw.
114	or/72-113
115	71 or 114
116	14 and 115

E.6.61 Database: Embase

#	Searches
1	PREMATURE LABOR/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURITY/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
6	(pre#mie? or premie or premies).ti,ab.
7	LOW BIRTH WEIGHT/
8	SMALL FOR DATE INFANT/
9	VERY LOW BIRTH WEIGHT/
10	EXTREMELY LOW BIRTH WEIGHT/
11	(low adj3 birth adj3 weigh$).ab,ti.
12	or/1-11
13	*CEREBRAL PALSY/
14	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
15	*INTELLECTUAL IMPAIRMENT/ or *MENTAL DEFICIENCY/

#	Searches
16	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
17	(mental$ adj3 retard$).ab,ti.
18	Global development$ delay.ab,ti.
19	*COGNITIVE DEFECT/
20	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
21	*COMMUNICATION DISORDER/
22	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
23	exp *SPEECH DISORDER/
24	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
25	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
26	exp *LANGUAGE DISABILITY/
27	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
28	SLI.ab,ti.
29	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
30	*ATTENTION DEFICIT DISORDER/
31	(Attention deficit adj3 disorder?).ab,ti.
32	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
33	ADHD?.ab,ti.
34	exp *AUTISM/
35	(development$ disorder? adj3 pervasive).ab,ti.
36	(Asperger? or Autis$ or Kanner?).ab,ti.
37	(ASD or PDD or PDD-NOS).ab,ti.
38	exp *LEARNING DISORDER/
39	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
40	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
41	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
42	*PSYCHOMOTOR DISORDERS/
43	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
44	(DCD or SDDMF).ab,ti.
45	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
46	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
47	exp *APRAXIA/
48	(Dyspraxi$ or apraxi$).ab,ti.
49	*ANXIETY DISORDER/
50	(anxiety$ adj3 disorder?).ab,ti.
51	*DEPRESSION/
52	(depress$ adj3 disorder?).ab,ti.
53	*CONDUCT DISORDER/ or *OPPOSITIONAL DEFIANT DISORDER/
54	(Conduct adj3 disorder?).ab,ti.
55	Oppositional defiant disorder?.ab,ti.
56	*OBSESSIVE COMPULSIVE DISORDER/
57	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.

#	Searches
58	OCD.ab,ti.
59	*PSYCHOSIS/
60	Psychos#s.ab,ti.
61	exp *VISUAL DISORDER/
62	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
63	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
64	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
65	exp *HEARING DISORDER/
66	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
67	(deafness or Paracu?si$ or dysacusi$).ab,ti.
68	or/13-67
69	*SENSORY DYSFUNCTION/
70	exp *SOMATOSENSORY DISORDER/
71	exp *PERCEPTION DISORDER/
72	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
73	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
74	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
75	*FEEDING BEHAVIOR/
76	*FEEDING DIFFICULTY/
77	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
78	exp *SLEEP DISORDER/
79	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
80	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
81	*CHILD REARING/
82	*DAILY LIFE ACTIVITY/
83	*FECES INCONTINENCE/
84	exp *URINE INCONTINENCE/
85	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
86	(encopres$ or enures$ or incontinen$).ti,ab.
87	*FAILURE TO THRIVE/
88	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
89	*DEVELOPMENTAL DISORDER/
90	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
91	exp *SPEECH DISORDER/
92	exp *LANGUAGE DISABILITY/
93	*COMMUNICATION DISORDER/
94	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
95	*PSYCHOMOTOR DISORDERS/
96	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
97	global delay.ti,ab.
98	exp *LEARNING DISORDER/
99	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.

#	Searches
100	*EXECUTIVE FUNCTION/
101	executive function.ti,ab.
102	working memory.ti,ab.
103	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
104	exp *SPECIAL EDUCATION/
105	special educat$.ti,ab.
106	SEND.ti,ab.
107	*BEHAVIOR/ or *CHILD BEHAVIOR/ or exp *SOCIAL BEHAVIOR/
108	*IRRITABILITY/ or *CRYING/
109	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
110	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
111	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
112	or/69-111
113	68 or 112
114	support$.ab. /freq=3
115	(advi?e? or advising or inform$ or guidance or help$ or assist$ or promot$).ab. /freq=4
116	*NEEDS ASSESSMENT/
117	(support$ adj3 (need or needs or assess$)).ti,ab.
118	*SELF HELP/
119	*SOCIAL SUPPORT/
120	*PEER GROUP/
121	((peer? or self help) adj3 group?).ti,ab.
122	group meeting?.ti,ab.
123	(social support or social network? or cultural support).ti,ab.
124	(community adj3 (support or network?)).ti,ab.
125	((parent$ or mother or father or sibling$ or brother$ or sister$ or caregiver? or carer? or non-medical? or non-professional? or family or families or friend? or relative? or peer? or volunt$ or charit$ or communit$ or group?) adj3 support).ti,ab.
126	*INTERNET/
127	((online or on-line) adj3 (forum? or group? or support)).ti,ab.
128	mentor$.ti,ab.
129	((financial$ or economic$ or monetary$) adj3 (support$ or help$ or benefit? or grant? or advi$ or info$)).ti,ab.
130	*MEDICOLEGAL ASPECT/
131	((legal$ or regulatory or law) adj3 (require$ or advi$ or info$ or support$)).ti,ab.
132	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 (Motor or develop$)).ti.
133	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 (Motor or develop$)).ab. /freq=2
134	*EARLY CHILDHOOD INTERVENTION/
135	(early adj3 (learn$ or educat$) adj3 intervention?).ti,ab.
136	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 learn$).ti,ab.
137	((advi?e or advising or inform$ or guidance or help or assist$ or support$ or promot$) adj3 (feed$ or breastfeed$ or breastfed$ or formula? or milk or skin)).ti,ab.
138	Baby Friendly Hospital Initiative.ti,ab.

#	Searches
139	BFHI.ti,ab.
140	((medical? or professional?) adj3 support).ti,ab.
141	*PATIENT EDUCATION/
142	((information$ or educat$) adj3 (model$ or program$ or need$ or requirement$ or support$ or seek$ or access$ or disseminat$)).ti.
143	((information$ or educat$) adj3 (model$ or program$ or need$ or requirement$ or support$ or seek$ or access$ or disseminat$)).ab. /freq=2
144	(information$ adj3 (hospital? or service? or communit$)).ti,ab.
145	*CHILD PARENT RELATION/ and (support$ or advi?e? or advising or inform$ or guidance or help$ or assist$ or promot$).ti,ab.
146	*FATHER CHILD RELATION/
147	*MOTHER CHILD RELATION/ and (support$ or advi?e? or advising or inform$ or guidance or help$ or assist$ or promot$).ti,ab.
148	((Parent? or mother? or father?) adj2 (child$ or infant? or baby or babies) adj2 (interact$ or relation$)).ti.
149	((Parent? or mother? or father?) adj2 (child$ or infant? or baby or babies) adj2 (interact$ or relation$)).ab. /freq=2
150	(improv$ adj3 bond$).ti,ab.
151	*INTEGRATED HEALTH CARE SYSTEM/
152	((integrat$ or Co-ordinat$ or coordinat$) adj3 (healthcare or care or service? or department?)).ti,ab.
153	((continuity or continuing) adj3 care).ti,ab.
154	*HOSPITAL DISCHARGE/
155	*CLINICAL HANDOVER/
156	(Support$ adj3 discharg$).ti,ab.
157	(Transfer$ adj3 (patient? or service? or care)).ti,ab.
158	(Team? adj3 child$).ti,ab.
159	(access$ adj3 (service$ or assessment$ or support$ or clinic$)).ti,ab.
160	*EARLY DIAGNOSIS/
161	(Early adj1 (identif$ or diagnos$)).ti.
162	(Early adj1 (identif$ or diagnos$)).ab. /freq=2
163	Common assessment framework?.ti,ab.
164	*ATTITUDE TO HEALTH/
165	*PATIENT ATTITUDE/
166	Com$ to terms with.ti,ab.
167	((parent$ or mother or father or sibling$ or brother$ or sister$ or caregiver? or carer? or family or families or friend? or relative?) adj3 (accept$ or respon$)).ti,ab.
168	(School? adj3 (entry or enter or join$ or going or select$ or admiss$ or apply$ or applicat$ or find$)).ti,ab.
169	*CHILD HEALTH CARE/
170	((child$ or development$ or support$) adj3 service?).ti,ab.
171	or/114-170
172	12 and 113 and 171
173	limit 172 to english language
174	limit 173 to yr="1990 -Current"
175	letter.pt. or LETTER/
176	note.pt.
177	editorial.pt.

#	Searches
178	CASE REPORT/ or CASE STUDY/
179	(letter or comment*).ti.
180	or/175-179
181	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
182	180 not 181
183	ANIMAL/ not HUMAN/
184	NONHUMAN/
185	exp ANIMAL EXPERIMENT/
186	exp EXPERIMENTAL ANIMAL/
187	ANIMAL MODEL/
188	exp RODENT/
189	(rat or rats or mouse or mice).ti.
190	or/182-189
191	174 not 190

E.7 Identification of problems and disorders

What is the usefulness of the following screening strategies in the identification of children and young people born preterm with intellectual disability, speech and language disorder, specific learning difficulty, social, emotional and mental health, and developmental co-ordination disorder: healthy child programme (plus/enhanced); parental observation/concern; teachers observation/concern; and formal screening tests

E.7.1 Database: Medline

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
8	(pre#mie? or premie or premies).ti,ab.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	exp INTELLECTUAL DISABILITY/
16	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
17	(mental$ adj3 retard$).ab,ti.
18	Global development$ delay.ab,ti.
19	COGNITION DISORDERS/

#	Searches
20	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
21	COMMUNICATION DISORDERS/
22	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
23	exp SPEECH DISORDERS/
24	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
25	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
26	exp LANGUAGE DISORDERS/
27	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
28	SLI.ab,ti.
29	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
30	exp LEARNING DISORDERS/
31	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
32	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
33	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
34	MOTOR SKILLS DISORDERS/
35	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
36	(DCD or SDDMF).ab,ti.
37	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
38	PSYCHOMOTOR DISORDERS/
39	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
40	exp APRAXIAS/
41	(Dyspraxi$ or apraxi$).ab,ti.
42	MENTAL HEALTH/
43	*MENTAL DISORDERS/
44	(mental$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
45	ANXIETY DISORDERS/
46	(anxiety$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
47	DEPRESSIVE DISORDER/
48	DEPRESSION/
49	depress$.ab,ti.
50	CONDUCT DISORDER/
51	(conduct$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
52	Oppositional defiant disorder?.ab,ti.
53	OBSESSIVE-COMPULSIVE DISORDER/
54	(obsessive compulsive adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
55	OCD.ab,ti.
56	PSYCHOTIC DISORDERS/
57	Psychos#s.ab,ti.
58	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or CHILD BEHAVIOR DISORDERS/ or exp SOCIAL BEHAVIOR/
59	(behav$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
60	(emotion$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
61	AFFECTIVE SYMPTOMS/

#	Searches
62	(affective symptom? or alexithymia?).ti,ab.
63	(emotion$ adj3 disturb$).ti,ab.
64	MOOD DISORDER/
65	((Affective$ or mood?) adj3 disorder?).ti,ab.
66	or/15-65
67	MASS SCREENING/
68	SELF REPORT/
69	DIAGNOSTIC SELF EVALUATION/
70	((parent$ or mother? or mum? or father? or dad? or grandparent? or granfather? or grandmother? or carer?) adj3 (concern$ or observ$ or assess$ or report$ or surveil$ or spot$ or notic$ or evaluat$ or percept$ or perceiv$)).ti,ab.
71	((teacher? or headmaster? or headmisstress? or school?) adj3 (concern$ or observ$ or assess$ or report$ or surveil$ or spot$ or notic$ or evaluat$ or percept$ or perceiv$)).ti,ab.
72	"SURVEYS AND QUESTIONNAIRES"/
73	or/67-72
74	healthy child program$.ti,ab.
75	HCP.ti,ab.
76	(Ages and stages questionnaire?).ti,ab.
77	ASQ$.ti,ab.
78	(Strengths and Difficulties Questionnaire?).ti,ab.
79	SDQ$.ti,ab.
80	Developmental Coordination Disorder Questionnaire?.ti,ab.
81	DCDQ$.ti,ab.
82	Parent report of children$ abilities.ti,ab.
83	PARCA$.ti,ab.
84	Schedule of Growing Skills.ti,ab.
85	SGS$.ti,ab.
86	or/75-85
87	14 and 66 and 73
88	14 and 86
89	Developmental Disabilities/di [Diagnosis]
90	exp *MENTAL DISORDERS/di [Diagnosis]
91	or/89-90
92	14 and 91 and 73
93	74 or 87 or 88 or 92
94	limit 93 to english language
95	limit 94 to yr="1990 -Current"
96	LETTER/
97	EDITORIAL/
98	NEWS/
99	exp HISTORICAL ARTICLE/
100	ANECDOTES AS TOPIC/
101	COMMENT/
102	CASE REPORT/
103	(letter or comment*).ti.
104	or/96-103

#	Searches
105	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
106	104 not 105
107	ANIMALS/ not HUMANS/
108	exp ANIMALS, LABORATORY/
109	exp ANIMAL EXPERIMENTATION/
110	exp MODELS, ANIMAL/
111	exp RODENTIA/
112	(rat or rats or mouse or mice).ti.
113	or/106-112
114	95 not 113

E.7.21 Medline In-Process & Other Non-Indexed Citations

#	Searches
1	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
3	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
4	(pre#mie? or premie or premies).ti,ab.
5	(low adj3 birth adj3 weigh$).ab,ti.
6	or/1-5
7	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
8	(mental$ adj3 retard$).ab,ti.
9	Global development$ delay.ab,ti.
10	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
11	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
12	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
13	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
14	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
15	SLI.ab,ti.
16	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
17	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
18	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
19	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
20	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
21	(DCD or SDDMF).ab,ti.
22	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
23	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
24	(Dyspraxi$ or apraxi$).ab,ti.
25	(mental$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
26	(anxiety$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
27	depress$.ab,ti.
28	(conduct$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
29	Oppositional defiant disorder?.ab,ti.

#	Searches
30	(obsessive compulsive adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
31	OCD.ab,ti.
32	Psychos#s.ab,ti.
33	(behav$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
34	(emotion$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
35	(affective symptom? or alexithymia?).ti,ab.
36	(emotion$ adj3 disturb$).ti,ab.
37	((Affective$ or mood?) adj3 disorder?).ti,ab.
38	or/7-37
39	((parent$ or mother? or mum? or father? or dad? or grandparent? or granfather? or grandmother? or carer?) adj3 (concern$ or observ$ or assess$ or report$ or surveil$ or spot$ or notic$ or evaluat$ or percept$ or perceiv$)).ti,ab.
40	((teacher? or headmaster? or headmisstress? or school?) adj3 (concern$ or observ$ or assess$ or report$ or surveil$ or spot$ or notic$ or evaluat$ or percept$ or perceiv$)).ti,ab.
41	or/39-40
42	healthy child program$.ti,ab.
43	HCP.ti,ab.
44	(Ages and stages questionnaire?).ti,ab.
45	ASQ$.ti,ab.
46	(Strengths and Difficulties Questionnaire?).ti,ab.
47	SDQ$.ti,ab.
48	Developmental Coordination Disorder Questionnaire?.ti,ab.
49	DCDQ$.ti,ab.
50	Parent report of children$ abilities.ti,ab.
51	PARCA$.ti,ab.
52	Schedule of Growing Skills.ti,ab.
53	SGS$.ti,ab.
54	or/43-53
55	6 and 38 and 41
56	6 and 54
57	42 or 55 or 56
58	limit 57 to yr="1990 -Current"

E.7.31 Database: Cochrane Central Register of Controlled Trials

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
8	(pre#mie? or premie or premies).ti,ab,kw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/

#	Searches
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	exp INTELLECTUAL DISABILITY/
16	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
17	(mental$ adj3 retard$).ab,ti.
18	Global development$ delay.ab,ti,kw.
19	COGNITION DISORDERS/
20	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
21	COMMUNICATION DISORDERS/
22	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
23	exp SPEECH DISORDERS/
24	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
25	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti,kw.
26	exp LANGUAGE DISORDERS/
27	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
28	SLI.ab,ti.
29	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti,kw.
30	exp LEARNING DISORDERS/
31	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
32	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti,kw.
33	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
34	MOTOR SKILLS DISORDERS/
35	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
36	(DCD or SDDMF).ab,ti.
37	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
38	PSYCHOMOTOR DISORDERS/
39	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
40	exp APRAXIAS/
41	(Dyspraxi$ or apraxi$).ab,ti,kw.
42	MENTAL HEALTH/
43	*MENTAL DISORDERS/
44	(mental$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
45	ANXIETY DISORDERS/
46	(anxiety$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
47	DEPRESSIVE DISORDER/
48	DEPRESSION/
49	depress$.ab,ti,kw.
50	CONDUCT DISORDER/
51	(conduct$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
52	Oppositional defiant disorder?.ab,ti,kw.

#	Searches
53	OBSESSIVE-COMPULSIVE DISORDER/
54	(obsessive compulsive adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
55	OCD.ab,ti,kw.
56	PSYCHOTIC DISORDERS/
57	Psychos#s.ab,ti,kw.
58	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or CHILD BEHAVIOR DISORDERS/ or exp SOCIAL BEHAVIOR/
59	(behav$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
60	(emotion$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
61	AFFECTIVE SYMPTOMS/
62	(affective symptom? or alexithymia?).ti,ab,kw.
63	(emotion$ adj3 disturb$).ti,ab.
64	MOOD DISORDER/
65	((Affective$ or mood?) adj3 disorder?).ti,ab.
66	or/15-65
67	MASS SCREENING/
68	SELF REPORT/
69	DIAGNOSTIC SELF EVALUATION/
70	((parent$ or mother? or mum? or father? or dad? or grandparent? or granfather? or grandmother? or carer?) adj3 (concern$ or observ$ or assess$ or report$ or surveil$ or spot$ or notic$ or evaluat$ or percept$ or perceiv$)).ti,ab.
71	((teacher? or headmaster? or headmisstress? or school?) adj3 (concern$ or observ$ or assess$ or report$ or surveil$ or spot$ or notic$ or evaluat$ or percept$ or perceiv$)).ti,ab.
72	"SURVEYS AND QUESTIONNAIRES"/
73	or/67-72
74	healthy child program$.ti,ab,kw.
75	HCP.ti,ab,kw.
76	(Ages and stages questionnaire?).ti,ab,kw.
77	ASQ$.ti,ab,kw.
78	(Strengths and Difficulties Questionnaire?).ti,ab,kw.
79	SDQ$.ti,ab,kw.
80	Developmental Coordination Disorder Questionnaire?.ti,ab,kw.
81	DCDQ$.ti,ab,kw.
82	Parent report of children$ abilities.ti,ab,kw.
83	PARCA$.ti,ab,kw.
84	Schedule of Growing Skills.ti,ab,kw.
85	SGS$.ti,ab,kw.
86	or/75-85
87	14 and 66 and 73
88	14 and 86
89	Developmental Disabilities/di [Diagnosis]
90	exp *MENTAL DISORDERS/di [Diagnosis]
91	or/89-90
92	14 and 91 and 73
93	74 or 87 or 88 or 92
94	limit 93 to yr="1990 -Current"

E.7.41 Database: Cochrane Database of Systematic Reviews

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
8	(pre#mie? or premie or premies).ti,ab.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	INTELLECTUAL DISABILITY.kw.
16	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
17	(mental$ adj3 retard$).ab,ti.
18	Global development$ delay.ab,ti.
19	COGNITION DISORDERS.kw.
20	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
21	COMMUNICATION DISORDERS.kw.
22	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
23	SPEECH DISORDERS.kw.
24	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
25	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
26	LANGUAGE DISORDERS.kw.
27	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
28	SLI.ab,ti.
29	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
30	LEARNING DISORDERS.kw.
31	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
32	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
33	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
34	MOTOR SKILLS DISORDERS.kw.
35	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
36	(DCD or SDDMF).ab,ti.
37	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
38	PSYCHOMOTOR DISORDERS.kw.
39	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
40	APRAXIAS.kw.
41	(Dyspraxi$ or apraxi$).ab,ti.

#	Searches
42	MENTAL HEALTH.kw.
43	MENTAL DISORDERS.kw.
44	(mental$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
45	ANXIETY DISORDERS.kw.
46	(anxiety$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
47	DEPRESSIVE DISORDER.kw.
48	DEPRESSION.kw.
49	depress$.ab,ti.
50	CONDUCT DISORDER.kw.
51	(conduct$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
52	Oppositional defiant disorder?.ab,ti.
53	OBSESSIVE-COMPULSIVE DISORDER.kw.
54	(obsessive compulsive adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
55	OCD.ab,ti.
56	PSYCHOTIC DISORDERS.kw.
57	Psychos#s.ab,ti.
58	(BEHAVIOR or CHILD BEHAVIOR or CHILD BEHAVIOR DISORDERS or SOCIAL BEHAVIOR).kw.
59	(behav$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
60	(emotion$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
61	AFFECTIVE SYMPTOMS.kw.
62	(affective symptom? or alexithymia?).ti,ab.
63	(emotion$ adj3 disturb$).ti,ab.
64	MOOD DISORDER.kw.
65	((Affective$ or mood?) adj3 disorder?).ti,ab.
66	or/15-65
67	MASS SCREENING.kw.
68	SELF REPORT.kw.
69	DIAGNOSTIC SELF EVALUATION.kw.
70	((parent$ or mother? or mum? or father? or dad? or grandparent? or granfather? or grandmother? or carer?) adj3 (concern$ or observ$ or assess$ or report$ or surveil$ or spot$ or notic$ or evaluat$ or percept$ or perceiv$)).ti,ab.
71	((teacher? or headmaster? or headmisstress? or school?) adj3 (concern$ or observ$ or assess$ or report$ or surveil$ or spot$ or notic$ or evaluat$ or percept$ or perceiv$)).ti,ab.
72	(SURVEYS and QUESTIONNAIRES).kw.
73	or/67-72
74	healthy child program$.ti,ab.
75	HCP.ti,ab.
76	(Ages and stages questionnaire?).ti,ab.
77	ASQ$.ti,ab.
78	(Strengths and Difficulties Questionnaire?).ti,ab.
79	SDQ$.ti,ab.
80	Developmental Coordination Disorder Questionnaire?.ti,ab.
81	DCDQ$.ti,ab.
82	Parent report of children$ abilities.ti,ab.
83	PARCA$.ti,ab.

#	Searches
84	Schedule of Growing Skills.ti,ab.
85	SGS$.ti,ab.
86	or/75-85
87	14 and 66 and 73
88	14 and 86
89	74 or 87 or 88

E.7.51 Database: Database of Abstracts of Reviews of Effects

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw,tx.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw,tx.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw,tx.
8	(pre#mie? or premie or premies).tw,tx.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).tw,tx.
14	or/1-13
15	INTELLECTUAL DISABILITY.kw.
16	(Intellect$ adj3 (disab$ or disorder?)).tw,tx.
17	(mental$ adj3 retard$).tw,tx.
18	Global development$ delay.tw,tx.
19	COGNITION DISORDERS.kw.
20	(cognit$ adj3 (disab$ or disorder? or impair$)).tw,tx.
21	COMMUNICATION DISORDERS.kw.
22	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).tw,tx.
23	SPEECH DISORDERS.kw.
24	((speech or speak$) adj3 (disab$ or disorder?)).tw,tx.
25	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).tw,tx.
26	LANGUAGE DISORDERS.kw.
27	(Language? adj3 (disab$ or disorder? or impair$)).tw,tx.
28	SLI.tw,tx.
29	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).tw,tx.
30	LEARNING DISORDERS.kw.
31	(Learning adj3 (disab$ or disorder? or difficult$)).tw,tx.
32	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).tw,tx.
33	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).tw,tx.

#	Searches
34	MOTOR SKILLS DISORDERS.kw.
35	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).tw,tx.
36	(DCD or SDDMF).tw,tx.
37	(clumsy child$ adj3 (disorder? or syndrome?)).tw,tx.
38	PSYCHOMOTOR DISORDERS.kw.
39	(Psychomotor adj3 (disorder? or impair$)).tw,tx.
40	APRAXIAS.kw.
41	(Dyspraxi$ or apraxi$).tw,tx.
42	MENTAL HEALTH.kw.
43	MENTAL DISORDERS.kw.
44	(mental$ adj3 (disorder? or difficult$ or impair$ or problem$)).tw,tx.
45	ANXIETY DISORDERS.kw.
46	(anxiety$ adj3 (disorder? or difficult$ or impair$ or problem$)).tw,tx.
47	DEPRESSIVE DISORDER.kw.
48	DEPRESSION.kw.
49	depress$.tw,tx.
50	CONDUCT DISORDER.kw.
51	(conduct$ adj3 (disorder? or difficult$ or impair$ or problem$)).tw,tx.
52	Oppositional defiant disorder?.tw,tx.
53	OBSESSIVE-COMPULSIVE DISORDER.kw.
54	(obsessive compulsive adj3 (disorder? or difficult$ or impair$ or problem$)).tw,tx.
55	OCD.tw,tx.
56	PSYCHOTIC DISORDERS.kw.
57	Psychos#s.tw,tx.
58	(BEHAVIOR or CHILD BEHAVIOR or CHILD BEHAVIOR DISORDERS or SOCIAL BEHAVIOR).kw.
59	(behav$ adj3 (disorder? or difficult$ or impair$ or problem$)).tw,tx.
60	(emotion$ adj3 (disorder? or difficult$ or impair$ or problem$)).tw,tx.
61	AFFECTIVE SYMPTOMS.kw.
62	(affective symptom? or alexithymia?).tw,tx.
63	(emotion$ adj3 disturb$).tw,tx.
64	MOOD DISORDER.kw.
65	((Affective$ or mood?) adj3 disorder?).tw,tx.
66	or/15-65
67	MASS SCREENING.kw.
68	SELF REPORT.kw.
69	DIAGNOSTIC SELF EVALUATION.kw.
70	((parent$ or mother? or mum? or father? or dad? or grandparent? or granfather? or grandmother? or carer?) adj3 (concern$ or observ$ or assess$ or report$ or surveil$ or spot$ or notic$ or evaluat$ or percept$ or perceiv$)).tw,tx.
71	((teacher? or headmaster? or headmisstress? or school?) adj3 (concern$ or observ$ or assess$ or report$ or surveil$ or spot$ or notic$ or evaluat$ or percept$ or perceiv$)).tw,tx.
72	(SURVEYS and QUESTIONNAIRES).kw.
73	or/67-72
74	healthy child program$.tw,tx.
75	HCP.tw,tx.

#	Searches
76	(Ages and stages questionnaire?).tw,tx.
77	ASQ$.tw,tx.
78	(Strengths and Difficulties Questionnaire?).tw,tx.
79	SDQ$.tw,tx.
80	Developmental Coordination Disorder Questionnaire?.tw,tx.
81	DCDQ$.tw,tx.
82	Parent report of children$ abilities.tw,tx.
83	PARCA$.tw,tx.
84	Schedule of Growing Skills.tw,tx.
85	SGS$.tw,tx.
86	or/75-85
87	14 and 66 and 73
88	14 and 86
89	74 or 87 or 88

E.7.61 Database: Health Technology Assessment

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
8	(pre#mie? or premie or premies).tw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).tw.
14	or/1-13
15	exp MENTAL RETARDATION/
16	(Intellect$ adj3 (disab$ or disorder?)).tw.
17	(mental$ adj3 retard$).tw.
18	Global development$ delay.tw.
19	COGNITION DISORDERS/
20	(cognit$ adj3 (disab$ or disorder? or impair$)).tw.
21	COMMUNICATION DISORDERS/
22	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).tw.
23	exp SPEECH DISORDERS/
24	((speech or speak$) adj3 (disab$ or disorder?)).tw.
25	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).tw.
26	exp LANGUAGE DISORDERS/
27	(Language? adj3 (disab$ or disorder? or impair$)).tw.

#	Searches
28	SLI.tw.
29	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).tw.
30	exp LEARNING DISORDERS/
31	(Learning adj3 (disab$ or disorder? or difficult$)).tw.
32	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).tw.
33	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).tw.
34	MOTOR SKILLS DISORDERS/
35	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).tw.
36	(DCD or SDDMF).tw.
37	(clumsy child$ adj3 (disorder? or syndrome?)).tw.
38	PSYCHOMOTOR DISORDERS/
39	(Psychomotor adj3 (disorder? or impair$)).tw.
40	exp APRAXIAS/
41	(Dyspraxi$ or apraxi$).tw.
42	MENTAL HEALTH/
43	*MENTAL DISORDERS/
44	(mental$ adj3 (disorder? or difficult$ or impair$ or problem$)).tw.
45	ANXIETY DISORDERS/
46	(anxiety$ adj3 (disorder? or difficult$ or impair$ or problem$)).tw.
47	DEPRESSIVE DISORDER/
48	DEPRESSION/
49	depress$.tw.
50	CONDUCT DISORDER/
51	(conduct$ adj3 (disorder? or difficult$ or impair$ or problem$)).tw.
52	Oppositional defiant disorder?.tw.
53	OBSESSIVE-COMPULSIVE DISORDER/
54	(obsessive compulsive adj3 (disorder? or difficult$ or impair$ or problem$)).tw.
55	OCD.tw.
56	PSYCHOTIC DISORDERS/
57	Psychos#s.tw.
58	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or CHILD BEHAVIOR DISORDERS/ or exp SOCIAL BEHAVIOR/
59	(behav$ adj3 (disorder? or difficult$ or impair$ or problem$)).tw.
60	(emotion$ adj3 (disorder? or difficult$ or impair$ or problem$)).tw.
61	AFFECTIVE SYMPTOMS/
62	(affective symptom? or alexithymia?).tw.
63	(emotion$ adj3 disturb$).tw.
64	MOOD DISORDER/
65	((Affective$ or mood?) adj3 disorder?).tw.
66	or/15-65
67	MASS SCREENING/
68	SELF REPORT/
69	DIAGNOSTIC SELF EVALUATION/

#	Searches
70	((parent$ or mother? or mum? or father? or dad? or grandparent? or granfather? or grandmother? or carer?) adj3 (concern$ or observ$ or assess$ or report$ or surveil$ or spot$ or notic$ or evaluat$ or percept$ or perceiv$)).tw.
71	((teacher? or headmaster? or headmisstress? or school?) adj3 (concern$ or observ$ or assess$ or report$ or surveil$ or spot$ or notic$ or evaluat$ or percept$ or perceiv$)).tw.
72	"SURVEYS AND QUESTIONNAIRES"/
73	or/67-72
74	healthy child program$.tw.
75	HCP.tw.
76	(Ages and stages questionnaire?).tw.
77	ASQ$.tw.
78	(Strengths and Difficulties Questionnaire?).tw.
79	SDQ$.tw.
80	Developmental Coordination Disorder Questionnaire?.tw.
81	DCDQ$.tw.
82	Parent report of children$ abilities.tw.
83	PARCA$.tw.
84	Schedule of Growing Skills.tw.
85	SGS$.tw.
86	or/75-85
87	14 and 66 and 73
88	14 and 86
89	Developmental Disabilities/di [Diagnosis]
90	exp *MENTAL DISORDERS/di [Diagnosis]
91	or/89-90
92	14 and 91 and 73
93	74 or 87 or 88 or 92

E.7.71 Database: Embase

#	Searches
1	PREMATURE LABOR/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURITY/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
6	(pre#mie? or premie or premies).ti,ab.
7	LOW BIRTH WEIGHT/
8	SMALL FOR DATE INFANT/
9	VERY LOW BIRTH WEIGHT/
10	EXTREMELY LOW BIRTH WEIGHT/
11	(low adj3 birth adj3 weigh$).ab,ti.
12	or/1-11
13	*INTELLECTUAL IMPAIRMENT/ or *MENTAL DEFICIENCY/
14	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
15	(mental$ adj3 retard$).ab,ti.

#	Searches
16	Global development$ delay.ab,ti.
17	*COGNITIVE DEFECT/
18	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
19	*COMMUNICATION DISORDER/
20	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
21	exp *SPEECH DISORDER/
22	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
23	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
24	exp *LANGUAGE DISABILITY/
25	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
26	SLI.ab,ti.
27	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
28	exp *LEARNING DISORDER/
29	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
30	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
31	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
32	*PSYCHOMOTOR DISORDERS/
33	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
34	(DCD or SDDMF).ab,ti.
35	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
36	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
37	exp *APRAXIA/
38	(Dyspraxi$ or apraxi$).ab,ti.
39	*MENTAL HEALTH/
40	*MENTAL DISEASE/
41	(mental$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
42	*ANXIETY DISORDERS/
43	(anxiety$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
44	*DEPRESSION/
45	depress$.ab,ti.
46	*CONDUCT DISORDER/ or *OPPOSITIONAL DEFIANT DISORDER/
47	(conduct$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
48	Oppositional defiant disorder?.ab,ti.
49	*OBSESSIVE COMPULSIVE DISORDER/
50	(obsessive compulsive adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
51	OCD.ab,ti.
52	*PSYCHOSIS/
53	Psychos#s.ab,ti.
54	*BEHAVIOR/ or *CHILD BEHAVIOR/ or exp *SOCIAL BEHAVIOR/
55	(behav$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
56	(emotion$ adj3 (disorder? or difficult$ or impair$ or problem$)).ti,ab.
57	*EMOTIONAL DISORDER/

#	Searches
58	(affective symptom? or alexithymia?).ti,ab.
59	(emotion$ adj3 disturb$).ti,ab.
60	*MOOD DISORDER/
61	((Affective$ or mood?) adj3 disorder?).ti,ab.
62	or/13-61
63	*MASS SCREENING/
64	*SELF REPORT/
65	*SELF EVALUATION/
66	((parent$ or mother? or mum? or father? or dad? or grandparent? or granfather? or grandmother? or carer?) adj3 (concern$ or observ$ or assess$ or report$ or surveil$ or spot$ or notic$ or evaluat$ or percept$ or perceiv$)).ti,ab.
67	((teacher? or headmaster? or headmisstress? or school?) adj3 (concern$ or observ$ or assess$ or report$ or surveil$ or spot$ or notic$ or evaluat$ or percept$ or perceiv$)).ti,ab.
68	*HEALTH SURVEY/ or *QUESTIONNAIRE/
69	or/63-68
70	healthy child program$.ti,ab.
71	HCP.ti,ab.
72	(Ages and stages questionnaire?).ti,ab.
73	ASQ$.ti,ab.
74	(Strengths and Difficulties Questionnaire?).ti,ab.
75	SDQ$.ti,ab.
76	Developmental Coordination Disorder Questionnaire?.ti,ab.
77	DCDQ$.ti,ab.
78	Parent report of children$ abilities.ti,ab.
79	PARCA$.ti,ab.
80	Schedule of Growing Skills.ti,ab.
81	SGS$.ti,ab.
82	or/71-81
83	12 and 62 and 69
84	12 and 82
85	*DEVELOPMENTAL DISORDER/di [Diagnosis]
86	exp *MENTAL DISEASE/di [Diagnosis]
87	or/85-86
88	12 and 69 and 87
89	70 or 83 or 84 or 88
90	limit 89 to english language
91	limit 90 to yr="1990 -Current"
92	letter.pt. or LETTER/
93	note.pt.
94	editorial.pt.
95	CASE REPORT/ or CASE STUDY/
96	(letter or comment*).ti.
97	or/92-96
98	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
99	97 not 98
100	ANIMAL/ not HUMAN/

#	Searches
101	NONHUMAN/
102	exp ANIMAL EXPERIMENT/
103	exp EXPERIMENTAL ANIMAL/
104	ANIMAL MODEL/
105	exp RODENT/
106	(rat or rats or mouse or mice).ti.
107	or/99-106
108	91 not 107

E.8 Delivering enhanced support and surveillance

What is the most effective setting for follow-up for the identification of developmental problems and disorders and support of babies, children and young people born preterm? AND What is the most effective staffing model for follow-up for the identification of developmental problems and disorders and support of babies, children and young people born preterm?

E.8.1 Database: Medline; Medline EPub Ahead of Print; and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
8	(pre#mie? or premie or premies).ti,ab.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	CEREBRAL PALSY/
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
17	exp INTELLECTUAL DISABILITY/
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
19	(mental$ adj3 retard$).ab,ti.
20	Global development$ delay.ab,ti.
21	COGNITION DISORDERS/
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
23	COMMUNICATION DISORDERS/
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
25	exp SPEECH DISORDERS/

#	Searches
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
28	exp LANGUAGE DISORDERS/
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
30	SLI.ab,ti.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
32	exp "ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS"/
33	(Attention deficit adj3 disorder?).ab,ti.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
35	ADHD?.ab,ti.
36	exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/
37	(development$ disorder? adj3 pervasive).ab,ti.
38	(Asperger? or Autis$ or Kanner?).ab,ti.
39	(ASD or PDD or PDD-NOS).ab,ti.
40	exp LEARNING DISORDERS/
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
44	MOTOR SKILLS DISORDERS/
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
46	(DCD or SDDMF).ab,ti.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
48	PSYCHOMOTOR DISORDERS/
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
50	exp APRAXIAS/
51	(Dyspraxi$ or apraxi$).ab,ti.
52	ANXIETY DISORDERS/
53	(anxiety$ adj3 disorder?).ab,ti.
54	DEPRESSIVE DISORDER/
55	(depress$ adj3 disorder?).ab,ti.
56	CONDUCT DISORDER/
57	(Conduct adj3 disorder?).ab,ti.
58	Oppositional defiant disorder?.ab,ti.
59	OBSESSIVE-COMPULSIVE DISORDER/
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
61	OCD.ab,ti.
62	PSYCHOTIC DISORDERS/
63	Psychos#s.ab,ti.
64	exp VISION DISORDERS/
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.

#	Searches
68	exp HEARING DISORDERS/
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti.
71	or/15-70
72	SENSATION DISORDERS/
73	exp SOMATOSENSORY DISORDERS/
74	exp PERCEPTUAL DISORDERS/
75	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
76	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
78	FEEDING BEHAVIOR/
79	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
80	exp SLEEP DISORDERS/
81	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
82	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
83	TOILET TRAINING/
84	"ACTIVITIES OF DAILY LIVING"/
85	FECAL INCONTINENCE/
86	exp URINARY INCONTINENCE/
87	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
88	(encopres$ or enures$ or incontinen$).ti,ab.
89	FAILURE TO THRIVE/
90	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
91	*DEVELOPMENTAL DISABILITIES/
92	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
93	exp SPEECH DISORDERS/
94	exp LANGUAGE DISORDERS/
95	COMMUNICATION DISORDERS/
96	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
97	MOTOR SKILLS DISORDERS/
98	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
99	global delay.ti,ab.
100	exp LEARNING DISORDERS/
101	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
102	EXECUTIVE FUNCTION/
103	executive function.ti,ab.
104	working memory.ti,ab.
105	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
106	exp EDUCATION, SPECIAL/
107	special educat$.ti,ab.
108	SEND.ti,ab.
109	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/

#	Searches
110	IRRITABLE MOOD/ or CRYING/
111	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
112	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
113	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
114	or/72-113
115	71 or 114
116	MODELS, ORGANIZATIONAL/
117	DELIVERY OF HEALTH CARE/
118	((care or healthcare or organiz$ or organis$) adj3 model?).ti,ab.
119	(service? adj3 (deliver$ or configure$)).ti,ab.
120	CONTINUITY OF PATIENT CARE/
121	(care adj3 continu$).ti,ab.
122	INTENSIVE CARE UNITS, PEDIATRIC/
123	*INTENSIVE CARE UNITS, NEONATAL/
124	((Neonat$ or p?ediatric?) adj2 (unit? or service?)).ti.
125	((Neonat$ or p?ediatric?) adj2 (unit? or service?)).ab. /freq=2
126	(NICU or PICU).ti.
127	(NICU or PICU).ab. /freq=2
128	HOSPITAL DEPARTMENTS/
129	HOSPITAL UNITS/
130	OUTPATIENT CLINICS, HOSPITAL/
131	AMBULATORY CARE/
132	(Hospital adj2 service?).ti,ab.
133	(Ambulatory adj2 (care or service?)).ti,ab.
134	GENERAL PRACTICE/
135	FAMILY PRACTICE/
136	PHARMACIES/
137	(Primary adj2 service?).ti,ab.
138	((GP? or general) adj2 practice?).ti,ab.
139	dental practice?.ti,ab.
140	Dentist?.ti,ab.
141	(Pharmacy or pharmacies).ti,ab.
142	(optometrist? or optician?).ti,ab.
143	COMMUNITY HEALTH SERVICES/
144	(Community adj2 service?).ti,ab.
145	CHILD HEALTH SERVICES/
146	CHILD CARE/
147	*INFANT CARE/
148	CHILD DAY CARE CENTERS/
149	exp NURSERIES/
150	SCHOOLS, NURSERY/
151	SCHOOLS/
152	((child$ or early years or infant?) adj3 (care or service? or center?)).ti.
153	((child$ or early years or infant?) adj3 (care or service? or center?)).ab. /freq=2
154	Nurser$.ti.

#	Searches
155	Nurser$.ab. /freq=2
156	Creche?.ti,ab.
157	Reception?.ti,ab.
158	School?.ti.
159	School?.ab. /freq=2
160	(Social adj2 (care or service?)).ti.
161	(Social adj2 (care or service?)).ab. /freq=2
162	NURSES, COMMUNITY HEALTH/
163	GENERAL PRACTITIONERS/
164	PHYSICIANS, FAMILY/
165	NUTRITIONISTS/
166	ALLIED HEALTH PERSONNEL/
167	SOCIAL WORKERS/
168	*PARENTS/
169	*MOTHERS/
170	*FATHERS/
171	GRANDPARENTS/
172	FAMILY/
173	Health visitor?.ti,ab.
174	General practitioner?.ti,ab.
175	GP?.ti,ab.
176	P?ediatrician?.ti,ab.
177	P?ediatric neurologist?.ti,ab.
178	neonatologist?.ti,ab.
179	Audiologist?.ti,ab.
180	Dietitian?.ti,ab.
181	(hospital adj2 (professional? or specialist?)).ti,ab.
182	Allied health professional?.ti,ab.
183	AHP?.ti,ab.
184	Social worker?.ti,ab.
185	Ophthalmologist?.ti,ab.
186	(Teacher? or teaching assistant?).ti.
187	(Teacher? or teaching assistant?).ab. /freq=2
188	(Early year? adj3 (profession$ or teach$)).ti,ab.
189	Play therapist?.ti,ab.
190	Parent?.ti.
191	Parent?.ab. /freq=2
192	Mother?.ti.
193	Mother?.ab. /freq=2
194	Father?.ti,ab.
195	Grandparent?.ti,ab.
196	(Family adj3 member?).ti,ab.
197	Carer?.ti,ab.
198	PATIENT CARE TEAM/
199	((patient? or medical or health) adj2 care team?).ab,ti.

#	Searches
200	healthcare team?.ab,ti.
201	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).ab,ti.
202	mdt?.ab,ti.
203	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).ab,ti.
204	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).ab,ti.
205	network meeting?.ti,ab.
206	(Neonatologist? or (speech adj2 language therapist?) or educational psychologist? or clinical psychologist? or occupational therapist? or physiotherapist? or p?ediatrician? or specialist nurse?).ab. /freq=2
207	"DELIVERY OF HEALTH CARE, INTEGRATED"/
208	Child development team?.ti,ab.
209	(community adj3 (team? or approach$ or program$ or care or service?)).ti,ab.
210	(special$ adj1 (team? or approach$ or program$ or care or manag$ or service? or package?)).ti,ab.
211	((mobile or roaming) adj2 (team? or service?)).ti,ab.
212	INTERDISCIPLINARY COMMUNICATION/
213	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
214	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
215	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
216	COOPERATIVE BEHAVIOR/
217	((co-operat$ or cooperat$) adj3 (care or service? or practice?)).ab,ti.
218	((co-ordinat$ or coordinat$ or network$) adj3 (care or service? or practice?)).ab,ti.
219	or/116-218
220	MASS SCREENING/
221	NEONATAL SCREENING/
222	POPULATION SURVEILLANCE/
223	PUBLIC HEALTH SURVEILLANCE/
224	PATIENT CARE PLANNING/
225	CRITICAL PATHWAY/
226	CLINICAL PROTOCOLS/
227	AFTERCARE/
228	(screen$ or surveillance or monitor$ or follow$ up or pathway? or protocol?).ti,ab.
229	((post or follow$ or after$) adj3 (discharg$ or care)).ti,ab.
230	(aftercare or postcare).ti,ab.
231	or/220-230
232	14 and 115 and 219 and 231
233	limit 232 to english language
234	limit 233 to yr="1990 -Current"
235	LETTER/

#	Searches
236	EDITORIAL/
237	NEWS/
238	exp HISTORICAL ARTICLE/
239	ANECDOTES AS TOPIC/
240	COMMENT/
241	CASE REPORT/
242	(letter or comment*).ti.
243	or/235-242
244	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
245	243 not 244
246	ANIMALS/ not HUMANS/
247	exp ANIMALS, LABORATORY/
248	exp ANIMAL EXPERIMENTATION/
249	exp MODELS, ANIMAL/
250	exp RODENTIA/
251	(rat or rats or mouse or mice).ti.
252	or/245-251
253	234 not 252

E.8.21 Database: Cochrane Central Register of Controlled Trials

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti,kw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti,kw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti,kw.
8	(pre#mie? or premie or premies).ab,ti,kw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti,kw.
14	or/1-13
15	CEREBRAL PALSY/
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti,kw.
17	exp INTELLECTUAL DISABILITY/
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti,kw.
19	(mental$ adj3 retard$).ab,ti,kw.
20	Global development$ delay.ab,ti,kw.
21	COGNITION DISORDERS/
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti,kw.
23	COMMUNICATION DISORDERS/
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti,kw.

#	Searches
25	exp SPEECH DISORDERS/
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti,kw.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti,kw.
28	exp LANGUAGE DISORDERS/
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti,kw.
30	SLI.ab,ti,kw.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti,kw.
32	exp "ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS"/
33	(Attention deficit adj3 disorder?).ab,ti,kw.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti,kw.
35	ADHD?.ab,ti,kw.
36	exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/
37	(development$ disorder? adj3 pervasive).ab,ti,kw.
38	(Asperger? or Autis$ or Kanner?).ab,ti,kw.
39	(ASD or PDD or PDD-NOS).ab,ti,kw.
40	exp LEARNING DISORDERS/
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti,kw.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti,kw.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti,kw.
44	MOTOR SKILLS DISORDERS/
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti,kw.
46	(DCD or SDDMF).ab,ti,kw.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti,kw.
48	PSYCHOMOTOR DISORDERS/
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti,kw.
50	exp APRAXIAS/
51	(Dyspraxi$ or apraxi$).ab,ti,kw.
52	ANXIETY DISORDERS/
53	(anxiety$ adj3 disorder?).ab,ti,kw.
54	DEPRESSIVE DISORDER/
55	(depress$ adj3 disorder?).ab,ti,kw.
56	CONDUCT DISORDER/
57	(Conduct adj3 disorder?).ab,ti,kw.
58	Oppositional defiant disorder?.ab,ti,kw.
59	OBSESSIVE-COMPULSIVE DISORDER/
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti,kw.
61	OCD.ab,ti,kw.
62	PSYCHOTIC DISORDERS/
63	Psychos#s.ab,ti,kw.
64	exp VISION DISORDERS/
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti,kw.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti,kw.

#	Searches
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti,kw.
68	exp HEARING DISORDERS/
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti,kw.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti,kw.
71	or/15-70
72	SENSATION DISORDERS/
73	exp SOMATOSENSORY DISORDERS/
74	exp PERCEPTUAL DISORDERS/
75	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
76	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab,kw.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab,kw.
78	FEEDING BEHAVIOR/
79	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ti,ab,kw.
80	exp SLEEP DISORDERS/
81	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab,kw.
82	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab,kw.
83	TOILET TRAINING/
84	"ACTIVITIES OF DAILY LIVING"/
85	FECAL INCONTINENCE/
86	exp URINARY INCONTINENCE/
87	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
88	(encopres$ or enures$ or incontinen$).ti,ab,kw.
89	FAILURE TO THRIVE/
90	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab,kw.
91	*DEVELOPMENTAL DISABILITIES/
92	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab,kw.
93	exp SPEECH DISORDERS/
94	exp LANGUAGE DISORDERS/
95	COMMUNICATION DISORDERS/
96	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
97	MOTOR SKILLS DISORDERS/
98	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
99	global delay.ti,ab,kw.
100	exp LEARNING DISORDERS/
101	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
102	EXECUTIVE FUNCTION/
103	executive function.ti,ab,kw.
104	working memory.ti,ab,kw.
105	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab,kw.
106	exp EDUCATION, SPECIAL/
107	special educat$.ti,ab,kw.

#	Searches
108	SEND.ti,ab,kw.
109	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
110	IRRITABLE MOOD/ or CRYING/
111	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
112	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab,kw.
113	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab,kw.
114	or/72-113
115	71 or 114
116	MODELS, ORGANIZATIONAL/
117	DELIVERY OF HEALTH CARE/
118	((care or healthcare or organiz$ or organis$) adj3 model?).ti,ab.
119	(service? adj3 (deliver$ or configure$)).ti,ab.
120	CONTINUITY OF PATIENT CARE/
121	(care adj3 continu$).ti,ab.
122	INTENSIVE CARE UNITS, PEDIATRIC/
123	*INTENSIVE CARE UNITS, NEONATAL/
124	((Neonat$ or p?ediatric?) adj2 (unit? or service?)).ti.
125	((Neonat$ or p?ediatric?) adj2 (unit? or service?)).ab. /freq=2
126	(NICU or PICU).ti.
127	(NICU or PICU).ab. /freq=2
128	HOSPITAL DEPARTMENTS/
129	HOSPITAL UNITS/
130	OUTPATIENT CLINICS, HOSPITAL/
131	AMBULATORY CARE/
132	(Hospital adj2 service?).ti,ab.
133	(Ambulatory adj2 (care or service?)).ti,ab.
134	GENERAL PRACTICE/
135	FAMILY PRACTICE/
136	PHARMACIES/
137	(Primary adj2 service?).ti,ab.
138	((GP? or general) adj2 practice?).ti,ab.
139	dental practice?.ti,ab,kw.
140	Dentist?.ti,ab,kw.
141	(Pharmacy or pharmacies).ti,ab,kw.
142	(optometrist? or optician?).ti,ab,kw.
143	COMMUNITY HEALTH SERVICES/
144	(Community adj2 service?).ti,ab.
145	CHILD HEALTH SERVICES/
146	CHILD CARE/
147	*INFANT CARE/
148	CHILD DAY CARE CENTERS/
149	exp NURSERIES/
150	SCHOOLS, NURSERY/
151	SCHOOLS/
152	((child$ or early years or infant?) adj3 (care or service? or center?)).ti.

#	Searches
153	((child$ or early years or infant?) adj3 (care or service? or center?)).ab. /freq=2
154	Nurser$.ti.
155	Nurser$.ab. /freq=2
156	Creche?.ti,ab,kw.
157	Reception?.ti,ab,kw.
158	School?.ti.
159	School?.ab. /freq=2
160	(Social adj2 (care or service?)).ti.
161	(Social adj2 (care or service?)).ab. /freq=2
162	NURSES, COMMUNITY HEALTH/
163	GENERAL PRACTITIONERS/
164	PHYSICIANS, FAMILY/
165	NUTRITIONISTS/
166	ALLIED HEALTH PERSONNEL/
167	SOCIAL WORKERS/
168	PARENTS/
169	MOTHERS/
170	FATHERS/
171	GRANDPARENTS/
172	FAMILY/
173	Health visitor?.ti,ab,kw.
174	General practitioner?.ti,ab,kw.
175	GP?.ti,ab,kw.
176	P?ediatrician?.ti,ab,kw.
177	P?ediatric neurologist?.ti,ab,kw.
178	neonatologist?.ti,ab,kw.
179	Audiologist?.ti,ab,kw.
180	Dietitian?.ti,ab,kw.
181	(hospital adj2 (professional? or specialist?)).ti,ab.
182	Allied health professional?.ti,ab,kw.
183	AHP?.ti,ab.
184	Social worker?.ti,ab,kw.
185	Ophthalmologist?.ti,ab,kw.
186	(Teacher? or teaching assistant?).ti.
187	(Teacher? or teaching assistant?).ab. /freq=2
188	(Early year? adj3 (profession$ or teach$)).ti,ab.
189	Play therapist?.ti,ab,kw.
190	Parent?.ti.
191	Parent?.ab. /freq=2
192	Mother?.ti.
193	Mother?.ab. /freq=2
194	Father?.ti,ab.
195	Grandparent?.ti,ab,kw.
196	(Family adj3 member?).ti,ab.
197	Carer?.ti,ab,kw.

#	Searches
198	PATIENT CARE TEAM/
199	((patient? or medical or health) adj2 care team?).ab,ti.
200	healthcare team?.ab,ti,kw.
201	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).ab,ti.
202	mdt?.ab,ti,kw.
203	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).ab,ti.
204	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).ab,ti.
205	network meeting?.ti,ab,kw.
206	(Neonatologist? or (speech adj2 language therapist?) or educational psychologist? or clinical psychologist? or occupational therapist? or physiotherapist? or p?ediatrician? or specialist nurse?).ab. /freq=2
207	"DELIVERY OF HEALTH CARE, INTEGRATED"/
208	Child development team?.ti,ab,kw.
209	(community adj3 (team? or approach$ or program$ or care or service?)).ti,ab.
210	(special$ adj1 (team? or approach$ or program$ or care or manag$ or service? or package?)).ti,ab.
211	((mobile or roaming) adj2 (team? or service?)).ti,ab.
212	INTERDISCIPLINARY COMMUNICATION/
213	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
214	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
215	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
216	COOPERATIVE BEHAVIOR/
217	((co-operat$ or cooperat$) adj3 (care or service? or practice?)).ab,ti.
218	((co-ordinat$ or coordinat$ or network$) adj3 (care or service? or practice?)).ab,ti.
219	or/116-218
220	MASS SCREENING/
221	NEONATAL SCREENING/
222	POPULATION SURVEILLANCE/
223	PUBLIC HEALTH SURVEILLANCE/
224	PATIENT CARE PLANNING/
225	CRITICAL PATHWAY/
226	CLINICAL PROTOCOLS/
227	AFTERCARE/
228	(screen$ or surveillance or monitor$ or follow$ up or pathway? or protocol?).ti,ab,kw.
229	((post or follow$ or after$) adj3 (discharg$ or care)).ti,ab.
230	(aftercare or postcare).ti,ab,kw.
231	or/220-230
232	14 and 115 and 219 and 231
233	limit 232 to yr="1990 -Current"

E.8.31 Database: Cochrane Database of Systematic Reviews

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
8	(pre#mie? or premie or premies).ab,ti.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	CEREBRAL PALSY.kw.
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
17	INTELLECTUAL DISABILITY.kw.
18	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
19	(mental$ adj3 retard$).ab,ti.
20	Global development$ delay.ab,ti.
21	COGNITION DISORDERS.kw.
22	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
23	COMMUNICATION DISORDERS.kw.
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
25	SPEECH DISORDERS.kw.
26	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
28	LANGUAGE DISORDERS.kw.
29	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
30	SLI.ab,ti.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
32	"ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS".kw.
33	(Attention deficit adj3 disorder?).ab,ti.
34	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
35	ADHD?.ab,ti.
36	CHILD DEVELOPMENT DISORDERS, PERVASIVE.kw.
37	(development$ disorder? adj3 pervasive).ab,ti.
38	(Asperger? or Autis$ or Kanner?).ab,ti.
39	(ASD or PDD or PDD-NOS).ab,ti.
40	LEARNING DISORDERS.kw.
41	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.

#	Searches
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
44	MOTOR SKILLS DISORDERS.kw.
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
46	(DCD or SDDMF).ab,ti.
47	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
48	PSYCHOMOTOR DISORDERS.kw.
49	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
50	APRAXIAS.kw.
51	(Dyspraxi$ or apraxi$).ab,ti.
52	ANXIETY DISORDERS.kw.
53	(anxiety$ adj3 disorder?).ab,ti.
54	DEPRESSIVE DISORDER.kw.
55	(depress$ adj3 disorder?).ab,ti.
56	CONDUCT DISORDER.kw.
57	(Conduct adj3 disorder?).ab,ti.
58	Oppositional defiant disorder?.ab,ti.
59	OBSESSIVE-COMPULSIVE DISORDER.kw.
60	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
61	OCD.ab,ti.
62	PSYCHOTIC DISORDERS.kw.
63	Psychos#s.ab,ti.
64	VISION DISORDERS.kw.
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
68	HEARING DISORDERS.kw.
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
70	(deaf$ or Paracu?si$ or dysacusi$).ab,ti.
71	or/15-70
72	SENSATION DISORDERS.kw.
73	SOMATOSENSORY DISORDERS.kw.
74	PERCEPTUAL DISORDERS.kw.
75	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
76	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
78	FEEDING BEHAVIOR.kw.
79	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
80	SLEEP DISORDERS.kw.
81	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
82	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
83	TOILET TRAINING.kw.
84	"ACTIVITIES OF DAILY LIVING".kw.

#	Searches
85	FECAL INCONTINENCE.kw.
86	URINARY INCONTINENCE.kw.
87	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
88	(encopres$ or enures$ or incontinen$).ti,ab.
89	FAILURE TO THRIVE.kw.
90	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
91	DEVELOPMENTAL DISABILITIES.kw.
92	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
93	SPEECH DISORDERS.kw.
94	LANGUAGE DISORDERS.kw.
95	COMMUNICATION DISORDERS.kw.
96	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
97	MOTOR SKILLS DISORDERS.kw.
98	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
99	global delay.ti,ab.
100	LEARNING DISORDERS.kw.
101	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
102	EXECUTIVE FUNCTION.kw.
103	executive function.ti,ab.
104	working memory.ti,ab.
105	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
106	EDUCATION, SPECIAL.kw.
107	special educat$.ti,ab.
108	SEND.ti,ab.
109	(BEHAVIOR or CHILD BEHAVIOR or SOCIAL BEHAVIOR).kw.
110	(IRRITABLE MOOD or CRYING).kw.
111	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
112	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
113	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
114	or/72-113
115	71 or 114
116	MODELS, ORGANIZATIONAL.kw.
117	DELIVERY OF HEALTH CARE.kw.
118	((care or healthcare or organiz$ or organis$) adj3 model?).ti,ab.
119	(service? adj3 (deliver$ or configure$)).ti,ab.
120	CONTINUITY OF PATIENT CARE.kw.
121	(care adj3 continu$).ti,ab.
122	INTENSIVE CARE UNITS, PEDIATRIC.kw.
123	INTENSIVE CARE UNITS, NEONATAL.kw.
124	((Neonat$ or p?ediatric?) adj2 (unit? or service?)).ti.
125	((Neonat$ or p?ediatric?) adj2 (unit? or service?)).ab.
126	(NICU or PICU).ti.
127	(NICU or PICU).ab.

#	Searches
128	HOSPITAL DEPARTMENTS.kw.
129	HOSPITAL UNITS.kw.
130	OUTPATIENT CLINICS, HOSPITAL.kw.
131	AMBULATORY CARE.kw.
132	(Hospital adj2 service?).ti,ab.
133	(Ambulatory adj2 (care or service?)).ti,ab.
134	GENERAL PRACTICE.kw.
135	FAMILY PRACTICE.kw.
136	PHARMACIES.kw.
137	(Primary adj2 service?).ti,ab.
138	((GP? or general) adj2 practice?).ti,ab.
139	dental practice?.ti,ab.
140	Dentist?.ti,ab.
141	(Pharmacy or pharmacies).ti,ab.
142	(optometrist? or optician?).ti,ab.
143	COMMUNITY HEALTH SERVICES.kw.
144	(Community adj2 service?).ti,ab.
145	CHILD HEALTH SERVICES.kw.
146	CHILD CARE.kw.
147	INFANT CARE.kw.
148	CHILD DAY CARE CENTERS.kw.
149	NURSERIES.kw.
150	SCHOOLS, NURSERY.kw.
151	SCHOOLS.kw.
152	((child$ or early years or infant?) adj3 (care or service? or center?)).ti.
153	((child$ or early years or infant?) adj3 (care or service? or center?)).ab.
154	Nurser$.ti.
155	Nurser$.ab.
156	Creche?.ti,ab.
157	Reception?.ti,ab.
158	School?.ti.
159	School?.ab.
160	(Social adj2 (care or service?)).ti.
161	(Social adj2 (care or service?)).ab.
162	NURSES, COMMUNITY HEALTH.kw.
163	GENERAL PRACTITIONERS.kw.
164	PHYSICIANS, FAMILY.kw.
165	NUTRITIONISTS.kw.
166	ALLIED HEALTH PERSONNEL.kw.
167	SOCIAL WORKERS.kw.
168	PARENTS.kw.
169	MOTHERS.kw.
170	FATHERS.kw.
171	GRANDPARENTS.kw.
172	FAMILY.kw.

#	Searches
173	Health visitor?.ti,ab.
174	General practitioner?.ti,ab.
175	GP?.ti,ab.
176	P?ediatrician?.ti,ab.
177	P?ediatric neurologist?.ti,ab.
178	neonatologist?.ti,ab.
179	Audiologist?.ti,ab.
180	Dietitian?.ti,ab.
181	(hospital adj2 (professional? or specialist?)).ti,ab.
182	Allied health professional?.ti,ab.
183	AHP?.ti,ab.
184	Social worker?.ti,ab.
185	Ophthalmologist?.ti,ab.
186	(Teacher? or teaching assistant?).ti.
187	(Teacher? or teaching assistant?).ab.
188	(Early year? adj3 (profession$ or teach$)).ti,ab.
189	Play therapist?.ti,ab.
190	Parent?.ti.
191	Parent?.ab.
192	Mother?.ti.
193	Mother?.ab.
194	Father?.ti,ab.
195	Grandparent?.ti,ab.
196	(Family adj3 member?).ti,ab.
197	Carer?.ti,ab.
198	PATIENT CARE TEAM.kw.
199	((patient? or medical or health) adj2 care team?).ab,ti.
200	healthcare team?.ab,ti.
201	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).ab,ti.
202	mdt?.ab,ti.
203	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).ab,ti.
204	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).ab,ti.
205	network meeting?.ti,ab.
206	(Neonatologist? or (speech adj2 language therapist?) or educational psychologist? or clinical psychologist? or occupational therapist? or physiotherapist? or p?ediatrician? or specialist nurse?).ab.
207	DELIVERY OF HEALTH CARE, INTEGRATED.kw.
208	Child development team?.ti,ab.
209	(community adj3 (team? or approach$ or program$ or care or service?)).ti,ab.
210	(special$ adj1 (team? or approach$ or program$ or care or manag$ or service? or package?)).ti,ab.
211	((mobile or roaming) adj2 (team? or service?)).ti,ab.

#	Searches
212	INTERDISCIPLINARY COMMUNICATION.kw.
213	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
214	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
215	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
216	COOPERATIVE BEHAVIOR.kw.
217	((co-operat$ or cooperat$) adj3 (care or service? or practice?)).ab,ti.
218	((co-ordinat$ or coordinat$ or network$) adj3 (care or service? or practice?)).ab,ti.
219	or/116-218
220	MASS SCREENING.kw.
221	NEONATAL SCREENING.kw.
222	POPULATION SURVEILLANCE.kw.
223	PUBLIC HEALTH SURVEILLANCE.kw.
224	PATIENT CARE PLANNING.kw.
225	CRITICAL PATHWAY.kw.
226	CLINICAL PROTOCOLS.kw.
227	AFTERCARE.kw.
228	(screen$ or surveillance or monitor$ or follow$ up or pathway? or protocol?).ti,ab.
229	((post or follow$ or after$) adj3 (discharg$ or care)).ti,ab.
230	(aftercare or postcare).ti,ab.
231	or/220-230
232	14 and 115 and 219 and 231

E.8.41 Database: Database of Abstracts of Reviews of Effects

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw,tx.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw,tx.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw,tx.
8	(pre#mie? or premie or premies).tw,tx.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).tw,tx.
14	or/1-13
15	CEREBRAL PALSY.kw.
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).tw,tx.
17	INTELLECTUAL DISABILITY.kw.
18	(Intellect$ adj3 (disab$ or disorder?)).tw,tx.

#	Searches
19	(mental$ adj3 retard$).tw,tx.
20	Global development$ delay.tw,tx.
21	COGNITION DISORDERS.kw.
22	(cognit$ adj3 (disab$ or disorder? or impair$)).tw,tx.
23	COMMUNICATION DISORDERS.kw.
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).tw,tx.
25	SPEECH DISORDERS.kw.
26	((speech or speak$) adj3 (disab$ or disorder?)).tw,tx.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).tw,tx.
28	LANGUAGE DISORDERS.kw.
29	(Language? adj3 (disab$ or disorder? or impair$)).tw,tx.
30	SLI.tw,tx.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).tw,tx.
32	"ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS".kw.
33	(Attention deficit adj3 disorder?).tw,tx.
34	(hyperkinetic adj3 (syndrome? or disorder?)).tw,tx.
35	ADHD?.tw,tx.
36	CHILD DEVELOPMENT DISORDERS, PERVASIVE.kw.
37	(development$ disorder? adj3 pervasive).tw,tx.
38	(Asperger? or Autis$ or Kanner?).tw,tx.
39	(ASD or PDD or PDD-NOS).tw,tx.
40	LEARNING DISORDERS.kw.
41	(Learning adj3 (disab$ or disorder? or difficult$)).tw,tx.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).tw,tx.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).tw,tx.
44	MOTOR SKILLS DISORDERS.kw.
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).tw,tx.
46	(DCD or SDDMF).tw,tx.
47	(clumsy child$ adj3 (disorder? or syndrome?)).tw,tx.
48	PSYCHOMOTOR DISORDERS.kw.
49	(Psychomotor adj3 (disorder? or impair$)).tw,tx.
50	APRAXIAS.kw.
51	(Dyspraxi$ or apraxi$).tw,tx.
52	ANXIETY DISORDERS.kw.
53	(anxiety$ adj3 disorder?).tw,tx.
54	DEPRESSIVE DISORDER.kw.
55	(depress$ adj3 disorder?).tw,tx.
56	CONDUCT DISORDER.kw.
57	(Conduct adj3 disorder?).tw,tx.
58	Oppositional defiant disorder?.tw,tx.
59	OBSESSIVE-COMPULSIVE DISORDER.kw.
60	(obsessive compulsive adj3 (disorder? or neuros?s)).tw,tx.

#	Searches
61	OCD.tw,tx.
62	PSYCHOTIC DISORDERS.kw.
63	Psychos#s.tw,tx.
64	VISION DISORDERS.kw.
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).tw,tx.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).tw,tx.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).tw,tx.
68	HEARING DISORDERS.kw.
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).tw,tx.
70	(deaf$ or Paracu?si$ or dysacusi$).tw,tx.
71	or/15-70
72	SENSATION DISORDERS.kw.
73	SOMATOSENSORY DISORDERS.kw.
74	PERCEPTUAL DISORDERS.kw.
75	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
76	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).tw,tx.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).tw,tx.
78	FEEDING BEHAVIOR.kw.
79	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).tw,tx.
80	SLEEP DISORDERS.kw.
81	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).tw,tx.
82	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).tw,tx.
83	TOILET TRAINING.kw.
84	"ACTIVITIES OF DAILY LIVING".kw.
85	FECAL INCONTINENCE.kw.
86	URINARY INCONTINENCE.kw.
87	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
88	(encopres$ or enures$ or incontinen$).tw,tx.
89	FAILURE TO THRIVE.kw.
90	((fail$ or falter$) adj3 (thriv$ or grow$)).tw,tx.
91	DEVELOPMENTAL DISABILITIES.kw.
92	((developmental$ or milestone?) adj3 (delay$ or late$)).tw,tx.
93	SPEECH DISORDERS.kw.
94	LANGUAGE DISORDERS.kw.
95	COMMUNICATION DISORDERS.kw.
96	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
97	MOTOR SKILLS DISORDERS.kw.
98	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
99	global delay.tw,tx.
100	LEARNING DISORDERS.kw.
101	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
102	EXECUTIVE FUNCTION.kw.

#	Searches
103	executive function.tw,tx.
104	working memory.tw,tx.
105	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw,tx.
106	EDUCATION, SPECIAL.kw.
107	special educat$.tw,tx.
108	SEND.tw,tx.
109	(BEHAVIOR or CHILD BEHAVIOR or SOCIAL BEHAVIOR).kw.
110	(IRRITABLE MOOD or CRYING).kw.
111	(behav$ adj3 (difficult$ or impair$ or problem$)).tw,tx.
112	(cry or crying or cries or irritab$ or tantrum$ or shy$).tw,tx.
113	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).tw,tx.
114	or/72-113
115	71 or 114
116	MODELS, ORGANIZATIONAL.kw.
117	DELIVERY OF HEALTH CARE.kw.
118	((care or healthcare or organiz$ or organis$) adj3 model?).tw,tx.
119	(service? adj3 (deliver$ or configure$)).tw,tx.
120	CONTINUITY OF PATIENT CARE.kw.
121	(care adj3 continu$).tw,tx.
122	INTENSIVE CARE UNITS, PEDIATRIC.kw.
123	INTENSIVE CARE UNITS, NEONATAL.kw.
124	((Neonat$ or p?ediatric?) adj2 (unit? or service?)).tw.
125	((Neonat$ or p?ediatric?) adj2 (unit? or service?)).tx.
126	(NICU or PICU).tw.
127	(NICU or PICU).tx.
128	HOSPITAL DEPARTMENTS.kw.
129	HOSPITAL UNITS.kw.
130	OUTPATIENT CLINICS, HOSPITAL.kw.
131	AMBULATORY CARE.kw.
132	(Hospital adj2 service?).tw,tx.
133	(Ambulatory adj2 (care or service?)).tw,tx.
134	GENERAL PRACTICE.kw.
135	FAMILY PRACTICE.kw.
136	PHARMACIES.kw.
137	(Primary adj2 service?).tw,tx.
138	((GP? or general) adj2 practice?).tw,tx.
139	dental practice?.tw,tx.
140	Dentist?.tw,tx.
141	(Pharmacy or pharmacies).tw,tx.
142	(optometrist? or optician?).tw,tx.
143	COMMUNITY HEALTH SERVICES.kw.
144	(Community adj2 service?).tw,tx.
145	CHILD HEALTH SERVICES.kw.
146	CHILD CARE.kw.
147	INFANT CARE.kw.

#	Searches
148	CHILD DAY CARE CENTERS.kw.
149	NURSERIES.kw.
150	SCHOOLS, NURSERY.kw.
151	SCHOOLS.kw.
152	((child$ or early years or infant?) adj3 (care or service? or center?)).tw.
153	((child$ or early years or infant?) adj3 (care or service? or center?)).tx.
154	Nurser$.tw.
155	Nurser$.tx.
156	Creche?.tw,tx.
157	Reception?.tw,tx.
158	School?.tw.
159	School?.tx.
160	(Social adj2 (care or service?)).tw.
161	(Social adj2 (care or service?)).tx.
162	NURSES, COMMUNITY HEALTH.kw.
163	GENERAL PRACTITIONERS.kw.
164	PHYSICIANS, FAMILY.kw.
165	NUTRITIONISTS.kw.
166	ALLIED HEALTH PERSONNEL.kw.
167	SOCIAL WORKERS.kw.
168	PARENTS.kw.
169	MOTHERS.kw.
170	FATHERS.kw.
171	GRANDPARENTS.kw.
172	FAMILY.kw.
173	Health visitor?.tw,tx.
174	General practitioner?.tw,tx.
175	GP?.tw,tx.
176	P?ediatrician?.tw,tx.
177	P?ediatric neurologist?.tw,tx.
178	neonatologist?.tw,tx.
179	Audiologist?.tw,tx.
180	Dietitian?.tw,tx.
181	(hospital adj2 (professional? or specialist?)).tw,tx.
182	Allied health professional?.tw,tx.
183	AHP?.tw,tx.
184	Social worker?.tw,tx.
185	Ophthalmologist?.tw,tx.
186	(Teacher? or teaching assistant?).tw.
187	(Teacher? or teaching assistant?).tx.
188	(Early year? adj3 (profession$ or teach$)).tw,tx.
189	Play therapist?.tw,tx.
190	Parent?.tw.
191	Parent?.tx.
192	Mother?.tw.

#	Searches
193	Mother?.tx.
194	Father?.tw,tx.
195	Grandparent?.tw,tx.
196	(Family adj3 member?).tw,tx.
197	Carer?.tw,tx.
198	PATIENT CARE TEAM.kw.
199	((patient? or medical or health) adj2 care team?).tw,tx.
200	healthcare team?.tw,tx.
201	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).tw,tx.
202	mdt?.tw,tx.
203	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).tw,tx.
204	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).tw,tx.
205	network meeting?.tw,tx.
206	(Neonatologist? or (speech adj2 language therapist?) or educational psychologist? or clinical psychologist? or occupational therapist? or physiotherapist? or p?ediatrician? or specialist nurse?).tx.
207	DELIVERY OF HEALTH CARE, INTEGRATED.kw.
208	Child development team?.tw,tx.
209	(community adj3 (team? or approach$ or program$ or care or service?)).tw,tx.
210	(special$ adj1 (team? or approach$ or program$ or care or manag$ or service? or package?)).tw,tx.
211	((mobile or roaming) adj2 (team? or service?)).tw,tx.
212	INTERDISCIPLINARY COMMUNICATION.kw.
213	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$) adj3 (communic$ or collaborat$ or relation$)).tw,tx.
214	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$) adj3 (communic$ or collaborat$ or relation$)).tw,tx.
215	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (communic$ or collaborat$ or relation$)).tw,tx.
216	COOPERATIVE BEHAVIOR.kw.
217	((co-operat$ or cooperat$) adj3 (care or service? or practice?)).tw,tx.
218	((co-ordinat$ or coordinat$ or network$) adj3 (care or service? or practice?)).tw,tx.
219	or/116-218
220	MASS SCREENING.kw.
221	NEONATAL SCREENING.kw.
222	POPULATION SURVEILLANCE.kw.
223	PUBLIC HEALTH SURVEILLANCE.kw.
224	PATIENT CARE PLANNING.kw.
225	CRITICAL PATHWAY.kw.
226	CLINICAL PROTOCOLS.kw.
227	AFTERCARE.kw.
228	(screen$ or surveillance or monitor$ or follow$ up or pathway? or protocol?).tw,tx.

#	Searches
229	((post or follow$ or after$) adj3 (discharg$ or care)).tw,tx.
230	(aftercare or postcare).tw,tx.
231	or/220-230
232	14 and 115 and 219 and 231

E.8.51 Database: Health Technology Assessment

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
8	(pre#mie? or premie or premies).tw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).tw.
14	or/1-13
15	CEREBRAL PALSY/
16	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).tw.
17	MENTAL RETARDATION/
18	(Intellect$ adj3 (disab$ or disorder?)).tw.
19	(mental$ adj3 retard$).tw.
20	Global development$ delay.tw.
21	COGNITION DISORDERS/
22	(cognit$ adj3 (disab$ or disorder? or impair$)).tw.
23	COMMUNICATION DISORDERS/
24	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).tw.
25	exp SPEECH DISORDERS/
26	((speech or speak$) adj3 (disab$ or disorder?)).tw.
27	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).tw.
28	exp LANGUAGE DISORDERS/
29	(Language? adj3 (disab$ or disorder? or impair$)).tw.
30	SLI.tw.
31	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).tw.
32	exp "ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS"/
33	(Attention deficit adj3 disorder?).tw.
34	(hyperkinetic adj3 (syndrome? or disorder?)).tw.
35	ADHD?.tw.
36	exp CHILD DEVELOPMENT DISORDERS, PERVASIVE/

#	Searches
37	(development$ disorder? adj3 pervasive).tw.
38	(Asperger? or Autis$ or Kanner?).tw.
39	(ASD or PDD or PDD-NOS).tw.
40	exp LEARNING DISORDERS/
41	(Learning adj3 (disab$ or disorder? or difficult$)).tw.
42	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).tw.
43	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).tw.
44	MOTOR SKILLS DISORDERS/
45	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).tw.
46	(DCD or SDDMF).tw.
47	(clumsy child$ adj3 (disorder? or syndrome?)).tw.
48	PSYCHOMOTOR DISORDERS/
49	(Psychomotor adj3 (disorder? or impair$)).tw.
50	exp APRAXIAS/
51	(Dyspraxi$ or apraxi$).tw.
52	ANXIETY DISORDERS/
53	(anxiety$ adj3 disorder?).tw.
54	DEPRESSIVE DISORDER/
55	(depress$ adj3 disorder?).tw.
56	CONDUCT DISORDER/
57	(Conduct adj3 disorder?).tw.
58	Oppositional defiant disorder?.tw.
59	OBSESSIVE-COMPULSIVE DISORDER/
60	(obsessive compulsive adj3 (disorder? or neuros?s)).tw.
61	OCD.tw.
62	PSYCHOTIC DISORDERS/
63	Psychos#s.tw.
64	exp VISION DISORDERS/
65	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).tw.
66	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).tw.
67	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).tw.
68	exp HEARING DISORDERS/
69	(hearing adj3 (disorder? or loss or distort$ or impair$)).tw.
70	(deaf$ or Paracu?si$ or dysacusi$).tw.
71	or/15-70
72	SENSATION DISORDERS/
73	exp SOMATOSENSORY DISORDERS/
74	exp PERCEPTUAL DISORDERS/
75	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).tw.
76	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).tw.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).tw.
78	FEEDING BEHAVIOR/

#	Searches
79	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).tw.
80	exp SLEEP DISORDERS/
81	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).tw.
82	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).tw.
83	TOILET TRAINING/
84	"ACTIVITIES OF DAILY LIVING"/
85	FECAL INCONTINENCE/
86	exp URINARY INCONTINENCE/
87	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).tw.
88	(encopres$ or enures$ or incontinen$).tw.
89	FAILURE TO THRIVE/
90	((fail$ or falter$) adj3 (thriv$ or grow$)).tw.
91	*DEVELOPMENTAL DISABILITIES/
92	((developmental$ or milestone?) adj3 (delay$ or late$)).tw.
93	exp SPEECH DISORDERS/
94	exp LANGUAGE DISORDERS/
95	COMMUNICATION DISORDERS/
96	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
97	MOTOR SKILLS DISORDERS/
98	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
99	global delay.tw.
100	exp LEARNING DISORDERS/
101	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
102	EXECUTIVE FUNCTION/
103	executive function.tw.
104	working memory.tw.
105	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).tw.
106	exp EDUCATION, SPECIAL/
107	special educat$.tw.
108	SEND.tw.
109	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
110	IRRITABLE MOOD/ or CRYING/
111	(behav$ adj3 (difficult$ or impair$ or problem$)).tw.
112	(cry or crying or cries or irritab$ or tantrum$ or shy$).tw.
113	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).tw.
114	or/72-113
115	71 or 114
116	14 and 115

E.8.61 Database: Embase

#	Searches
1	PREMATURE LABOR/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.

#	Searches
3	PREMATURITY/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
6	(pre#mie? or premie or premies).ti,ab.
7	LOW BIRTH WEIGHT/
8	SMALL FOR DATE INFANT/
9	VERY LOW BIRTH WEIGHT/
10	EXTREMELY LOW BIRTH WEIGHT/
11	(low adj3 birth adj3 weigh$).ab,ti.
12	or/1-11
13	*CEREBRAL PALSY/
14	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
15	*INTELLECTUAL IMPAIRMENT/ or *MENTAL DEFICIENCY/
16	(Intellect$ adj3 (disab$ or disorder?)).ab,ti.
17	(mental$ adj3 retard$).ab,ti.
18	Global development$ delay.ab,ti.
19	*COGNITIVE DEFECT/
20	(cognit$ adj3 (disab$ or disorder? or impair$)).ab,ti.
21	*COMMUNICATION DISORDER/
22	((communicat$ or expressive$ or receptive$) adj3 (disab$ or disorder?)).ab,ti.
23	exp *SPEECH DISORDER/
24	((speech or speak$) adj3 (disab$ or disorder?)).ab,ti.
25	(Dysglossi$ or cluttering? or verbal fluency disorder? or Rhinolali$ or dyslali$ or aprosodi$ or Aphasi$ or Articulation Disorder? or Dysarthri$ or Echolali$ or mute or Mutism? or Stutter$).ab,ti.
26	exp *LANGUAGE DISABILITY/
27	(Language? adj3 (disab$ or disorder? or impair$)).ab,ti.
28	SLI.ab,ti.
29	(Agraphi$ or Anomi$ or Dyslexi$ or Alexi$).ab,ti.
30	*ATTENTION DEFICIT DISORDER/
31	(Attention deficit adj3 disorder?).ab,ti.
32	(hyperkinetic adj3 (syndrome? or disorder?)).ab,ti.
33	ADHD?.ab,ti.
34	exp *AUTISM/
35	(development$ disorder? adj3 pervasive).ab,ti.
36	(Asperger? or Autis$ or Kanner?).ab,ti.
37	(ASD or PDD or PDD-NOS).ab,ti.
38	exp *LEARNING DISORDER/
39	(Learning adj3 (disab$ or disorder? or difficult$)).ab,ti.
40	(Dyscalculi$ or acalculi$ or Dyslexi$ or alexi$ or word blind$).ab,ti.
41	((academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (disab$ or disorder? or difficult$ or impair$)).ab,ti.
42	*PSYCHOMOTOR DISORDERS/
43	((Motor skill? or motor function$ or Developmental coordination or developmental co-ordination) adj3 disorder?).ab,ti.
44	(DCD or SDDMF).ab,ti.

#	Searches
45	(clumsy child$ adj3 (disorder? or syndrome?)).ab,ti.
46	(Psychomotor adj3 (disorder? or impair$)).ab,ti.
47	exp *APRAXIA/
48	(Dyspraxi$ or apraxi$).ab,ti.
49	*ANXIETY DISORDER/
50	(anxiety$ adj3 disorder?).ab,ti.
51	*DEPRESSION/
52	(depress$ adj3 disorder?).ab,ti.
53	*CONDUCT DISORDER/ or *OPPOSITIONAL DEFIANT DISORDER/
54	(Conduct adj3 disorder?).ab,ti.
55	Oppositional defiant disorder?.ab,ti.
56	*OBSESSIVE COMPULSIVE DISORDER/
57	(obsessive compulsive adj3 (disorder? or neuros?s)).ab,ti.
58	OCD.ab,ti.
59	*PSYCHOSIS/
60	Psychos#s.ab,ti.
61	exp *VISUAL DISORDER/
62	((vision or visual$ or cortical$) adj3 (disorder? or impair$)).ab,ti.
63	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
64	(amblyopi$ or blind or blindness or colo?r vision defect? or diplopi$ or hemianopsi$ or photophobi$ or scotoma?).ab,ti.
65	exp *HEARING DISORDER/
66	(hearing adj3 (disorder? or loss or distort$ or impair$)).ab,ti.
67	(deafness or Paracu?si$ or dysacusi$).ab,ti.
68	or/13-67
69	*SENSORY DYSFUNCTION/
70	exp *SOMATOSENSORY DISORDER/
71	exp *PERCEPTION DISORDER/
72	((sens$ or somatosens$ or percept$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
73	((sensory or sensation) adj2 (sensitiv$ or abnormal$ or reduc$)).ti,ab.
74	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
75	*FEEDING BEHAVIOR/
76	*FEEDING DIFFICULTY/
77	(feed$ adj3 (difficult$ or behavio?r$ or problem$)).ab,ti.
78	exp *SLEEP DISORDER/
79	(sleep$ adj (disturb$ or difficult$ or impair$ or problem$)).ti,ab.
80	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
81	*CHILD REARING/
82	*DAILY LIFE ACTIVITY/
83	*FECES INCONTINENCE/
84	exp *URINE INCONTINENCE/
85	((toilet$ or excret$ or eliminat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
86	(encopres$ or enures$ or incontinen$).ti,ab.
87	*FAILURE TO THRIVE/
88	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.

#	Searches
89	*DEVELOPMENTAL DISORDER/
90	((developmental$ or milestone?) adj3 (delay$ or late$)).ti,ab.
91	exp *SPEECH DISORDER/
92	exp *LANGUAGE DISABILITY/
93	*COMMUNICATION DISORDER/
94	((speech or speak$ or communicat$ or language) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
95	*PSYCHOMOTOR DISORDERS/
96	(motor skill$ adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
97	global delay.ti,ab.
98	exp *LEARNING DISORDER/
99	((academic$ or educat$ or learning or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
100	*EXECUTIVE FUNCTION/
101	executive function.ti,ab.
102	working memory.ti,ab.
103	((plan$ or organis$ or organiz$ or self help or self care) adj3 (difficult$ or impair$ or problem$ or delay$ or late$)).ti,ab.
104	exp *SPECIAL EDUCATION/
105	special educat$.ti,ab.
106	SEND.ti,ab.
107	*BEHAVIOR/ or *CHILD BEHAVIOR/ or exp *SOCIAL BEHAVIOR/
108	*IRRITABILITY/ or *CRYING/
109	(behav$ adj3 (difficult$ or impair$ or problem$)).ti,ab.
110	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
111	((focus$ or concentrat$) adj3 (difficult$ or impair$ or problem$)).ti,ab.
112	or/69-111
113	68 or 112
114	*NONBIOLOGICAL MODEL/
115	*HEALTH CARE DELIVERY/
116	((care or healthcare or organiz$ or organis$) adj3 model?).ti,ab.
117	(service? adj3 (deliver$ or configure$)).ti,ab.
118	*PATIENT CARE/
119	(care adj3 continu$).ti,ab.
120	*INTENSIVE CARE UNIT/
121	*NEWBORN INTENSIVE CARE/
122	((Neonat$ or p?ediatric?) adj2 (unit? or service?)).ti.
123	((Neonat$ or p?ediatric?) adj2 (unit? or service?)).ab. /freq=2
124	(NICU or PICU).ti.
125	(NICU or PICU).ab. /freq=2
126	*HOSPITAL DEPARTMENT/
127	*"HOSPITAL SUBDIVISIONS and COMPONENTS"/
128	*OUTPATIENT DEPARTMENT/
129	*AMBULATORY CARE/
130	(Hospital adj2 service?).ti,ab.
131	(Ambulatory adj2 (care or service?)).ti,ab.

#	Searches
132	*GENERAL PRACTICE/
133	*DENTAL PRACTICE/
134	*PHARMACY/
135	(Primary adj2 service?).ti,ab.
136	((GP? or general) adj2 practice?).ti,ab.
137	dental practice?.ti,ab.
138	Dentist?.ti,ab.
139	(Pharmacy or pharmacies).ti,ab.
140	(optometrist? or optician?).ti,ab.
141	*COMMUNITY CARE/
142	(Community adj2 service?).ti,ab.
143	*CHILD HEALTH CARE/
144	*CHILD CARE/
145	*DAY CARE/
146	*NURSERY/
147	*NURSERY SCHOOL/
148	*PRIMARY SCHOOL/
149	*KINDERGARTEN/
150	*SCHOOL/
151	((child$ or early years or infant?) adj3 (care or service? or center?)).ti.
152	((child$ or early years or infant?) adj3 (care or service? or center?)).ab. /freq=2
153	Nurser$.ti.
154	Nurser$.ab. /freq=2
155	Creche?.ti,ab.
156	Reception?.ti,ab.
157	School?.ti.
158	School?.ab. /freq=2
159	(Social adj2 (care or service?)).ti.
160	(Social adj2 (care or service?)).ab. /freq=2
161	*COMMUNITY HEALTH NURSING/
162	*HEALTH VISITOR/
163	*GENERAL PRACTITIONER/
164	*PEDIATRICIAN/
165	*NEONATALOGIST/
166	*AUDIOLOGIST/
167	*DIETITIAN/
168	*PARAMEDICAL PERSONNEL/
169	*SOCIAL WORKER/
170	*TEACHER/
171	*PARENT/
172	*MOTHER/
173	*FATHER/
174	*GRANDPARENT/
175	*FAMILY/
176	*CAREGIVER/

#	Searches
177	Health visitor?.ti,ab.
178	General practitioner?.ti,ab.
179	GP?.ti,ab.
180	P?ediatrician?.ti,ab.
181	P?ediatric neurologist?.ti,ab.
182	neonatologist?.ti,ab.
183	Audiologist?.ti,ab.
184	Dietitian?.ti,ab.
185	(hospital adj2 (professional? or specialist?)).ti,ab.
186	Allied health professional?.ti,ab.
187	AHP?.ti,ab.
188	Social worker?.ti,ab.
189	Ophthalmologist?.ti,ab.
190	(Teacher? or teaching assistant?).ti.
191	(Teacher? or teaching assistant?).ab. /freq=2
192	(Early year? adj3 (profession$ or teach$)).ti,ab.
193	Play therapist?.ti,ab.
194	Parent?.ti.
195	Parent?.ab. /freq=3
196	Mother?.ti.
197	Mother?.ab. /freq=3
198	Father?.ti,ab.
199	Grandparent?.ti,ab.
200	(Family adj3 member?).ti,ab.
201	Carer?.ti,ab.
202	((patient? or medical or health) adj2 care team?).ab,ti.
203	healthcare team?.ab,ti.
204	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).ab,ti.
205	mdt?.ab,ti.
206	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$ or integrated or network$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).ab,ti.
207	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (team? or staff$ or task force? or approach$ or program$ or system? or panel? or forum? or care or manag$ or service?)).ab,ti.
208	network meeting?.ti,ab.
209	(Neonatologist? or (speech adj2 language therapist?) or educational psychologist? or clinical psychologist? or occupational therapist? or physiotherapist? or p?ediatrician? or specialist nurse?).ab. /freq=2
210	*INTEGRATED HEALTH CARE SYSTEM/
211	Child development team?.ti,ab.
212	(community adj3 (team? or approach$ or program$ or care or service?)).ti,ab.
213	(special$ adj1 (team? or approach$ or program$ or care or manag$ or service? or package?)).ti,ab.
214	((mobile or roaming) adj2 (team? or service?)).ti,ab.
215	*INTERDISCIPLINARY COMMUNICATION/

#	Searches
216	((interdisciplinary or inter-disciplinary or interprofession$ or inter-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
217	((multidisciplinary or multi-disciplinary or multiprofession$ or multi-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
218	((transdisciplinary or trans-disciplinary or transprofession$ or trans-profession$) adj3 (communic$ or collaborat$ or relation$)).ab,ti.
219	*COOPERATION/
220	*TEAMWORK/
221	((co-operat$ or cooperat$) adj3 (care or service? or practice?)).ab,ti.
222	((co-ordinat$ or coordinat$ or network$) adj3 (care or service? or practice?)).ab,ti.
223	or/114-222
224	*MASS SCREENING/
225	*NEWBORN SCREENING/
226	*DEVELOPMENTAL SCREENING/
227	*HEALTH SURVEY/
228	*PATIENT CARE PLANNING/
229	*"EVALUATION and FOLLOW UP"/
230	*FOLLOW UP/
231	*CLINICAL PATHWAY/
232	*CLINICAL PROTOCOL/
233	*AFTERCARE/
234	(screen$ or surveillance or monitor$ or follow$ up or pathway? or protocol?).ti,ab.
235	((post or follow$ or after$) adj3 (discharg$ or care)).ti,ab.
236	(aftercare or postcare).ti,ab.
237	or/224-236
238	12 and 113 and 223 and 237
239	limit 238 to english language
240	limit 239 to yr="1990 -Current"
241	letter.pt. or LETTER/
242	note.pt.
243	editorial.pt.
244	CASE REPORT/ or CASE STUDY/
245	(letter or comment*).ti.
246	or/241-245
247	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
248	246 not 247
249	ANIMAL/ not HUMAN/
250	NONHUMAN/
251	exp ANIMAL EXPERIMENT/
252	exp EXPERIMENTAL ANIMAL/
253	ANIMAL MODEL/
254	exp RODENT/
255	(rat or rats or mouse or mice).ti.
256	or/248-255
257	240 not 256

E.9 Sharing information

What is the risk of developmental disorders in babies, children and young people born preterm at different gestational ages?

What information should be shared between those delivering NHS commissioned care and also between the NHS and the educational sector on the developmental follow-up of babies, children and young people born preterm?

E.9.1 Database: Medline; Medline EPub Ahead of Print; and Medline In-Process & Other Non-Indexed Citations

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
8	(pre#mie? or premie or premies).ti,ab.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	ACCESS TO INFORMATION/
16	DISCLOSURE/
17	INFORMATION DISSEMINATION/
18	*MEDICAL RECORDS/
19	MEDICAL RECORDS SYSTEMS, COMPUTERIZED/
20	ELECTRONIC HEALTH RECORDS/
21	*MEDICAL RECORD LINKAGE/
22	((inform$ or data or communicat$ or record? or report?) adj5 (shar$ or disclos$ or pass$ or access$ or dissem$ or transfer$)).ti,ab.
23	(((time? adj3 (intensive care or NICU or PICU)) or medical factor?) adj5 (inform$ or data or communicat$ or record? or report?)).ti,ab.
24	((risk factor? or gestational age?) adj2 (inform$ or communicat$)).ti,ab.
25	((gestational age? or (time? adj3 (intensive care or NICU or PICU)) or medical factor? or risk factor?) adj3 (shar$ or disclos$ or pass$ or access$ or dissem$)).ti,ab.
26	(discharg$ adj3 (summar$ or letter?)).ti,ab.
27	or/15-26
28	*INTERDISCIPLINARY COMMUNICATION/
29	*INTERPROFESSIONAL RELATIONS/
30	COOPERATIVE BEHAVIOR/
31	*DELIVERY OF HEALTH CARE, INTEGRATED/

#	Searches
32	((disciplin$ or profession$ or interdisciplin$ or interprofession$ or multidisciplin$ or multiprofession$ or transdisciplin$ or transprofession$) adj5 (inform$ or data or communicat$ or record? or report?)).ab,ti.
33	((disciplin$ or profession$ or interdisciplin$ or interprofession$ or multidisciplin$ or multiprofession$ or transdisciplin$ or transprofession$) adj3 (co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?)).ab,ti.
34	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj3 (service? or department$ or unit? or team?)).ti,ab.
35	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj5 (healthcare or care)).ti.
36	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj5 (healthcare or care)).ab. /freq=2
37	or/28-36
38	((National health service or NHS or ((Neonat$ or p?ediatric? or child$ or development$ or community or primary or secondary or tertiary or hospital? or ambulatory or outpatient?) adj2 (care or service? or department? or unit?)) or general practice? or family practice? or dental practice or dentist? or pharmacy or pharmacies or optometrist? or optician? or NICU or PICU or commissioner? or health visitor? or general practitioner? or doctor? or physician? or GP? or p?ediatrician? or neurologist? or neonatologist? or audiologist? or dietitian? or nutritionist? or allied health professional? or AHP? or ophthalmologist? or therapist? or physiotherapist? or nurse? or psychologist? or ((hospital or health care or healthcare) adj2 (professional? or specialist? or personnel)) or healthcare team? or ((patient? or medical or health) adj2 care team?)) adj7 (Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj7 (inform$ or data or communicat$ or record? or report?)).ti,ab.
39	((National health service or NHS or ((Neonat$ or p?ediatric? or child$ or development$ or community or primary or secondary or tertiary or hospital? or ambulatory or outpatient?) adj2 (care or service? or department? or unit?)) or general practice? or family practice? or dental practice or dentist? or pharmacy or pharmacies or optometrist? or optician? or NICU or PICU or commissioner? or health visitor? or general practitioner? or doctor? or physician? or GP? or p?ediatrician? or neurologist? or neonatologist? or audiologist? or dietitian? or nutritionist? or allied health professional? or AHP? or ophthalmologist? or therapist? or physiotherapist? or nurse? or psychologist? or ((hospital or health care or healthcare) adj2 (professional? or specialist? or personnel)) or healthcare team? or ((patient? or medical or health) adj2 care team?)) adj7 (Social adj2 (care or service? or worker?)) adj7 (inform$ or data or communicat$ or record? or report?)).ti,ab.
40	((Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj7 (Social adj2 (care or service? or worker?)) adj7 (inform$ or data or communicat$ or record? or report?)).ti,ab.
41	((Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj5 (famil$ or parent$ or father$ or mother$ or grandparent? or caregiver$ or carer?) adj5 (inform$ or data or communicat$ or record? or report?)).ti,ab.
42	or/38-41
43	*Infant Care/og [Organization & Administration]
44	*Continuity of Patient Care/og [Organization & Administration]
45	*Patient Care Team/og [Organization & Administration]
46	or/43-45
47	14 and 27
48	14 and 37
49	14 and 42
50	14 and 46
51	or/47-50

#	Searches
52	limit 51 to english language
53	limit 52 to yr="1990 -Current"
54	LETTER/
55	EDITORIAL/
56	NEWS/
57	exp HISTORICAL ARTICLE/
58	ANECDOTES AS TOPIC/
59	COMMENT/
60	CASE REPORT/
61	(letter or comment*).ti.
62	or/54-61
63	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
64	62 not 63
65	ANIMALS/ not HUMANS/
66	exp ANIMALS, LABORATORY/
67	exp ANIMAL EXPERIMENTATION/
68	exp MODELS, ANIMAL/
69	exp RODENTIA/
70	(rat or rats or mouse or mice).ti.
71	or/64-70
72	53 not 71

E.9.21 Database: Cochrane Central Register of Controlled Trials

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
8	(pre#mie? or premie or premies).ti,ab.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	ACCESS TO INFORMATION/
16	DISCLOSURE/
17	INFORMATION DISSEMINATION/
18	*MEDICAL RECORDS/
19	MEDICAL RECORDS SYSTEMS, COMPUTERIZED/
20	ELECTRONIC HEALTH RECORDS/
21	*MEDICAL RECORD LINKAGE/

#	Searches
22	((inform$ or data or communicat$ or record? or report?) adj5 (shar$ or disclos$ or pass$ or access$ or dissem$ or transfer$)).ti,ab.
23	(((time? adj3 (intensive care or NICU or PICU)) or medical factor?) adj5 (inform$ or data or communicat$ or record? or report?)).ti,ab.
24	((risk factor? or gestational age?) adj2 (inform$ or communicat$)).ti,ab.
25	((gestational age? or (time? adj3 (intensive care or NICU or PICU)) or medical factor? or risk factor?) adj3 (shar$ or disclos$ or pass$ or access$ or dissem$)).ti,ab.
26	(discharg$ adj3 (summar$ or letter?)).ti,ab.
27	or/15-26
28	*INTERDISCIPLINARY COMMUNICATION/
29	*INTERPROFESSIONAL RELATIONS/
30	COOPERATIVE BEHAVIOR/
31	*DELIVERY OF HEALTH CARE, INTEGRATED/
32	((disciplin$ or profession$ or interdisciplin$ or interprofession$ or multidisciplin$ or multiprofession$ or transdisciplin$ or transprofession$) adj5 (inform$ or data or communicat$ or record? or report?)).ab,ti.
33	((disciplin$ or profession$ or interdisciplin$ or interprofession$ or multidisciplin$ or multiprofession$ or transdisciplin$ or transprofession$) adj3 (co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?)).ab,ti.
34	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj3 (service? or department$ or unit? or team?)).ti,ab.
35	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj5 (healthcare or care)).ti.
36	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj5 (healthcare or care)).ab. /freq=2
37	or/28-36
38	((National health service or NHS or ((Neonat$ or p?ediatric? or child$ or development$ or community or primary or secondary or tertiary or hospital? or ambulatory or outpatient?) adj2 (care or service? or department? or unit?)) or general practice? or family practice? or dental practice or dentist? or pharmacy or pharmacies or optometrist? or optician? or NICU or PICU or commissioner? or health visitor? or general practitioner? or doctor? or physician? or GP? or p?ediatrician? or neurologist? or neonatologist? or audiologist? or dietitian? or nutritionist? or allied health professional? or AHP? or ophthalmologist? or therapist? or physiotherapist? or nurse? or psychologist? or ((hospital or health care or healthcare) adj2 (professional? or specialist? or personnel)) or healthcare team? or ((patient? or medical or health) adj2 care team?)) adj7 (Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj7 (inform$ or data or communicat$ or record? or report?)).ti,ab.
39	((National health service or NHS or ((Neonat$ or p?ediatric? or child$ or development$ or community or primary or secondary or tertiary or hospital? or ambulatory or outpatient?) adj2 (care or service? or department? or unit?)) or general practice? or family practice? or dental practice or dentist? or pharmacy or pharmacies or optometrist? or optician? or NICU or PICU or commissioner? or health visitor? or general practitioner? or doctor? or physician? or GP? or p?ediatrician? or neurologist? or neonatologist? or audiologist? or dietitian? or nutritionist? or allied health professional? or AHP? or ophthalmologist? or therapist? or physiotherapist? or nurse? or psychologist? or ((hospital or health care or healthcare) adj2 (professional? or specialist? or personnel)) or healthcare team? or ((patient? or medical or health) adj2 care team?)) adj7 (Social adj2 (care or service? or worker?)) adj7 (inform$ or data or communicat$ or record? or report?)).ti,ab.
40	((Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj7 (Social adj2 (care or service? or worker?)) adj7 (inform$ or data or communicat$ or record? or report?)).ti,ab.
41	((Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj5 (famil$ or parent$ or father$ or mother$ or

#	Searches
	grandparent? or caregiver$ or carer?) adj5 (inform$ or data or communicat$ or record? or report?)).ti,ab.
42	or/38-41
43	*Infant Care/og [Organization & Administration]
44	*Continuity of Patient Care/og [Organization & Administration]
45	*Patient Care Team/og [Organization & Administration]
46	or/43-45
47	14 and 27
48	14 and 37
49	14 and 42
50	14 and 46
51	or/47-50
52	limit 51 to english language
53	limit 52 to yr="1990 -Current"

E.9.31 Database: Cochrane Database of Systematic Reviews

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti.
8	(pre#mie? or premie or premies).ab,ti.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).ab,ti.
14	or/1-13
15	ACCESS TO INFORMATION.kw.
16	DISCLOSURE.kw.
17	INFORMATION DISSEMINATION.kw.
18	MEDICAL RECORDS.kw.
19	MEDICAL RECORDS SYSTEMS, COMPUTERIZED.kw.
20	ELECTRONIC HEALTH RECORDS.kw.
21	MEDICAL RECORD LINKAGE.kw.
22	((inform$ or data or communicat$ or record? or report?) adj5 (shar$ or disclos$ or pass$ or access$ or dissem$ or transfer$)).ti,ab.
23	(((time? adj3 (intensive care or NICU or PICU)) or medical factor?) adj5 (inform$ or data or communicat$ or record? or report?)).ti,ab.
24	((risk factor? or gestational age?) adj2 (inform$ or communicat$)).ti,ab.
25	((gestational age? or (time? adj3 (intensive care or NICU or PICU)) or medical factor? or risk factor?) adj3 (shar$ or disclos$ or pass$ or access$ or dissem$)).ti,ab.
26	(discharg$ adj3 (summar$ or letter?)).ti,ab.

#	Searches
27	or/15-26
28	INTERDISCIPLINARY COMMUNICATION.kw.
29	INTERPROFESSIONAL RELATIONS.kw.
30	COOPERATIVE BEHAVIOR.kw.
31	DELIVERY OF HEALTH CARE, INTEGRATED.kw.
32	((disciplin$ or profession$ or interdisciplin$ or interprofession$ or multidisciplin$ or multiprofession$ or transdisciplin$ or transprofession$) adj5 (inform$ or data or communicat$ or record? or report?)).ab,ti.
33	((disciplin$ or profession$ or interdisciplin$ or interprofession$ or multidisciplin$ or multiprofession$ or transdisciplin$ or transprofession$) adj3 (co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?)).ab,ti.
34	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj3 (service? or department$ or unit? or team?)).ti,ab.
35	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj5 (healthcare or care)).ti.
36	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj5 (healthcare or care)).ab. /freq=2
37	or/28-36
38	((National health service or NHS or ((Neonat$ or p?ediatric? or child$ or development$ or community or primary or secondary or tertiary or hospital? or ambulatory or outpatient?) adj2 (care or service? or department? or unit?)) or general practice? or family practice? or dental practice or dentist? or pharmacy or pharmacies or optometrist? or optician? or NICU or PICU or commissioner? or health visitor? or general practitioner? or doctor? or physician? or GP? or p?ediatrician? or neurologist? or neonatologist? or audiologist? or dietitian? or nutritionist? or allied health professional? or AHP? or ophthalmologist? or therapist? or physiotherapist? or nurse? or psychologist? or ((hospital or health care or healthcare) adj2 (professional? or specialist? or personnel)) or healthcare team? or ((patient? or medical or health) adj2 care team?)) adj7 (Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj7 (inform$ or data or communicat$ or record? or report?)).ti,ab.
39	((National health service or NHS or ((Neonat$ or p?ediatric? or child$ or development$ or community or primary or secondary or tertiary or hospital? or ambulatory or outpatient?) adj2 (care or service? or department? or unit?)) or general practice? or family practice? or dental practice or dentist? or pharmacy or pharmacies or optometrist? or optician? or NICU or PICU or commissioner? or health visitor? or general practitioner? or doctor? or physician? or GP? or p?ediatrician? or neurologist? or neonatologist? or audiologist? or dietitian? or nutritionist? or allied health professional? or AHP? or ophthalmologist? or therapist? or physiotherapist? or nurse? or psychologist? or ((hospital or health care or healthcare) adj2 (professional? or specialist? or personnel)) or healthcare team? or ((patient? or medical or health) adj2 care team?)) adj7 (Social adj2 (care or service? or worker?)) adj7 (inform$ or data or communicat$ or record? or report?)).ti,ab.
40	((Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj7 (Social adj2 (care or service? or worker?)) adj7 (inform$ or data or communicat$ or record? or report?)).ti,ab.
41	((Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj5 (famil$ or parent$ or father$ or mother$ or grandparent? or caregiver$ or carer?) adj5 (inform$ or data or communicat$ or record? or report?)).ti,ab.
42	or/38-41
43	14 and 27
44	14 and 37
45	14 and 42
46	or/43-45

E.9.41 Database: Database of Abstracts of Reviews of Effects

#	Searches
1	OBSTETRIC LABOR, PREMATURE.kw.
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw,tx.
3	PREMATURE BIRTH.kw.
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw,tx.
5	INFANT, PREMATURE.kw.
6	INFANT, EXTREMELY PREMATURE.kw.
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw,tx.
8	(pre#mie? or premie or premies).tw,tx.
9	INFANT, LOW BIRTH WEIGHT.kw.
10	INFANT, SMALL FOR GESTATIONAL AGE.kw.
11	INFANT, VERY LOW BIRTH WEIGHT.kw.
12	INFANT, EXTREMELY LOW BIRTH WEIGHT.kw.
13	(low adj3 birth adj3 weigh$).tw,tx.
14	or/1-13
15	ACCESS TO INFORMATION.kw.
16	DISCLOSURE.kw.
17	INFORMATION DISSEMINATION.kw.
18	MEDICAL RECORDS.kw.
19	MEDICAL RECORDS SYSTEMS, COMPUTERIZED.kw.
20	ELECTRONIC HEALTH RECORDS.kw.
21	MEDICAL RECORD LINKAGE.kw.
22	((inform$ or data or communicat$ or record? or report?) adj5 (shar$ or disclos$ or pass$ or access$ or dissem$ or transfer$)).tw,tx.
23	(((time? adj3 (intensive care or NICU or PICU)) or medical factor?) adj5 (inform$ or data or communicat$ or record? or report?)).tw,tx.
24	((risk factor? or gestational age?) adj2 (inform$ or communicat$)).tw,tx.
25	((gestational age? or (time? adj3 (intensive care or NICU or PICU)) or medical factor? or risk factor?) adj3 (shar$ or disclos$ or pass$ or access$ or dissem$)).tw,tx.
26	(discharg$ adj3 (summar$ or letter?)).tw,tx.
27	or/15-26
28	INTERDISCIPLINARY COMMUNICATION.kw.
29	INTERPROFESSIONAL RELATIONS.kw.
30	COOPERATIVE BEHAVIOR.kw.
31	DELIVERY OF HEALTH CARE, INTEGRATED.kw.
32	((disciplin$ or profession$ or interdisciplin$ or interprofession$ or multidisciplin$ or multiprofession$ or transdisciplin$ or transprofession$) adj5 (inform$ or data or communicat$ or record? or report?)).tw,tx.
33	((disciplin$ or profession$ or interdisciplin$ or interprofession$ or multidisciplin$ or multiprofession$ or transdisciplin$ or transprofession$) adj3 (co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?)).tw,tx.
34	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj3 (service? or department$ or unit? or team?)).tw,tx.
35	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj5 (healthcare or care)).tw.
36	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj5 (healthcare or care)).tx.

#	Searches
37	or/28-36
38	((National health service or NHS or ((Neonat$ or p?ediatric? or child$ or development$ or community or primary or secondary or tertiary or hospital? or ambulatory or outpatient?) adj2 (care or service? or department? or unit?)) or general practice? or family practice? or dental practice or dentist? or pharmacy or pharmacies or optometrist? or optician? or NICU or PICU or commissioner? or health visitor? or general practitioner? or doctor? or physician? or GP? or p?ediatrician? or neurologist? or neonatologist? or audiologist? or dietitian? or nutritionist? or allied health professional? or AHP? or ophthalmologist? or therapist? or physiotherapist? or nurse? or psychologist? or ((hospital or health care or healthcare) adj2 (professional? or specialist? or personnel)) or healthcare team? or ((patient? or medical or health) adj2 care team?)) adj7 (Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj7 (inform$ or data or communicat$ or record? or report?)).tw,tx.
39	((National health service or NHS or ((Neonat$ or p?ediatric? or child$ or development$ or community or primary or secondary or tertiary or hospital? or ambulatory or outpatient?) adj2 (care or service? or department? or unit?)) or general practice? or family practice? or dental practice or dentist? or pharmacy or pharmacies or optometrist? or optician? or NICU or PICU or commissioner? or health visitor? or general practitioner? or doctor? or physician? or GP? or p?ediatrician? or neurologist? or neonatologist? or audiologist? or dietitian? or nutritionist? or allied health professional? or AHP? or ophthalmologist? or therapist? or physiotherapist? or nurse? or psychologist? or ((hospital or health care or healthcare) adj2 (professional? or specialist? or personnel)) or healthcare team? or ((patient? or medical or health) adj2 care team?)) adj7 (Social adj2 (care or service? or worker?)) adj7 (inform$ or data or communicat$ or record? or report?)).tw,tx.
40	((Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj7 (Social adj2 (care or service? or worker?)) adj7 (inform$ or data or communicat$ or record? or report?)).tw,tx.
41	((Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj5 (famil$ or parent$ or father$ or mother$ or grandparent? or caregiver$ or carer?) adj5 (inform$ or data or communicat$ or record? or report?)).tw,tx.
42	or/38-41
43	14 and 27
44	14 and 37
45	14 and 42
46	or/43-45

E.9.51 Database: Health Technology Assessment

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
8	(pre#mie? or premie or premies).tw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/

#	Searches
13	(low adj3 birth adj3 weigh$).tw.
14	or/1-13
15	ACCESS TO INFORMATION/
16	DISCLOSURE/
17	INFORMATION DISSEMINATION/
18	MEDICAL RECORDS/
19	MEDICAL RECORDS SYSTEMS, COMPUTERIZED/
20	ELECTRONIC HEALTH RECORDS/
21	MEDICAL RECORD LINKAGE/
22	((inform$ or data or communicat$ or record? or report?) adj5 (shar$ or disclos$ or pass$ or access$ or dissem$ or transfer$)).tw.
23	(((time? adj3 (intensive care or NICU or PICU)) or medical factor?) adj5 (inform$ or data or communicat$ or record? or report?)).tw.
24	((risk factor? or gestational age?) adj2 (inform$ or communicat$)).tw.
25	((gestational age? or (time? adj3 (intensive care or NICU or PICU)) or medical factor? or risk factor?) adj3 (shar$ or disclos$ or pass$ or access$ or dissem$)).tw.
26	(discharg$ adj3 (summar$ or letter?)).tw.
27	or/15-26
28	INTERDISCIPLINARY COMMUNICATION/
29	INTERPROFESSIONAL RELATIONS/
30	COOPERATIVE BEHAVIOR/
31	DELIVERY OF HEALTH CARE, INTEGRATED/
32	((disciplin$ or profession$ or interdisciplin$ or interprofession$ or multidisciplin$ or multiprofession$ or transdisciplin$ or transprofession$) adj5 (inform$ or data or communicat$ or record? or report?)).tw.
33	((disciplin$ or profession$ or interdisciplin$ or interprofession$ or multidisciplin$ or multiprofession$ or transdisciplin$ or transprofession$) adj3 (co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?)).tw.
34	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj3 (service? or department$ or unit? or team?)).tw.
35	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj5 (healthcare or care)).tw.
36	or/28-35
37	((National health service or NHS or ((Neonat$ or p?ediatric? or child$ or development$ or community or primary or secondary or tertiary or hospital? or ambulatory or outpatient?) adj2 (care or service? or department? or unit?)) or general practice? or family practice? or dental practice or dentist? or pharmacy or pharmacies or optometrist? or optician? or NICU or PICU or commissioner? or health visitor? or general practitioner? or doctor? or physician? or GP? or p?ediatrician? or neurologist? or neonatologist? or audiologist? or dietitian? or nutritionist? or allied health professional? or AHP? or ophthalmologist? or therapist? or physiotherapist? or nurse? or psychologist? or ((hospital or health care or healthcare) adj2 (professional? or specialist? or personnel)) or healthcare team? or ((patient? or medical or health) adj2 care team?)) adj7 (Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj7 (inform$ or data or communicat$ or record? or report?)).tw.
38	((National health service or NHS or ((Neonat$ or p?ediatric? or child$ or development$ or community or primary or secondary or tertiary or hospital? or ambulatory or outpatient?) adj2 (care or service? or department? or unit?)) or general practice? or family practice? or dental practice or dentist? or pharmacy or pharmacies or optometrist? or optician? or NICU or PICU or commissioner? or health visitor? or general practitioner? or doctor? or physician? or GP? or p?ediatrician? or neurologist? or neonatologist? or audiologist? or dietitian? or nutritionist? or allied health professional? or AHP? or ophthalmologist? or therapist? or physiotherapist?

#	Searches
	or nurse? or psychologist? or ((hospital or health care or healthcare) adj2 (professional? or specialist? or personnel)) or healthcare team? or ((patient? or medical or health) adj2 care team?)) adj7 (Social adj2 (care or service? or worker?)) adj7 (inform$ or data or communicat$ or record? or report?)).tw.
39	((Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj7 (Social adj2 (care or service? or worker?)) adj7 (inform$ or data or communicat$ or record? or report?)).tw.
40	((Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj5 (famil$ or parent$ or father$ or mother$ or grandparent? or caregiver$ or carer?) adj5 (inform$ or data or communicat$ or record? or report?)).tw.
41	or/37-40
42	14 and 27
43	14 and 36
44	14 and 41
45	or/42-44

E.9.61 Database: Embase

#	Searches
1	PREMATURE LABOR/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
3	PREMATURITY/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
5	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
6	(pre#mie? or premie or premies).ti,ab.
7	LOW BIRTH WEIGHT/
8	SMALL FOR DATE INFANT/
9	VERY LOW BIRTH WEIGHT/
10	EXTREMELY LOW BIRTH WEIGHT/
11	(low adj3 birth adj3 weigh$).ab,ti.
12	or/1-11
13	ACCESS TO INFORMATION/
14	*INTERPERSONAL COMMUNICATION/
15	INFORMATION DISSEMINATION/
16	*MEDICAL RECORD/
17	*ELECTRONIC MEDICAL RECORD/
18	((informat$ or data or communicat$ or record? or report?) adj5 (shar$ or disclos$ or pass$ or access$ or dissem$ or transfer$)).ti,ab.
19	(((time? adj3 (intensive care or NICU or PICU)) or medical factor?) adj5 (inform$ or data or communicat$ or record? or report?)).ti,ab.
20	((risk factor? or gestational age?) adj2 (inform$ or communicat$)).ti,ab.
21	((gestational age? or (time? adj3 (intensive care or NICU or PICU)) or medical factor? or risk factor?) adj3 (shar$ or disclos$ or pass$ or access$ or dissem$)).ti,ab.
22	(discharg$ adj3 (summar$ or letter?)).ti,ab.
23	or/13-22
24	*INTERDISCIPLINARY COMMUNICATION/
25	*PUBLIC RELATIONS/

#	Searches
26	*COOPERATION/
27	*TEAMWORK/
28	*INTEGRATED HEALTH CARE SYSTEM/
29	((disciplin$ or profession$ or interdisciplin$ or interprofession$ or multidisciplin$ or multiprofession$ or transdisciplin$ or transprofession$) adj5 (inform$ or data or communicat$ or record? or report?)).ab,ti.
30	((disciplin$ or profession$ or interdisciplin$ or interprofession$ or multidisciplin$ or multiprofession$ or transdisciplin$ or transprofession$) adj3 (co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?)).ab,ti.
31	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj3 (service? or department$ or unit? or team?)).ti,ab.
32	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj5 (healthcare or care)).ti.
33	((co-operat$ or cooperat$ or co-ordinat$ or coordinat$ or collaborat$ or integrat$ or relation$ or workflow?) adj5 (healthcare or care)).ab. /freq=2
34	or/24-33
35	((National health service or NHS or ((Neonat$ or p?ediatric? or child$ or development$ or community or primary or secondary or tertiary or hospital? or ambulatory or outpatient?) adj2 (care or service? or department? or unit?)) or general practice? or family practice? or dental practice or dentist? or pharmacy or pharmacies or optometrist? or optician? or NICU or PICU or commissioner? or health visitor? or general practitioner? or doctor? or physician? or GP? or p?ediatrician? or neurologist? or neonatologist? or audiologist? or dietitian? or nutritionist? or allied health professional? or AHP? or ophthalmologist? or therapist? or physiotherapist? or nurse? or psychologist? or ((hospital or health care or healthcare) adj2 (professional? or specialist? or personnel)) or healthcare team? or ((patient? or medical or health) adj2 care team?)) adj7 (Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj7 (inform$ or data or communicat$ or record? or report?)).ti,ab.
36	((National health service or NHS or ((Neonat$ or p?ediatric? or child$ or development$ or community or primary or secondary or tertiary or hospital? or ambulatory or outpatient?) adj2 (care or service? or department? or unit?)) or general practice? or family practice? or dental practice or dentist? or pharmacy or pharmacies or optometrist? or optician? or NICU or PICU or commissioner? or health visitor? or general practitioner? or doctor? or physician? or GP? or p?ediatrician? or neurologist? or neonatologist? or audiologist? or dietitian? or nutritionist? or allied health professional? or AHP? or ophthalmologist? or therapist? or physiotherapist? or nurse? or psychologist? or ((hospital or health care or healthcare) adj2 (professional? or specialist? or personnel)) or healthcare team? or ((patient? or medical or health) adj2 care team?)) adj7 (Social adj2 (care or service? or worker?)) adj7 (inform$ or data or communicat$ or record? or report?)).ti,ab.
37	((Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj7 (Social adj2 (care or service? or worker?)) adj7 (inform$ or data or communicat$ or record? or report?)).ti,ab.
38	((Nurser$ or creche? or reception? or school? or preschool? or teach$ or teaching assistant? or early year? profession$ or educat$) adj5 (famil$ or parent$ or father$ or mother$ or grandparent? or caregiver$ or carer?) adj5 (inform$ or data or communicat$ or record? or report?)).ti,ab.
39	or/35-38
40	12 and 23
41	12 and 34
42	12 and 39
43	or/40-42
44	limit 43 to english language
45	limit 44 to yr="1990 -Current"

#	Searches
46	letter.pt. or LETTER/
47	note.pt.
48	editorial.pt.
49	CASE REPORT/ or CASE STUDY/
50	(letter or comment*).ti.
51	or/46-50
52	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
53	51 not 52
54	ANIMAL/ not HUMAN/
55	NONHUMAN/
56	exp ANIMAL EXPERIMENT/
57	exp EXPERIMENTAL ANIMAL/
58	ANIMAL MODEL/
59	exp RODENT/
60	(rat or rats or mouse or mice).ti.
61	or/53-60
62	45 not 61

E.101 Health economics global search

E.10.12 Database: Medline

#	Searches
1	ECONOMICS/
2	VALUE OF LIFE/
3	exp "COSTS AND COST ANALYSIS"/
4	exp ECONOMICS, HOSPITAL/
5	exp ECONOMICS, MEDICAL/
6	exp RESOURCE ALLOCATION/
7	ECONOMICS, NURSING/
8	ECONOMICS, PHARMACEUTICAL/
9	exp "FEES AND CHARGES"/
10	exp BUDGETS/
11	budget*.ti,ab.
12	cost*.ti,ab.
13	(economic* or pharmaco?economic*).ti,ab.
14	(price* or pricing*).ti,ab.
15	(financ* or fee or fees or expenditure* or saving*).ti,ab.
16	(value adj2 (money or monetary)).ti,ab.
17	resourc* allocat*.ti,ab.
18	(fund or funds or funding* or funded).ti,ab.
19	(ration or rations or rationing* or rationed).ti,ab.
20	ec.fs.
21	or/1-20
22	OBSTETRIC LABOR, PREMATURE/
23	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.

#	Searches
24	PREMATURE BIRTH/
25	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
26	INFANT, PREMATURE/
27	INFANT, EXTREMELY PREMATURE/
28	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
29	(pre#mie? or premie or premies).ti,ab.
30	INFANT, LOW BIRTH WEIGHT/
31	INFANT, SMALL FOR GESTATIONAL AGE/
32	INFANT, VERY LOW BIRTH WEIGHT/
33	INFANT, EXTREMELY LOW BIRTH WEIGHT/
34	(low adj3 birth adj3 weigh$).ab,ti.
35	or/22-34
36	exp HUMAN DEVELOPMENT/
37	exp MENTAL DISORDERS DIAGNOSED IN CHILDHOOD/
38	exp SPEECH DISORDERS/
39	exp LANGUAGE DISORDERS/
40	PSYCHOMOTOR DISORDERS/
41	EXECUTIVE FUNCTION/
42	exp APRAXIAS/
43	COGNITION DISORDERS/
44	ANXIETY DISORDERS/
45	SENSATION DISORDERS/
46	exp SOMATOSENSORY DISORDERS/
47	exp PERCEPTUAL DISORDERS/
48	exp VISION DISORDERS/
49	exp HEARING DISORDERS/
50	exp SLEEP DISORDERS/
51	CEREBRAL PALSY/
52	AFFECTIVE SYMPTOMS/
53	FEEDING BEHAVIOR/
54	TOILET TRAINING/ or "ACTIVITIES OF DAILY LIVING"/ or FECAL INCONTINENCE/ or exp URINARY INCONTINENCE/
55	FAILURE TO THRIVE/
56	exp EDUCATION, SPECIAL/
57	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
58	IRRITABLE MOOD/ or CRYING/
59	((adolescen$ or teen$ or youth$ or young or juvenile? or minor? or highschool$ or child$ or schoolchild$ or "school age" or "school aged" or preschool$ or toddler$ or kid? or kindergar$ or boy? or girl? or infan$ or neonat$ or newborn$ or baby or babies or p?ediatric$ or pubert$ or prepubert$ or pubescen$ or prepubescen$) adj3 develop$).ab,ti.
60	(language? adj3 develop$).ab,ti.
61	(developmental or neurodevelopmental).ab,ti.
62	(mental$ adj3 retard$).ab,ti.
63	((Attention deficit or hyperkinetic or behav$ or development$ or neurodevelopment$ or pervasive or conduct or Oppositional defiant or communicat$ or expressive or receptive or speech or speak$ or Language? or educat$ or Learning or academic$ or arith$ or numer$ or

#	Searches
	math$ or read$ or write or writing or litera$ or spell$ or Intellectual$ or Psychomotor or Motor skill? or Developmental coordination or developmental co-ordination or clumsy child$ or cognit$ or anxiety$ or vision or visual$ or cortical$ or hearing or Feed$ or Eat$ or sens$ or somatosens$ or percept$ or Functional$ or Sleep$ or Toilet$ or excret$ or eliminat$ or motor development$ or milestone? or global or Emotional$ or Social$ or plan$ or organis$ or organiz$ or self help or self care or executive function$ or focus$ or concentrat$) adj3 (disorder? or disab$ or problem$ or difficult$ or impair$ or delay$ or late$)).ab,ti.
64	ADHD?.ab,ti.
65	(Asperger? or Autis$ or Kanner?).ab,ti.
66	(ASD or PDD).ab,ti.
67	(Dysglossia? or cluttering? or verbal fluency disorder? or Rhinolalia? or dyslalia? or aprosodi$ or Aphasia? or Articulation Disorder? or Dysarthria? or Echolalia? or mute or Mutism? or Stutter$).ab,ti.
68	SLI.ab,ti.
69	DCD.ab,ti.
70	Dyspraxia?.ab,ti.
71	(Agraphia? or Anomia?).ab,ti.
72	(Dyscalculia? or acalculia? or Dyslexi$ or alexia?).ab,ti.
73	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
74	(amblyopia? or blind or blindness or colo?r vision defect? or diplopia? or hemianopsia? or photophobia? or scotoma?).ab,ti.
75	(deafness or Paracu?sis or dysacusis).ab,ti.
76	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
78	(feed$ adj3 behavio?r$).ab,ti.
79	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
80	(encopres$ or enures$ or incontinen$).ti,ab.
81	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
82	special educat$.ti,ab.
83	SEND.ti,ab.
84	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
85	follow$ up.ab,ti.
86	or/36-85
87	35 and 86
88	limit 87 to english language
89	LETTER/
90	EDITORIAL/
91	NEWS/
92	exp HISTORICAL ARTICLE/
93	ANECDOTES AS TOPIC/
94	COMMENT/
95	CASE REPORT/
96	(letter or comment*).ti.
97	or/89-96
98	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
99	97 not 98
100	ANIMALS/ not HUMANS/

#	Searches
101	exp ANIMALS, LABORATORY/
102	exp ANIMAL EXPERIMENTATION/
103	exp MODELS, ANIMAL/
104	exp RODENTIA/
105	(rat or rats or mouse or mice).ti.
106	or/99-105
107	88 not 106
108	21 and 107

E.10.21 Database: Cochrane Central Register of Controlled Trials

#	Searches
1	ECONOMICS/
2	VALUE OF LIFE/
3	exp "COSTS AND COST ANALYSIS"/
4	exp ECONOMICS, HOSPITAL/
5	exp ECONOMICS, MEDICAL/
6	exp RESOURCE ALLOCATION/
7	ECONOMICS, NURSING/
8	ECONOMICS, PHARMACEUTICAL/
9	exp "FEES AND CHARGES"/
10	exp BUDGETS/
11	budget*.ti,ab,kw.
12	cost*.ti,ab,kw.
13	(economic* or pharmaco?economic*).ti,ab,kw.
14	(price* or pricing*).ti,ab,kw.
15	(financ* or fee or fees or expenditure* or saving*).ti,ab,kw.
16	(value adj2 (money or monetary)).ti,ab,kw.
17	resourc* allocat*.ti,ab,kw.
18	(fund or funds or funding* or funded).ti,ab,kw.
19	(ration or rations or rationing* or rationed).ti,ab,kw.
20	ec.fs.
21	or/1-20
22	OBSTETRIC LABOR, PREMATURE/
23	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti,kw.
24	PREMATURE BIRTH/
25	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti,kw.
26	INFANT, PREMATURE/
27	INFANT, EXTREMELY PREMATURE/
28	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ab,ti,kw.
29	(pre#mie? or premie or premies).ab,ti,kw.
30	INFANT, LOW BIRTH WEIGHT/
31	INFANT, SMALL FOR GESTATIONAL AGE/
32	INFANT, VERY LOW BIRTH WEIGHT/
33	INFANT, EXTREMELY LOW BIRTH WEIGHT/
34	(low adj3 birth adj3 weigh$).ab,ti,kw.

#	Searches
35	or/22-34
36	exp HUMAN DEVELOPMENT/
37	exp MENTAL DISORDERS DIAGNOSED IN CHILDHOOD/
38	exp SPEECH DISORDERS/
39	exp LANGUAGE DISORDERS/
40	PSYCHOMOTOR DISORDERS/
41	EXECUTIVE FUNCTION/
42	exp APRAXIAS/
43	COGNITION DISORDERS/
44	ANXIETY DISORDERS/
45	SENSATION DISORDERS/
46	exp SOMATOSENSORY DISORDERS/
47	exp PERCEPTUAL DISORDERS/
48	exp VISION DISORDERS/
49	exp HEARING DISORDERS/
50	exp SLEEP DISORDERS/
51	CEREBRAL PALSY/
52	AFFECTIVE SYMPTOMS/
53	FEEDING BEHAVIOR/
54	TOILET TRAINING/ or "ACTIVITIES OF DAILY LIVING"/ or FECAL INCONTINENCE/ or exp URINARY INCONTINENCE/
55	FAILURE TO THRIVE/
56	exp EDUCATION, SPECIAL/
57	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
58	IRRITABLE MOOD/ or CRYING/
59	((adolescen$ or teen$ or youth$ or young or juvenile? or minor? or highschool$ or child$ or schoolchild$ or "school age" or "school aged" or preschool$ or toddler$ or kid? or kindergar$ or boy? or girl? or infan$ or neonat$ or newborn$ or baby or babies or p?ediatric$ or pubert$ or prepubert$ or pubescen$ or prepubescen$) adj3 develop$).ab,ti,kw.
60	(language? adj3 develop$).ab,ti,kw.
61	(developmental or neurodevelopmental).ab,ti,kw.
62	(mental$ adj3 retard$).ab,ti,kw.
63	((Attention deficit or hyperkinetic or behav$ or development$ or neurodevelopment$ or pervasive or conduct or Oppositional defiant or communicat$ or expressive or receptive or speech or speak$ or Language? or educat$ or Learning or academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$ or Intellectual$ or Psychomotor or Motor skill? or Developmental coordination or developmental co-ordination or clumsy child$ or cognit$ or anxiety$ or vision or visual$ or cortical$ or hearing or Feed$ or Eat$ or sens$ or somatosens$ or percept$ or Functional$ or Sleep$ or Toilet$ or excret$ or eliminat$ or motor development$ or milestone? or global or Emotional$ or Social$ or plan$ or organis$ or organiz$ or self help or self care or executive function$ or focus$ or concentrat$) adj3 (disorder? or disab$ or problem$ or difficult$ or impair$ or delay$ or late$)).ab,ti,kw.
64	ADHD?.ab,ti,kw.
65	(Asperger? or Autis$ or Kanner?).ab,ti,kw.
66	(ASD or PDD).ab,ti,kw.
67	(Dysglossia? or cluttering? or verbal fluency disorder? or Rhinolalia? or dyslalia? or aprosodi$ or Aphasia? or Articulation Disorder? or Dysarthria? or Echolalia? or mute or Mutism? or Stutter$).ab,ti,kw.
68	SLI.ab,ti,kw.

#	Searches
69	DCD.ab,ti,kw.
70	Dyspraxia?.ab,ti,kw.
71	(Agraphia? or Anomia?).ab,ti,kw.
72	(Dyscalculia? or acalculia? or Dyslexi$ or alexia?).ab,ti,kw.
73	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti,kw.
74	(amblyopia? or blind or blindness or colo?r vision defect? or diplopia? or hemianopsia? or photophobia? or scotoma?).ab,ti,kw.
75	(deafness or Paracu?sis or dysacusis).ab,ti,kw.
76	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti,kw.
77	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ab,ti,kw.
78	(feed$ adj3 behavio?r$).ab,ti,kw.
79	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ab,ti,kw.
80	(encopres$ or enures$ or incontinen$).ab,ti,kw.
81	((fail$ or falter$) adj3 (thriv$ or grow$)).ab,ti,kw.
82	special educat$.ab,ti,kw.
83	SEND.ab,ti,kw.
84	(cry or crying or cries or irritab$ or tantrum$ or shy$).ab,ti,kw.
85	follow$ up.ab,ti,kw.
86	or/36-85
87	35 and 86
88	limit 87 to english language
89	21 and 88

E.10.31 Database: Health Technology Assessment

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
8	(pre#mie? or premie or premies).tw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).tw.
14	or/1-13
15	exp HUMAN DEVELOPMENT/
16	exp MENTAL DISORDERS DIAGNOSED IN CHILDHOOD/
17	exp SPEECH DISORDERS/
18	exp LANGUAGE DISORDERS/

#	Searches
19	PSYCHOMOTOR DISORDERS/
20	EXECUTIVE FUNCTION/
21	exp APRAXIAS/
22	COGNITION DISORDERS/
23	ANXIETY DISORDERS/
24	SENSATION DISORDERS/
25	exp SOMATOSENSORY DISORDERS/
26	exp PERCEPTUAL DISORDERS/
27	exp VISION DISORDERS/
28	exp HEARING DISORDERS/
29	exp SLEEP DISORDERS/
30	CEREBRAL PALSY/
31	AFFECTIVE SYMPTOMS/
32	FEEDING BEHAVIOR/
33	TOILET TRAINING/ or "ACTIVITIES OF DAILY LIVING"/ or FECAL INCONTINENCE/ or exp URINARY INCONTINENCE/
34	FAILURE TO THRIVE/
35	exp EDUCATION, SPECIAL/
36	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
37	IRRITABLE MOOD/ or CRYING/
38	((adolescen$ or teen$ or youth$ or young or juvenile? or minor? or highschool$ or child$ or schoolchild$ or "school age" or "school aged" or preschool$ or toddler$ or kid? or kindergar$ or boy? or girl? or infan$ or neonat$ or newborn$ or baby or babies or p?ediatric$ or pubert$ or prepubert$ or pubescen$ or prepubescen$) adj3 develop$).tw.
39	(language? adj3 develop$).tw.
40	(developmental or neurodevelopmental).tw.
41	(mental$ adj3 retard$).tw.
42	((Attention deficit or hyperkinetic or behav$ or development$ or neurodevelopment$ or pervasive or conduct or Oppositional defiant or communicat$ or expressive or receptive or speech or speak$ or Language? or educat$ or Learning or academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$ or Intellectual$ or Psychomotor or Motor skill? or Developmental coordination or developmental co-ordination or clumsy child$ or cognit$ or anxiety$ or vision or visual$ or cortical$ or hearing or Feed$ or Eat$ or sens$ or somatosens$ or percept$ or Functional$ or Sleep$ or Toilet$ or excret$ or eliminat$ or motor development$ or milestone? or global or Emotional$ or Social$ or plan$ or organis$ or organiz$ or self help or self care or executive function$ or focus$ or concentrat$) adj3 (disorder? or disab$ or problem$ or difficult$ or impair$ or delay$ or late$)).tw.
43	ADHD?.tw.
44	(Asperger? or Autis$ or Kanner?).tw.
45	(ASD or PDD).tw.
46	(Dysglossia? or cluttering? or verbal fluency disorder? or Rhinolalia? or dyslalia? or aprosodi$ or Aphasia? or Articulation Disorder? or Dysarthria? or Echolalia? or mute or Mutism? or Stutter$).tw.
47	SLI.tw.
48	DCD.tw.
49	Dyspraxia?.tw.
50	(Agraphia? or Anomia?).tw.
51	(Dyscalculia? or acalculia? or Dyslexi$ or alexia?).tw.
52	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).tw.

#	Searches
53	(amblyopia? or blind or blindness or colo?r vision defect? or diplopia? or hemianopsia? or photophobia? or scotoma?).tw.
54	(deafness or Paracu?sis or dysacusis).tw.
55	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).tw.
56	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).tw.
57	(feed$ adj3 behavio?r$).tw.
58	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).tw.
59	(encopres$ or enures$ or incontinen$).tw.
60	((fail$ or falter$) adj3 (thriv$ or grow$)).tw.
61	special educat$.tw.
62	SEND.tw.
63	(cry or crying or cries or irritab$ or tantrum$ or shy$).tw.
64	follow$ up.tw.
65	or/15-64
66	14 and 65

E.10.41 Database: NHS Economic Evaluation Database

#	Searches
1	OBSTETRIC LABOR, PREMATURE/
2	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).tw.
3	PREMATURE BIRTH/
4	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).tw.
5	INFANT, PREMATURE/
6	INFANT, EXTREMELY PREMATURE/
7	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).tw.
8	(pre#mie? or premie or premies).tw.
9	INFANT, LOW BIRTH WEIGHT/
10	INFANT, SMALL FOR GESTATIONAL AGE/
11	INFANT, VERY LOW BIRTH WEIGHT/
12	INFANT, EXTREMELY LOW BIRTH WEIGHT/
13	(low adj3 birth adj3 weigh$).tw.
14	or/1-13
15	exp HUMAN DEVELOPMENT/
16	exp MENTAL DISORDERS DIAGNOSED IN CHILDHOOD/
17	exp SPEECH DISORDERS/
18	exp LANGUAGE DISORDERS/
19	PSYCHOMOTOR DISORDERS/
20	EXECUTIVE FUNCTION/
21	exp APRAXIAS/
22	COGNITION DISORDERS/
23	ANXIETY DISORDERS/
24	SENSATION DISORDERS/
25	exp SOMATOSENSORY DISORDERS/
26	exp PERCEPTUAL DISORDERS/

#	Searches
27	exp VISION DISORDERS/
28	exp HEARING DISORDERS/
29	exp SLEEP DISORDERS/
30	CEREBRAL PALSY/
31	AFFECTIVE SYMPTOMS/
32	FEEDING BEHAVIOR/
33	TOILET TRAINING/ or "ACTIVITIES OF DAILY LIVING"/ or FECAL INCONTINENCE/ or exp URINARY INCONTINENCE/
34	FAILURE TO THRIVE/
35	exp EDUCATION, SPECIAL/
36	*BEHAVIOR/ or exp CHILD BEHAVIOR/ or exp SOCIAL BEHAVIOR/
37	IRRITABLE MOOD/ or CRYING/
38	((adolescen$ or teen$ or youth$ or young or juvenile? or minor? or highschool$ or child$ or schoolchild$ or "school age" or "school aged" or preschool$ or toddler$ or kid? or kindergar$ or boy? or girl? or infan$ or neonat$ or newborn$ or baby or babies or p?ediatric$ or pubert$ or prepubert$ or pubescen$ or prepubescen$) adj3 develop$).tw.
39	(language? adj3 develop$).tw.
40	(developmental or neurodevelopmental).tw.
41	(mental$ adj3 retard$).tw.
42	((Attention deficit or hyperkinetic or behav$ or development$ or neurodevelopment$ or pervasive or conduct or Oppositional defiant or communicat$ or expressive or receptive or speech or speak$ or Language? or educat$ or Learning or academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$ or Intellectual$ or Psychomotor or Motor skill? or Developmental coordination or developmental co-ordination or clumsy child$ or cognit$ or anxiety$ or vision or visual$ or cortical$ or hearing or Feed$ or Eat$ or sens$ or somatosens$ or percept$ or Functional$ or Sleep$ or Toilet$ or excret$ or eliminat$ or motor development$ or milestone? or global or Emotional$ or Social$ or plan$ or organis$ or organiz$ or self help or self care or executive function$ or focus$ or concentrat$) adj3 (disorder? or disab$ or problem$ or difficult$ or impair$ or delay$ or late$)).tw.
43	ADHD?.tw.
44	(Asperger? or Autis$ or Kanner?).tw.
45	(ASD or PDD).tw.
46	(Dysglossia? or cluttering? or verbal fluency disorder? or Rhinolalia? or dyslalia? or aprosodi$ or Aphasia? or Articulation Disorder? or Dysarthria? or Echolalia? or mute or Mutism? or Stutter$).tw.
47	SLI.tw.
48	DCD.tw.
49	Dyspraxia?.tw.
50	(Agraphia? or Anomia?).tw.
51	(Dyscalculia? or acalculia? or Dyslexi$ or alexia?).tw.
52	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).tw.
53	(amblyopia? or blind or blindness or colo?r vision defect? or diplopia? or hemianopsia? or photophobia? or scotoma?).tw.
54	(deafness or Paracu?sis or dysacusis).tw.
55	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).tw.
56	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).tw.
57	(feed$ adj3 behavio?r$).tw.
58	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).tw.

#	Searches
59	(encopres$ or enures$ or incontinen$).tw.
60	((fail$ or falter$) adj3 (thriv$ or grow$)).tw.
61	special educat$.tw.
62	SEND.tw.
63	(cry or crying or cries or irritab$ or tantrum$ or shy$).tw.
64	follow$ up.tw.
65	or/15-64
66	14 and 65

E.10.51 Database: Embase

#	Searches
1	HEALTH ECONOMICS/
2	exp ECONOMIC EVALUATION/
3	exp HEALTH CARE COST/
4	exp FEE/
5	BUDGET/
6	FUNDING/
7	RESOURCE ALLOCATION/
8	budget*.ti,ab.
9	cost*.ti,ab.
10	(economic* or pharmaco?economic*).ti,ab.
11	(price* or pricing*).ti,ab.
12	(financ* or fee or fees or expenditure* or saving*).ti,ab.
13	(value adj2 (money or monetary)).ti,ab.
14	resourc* allocat*.ti,ab.
15	(fund or funds or funding* or funded).ti,ab.
16	(ration or rations or rationing* or rationed).ti,ab.
17	or/1-16
18	PREMATURE LABOR/
19	((preterm or pre-term or prematur$ or pre-matur$) adj3 labo?r).ab,ti.
20	PREMATURITY/
21	((preterm or pre-term or prematur$ or pre-matur$) adj3 birth?).ab,ti.
22	((preterm or pre-term or prematur$ or pre-matur$) adj3 (infan$ or neonat$ or newborn$ or baby or babies)).ti,ab.
23	(pre#mie? or premie or premies).ti,ab.
24	LOW BIRTH WEIGHT/
25	SMALL FOR DATE INFANT/
26	VERY LOW BIRTH WEIGHT/
27	EXTREMELY LOW BIRTH WEIGHT/
28	(low adj3 birth adj3 weigh$).ab,ti.
29	or/18-28
30	exp *HUMAN DEVELOPMENT/
31	*INTELLECTUAL IMPAIRMENT/ or *MENTAL DEFICIENCY/
32	*COMMUNICATION DISORDER/
33	*ATTENTION DEFICIT DISORDER/
34	exp *AUTISM/

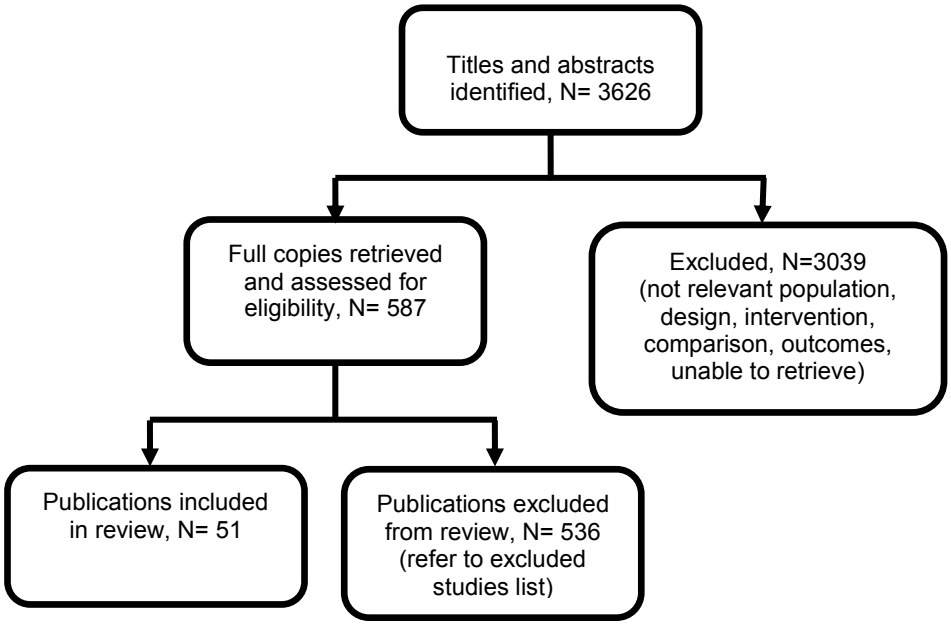
#	Searches
35	exp *LEARNING DISORDER/
36	*CONDUCT DISORDER/ or *OPPOSITIONAL DEFIANT DISORDER/
37	exp *SPEECH DISORDER/
38	exp *LANGUAGE DISABILITY/
39	*PSYCHOMOTOR DISORDERS/
40	*EXECUTIVE FUNCTION/
41	exp *APRAXIA/
42	*COGNITIVE DEFECT/
43	*ANXIETY DISORDER/
44	*SENSORY DYSFUNCTION/
45	exp *SOMATOSENSORY DISORDER/
46	exp *PERCEPTION DISORDER/
47	exp *VISUAL DISORDER/
48	exp *HEARING DISORDER/
49	exp *SLEEP DISORDER/
50	*CEREBRAL PALSY/
51	*FEEDING BEHAVIOR/ or *FEEDING DIFFICULTY/
52	*CHILD REARING/ or *DAILY LIFE ACTIVITY/ or *FECES INCONTINENCE/ or exp *URINE INCONTINENCE/
53	*FAILURE TO THRIVE/
54	exp *SPECIAL EDUCATION/
55	*BEHAVIOR/ or *CHILD BEHAVIOR/ or exp *SOCIAL BEHAVIOR/
56	*IRRITABILITY/ or *CRYING/
57	((adolescen$ or teen$ or youth$ or young or juvenile? or minor? or highschool$ or child$ or schoolchild$ or "school age" or "school aged" or preschool$ or toddler$ or kid? or kindergar$ or boy? or girl? or infan$ or neonat$ or newborn$ or baby or babies or p?ediatric$ or pubert$ or prepubert$ or pubescen$ or prepubescen$) adj3 develop$).ab,ti.
58	(language? adj3 develop$).ab,ti.
59	(developmental or neurodevelopmental).ab,ti.
60	(mental$ adj3 retard$).ab,ti.
61	((Attention deficit or hyperkinetic or behav$ or development$ or neurodevelopment$ or pervasive or conduct or Oppositional defiant or communicat$ or expressive or receptive or speech or speak$ or Language? or educat$ or Learning or academic$ or arith$ or numer$ or math$ or read$ or write or writing or litera$ or spell$ or Intellectual$ or Psychomotor or Motor skill? or Developmental coordination or developmental co-ordination or clumsy child$ or cognit$ or anxiety$ or vision or visual$ or cortical$ or hearing or Feed$ or Eat$ or sens$ or somatosens$ or percept$ or Functional$ or Sleep$ or Toilet$ or excret$ or eliminat$ or motor development$ or milestone? or global or Emotional$ or Social$ or plan$ or organis$ or organiz$ or self help or self care or executive function$ or focus$ or concentrat$) adj3 (disorder? or disab$ or problem$ or difficult$ or impair$ or delay$ or late$)).ab,ti.
62	ADHD?.ab,ti.
63	(Asperger? or Autis$ or Kanner?).ab,ti.
64	(ASD or PDD).ab,ti.
65	(Dysglossia? or cluttering? or verbal fluency disorder? or Rhinolalia? or dyslalia? or aprosodi$ or Aphasia? or Articulation Disorder? or Dysarthria? or Echolalia? or mute or Mutism? or Stutter$).ab,ti.
66	SLI.ab,ti.
67	DCD.ab,ti.
68	Dyspraxia?.ab,ti.

#	Searches
69	(Agraphia? or Anomia?).ab,ti.
70	(Dyscalculia? or acalculia? or Dyslexi$ or alexia?).ab,ti.
71	((Diminish$ or low or subnormal$ or reduced or partial$) adj3 (vision or sight$)).ab,ti.
72	(amblyopia? or blind or blindness or colo?r vision defect? or diplopia? or hemianopsia? or photophobia? or scotoma?).ab,ti.
73	(deafness or Paracu?sis or dysacusis).ab,ti.
74	((cerebral or brain or central) adj2 (pals$ or paralys#s or pares#s)).ab,ti.
75	(hyposens$ or hypersens$ or hyp??algesi$ or hyp???esthe$ or par?esthe$ or allodyni$ or oxy?esthes$ or numb or numbness or "pins and needles" or dys?esthe$ or formication).ti,ab.
76	(feed$ adj3 behavio?r$).ab,ti.
77	(dyssomni$ or parasomni$ or insomni$ or (sleep$ adj3 apn?ea?)).ti,ab.
78	(encopres$ or enures$ or incontinen$).ti,ab.
79	((fail$ or falter$) adj3 (thriv$ or grow$)).ti,ab.
80	special educat$.ti,ab.
81	SEND.ti,ab.
82	(cry or crying or cries or irritab$ or tantrum$ or shy$).ti,ab.
83	follow$ up.ab,ti.
84	or/30-83
85	29 and 84
86	limit 85 to english language
87	letter.pt. or LETTER/
88	note.pt.
89	editorial.pt.
90	CASE REPORT/ or CASE STUDY/
91	(letter or comment*).ti.
92	or/87-91
93	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
94	92 not 93
95	ANIMAL/ not HUMAN/
96	NONHUMAN/
97	exp ANIMAL EXPERIMENT/
98	exp EXPERIMENTAL ANIMAL/
99	ANIMAL MODEL/
100	exp RODENT/
101	(rat or rats or mouse or mice).ti.
102	or/94-101
103	86 not 102
104	17 and 103

Appendix F: PRISMA flow charts

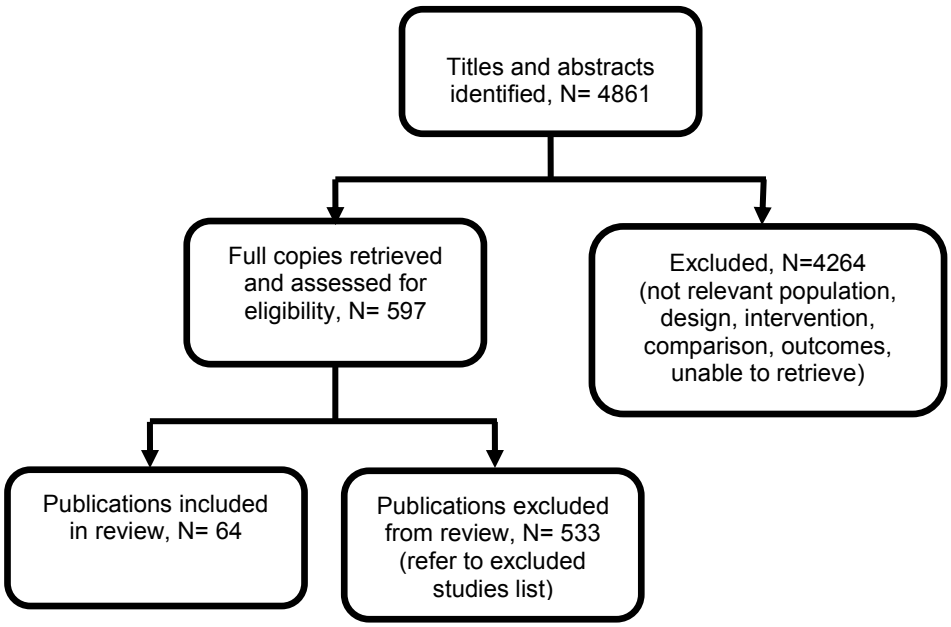
F.1 Risk of developmental problems

Figure 1: Flow diagram of clinical article selection for risk or developmental problems systematic review



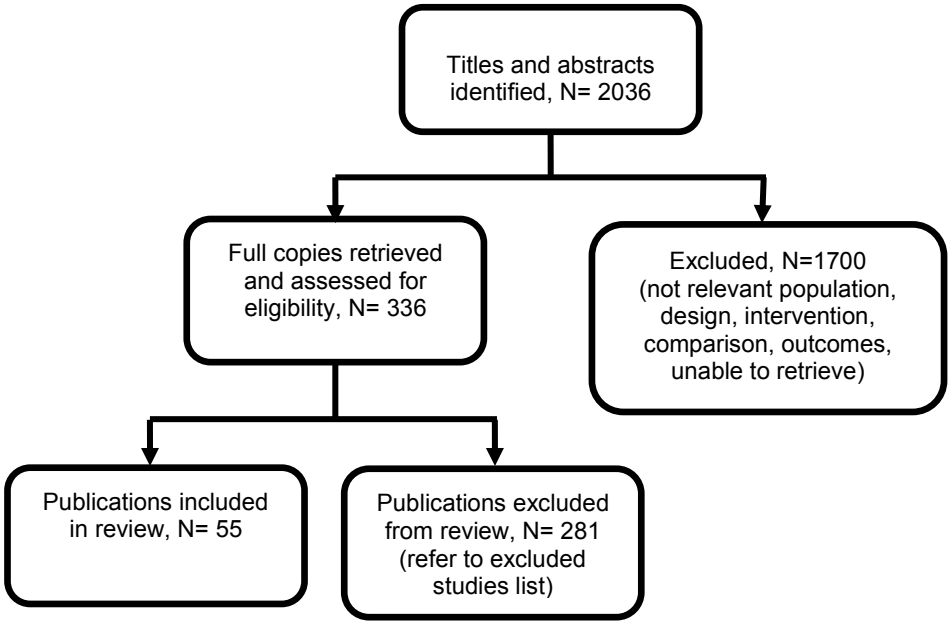
F.2 Risk of developmental disorders

Figure 2: Flow diagram of clinical article selection for the risk of developmental disorders systematic review



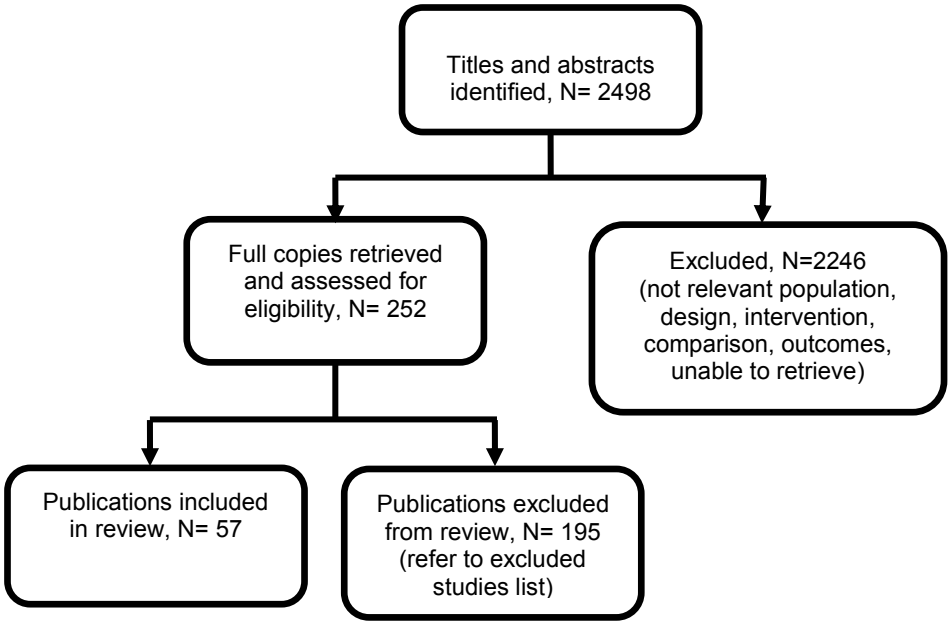
F.3 Prevalence of developmental problems

Figure 3: Flow diagram of clinical article selection prevalence of developmental disorders systematic review



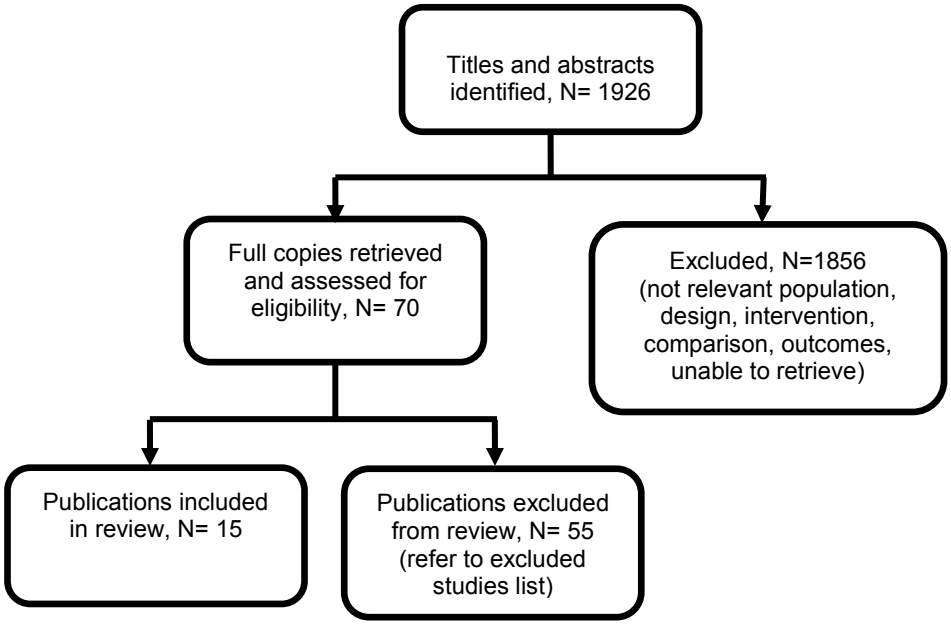
F.4 Prevalence of developmental disorders

Figure 4: Flow diagram of clinical article selection prevalence of developmental disorders systematic review



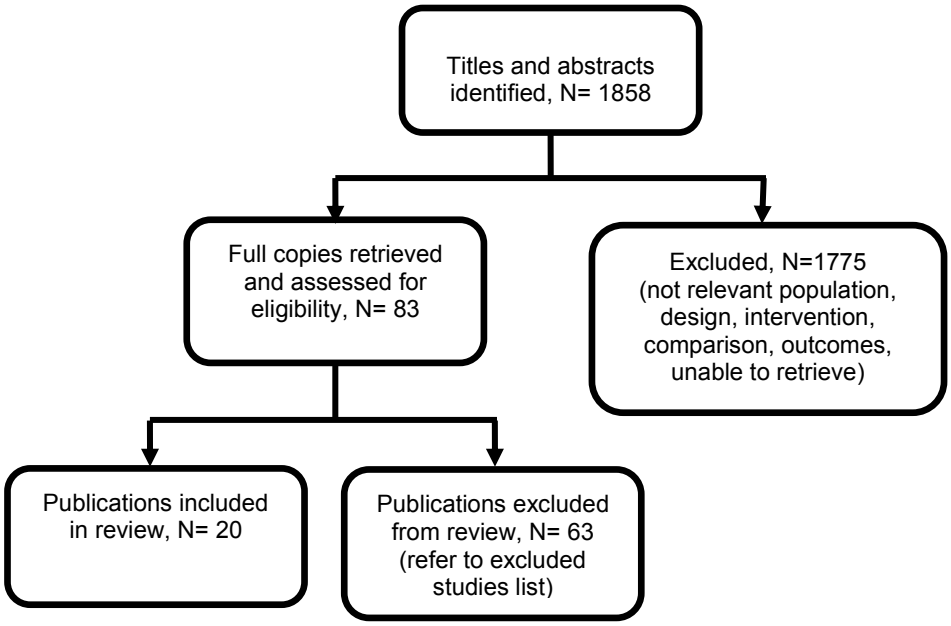
F.5 Information provision

Figure 5: Flow diagram of clinical article selection for information provision systematic review



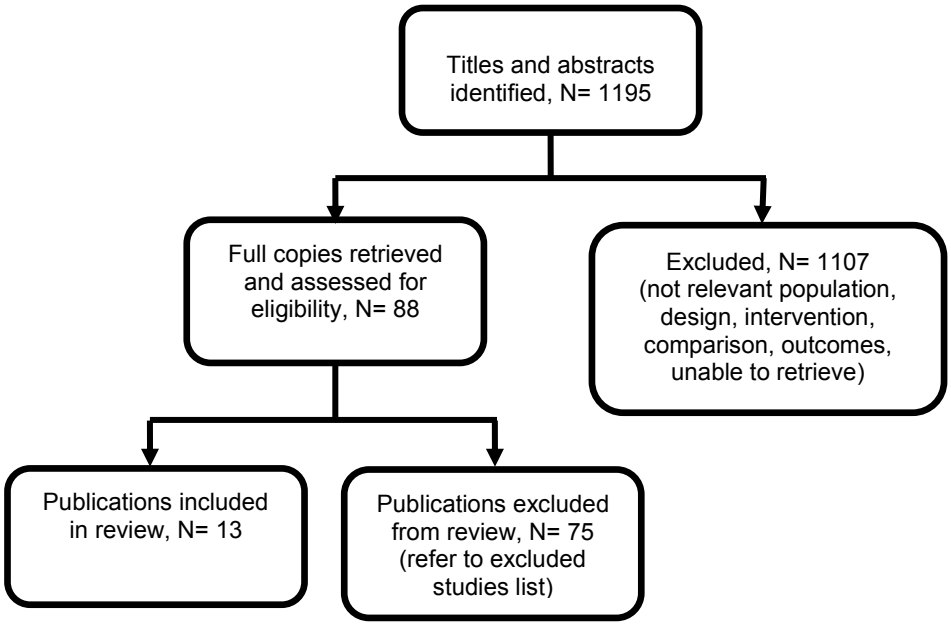
F.6 Support of children who are born preterm

Figure 6: Flow diagram of clinical article selection for support systematic review



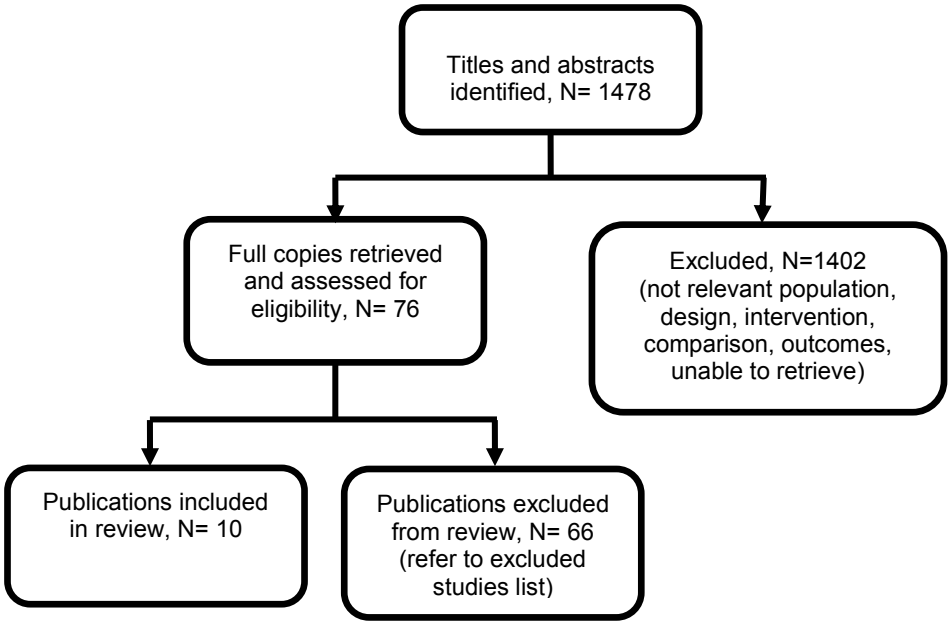
F.7 Identification of developmental problems and disorders

Figure 7: Flow diagram of clinical article selection for identification of problems and disorders systematic review



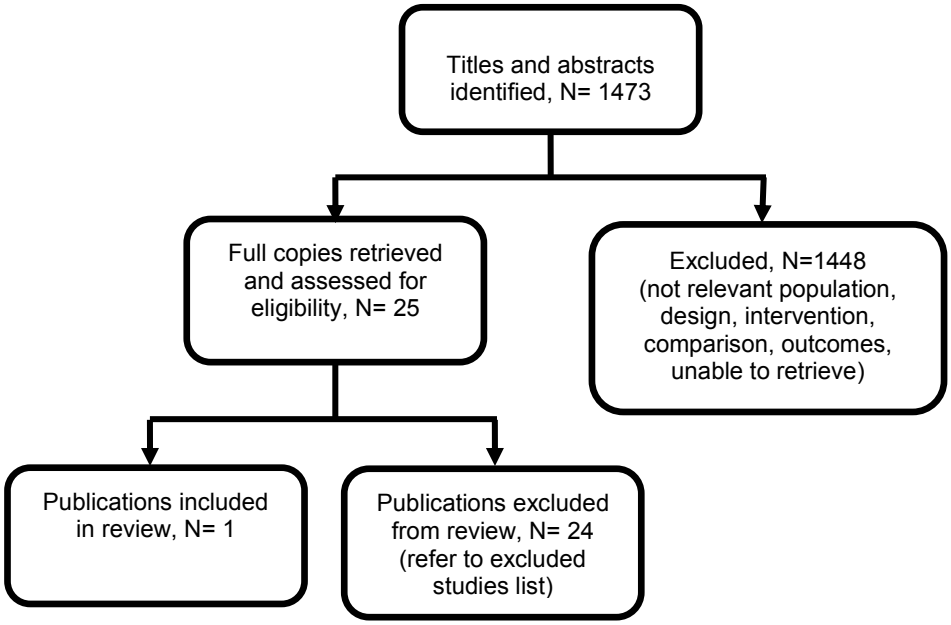
F.8 Delivering enhanced support and surveillance

Figure 8: Flow diagram of clinical article selection for delivery of enhanced support and surveillance systematic review



F.9 Sharing information

Figure 9: Flow diagram of clinical article selection for sharing information systematic review



Appendix G: Excluded studies

G.1 Risk of developmental problems

Table 10: Excluded studies for risk of developmental problems systematic review

Study	Reason for Exclusion
Antenatal magnesium neuroprotective for premies, Journal of the National Medical Association, 101, 824-, 2009	Summary of another paper on MgSO4, no primary data.
Aarnoudse-Moens, C. S., Duivenvoorden, H. J., Weisglas-Kuperus, N., Van Goudoever, J. B., Oosterlaan, J., The profile of executive function in very preterm children at 4 to 12 years, Developmental Medicine & Child Neurology, 54, 247-53, 2012	Single-centre study. Only group differences were reported, no multivariate analysis.
Aarnoudse-Moens, C. S., Smidts, D. P., Oosterlaan, J., Duivenvoorden, H. J., Weisglas-Kuperus, N., Executive function in very preterm children at early school age, Journal of Abnormal Child Psychology, 37, 981-93, 2009	The statistics were reported as correlation co-efficient, not OR/RR, outcomes were not dichotomised.
Aarnoudse-Moens, C. S., Weisglas-Kuperus, N., Duivenvoorden, H. J., Oosterlaan, J., van Goudoever, J. B., Neonatal and parental predictors of executive function in very preterm children, Acta Paediatrica, 102, 282-6, 2013	Single-centre study, outcomes were assessed as continuous variables, no RR reported.
Aarnoudse-Moens, C. S., Weisglas-Kuperus, N., van Goudoever, J. B., Oosterlaan, J., Meta-	Meta-analysis, included studis used statistical measures not used in this review.

Study	Reason for Exclusion
analysis of neurobehavioral outcomes in very preterm and/or very low birth weight children, Pediatrics, 124, 717-28, 2009	
Abernethy, L. J., Palaniappan, M., Cooke, R. W., Quantitative magnetic resonance imaging of the brain in survivors of very low birth weight, Archives of Disease in Childhood, 87, 279-83, 2002	Participants born <1990
Abu-Salah, O., Unfavourable outcomes associated with late preterm birth: observations from Jordan, JPMA - Journal of the Pakistan Medical Association, 61, 769-72, 2011	No multivariate analysis; Outcomes of later preterm babies in Jordan.
Adams-Chapman, I., Insults to the developing brain and impact on neurodevelopmental outcome, Journal of Communication Disorders, 42, 256-62, 2009	Narrative review article
Adams-Chapman, I., Bann, C. M., Vaucher, Y. E., Stoll, B. J., Association between feeding difficulties and language delay in preterm infants using bayley scales of infant development-third edition, Journal of Pediatrics, 163, 680-685.e3, 2013	Follow-up of RCT
Adams-Chapman, I., Bann, C., Carter, S. L., Stoll, B. J., Language outcomes among ELBW infants in early childhood, Early Human Development, 91, 373-379, 2015	Retrospective.
Agarwal, P., Lim, S. B., Long-term follow-up and outcome of extremely-low-birth-weight (ELBW) infants, Annals of the Academy of Medicine, Singapore, 32, 346-53, 2003	Narrative review article
Agerholm, H., Rosthoj, S., Ebbesen, F., Developmental problems in very prematurely born children, Danish Medical Bulletin, 58, A4283, 2011	Only univariate analysis performed.
Agustines, L. A., Lin, Y. G., Rumney, P. J., Lu, M. C., Bonebrake, R., Asrat, T., Nageotte, M., Outcomes of extremely low-birth-weight infants between 500 and 750 g, American Journal of Obstetrics & Gynecology, 182, 1113-6, 2000	Single-centre study
Akerman, B. A., Thomassen, P. A., The fate of "small twins": a four-year follow-up study of low birthweight and prematurely born twins, Acta Geneticae Medicae et Gemellologiae, 41, 97-104, 1992	Participants born <1990; No multivariate analysis; Considers outcomes of twins born preterm vs term
Al Nemri, A., Immediate and neuro-developmental outcome of extremely low birth weight (ELBW) below 750 grams: 5 Years experience in King Khalid University Hospital, Riyadh, Current Pediatric Research, 8, 15-18, 2004	Only frequencies of outcome reported.
Alderliesten, T., Lemmers, P. M., van Haastert, I. C., de Vries, L. S., Bonestroo, H. J., Baerts, W., van Bel, F., Hypotension in preterm neonates: low blood pressure alone does not affect neurodevelopmental outcome, Journal of Pediatrics, 164, 986-91, 2014	Retrospective case control study looking at hypotension.

Study	Reason for Exclusion
Alkandari, F., Ellahi, A., Aucott, L., Devereux, G., Turner, S., Fetal ultrasound measurements and associations with postnatal outcomes in infancy and childhood: a systematic review of an emerging literature, Journal of Epidemiology & Community Health, 69, 41-8, 2015	A systematic review. No relevant studies identified.
Allen, M. C., Developmental outcome of neonatal intensive care: what questions are we asking?, Current Opinion in Pediatrics, 12, 116-22, 2000	Narrative review article
Allen, M. C., Neurodevelopmental outcomes of preterm infants, Current Opinion in Neurology, 21, 123-8, 2008	Narrative review article
Allen, M. C., Preterm outcomes research: a critical component of neonatal intensive care, Mental Retardation & Developmental Disabilities Research Reviews, 8, 221-33, 2002	Discussion paper.
Allen,M.C., Cristofalo,E., Kim,C., Preterm birth: Transition to adulthood, Developmental Disabilities Research Reviews, 16, 323-335, 2010	Narrative review article
Alshaikh, B., Yee, W., Lodha, A., Henderson, E., Yusuf, K., Sauve, R., Coagulase-negative staphylococcus sepsis in preterm infants and long-term neurodevelopmental outcome, Journal of Perinatology, 34, 125-9, 2014	Single-centre study.
Alshaikh, B., Yusuf, K., Sauve, R., Neurodevelopmental outcomes of very low birth weight infants with neonatal sepsis: systematic review and meta-analysis, Journal of Perinatology, 33, 558-64, 2013	Systematic review, for reference checks. included studies were checked.
Ambalavanan, N., Carlo, W. A., Tyson, J. E., Langer, J. C., Walsh, M. C., Parikh, N. A., Das, A., Van Meurs, K. P., Shankaran, S., Stoll, B. J., Higgins, R. D., Generic, Database, Subcommittees of the Eunice Kennedy Shriver National Institute of Child, Health, Human Development Neonatal Research, Network, Outcome trajectories in extremely preterm infants, Pediatrics, 130, e115-25, 2012	Incorrect outcome; included in the disorders review
Ambalavanan, N., Nelson, K. G., Alexander, G., Johnson, S. E., Biasini, F., Carlo, W. A., Prediction of neurologic morbidity in extremely low birth weight infants, Journal of Perinatology, 20, 496-503, 2000	The statistical results were reported as R-squared which explains how much of the variance is explained by different variables.
Amin, S. B., Prinzing, D., Myers, G., Hyperbilirubinemia and language delay in premature infants, Pediatrics, 123, 327-331, 2009	Retrospective case control study.
Ancel, P. Y., Goffinet, F., Epipage Writing Group, EPIPAGE 2: a preterm birth cohort in France in 2011, BMC Pediatrics, 14, 97, 2014	Incorrect outcome ; Protocol for EPIPAGE-2 study
Andersen,G.L., Irgens,L.M., Haagaas,I., Skranes,J.S., Meberg,A.E., Vik,T., Cerebral palsy in Norway: prevalence, subtypes and	Only descriptive data reported; Incorrect outcome; No multivariate analysis

Study	Reason for Exclusion
severity, European Journal of Paediatric Neurology, 12, 4-13, 2008	
Anderson, A. E., Wildin, S. R., Woodside, M., Swank, P. R., Smith, K. E., Denson, S. E., Miller, C. L., Butler, I. J., Landry, S. H., Severity of medical and neurologic complications as a determinant of neurodevelopmental outcome at 6 and 12 months in very low birth weight infants, Journal of Child Neurology, 11, 215-9, 1996	No multivariate analysis
Anderson, P. J., De Luca, C. R., Hutchinson, E., Spencer-Smith, M. M., Roberts, G., Doyle, L. W., Attention problems in a representative sample of extremely preterm/extremely low birth weight children, Developmental Neuropsychology, 36, 57-73, 2011	The study does not report clearly whether or not multivariate analysis was performed.
Anderson, P. J., Doyle, L. W., Neurodevelopmental Outcome of Bronchopulmonary Dysplasia, Seminars in Perinatology, 30, 227-232, 2006	Narrative review article
Anderson, P. J., Doyle, L. W., Victorian Infant Collaborative Study, Group, Executive functioning in school-aged children who were born very preterm or with extremely low birth weight in the 1990s, Pediatrics, 114, 50-7, 2004	No multivariable analysis.
Andrews, H., Goldberg, D., Wellen, N., Pittman, B., Struening, E., Prediction of special education placement from birth certificate data, American Journal of Preventive Medicine, 11, 55-61, 1995	Participants born before 1990 and matched with those born in 1992, each contributed more than 40% of the finally included participants.
Andrews, K., Francis, D. J., Riese, M. L., Prenatal cocaine exposure and prematurity: neurodevelopmental growth, Journal of Developmental & Behavioral Pediatrics, 21, 262-70, 2000	Sample size <50
Andrews, W. W., Cliver, S. P., Biasini, F., Peralta-Carcelen, A. M., Rector, R., Alriksson-Schmidt, A. I., Faye-Petersen, O., Carlo, W., Goldenberg, R., Hauth, J. C., Early preterm birth: association between in utero exposure to acute inflammation and severe neurodevelopmental disability at 6 years of age, American Journal of Obstetrics & Gynecology, 198, 466.e1-466.e11, 2008	No relevant outcome for this review, included in the disorders review.
Ann Wy, P., Rettiganti, M., Li, J., Yap, V., Barrett, K., Whiteside-Mansell, L., Casey, P., Impact of intraventricular hemorrhage on cognitive and behavioral outcomes at 18 years of age in low birth weight preterm infants, Journal of Perinatology, 35, 511-5, 2015	Participants born <1990
Anonymous,, Eight-year outcome in infants with birth weight of 500 to 999 grams: continuing regional study of 1979 and 1980 births. Victorian Infant Collaborative Study Group, Journal of Pediatrics, 118, 761-7, 1991	All participants born before 1990.
Anonymous,, Surgery and the tiny baby: sensorineural outcome at 5 years of age. The Victorian Infant Collaborative Study Group,	Participants born before 1990

Study	Reason for Exclusion
Journal of Paediatrics & Child Health, 32, 167-72, 1996	
Aram, D. M., Hack, M., Hawkins, S., Weissman, B. M., Borawski-Clark, E., Very-low-birthweight children and speech and language development, Journal of Speech and Hearing Research, 34, 1169-1179, 1991	Risk factor (very low birth weight) not in the protocol.
Arnaud, C., Daubisse-Marliac, L., White-Koning, M., Pierrat, V., Larroque, B., Grandjean, H., Alberge, C., Marret, S., Burguet, A., Ancel, P. Y., Supernant, K., Kaminski, M., Prevalence and associated factors of minor neuromotor dysfunctions at age 5 years in prematurely born children: The EPIPAGE study, Archives of Pediatrics and Adolescent Medicine, 161, 1053-1061, 2007	Outcome not relevant for this review.
Arpi, E., Ferrari, F., Preterm birth and behaviour problems in infants and preschool-age children: a review of the recent literature, Developmental Medicine & Child Neurology, 55, 788-96, 2013	Narrative review article
Arpino, C., Compagnone, E., Montanaro, M. L., Cacciatore, D., De Luca, A., Cerulli, A., Di Girolamo, S., Curatolo, P., Preterm birth and neurodevelopmental outcome: A review, Child's Nervous System, 26, 1139-1149, 2010	Narrative review article
Arpino, C., D'Argenzio, L., Ticconi, C., Di Paolo, A., Stellin, V., Lopez, L., Curatolo, P., Brain damage in preterm infants: etiological pathways, Annali Dell'Istituto Superiore di Sanita, 41, 229-37, 2005	Narrative review article
Astbury,J., Orgill,A.A., Bajuk,B., Yu,V.Y., Neurodevelopmental outcome, growth and health of extremely low-birthweight survivors: how soon can we tell?, Developmental Medicine and Child Neurology, 32, 582-589, 1990	Participants born before 1990
Asztalos, E. V., Murphy, K. E., Willan, A. R., Matthews, S. G., Ohlsson, A., Saigal, S., Armson, B. A., Kelly, E. N., Delisle, M. F., Gafni, A., Lee, S. K., Sananes, R., Rovet, J., Guselle, P., Amankwah, K., Saleem, M., Sanchez, J., Multiple courses of antenatal corticosteroids for preterm Birth study outcomes in children at 5 years of age (MACS-5), JAMA Pediatrics, 167, 1102-1110, 2013	Irrelevant risk factors; Looks at single vs multiple courses AN steroids
Atkinson, J., Braddick, O., Anker, S., Nardini, M., Birtles, D., Rutherford, M. A., Mercuri, E., Dyet, L. E., Edwards, A. D., Cowan, F. M., Cortical vision, MRI and developmental outcome in preterm infants, Archives of Disease in Childhood Fetal & Neonatal Edition, 93, F292-7, 2008	<50 participants; Incorrect outcome measure.
Auger,N., Delezire,P., Harper,S., Platt,R.W., Maternal education and stillbirth: estimating gestational-age-specific and cause-specific associations, Epidemiology, 23, 247-254, 2012	Incorrect outcome measur, Assesses risk of stillbirth according to maternal education, at different gestations.

Study	Reason for Exclusion
Aylward, G. P., Methodological issues in outcome studies of at-risk infants, Journal of Pediatric Psychology, 27, 37-45, 2002	Looks at generic methodological problems in follow up studies
Aylward, G. P., The relationship between environmental risk and developmental outcome, Journal of developmental and behavioral pediatrics : JDBP, 13, 222-229, 1992	Narrative review article
Aylward, G. P., Neurodevelopmental outcomes of infants born prematurely, Journal of developmental and behavioral pediatrics : JDBP, 26, 427-440, 2005	Narrative review article
Aylward, G. P., Verhulst, S. J., Comparison of caretaker report and hands-on neurodevelopmental screening in high-risk infants, Developmental Neuropsychology, 33, 124-36, 2008	Incorrect outcome measur, Comparison of parental reports versus screener identified neurodevelopmental problems.
Bacharach, V. R., Baumeister, A. A., Effects of maternal intelligence, marital status, income, and home environment on cognitive development of low birthweight infants, Journal of Pediatric Psychology, 23, 197-205, 1998	Participants born before 1990
Badr Zahr, L. K., Quantitative and qualitative predictors of development for low-birth weight infants of Latino background, Applied Nursing Research, 14, 125-35, 2001	Wrong risk factor Looks at motor and mental outcomes in relation to social support, home environment etc.
Ballantyne, M., Benzies, K. M., McDonald, S., Magill-Evans, J., Tough, S., Risk of developmental delay: Comparison of late preterm and full term Canadian infants at age 12 months, Early Human Development, 101, 27-32, 2016	Sample size of preterm group too small (N=52).
Ballot,D.E., Potterton,J., Chirwa,T., Hilburn,N., Cooper,P.A., Developmental outcome of very low birth weight infants in a developing country, BMC Pediatrics, 12, 11-, 2012	Study carried out in South Africa.
Baptista, J., Belsky, J., Martins, C., Silva, J., Marques, S., Mesquita, A., Soares, I., Social withdrawal behavior in institutionalized toddlers: Individual, early family and institutional determinants, Infant Mental Health Journal, 34, 562-573, 2013	Wrong risk factor ; No assessment of premature infants
Bardin,C., Piuze,G., Papageorgiou,A., Outcome at 5 years of age of SGA and AGA infants born less than 28 weeks of gestation, Seminars in Perinatology, 28, 288-294, 2004	Not multiple regression or multivariate analysis / Only frequencies of outcomes reported
Baron, I. S., Ahronovich, M. D., Erickson, K., Gidley Larson, J. C., Litman, F. R., Age-appropriate early school age neurobehavioral outcomes of extremely preterm birth without severe intraventricular hemorrhage: a single center experience, Early Human Development, 85, 191-6, 2009	Single-centre study
Baron, I. S., Erickson, K., Ahronovich, M. D., Coulehan, K., Baker, R., Litman, F. R., Visuospatial and verbal fluency relative deficits	Single-centre study

Study	Reason for Exclusion
in 'complicated' late-preterm preschool children, Early Human Development, 85, 751-4, 2009	
Baron, I. S., Erickson, K., Ahronovich, M. D., Litman, F. R., Brandt, J., Spatial location memory discriminates children born at extremely low birth weight and late-preterm at age three, Neuropsychology, 24, 787-94, 2010	Incorrect outcome measure Outcome of spatial location memory
Baron, I. S., Litman, F. R., Ahronovich, M. D., Baker, R., Late preterm birth: A review of medical and neuropsychological childhood outcomes, Neuropsychology Review, 22, 438-450, 2012	Narrative review article
Baron, I. S., Weiss, B. A., Baker, R., Khoury, A., Remsburg, I., Thermolice, J. W., Litman, F. R., Ahronovich, M. D., Subtle adverse effects of late preterm birth: A cautionary note, Neuropsychology, 28, 11-18, 2014	Retrospective study
Baron, I. S., Weiss, B. A., Litman, F. R., Ahronovich, M. D., Baker, R., Latent mean differences in executive function in at-risk preterm children: the delay-deficit dilemma, Neuropsychology, 28, 541-51, 2014	Retrospective study
Barrington, K. J., The adverse neuro-developmental effects of postnatal steroids in the preterm infant: A systematic review of RCTs, BMC Pediatrics, 1, 2001	Systematic review of clinical trials.
Bart, O., Shayevits, S., Gabis, L. V., Morag, I., Prediction of participation and sensory modulation of late preterm infants at 12 months: a prospective study, Research in Developmental Disabilities, 32, 2732-8, 2011	Single-centre study
Bass, J. L., Corwin, M., Gozal, D., Moore, C., Nishida, H., Parker, S., Schonwald, A., Wilker, R. E., Stehle, S., Kinane, T. B., The effect of chronic or intermittent hypoxia on cognition in childhood: A review of the evidence, Pediatrics, 114, 805-816, 2004	Paper for background reading, not relevant for the review as clinical evidence.
Bassan, H., Limperopoulos, C., Visconti, K., Mayer, D. L., Feldman, H. A., Avery, L., Benson, C. B., Stewart, J., Ringer, S. A., Soul, J. S., Volpe, J. J., du Plessis, A. J., Neurodevelopmental outcome in survivors of periventricular hemorrhagic infarction, Pediatrics, 120, 785-92, 2007	Sample size <50
Basu, S., Agarwal, P., Anupurba, S., Shukla, R., Kumar, A., Elevated plasma and cerebrospinal fluid interleukin-1 beta and tumor necrosis factor-alpha concentration and combined outcome of death or abnormal neuroimaging in preterm neonates with early-onset clinical sepsis, Journal of Perinatology, 35, 855-61, 2015	Irrelevant risk factors; Looks at association of IL-1b and TNF with developmental outcomes
Bavdekar, A. R., Vaidya, U. V., Bhave, S. A., Pandit, A. N., Catch up growth and its determinants in low birth weight babies: a study using Z scores, Indian Pediatrics, 31, 1483-90, 1994	Participants born before 1990

Study	Reason for Exclusion
Beke, A., Gosy, M., Speech perception and speech comprehension investigations of pre-term newborns and high-risk neonates of pre-school age, Child: care, health and development, 23, 457-474, 1997	Participants born before 1990
Belcher,H.M.E., Gittlesohn,A., Capute,A.J., Allen,M.C., Using the clinical linguistic and auditory milestone scale for developmental screening in high-risk preterm infants, Clinical Pediatrics, 36, 635-642, 1997	All participants born before 1990
Ben Itzchak, E., Lahat, E., Zachor, D. A., Advanced parental ages and low birth weight in autism spectrum disorders--rates and effect on functioning, Research in Developmental Disabilities, 32, 1776-81, 2011	No multivariate analysis; Wrong risk factor
Bertino,E., Coscia,A., Boni,L., Rossi,C., Martano,C., Giuliani,F., Fabris,C., Spada,E., Zolin,A., Milani,S., Weight growth velocity of very low birth weight infants: role of gender, gestational age and major morbidities, Early Human Development, 85, 339-347, 2009	Incorrect outcome measure; Looks at absolute weight, but not faltering growth
Bettge, S., Oberwohrmann, S., Brockstedt, M., Buhrer, C., Birth weight and special educational needs: results of a population-based study in Berlin, Deutsches Arzteblatt International, 111, 337-44, 2014	Non-English language
Bhutta, A. T., Cleves, M. A., Casey, P. H., Cradock, M. M., Anand, K. J., Cognitive and behavioral outcomes of school-aged children who were born preterm: a meta-analysis, JAMA, 288, 728-37, 2002	Systematic review, all individual studies had participants born prior to 1990.
Bickle Graz, M., Tolsa, J. F., Fischer Fumeaux, C. J., Being Small for Gestational Age: Does it Matter for the Neurodevelopment of Premature Infants? A Cohort Study, PLoS ONE [Electronic Resource], 10, e0125769, 2015	Single-centre study
Bohm, B., Katz-Salamon, M., Cognitive development at 5.5 years of children with chronic lung disease of prematurity, Archives of Disease in Childhood Fetal & Neonatal Edition, 88, F101-5, 2003	No multivariate analysis
Bohm, B., Katz-Salamon, M., Institute, K., Smedler, A. C., Lagercrantz, H., Forssberg, H., Developmental risks and protective factors for influencing cognitive outcome at 5 1/2 years of age in very-low-birthweight children, Developmental Medicine & Child Neurology, 44, 508-16, 2002	Participants born before 1990
Bolisetty, S., Dhawan, A., Abdel-Latif, M., Bajuk, B., Stack, J., Lui, K., Intraventricular hemorrhage and neurodevelopmental outcomes in extreme preterm infants, Pediatrics, 133, 55-62, 2014	Incorrect outcome measure, Included in the disorders review.
Boo,N.Y., Ong,L.C., Lye,M.S., Chandran,V., Teoh,S.L., Zamratol,S., Nyein,M.K., Allison,L., Comparison of morbidities in very low birthweight and normal birthweight infants during the first year of life in a developing country,	Looks at outcome for PTB born in Kuala Lumpur in early 1990s.

Study	Reason for Exclusion
Journal of Paediatrics and Child Health, 32, 439-444, 1996	
Bos, A. F., Van Braeckel, K. N. J. A., Hitzert, M. M., Tanis, J. C., Roze, E., Development of fine motor skills in preterm infants, Developmental Medicine and Child Neurology, 55, 1-4, 2013	Narrative review article
Bosch, L., Precursors to language in preterm infants. Speech perception abilities in the first year of life, Progress in Brain Research, 189, 239-257, 2011	General review on language problems.
Bowen,J.R., Starte,D.R., Arnold,J.D., Simmons,J.L., Ma,P.J., Leslie,G.I., Extremely low birthweight infants at 3 years: a developmental profile, Journal of Paediatrics and Child Health, 29, 276-281, 1993	Participants born before 1990.
Boyce,G.C., Smith,T.B., Casto,G., Health and educational outcomes of children who experienced severe neonatal medical complications, Journal of Genetic Psychology, 160, 261-269, 1999	Only means and frequencies of outcomes are reported; no multivariate analysis.
Boylan, J., Alderdice, F. A., McGowan, J. E., Craig, S., Perra, O., Jenkins, J., Behavioural outcomes at 3 years of age among late preterm infants admitted to neonatal intensive care: a cohort study, Archives of Disease in Childhood Fetal & Neonatal Edition, 99, F359-65, 2014	Irrelevant risk factors
Bracewell, M. A., Hennessy, E. M., Wolke, D., Marlow, N., The EPICure study: growth and blood pressure at 6 years of age following extremely preterm birth, Archives of Disease in Childhood Fetal & Neonatal Edition, 93, F108-14, 2008	Outcomes assessed were growth measured by weight, height, and head circumference, not relevant for this review.
Brandt, P., Magyary, D., Hammond, M., Barnard, K., Learning and behavioral--emotional problems of children born preterm at second grade, Journal of Pediatric Psychology, 17, 291-311, 1992	Participants born before 1990
Breslau, N., Chilcoat, H. D., Psychiatric sequelae of low birth weight at 11 years of age, Biological Psychiatry, 47, 1005-11, 2000	Participants born before 1990.
Breslau, N., Chilcoat, H. D., Johnson, E. O., Andreski, P., Lucia, V. C., Neurologic soft signs and low birthweight: their association and neuropsychiatric implications, Biological Psychiatry, 47, 71-9, 2000	Participants born before 1990
Brevaut-Malaty, V., Busuttil, M., Einaudi, M. A., Monnier, A. S., D'Ercole, C., Gire, C., Longitudinal follow-up of a cohort of 350 singleton infants born at less than 32 weeks of amenorrhea: neurocognitive screening, academic outcome, and perinatal factors, European Journal of Obstetrics, Gynecology, & Reproductive Biology, 150, 13-8, 2010	Incorrect outcome measure; Looks at compositie meausre of CP and neurodevelopmental outcome
Briscoe, J., Gathercole, S. E., Marlow, N., Short-term memory and language outcomes after extreme prematurity at birth, Journal of Speech,	No multivariate analysis

Study	Reason for Exclusion
Language, and Hearing Research, 41, 654-666, 1998	
Brown, J. V., Bakeman, R., Coles, C. D., Sexson, W. R., Demi, A. S., Maternal drug use during pregnancy: are preterm and full-term infants affected differently?, Developmental Psychology, 34, 540-54, 1998	Relevant risks facto and outcome were both defined as continuous variables.
Brown, N. C., Doyle, L. W., Bear, M. J., Inder, T. E., Alterations in neurobehavior at term reflect differing perinatal exposures in very preterm infants, Pediatrics, 118, 2461-71, 2006	No multivariate analysis; Incorrect outcome measure
Brumbaugh, J. E., Conrad, A. L., Lee, J. K., Devolder, I. J., Zimmerman, M. B., Magnotta, V. A., Axelson, E. D., Nopoulos, P. C., Altered brain function, structure, and developmental trajectory in children born late preterm, Pediatric Research, 80, 197-203, 2016	Outcome reported as mean and SD
Buck, G. M., Msall, M. E., Schisterman, E. F., Lyon, N. R., Rogers, B. T., Extreme prematurity and school outcomes, Paediatric and Perinatal Epidemiology, 14, 324-31, 2000	Single-centre study; all participants born before 1990.
Burnett, A. C., Scratch, S. E., Lee, K. J., Cheong, J., Searle, K., Hutchinson, E., De Luca, C., Davey, M. A., Roberts, G., Doyle, L. W., Anderson, P. J., Executive function in adolescents born <1000 G or <28 weeks: A prospective cohort study, Pediatrics, 135, e826-e834, 2015	Outcome as continuous, no cut-off for problem.
Burns, S. A., Lyle, R. E., Casey, P. H., Burns, K. H., Barrett, K. W., Whiteside-Mansell, L., The impact of chorioamnionitis on neurodevelopmental outcomes at 3, 8 and 18 years in low-birthweight preterm infants, Journal of Perinatology, 33, 548-52, 2013	Children included in the study were most probably born before 1990 although not clear in text.
Byrne, J., Ellsworth, C., Bowering, E., Vincer, M., Language development in low birth weight infants: the first two years of life, Journal of developmental and behavioral pediatrics : JDBP, 14, 21-27, 1993	No multivariate analysis
Calhoun,S.L., Vgontzas,A.N., Mayes,S.D., Tsaoussoglou,M., Sauder,K., Mahr,F., Karippot,A., Wisner,K., Bixler,E.O., Prenatal and perinatal complications: is it the link between race and SES and childhood sleep disordered breathing?, Journal of Clinical Sleep Medicine, 6, 264-269, 2010	Retrospective study
Can, G., Bilgin, L., Tatli, B., Saydam, R., Coban, A., Ince, Z., Morbidity in early adulthood among low-risk very low birth weight children in Turkey: a preliminary study, Turkish Journal of Pediatrics, 54, 458-64, 2012	Although study reports VLBW, no information on preterm anywhere in text or tables
Caravale, B., Tozzi, C., Albino, G., Vicari, S., Cognitive development in low risk preterm infants at 3-4 years of life, Archives of Disease in Childhood Fetal & Neonatal Edition, 90, F474-9, 2005	Single-centre study; only group differences reported.

Study	Reason for Exclusion
Case-Smith, J., Butcher, L., Reed, D., Parents' report of sensory responsiveness and temperament in preterm infants, American Journal of Occupational Therapy, 52, 547-55, 1998	No multivariate analysis
Casey, P. H., Whiteside-Mansell, L., Barrett, K., Bradley, R. H., Gargus, R., Impact of prenatal and/or postnatal growth problems in low birth weight preterm infants on school-age outcomes: an 8-year longitudinal evaluation, Pediatrics, 118, 1078-86, 2006	All participants born before 1990.
Casiro, O. G., Moddemann, D. M., Stanwick, R. S., Panikkar-Thiessen, V. K., Cowan, H., Cheang, M. S., Language development of very low birth weight infants and fullterm controls at 12 months of age, Early Human Development, 24, 65-77, 1990	Single-centre study; all participants born before 1990.
Cassiano, R. G. M., Gaspardo, C. M., Linhares, M. B. M., Prematurity, neonatal health status, and later child behavioral/emotional problems: A systematic review, Infant Mental Health Journal, 37, 274-288, 2016	Systematic review but not relevant as such. Individual studies included in this review are checked separately.
Censullo, M., Developmental delay in healthy premature infants at age two years: implications for early intervention, Journal of Developmental & Behavioral Pediatrics, 15, 99-104, 1994	The study reports the correlation between predictors and outcomes and the variance in outcomes that could be explained by predictors, outcomes are not dichotomised.
Charkaluk, M. L., Truffert, P., Fily, A., Ancel, P. Y., Pierrat, V., Neurodevelopment of children born very preterm and free of severe disabilities: The Nord-Pas de Calais Epipage cohort study, Acta Paediatrica, International Journal of Paediatrics, 99, 684-689, 2010	Outcomes assessed were continuous variables, no cut-offs for problems.
Chaudhari, S., Bhalerao, M. R., Chitale, A., Pandit, A. N., Nene, U., Pune low birth weight study--a six year follow up, Indian Pediatrics, 36, 669-676, 1999	Participants born before 1990
Chaudhari, S., Otiv, M., Chitale, A., Pandit, A., Hoge, M., Pune low birth weight study--cognitive abilities and educational performance at twelve years, Indian Pediatrics, 41, 121-8, 2004	All participants born before 1990; only group differences reported.
Chaudhari,S., Kinare,A.S., Kumar,R., Pandit,A.N., Deshpande,M., Ultrasonography of the brain in preterm infants and its correlation with neurodevelopmental outcome, Indian Pediatrics, 32, 735-742, 1995	No multivariate analysis; Participants born in 1991-1992 in India; Followed up of NDI, but no multivariate analysis.
Chaudhari,S., Kulkarni,S., Barve,S., Pandit,A.N., Sonak,U., Sarpotdar,N., Neurologic sequelae in high risk infants--a three year follow up, Indian Pediatrics, 33, 645-653, 1996	Study carried out in India.
Chen, C. C., Huang, C. B., Chung, M. Y., Huang, L. T., Yang, C. Y., Periventricular echogenicity is related to delayed neurodevelopment of preterm infants, American Journal of Perinatology, 21, 483-9, 2004	Incorrect outcome measure; no multivariate analysis.
Chen, P. S., Jeng, S. F., Tsou, K. I., Wang, A. H., Hsu, C. J., Lu, L., Hsu, C. H., Tsou, K. S.,	No multivariate analysis

Study	Reason for Exclusion
Fang, L. J., Wang, M., Huang, S. H., Chen, L. C., Wu, C. S., Yu, S. Y., Kou, Y. W., Mao, S. Y., Developmental function of very-low-birth-weight infants and full-term infants in early childhood, Journal of the Formosan Medical Association, 103, 23-31, 2004	
Chen,P.C., Wang,P.W., Fang,L.J., Prognostic predictors of neurodevelopmental outcome or mortality in very-low-birth-weight infants, Acta Paediatrica Taiwanica, 46, 196-200, 2005	Death was a component of the outcome assessed.
Chorna,O., Solomon,J.E., Slaughter,J.C., Stark,A.R., Maitre,N.L., Abnormal sensory reactivity in preterm infants during the first year correlates with adverse neurodevelopmental outcomes at 2 years of age, Archives of Disease in Childhood Fetal and Neonatal Edition, 99, F475-F479, 2014	Single centre study.
Christian, P., Lee, S. E., Angel, M. D., Adair, L. S., Arifeen, S. E., Ashorn, P., Barros, F. C., Fall, C. H. D., Fawzi, W. W., Hao, W., Hu, G., Humphrey, J. H., Huybregts, L., Joglekar, C. V., Kariuki, S. K., Kolsteren, P., Krishnaveni, G. V., Liu, E., Martorell, R., Osrin, D., Persson, L. A., Ramakrishnan, U., Richter, L., Roberfroid, D., Sania, A., Kuile, F. O. T., Tielsch, J., Victora, C. G., Yajnik, C. S., Yan, H., Zeng, L., Black, R. E., Risk of childhood undernutrition related to small-for-gestational age and preterm birth in low- and middle-income countries, International Journal of Epidemiology, 42, 1340-1355, 2013	Systematic review in developing country, Risk of faltering growth, but in low and middle income countries only.
Chye,J.K., Gray,P.H., Rehospitalization and growth of infants with bronchopulmonary dysplasia: a matched control study, Journal of Paediatrics and Child Health, 31, 105-111, 1995	Participants born before 1990
Chyi, L. J., Lee, H. C., Hintz, S. R., Gould, J. B., Sutcliffe, T. L., School Outcomes of Late Preterm Infants: Special Needs and Challenges for Infants Born at 32 to 36 Weeks Gestation, Journal of Pediatrics, 153, 25-31, 2008	Retrospective study
Claas, M. J., de Vries, L. S., Bruinse, H. W., van Haastert, I. C., Uniken Venema, M. M., Peelen, L. M., Koopman, C., Neurodevelopmental outcome over time of preterm born children <750 g at birth, Early Human Development, 87, 183-91, 2011	No multivariate analysis; Incorrect outcome measure
Cloonan, H. A., Maxwell, S. R., Miller, S. D., Developmental outcomes in very low birth weight infants: a six-year study, West Virginia Medical Journal, 97, 250-2, 2001	No relevant comparison
Coletti, M. F., Caravale, B., Gasparini, C., Franco, F., Campi, F., Dotta, A., One-year neurodevelopmental outcome of very and late preterm infants: Risk factors and correlation with maternal stress, Infant Behavior and Development, 39, 11-20, 2015	Single-centre study
Connors, J. M., O'Callaghan, M. J., Burns, Y. R., Gray, P. H., Tudehope, D. I., Mohay, H., Rogers,	Participants born before 1990

Study	Reason for Exclusion
Y. M., The influence of growth on development outcome in extremely low birthweight infants at 2 years of age, Journal of Paediatrics & Child Health, 35, 37-41, 1999	
Conrad, A. L., Richman, L., Lindgren, S., Nopoulos, P., Biological and environmental predictors of behavioral sequelae in children born preterm, Pediatrics, 125, e83-9, 2010	Only group differences reported.
Cooke, R. W., Perinatal and postnatal factors in very preterm infants and subsequent cognitive and motor abilities, Archives of Disease in Childhood Fetal & Neonatal Edition, 90, F60-3, 2005	Incorrect outcome measure; Only adjusted analysis looks at IQ in PTB according to gestation
Cooke, R. W., Foulder-Hughes, L., Growth impairment in the very preterm and cognitive and motor performance at 7 years, Archives of Disease in Childhood, 88, 482-7, 2003	Outcome assessed was head circumference.
Cosentino-Rocha, L., Klein, V. C., Linhares, M. B., Effects of preterm birth and gender on temperament and behavior in children, Infant Behavior & Development, 37, 446-56, 2014	Brazilian study of temperament of preterm children
Crippa,I., Locatelli,A., Consonni,S., Ghidini,A., Stoppa,P., Paterlini,G., Roncaglia,N., Infants weighing <1500 g: Better born too small or too soon?, American Journal of Perinatology, 29, 693-698, 2012	Single-centre study.
Crofts,B.J., King,R., Johnson,A., The contribution of low birth weight to severe vision loss in a geographically defined population, British Journal of Ophthalmology, 82, 9-13, 1998	Participants born before 1990
Cronin, F. M., Segurado, R., McAuliffe, F. M., Kelleher, C. C., Tremblay, R. E., Gestational age and chronic 'body-mind' health problems in childhood: dose-response association and risk factors, European Child & Adolescent Psychiatry, 31, 31, 2016	Outcome was reported as a composite for general health and behavioural problems
Cserjesi, R., Van Braeckel, K. N., Butcher, P. R., Kerstjens, J. M., Reijneveld, S. A., Bouma, A., Geuze, R. H., Bos, A. F., Functioning of 7-year-old children born at 32 to 35 weeks' gestational age, Pediatrics, 130, e838-46, 2012	Not clear if logistic regression analyses adjusted for confounders, no covariables are mentioned.
Dahl,L.B., Kaaresen,P.I., Tunby,J., Handegard,B.H., Kvernmo,S., Ronning,J.A., Emotional, behavioral, social, and academic outcomes in adolescents born with very low birth weight, Pediatrics, 118, e449-e459, 2006	All participants born before 1990
Dall'oglio, A. M., Rossiello, B., Coletti, M. F., Bultrini, M., D. E. Marchis C, Rava, L., Caselli, C., Paris, S., Cuttini, M., Do healthy preterm children need neuropsychological follow-up? Preschool outcomes compared with term peers, Developmental Medicine & Child Neurology, 52, 955-61, 2010	Retrospective study
Dalziel,S.R., Lim,V.K., Lambert,A., McCarthy,D., Parag,V., Rodgers,A., Harding,J.E., Psychological functioning and health-related quality of life in adulthood after preterm birth,	Participants born before 1990

Study	Reason for Exclusion
Developmental Medicine and Child Neurology, 49, 597-602, 2007	
D'Angio,C.T., Sinkin,R.A., Stevens,T.P., Landfish,N.K., Merzbach,J.L., Ryan,R.M., Phelps,D.L., Palumbo,D.R., Myers,G.J., Longitudinal, 15-year follow-up of children born at less than 29 weeks' gestation after introduction of surfactant therapy into a region: neurologic, cognitive, and educational outcomes, Pediatrics, 110, 1094-1102, 2002	All participants born before 1990.
Daniel, L. M., Lim, S. B., Clarke, L., Eight-year outcome of very-low-birth-weight infants born in KK Hospital, Annals of the Academy of Medicine Singapore, 32, 354-361, 2003	No info on gestational age of cohort
Davis, N. L., Liu, A., Rhein, L., Feeding immaturity in preterm neonates: Risk factors for oropharyngeal aspiration and timing of maturation, Journal of Pediatric Gastroenterology and Nutrition, 57, 735-740, 2013	Irrelevant risk factors and outcomes.
Davis, N. M., Ford, G. W., Anderson, P. J., Doyle, L. W., Developmental coordination disorder at 8 years of age in a regional cohort of extremely-low-birthweight or very preterm infants, Developmental Medicine and Child Neurology, 49, 325-330, 2007	Incorrect outcome measure
De Groote, I., Vanhaesebrouck, P., Bruneel, E., Dom, L., Durein, I., Hasaerts, D., Laroche, S., Oostra, A., Ortibus, E., Roeyers, H., Van Mol, C., Outcome at 3 years of age in a population-based cohort of extremely preterm infants, Obstetrics and Gynecology, 110, 855-864, 2007	No multivariate analysis; Incorrect outcome measure
De Haan, M., Bauer, P. J., Georgieff, M. K., Nelson, C. A., Explicit memory in low-risk infants aged 19 months born between 27 and 42 weeks of gestation, Developmental Medicine and Child Neurology, 42, 304-312, 2000	Sample size <50
De Moura, D. R., Costa, J. C., Santos, I. S., Barros, A. J. D., Matijasevich, A., Halpern, R., Dumith, S., Karam, S., Barros, F. C., Risk factors for suspected developmental delay at age 2 years in a Brazilian birth cohort, Paediatric and Perinatal Epidemiology, 24, 211-221, 2010	Study carried out in Brazil.
De Schuymer, L., De Groote, I., Beyers, W., Striano, T., Roeyers, H., Preverbal skills as mediators for language outcome in preterm and full term children, Early Human Development, 87, 265-72, 2011	Irrelevant risk factors; Incorrect outcome measure; Looks at preverbal interactions as predictors of later language ability
de Vries, L. S., Rademaker, K. J., Groenendaal, F., Eken, P., van Haastert, I. C., Vandertop, W. P., Gooskens, R., Meiners, L. C., Correlation between neonatal cranial ultrasound, MRI in infancy and neurodevelopmental outcome in infants with a large intraventricular haemorrhage with or without unilateral parenchymal involvement, Neuropediatrics, 29, 180-8, 1998	Only group differences were reported.

Study	Reason for Exclusion
DeMaio-Feldman, D., Somatosensory processing abilities of very low-birth weight infants at school age, The American journal of occupational therapy, : official publication of the American Occupational Therapy Association. 48, 639-645, 1994	Participants born before 1990; Sample size <50
Dewey, D., Creighton, D. E., Heath, J. A., Wilson, B. N., Anseeuw-Deeks, D., Crawford, S. G., Sauve, R., Assessment of developmental coordination disorder in children born with extremely low birth weights, Developmental Neuropsychology, 36, 42-56, 2011	Single-centre study
Dexter, S. C., Malee, M. P., Pinar, H., Hogan, J. W., Carpenter, M. W., Vohr, B. R., Influence of chorioamnionitis on developmental outcome in very low birth weight infants, Obstetrics & Gynecology, 94, 267-73, 1999	No multivariate analysis; Incorrect outcome measure; Reports mean PDI and MDI Bayley scores
Dexter,S.C., Pinar,H., Malee,M.P., Hogan,J., Carpenter,M.W., Vohr,B.R., Outcome of very low birth weight infants with histopathologic chorioamnionitis, Obstetrics and Gynecology, 96, 172-177, 2000	Incorrect outcome measure
Dezoete, J. A., MacArthur, B. A., Aftimos, S., Developmental outcome at 18 months of children less than 1000 grams, The New Zealand medical journal, 110, 205-207, 1997	No relevant comparison made; no multivariate analysis.
Doctor,B.A., Newman,N., Minich,N.M., Taylor,H.G., Fanaroff,A.A., Hack,M., Clinical outcomes of neonatal meningitis in very-low birth-weight infants, Clinical Pediatrics, 40, 473-480, 2001	Sample size <50.
Dodrill, P., Donovan, T., Cleghorn, G., McMahon, S., Davies, P. S., Attainment of early feeding milestones in preterm neonates, Journal of Perinatology, 28, 549-55, 2008	Single-centre study.
Downey,L.C., O'Shea,T.M., Allred,E.N., Kuban,K., McElrath,T.F., Warner,D.D., Ware,J., Hecht,J.L., Onderdonk,A., Leviton,A., Antenatal and early postnatal antecedents of parent-reported attention problems at 2 years of age, Journal of Pediatrics, 166, 20-25, 2015	No relevant risk factors
Downie, A. L., Frisk, V., Jakobson, L. S., The impact of periventricular brain injury on reading and spelling abilities in the late elementary and adolescent years, Child Neuropsychology, 11, 479-95, 2005	Participants born before 1990
Doyle, L. W., Anderson, P. J., Victorian Infant Collaborative Study, Group, Improved neurosensory outcome at 8 years of age of extremely low birthweight children born in Victoria over three distinct eras, Archives of Disease in Childhood Fetal & Neonatal Edition, 90, F484-8, 2005	Comparison cohorts born before 1990.
Doyle,L., Davis,P., Postnatal corticosteroids in preterm infants: systematic review of effects on mortality and motor function, Journal of Paediatrics and Child Health, 36, 101-107, 2000	Follow up of RCT

Study	Reason for Exclusion
Dueker, G., Chen, J., Cowling, C., Haskin, B., Early developmental outcomes predicted by gestational age from 35 to 41 weeks, Early Human Development, 103, 85-90, 2016	Population includes children born at 35-41 weeks of gestation,no stratification by gestational age week
Duvall, S. W., Erickson, S. J., MacLean, P., Lowe, J. R., Perinatal Medical Variables Predict Executive Function Within a Sample of Preschoolers Born Very Low Birth Weight, Journal of Child Neurology, 30, 735-740, 2015	Single-centre study
Duvanel, C. B., Fawer, C. L., Cotting, J., Hohlfeld, P., Matthieu, J. M., Long-term effects of neonatal hypoglycemia on brain growth and psychomotor development in small-for-gestational-age preterm infants, Journal of Pediatrics, 134, 492-8, 1999	Participants born between 1982-1990
Einaudi, M. A., Busuttil, M., Monnier, A. S., Chanus, I., Palix, C., Gire, C., Neuropsychological screening of a group of preterm twins: comparison with singletons, Childs Nervous System, 24, 225-30, 2008	Single-centre study; only group differences reported.
Ekeus, C., Lindstrom, K., Lindblad, F., Rasmussen, F., Hjern, A., Preterm birth, social disadvantage, and cognitive competence in Swedish 18- to 19-year-old men, Pediatrics, 125, e67-73, 2010	All participants born before 1990.
Elgen, I., Sommerfelt, K., Markestad, T., Population based, controlled study of behavioural problems and psychiatric disorders in low birthweight children at 11 years of age, Archives of Disease in Childhood Fetal & Neonatal Edition, 87, F128-32, 2002	Participants born <1990
Emancipator, J. L., Storfer-Isser, A., Taylor, H. G., Rosen, C. L., Kirchner, H. L., Johnson, N. L., Zambito, A. M., Redline, S., Variation of cognition and achievement with sleep-disordered breathing in full-term and preterm children, Archives of Pediatrics and Adolescent Medicine, 160, 203-210, 2006	Irrelevant risk factors; Looks at academic outcomes in relation to occurrence of sleep disordered breathing
Ersch,J., Baenziger,O., Bernet,V., Bucher,H.U., Feeding problems in preterm infants of preeclamptic mothers, Journal of Paediatrics and Child Health, 44, 651-655, 2008	Wrong risk factor Looks at babies of pre-eclamptic mothers
Eryigit Madzwamuse, S., Baumann, N., Jaekel, J., Bartmann, P., Wolke, D., Neuro-cognitive performance of very preterm or very low birth weight adults at 26 years, Journal of Child Psychology & Psychiatry & Allied Disciplines, 56, 857-64, 2015	Participants born <1990; Outcomes measured at 26 years
Evensen, K. A., Lindqvist, S., Indredavik, M. S., Skranes, J., Brubakk, A. M., Vik, T., Do visual impairments affect risk of motor problems in preterm and term low birth weight adolescents?, European Journal of Paediatric Neurology, 13, 47-56, 2009	Participants born before 1990
Evensen, K. A., Sigmundsson, H., Romundstad, P., Indredavik, M. S., Brubakk, A. M., Vik, T., Inter- and intra-modal matching in very low birth	Participants born <1990

Study	Reason for Exclusion
weight and small for gestational age adolescents, Early Human Development, 83, 19-27, 2007	
Evensen, K. A., Vik, T., Helbostad, J., Indredavik, M. S., Kulseng, S., Brubakk, A. M., Motor skills in adolescents with low birth weight, Archives of Disease in Childhood Fetal & Neonatal Edition, 89, F451-5, 2004	Participants born <1990
Faebo Larsen, R., Hvas Mortensen, L., Martinussen, T., Nybo Andersen, A. M., Determinants Of Developmental Coordination Disorder In 7-Year-Old Children: A Study Of Children In The Danish National Birth Cohort, Developmental Medicine and Child Neurology, 55, 1016-1022, 2013	Incorrect outcome measure; Looks at DCD therefore potentially for disorders, but excluded already as screening tool used.
Fawer, C. L., Calame, A., Significance of ultrasound appearances in the neurological development and cognitive abilities of preterm infants at 5 years, European Journal of Pediatrics, 150, 515-20, 1991	Only group differences reported.
Fazzi, E., Lanzi, G., Gerardo, A., Ometto, A., Orcesi, S., Rondini, G., Neurodevelopmental outcome in very-low-birth-weight infants with or without periventricular haemorrhage and/or leucomalacia, Acta Paediatrica, 81, 808-11, 1992	The study reported on the predictive value of ultrasound on developmental outcomes, no association between risk factors and those outcomes was assessed.
Fernandes, L. V., Goulart, A. L., Santos, A. M., Barros, M. C., Guerra, C. C., Kopelman, B. I., Neurodevelopmental assessment of very low birth weight preterm infants at corrected age of 18-24 months by Bayley III scales, Jornal de Pediatria, 88, 471-8, 2012	Non English language
Fily, A., Pierrat, V., Delporte, V., Breart, G., Truffert, P., Epipage Nord-Pas-de-Calais Study Group, Factors associated with neurodevelopmental outcome at 2 years after very preterm birth: the population-based Nord-Pas-de-Calais EPIPAGE cohort, Pediatrics, 117, 357-66, 2006	Outcomes as continuous, no RRs reported.
Finer, N. N., Tarin, T., Vaucher, Y. E., Barrington, K., Bejar, R., Intact survival in extremely low birth weight infants after delivery room resuscitation, Pediatrics, 104, e40, 1999	Single-centre study
Finnstrom, O., Gaddlin, P. O., Leijon, I., Samuelsson, S., Wadsby, M., Very-low-birth-weight children at school age: Academic achievement, behavior and self-esteem and relation to risk factors, Journal of Maternal-Fetal and Neonatal Medicine, 14, 75-84, 2003	Participants born before 1990.
Finnstrom, O., Otterblad Olausson, P., Sedin, G., Serenius, F., Svenningsen, N., Thiringer, K., Tunell, R., Wesstrom, G., Neurosensory outcome and growth at three years in extremely low birthweight infants: follow-up results from the Swedish national prospective study, Acta Paediatrica, 87, 1055-60, 1998	This study only reported narratively that IVH, PVL and ROP were significantly related to a poor function outcome without furhter information on the direction or magnitude of the effect.

Study	Reason for Exclusion
Forslund, M., Bjerre, I., Follow-up of preterm children: II. Growth and development at four years of age, Early Human Development, 24, 107-18, 1990	Participants born before 1990.
Foster-Cohen, S. H., Friesen, M. D., Champion, P. R., Woodward, L. J., High prevalence/low severity language delay in preschool children born very preterm, Journal of Developmental and Behavioral Pediatrics, 31, 658-667, 2010	Single-centre study
Foster-Cohen, S., Edgin, J. O., Champion, P. R., Woodward, L. J., Early delayed language development in very preterm infants: Evidence from the MacArthur-Bates CDI, Journal of Child Language, 34, 655-675, 2007	Outcomes assessed as continuous variables.
Foulder-Hughes, L. A., Cooke, R. W., Motor, cognitive, and behavioural disorders in children born very preterm, Developmental Medicine & Child Neurology, 45, 97-103, 2003	No multivariate analysis
Freeman Duncan, A., Watterberg, K. L., Nolen, T. L., Vohr, B. R., Adams-Chapman, I., Das, A., Lowe, J., Effect of ethnicity and race on cognitive and language testing at age 18-22 months in extremely preterm infants, Journal of Pediatrics, 160, 966-971.e2, 2012	Retrospective study
Frye, R. E., Landry, S. H., Swank, P. R., Smith, K. E., Executive dysfunction in poor readers born prematurely at high risk, Developmental Neuropsychology, 34, 254-71, 2009	Incorrect comparison; Mainly considers poor readers vs good readers; No multivariate analysis
Gaddlin, P. O., Finnstrom, O., Samuelsson, S., Wadsby, M., Wang, C., Leijon, I., Academic achievement, behavioural outcomes and MRI findings at 15 years of age in very low birthweight children, Acta Paediatrica, International Journal of Paediatrics, 97, 1426-1432, 2008	Participants born <1990
Gaddlin,P.O., Finnstrom,O., Sydsjo,G., Leijon,I., Most very low birth weight subjects do well as adults, Acta Paediatrica, 98, 1513-1520, 2009	Age at assessment was 20 years.
Garanty-Bogacka, B., Wieczorek, W., Syrenicz, M., Neurodevelopmental dysfunction and specific learning disabilities in school-aged twins, Acta Geneticae Medicae et Gemellologiae, 47, 205-213, 1998	Twin study, not preterms; No multivariate analysis; Considers frequency of neurodevelopmental dysfunction only, not risks.
Gardener,H., Spiegelman,D., Buka,S.L., Perinatal and neonatal risk factors for autism: a comprehensive meta-analysis, Pediatrics, 128, 344-355, 2011	Meta-analysis for autism among general population, not just among pre-terms.
Gardner, F., Johnson, A., Yudkin, P., Bowler, U., Hockley, C., Mutch, L., Wariyar, U., Behavioral and emotional adjustment of teenagers in mainstream school who were born before 29 weeks' gestation, Pediatrics, 114, 676-682, 2004	All participants born before 1990.
Gerner, E. M., Katz-Salamon, M., Hesser, U., Soderman, E., Forssberg, H., Psychomotor development at 10 months as related to neonatal health status: the Stockholm Neonatal	Participants born before 1990

Study	Reason for Exclusion
Project, Acta Paediatrica Supplement, 419, 37-43, 1997	
Gill, S. V., May-Benson, T. A., Teasdale, A., Munsell, E. G., Birth and developmental correlates of birth weight in a sample of children with potential sensory processing disorder, BMC Pediatrics, 13, 29, 2013	Outcome not according to protocol, Looks at children with sensory processing disorder.
Gladstone, M., White, S., Kafulafula, G., Neilson, J. P., van den Broek, N., Post-neonatal mortality, morbidity, and developmental outcome after ultrasound-dated preterm birth in rural Malawi: a community-based cohort study, PLoS Medicine / Public Library of Science, 8, e1001121, 2011	Outcomes of PTB in Malawi
Goldin, R. L., Matson, J. L., Premature birth as a risk factor for autism spectrum disorder, Developmental Neurorehabilitation, 19, 203-6, 2016	Case control study.
Gough, A., Linden, M. A., Spence, D., Halliday, H. L., Patterson, C. C., McGarvey, L., Executive functioning deficits in young adult survivors of bronchopulmonary dysplasia, Disability & Rehabilitation, 37, 1940-5, 2015	Participants born before 1990
Goyen, T. A., Lui, K., Longitudinal motor development of "apparently normal" high-risk infants at 18 months, 3 and 5 years, Early Human Development, 70, 103-15, 2002	Single-centre study
Goyen, T. A., Lui, K., Woods, R., Visual-motor, visual-perceptual, and fine motor outcomes in very-low-birthweight children at 5 years, Developmental Medicine & Child Neurology, 40, 76-81, 1998	Letter to the editor
Grantham-McGregor, S. M., Lira, P. I., Ashworth, A., Morris, S. S., Assuncao, A. M., The development of low birth weight term infants and the effects of the environment in northeast Brazil, Journal of Pediatrics, 132, 661-6, 1998	Looks at home environment for LBW babies in a "poor rural area" of NE Brazil.
Gray, P. H., Edwards, D. M., O'Callaghan, M. J., Gibbons, K., Screening for autism spectrum disorder in very preterm infants during early childhood, Early Human Development, 91, 271-276, 2015	Sinlge centre study
Gray, P. H., O'Callaghan, M. J., Poulsen, L., Behaviour and quality of life at school age of children who had bronchopulmonary dysplasia, Early Human Development, 84, 1-8, 2008	Only differences between groups reported, no ratios.
Gray, R. F., Indurkhya, A., McCormick, M. C., Prevalence, stability, and predictors of clinically significant behavior problems in low birth weight children at 3, 5, and 8 years of age, Pediatrics, 114, 736-43, 2004	All participants born before 1990.
Gray,P.H., O'Callaghan,M.J., Rogers,Y.M., Psychoeducational outcome at school age of preterm infants with bronchopulmonary dysplasia, Journal of Paediatrics and Child Health, 40, 114-120, 2004	Participants born before 1990

Study	Reason for Exclusion
Gray,P.H., Burns,Y.R., Mohay,H.A., O'Callaghan,M.J., Tudehope,D.I., Neurodevelopmental outcome of preterm infants with bronchopulmonary dysplasia, Archives of Disease in Childhood Fetal and Neonatal Edition, 73, F128-F134, 1995	Includes participants born 1989-1990; unclear if multivariate analysis performed; outcome not relavant.
Graz, M. B., Tolsa, J. F., Fumeaux, C. J. F., Being small for gestational age: Does it matter for the neurodevelopment of premature infants? A cohort study, PLoS ONE, 10, 2015	Single-centre study.
Greene, M. M., Patra, K., Nelson, M. N., Silvestri, J. M., Evaluating preterm infants with the Bayley-III: patterns and correlates of development, Research in Developmental Disabilities, 33, 1948-56, 2012	Retrospective study
Griffin, I. J., Tancredi, D. J., Bertino, E., Lee, H. C., Profit, J., Postnatal growth failure in very low birthweight infants born between 2005 and 2012, Archives of Disease in Childhood Fetal & Neonatal Edition, 101, 50-5, 2016	No data on outcomes of interest.
Gross,S.J., Anbar,R.D., Mettelman,B.B., Follow-up at 15 years of preterm infants from a controlled trial of moderately early dexamethasone for the prevention of chronic lung disease, Pediatrics, 115, 681-687, 2005	Follow-up of RCT
Grunewaldt, K. H., Fjortoft, T., Bjuland, K. J., Brubakk, A. M., Eikenes, L., Haberg, A. K., Lohaugen, G. C., Skranes, J., Follow-up at age 10 years in ELBW children - functional outcome, brain morphology and results from motor assessments in infancy, Early Human Development, 90, 571-8, 2014	No relevant risk factor-outcome combination. No multivariate analysis, no odds ratios or relative risks presented.
Guarini, A., Sansavini, A., Fabbri, C., Alessandroni, R., Faldella, G., Karmiloff-Smith, A., Reconsidering the impact of preterm birth on language outcome, Early Human Development, 85, 639-645, 2009	Only difference between groups reported.
Gucuyener, K., Ergenekon, E., Soysal, A. S., Aktas, A., Derinoz, O., Koc, E., Atalay, Y., Use of the bayley infant neurodevelopmental screener with premature infants, Brain & Development, 28, 104-8, 2006	Incorrect outcome ; Validation study of BINS, a version of Bayley scales, with premature babies.
Guerra, C. C., De Moraes Barros, M. C., Goulart, A. L., Fernandes, L. V., Kopelman, B. I., Dos Santos, A. M. N., Premature infants with birth weights of 1500-1999 g exhibit considerable delays in several developmental areas, Acta Paediatrica, International Journal of Paediatrics, 103, e1-e6, 2014	Cross-sectional study.
Guilherme Monte Cassiano, R., Gaspardo, C. M., Cordaro Bucker Furini, G., Martinez, F. E., Martins Linhares, M. B., Impact of neonatal risk and temperament on behavioral problems in toddlers born preterm, Early Human Development, 103, 175-181, 2016	study carried out in Brazil
Gutbrod, T., Wolke, D., Soehne, B., Ohrt, B., Riegel, K., Effects of gestation and birth weight	Participants born <1990

Study	Reason for Exclusion
on the growth and development of very low birthweight small for gestational age infants: a matched group comparison, Archives of Disease in Childhood Fetal & Neonatal Edition, 82, F208-14, 2000	
Hack, M., Breslau, N., Aram, D., Weissman, B., Klein, N., Borawski-Clark, E., The effect of very low birth weight and social risk on neurocognitive abilities at school age, Journal of developmental and behavioral pediatrics : JDBP, 13, 412-420, 1992	All participants born before 1990; The study assessed the effect of LBW on neurologic abnormality at school age, not of interest/not in the procotol.
Hack, M., Breslau, N., Weissman, B., Aram, D., Klein, N., Borawski, E., Effect of very low birth weight and subnormal head size on cognitive abilities at school age, New England Journal of Medicine, 325, 231-7, 1991	Participants born before 1990
Hack, M., Schluchter, M., Cartar, L., Rahman, M., Cuttler, L., Borawski, E., Growth of very low birth weight infants to age 20 years, Pediatrics, 112, e30-8, 2003	Participants born before 1990
Hack, M., Schluchter, M., Margevicius, S., Andreias, L., Taylor, H. G., Cuttler, L., Trajectory and correlates of growth of extremely-low-birth-weight adolescents, Pediatric Research, 75, 358-66, 2014	The outcomes assessed were weight, height and obesity.
Hack,M., Taylor,H.G., Klein,N., Eiben,R., Schatschneider,C., Mercuri-Minich,N., School-age outcomes in children with birth weights under 750 g, New England Journal of Medicine, 331, 753-759, 1994	Participants born before 1990.
Hack,M., Wilson-Costello,D., Friedman,H., Taylor,G.H., Schluchter,M., Fanaroff,A.A., Neurodevelopment and predictors of outcomes of children with birth weights of less than 1000 g: 1992-1995, Archives of Pediatrics and Adolescent Medicine, 154, 725-731, 2000	Incorrect outcome measure; Outcomes of CP, deafness, blindness and MDI score
Hadders-Algra, M., Touwen, B. C., Body measurements, neurological and behavioural development in six-year-old children born preterm and/or small-for-gestational-age, Early Human Development, 22, 1-13, 1990	All participants born before 1990.
Hall, J., Wolke, D., A comparison of prematurity and small for gestational age as risk factors for age 6-13 year emotional problems, Early Human Development, 88, 797-804, 2012	Participants born before 1990
Haller, S., Deindl, P., Cassini, A., Suetens, C., Zingg, W., Abu Sin, M., Velasco, E., Weiss, B., Ducomble, T., Sixtensson, M., Eckmanns, T., Harder, T., Neurological sequelae of healthcare-associated sepsis in very-low-birthweight infants: Umbrella review and evidence-based outcome tree, Euro Surveillance: Bulletin Europeen sur les Maladies Transmissibles = European Communicable Disease Bulletin, 21, 25, 2016	A review, population is very low birth weight infants, not preterm infants.
Hallin, A. L., Stjernqvist, K., Adolescents born extremely preterm: Behavioral outcomes and	Participants born before 1990

Study	Reason for Exclusion
quality of life, Scandinavian Journal of Psychology, 52, 251-256, 2011	
Halsey, C. L., Collin, M. F., Anderson, C. L., Extremely low birth weight children and their peers: a comparison of preschool performance, Pediatrics, 91, 807-11, 1993	All participants born before 1990.
Halsey,C.L., Collin,M.F., Anderson,C.L., Extremely low-birth-weight children and their peers. A comparison of school-age outcomes, Archives of Pediatrics and Adolescent Medicine, 150, 790-794, 1996	Only frequency of outcomes reported and differences between groups compared.
Hanke, C., Lohaus, A., Gawrilow, C., Hartke, I., Kohler, B., Leonhardt, A., Preschool development of very low birth weight children born 1994-1995, European Journal of Pediatrics, 162, 159-64, 2003	Only group differences reported.
Harris, M. N., Voigt, R. G., Barbaresi, W. J., Voge, G. A., Killian, J. M., Weaver, A. L., Colby, C. E., Carey, W. A., Katusic, S. K., ADHD and learning disabilities in former late preterm infants: A population-based birth cohort, Pediatrics, 132, e630-e636, 2013	All participants born before 1990.
Hawdon,J.M., Beauregard,N., Slattery,J., Kennedy,G., Identification of neonates at risk of developing feeding problems in infancy, Developmental Medicine and Child Neurology, 42, 235-239, 2000	Sample size <50
Hediger, M. L., Overpeck, M. D., Ruan, W. J., Troendle, J. F., Birthweight and gestational age effects on motor and social development, Paediatric and Perinatal Epidemiology, 16, 33-46, 2002	Participants born <1990
Heinonen, K., Pesonen, A. K., Lahti, J., Pyhala, R., Strang-Karlsson, S., Hovi, P., Jarvenpaa, A. L., Eriksson, J. G., Andersson, S., Kajantie, E., Raikkonen, K., Self- and parent-rated executive functioning in young adults with very low birth weight, Pediatrics, 131, e243-50, 2013	All participants born before 1990.
Helderman, J. B., O'Shea, T. M., Kuban, K. C. K., Allred, E. N., Hecht, J. L., Dammann, O., Paneth, N., McElrath, T. F., Onderdonk, A., Leviton, A., Antenatal antecedents of cognitive impairment at 24 months in extremely low gestational age newborns, Pediatrics, 129, 494-502, 2012	No relevant outcome for this review, included in the disorders review.
Hendson, L., Russell, L., Robertson, C. M., Liang, Y., Chen, Y., Abdalla, A., Lacaze-Masmonteil, T., Neonatal and neurodevelopmental outcomes of very low birth weight infants with histologic chorioamnionitis, Journal of Pediatrics, 158, 397-402, 2011	No relevant outcome for this review.
Hentges, C. R., Silveira, R. C., Procianoy, R. S., Carvalho, C. G., Filipouski, G. R., Fuentefria, R. N., Marquezotti, F., Terrazan, A. C., Association of late-onset neonatal sepsis with late neurodevelopment in the first two years of life of	Single-centre study.

Study	Reason for Exclusion
preterm infants with very low birth weight, Jornal de Pediatria, 90, 50-7, 2014	
Hibbs,A.M., Johnson,N.L., Rosen,C.L., Kirchner,H.L., Martin,R., Storfer-Isser,A., Redline,S., Prenatal and neonatal risk factors for sleep disordered breathing in school-aged children born preterm, Journal of Pediatrics, 153, 176-182, 2008	Participants born before 1990
Hille, E. T. M., Den Ouden, A. L., Bauer, L., Van den Oudenrijn, C., Brand, R., Verloove-Vanhorick, S. P., School performance at nine years of age in very premature and very low birth weight infants. Perinatal risk factors and predictors at five years of age, Journal of Pediatrics, 125, 426-434, 1994	All participants born before 1990.
Hille, E. T., Weisglas-Kuperus, N., van Goudoever, J. B., Jacobusse, G. W., Ens-Dokkum, M. H., de Groot, L., Wit, J. M., Geven, W. B., Kok, J. H., de Kleine, M. J., Kollee, L. A., Mulder, A. L., van Straaten, H. L., de Vries, L. S., van Weissenbruch, M. M., Verloove-Vanhorick, S. P., Dutch Collaborative, Pops Study Group, Functional outcomes and participation in young adulthood for very preterm and very low birth weight infants: the Dutch Project on Preterm and Small for Gestational Age Infants at 19 years of age, Pediatrics, 120, e587-95, 2007	All participants born before 1990
Hillemeier, M. M., Morgan, P. L., Farkas, G., Maczuga, S. A., Perinatal and socioeconomic risk factors for variable and persistent cognitive delay at 24 and 48 months of age in a national sample, Maternal and Child Health Journal, 15, 1001-1010, 2011	Incorrect outcome measure; Reports Bayley mental score, dichotomised at <10th percentile
Hindmarsh, G. J., O'Callaghan, M. J., Mohay, H. A., Rogers, Y. M., Gender differences in cognitive abilities at 2 years in ELBW infants. Extremely low birth weight, Early Human Development, 60, 115-22, 2000	Single-centre study; participants born between 1977-1993, distribution of population not reported.
Hintz, S. R., Kendrick, D. E., Vohr, B. R., Kenneth Poole, W., Higgins, R. D., Nichd Neonatal Research, Network, Gender differences in neurodevelopmental outcomes among extremely preterm, extremely-low-birthweight infants, Acta Paediatrica, 95, 1239-48, 2006	Incorrect outcome
Hitzert, M. M., Van Braeckel, K. N. J. A., de Bok, M., Maathuis, C. G. B., Roze, E., Bos, A. F., Functional outcome at school age of preterm-born children treated with high-dose dexamethasone, Early Human Development, 90, 253-258, 2014	Compared to population norms No multivariate analysis
Hitzert, M. M., Van Braeckel, K. N., de Bok, M., Maathuis, C. G., Roze, E., Bos, A. F., Functional outcome at school age of preterm-born children treated with high-dose dexamethasone, Early Human Development, 90, 253-8, 2014	Single centre study

Study	Reason for Exclusion
Hoekstra,R.E., Ferrara,T.B., Couser,R.J., Payne,N.R., Connett,J.E., Survival and long-term neurodevelopmental outcome of extremely premature infants born at 23-26 weeks' gestational age at a tertiary center, Pediatrics, 113, e1-e6, 2004	Single-centre study
Hoffman, L., Bann, C., Higgins, R., Vohr, B., Eunice Kennedy Shriver National Institute of Child, Health, Human Development Neonatal Research, Network, Developmental outcomes of extremely preterm infants born to adolescent mothers, Pediatrics, 135, 1082-92, 2015	Retrospective study
Horsch, S., Kutz, P., Roll, C., Late germinal matrix hemorrhage-like lesions in very preterm infants, Journal of Child Neurology, 25, 809-14, 2010	No multivariate analysis
Houtzager, B. A., Gorter-Overdiek, B., Van Sonderen, L., Tamminga, P., Van Wassenaer, A. G., Improvement of developmental outcome between 24 and 36 months corrected age in very preterm infants, Acta Paediatrica, 99, 1801-6, 2010	Incorrect outcome Looks at change in MDI score, rather than absolutes. No multivariate analysis for relevant outcomes.
Howard, K., Roberts, G., Lim, J., Lee, K. J., Barre, N., Treyvaud, K., Cheong, J., Hunt, R. W., Inder, T. E., Doyle, L. W., Anderson, P. J., Biological and environmental factors as predictors of language skills in very preterm children at 5 years of age, Journal of Developmental & Behavioral Pediatrics, 32, 239-49, 2011	Single-centre study
Hoy, E. A., Sykes, D. H., Bill, J. M., Halliday, H. L., McClure, B. G., Reid, M. M., The social competence of very-low-birthweight children: teacher, peer, and self-perceptions, Journal of Abnormal Child Psychology, 20, 123-50, 1992	Participants born before 1990
Hua, J., Gu, G., Jiang, P., Zhang, L., Zhu, L., Meng, W., The prenatal, perinatal and neonatal risk factors for children's developmental coordination disorder: A population study in mainland China, Research in Developmental Disabilities, 35, 619-625, 2014	Cross sectional study of children with/without DCD. Retrospective collection of GA data from parents.
Huang, H. R., Lee, Y. S., Chou, Y. H., A survey of postnatal under-nutrition in very low birth weight infants, Clinical Neonatology, 13, 32-37, 2006	Incorrect outcome measure
Huddy, C. L. J., Johnson, A., Hope, P. L., Educational and behavioural problems in babies of 32-35 weeks gestation, Archives of Disease in Childhood, 85, F23-F28, 2001	Case-control study
Hughes, C. A., O'Gorman, L. A., Shyr, Y., Schork, M. A., Bozynski, M. E., McCormick, M. C., Cognitive performance at school age of very low birth weight infants with bronchopulmonary dysplasia, Journal of Developmental & Behavioral Pediatrics, 20, 1-8, 1999	Participants born before 1990
Huhtala, M., Korja, R., Lehtonen, L., Haataja, L., Lapinleimu, H., Rautava, P., Ekblad, M., Ekblad,	Wrong risk factor Looks at the effect of paternal psychological proboems on development of PTB

Study	Reason for Exclusion
S., Ekholm, E., Kero, P., Lepomaki, V., Leppanen, M., Lind, A., Manninen, H., Maunu, J., Matomaki, J., Munck, P., Niemi, P., Nyman, A., Palo, P., Parkkola, R., Rautava, L., Saarinen, K., Savonlahti, E., Setanen, S., Sillanpaa, M., Stolt, S., Tuomikoski-Koiranen, P., Tuovinen, T., Ylijoki, M., Aarimaa, T., Associations between parental psychological well-being and socio-emotional development in 5-year-old preterm children, Early Human Development, 90, 119-124, 2014	
Hutton, J. L., Pharoah, P. O., Cooke, R. W., Stevenson, R. C., Differential effects of preterm birth and small gestational age on cognitive and motor development, Archives of Disease in Childhood Fetal & Neonatal Edition, 76, F75-81, 1997	Participants born <1990
Hvelplund, C., Hansen, B. M., Koch, S. V., Andersson, M., Skovgaard, A. M., Perinatal Risk Factors for Feeding and Eating Disorders in Children Aged 0 to 3 Years, Pediatrics, 137, 1-8, 2016	Outcome was assessed using ICD classification for diagnosis
Indredavik, M. S., Vik, T., Heyerdahl, S., Romundstad, P., Brubakk, A. M., Low-birthweight adolescents: quality of life and parent-child relations, Acta Paediatrica, 94, 1295-302, 2005	Participants born before 1990
Itabashi, K., Mishina, J., Tada, H., Sakurai, M., Nanri, Y., Hirohata, Y., Longitudinal follow-up of height up to five years of age in infants born preterm small for gestational age; comparison to full-term small for gestational age infants, Early Human Development, 83, 327-333, 2007	Participants born before 1990
Jadcherla,S.R., Wang,M., Vijayapal,A.S., Leuthner,S.R., Impact of prematurity and co-morbidities on feeding milestones in neonates: a retrospective study, Journal of Perinatology, 30, 201-208, 2010	No relevant risk factors assessed.
Jaekel, J., Bartmann, P., Schneider, W., Wolke, D., Neurodevelopmental pathways to preterm children's specific and general mathematic abilities, Early Human Development, 90, 639-644, 2014	Participants born before 1990
Jaekel, J., Wolke, D., Preterm birth and dyscalculia, Journal of Pediatrics, 164, 1327-1332, 2014	Participants born before 1990
Jang, D. H., Sung, I. Y., Jeon, J. Y., Moon, H. J., Kim, K. S., Kim, E. A., Lee, B. S., Neurodevelopmental outcomes in very low-birth-weight infants in Korea: 1998-2007 vs 1989-1997, Journal of Child Neurology, 26, 1405-10, 2011	Participants born <1990; single-centre study
Janssen, A. J., Nijhuis-van der Sanden, M. W., Akkermans, R. P., Oostendorp, R. A., Kollee, L. A., Influence of behaviour and risk factors on motor performance in preterm infants at age 2 to	Single-centre study

Study	Reason for Exclusion
3 years, Developmental Medicine & Child Neurology, 50, 926-31, 2008	
Jarvenpaa,A.L., Vlrtanen,M., Pohjavuori,M., The outcome of extremely low birthweight infants, Annals of Medicine, 23, 699-704, 1991	All participants born before 1990.
Jeng, S. F., Hsu, C. H., Tsao, P. N., Chou, H. C., Lee, W. T., Kao, H. A., Hung, H. Y., Chang, J. H., Chiu, N. C., Hsieh, W. S., Bronchopulmonary dysplasia predicts adverse developmental and clinical outcomes in very-low-birthweight infants, Developmental Medicine & Child Neurology, 50, 51-7, 2008	Analysis methods not according to the requirements of this review, no risk ratios or odds ratios presented.
Jennische, M., Sedin, G., Gender differences in outcome after neonatal intensive care: speech and language skills are less influenced in boys than in girls at 6.5 years, Acta Paediatrica, 92, 364-78, 2003	Participants born before 1990
Johnson,E.O., Breslau,N., Increased risk of learning disabilities in low birth weight boys at age 11 years, Biological Psychiatry, 47, 490-500, 2000	Participants born before 1990
Joseph, R. M., O'Shea, T. M., Allred, E. N., Heeren, T., Hirtz, D., Jara, H., Leviton, A., Kuban, K. C. K., Neurocognitive and academic outcomes at age 10 years of extremely preterm newborns, Pediatrics, 137, 2016	Outcome was reported in graphical forma
Joseph, R. M., O'Shea, T. M., Allred, E. N., Heeren, T., Hirtz, D., Paneth, N., Leviton, A., Kuban, K. C. K., Prevalence and associated features of autism spectrum disorder in extremely low gestational age newborns at age 10 years, Autism Research., 2016	Outcome not of interest
Kallen, K., Serenius, F., Westgren, M., Marsal, K., Fritz, T., Holmgren, P. A., Jeppsson, A., Norden-Lindeberg, S., Ostlund, I., Simic, M., Wennergren, M., Blennow, M., Ewald, U., Fellman, V., Hellstrom-Westas, L., Lagercrantz, H., Lindberg, E., Norman, M., Olhager, E., Sjors, G., Stigson, L., Hafstrom, M., Holmstrom, G., Laurini, R., Lundqvist, A., Lundqvist, P., Nilstun, T., Stjernqvist, K., Stromberg, B., Vollmer, B., Impact of obstetric factors on outcome of extremely preterm births in Sweden: Prospective population-based observational study (EXPRESS), Acta Obstetricia et Gynecologica Scandinavica, 94, 1203-1214, 2015	Incorrect outcome measure; Included in the disorders review.
Kan, E., Roberts, G., Anderson, P. J., Doyle, L. W., Victorian Infant Collaborative Study, Group, The association of growth impairment with neurodevelopmental outcome at eight years of age in very preterm children, Early Human Development, 84, 409-16, 2008	No relevant risk factors.
Karimi, M., Fallah, R., Dehghanpoor, A., Mirzaei, M., Developmental status of 5-year-old moderate low birth weight children, Brain & Development, 33, 651-5, 2011	No multivariate analysis; Iranian study of outcomes of PTB.

Study	Reason for Exclusion
Kato, T., Yorifuji, T., Inoue, S., Yamakawa, M., Doi, H., Kawachi, I., Associations of preterm births with child health and development: Japanese population-based study, Journal of Pediatrics, 163, 1578-1584.e4, 2013	Incorrect outcome No standardised tool used to measure behavioural outcomes.
Katz-Salamon, M., Gerner, E. M., Jonsson, B., Lagercrantz, H., Early motor and mental development in very preterm infants with chronic lung disease, Archives of Disease in Childhood Fetal & Neonatal Edition, 83, F1-6, 2000	Participants born <1990
Kaukola, T., Herva, R., Perhomaa, M., Paakko, E., Kingsmore, S., Vainionpaa, L., Hallman, M., Population cohort associating chorioamnionitis, cord inflammatory cytokines and neurologic outcome in very preterm, extremely low birth weight infants, Pediatric Research, 59, 478-83, 2006	Incorrect outcome measure Looks at functional neurological outcome, but not suitable for disorders.
Kawamura, H., Ishii, K., Yonetani, N., Mabuchi, A., Hayashi, S., Mitsuda, N., Significance of chorionicity on long-term outcome of low birthweight infants of <1500g in twin pregnancies, Journal of Obstetrics and Gynaecology Research, 41, 1185-1192, 2015	Considers outcomes in preterm twin pregnancies only, comparing mono to dichorionic
Kelleher, K. J., Casey, P. H., Bradley, R. H., Pope, S. K., Whiteside, L., Barrett, K. W., Swanson, M. E., Kirby, R. S., Risk factors and outcomes for failure to thrive in low birth weight preterm infants.[Erratum appears in Pediatrics 1993 Jul;92(1):190], Pediatrics, 91, 941-8, 1993	Follow-up of RCT; outcome assessed was failure to thrive.
Kennedy, C., Lipsitt, L. P., Temporal characteristics of non-oral feedings and chronic feeding problems in premature infants, Journal of Perinatal & Neonatal Nursing, 7, 77-89, 1993	Sample size <50
Kent, A. L., Wright, I. M., Abdel-Latif, M. E., New South, Wales, Australian Capital Territory Neonatal Intensive Care Units Audit, Group, Mortality and adverse neurologic outcomes are greater in preterm male infants, Pediatrics, 129, 124-31, 2012	No relevant outcome for this review, included in the disorders review.
Kerstjens, J. M., de Winter, A. F., Bocca-Tjeertes, I. F., Bos, A. F., Reijneveld, S. A., Risk of developmental delay increases exponentially as gestational age of preterm infants decreases: a cohort study at age 4 years, Developmental Medicine & Child Neurology, 54, 1096-101, 2012	This study looks at continuous GA.
Kiechl-Kohlendorfer, U., Ralser, E., Pupp Peglow, U., Pehboeck-Walser, N., Fussenegger, B., Early risk predictors for impaired numerical skills in 5-year-old children born before 32 weeks of gestation, Acta Paediatrica, 102, 66-71, 2013	Incorrect outcome
Kiechl-Kohlendorfer, U., Ralser, E., Pupp Peglow, U., Reiter, G., Griesmaier, E., Trawoger, R., Smoking in pregnancy: a risk factor for adverse neurodevelopmental outcome in preterm infants?, Acta Paediatrica, 99, 1016-9, 2010	Single-centre study

Study	Reason for Exclusion
Kierulf Stromme, K., Stromme, P., Bjertness, E., Lien, L., Intrauterine growth restriction - A population-based study of the association with academic performance and psychiatric health, Acta Paediatrica, International Journal of Paediatrics, 103, 886-891, 2014	Participants born <1990; Incorrect outcome measure
Kirkegaard, I., Obel, C., Hedegaard, M., Henriksen, T. B., Gestational age and birth weight in relation to school performance of 10-year-old children: a follow-up study of children born after 32 completed weeks, Pediatrics, 118, 1600-6, 2006	Single-centre study.
Klebanov, P. K., Brooks-Gunn, J., McCormick, M. C., Classroom behavior of very low birth weight elementary school children, Pediatrics, 94, 700-8, 1994	All participants born before 1990
Kmita, G., Urmanska, W., Kiepura, E., Polak, K., Feeding behaivour problems in infants born preterm: a psychological perspective. Preliminary report, Medycyna Wieku Rozwojowego, 15, 216-23, 2011	No multivariate analysis; Sample size <50
Ko, G., Shah, P., Lee, S. K., Asztalos, E., Impact of maternal education on cognitive and language scores at 18 to 24 months among extremely preterm neonates, American Journal of Perinatology, 30, 723-729, 2013	Irrelevant risk factors; Looks at the effect of maternal education on cognitive outcomes for preterm babies
Koc, O., Kavuncuotlu, S., Ramotlu, M. G., Aldemir, E. S. I. N., Aktalay, A., Eras, Z., School Performance and Neurodevelopment of Very Low Birth Weight Preterm Infants, Journal of Child Neurology, 31, 170-176, 2016	Study conducted in Turkey.
Kohlhauser, C., Fuiko, R., Panagl, A., Zadra, C., Haschke, N., Brandstetter, S., Weninger, M., Pollak, A., Outcome of very-low-birth-weight infants at 1 and 2 years of age. The importance of early identification of neurodevelopmental deficits, Clinical Pediatrics, 39, 441-9; discussion 451-2, 2000	Single-centre study; outcomes assessed as continuous.
Kok, J. H., Lya den Ouden, A., Verloove-Vanhorick, S. P., Brand, R., Outcome of very preterm small for gestational age infants: The first nine years of life, British Journal of Obstetrics and Gynaecology, 105, 162-168, 1998	Participants born <1990
Kono,Y., Mishina,J., Yonemoto,N., Kusuda,S., Fujimura,M., Neonatal correlates of adverse outcomes in very low-birthweight infants in the NICU Network, Pediatrics International, 53, 930-935, 2011	Incorrect outcome.
Korkman, M., Liikanen, A., Fellman, V., Neuropsychological consequences of very low birth weight and asphyxia at term: follow-up until school-age, Journal of Clinical & Experimental Neuropsychology: Official Journal of the International Neuropsychological Society, 18, 220-33, 1996	Participants born before 1990

Study	Reason for Exclusion
Korkman, M., Mikkola, K., Ritari, N., Tommiska, V., Salokorpi, T., Haataja, L., Tammela, O., Paakkonen, L., Olsen, P., Fellman, V., Neurocognitive test profiles of extremely low birth weight five-year-old children differ according to neuromotor status, Developmental Neuropsychology, 33, 637-55, 2008	Incorrect comparison; Considers association between neuromotor impairment and other outcomes in a group of PTB; No multivariate analysis
Lahat, A., Van Lieshout, R. J., Saigal, S., Boyle, M. H., Schmidt, L. A., Small for gestational age and poor fluid intelligence in childhood predict externalizing behaviors among young adults born at extremely low birth weight, Development & Psychopathology, 27, 181-8, 2015	Participants born between 1977 and 1982.
Lando, A., Klamer, A., Jonsbo, F., Weiss, J., Greisen, G., Developmental delay at 12 months in children born extremely preterm, Acta Paediatrica, 94, 1604-7, 2005	Incorrect outcome Looks at utility of a telephone administered questionnaire and similarity to ASQ.
Largo, R. H., Molinari, L., Kundu, S., Lipp, A., Duc, G., Intellectual outcome, speech and school performance in high risk preterm children with birth weight appropriate for gestational age, European Journal of Pediatrics, 149, 845-850, 1990	Only group differences reported.
Largo, R. H., Molinari, L., von Siebenthal, K., Wolfensberger, U., Development of bladder and bowel control: significance of prematurity, perinatal risk factors, psychomotor development and gender, European Journal of Pediatrics, 158, 115-22, 1999	All participants born before 1990; only group differences reported.
Larios-Del Toro, Y. E., Vasquez-Garibay, E. M., Gonzalez-Ojeda, A., Ramirez-Valdivia, J. M., Troyo-Sanroman, R., Carmona-Flores, G., A longitudinal evaluation of growth outcomes at hospital discharge of very-low-birth-weight preterm infants, European Journal of Clinical Nutrition, 66, 474-80, 2012	Study carried out in Mexico.
Lee, E. S., Yeatman, J. D., Luna, B., Feldman, H. M., Specific language and reading skills in school-aged children and adolescents are associated with prematurity after controlling for IQ, Neuropsychologia, 49, 906-913, 2011	Retrospective study
Lee, H., Barratt, M. S., Cognitive development of preterm low birth weight children at 5 to 8 years old, Journal of Developmental & Behavioral Pediatrics, 14, 242-9, 1993	Participants born before 1990
Lewis, B. A., Singer, L. T., Fulton, S., Salvator, A., Short, E. J., Klein, N., Baley, J., Speech and language outcomes of children with bronchopulmonary dysplasia, Journal of Communication Disorders, 35, 393-406, 2002	Only differences in groups reported as means, no multivariate analysis.
Linsell, L., Malouf, R., Johnson, S., Morris, J., Kurinczuk, J. J., Marlow, N., Prognostic Factors for Behavioral Problems and Psychiatric Disorders in Children Born Very Preterm or Very Low Birth Weight: A Systematic Review, Journal of Developmental & Behavioral Pediatrics, 37, 88-102, 2016	A systematic review with a different inclusion criteria. Included studies checked individually.

Study	Reason for Exclusion
Linsell, L., Malouf, R., Morris, J., Kurinczuk, J. J., Marlow, N., Prognostic Factors for Poor Cognitive Development in Children Born Very Preterm or With Very Low Birth Weight: A Systematic Review, JAMA pediatrics, 169, 1162-72, 2015	A systematic review with different inclusion criteria. Included studies checked individually.
Litt, J. S., Gerry Taylor, H., Margevicius, S., Schluchter, M., Andreias, L., Hack, M., Academic achievement of adolescents born with extremely low birth weight, Acta Paediatrica, International Journal of Paediatrics, 101, 1240-1245, 2012	No multivariate analysis was performed for dichotomised outcomes.
Litt, J., Taylor, H. G., Klein, N., Hack, M., Learning disabilities in children with very low birthweight: Prevalence, neuropsychological correlates, and educational interventions, Journal of Learning Disabilities, 38, 130-141, 2005	No multivariate analysis.
Litt, R., Joseph, A., Gale, R., Six year neurodevelopmental follow-up of very low birthweight children, Israel Journal of Medical Sciences, 31, 303-8, 1995	Participants born before 199; Sample size <50
Locatelli,A., Andreani,M., Pizzardi,A., Paterlini,G., Stoppa,P., Ghidini,A., Antenatal variables associated with severe adverse neurodevelopmental outcome among neonates born at less than 32 weeks, European Journal of Obstetrics, Gynecology, and Reproductive Biology, 152, 143-147, 2010	Incorrect outcome measure; Looks at composite outcome of severe adverse neurodevelopmental outcome or CP
Loe, I. M., Lee, E. S., Luna, B., Feldman, H. M., Behavior problems of 9-16 year old preterm children: biological, sociodemographic, and intellectual contributions, Early Human Development, 87, 247-52, 2011	Outcomes were assessed as continuous variables, no RRs reported.
Lowe, J., Papile, L., Neurodevelopmental performance of very-low-birth-weight infants with mild periventricular, intraventricular hemorrhage. Outcome at 5 to 6 years of age, American Journal of Diseases of Children, 144, 1242-5, 1990	<50 participants; born before 1990.
Lundqvist-Persson, C., Lau, G., Nordin, P., Bona, E., Sabel, K. G., Preterm infants' early developmental status is associated with later developmental outcome, Acta Paediatrica, 101, 172-8, 2012	Single-centre study; only group differences reported.
Luttikhuizen dos Santos, E. S., de Kieviet, J. F., Konigs, M., van Elburg, R. M., Oosterlaan, J., Predictive value of the Bayley Scales of Infant Development on development of very preterm/very low birth weight children: a meta-analysis, Early Human Development, 89, 487-96, 2015	Incorrect outcome
Luu, T. M., Ment, L., Allan, W., Schneider, K., Vohr, B. R., Executive and memory function in adolescents born very preterm, Pediatrics, 127, e639-46, 2011	Follow-up of RCT.

Study	Reason for Exclusion
Luu, T. M., Vohr, B. R., Allan, W., Schneider, K. C., Ment, L. R., Evidence for catch-up in cognition and receptive vocabulary among adolescents born very preterm, Pediatrics, 128, 313-22, 2011	Follow-up study of an RCT.
Luu,T.M., Ment,L.R., Schneider,K.C., Katz,K.H., Allan,W.C., Vohr,B.R., Lasting effects of preterm birth and neonatal brain hemorrhage at 12 years of age, Pediatrics, 123, 1037-1044, 2009	Participants born before 1990
Mahoney, K., Bajuk, B., Oei, J., Lui, K., Abdel-Latif, M. E., Risk of neurodevelopmental impairment for outborn extremely preterm infants in an Australian regional network, Journal of Maternal-Fetal and Neonatal Medicine, 1-7, 2016	Comparison was outborn vs inborn infants
Maitre,N.L., Marshall,D.D., Price,W.A., Slaughter,J.C., O'Shea,T.M., Maxfield,C., Goldstein,R.F., Neurodevelopmental outcome of infants with unilateral or bilateral periventricular hemorrhagic infarction, Pediatrics, 124, e1153-e1160, 2009	Incorrect outcome measure
Majnemer,A., Riley,P., Shevell,M., Birnbaum,R., Greenstone,H., Coates,A.L., Severe bronchopulmonary dysplasia increases risk for later neurological and motor sequelae in preterm survivors, Developmental Medicine and Child Neurology, 42, 53-60, 2000	Participants born before 1990
Mansson, J., Stjernqvist, K., Children born extremely preterm show significant lower cognitive, language and motor function levels compared with children born at term, as measured by the Bayley-III at 2.5 years, Acta Paediatrica, 103, 504-11, 2014	No multivariate analysis
Marin Gabriel, M. A., Pallas Alonso, C. R., De La Cruz Bertolo, J., Caserio Carbonero, S., Lopez Maestro, M., Moral Pumarega, M., Alonso Diaz, C., Lora Pablos, D., Age of sitting unsupported and independent walking in very low birth weight preterm infants with normal motor development at 2 years, Acta Paediatrica, 98, 1815-21, 2009	Single-centre study
Marks, K. A., Reichman, B., Lusky, A., Zmora, E., Fetal growth and postnatal growth failure in very-low-birthweight infants, Acta Paediatrica, International Journal of Paediatrics, 95, 236-242, 2006	Outcome assessed was growth failure measured by weight at birth.
Marston, L., Peacock, J. L., Calvert, S. A., Greenough, A., Marlow, N., Factors affecting vocabulary acquisition at age 2 in children born between 23 and 28 weeks' gestation, Developmental Medicine and Child Neurology, 49, 591-596, 2007	Follow up of RCT
Maunu, J., Kirjavainen, J., Korja, R., Parkkola, R., Rikalainen, H., Lapinleimu, H., Haataja, L., Lehtonen, L., Ekblad, S., Ekholm, E., Kero, P., Kujari, H., Manninen, H., Matomaki, J., Munck, P., Niemi, P., Palo, P., Piha, J., Pihlgren, A., Rautava, L., Rautava, P., Reiman, M., Saanisto,	No multivariate analysis

Study	Reason for Exclusion
T., Saarinen, K., Savonlahti, E., Sillanpaa, M., Stolt, S., Tuomikoski-Koiranen, P., Aarimaa, T., Relation of prematurity and brain injury to crying behavior in infancy, Pediatrics, 118, e57-e65, 2006	
McCormick, M. C., Workman-Daniels, K., Brooks-Gunn, J., The behavioral and emotional well-being of school-age children with different birth weights, Pediatrics, 97, 18-25, 1996	Participants born before 1990
McCurdy, M., Bellows, A., Deng, D., Leppert, M., Mahone, E., Pritchard, A., Test-retest reliability of the Capute scales for neurodevelopmental screening of a high risk sample: Impact of test-retest interval and degree of neonatal risk, Journal of Neonatal-Perinatal Medicine, 8, 233-41, 2015	Single centre study
McDonald, S., Kehler, H., Bayrampour, H., Fraser-Lee, N., Tough, S., Risk and protective factors in early child development: Results from the All Our Babies (AOB) pregnancy cohort, Research in Developmental Disabilities, 58, 20-30, 2016	Cut-off for ASQ was <1SD
McGauhey, P. J., Starfield, B., Alexander, C., Ensminger, M. E., Social environment and vulnerability of low birth weight children: a social-epidemiological perspective, Pediatrics, 88, 943-53, 1991	Participants born before 1990
McGowan, J. E., Alderdice, F. A., Doran, J., Holmes, V. A., Jenkins, J., Craig, S., Johnston, L., Impact of neonatal intensive care on late preterm infants: developmental outcomes at 3 years, Pediatrics, 130, e1105-12, 2012	No relevant risk factors.
McGrath, M. M., Sullivan, M. C., Lester, B. M., Oh, W., Longitudinal neurologic follow-up in neonatal intensive care unit survivors with various neonatal morbidities, Pediatrics, 106, 1397-405, 2000	No multivariate analysis
McGrath, M., Sullivan, M., Birth weight, neonatal morbidities, and school age outcomes in full-term and preterm infants, Issues in Comprehensive Pediatric Nursing, 25, 231-254, 2002	No multivariate analysis
Ment,L.R., Vohr,B., Allan,W., Katz,K.H., Schneider,K.C., Westerveld,M., Duncan,C.C., Makuch,R.W., Change in cognitive function over time in very low-birth-weight infants, JAMA, 289, 705-711, 2003	Participants born <1990
Merhar,S.L., Tabangin,M.E., Meinzen-Derr,J., Schibler,K.R., Grade and laterality of intraventricular haemorrhage to predict 18-22 month neurodevelopmental outcomes in extremely low birthweight infants, Acta Paediatrica, International Journal of Paediatrics, 101, 414-418, 2012	No relevant outcome for this review, included in the disorders review.
Mikkola,K., Ritari,N., Tommiska,V., Salokorpi,T., Lehtonen,L., Tammela,O., Paakkonen,L., Olsen,P., Korkman,M., Fellman,V.,	No relevant outcome, included in disorders review.

Study	Reason for Exclusion
Neurodevelopmental outcome at 5 years of age of a national cohort of extremely low birth weight infants who were born in 1996-1997, Pediatrics, 116, 1391-1400, 2005	
Miller, M., Bowen, J. R., Gibson, F. L., Hand, P. J., Ungerer, J. A., Behaviour problems in extremely low birthweight children at 5 and 8 years of age, Child: care, health and development, 27, 569-581, 2001	Participants born before 1990
Miltaha, H. R., Fahey, L. M., Sajous, C. H., Morrison, J. C., Muraskas, J. K., Influence of perinatal factors in short- and long-term outcomes of infants born at 23 weeks of gestation, American Journal of Perinatology, 32, 627-32, 2015	Single-centre study.
Mitha, A., Foix-L'Helias, L., Arnaud, C., Marret, S., Vieux, R., Aujard, Y., Thiriez, G., Larroque, B., Cambonie, G., Burguet, A., Boileau, P., Roze, J. C., Kaminski, M., Truffert, P., Ancel, P. Y., Epipage Study Group, Neonatal infection and 5-year neurodevelopmental outcome of very preterm infants, Pediatrics, 132, e372-80, 2013	No relevant outcome for this review.
Miyahara, M., Jongmans, M. J., Mercuri, E., de Vries, L. S., Henderson, L., Henderson, S. E., Multiple birth versus neonatal brain lesions in children born prematurely as predictors of perceptuo-motor impairment at age 6, Developmental Neuropsychology, 24, 435-59, 2003	Participants born <1990
Modi, M., Saluja, S., Kler, N., Batra, A., Kaur, A., Garg, P., Soni, A., Suman, P., Growth and neurodevelopmental outcome of VLBW infants at 1 year corrected age, Indian Pediatrics, 50, 573-7, 2013	Study was carried out in India; only group differences were reported.
Moe, V., Braarud, H. C., Wentzel-Larsen, T., Slinning, K., Vannebo, U. T., Guedeney, A., Heimann, M., Rostad, A. M., Smith, L., Precursors of social emotional functioning among full-term and preterm infants at 12 months: Early infant withdrawal behavior and symptoms of maternal depression, Infant Behavior and Development, 44, 159-168, 2016	Sample size of preterm group too small (N=64).
Moore,T., Hennessy,E.M., Myles,J., Johnson,S.J., Draper,E.S., Costeloe,K.L., Marlow,N., Neurological and developmental outcome in extremely preterm children born in England in 1995 and 2006: the EPICure studies, BMJ, 345, e7961-, 2012	Only compared frequencies, no odds ratios or relative risks calculated.
Morag, I., Bart, O., Raz, R., Shayevitz, S., Simchen, M. J., Strauss, T., Zangen, S., Kuint, J., Gabis, L., Developmental characteristics of late preterm infants at six and twelve months: a prospective study, Infant Behavior & Development, 36, 451-6, 2013	Single-centre study
Moreira, R. S., Magalhaes, L. C., Alves, C. R. L., Effect of preterm birth on motor development, behavior, and school performance of schoola-	Systematic review but individual studies have been checked.

Study	Reason for Exclusion
age children: A systematic review, Jornal de Pediatria, 90, 119-134, 2014	
Moreira, R. S., Magalhaes, L. C., Dourado, J. S., Lemos, S. M., Alves, C. R., Factors influencing the motor development of prematurely born school-aged children in Brazil, Research in Developmental Disabilities, 35, 1941-51, 2014	Motor development of PTB in Brazil
Morgan, P. L., Hammer, C. S., Farkas, G., Hillemeier, M. M., Maczuga, S., Cook, M., Morano, S., Who Receives Speech/Language Services by 5 Years of Age in the United States?, American Journal of Speech-Language Pathology, 25, 183-99, 2016	A study on nationally representative sample of children (regardless of gestational age), no stratification by gestational age.
Morriss Jr, F. H., Saha, S., Bell, E. F., Colaizy, T. T., Stoll, B. J., Hintz, S. R., Shankaran, S., Vohr, B. R., Hamrick, S. E. G., Pappas, A., Jones, P. M., Carlo, W. A., Laptook, A. R., Van Meurs, K. P., Sanchez, P. J., Hale, E. C., Newman, N. S., Das, A., Higgins, R. D., Surgery and neurodevelopmental outcome of very low-birth-weight infants, JAMA Pediatrics, 168, 746-754, 2014	Incorrect outcome measure; outcome of death or neurodevelopmental impairment
Morse, S. B., Zheng, H., Tang, Y., Roth, J., Early school-age outcomes of late preterm infants, Pediatrics, 123, e622-e629, 2009	Retrospective study
Mossabeb, R., Wade, K. C., Finnegan, K., Sivieri, E., Abbasi, S., Language development survey provides a useful screening tool for language delay in preterm infants, Clinical Pediatrics, 51, 638-44, 2012	Single-centre study
Msall, M. E., Buck, G. M., Rogers, B. T., Catanzaro, N. L., Kindergarten readiness after extreme prematurity, American Journal of Diseases of Children, 146, 1371-1375, 1992	Participants born <1990
Msall, M. E., Phelps, D. L., DiGaudio, K. M., Dobson, V., Tung, B., McClead, R. E., Quinn, G. E., Reynolds, J. D., Hardy, R. J., Palmer, E. A., Severity of neonatal retinopathy of prematurity is predictive of neurodevelopmental functional outcome at age 5.5 years. Behalf of the Cryotherapy for Retinopathy of Prematurity Cooperative Group, Pediatrics, 106, 998-1005, 2000	Participants born before 1990
Mukerji, A., Shah, V., Shah, P. S., Periventricular/Intraventricular Hemorrhage and Neurodevelopmental Outcomes: A Meta-analysis, Pediatrics, 136, 1132-43, 2015	A systematic review and meta-analysis with different inclusion criteria. Included studies checked individually.
Mukhopadhyay,K., Malhi,P., Mahajan,R., Narang,A., Neurodevelopmental and behavioral outcome of very low birth weight babies at corrected age of 2 years, Indian Journal of Pediatrics, 77, 963-967, 2010	No multivariate analysis; Follow up of RCT
Mulder, H., Pitchford, N. J., Marlow, N., Processing speed and working memory underlie academic attainment in very preterm children, Archives of Disease in Childhood Fetal & Neonatal Edition, 95, F267-72, 2010	Did not adjust for important confounders, only verbal speed or IQ or working memory.

Study	Reason for Exclusion
Mura, T., Picaud, J. C., Larroque, B., Galtier, F., Marret, S., Roze, J. C., Truffert, P., Kuhn, P., Fresson, J., Thiriez, G., Arnaud, C., Mercier, G., Picot, M. C., Ancel, P. Y., Ledesert, B., Etude Epidemiologique sur les Petits Ages Gestationnels Study, Group, Cognitive impairment at age 5 years in very preterm infants born following premature rupture of membranes, Journal of Pediatrics, 163, 435-40, 2013	Wrong risk factor Compares babies with PPROM to those with other reasons for prematurity
Murray, A. L., Scratch, S. E., Thompson, D. K., Inder, T. E., Doyle, L. W., Anderson, J. F., Anderson, P. J., Neonatal brain pathology predicts adverse attention and processing speed outcomes in very preterm and/or very low birth weight children, Neuropsychology, 28, 552-62, 2014	Single-centre study
Nasef, N., Shabaan, A., Schurr, P., Iaboni, D., Choudhury, J., Church, P., Dunn, M. S., Effect of clinical and histological chorioamnionitis on the outcome of preterm infants, American Journal of Perinatology, 30, 59-68, 2013	Single-centre study
Nasuuna, E., Santoro, G., Kremer, P., de Silva, A. M., Examining the relationship between childhood health conditions and health service utilisation at school entry and subsequent academic performance in a large cohort of Australian children, Journal of Paediatrics & Child Health, 52, 750-8, 2016	No stratification according to gestational age/prematurity.
Natalucci,G., Schneider,M., Werner,H., Caflisch,J.A., Bucher,H.U., Jenni,O.G., Latal,B., Development of neuromotor functions in very low birth weight children from six to 10 years of age: patterns of change, Acta Paediatrica, 102, 809-814, 2013	Incorrect outcome Looks at change in neuromotor function over time and variables associated with improvement.
Neubauer, A. P., Voss, W., Kattner, E., Outcome of extremely low birth weight survivors at school age: the influence of perinatal parameters on neurodevelopment, European Journal of Pediatrics, 167, 87-95, 2008	No relevant outcomes for this review.
Neubauer, V., Griesmaier, E., Pehbock-Walser, N., Pupp-Peglow, U., Kiechl-Kohlendorfer, U., Poor postnatal head growth in very preterm infants is associated with impaired neurodevelopment outcome, Acta Paediatrica, 102, 883-8, 2013	Wrong risk factor Looks at impact of microcephaly on neurodevelopmental outcome.
Nieuwenhuis, T., Verhagen, E. A., Bos, A. F., van Dijk, M. W. G., Children born preterm and full term have similar rates of feeding problems at three years of age, Acta Paediatrica, International Journal of Paediatrics, 105, 452-457, 2016	Sample size was less than 50
Nomura, Y., Halperin, J. M., Newcorn, J. H., Davey, C., Fifer, W. P., Savitz, D. A., Brooks-Gunn, J., The risk for impaired learning-related abilities in childhood and educational attainment	Participants born before 1990

Study	Reason for Exclusion
among adults born near-term, Journal of Pediatric Psychology, 34, 406-418, 2009	
Nomura, Y., Rajendran, K., Brooks-Gunn, J., Newcorn, J. H., Roles of perinatal problems on adolescent antisocial behaviors among children born after 33 completed weeks: A prospective investigation, Journal of Child Psychology and Psychiatry and Allied Disciplines, 49, 1108-1117, 2008	All participants born before 1990.
Nomura,Y., Chemtob,C.M., Conjoined effects of low birth weight and childhood abuse on adaptation and well-being in adolescence and adulthood, Archives of Pediatrics and Adolescent Medicine, 161, 186-192, 2007	Participants born <1990
Nosarti, C., Giouroukou, E., Micali, N., Rifkin, L., Morris, R. G., Murray, R. M., Impaired executive functioning in young adults born very preterm, Journal of the International Neuropsychological Society, 13, 571-581, 2007	Participants born before 1990
Nosarti,C., Walshe,M., Rushe,T.M., Rifkin,L., Wyatt,J., Murray,R.M., Allin,M.P., Neonatal ultrasound results following very preterm birth predict adolescent behavioral and cognitive outcome, Developmental Neuropsychology, 36, 118-135, 2011	Participants born <1990
Oberklaid, F., Sewell, J., Sanson, A., Prior, M., Temperament and behavior of preterm infants: a six-year follow-up, Pediatrics, 87, 854-61, 1991	Participants born before 1990
O'Brien, F., Roth, S., Stewart, A., Rifkin, L., Rushe, T., Wyatt, J., The neurodevelopmental progress of infants less than 33 weeks into adolescence, Archives of Disease in Childhood, 89, 207-11, 2004	Participants born <1990
Ong, L. C., Boo, N. Y., Chandran, V., Predictors of neurodevelopmental outcome of Malaysian very low birthweight children at 4 years of age, Journal of Paediatrics & Child Health, 37, 363-8, 2001	Single-centre study
Ong, L. C., Boo, N. Y., Chandran, V., Zamratol, S. M., Allison, L., Teoh, S. L., Nyein, M. K., Lye, M. S., Relationship between head growth and neurodevelopmental outcome of Malaysian very low birthweight infants during the 1st year of life, Annals of Tropical Paediatrics, 17, 209-16, 1997	Risk factor not relevant.
Orchinik, L. J., Taylor, H. G., Espy, K. A., Minich, N., Klein, N., Sheffield, T., Hack, M., Cognitive outcomes for extremely preterm/extremely low birth weight children in kindergarten, Journal of the International Neuropsychological Society, 17, 1067-1079, 2011	Single-centre study
O'Shea, T. M., Allred, E. N., Kuban, K. C., Hirtz, D., Specter, B., Durfee, S., Paneth, N., Leviton, A., Elgan Study Investigators, Intraventricular hemorrhage and developmental outcomes at 24 months of age in extremely preterm infants, Journal of Child Neurology, 27, 22-9, 2012	Incorrect outcome measure

Study	Reason for Exclusion
Pappas, A., Kendrick, D. E., Shankaran, S., Stoll, B. J., Bell, E. F., Laptook, A. R., Walsh, M. C., Das, A., Hale, E. C., Newman, N. S., Higgins, R. D., Chorioamnionitis and early childhood outcomes among extremely low-gestational-age neonates, JAMA Pediatrics, 168, 137-147, 2014	Incorrect outcome measure; Outcome of neurodevelopmental impairment, CP, cognitive score
Patkai, J., Schmitz, T., Anselem, O., Mokbat, S., Jarreau, P. H., Goffinet, F., Azria, E., Neonatal and two-year outcomes after rupture of membranes before 25 weeks of gestation, European Journal of Obstetrics, Gynecology, & Reproductive Biology, 166, 145-50, 2013	Irrelevant risk factors; Considers outcomes related to PROM/no PROM
Patra, K., Greene, M. M., Silvestri, J. M., Neurodevelopmental impact of hydrocortisone exposure in extremely low birth weight infants: Outcomes at 1 and 2 years, Journal of Perinatology, 35, 77-81, 2015	Single-centre study
Patrianakos-Hoobler, A. I., Msall, M. E., Marks, J. D., Huo, D., Schreiber, M. D., Risk factors affecting school readiness in premature infants with respiratory distress syndrome, Pediatrics, 124, 258-267, 2009	Incorrect outcome measure; Assesses "school readiness" as outcome
Patrianakos-Hoobler,A.I., Msall,M.E., Huo,D., Marks,J.D., Plesha-Troyke,S., Schreiber,M.D., Predicting school readiness from neurodevelopmental assessments at age 2 years after respiratory distress syndrome in infants born preterm, Developmental Medicine and Child Neurology, 52, 379-385, 2010	Follow up of RCT
Payne, A. H., Hintz, S. R., Hibbs, A. M., Walsh, M. C., Vohr, B. R., Bann, C. M., Wilson-Costello, D. E., Neurodevelopmental outcomes of extremely low-gestational-age neonates with low-grade periventricular-intraventricular hemorrhage, JAMA Pediatrics, 167, 451-459, 2013	Incorrect outcome measure
Peralta-Carcelen, M., Bailey, K., Rector, R., Gantz, M., Behavioral and socioemotional competence problems of extremely low birth weight children, Journal of Perinatology, 33, 887-892, 2013	Follow up of RCT on glutamine supplementation.
Perez-Pereira, M., Fernandez, P., Gomez-Taibo, M. L., Resches, M., Language development of low risk preterm infants up to the age of 30 months, Early Human Development, 90, 649-56, 2014	Analysis methods used in this study are according to requirements in this review, no ratios presented.
Perez-Pereira, M., Fernandez, P., Resches, M., Gomez-Taibo, M. L., Does temperament influence language development? Evidence from preterm and full-term children, Infant Behavior and Development, 42, 11-21, 2016	No relevant data.
Peterson, J., Taylor, H. G., Minich, N., Klein, N., Hack, M., Subnormal head circumference in very low birth weight children: neonatal correlates and school-age consequences, Early Human Development, 82, 325-34, 2006	Wrong risk factor Considers PTB with subnormal versus normal head circumference

Study	Reason for Exclusion
Petrini,J.R., Dias,T., McCormick,M.C., Massolo,M.L., Green,N.S., Escobar,G.J., Increased risk of adverse neurological development for late preterm infants, Journal of Pediatrics, 154, 169-176, 2009	No relevant outcome for this review.
Pharoah, P. O., Stevenson, C. J., Cooke, R. W., Stevenson, R. C., Clinical and subclinical deficits at 8 years in a geographically defined cohort of low birthweight infants, Archives of Disease in Childhood, 70, 264-70, 1994	Participants born <1990
Picciolini, O., Montirosso, R., Porro, M., Gianni, M. L., Mosca, F., Neurofunctional assessment at term equivalent age can predict 3-year neurodevelopmental outcomes in very low birth weight infants, Acta Paediatrica, International Journal of Paediatrics, 105, e47-e53, 2016	Single centre study.
Piecuch,R.E., Leonard,C.H., Cooper,B.A., Kilpatrick,S.J., Schlueter,M.A., Sola,A., Outcome of infants born at 24-26 weeks' gestation: II. Neurodevelopmental outcome, Obstetrics and Gynecology, 90, 809-814, 1997	Single-centre study
Pietz, J., Peter, J., Graf, R., Rauterberg-Ruland, I., Rupp, A., Sontheimer, D., Linderkamp, O., Physical growth and neurodevelopmental outcome of nonhandicapped low-risk children born preterm, Early Human Development, 79, 131-43, 2004	Only group differences reported.
Pinto-Martin, J. A., Whitaker, A. H., Feldman, J. F., Van Rossem, R., Paneth, N., Relation of cranial ultrasound abnormalities in low-birthweight infants to motor or cognitive performance at ages 2, 6, and 9 years, Developmental Medicine & Child Neurology, 41, 826-33, 1999	Participants born before 1990
Pinto-Martin, J., Whitaker, A., Feldman, J., Cnaan, A., Zhao, H., Bloch, J. R., McCulloch, D., Paneth, N., Special education services and school performance in a regional cohort of low-birthweight infants at age nine.[Erratum appears in Paediatr Perinat Epidemiol. 2004 Nov;18(6):467 Note: Rosen-Bloch, Joan [corrected to Bloch, Joan Rosen]], Paediatric and Perinatal Epidemiology, 18, 120-9, 2004	Participants born <1990
Poehlmann, J., Schwichtenberg, A. J., Shah, P. E., Shlafer, R. J., Hahn, E., Maleck, S., The development of effortful control in children born preterm, Journal of Clinical Child & Adolescent Psychology, 39, 522-36, 2010	No multivariate analysis; incorrect outcomes measure.
Pontello, D., Ianni, A., Driul, L., Della Martina, M., Veronese, P., Chiandotto, V., Furlan, R., Macagno, F., Marchesoni, D., Prenatal risk factors for intraventricular hemorrahage, neonatal death and impaired psychomotor development in very low birth weight infants, Minerva Ginecologica, 60, 223-229, 2008	Outcome not specified clearly.
Pope, S. K., Whiteside, L., Brooks-Gunn, J., Kelleher, K. J., Rickert, V. I., Bradley, R. H.,	Participants born <1990

Study	Reason for Exclusion
Casey, P. H., Low-birth-weight infants born to adolescent mothers. Effects of coresidency with grandmother on child development, JAMA, 269, 1396-400, 1993	
Potharst, E. S., Van Wassenaer-Leemhuis, A. G., Houtzager, B. A., Livesey, D., Kok, J. H., Last, B. F., Oosterlaan, J., Perinatal risk factors for neurocognitive impairments in preschool children born very preterm, Developmental Medicine and Child Neurology, 55, 178-184, 2013	Single-centre study
Potijk, M. R., De Winter, A. F., Bos, A. F., Kerstjens, J. M., Reijneveld, S. A., Co-occurrence of developmental and behavioural problems in moderate to late preterm-born children, Archives of Disease in Childhood, 101, 217-222, 2016	This study looks at the co-occurrence of developmental and behavioural problems in late preterm born children. Not of interest according to review protocol.
Potijk, M. R., Kerstjens, J. M., Bos, A. F., Reijneveld, S. A., de Winter, A. F., Developmental delay in moderately preterm-born children with low socioeconomic status: risks multiply, Journal of Pediatrics, 163, 1289-95, 2013	Outcomes reported as continuous outcomes, no cut-offs for problems.
Powers, G. C., Ramamurthy, R., Schoolfield, J., Matula, K., Postdischarge growth and development in a predominantly Hispanic, very low birth weight population, Pediatrics, 122, 1258-65, 2008	Single-centre study; Incorrect outcome measure
Powls, A., Botting, N., Cooke, R. W., Marlow, N., Handedness in very-low-birthweight (VLBW) children at 12 years of age: relation to perinatal and outcome variables, Developmental Medicine & Child Neurology, 38, 594-602, 1996	Participants born before 1990
Powls, A., Botting, N., Cooke, R. W., Marlow, N., Motor impairment in children 12 to 13 years old with a birthweight of less than 1250 g, Archives of Disease in Childhood Fetal & Neonatal Edition, 73, F62-6, 1995	Participants born <1990
Pritchard, M. A., de Dassel, T., Beller, E., Bogossian, F., Johnston, L., Paynter, J., Russo, S., Scott, J., Autism in Toddlers Born Very Preterm, Pediatrics, 137, e20151949, 2016	Single-centre study.
Pryor, J., Silva, P. A., Brooke, M., Growth, development and behaviour in adolescents born small-for-gestational-age, Journal of Paediatrics & Child Health, 31, 403-7, 1995	Participants born before 1990
Pyhala, R., Hovi, P., Lahti, M., Sammallahti, S., Lahti, J., Heinonen, K., Pesonen, A. K., Strang-Karlsson, S., Eriksson, J. G., Andersson, S., Jarvenpaa, A. L., Kajantie, E., Raikkonen, K., Very low birth weight, infant growth, and autism-spectrum traits in adulthood, Pediatrics, 134, 1075-83, 2014	Incorrect outcome measure Looks at autism traits. Not suitable for disorders as screening tool for traits, not diagnostic.
Rabie, N. Z., Bird, T. M., Magann, E. F., Hall, R. W., McKelvey, S. S., ADHD and developmental speech/language disorders in late preterm, early	Incorrect outcome measure; Reports developmental delay but already included in disorders review

Study	Reason for Exclusion
term and term infants, Journal of Perinatology, 35, 660-664, 2015	
Rademaker, K. J., Uiterwaal, C. S., Groenendaal, F., Venema, M. M., van Bel, F., Beek, F. J., van Haastert, I. C., Grobbee, D. E., de Vries, L. S., Neonatal hydrocortisone treatment: neurodevelopmental outcome and MRI at school age in preterm-born children, Journal of Pediatrics, 150, 351-7, 2007	Single-centre study
Ramey,C.T., Bryant,D.M., Wasik,B.H., Sparling,J.J., Fendt,K.H., LaVange,L.M., Infant Health and Development Program for low birth weight, premature infants: program elements, family participation, and child intelligence, Pediatrics, 89, 454-465, 1992	Participants born before 1990
Rand, K. M., Austin, N. C., Inder, T. E., Bora, S., Woodward, L. J., Neonatal Infection and Later Neurodevelopmental Risk in the Very Preterm Infant, Journal of Pediatrics, 170, 97-104, 2016	Single centre study.
Ranke, M. B., Vollmer, B., Traunecker, R., Wollmann, H. A., Goelz, R. R., Seibold-Weiger, K., Speer, C. P., Krageloh-Mann, I., Growth and development are similar in VLBW children born appropriate and small for gestational age: an interim report on 97 preschool children, Journal of Pediatric Endocrinology, 20, 1017-26, 2007	No multivariate analysis; Incorrect outcome measure, Looks at absolute outcomes of height, weight etc for AGA and SGA PTB
Reidy, N., Morgan, A., Thompson, D. K., Inder, T. E., Doyle, L. W., Anderson, P. J., Impaired language abilities and white matter abnormalities in children born very preterm and/or very low birth weight, Journal of Pediatrics, 162, 719-24, 2013	Single-centre study
Resch,B., Jammernegg,A., Perl,E., Riccabona,M., Maurer,U., Muller,W.D., Correlation of grading and duration of periventricular echodensities with neurodevelopmental outcome in preterm infants, Pediatric Radiology, 36, 810-815, 2006	Single-centre study
Resnick, M. B., Gomatam, S. V., Carter, R. L., Ariet, M., Roth, J., Kilgore, K. L., Bucciarelli, R. L., Mahan, C. S., Curran, J. S., Eitzman, D. V., Educational disabilities of neonatal intensive care graduates, Pediatrics, 102, 308-314, 1998	Only frequencies between groups reported.
Resnick, M. B., Gueorguieva, R. V., Carter, R. L., Ariet, M., Sun, Y., Roth, J., Bucciarelli, R. L., Curran, J. S., Mahan, C. S., The impact of low birth weight, perinatal conditions, and sociodemographic factors on educational outcome in kindergarten, Pediatrics, 104, e74, 1999	Participants born before 1990
Resnick, M. B., Roth, J., Ariet, M., Carter, R. L., Emerson, J. C., Hendrickson, J. M., Packer, A. B., Larsen, J. J., Wolking, W. D., Lucas, M., Schenck, B. J., Fearnside, B., Bucciarelli, R. L., Educational outcome of neonatal intensive care graduates, Pediatrics, 89, 373-378, 1992	Participants born <1990

Study	Reason for Exclusion
Reuner, G., Hassenpflug, A., Pietz, J., Philippi, H., Long-term development of low-risk low birth weight preterm born infants: Neurodevelopmental aspects from childhood to late adolescence, Early Human Development, 85, 409-413, 2009	Participants born <1990
Reveillon, M., Borradori Tolsa, C., Monnier, M., Huppi, P. S., Barisnikov, K., Response inhibition difficulties in preterm children aged 9-12 years: Relations with emotion and behavior, Child Neuropsychology, 22, 420-442, 2016	Too small sample.
Reynolds, V., Meldrum, S., Simmer, K., Vijayasekaran, S., French, N., Voice problems in school-aged children following very preterm birth, Archives of Disease in Childhood, 101, 556-560, 2016	Single-centre study.
Rickards, A. L., Kitchen, W. H., Doyle, L. W., Ford, G. W., Kelly, E. A., Callanan, C., Cognition, school performance, and behavior in very low birth weight and normal birth weight children at 8 years of age: a longitudinal study, Journal of developmental and behavioral pediatrics : JDBP, 14, 363-368, 1993	Participants born before 1990
Robertson, C. M., Etches, P. C., Goldson, E., Kyle, J. M., Eight-year school performance, neurodevelopmental, and growth outcome of neonates with bronchopulmonary dysplasia: a comparative study, Pediatrics, 89, 365-72, 1992	Participants born <1990
Roussounis,S.H., Hubley,P.A., Dear,P.R., Five-year-follow-up of very low birthweight infants: neurological and psychological outcome, Child: Care, Health and Development, 19, 45-59, 1993	Only frequencies compared, no multivariate analysis.
Rover, M. M., Viera, C. S., Silveira, R. C., Guimaraes, A. T., Grassiolli, S., Risk factors associated with growth failure in the follow-up of very low birth weight newborns, Jornal de Pediatria, 92, 307-13, 2016	Single centre study, conducted in developing country (Brazil).
Rovira, N., Alarcon, A., Iriondo, M., Ibanez, M., Poo, P., Cusi, V., Agut, T., Pertierra, A., Krauel, X., Impact of histological chorioamnionitis, funisitis and clinical chorioamnionitis on neurodevelopmental outcome of preterm infants, Early Human Development, 87, 253-7, 2011	Single-centre study
Rushe, T. M., Rifkin, L., Stewart, A. L., Townsend, J. P., Roth, S. C., Wyatt, J. S., Murray, R. M., Neuropsychological outcome at adolescence of very preterm birth and its relation to brain structure, Developmental Medicine & Child Neurology, 43, 226-33, 2001	Participants born before 1990
Saigal, S., Rosenbaum, P., Szatmari, P., Campbell, D., Learning disabilities and school problems in a regional cohort of extremely low birth weight (less than 1000 G) children: a comparison with term controls, Journal of developmental and behavioral pediatrics : JDBP, 12, 294-300, 1991	Participants born before 1990

Study	Reason for Exclusion
Saigal, S., Stoskopf, B. L., Streiner, D. L., Burrows, E., Physical growth and current health status of infants who were of extremely low birth weight and controls at adolescence, Pediatrics, 108, 407-15, 2001	Participants born <1990
Saigal, S., Stoskopf, B., Streiner, D., Paneth, N., Pinelli, J., Boyle, M., Growth trajectories of extremely low birth weight infants from birth to young adulthood: a longitudinal, population-based study, Pediatric Research, 60, 751-8, 2006	Participants born before 1990
Saldir,M., Sarici,S.U., Bakar,E.E., Ozcan,O., Neurodevelopmental status of preterm newborns at infancy, born at a Tertiary Care Center in Turkey, American Journal of Perinatology, 27, 121-128, 2010	Study carried out in Turkey.
Salokorpi, T., Sajaniemi, N., Hallback, H., Kari, A., Rita, H., von Wendt, L., Randomized study of the effect of antenatal dexamethasone on growth and development of premature children at the corrected age of 2 years, Acta Paediatrica, 86, 294-8, 1997	Follow up of RCT
Samsom, J. F., de Groot, L., Study of a group of extremely preterm infants (25-27 weeks): how do they function at 1 year of age?, Journal of Child Neurology, 16, 832-7, 2001	Fewer than 50 participants
Samsom, J. F., de Groot, L., Cranendonk, A., Bezemer, D., Lafeber, H. N., Fetter, W. P., Neuromotor function and school performance in 7-year-old children born as high-risk preterm infants, Journal of Child Neurology, 17, 325-32, 2002	Outcome measure unclear; Reports Functional outcomes, but not clear what is regarded as abnormal.
Sania, A., Spiegelman, D., Rich-Edwards, J., Hertzmark, E., Mwiru, R. S., Kisenge, R., Fawzi, W. W., The contribution of preterm birth and intrauterine growth restriction to childhood undernutrition in Tanzania, Maternal & Child Nutrition, 11, 618-30, 2015	Study carried out in Tanzania.
Sansavini, A., Bello, A., Guarini, A., Savini, S., Alessandroni, R., Faldella, G., Caselli, C., Noun and predicate comprehension/production and gestures in extremely preterm children at two years of age: Are they delayed?, Journal of Communication Disorders, 58, 126-142, 2015	Single centre study.
Sansavini, A., Guarini, A., Justice, L. M., Savini, S., Broccoli, S., Alessandroni, R., Faldella, G., Does preterm birth increase a child's risk for language impairment?, Early Human Development, 86, 765-772, 2010	Sing;e-centre study
Sansavini, A., Guarini, A., Savini, S., Broccoli, S., Justice, L., Alessandroni, R., Faldella, G., Longitudinal trajectories of gestural and linguistic abilities in very preterm infants in the second year of life, Neuropsychologia, 49, 3677-88, 2011	Single-centre study
Santos, I. S., Matijasevich, A., Domingues, M. R., Barros, A. J. D., Victora, C. G., Barros, F. C.,	Brazilian study of faltering growth in preterm babies.

Study	Reason for Exclusion
Late preterm birth is a risk factor for growth faltering in early childhood: A cohort study, BMC Pediatrics, 9, 2009	
Sato, M., Aotani, H., Hattori, R., Funato, M., Behavioral outcome including attention deficit hyperactivity disorder/hyperactivity disorder and minor neurological signs in perinatal high-risk newborns at 4-6 years of age with relation to risk factors, Pediatrics International, 46, 346-52, 2004	No multivariate analysis
Schaap, A. H., Wolf, H., Bruinse, H. W., Smolders-de Haas, H., van Ertbruggen, I., Treffers, P. E., School performance and behaviour in extremely preterm growth-retarded infants, European Journal of Obstetrics, Gynecology, & Reproductive Biology, 86, 43-9, 1999	Participants born <1990
Schadler, G., Suss-Burghart, H., Toschke, A. M., von Voss, H., von Kries, R., Feeding disorders in ex-prematures: causes--response to therapy--long term outcome, European Journal of Pediatrics, 166, 803-8, 2007	Case-series study.
Scharf, R. J., Stroustrup, A., Conaway, M. R., Deboer, M. D., Growth and development in children born very low birthweight, Archives of Disease in Childhood: Fetal and Neonatal Edition, 101, F433-F438, 2016	Outcome was reported according to height, weight and BMI
Schieve, L. A., Tian, L. H., Rankin, K., Kogan, M. D., Yeargin-Allsopp, M., Visser, S., Rosenberg, D., Population impact of preterm birth and low birth weight on developmental disabilities in US children, Annals of Epidemiology, 26, 267-274, 2016	Survey, outcome measurement not reported
Schirmer, C. R., Portuguez, M. W., Nunes, M. L., Clinical assessment of language development in children at age 3 years that were born preterm, Arquivos de Neuro-Psiquiatria, 64, 926-31, 2006	Brazilian study of language development in PTB
Schmidhauser, J., Caflisch, J., Rousson, V., Bucher, H. U., Largo, R. H., Latal, B., Impaired motor performance and movement quality in very-low-birthweight children at 6 years of age, Developmental Medicine & Child Neurology, 48, 718-22, 2006	Single-centre study.
Schmidt,R.E., Wedig,K.E., Very low birth weight infants-educational outcome at school age from parental questionnaire, Clinical Pediatrics, 29, 649-651, 1990	All participants born before 1990.
Schonhaut, L., Armijo, I., Perez, M., Gestational age and developmental risk in moderately and late preterm and early term infants, Pediatrics, 135, e835-41, 2015	Cross-sectional study
Short, E. J., Kirchner, H. L., Asaad, G. R., Fulton, S. E., Lewis, B. A., Klein, N., Eisengart, S., Baley, J., Kercsmar, C., Min, M. O., Singer, L. T., Developmental sequelae in preterm infants having a diagnosis of bronchopulmonary	Participants born between Feb 1 1989 and Nov 31 1991.

Study	Reason for Exclusion
dysplasia: analysis using a severity-based classification system, Archives of Pediatrics & Adolescent Medicine, 161, 1082-7, 2007	
Short,E.J., Klein,N.K., Lewis,B.A., Fulton,S., Eisengart,S., Kercsmar,C., Baley,J., Singer,L.T., Cognitive and academic consequences of bronchopulmonary dysplasia and very low birth weight: 8-year-old outcomes, Pediatrics, 112, e359-, 2003	Participants born <1990
Siegel, A. C., Singer, L. T., Lewis, B., Hawkins, S., Yamashita, T., Baley, J., Preschool language outcomes of children with history of bronchopulmonary dysplasia and very low birth weight, Journal of Developmental and Behavioral Pediatrics, 22, 19-26, 2001	The analysis methods not according to the requirements of this review, no risk ratios or odds ratios presented.
Silberstein, D., Feldman, R., Gardner, J. M., Karmel, B. Z., Kuint, J., Geva, R., The mother-infant feeding relationship across the first year and the development of feeding difficulties in low-risk premature infants, Infancy, 14, 501-525, 2009	Wrong risk factor looks at feeding difficulties in PTB but with regards to maternal-infant interactions.
Silberstein,D., Geva,R., Feldman,R., Gardner,J.M., Karmel,B.Z., Rozen,H., Kuint,J., The transition to oral feeding in low-risk premature infants: relation to infant neurobehavioral functioning and mother-infant feeding interaction, Early Human Development, 85, 157-162, 2009	Irrelevant risk factors; Looks at transition to oral feeds in NICU but in relation to maternal-infant interactions.
Silveira,R.C., Procianoy,R.S., Koch,M.S., Benjamin,A.C., Schlindwein,C.F., Growth and neurodevelopment outcome of very low birth weight infants delivered by preeclamptic mothers, Acta Paediatrica, 96, 1738-1742, 2007	Brazilian study looking at babies from women with pre-eclampsia versus not.
Simms, V., Gilmore, C., Cragg, L., Clayton, S., Marlow, N., Johnson, S., Nature and origins of mathematics difficulties in very preterm children: a different etiology than developmental dyscalculia, Pediatric Research, 77, 389-95, 2015	No multivariate analysis was carried out in the study
Singer, L. T., Yamashita, T. S., Hawkins, S., Cairns, D., Baley, J., Kliegman, R., Increased incidence of intraventricular hemorrhage and developmental delay in cocaine-exposed, very low birth weight infants, Journal of Pediatrics, 124, 765-71, 1994	No multivariate analysis
Singer, L., Yamashita, T., Lilien, L., Collin, M., Baley, J., A longitudinal study of developmental outcome of infants with bronchopulmonary dysplasia and very low birth weight, Pediatrics, 100, 987-993, 1997	Participants born <1990
Singh, G. K., Kenney, M. K., Ghandour, R. M., Kogan, M. D., Lu, M. C., Mental Health Outcomes in US Children and Adolescents Born Prematurely or with Low Birthweight, Depression Research and Treatment, 2013, 570743, 2013	Cross sectional study by design and only retrospective data on risk factors available.

Study	Reason for Exclusion
Skiold,B., Alexandrou,G., Padilla,N., Blennow,M., Vollmer,B., Aden,U., Sex differences in outcome and associations with neonatal brain morphology in extremely preterm children, Journal of Pediatrics, 164, 1012-1018, 2014	Wrong risk factor; No multivariate analysis; Looks at MRI features and associated outcomes.
Skiold,B., Vollmer,B., Bohm,B., Hallberg,B., Horsch,S., Mosskin,M., Lagercrantz,H., Aden,U., Blennow,M., Neonatal magnetic resonance imaging and outcome at age 30 months in extremely preterm infants, Journal of Pediatrics, 160, 559-566, 2012	Wrong risk factor; No multivariate analysis; MRI features and outcomes.
Smarius, L. J. C. A., Strieder, T. G. A., Loomans, E. M., Doreleijers, T. A. H., Vrijkotte, T. G. M., Gemke, R. J., van Eijsden, M., Excessive infant crying doubles the risk of mood and behavioral problems at age 5: evidence for mediation by maternal characteristics, European Child and Adolescent Psychiatry, 1-10, 2016	Population was not preterm
Smith, J. M., DeThorne, L. S., Logan, J. A., Channell, R. W., Petrill, S. A., Impact of prematurity on language skills at school age, Journal of Speech Language & Hearing Research, 57, 901-16, 2014	Incorrect outcome; Retrospective study
Smith, L., Ulvund, S. E., Lindemann, R., Very low birth weight infants (< 1501 g) at double risk, Journal of Developmental & Behavioral Pediatrics, 15, 7-13, 1994	Participants born before 1990
Sommerfelt, K., Ellertsen, B., Markestad, T., Personality and behaviour in eight-year-old, non-handicapped children with birth weight under 1500 g, Acta Paediatrica, International Journal of Paediatrics, 82, 723-728, 1993	All participants born before 1990
Sommerfelt, K., Troland, K., Ellertsen, B., Markestad, T., Behavioral problems in low-birthweight preschoolers, Developmental Medicine and Child Neurology, 38, 927-940, 1996	Participants born before 1990
Sonntag, J., Grimmer, I., Scholz, T., Metze, B., Wit, J., Obladen, M., Growth and neurodevelopmental outcome of very low birthweight infants with necrotizing enterocolitis, Acta Paediatrica, 89, 528-32, 2000	No multivariate analysis
Soraisham, A. S., Amin, H. J., Al-Hindi, M. Y., Singhal, N., Sauve, R. S., Does necrotising enterocolitis impact the neurodevelopmental and growth outcomes in preterm infants with birthweight < or =1250 g?, Journal of Paediatrics & Child Health, 42, 499-504, 2006	Incorrect outcome measure Looks at outcome for babies with NEC, but case control design
Spinillo, A., Viazzo, F., Colleoni, R., Chiara, A., Maria Cerbo, R., Fazzi, E., Two-year infant neurodevelopmental outcome after single or multiple antenatal courses of corticosteroids to prevent complications of prematurity, American Journal of Obstetrics & Gynecology, 191, 217-24, 2004	Irrelevant risk factors; Considers neurodevelopmental outcome after 1 or multiple doses AN steroids

Study	Reason for Exclusion
Spinillo,A., Montanari,L., Gardella,B., Roccio,M., Stronati,M., Fazzi,E., Infant sex, obstetric risk factors, and 2-year neurodevelopmental outcome among preterm infants, Developmental Medicine and Child Neurology, 51, 518-525, 2009	Single-centre study
Spittle, A. J., Treyvaud, K., Doyle, L. W., Roberts, G., Lee, K. J., Inder, T. E., Cheong, J. L., Hunt, R. W., Newnham, C. A., Anderson, P. J., Early emergence of behavior and social-emotional problems in very preterm infants, Journal of the American Academy of Child & Adolescent Psychiatry, 48, 909-18, 2009	Single-centre study.
Stahlmann,N., Rapp,M., Herting,E., Thyen,U., Outcome of extremely premature infants at early school age: health-related quality of life and neurosensory, cognitive, and behavioral outcomes in a population-based sample in northern Germany, Neuropediatrics, 40, 112-119, 2009	No multivariate analysis
Stathis, S. L., O'Callaghan, M., Harvey, J., Rogers, Y., Head circumference in ELBW babies is associated with learning difficulties and cognition but not ADHD in the school-aged child, Developmental Medicine and Child Neurology, 41, 375-380, 1999	Participants born before 1990
Stein, R. E., Siegel, M. J., Bauman, L. J., Are children of moderately low birth weight at increased risk for poor health? A new look at an old question, Pediatrics, 118, 217-23, 2006	Retrospective study
Stewart, A. L., Rifkin, L., Amess, P. N., Kirkbride, V., Townsend, J. P., Miller, D. H., Lewis, S. W., Kingsley, D. P. E., Moseley, I. F., Foster, O., Murray, R. M., Brain structure and neurocognitive and behavioural function in adolescents who were born very preterm, Lancet, 353, 1653-1657, 1999	Participants born before 1990
Stoelhorst, G. M. S. J., Martens, S. E., Rijken, M., Van Zwieten, P. H. T., Zwinderman, A. H., Wit, J. M., Veen, S., Behaviour at 2 years of age in very preterm infants (gestational age <32 weeks), Acta Paediatrica, International Journal of Paediatrics, 92, 595-601, 2003	The control groups of the study were all born before 1990.
Stoelhorst, G. M. S. J., Rijken, M., Martens, S. E., Van Zwieten, P. H. T., Feenstra, J., Zwinderman, A. H., Wit, J. M., Veen, S., Developmental outcome at 18 and 24 months of age in very preterm children: A cohort study from 1996 to 1997, Early Human Development, 72, 83-95, 2003	Results only reported narratively.
Stoinska,B., Gadzinowski,J., Neurological and developmental disabilities in ELBW and VLBW: follow-up at 2 years of age, Journal of Perinatology, 31, 137-142, 2011	Incorrect outcome measure; nadjusted results and frequencies only
Sullivan, M. C., Miller, R. J., Msall, M. E., 17-year outcome of preterm infants with diverse neonatal morbidities: Part 2, impact on activities	Participants born before 1990

Study	Reason for Exclusion
and participation, Journal for Specialists in Pediatric Nursing, 17, 275-287, 2012	
Sullivan, M. C., Msall, M. E., Functional performance of preterm children at age 4, Journal of Pediatric Nursing, 22, 297-309, 2007	No multivariate analysis; Wrong risk factor
Sullivan, M. C., Msall, M. E., Miller, R. J., 17-year outcome of preterm infants with diverse neonatal morbidities: Part 1-Impact on physical, neurological, and psychological health status, Journal for Specialists in Pediatric Nursing, 17, 226-241, 2012	Participants born before 1990
Sun, H., Zhou, Y., Xiong, H., Kang, W., Xu, B., Liu, D., Zhang, X., Li, H., Zhou, C., Zhang, Y., Zhou, M., Meng, Q., Prognosis of Very Preterm Infants with Severe Respiratory Distress Syndrome Receiving Mechanical Ventilation, Lung, 193, 249-254, 2015	Single centre study.
Sung, I. K., Vohr, B., Oh, W., Growth and neurodevelopmental outcome of very low birth weight infants with intrauterine growth retardation: comparison with control subjects matched by birth weight and gestational age, Journal of Pediatrics, 123, 618-24, 1993	All participants were born before 1990; single-centre study.
Suppiej,A., Franzoi,M., Vedovato,S., Marucco,A., Chiarelli,S., Zanardo,V., Neurodevelopmental outcome in preterm histological chorioamnionitis, Early Human Development, 85, 187-189, 2009	Incorrect outcome measure; Composite outcome including CP but also general health problems in chorioamniionitis
Szatmari, P., Saigal, S., Rosenbaum, P., Campbell, D., King, S., Psychiatric disorders at five years among children with birthweights less than 1000g: a regional perspective, Developmental Medicine & Child Neurology, 32, 954-62, 1990	Participants born before 1990
Takeuchi, A., Koeda, T., Takayanagi, T., Sato, K., Sugino, N., Bonno, M., Kada, A., Nakamura, M., Kageyama, M., Reading difficulty in school-aged very low birth weight infants in Japan, Brain & Development, 10, 10, 2016	Japanese study
Takeuchi, A., Yorifuji, T., Takahashi, K., Nakamura, M., Kageyama, M., Kubo, T., Ogino, T., Doi, H., Neurodevelopment in full-term small for gestational age infants: A nationwide Japanese population-based study, Brain & Development, 38, 529-37, 2016	A Japanese study, behaviour assessed with questions, not a validated tool.
Talge, N. M., Holzman, C., Van Egeren, L. A., Symonds, L. L., Scheid, J. M., Senagore, P. K., Sikorskii, A., Late-preterm birth by delivery circumstance and its association with parent-reported attention problems in childhood, Journal of Developmental & Behavioral Pediatrics, 33, 405-15, 2012	Outcomes were assessed as continuous variables and only group differences were compared.
Talge, N. M., Holzman, C., Wang, J., Lucia, V., Gardiner, J., Breslau, N., Late-preterm birth and its association with cognitive and socioemotional outcomes at 6 years of age, Pediatrics, 126, 1124-31, 2010	Participants born before 1990

Study	Reason for Exclusion
Tanabe, K., Tamakoshi, K., Kikuchi, S., Murotsuki, J., Learning disability in 10- to 16-year-old adolescents with very low birth weight in Japan, Tohoku Journal of Experimental Medicine, 232, 27-33, 2014	Only group difference was compared; no multivariate analysis.
Tandon, A., Kumari, S., Ramji, S., Malik, A., Singh, S., Nigam, V. R., Intellectual psycho-educational and functional status of low birth weight survivors beyond 5 years of age, Indian Journal of Pediatrics, 67, 791-6, 2000	Participants born before 1990;No multivariate analysis
Tanis, J. C., Van Braeckel, K. N., Kerstjens, J. M., Bocca-Tjeertes, I. F., Reijneveld, S. A., Bos, A. F., Functional outcomes at age 7 years of moderate preterm and full term children born small for gestational age, Journal of Pediatrics, 166, 552-8.e1, 2015	This study considers children with gestational ages 31-41 weeks, no stratification by gestational age/prematurity.
Taylor, H. G., Klein, N., Anselmo, M. G., Minich, N., Espy, K. A., Hack, M., Learning problems in kindergarten students with extremely preterm birth, Archives of Pediatrics and Adolescent Medicine, 165, 819-825, 2011	Single-centre study.
Taylor, H. G., Klein, N., Minich, N. M., Hack, M., Middle-school-age outcomes in children with very low birthweight, Child Development, 71, 1495-1511, 2000	Participants born before 1990
Taylor, H. G., Margevicius, S., Schluchter, M., Andreias, L., Hack, M., Persisting behavior problems in extremely low birth weight adolescents, Journal of Developmental & Behavioral Pediatrics, 36, 178-87, 2015	Single centre study.
Taylor, H. G., Minich, N., Bangert, B., Filipek, P. A., Hack, M., Long-term neuropsychological outcomes of very low birth weight: Associations with early risks for periventricular brain insults, Journal of the International Neuropsychological Society, 10, 987-1004, 2004	Participants born before 1990
Teberg,A.J., Pena,I., Finello,K., Aguilar,T., Hodgman,J.E., Prediction of neurodevelopmental outcome in infants with and without bronchopulmonary dysplasia, American Journal of the Medical Sciences, 301, 369-374, 1991	Participants born <1990
ter Wolbeek, M., de Sonneville, L. M., de Vries, W. B., Kavelaars, A., Veen, S., Kornelisse, R. F., van Weissenbruch, M., Baerts, W., Liem, K. D., van Bel, F., Heijnen, C. J., Early life intervention with glucocorticoids has negative effects on motor development and neuropsychological function in 14-17 year-old adolescents, Psychoneuroendocrinology, 38, 975-86, 2013	Retrospective study
Theunissen, N. C., den-Ouden, A. L., Meulman, J. J., Koopman, H. M., Verloove-Vanhorick, S. P., Wit, J. M., Health status development in a cohort of preterm children, Journal of Pediatrics, 137, 534-9, 2000	Participants born before 1990
Thompson, J. R., Carter, R. L., Edwards, A. R., Roth, J., Ariet, M., Ross, N. L., Resnick, M. B., A	Does not stratify according to GA or prematurity, only according to birth weight. Other risk factors

Study	Reason for Exclusion
population-based study of the effects of birth weight on early developmental delay or disability in children, American Journal of Perinatology, 20, 321-32, 2003	(maternal age, race, SES etc) look at the whole population incl. term babies and does not differentiate?stratify according to prematurity.
Thompson, R. J., Jr., Gustafson, K. E., Oehler, J. M., Catlett, A. T., Brazy, J. E., Goldstein, R. F., Developmental outcome of very low birth weight infants at four years of age as a function of biological risk and psychosocial risk, Journal of Developmental & Behavioral Pediatrics, 18, 91-6, 1997	Participants born before 1990
Tobiansky, R., Lui, K., Roberts, S., Veddovi, M., Neurodevelopmental outcome in very low birthweight infants with necrotizing enterocolitis requiring surgery, Journal of Paediatrics & Child Health, 31, 233-6, 1995	Participants born before 1990
Tommiska,V., Heinonen,K., Kero,P., Pokela,M.L., Tammela,O., Jarvenpaa,A.L., Salokorpi,T., Virtanen,M., Fellman,V., A national two year follow up study of extremely low birthweight infants born in 1996-1997, Archives of Disease in Childhood Fetal and Neonatal Edition, 88, F29-F35, 2003	Included in the disorders review.
Toome,L., Varendi,H., Mannamaa,M., Vals,M.A., Tanavsuu,T., Kolk,A., Follow-up study of 2-year-olds born at very low gestational age in Estonia, Acta Paediatrica, 102, 300-307, 2013	No outcome of interest.
Treyvaud, K., Ure, A., Doyle, L. W., Lee, K. J., Rogers, C. E., Kidokoro, H., Inder, T. E., Anderson, P. J., Psychiatric outcomes at age seven for very preterm children: rates and predictors, Journal of Child Psychology & Psychiatry & Allied Disciplines, 54, 772-9, 2013	Single-centre study.
Trittmann,J.K., Nelin,L.D., Klebanoff,M.A., Bronchopulmonary dysplasia and neurodevelopmental outcome in extremely preterm neonates, European Journal of Pediatrics, 172, 1173-1180, 2013	Single-centre study
Tsai, A. J., Lasky, R. E., John, S. D., Evans, P. W., Kennedy, K. A., Predictors of neurodevelopmental outcomes in preterm infants with intraparenchymal hemorrhage, Journal of Perinatology, 34, 399-404, 2014	Incorrect outcome measure; unadjusted
Tsai, W. H., Hwang, Y. S., Hung, T. Y., Weng, S. F., Lin, S. J., Chang, W. T., Association between mechanical ventilation and neurodevelopmental disorders in a nationwide cohort of extremely low birth weight infants, Research in Developmental Disabilities, 35, 1544-50, 2014	Incorrect outcome
Tudehope,D., Burns,Y.R., Gray,P.H., Mohay,H.A., O'Callaghan,M.J., Rogers,Y.M., Changing patterns of survival and outcome at 4 years of children who weighted 500-999 g at birth, Journal of Paediatrics and Child Health, 31, 451-456, 1995	Participants born before 1990

Study	Reason for Exclusion
Urben, S., Van Hanswijck De Jonge, L., Barisnikov, K., Pizzo, R., Monnier, M., Lazeyras, F., Borradori Tolsa, C., Huppi, P. S., Gestational age and gender influence on executive control and its related neural structures in preterm-born children at 6 years of age, Child Neuropsychology., 24, 2015	No multivariate analysis was carried out in the study
van Baar, Anneloes L., Ultee, Kees, Gunning, W. Boudewijn, Soepatmi, Sri, de Leeuw, Richard, Developmental Course of Very Preterm Children in Relation to School Outcome, Journal of Developmental & Physical Disabilities, 18, 273-293, 2006	Participants born before 1990.
van de Bor, M., den Ouden, L., School performance in adolescents with and without periventricular-intraventricular hemorrhage in the neonatal period, Seminars in Perinatology, 28, 295-303, 2004	Participants born <1990
van de Bor, M., Ens-Dokkum, M., Schreuder, A. M., Veen, S., Brand, R., Verloove-Vanhorick, S. P., Outcome of periventricular-intraventricular haemorrhage at five years of age, Developmental Medicine & Child Neurology, 35, 33-41, 1993	Participants born before 1990
van de Weijer-Bergsma, E., Wijnroks, L., van Haastert, I. C., Boom, J., Jongmans, M. J., Does the development of executive functioning in infants born preterm benefit from maternal directiveness?, Early Human Development, 103, 155-160, 2016	No multivariate analysis was carried out in the study
van der Ree, M., Tanis, J. C., Van Braeckel, K. N., Bos, A. F., Roze, E., Functional impairments at school age of preterm born children with late-onset sepsis, Early Human Development, 87, 821-6, 2011	Case-control study.
van Kessel-Feddema, B., Sondaar, M., de Kleine, M., Verhaak, C., van Baar, A., Concordance between school outcomes and developmental follow-up results of very preterm and/or low birth weight children at the age of 5 years, European Journal of Pediatrics, 166, 693-9, 2007	Only group differences were reported.
Velikos, K., Soubasi, V., Michalettou, I., Sarafidis, K., Nakas, C., Papadopoulou, V., Zafeiriou, D., Drossou, V., Bayley-III scales at 12 months of corrected age in preterm infants: Patterns of developmental performance and correlations to environmental and biological influences, Research in Developmental Disabilities, 45-46, 110-9, 2015	Single centre study
Verkerk,G., Jeukens-Visser,M., van Wassenaer-Leemhuis,A., Koldewijn,K., Kok,J., Nollet,F., Assessing independency in daily activities in very preterm children at preschool age, Research in Developmental Disabilities, 34, 2085-2091, 2013	Incorrect outcome; Follow up of RCT

Study	Reason for Exclusion
Vieira, M. E., Linhares, M. B., Developmental outcomes and quality of life in children born preterm at preschool- and school-age, Jornal de Pediatria, 87, 281-91, 2011	A review but not a systematic review.
Vohr, B. R., Allan, W., Katz, K. H., Schneider, K., Tucker, R., Ment, L. R., Adolescents born prematurely with isolated grade 2 haemorrhage in the early 1990s face increased risks of learning challenges, Acta Paediatrica, 103, 1066-71, 2014	Participants born before 1990; Follow up of RCT
Vollmer, B., Roth, S., Riley, K., Sellwood, M. W., Baudin, J., Neville, B. G., Wyatt, J. S., Neurodevelopmental outcome of preterm infants with ventricular dilatation with and without associated haemorrhage, Developmental Medicine & Child Neurology, 48, 348-52, 2006	Participants born before 1990
Wadhawan, R., Oh, W., Vohr, B. R., Wrage, L., Das, A., Bell, E. F., Laptook, A. R., Shankaran, S., Stoll, B. J., Walsh, M. C., Higgins, R. D., Eunice Kennedy Shriver National Institute of Child, Health, Human Development Neonatal Research, Network, Neurodevelopmental outcomes of triplets or higher-order extremely low birth weight infants, Pediatrics, 127, e654-60, 2011	The comparison was made between single, twin and triplet, not relevant.
Wadhawan,R., Oh,W., Perritt,R.L., McDonald,S.A., Das,A., Poole,W.K., Vohr,B.R., Higgins,R.D., Twin gestation and neurodevelopmental outcome in extremely low birth weight infants, Pediatrics, 123, e220-e227, 2009	Incorrect outcome measure; Looks atcomposite outcome of death or neurodevelopmental impairment
Walden, R. V., Taylor, S. C., Hansen, N. I., Poole, W. K., Stoll, B. J., Abuelo, D., Vohr, B. R., Major congenital anomalies place extremely low birth weight infants at higher risk for poor growth and developmental outcomes, Pediatrics, 120, e1512-e1519, 2007	Wrong risk factor; Retrospective study
Wang, H., Leung, G. M., Lam, H. S., Schooling, C. M., Gestational age and adolescent mental health: evidence from Hong Kong's 'Children of 1997' birth cohort, Archives of Disease in Childhood, 100, 856-62, 2015	Outcomes as continuous, no cut-offs
Wang, K., Difiore, J. M., Martin, R. J., Rosen, C. L., Hibbs, A. M., Markers for severity of illness associated with decreased snoring in toddlers born ELGA, Acta Paediatrica, 102, e39-43, 2013	Incorrect outcome unadjusted analysis; Looks at loud snoring as outcome. Only female gender is relevant risk factor, but unadjusted.
Wang, S. T., Wang, C. J., Huang, C. C., Lin, C. H., Neurodevelopment of surviving infants at age two years, with a birthweight less than 2000 g and cared for in neonatal intensive care units (NICU) - Results from a population based longitudinal study in Taiwan, Public Health, 112, 331-336, 1998	Only frequencies reported, no multivariate analysis.
Wang, T. N., Howe, T. H., Lin, K. C., Hsu, Y. W., Hand function and its prognostic factors of very low birth weight preterm children up to a	Incorrect outcome; Wrong risk factor

Study	Reason for Exclusion
corrected age of 24 months, Research in Developmental Disabilities, 35, 322-9, 2014	
Wang, W. L., Sung, Y. T., Sung, F. C., Lu, T. H., Kuo, S. C., Li, C. Y., Low birth weight, prematurity, and paternal social status: impact on the basic competence test in Taiwanese adolescents, Journal of Pediatrics, 153, 333-8, 2008	Participants born before 1990
Weindrich, D., Jennen-Steinmetz, C., Laucht, M., Schmidt, M. H., Late sequelae of low birthweight: Mediators of poor school performance at 11 years, Developmental Medicine and Child Neurology, 45, 463-469, 2003	Participants born before 1990
Weisglas-Kuperus, N., Hille, E. T. M., Duivenvoorden, H. J., Finken, M. J. J., Wit, J. M., Van Buuren, S., Van Goudoever, J. B., Verloove-Vanhorick, S. P., Intelligence of very preterm or very low birthweight infants in young adulthood, Archives of Disease in Childhood: Fetal and Neonatal Edition, 94, F196-F200, 2009	Participants born <1990
Were,F.N., Bwibo,N.O., Two year neurological outcomes of Very Low Birth Weight infants, East African Medical Journal, 83, 243-249, 2006	Incorrect outcome measure (Considers composite measure of "functional disability" different to those in protocol).
Westrupp,E.M., Mensah,F.K., Giallo,R., Cooklin,A., Nicholson,J.M., Mental health in low-to-moderate risk preterm, low birth weight, and small for gestational age children at 4 to 5 years: The role of early maternal parenting, Journal of the American Academy of Child and Adolescent Psychiatry, 51, 313-323, 2012	Wrong risk factor; Incorrect outcome measure; Looks at parenting styles and composite outcome of mental health problems.
Whitaker, A., Johnson, J., Sebris, S., Pinto, J., Wasserman, G., Kairam, R., Shaffer, D., Paneth, N., Neonatal cranial ultrasound abnormalities: association with developmental delay at age one in low birth weight infants, Journal of Developmental & Behavioral Pediatrics, 11, 253-60, 1990	Participants born before 1990
Whitfield,M.F., Grunau,R.V., Holsti,L., Extremely premature (< or = 800 g) schoolchildren: multiple areas of hidden disability, Archives of Disease in Childhood, 77, F85-F90, 1997	Participants born <1990
Wickremasinghe, A. C., Rogers, E. E., Johnson, B. C., Shen, A., Barkovich, A. J., Marco, E. J., Children born prematurely have atypical sensory profiles, Journal of Perinatology, 33, 631-5, 2013	No multivariate analysis
Wild, K. T., Betancourt, L. M., Brodsky, N. L., Hurt, H., The effect of socioeconomic status on the language outcome of preterm infants at toddler age, Early Human Development, 89, 743-6, 2013	Retrospective study
Williams, J., Lee, K. J., Anderson, P. J., Prevalence of motor-skill impairment in preterm children who do not develop cerebral palsy: a systematic review, Developmental Medicine & Child Neurology, 52, 232-7, 2010	Prevalence paper, for reference.

Study	Reason for Exclusion
Wilson-Costello, D., Walsh, M. C., Langer, J. C., Guillet, R., Laptook, A. R., Stoll, B. J., Shankaran, S., Finer, N. N., Van Meurs, K. P., Engle, W. A., Das, A., Impact of postnatal corticosteroid use on neurodevelopment at 18 to 22 months' adjusted age: Effects of dose, timing, and risk of bronchopulmonary dysplasia in extremely low birth weight infants, Pediatrics, 123, e430-e437, 2009	Follow-up of RCT.
Wocadlo, C., Rieger, I., Motor impairment and low achievement in very preterm children at eight years of age, Early Human Development, 84, 769-776, 2008	Single-centre-study; some participants born before 1990.
Wocadlo, C., Rieger, I., Phonology, rapid naming and academic achievement in very preterm children at eight years of age, Early Human Development, 83, 367-377, 2007	Single-centre study; only group differences reported.
Wolke, D., Meyer, R., Cognitive status, language attainment, and prereading skills of 6-year-old very preterm children and their peers: the Bavarian Longitudinal Study, Developmental Medicine & Child Neurology, 41, 94-109, 1999	Participants born before 1990
Wong, H. S., Huertas-Ceballos, A., Cowan, F. M., Modi, N., Medicines for Neonates Investigator, Group, Evaluation of early childhood social-communication difficulties in children born preterm using the Quantitative Checklist for Autism in Toddlers.[Erratum appears in J Pediatr. 2014 Jan;164(1):221], Journal of Pediatrics, 164, 26-33.e1, 2014	Only QCHAT mean scores reported, no RR/OR or prevalence of abnormal score reported.
Wong, T., Taylor, H. G., Klein, N., Espy, K. A., Anselmo, M. G., Minich, N., Hack, M., Kindergarten classroom functioning of extremely preterm/extremely low birth weight children, Early Human Development, 90, 907-14, 2014	No multivariate analysis; Looks at how preschool PTB function in a classroom. No risk factors of interest in multivariate analysis.
Wood, N. S., Costeloe, K., Gibson, A. T., Hennessy, E. M., Marlow, N., Wilkinson, A. R., E. PICure Study Group, The EPICure study: associations and antecedents of neurological and developmental disability at 30 months of age following extremely preterm birth, Archives of Disease in Childhood Fetal & Neonatal Edition, 90, F134-40, 2005	Incorrect outcome measure
Wood, N. S., Marlow, N., Costeloe, K., Gibson, A. T., Wilkinson, A. R., Neurologic and developmental disability after extremely preterm birth, New England Journal of Medicine, 343, 378-384, 2000	No multivariate analysis.
Woods, P. L., Rieger, I., Wocadlo, C., Gordon, A., Predicting the outcome of specific language impairment at five years of age through early developmental assessment in preterm infants, Early Human Development, 90, 613-9, 2014	Retrospective study
Woodward, L. J., Clark, C. A., Pritchard, V. E., Anderson, P. J., Inder, T. E., Neonatal white matter abnormalities predict global executive function impairment in children born very	Single-centre study

Study	Reason for Exclusion
preterm, Developmental Neuropsychology, 36, 22-41, 2011	
Yanuarti, H. P., Rusmil, K., Effendi, S. H., Environment as a risk factor in delayed development in premature, low-birthweight and mild asphyxia children, Pediatrics International, 56, 720-5, 2014	Indonesian study of language delay in PTB.
Yee,W.H., Hicks,M., Chen,S., Christianson,H., Sauve,R., Triplet infants with birthweight < or = 1250 grams: how well do they compare with twin and singleton infants at 36 to 48 months of age?, American Journal of Perinatology, 25, 373-380, 2008	Participants born before 1990
Yeo, C. L., Chan, C., Motor development of very low birthweight infants with chronic lung disease - a comparative study, Annals of the Academy of Medicine, Singapore, 34, 411-6, 2005	Sample size <50
Yliherva, A., Olsen, P., Maki-Torkko, E., Koiranen, M., Jarvelin, M. R., Linguistic and motor abilities of low-birthweight children as assessed by parents and teachers at 8 years of age, Acta Paediatrica, International Journal of Paediatrics, 90, 1440-1449, 2001	Participants born before 1990
Zambrana, I. M., Vollrath, M. E., Sengpiel, V., Jacobsson, B., Ystrom, E., Preterm delivery and risk for early language delays: A sibling-control cohort study, International Journal of Epidemiology, 45, 151-159, 2016	No relevant data.
Zehetgruber, N., Boedeker, R. H., Kurth, R., Faas, D., Zimmer, K. P., Heckmann, M., Eating problems in very low birthweight children are highest during the first year and independent risk factors include duration of invasive ventilation, Acta Paediatrica, 103, e424-38, 2014	Single-centre study;Retrospective study

G.21 Risk of developmental disorders

2 **Table 11: Excluded studies for risk of developmental disorders systematic review**

Study	Reason for exclusion
A. Rogvi R, Forman, J. L., Greisen, G., Prematurity, smallness-for-gestational age and later hospital admissions: a nation-wide registry study, Early Human Development, 91, 299-306, 2015	This study looks at reasons for hospital admissions, not relevant.
Abily-Donval, L., Pinto-Cardoso, G., Chadie, A., Guerrot, A. M., Torre, S., Rondeau, S., Marret, S., Comparison in outcomes at two-years of age of very preterm infants born in 2000, 2005 and 2010, PLoS ONE, 10, 2015	Only prevalence of motor outcomes in 3 cohorts of pre-terms babies born in different years reported
Adams,R.J., Hall,H.L., Courage,M.L., Long-term visual pathology in children with significant perinatal complications, Developmental Medicine and Child Neurology, 47, 598-602, 2005	Gestational age not as range

Study	Reason for exclusion
Adams-Chapman, I., Bann, C., Carter, S. L., Stoll, B. J., Nichd Neonatal Research Network, Language outcomes among ELBW infants in early childhood, Early Human Development, 91, 373-9, 2015	Follow-up of RCT
Adegbite, A. L., Castille, S., Ward, S., Bajoria, R., Neuromorbidity in preterm twins in relation to chorionicity and discordant birth weight, American Journal of Obstetrics and Gynecology, 190, 156-163, 2004	No outcome of interested
Agerholm, H., Rosthoj, S., Ebbesen, F., Developmental problems in very prematurely born children, Danish Medical Bulletin, 58, A4283, 2011	Only univariate analysis performed.
Al Nemri, A., Immediate and neuro-developmental outcome of extremely low birth weight (ELBW) below 750 grams: 5 Years experience in King Khalid University Hospital, Riyadh, Current Pediatric Research, 8, 15-18, 2004	Only frequencies of outcome reported.
Allan,W.C., Vohr,B., Makuch,R.W., Katz,K.H., Ment,L.R., Antecedents of cerebral palsy in a multicenter trial of indomethacin for intraventricular hemorrhage, Archives of Pediatrics and Adolescent Medicine, 151, 580-585, 1997	No relevant comparison
Alshaikh, B., Yee, W., Lodha, A., Henderson, E., Yusuf, K., Sauve, R., Coagulase-negative staphylococcus sepsis in preterm infants and long-term neurodevelopmental outcome, Journal of Perinatology, 34, 125-9, 2014	Single-centre study.
Alshaikh, B., Yusuf, K., Sauve, R., Neurodevelopmental outcomes of very low birth weight infants with neonatal sepsis: systematic review and meta-analysis, Journal of Perinatology, 33, 558-64, 2013	Systematic review, for reference checks. included studies were checked.
Alvarez, M. L., Concheiro, D., Lorenzo, A., Ocampo, M., Fernandez, M. S., Gonzalez, J. R., Neurological follow-up of very low birth weight newborns, Journal of Maternal-Fetal and Neonatal Medicine, 25, 53, 2012	Conference abstract.
Amin, H., Singhal, N., Sauve, R. S., Impact of intrauterine growth restriction on neurodevelopmental and growth outcomes in very low birthweight infants, Acta Paediatrica, 86, 306-14, 1997	Not multiple regression or multivariate analysis / Only frequencies of outcomes reported
Ancel, P. Y., Livinec, F., Larroque, B., Marret, S., Arnaud, C., Pierrat, V., Dehan, M., N'Guyen, S., Escande, B., Burguet, A., Thiriez, G., Picaud, J. C., Andre, M., Breart, G., Kaminski, M., Cerebral palsy among very preterm children in relation to gestational age and neonatal ultrasound abnormalities: The EPIPAGE cohort study, Pediatrics, 117, 828-835, 2006	Only differences between groups reported, no ratios.
Anderson, P. J., De Luca, C. R., Hutchinson, E., Spencer-Smith, M. M., Roberts, G., Doyle, L. W., Attention problems in a representative	Not clear if multivariate analysis was performed.

Study	Reason for exclusion
sample of extremely preterm/extremely low birth weight children, Developmental Neuropsychology, 36, 57-73, 2011	
Andrade, E., Araujo, E., Rolo, L. C., Da Costa, F. S., Risk factors for cerebral palsy in premature infants identified during the pre and perinatal periods: A case-control study, Minerva Ginecologica, 68, 29-36, 2016	Too small sample size.
Anonymous,, Surgery and the tiny baby: sensorineural outcome at 5 years of age. The Victorian Infant Collaborative Study Group, Journal of Paediatrics & Child Health, 32, 167-72, 1996	Participants include those born before 1990.
Anonymous,, Eight-year outcome in infants with birth weight of 500 to 999 grams: continuing regional study of 1979 and 1980 births. Victorian Infant Collaborative Study Group, Journal of Pediatrics, 118, 761-7, 1991	No multivariate analysis.
Anonymous,, Early treatment of premature infants with steroids: neurological sequelae, Prescrire International, 16, 108-9, 2007	Narrative study.
Arad,I., Durkin,M.S., Hinton,V.J., Kuhn,L., Chiriboga,C., Kuban,K., Bellinger,D., Long-term cognitive benefits of antenatal corticosteroids for prematurely born children with cranial ultrasound abnormalities, American Journal of Obstetrics and Gynecology, 186, 818-825, 2002	Outcomes assessed was IQ score, not dichotomised as disorder or no disorder.
Aram, D. M., Hack, M., Hawkins, S., Weissman, B. M., Borawski-Clark, E., Very-low-birthweight children and speech and language development, Journal of Speech and Hearing Research, 34, 1169-1179, 1991	Risk factor (very low birth weight) not in the protocol.
Ari-Even Roth, D., Hildesheimer, M., Maayan-Metzger, A., Muchnik, C., Hamburger, A., Mazkeret, R., Kuint, J., Low prevalence of hearing impairment among very low birthweight infants as detected by universal neonatal hearing screening, Archives of Disease in Childhood Fetal & Neonatal Edition, 91, F257-62, 2006	Definition of hearing impearment is different from what defined in the protocol, unsure whether hearing aid is needed. Screening tool not diagnostic tool.
Arnaud, C., Daubisse-Marliac, L., White-Koning, M., Pierrat, V., Larroque, B., Grandjean, H., Alberge, C., Marret, S., Burguet, A., Ancel, P. Y., Supernant, K., Kaminski, M., Prevalence and associated factors of minor neuromotor dysfunctions at age 5 years in prematurely born children: The EPIPAGE study, Archives of Pediatrics and Adolescent Medicine, 161, 1053-1061, 2007	Abnormalities not significant enough to be classified as "disorder" therefore does not fit outcomes for this protocol.
Astbury,J., Orgill,A.A., Bajuk,B., Yu,V.Y., Neurodevelopmental outcome, growth and health of extremely low-birthweight survivors: how soon can we tell?, Developmental Medicine and Child Neurology, 32, 582-589, 1990	Cohort born before 1990.
Asztalos, E. V., Murphy, K. E., Hannah, M. E., Willan, A. R., Matthews, S. G., Ohlsson, A., Kelly, E. N., Saigal, S., Ross, S., Delisle, M. F.,	Trial follow-up study.

Study	Reason for exclusion
Amankwah, K., Guselle, P., Gafni, A., Lee, S. K., Armson, B. A., Sananes, R., Tomat, L., Multiple Courses of Antenatal Corticosteroids for Preterm Birth Study Collaborative, Group, Multiple courses of antenatal corticosteroids for preterm birth study: 2-year outcomes, Pediatrics, 126, e1045-55, 2010	
Asztalos, E. V., Murphy, K. E., Willan, A. R., Matthews, S. G., Ohlsson, A., Saigal, S., Armson, B. A., Kelly, E. N., Delisle, M. F., Gafni, A., Lee, S. K., Sananes, R., Rovet, J., Guselle, P., Amankwah, K., Saleem, M., Sanchez, J., Multiple courses of antenatal corticosteroids for preterm Birth study outcomes in children at 5 years of age (MACS-5), JAMA Pediatrics, 167, 1102-1110, 2013	Irrelevant risk factors; Looks at single vs multiple courses AN steroids
Asztalos, E., Willan, A., Murphy, K., Matthews, S., Ohlsson, A., Saigal, S., Armson, A., Kelly, E., Delisle, M. F., Gafni, A., Lee, S., Sananes, R., Rovet, J., Guselle, P., Amankwah, K., Macs-Collaborative Group, Association between gestational age at birth, antenatal corticosteroids, and outcomes at 5 years: multiple courses of antenatal corticosteroids for preterm birth study at 5 years of age (MACS-5), BMC Pregnancy & Childbirth, 14, 272, 2014	Follow-up of a trial.
Atladottir, H. O., Schendel, D. E., Henriksen, T. B., Hjort, L., Parner, E. T., Gestational Age and Autism Spectrum Disorder: Trends in Risk Over Time, Autism research : Official Journal of the International Society for Autism Research, 9, 224-31, 2016	Age of assessment ranged from 1 year to 33 years, not stratified in the study
Ayed, M., Moore, A., Shah, P., Synnes, A., Sankaran, K., Kalapesi, Z., Lee, S., Outc ome of infants with necrotising enterocolitis (NEC): The impact of laparotomy versus peritoneal drainage on neurodevelopment, Paediatrics and Child Health (Canada), 20 (5), e52-e53, 2015	A conference abstract.
Ayoubi,J.M., Audibert,F., Boithias,C., Zupan,V., Taylor,S., Bosson,J.L., Frydman,R., Perinatal factors affecting survival and survival without disability of extreme premature infants at two years of age, European Journal of Obstetrics, Gynecology, and Reproductive Biology, 105, 124-131, 2002	Survival not an outcome of interest.
Ballot,D.E., Potterton,J., Chirwa,T., Hilburn,N., Cooper,P.A., Developmental outcome of very low birth weight infants in a developing country, BMC Pediatrics, 12, 11-, 2012	Study carried out in South Africa.
Bardin,C., Piuze,G., Papageorgiou,A., Outcome at 5 years of age of SGA and AGA infants born less than 28 weeks of gestation, Seminars in Perinatology, 28, 288-294, 2004	Not multiple regression or multivariate analysis / Only frequencies of outcomes reported
Baron, I. S., Erickson, K., Ahronovich, M. D., Baker, R., Litman, F. R., Neuropsychological and behavioral outcomes of extremely low birth	Only differences between groups reported, no multivariate analysis.

Study	Reason for exclusion
weight at age three, Developmental Neuropsychology, 36, 5-21, 2011	
Baron,I.S., Erickson,K., Ahronovich,M.D., Baker,R., Litman,F.R., Cognitive deficit in preschoolers born late-preterm, Early Human Development, 87, 115-119, 2011	No multivariate analysis done.
Barreto, M. I., Dias Costa, F., Resende, C., Faria, D., Taborda, A., Lemos, C., Neurodevelopment of extremely low birth weight infants-10 years study, Journal of Perinatal Medicine. Conference: 12th World Congress of Perinatal Medicine, 43, 2015	A conference abstract.
Barrington, K. J., The adverse neuro-developmental effects of postnatal steroids in the preterm infant: A systematic review of RCTs, BMC Pediatrics, 1, 2001	Systematic review of clinical trials.
Benjamin, D. K., Jr., Stoll, B. J., Fanaroff, A. A., McDonald, S. A., Oh, W., Higgins, R. D., Duara, S., Poole, K., Laptook, A., Goldberg, R., National Institute of Child, Health, Human Development Neonatal Research, Network, Neonatal candidiasis among extremely low birth weight infants: risk factors, mortality rates, and neurodevelopmental outcomes at 18 to 22 months, Pediatrics, 117, 84-92, 2006	No multivariate analysis of outcome of interest.
Berger,A., Witt,A., Haiden,N., Kaider,A., Klebermasz,K., Fuiko,R., Langgartner,M., Pollak,A., Intrauterine infection with Ureaplasma species is associated with adverse neuromotor outcome at 1 and 2 years adjusted age in preterm infants, Journal of Perinatal Medicine, 37, 72-78, 2009	Risk factor assessed was amniotic cavity, not relevant.
Bhutta, A. T., Cleves, M. A., Casey, P. H., Cradock, M. M., Anand, K. J. S., Cognitive and behavioral outcomes of school-aged children who were born preterm: A meta-analysis, Journal of the American Medical Association, 288, 728-737, 2002	Systematic review of case-control study
Blitz, R. K., Wachtel, R. C., Blackmon, L., Berenson-Howard, J., Neurodevelopmental outcome of extremely low birth weight infants in Maryland, Maryland Medical Journal, 46, 18-24, 1997	Only f-value and p-value reported, no ratios.
Bodeau-Livinec, F., Zeitlin, J., Blondel, B., Arnaud, C., Fresson, J., Burguet, A., Subtil, D., Marret, S., Roze, J. C., Marchand-Martin, L., Ancel, P. Y., Kaminski, M., Etude Epidemiologique sur les Petits Ages Gestationnels, group, Do very preterm twins and singletons differ in their neurodevelopment at 5 years of age?, Archives of Disease in Childhood Fetal & Neonatal Edition, 98, F480-7, 2013	No comparison
Bohin, S., Draper, E. S., Field, D. J., Health status of a population of infants born before 26 weeks gestation derived from routine data collected between 21 and 27 months post-	Small sample, no outcome assessments done.

Study	Reason for exclusion
delivery, Early Human Development, 55, 9-18, 1999	
Bonellie,S.R., Currie,D., Chalmers,J., Comparison of risk factors for cerebral palsy in twins and singletons, Developmental Medicine and Child Neurology, 47, 587-591, 2005	Participants all born pre-1990.
Boo,N.Y., Ong,L.C., Lye,M.S., Chandran,V., Teoh,S.L., Zamratol,S., Nyein,M.K., Allison,L., Comparison of morbidities in very low birthweight and normal birthweight infants during the first year of life in a developing country, Journal of Paediatrics and Child Health, 32, 439-444, 1996	The comparison was by birth weight rather than GA
Bora, S., Pritchard, V. E., Chen, Z., Inder, T. E., Woodward, L. J., Neonatal cerebral morphometry and later risk of persistent inattention/hyperactivity in children born very preterm, Journal of Child Psychology & Psychiatry & Allied Disciplines, 55, 828-38, 2014	Excluded from disorder review because the outcomes were measured by the SDQ screening tool rather than diagnosis criteria.
Borkoski-Barreiro, S. A., Falcon-Gonzalez, J. C., Liminana-Canal, J. M., Ramos-Macias, A., Evaluation of very low birth weight (< 1,500 g) as a risk indicator for sensorineural hearing loss, Acta Otorrinolaringologica Espanola, 64, 403-8, 2013	Non English publication
Borradori, C., Fawer, C. L., Buclin, T., Calame, A., Risk factors of sensorineural hearing loss in preterm infants, Biology of the Neonate, 71, 1-10, 1997	Most participants born before 1990.
Botellero, V. L., Skranes, J., Bjuland, K. J., Lohaugen, G. C., Haberg, A. K., Lydersen, S., Brubakk, A. M., Indredavik, M. S., Martinussen, M., Mental health and cerebellar volume during adolescence in very-low-birth-weight infants: A longitudinal study, Child and Adolescent Psychiatry and Mental Health, 10 (1) (no pagination), 2016	Cohort born before 1990.
Botet,F., Figueras,J., Carbonell-Estrany,X., Narbona,E., The impact of clinical maternal chorioamnionitis on neurological and psychological sequelae in very-low-birth weight infants: a case-control study, Journal of Perinatal Medicine, 39, 203-208, 2011	Case-control study.
Botting, N., Powls, A., Cooke, R. W., Marlow, N., Attention deficit hyperactivity disorders and other psychiatric outcomes in very low birthweight children at 12 years, Journal of Child Psychology & Psychiatry & Allied Disciplines, 38, 931-41, 1997	Participants born before 1990.
Bouza, E., Petropoulou, C., Alexopoulou, E., Predictive value of prematures' brain magnetic resonance imaging at term equivalent age regarding adverse neurodevelopmental outcomes, Journal of Perinatal Medicine, 41, 2013	Conference abstract.
Bouza, H., Anatolitou, F., Lipsou, N., Petropoulou, C., Dassopoulou, M., Naoum, E.,	Conference abstract

Study	Reason for exclusion
Pilitsidou, E., Anagnostakou, M., Follow up of very low birth weight neonates: Neurodevelopmental outcome and intervention programs, Early Human Development, 86, S87-S88, 2010	
Bowen,J.R., Starte,D.R., Arnold,J.D., Simmons,J.L., Ma,P.J., Leslie,G.I., Extremely low birthweight infants at 3 years: a developmental profile, Journal of Paediatrics and Child Health, 29, 276-281, 1993	Participants born before 1990.
Boyce,G.C., Smith,T.B., Casto,G., Health and educational outcomes of children who experienced severe neonatal medical complications, Journal of Genetic Psychology, 160, 261-269, 1999	Not multiple regression or multivariate analysis / Only frequencies of outcomes reported
Boyle, M. H., Miskovic, V., Van Lieshout, R., Duncan, L., Schmidt, L. A., Hoult, L., Paneth, N., Saigal, S., Psychopathology in young adults born at extremely low birth weight, Psychological Medicine, 41, 1763-1774, 2011	Partiicpants assessed at 22-26 years. Single cohort.
Breslau, N., Chilcoat, H. D., Psychiatric sequelae of low birth weight at 11 years of age, Biological Psychiatry, 47, 1005-11, 2000	Participants born before 1990.
Breslau, N., Chilcoat, H., DelDotto, J., Andreski, P., Brown, G., Low birth weight and neurocognitive status at six years of age, Biological Psychiatry, 40, 389-97, 1996	The comparison was made between BTW and normal weight babies - no relevant
Brevaut-Malaty, V., Busuttil, M., Einaudi, M. A., Monnier, A. S., D'Ercole, C., Gire, C., Longitudinal follow-up of a cohort of 350 singleton infants born at less than 32 weeks of amenorrhea: neurocognitive screening, academic outcome, and perinatal factors, European Journal of Obstetrics, Gynecology, & Reproductive Biology, 150, 13-8, 2010	Screening tool used.
Brodszki,J., Morsing,E., Malcus,P., Thuring,A., Ley,D., Marsal,K., Early intervention in management of very preterm growth-restricted fetuses: 2-year outcome of infants delivered on fetal indication before 30 gestational weeks.[Erratum appears in Ultrasound Obstet Gynecol. 2009 Oct;34(4):489], Ultrasound in Obstetrics and Gynecology, 34, 288-296, 2009	Not multiple regression or multivariate analysis
Brouwer, A., Groenendaal, F., van Haastert, I. L., Rademaker, K., Hanlo, P., de Vries, L., Neurodevelopmental outcome of preterm infants with severe intraventricular hemorrhage and therapy for post-hemorrhagic ventricular dilatation, Journal of Pediatrics, 152, 648-54, 2008	Only frequencies of outcomes reported
Burguet, A., Monnet, E., Pauchard, J. Y., Roth, Ph, Fromentin, C., Dalphin, M. L., Allemand, H., Maillet, R., Menget, A., Some risk factors for cerebral palsy in very premature infants: Importance of premature rupture of membranes and monochorionic twin placentation, Biology of the Neonate, 75, 177-186, 1999	Screening skill test used. Also, premature rupture of membranes not a risk factor in the protocol.

Study	Reason for exclusion
Burns, S. A., Lyle, R. E., Casey, P. H., Burns, K. H., Barrett, K. W., Whiteside-Mansell, L., The impact of chorioamnionitis on neurodevelopmental outcomes at 3, 8 and 18 years in low-birthweight preterm infants, Journal of Perinatology, 33, 548-52, 2013	Children included in the study were most probably born before 1990 although not clear in text.
Bylund, B., Cervin, T., Finnstrom, O., Gaddlin, P. O., Kernell, A., Leijon, I., Sandstedt, P., Warngard, O., Morbidity and neurological function of very low birthweight infants from the newborn period to 4 y of age. A prospective study from the south-east region of Sweden, Acta Paediatrica, 87, 758-63, 1998	Not multiple regression or multivariate analysis
Bylund, B., Cervin, T., Finnstrom, O., Gaddlin, P. O., Leijont, I., Mard, S., Samuelsson, S., Sandstedt, P., Warngard, O., Very low-birth-weight children at 9 years: School performance and behavior in relation to risk factors, Prenatal and Neonatal Medicine, 5, 124-133, 2000	Only group differences reported, no ratio.
Cak, H. T., Gokler, B., Attention deficit hyperactivity disorder and associated perinatal risk factors in preterm children, Turk Pediatri Arsivi, 48, 315-322, 2013	Unclear about logistic regression.
Calcutt, T. L., Dornan, D., Beswick, R., Tudehope, D. I., Newborn hearing screening in Queensland 2009-2011: Comparison of hearing screening and diagnostic audiological assessment between term and preterm infants, Journal of Paediatrics & Child Health, 13, 13, 2016	No adjusted analysis performed.
Calisici, E., Eras, Z., Oncel, M. Y., Oguz, S. S., Gokce, I. K., Dilmen, U., Neurodevelopmental outcomes of premature infants with severe intraventricular hemorrhage, Journal of Maternal-Fetal and Neonatal Medicine, 28, 2115-2120, 2015	A single-centre study from Turkey.
Camba, F., Cespedes, M., Felipe, A., Pin, S., Medina, D., Perapoch, J., Results of the follow-up program of extremely preterm infants born at 23 to 25 weeks' gestation, Journal of Maternal-Fetal and Neonatal Medicine, 25, 92, 2012	Conference abstract.
Campbell,M.K., Halinda,E., Carlyle,M.J., Fox,A.M., Turner,L.A., Chance,G.W., Factors predictive of follow-up clinic attendance and developmental outcome in a regional cohort of very low birth weight infants, American Journal of Epidemiology, 138, 704-713, 1993	No info on gestational age of cohort
Can, G., Bilgin, L., Tatli, B., Saydam, R., Coban, A., Ince, Z., Morbidity in early adulthood among low-risk very low birth weight children in Turkey: a preliminary study, Turkish Journal of Pediatrics, 54, 458-64, 2012	Although study reports VLBW, no information on preterm anywhere in text or tables
Chan, E., Quigley, M. A., School performance at age 7 years in late preterm and early term birth: a cohort study, Archives of Disease in Childhood Fetal & Neonatal Edition, 99, F451-7, 2014	No relevant outcome. Included in the problems review.

Study	Reason for exclusion
Chaudhari, S., Bhalerao, M. R., Chitale, A., Pandit, A. N., Nene, U., Pune low birth weight study--a six year follow up, Indian Pediatrics, 36, 669-676, 1999	No info on gestational age of cohort
Chaudhari, S., Kulkarni, S., Pajnigar, F., Pandit, A. N., Deshmukh, S., A longitudinal follow up of development of preterm infants, Indian Pediatrics, 28, 873-80, 1991	No indication of adjustment of results by confounders
Chaudhari, S., Otiv, M., Chitale, A., Pandit, A., Hoge, M., Pune low birth weight study--cognitive abilities and educational performance at twelve years, Indian Pediatrics, 41, 121-8, 2004	Unclear about risk factors; report GA mean and SD or specific scales Not multiple regression or multivariate
Chaudhari,S., Kulkarni,S., Barve,S., Pandit,A.N., Sonak,U., Sarpotdar,N., Neurologic sequelae in high risk infants--a three year follow up, Indian Pediatrics, 33, 645-653, 1996	only frequency of DDs reported in groups of comparison
Chenouard, A., Gascoin, G., Gras-Le Guen, C., Montcho, Y., Roze, J. C., Flamant, C., Neurodevelopmental impairment in preterm infants with late-onset infection: not only in extremely preterm infants, European Journal of Pediatrics, 173, 1017-23, 2014	Neurodevelopmental outcome composed of CP, motor function, language, coordination and socialisation. Ages and Stages Questionnaire was used.
Christiansen, S. P., Fray, K. J., Spencer, T., Ocular outcomes in low birth weight premature infants with intraventricular hemorrhage, Journal of Pediatric Ophthalmology and Strabismus, 39, 157-165, 2002	Only p-values, no ratios.
Claas, M. J., de Vries, L. S., Bruinse, H. W., van Haastert, I. C., Uniken Venema, M. M., Peelen, L. M., Koopman, C., Neurodevelopmental outcome over time of preterm born children <750 g at birth, Early Human Development, 87, 183-91, 2011	Single-centre study.
Cloonan, H. A., Maxwell, S. R., Miller, S. D., Developmental outcomes in very low birth weight infants: a six-year study, West Virginia Medical Journal, 97, 250-2, 2001	No relevant comparison
Collins, M. P., Lorenz, J. M., Jetton, J. R., Paneth, N., Hypocapnia and other ventilation-related risk factors for cerebral palsy in low birth weight infants, Pediatric Research, 50, 712-9, 2001	population born before 1990.
Conrad, A. L., Richman, L., Lindgren, S., Nopoulos, P., Biological and environmental predictors of behavioral sequelae in children born preterm, Pediatrics, 125, e83-9, 2010	Outcomes were not dichotomised but rather continuous scores.
Cooke, R. W., Annual audit of three year outcome in very low birthweight infants, Archives of Disease in Childhood, 69, 295-8, 1993	Single-centre study; cohort born before 1990.
Cooke, R. W., Foulder-Hughes, L., Newsham, D., Clarke, D., Ophthalmic impairment at 7 years of age in children born very preterm, Archives of Disease in Childhood Fetal & Neonatal Edition, 89, F249-53, 2004	Not the right outcome.
Cooke,R.W., Trends in incidence of cranial ultrasound lesions and cerebral palsy in very low	Trend analysis of those who were born 1982-1985, 1986-1989, 1990-1993, not relevant.

Study	Reason for exclusion
birthweight infants 1982-93, Archives of Disease in Childhood Fetal and Neonatal Edition, 80, F115-F117, 1999	
Cooper,P.A., Sandler,D.L., Outcome of very low birth weight infants at 12 to 18 months of age in Soweto, South Africa, Pediatrics, 99, 537-544, 1997	Multivariate analysis mentioned but not reported.
Correia, F., Branco, L., Rodrigues, S., Freitas, A., Early neurodevelopment in very low birth weight and/or very premature newborns with intraventricular hemorrhage, Intensive Care Medicine, 39, S101-S102, 2013	Conference abstract
Costantine,M.M., How,H.Y., Coppage,K., Maxwell,R.A., Sibai,B.M., Does peripartum infection increase the incidence of cerebral palsy in extremely low birthweight infants?, American Journal of Obstetrics and Gynecology, #196, e6-e8, 2007	Case-control study
Crippa,I., Locatelli,A., Consonni,S., Ghidini,A., Stoppa,P., Paterlini,G., Roncaglia,N., Infants weighing <1500 g: Better born too small or too soon?, American Journal of Perinatology, 29, 693-698, 2012	Single-centre study.
Cserjesi, R., Van Braeckel, K. N., Butcher, P. R., Kerstjens, J. M., Reijneveld, S. A., Bouma, A., Geuze, R. H., Bos, A. F., Functioning of 7-year-old children born at 32 to 35 weeks' gestational age, Pediatrics, 130, e838-46, 2012	Not clear if logistic regression analyses adjusted for confounders, no covariables are mentioned.
Dalziel,S.R., Lim,V.K., Lambert,A., McCarthy,D., Parag,V., Rodgers,A., Harding,J.E., Psychological functioning and health-related quality of life in adulthood after preterm birth, Developmental Medicine and Child Neurology, 49, 597-602, 2007	Follow-up of an RCT.
Dammann, O., Allred, E. N., Veelken, N., Increased risk of spastic diplegia among very low birth weight children after preterm labor or prelabor rupture of membranes, Journal of Pediatrics, 132, 531-5, 1998	All participants born pre-1990.
Dammann, O., Dammann, C. E. L., Allred, E. N., Veelken, N., Fetal growth restriction is not associated with a reduced risk for bilateral spastic cerebral palsy in very-low-birthweight infants, Early Human Development, 64, 79-89, 2001	Population born before 1990.
Dammann,O., Drescher,J., Veelken,N., Maternal fever at birth and non-verbal intelligence at age 9 years in preterm infants, Developmental Medicine and Child Neurology, 45, 148-151, 2003	population born before 1990.
D'Amore, A., Broster, S., Le Fort, W., Curley, A., Two-year outcomes from very low birthweight infants in a geographically defined population across 10 years, 1993-2002: Comparing 1993-1997 with 1998-2002, Archives of Disease in Childhood: Fetal and Neonatal Edition, 96, F178-F185, 2011	Study by birth weight, not by gestational age; outcome "disability" not according to the protocol.

Study	Reason for exclusion
D'Angio,C.T., Sinkin,R.A., Stevens,T.P., Landfish,N.K., Merzbach,J.L., Ryan,R.M., Phelps,D.L., Palumbo,D.R., Myers,G.J., Longitudinal, 15-year follow-up of children born at less than 29 weeks' gestation after introduction of surfactant therapy into a region: neurologic, cognitive, and educational outcomes, Pediatrics, 110, 1094-1102, 2002	Cohort born before 1990.
Daniel, L. M., Lim, S. B., Clarke, L., Eight-year outcome of very-low-birth-weight infants born in KK Hospital, Annals of the Academy of Medicine Singapore, 32, 354-361, 2003	No info on gestational age of cohort
Darlow,B.A., Horwood,L.J., Mogridge,N., Clemett,R.S., Prospective study of New Zealand very low birthweight infants: outcome at 7-8 years, Journal of Paediatrics and Child Health, 33, 47-51, 1997	Only frequencies of outcomes by birthweight reported
Davis, A. S., Hintz, S. R., Goldstein, R. F., Ambalavanan, N., Bann, C. M., Stoll, B. J., Bell, E. F., Shankaran, S., Laptook, A. R., Walsh, M. C., Hale, E. C., Newman, N. S., Das, A., Higgins, R. D., Eunice Kennedy Shriver National Institute of Child, Health, Human Development Neonatal Research, Network, Outcomes of extremely preterm infants following severe intracranial hemorrhage, Journal of Perinatology, 34, 203-8, 2014	Outcome is NDI or death.
Davis, A. S., Hintz, S. R., Van Meurs, K. P., Li, L., Das, A., Stoll, B. J., Walsh, M. C., Pappas, A., Bell, E. F., Laptook, A. R., Higgins, R. D., Seizures in extremely low birth weight infants are associated with adverse outcome, Journal of Pediatrics, 157, 720-725.e2, 2010	Outcome reported as NDI/death.
Davis, J. W., Odd, D., Jary, S., Luyt, K., The impact of a sepsis quality improvement project on neurodisability rates in very low birthweight infants, Archives of Disease in Childhood., 18, 2016	Single-centre study.
Davis, N. M., Doyle, L. W., Ford, G. W., Keir, E., Michael, J., Rickards, A. L., Kelly, E. A., Callanan, C., Auditory function at 14 years of age of very-low-birthweight, Developmental Medicine & Child Neurology, 43, 191-6, 2001	Only group differences reported, multivariate analysis restricted to children with and without memory span problem.
De Groote, I., Vanhaesebrouck, P., Bruneel, E., Dom, L., Durein, I., Hasaerts, D., Laroche, S., Oostra, A., Ortibus, E., Roeyers, H., Van Mol, C., Outcome at 3 years of age in a population-based cohort of extremely preterm infants, Obstetrics and Gynecology, 110, 855-864, 2007	No multivariate analysis; Incorrect outcome measure
de Haan, T. R., Beckers, L., de Jonge, R. C., Spanjaard, L., van Toledo, L., Pajkrt, D., van Wassenaer-Leemhuis, A. G., van der Lee, J. H., Neonatal gram negative and Candida sepsis survival and neurodevelopmental outcome at the corrected age of 24 months, PLoS ONE [Electronic Resource], 8, e59214, 2013	Single-centre study.

Study	Reason for exclusion
de Kleine, M. J., den Ouden, A. L., Kollee, L. A., van Baar, A., Nijhuis-van der Sanden, M. W., Ilsen, A., Brand, R., Verloove-Vanhorick, S. P., Outcome of perinatal care for very preterm infants at 5 years of age: a comparison between 1983 and 1993, Paediatric and Perinatal Epidemiology, 21, 26-33, 2007	Comparing two cohorts, one born in 1983 and one born in 1993. Not relevant for the review.
De Vonderweid, U., Spagnolo, A., Corchia, C., Chiandotto, V., Chiappe, S., Chiappe, F., Colarizi, P., De Luca, T., Didato, M., Fertz, M. C., Macagno, F., Mansi, G., Paludetto, R., Priolisi, A., Spinelli, A., Zaramella, P., Zorzi, C., Italian multicentre study on very low-birth-weight babies. Neonatal mortality and two-year outcome, Acta Paediatrica, International Journal of Paediatrics, 83, 391-396, 1994	No relevant comparison
Delobel-Ayoub, M., Arnaud, C., White-Koning, M., Casper, C., Pierrat, V., Garel, M., Burguet, A., Roze, J. C., Matis, J., Picaud, J. C., Kaminski, M., Larroque, B., Behavioral problems and cognitive performance at 5 years of age after very preterm birth: The EPIPAGE study, Pediatrics, 123, 1485-1492, 2009	Outcome is not about disorders.
deRegnier,R.A., Roberts,D., Ramsey,D., Weaver,R.G.,Jr., O'Shea,T.M., Association between the severity of chronic lung disease and first-year outcomes of very low birth weight infants, Journal of Perinatology, 17, 375-382, 1997	outcomes were assessed as function of gestational age and CLD status combined
Dewey, D., Creighton, D. E., Heath, J. A., Wilson, B. N., Anseeuw-Deeks, D., Crawford, S. G., Sauve, R., Assessment of developmental coordination disorder in children born with extremely low birth weights, Developmental Neuropsychology, 36, 42-56, 2011	No relevant comparison
Dezoete, J. A., MacArthur, B. A., Aftimos, S., Developmental outcome at 18 months of children less than 1000 grams, The New Zealand medical journal, 110, 205-207, 1997	No relevant comparison made; no multivariate analysis.
Doctor,B.A., Newman,N., Minich,N.M., Taylor,H.G., Fanaroff,A.A., Hack,M., Clinical outcomes of neonatal meningitis in very-low birth-weight infants, Clinical Pediatrics, 40, 473-480, 2001	Sample size <50.
Dogru, M., Shirabe, H., Nakamura, M., Taoka, K., Nomura, K., Yamamoto, M., Effect of retinopathy of prematurity on resolution acuity development in 1- to 3-year-old children, Journal of Pediatric Ophthalmology & Strabismus, 38, 144-8, 2001	Only distribution of different GAs groups reported
Downey,L.C., O'Shea,T.M., Allred,E.N., Kuban,K., McElrath,T.F., Warner,D.D., Ware,J., Hecht,J.L., Onderdonk,A., Leviton,A., Antenatal and early postnatal antecedents of parent-reported attention problems at 2 years of age, Journal of Pediatrics, 166, 20-25, 2015	The outcome was assessed using screening tool, not actual diagnosis.

Study	Reason for exclusion
Doyle, L. W., Anderson, P. J., Victorian Infant Collaborative Study, Group, Improved neurosensory outcome at 8 years of age of extremely low birthweight children born in Victoria over three distinct eras, Archives of Disease in Childhood Fetal & Neonatal Edition, 90, F484-8, 2005	Comparison cohorts born before 1990.
Doyle, L. W., Davis, P. G., Morley, C. J., McPhee, A., Carlin, J. B., Dart Study Investigators, Outcome at 2 years of age of infants from the DART study: a multicenter, international, randomized, controlled trial of low-dose dexamethasone, Pediatrics, 119, 716-21, 2007	RCT
Doyle, L. W., Ehrenkranz, R. A., Halliday, H. L., Dexamethasone treatment after the first week of life for bronchopulmonary dysplasia in preterm infants: a systematic review, Neonatology, 98, 289-96, 2010	A systematic review of RCTs.
Doyle, L. W., Halliday, H. L., Ehrenkranz, R. A., Davis, P. G., Sinclair, J. C., An update on the impact of postnatal systemic corticosteroids on mortality and cerebral palsy in preterm infants: effect modification by risk of bronchopulmonary dysplasia, Journal of Pediatrics, 165, 1258-60, 2014	not population and outcome of interest
Doyle,L.W., Betheras,F.R., Ford,G.W., Davis,N.M., Callanan,C., Survival, cranial ultrasound and cerebral palsy in very low birthweight infants: 1980s versus 1990s, Journal of Paediatrics and Child Health, 36, 7-12, 2000	Gestational age not as range
Doyle,L.W., Halliday,H.L., Ehrenkranz,R.A., Davis,P.G., Sinclair,J.C., Impact of postnatal systemic corticosteroids on mortality and cerebral palsy in preterm infants: effect modification by risk for chronic lung disease, Pediatrics, 115, 655-661, 2005	RCT
Doyle,L.W., Kitchen,W.H., Ford,G.W., Rickards,A.L., Kelly,E.A., Callanan,C., Raven,J., Olinsky,A., Outcome to 8 years of infants less than 1000 g birthweight: relationship with neonatal ventilator and oxygen therapy, Journal of Paediatrics and Child Health, 27, 184-188, 1991	Population born before 1990.
Drljan, C. D., Mikov, A., Filipovic, K., Todorovic, S. T., Knezevic, A., Krasnik, R., Cerebral palsy in preterm infants, Vojnosanitetski Pregled, 73, 343-348, 2016	No relevant data.
Dunin-Wasowicz,D., Rowecka-Trzebicka,K., Milewska-Bobula,B., Kassur-Siemienska,B., Bauer,A., Idzik,M., Lipka,B., Marcinski,P., Risk factors for cerebral palsy in very low-birthweight infants in the 1980s and 1990s, Journal of Child Neurology, 15, 417-420, 2000	A single-centre study.
Durkin, M. S., Benedict, R. E., Christensen, D., Dubois, L. A., Fitzgerald, R. T., Kirby, R. S., Maenner, M. J., Van Naarden Braun, K.,	No data stratified by gestational age.

Study	Reason for exclusion
Wingate, M. S., Yeargin-Allsopp, M., Prevalence of Cerebral Palsy among 8-Year-Old Children in 2010 and Preliminary Evidence of Trends in Its Relationship to Low Birthweight, Paediatric and Perinatal Epidemiology, 30, 496-510, 2016	
Edwards, J., Berube, M., Erlandson, K., Haug, S., Johnstone, H., Meagher, M., Sarkodee-Adoo, S., Zwicker, J. G., Developmental coordination disorder in school-aged children born very preterm and/or at very low birth weight: A systematic review, Journal of developmental and behavioral pediatrics, 32, 678-687, 2011	Systematic review, no additional relevant studies identified.
Emsley, H. C. A., Wardle, S. P., Sims, D. G., Chiswick, M. L., D'Souza, S. W., Increased survival and deteriorating developmental outcome in 23 to 25 week old gestation infants, 1990-4 compared with 1984-9, Archives of Disease in Childhood: Fetal and Neonatal Edition, 78, F99-F104, 1998	Results not reported for 1990-94 data in ratio format.
Eras, Z., Ozyurt, B. M., Kanmaz, G., Erdeve, O., Sakrucu, E. D., Oguz, S. S., Canpolat, F. E., Uras, N., Dilmen, U., Neurodevelopmental outcome among multiples and singletons: a regional neonatal intensive care unit's experience in Turkey, Twin Research & Human Genetics: the Official Journal of the International Society for Twin Studies, 16, 614-8, 2013	Multivariate analysis not done.
Eriksson, L., Haglund, B., Ewald, U., Odlind, V., Kieler, H., Short and long-term effects of antenatal corticosteroids assessed in a cohort of 7,827 children born preterm, Acta Obstetricia et Gynecologica Scandinavica, 88, 933-8, 2009	Babies born 1976-1997.
Eriksson,L., Haglund,B., Ewald,U., Odlind,V., Kieler,H., Health consequences of prophylactic exposure to antenatal corticosteroids among children born late preterm or term, Acta Obstetricia et Gynecologica Scandinavica, 91, 1415-1421, 2012	Participants born between 1974 and 1996.
Faebo Larsen, R., Hvas Mortensen, L., Martinussen, T., Nybo Andersen, A. M., Determinants Of Developmental Coordination Disorder In 7-Year-Old Children: A Study Of Children In The Danish National Birth Cohort, Developmental Medicine and Child Neurology, 55, 1016-1022, 2013	Only a screening tool (Developmental Coordination Disorder Questionnaire 2007) was used to measure the outcome.
Farooqi, A., Hagglof, B., Sedin, G., Serenius, F., Impact at age 11 years of major neonatal morbidities in children born extremely preterm, Pediatrics, 127, e1247-57, 2011	Unclear scales used for diagnosis and for which poor outcome.
Fernandes, L. V., Goulart, A. L., Santos, A. M., Barros, M. C., Guerra, C. C., Kopelman, B. I., Neurodevelopmental assessment of very low birth weight preterm infants at corrected age of 18-24 months by Bayley III scales, Jornal de Pediatria, 88, 471-8, 2012	Cross-sectional study

Study	Reason for exclusion
Ferreira, R. C., Mello, R. R., Silva, K. S., Neonatal sepsis as a risk factor for neurodevelopmental changes in preterm infants with very low birth weight, Jornal de Pediatria, 90, 293-299, 2014	Study carried out in a developing country (Brazil).
Fily, A., Pierrat, V., Delporte, V., Breart, G., Truffert, P., Factors associated with neurodevelopmental outcome at 2 years after very preterm birth: The population-based Nord-Pas-de-Calais EPIPAGE Cohort, Pediatrics, 117, 357-366, 2006	Study examined the association between risk factors and mean DQ on neurosdevelopmental outcomes, no cut-offs.
Finnstrom, O., Gaddlin, P. O., Leijon, I., Samuelsson, S., Wadsby, M., Very-low-birth-weight children at school age: Academic achievement, behavior and self-esteem and relation to risk factors, Journal of Maternal-Fetal and Neonatal Medicine, 14, 75-84, 2003	Participants born before 1990.
Finnstrom, O., Otterblad Olausson, P., Sedin, G., Serenius, F., Svenningsen, N., Thiringer, K., Tunell, R., Wesstrom, G., Neurosensory outcome and growth at three years in extremely low birthweight infants: follow-up results from the Swedish national prospective study, Acta Paediatrica, 87, 1055-60, 1998	Not multiple regression or multivariate analysis
Fledelius, H. C., Central nervous system damage and retinopathy of prematurity--an ophthalmic follow-up of prematures born in 1982-84, Acta Paediatrica, 85, 1186-91, 1996	Only group differences reported. No ratios.
Fledelius, H. C., Greisen, G., Very pre-term birth and visual impairment. A retrospective investigation of 411 infants of gestational age 30 weeks or less, 1983-89 Rigshospitalet, Copenhagen, Acta Ophthalmologica - Supplementum, 63-5, 1993	Not multiple regression or multivariate analysis / Only frequencies of outcomes reported
Forslund, M., Bjerre, I., Follow-up of preterm children: II. Growth and development at four years of age, Early Human Development, 24, 107-18, 1990	Participants born before 1990.
Foulder-Hughes, L. A., Cooke, R. W., Motor, cognitive, and behavioural disorders in children born very preterm, Developmental Medicine & Child Neurology, 45, 97-103, 2003	Only group differences reported, no ratios.
Frondas-Chauty, A., Simon, L., Branger, B., Gascoin, G., Flamant, C., Ancel, P. Y., Darmaun, D., Roze, J. C., Early growth and neurodevelopmental outcome in very preterm infants: impact of gender, Archives of Disease in Childhood Fetal & Neonatal Edition, 99, F366-72, 2014	The aim of the paper was to assess the effect of growth during hospitalisation on NDZ at the age of 2 years.
Fung, G., Bawden, K., Chow, P., Yu, V., Chorioamnionitis and outcome in extremely preterm infants, Annals of the Academy of Medicine Singapore, 32, 305-310, 2003	No multivariate analysis.
Furukawa, S., Doi, K., Furuta, K., Sameshima, H., The effect of placental abruption on the outcome of extremely premature infants, Journal	No relevant data, small sample size.

Study	Reason for exclusion
of Maternal-Fetal and Neonatal Medicine, 28, 705-708, 2015	
Furukawa,S., Sameshima,H., Ikenoue,T., The impact of cesarean section on neonatal outcome of infants born at 23weeks of gestation, Early Human Development, 90, 113-118, 2014	Unclear follow-up assessment
Gaddlin,P.O., Finnstrom,O., Hellgren,K., Leijon,I., Hospital readmissions and morbidity in a fifteen-year follow-up of very low birthweight children in Southeast Sweden, Acta Paediatrica, 96, 499-505, 2007	Not multiple regression or multivariate analysis
Gaddlin,P.O., Finnstrom,O., Sydsjo,G., Leijon,I., Most very low birth weight subjects do well as adults, Acta Paediatrica, 98, 1513-1520, 2009	No outcome of interest. only prevalence of DDs reported
Gano, D., Andersen, S. K., Glass, H. C., Rogers, E. E., Glidden, D. V., Barkovich, A. J., Ferriero, D. M., Impaired cognitive performance in premature newborns with two or more surgeries prior to term-equivalent age, Pediatric research, 78, 323-9, 2015	Single-centre study.
Geldof, C. J. A., van Hus, J. W. P., Jeukens-Visser, M., Nollet, F., Kok, J. H., Oosterlaan, J., van Wassenaer-Leemhuis, A. G., Deficits in vision and visual attention associated with motor performance of very preterm/very low birth weight children, Research in Developmental Disabilities, 53-54, 258-266, 2016	Follow-up of an RCT.
Geldof, C. J. A., Van Wassenaer-Leemhuis, A. G., Dik, M., Kok, J. H., Oosterlaan, J., A functional approach to cerebral visual impairments in very preterm/very-low-birth-weight children, Pediatric Research, 78, 190-197, 2015	The comparison was made between preterm and very-low-birth-weight children for GAs. Only distribution of different GAs groups reported
Geldof, C. J., van Wassenaer, A. G., de Kieviet, J. F., Kok, J. H., Oosterlaan, J., Visual perception and visual-motor integration in very preterm and/or very low birth weight children: a meta-analysis, Research in Developmental Disabilities, 33, 726-36, 2012	Meta-analysis on visual perception and integration in relation to very preterm children. Case-control studies were included. No specific information on ho the outcome was assessed in the included studies (unclear whether they meet the definition of outcome of interest).
Geldof, C. J., van Wassenaer-Leemhuis, A. G., Dik, M., Kok, J. H., Oosterlaan, J., A functional approach to cerebral visual impairments in very preterm/very-low-birth-weight children, Pediatric Research, 78, 190-7, 2015	Follow-up of RCT.
Girsen, A., Do, S., El-Sayed, Y. Y., Blumenfeld, Y. J., Association between small-for-gestational-age and neurodevelopmental impairment at two years of life among infants born at preterm gestational ages, American Journal of Obstetrics and Gynecology, 1), S76, 2016	A conference abstract.
Gnanendran, L., Bajuk, B., Oei, J., Lui, K., Abdel-Latif, M. E., Nicus Network, Neurodevelopmental outcomes of preterm singletons, twins and higher-order gestations: a population-based cohort study, Archives of Disease in Childhood Fetal & Neonatal Edition, 100, F106-14, 2015	Compared premature singletons to premature multiples, not relevant.

Study	Reason for exclusion
Gnigler, M., Neubauer, V., Griesmaier, E., Zotter, S., Kager, K., Kiechl-Kohlendorfer, U., Very preterm children are at increased risk of reduced processing speed at 5 years of age, predicted by typical complications of prematurity and prenatal smoking, Acta Paediatrica, 104, e124-9, 2015	Outcome not relevant.
Goktas, A., Sener, E. C., Sanac, A. S., An assessment of ocular morbidities of children born prematurely in early childhood, Journal of Pediatric Ophthalmology & Strabismus, 49, 236-41, 2012	Only frequencies of ocular morbidities in different GAs group reported
Goldin, R. L., Matson, J. L., Premature birth as a risk factor for autism spectrum disorder, Developmental Neurorehabilitation, 19, 203-6, 2016	Not the right population.
Goyen, T. A., Lui, K., Developmental coordination disorder in "apparently normal" schoolchildren born extremely preterm, Archives of Disease in Childhood, 94, 298-302, 2009	Developmental coordination disorder in this study was identified by Movement Assessment Battery for Children (MABC) and all degrees of severity was included.
Gray, P. H., Edwards, D. M., O'Callaghan, M. J., Gibbons, K., Screening for autism spectrum disorder in very preterm infants during early childhood, Early Human Development, 91, 271-276, 2015	Multivariate analysis include both term and preterm children.
Gray, P. H., O'Callaghan, M. J., Poulsen, L., Behaviour and quality of life at school age of children who had bronchopulmonary dysplasia, Early Human Development, 84, 1-8, 2008	Did not report odds ratios.
Gray, P. H., Sarkar, S., Young, J., Rogers, Y. M., Conductive hearing loss in preterm infants with bronchopulmonary dysplasia, Journal of Paediatrics & Child Health, 37, 278-82, 2001	Participants born in 1989 and 1990. Only group differences reported.
Gray,P.H., Burns,Y.R., Mohay,H.A., O'Callaghan,M.J., Tudehope,D.I., Neurodevelopmental outcome of preterm infants with bronchopulmonary dysplasia, Archives of Disease in Childhood Fetal and Neonatal Edition, 73, F128-F134, 1995	Study population included participants born between 1988-1990. The composite outcomes included component conditions ranged from mild to severe. Unclear whether multivariate analysis was performed.
Graz, M. B., Tolsa, J. F., Fumeaux, C. J. F., Being small for gestational age: Does it matter for the neurodevelopment of premature infants? A cohort study, PLoS ONE, 10, 2015	Single-centre study.
Greenwood, S., Abdel-Latif, M. E., Bajuk, B., Lui, K., Nsw,, A. C. T. Neonatal Intensive Care Units Audit Group, Can the early condition at admission of a high-risk infant aid in the prediction of mortality and poor neurodevelopmental outcome? A population study in Australia, Journal of Paediatrics & Child Health, 48, 588-95, 2012	All babies born pre-term, outcome measures are sensitivity, specify and ROCS
Greenwood,C., Yudkin,P., Sellers,S., Impey,L., Doyle,P., Why is there a modifying effect of gestational age on risk factors for cerebral palsy?, Archives of Disease in Childhood Fetal and Neonatal Edition, 90, F141-F146, 2005	Most participants born before 1990.

Study	Reason for exclusion
Gregoire,M.C., Lefebvre,F., Glorieux,J., Health and developmental outcomes at 18 months in very preterm infants with bronchopulmonary dysplasia, Pediatrics, 101, 856-860, 1998	Children born 1987-1992, no distribution of population reported.
Grether,J.K., Nelson,K.B., Walsh,E., Willoughby,R.E., Redline,R.W., Intrauterine exposure to infection and risk of cerebral palsy in very preterm infants, Archives of Pediatrics and Adolescent Medicine, 157, 26-32, 2003	Case-control study
Grogaard,J.B., Lindstrom,D.P., Parker,R.A., Culley,B., Stahlman,M.T., Increased survival rate in very low birth weight infants (1500 grams or less): no association with increased incidence of handicaps, Journal of Pediatrics, 117, 139-146, 1990	No risk factors of interest
Gross, S. J., Slagle, T. A., D'Eugenio, D. B., Mettelman, B. B., Impact of a matched term control group on interpretation of developmental performance in preterm infants, Pediatrics, 90, 681-7, 1992	Participants born before 1990.
Grunewaldt, K. H., Fjortoft, T., Bjuland, K. J., Brubakk, A. M., Eikenes, L., Haberg, A. K., Lohaugen, G. C., Skranes, J., Follow-up at age 10 years in ELBW children - functional outcome, brain morphology and results from motor assessments in infancy, Early Human Development, 90, 571-8, 2014	No relevant risk factor-outcome combination. No multivariate analysis, no odds ratios or relative risks presented.
Gucuyener, K., Soysal, S., Ergenekon, E., Koc, E., Turkyilmaz, C., Onal, E., Atalay, Y., Neurodevelopmental outcome of preterms (GA <30 weeks) at preschool age, Journal of Perinatal Medicine. Conference: 12th World Congress of Perinatal Medicine, 43, 2015	A conference abstract.
Guerra,C.C., Barros,M.C., Goulart,A.L., Fernandes,L.V., Kopelman,B.I., Santos,A.M., Premature infants with birth weights of 1500-1999 g exhibit considerable delays in several developmental areas, Acta Paediatrica, 103, e1-e6, 2014	Cross-sectional study
Guerrot, A. M., Chadie, A., Torre, S., Rondeau, S., Pinto Cardoso, G., Abily-Donval, L., Marret, S., Perinatal Network of, Haute-Normandie, Compared outcomes of very preterm infants born in 2000 and 2005, Acta Paediatrica, 101, 731-5, 2012	Single-centre study.
Guy, A., Seaton, S. E., Boyle, E. M., Draper, E. S., Field, D. J., Manktelow, B. N., Marlow, N., Smith, L. K., Johnson, S., Infants born late/moderately preterm are at increased risk for a positive autism screen at 2 years of age, Journal of Pediatrics, 166, 269-75.e3, 2015	Screening tool used to assess outcome.
Hack, M., Breslau, N., Aram, D., Weissman, B., Klein, N., Borawski-Clark, E., The effect of very low birth weight and social risk on neurocognitive abilities at school age, Journal of developmental and behavioral pediatrics : JDBP, 13, 412-420, 1992	The study assessed the effect of LBW on neurologic abnormality at school age, not of interest/not in the procotol.

Study	Reason for exclusion
Hack, M., Taylor, H. G., Schluchter, M., Andreias, L., Drotar, D., Klein, N., Behavioral outcomes of extremely low birth weight children at age 8 years, Journal of Developmental & Behavioral Pediatrics, 30, 122-30, 2009	Single-centre study, outcomes reported mainly by parents.
Hack, M., Wilson-Costello, D., Friedman, H., Taylor, G. H., Schluchter, M., Fanaroff, A. A., Neurodevelopment and predictors of outcomes of children with birth weights of less than 1000 g 1992-1995, Archives of Pediatrics and Adolescent Medicine, 154, 725-731, 2000	Single-centre study.
Hack,M., Friedman,H., Fanaroff,A.A., Outcomes of extremely low birth weight infants, Pediatrics, 98, 931-937, 1996	Single-centre study.
Hack,M., Taylor,H.G., Klein,N., Eiben,R., Schatschneider,C., Mercuri-Minich,N., School-age outcomes in children with birth weights under 750 g, New England Journal of Medicine, 331, 753-759, 1994	the comparison was by birth weight rather than GA
Hajnal, B. L., Braun-Fahrlander, C., Von Siebenthal, K., Bucher, H. U., Largo, R. H., Improved outcome for very low birth weight multiple births, Pediatric Neurology, 32, 87-93, 2005	Single-centre study.
Haller, S., Deindl, P., Cassini, A., Suetens, C., Zingg, W., Abu Sin, M., Velasco, E., Weiss, B., Ducomble, T., Sixtensson, M., Eckmanns, T., Harder, T., Neurological sequelae of healthcare-associated sepsis in very-low-birthweight infants: Umbrella review and evidence-based outcome tree, Euro Surveillance: Bulletin Europeen sur les Maladies Transmissibles = European Communicable Disease Bulletin, 21, 25, 2016	Review, not relevant. Included studies checked.
Halsey,C.L., Collin,M.F., Anderson,C.L., Extremely low-birth-weight children and their peers. A comparison of school-age outcomes, Archives of Pediatrics and Adolescent Medicine, 150, 790-794, 1996	only groupsâ□™ differences were reported
Hamrick, S. E. G., Miller, S. P., Leonard, C., Glidden, D. V., Goldstein, R., Ramaswamy, V., Piecuch, R., Ferriero, D. M., Trends in severe brain injury and neurodevelopmental outcome in premature newborn infants: The role of cystic periventricular leukomalacia, Journal of Pediatrics, 145, 593-599, 2004	Single-centre study.
Han,T.R., Bang,M.S., Lim,J.Y., Yoon,B.H., Kim,I.W., Risk factors of cerebral palsy in preterm infants, American Journal of Physical Medicine and Rehabilitation, 81, 297-303, 2002	Unclear about multivariate analysis.
Hanke, C., Lohaus, A., Gawrilow, C., Hartke, I., Kohler, B., Leonhardt, A., Preschool development of very low birth weight children born 1994-1995, European Journal of Pediatrics, 162, 159-64, 2003	K-ABC scores are assessed as a continuous outcome, rather than dichotomised into "disorder" and "no disorder".
Haque,K.N., Hayes,A.M., Ahmed,Z., Wilde,R., Fong,C.Y., Caesarean or vaginal delivery for	Single-centre study.

Study	Reason for exclusion
preterm very-low-birth weight (< or =1,250 g) infant: experience from a district general hospital in UK, Archives of Gynecology and Obstetrics, 277, 207-212, 2008	
Harmon, H. M., Taylor, H. G., Minich, N., Wilson-Costello, D., Hack, M., Early school outcomes for extremely preterm infants with transient neurological abnormalities, Developmental Medicine & Child Neurology, 57, 865-71, 2015	Single-centre study.
Hebbandi, S. B., Bowen, J. R., Hipwell, G. C., Ma, P. J., Leslie, G. I., Arnold, J. D., Ocular sequelae in extremely premature infants at 5 years of age, Journal of Paediatrics & Child Health, 33, 339-42, 1997	All babies born pre-term, only prevalence of DDs reported
Heinonen,K., Raikkonen,K., Pesonen,A.K., Andersson,S., Kajantie,E., Eriksson,J.G., Wolke,D., Lano,A., Behavioural symptoms of attention deficit/hyperactivity disorder in preterm and term children born small and appropriate for gestational age: a longitudinal study, BMC Pediatrics, 10, 91-, 2010	Participants born between 1985 and 1986 (pre-1990).
Hellgren, Kerstin M. M. D., PhD,, Tornqvist, Kristina M. D., PhD,, Jakobsson, Peter G. M. D., PhD,, Lundgren, Pia M. D., PhD,, Carlsson, Birgitta M. D., Kallen, Karin PhD, Serenius, Fredrik M. D., PhD,, Hellstrom, Ann M. D., PhD,, Holmstrom, Gerd M. D., PhD,, Ophthalmologic Outcome of Extremely Preterm Infants at 6.5 Years of Age: Extremely Preterm Infants in Sweden Study (EXPRESS), JAMA Ophthalmology, 134, 555-562, 2016	Visual impairment outcome was analysed using GA as a continuous variable
Hendson, L., Russell, L., Robertson, C. M., Liang, Y., Chen, Y., Abdalla, A., Lacaze-Masmonteil, T., Neonatal and neurodevelopmental outcomes of very low birth weight infants with histologic chorioamnionitis, Journal of Pediatrics, 158, 397-402, 2011	Single-centre study.
Hentges, C. R., Silveira, R. C., Procianoy, R. S., Carvalho, C. G., Filipouski, G. R., Fuentefria, R. N., Marquezotti, F., Terrazan, A. C., Association of late-onset neonatal sepsis with late neurodevelopment in the first two years of life of preterm infants with very low birth weight, Jornal de Pediatria, 90, 50-7, 2014	Not multiple regression or multivariate analysis / Only frequencies of outcomes reported
Hielkema, T., Hadders-Algra, M., Motor and cognitive outcome after specific early lesions of the brain - a systematic review, Developmental Medicine & Child Neurology, 58 Suppl 4, 46-52, 2016	Not the right population.
Hille, E. T., den Ouden, A. L., Bauer, L., van den Oudenrijn, C., Brand, R., Verloove-Vanhorick, S. P., School performance at nine years of age in very premature and very low birth weight infants: perinatal risk factors and predictors at five years of age. Collaborative Project on Preterm and Small for Gestational Age (POPS) Infants in The	Outcome is a developmental problem, not a disorder.

Study	Reason for exclusion
Netherlands, Journal of Pediatrics, 125, 426-34, 1994	
Hille, E. T., van Straaten, H. I., Verkerk, P. H., Dutch, Nicu Neonatal Hearing Screening Working Group, Prevalence and independent risk factors for hearing loss in NICU infants, Acta Paediatrica, 96, 1155-8, 2007	Hearing loos screening tool, not diagnostic.
Hille, E. T., Weisglas-Kuperus, N., van Goudoever, J. B., Jacobusse, G. W., Ens-Dokkum, M. H., de Groot, L., Wit, J. M., Geven, W. B., Kok, J. H., de Kleine, M. J., Kollee, L. A., Mulder, A. L., van Straaten, H. L., de Vries, L. S., van Weissenbruch, M. M., Verloove-Vanhorick, S. P., Dutch Collaborative, Pops Study Group, Functional outcomes and participation in young adulthood for very preterm and very low birth weight infants: the Dutch Project on Preterm and Small for Gestational Age Infants at 19 years of age, Pediatrics, 120, e587-95, 2007	All participants born in 1983.
Hintz, S. R., Kendrick, D. E., Vohr, B. R., Poole, W. K., Higgins, R. D., Gender differences in neurodevelopmental outcomes among extremely preterm, extremely-low-birthweight infants, Acta Paediatrica, International Journal of Paediatrics, 95, 1239-1248, 2006	Results reported stratified by gender.
Hintz, S. R., Kendrick, D. E., Vohr, B. R., Poole, W. K., Higgins, R. D., Changes in neurodevelopmental outcomes at 18 to 22 months' corrected age among infants of less than 25 weeks' gestational age born in 1993-1999, Pediatrics, 115, 1645-1651, 2005	This study compared outcomes by different epochs, not relevant.
Hintz, S. R., Kendrick, D. E., Wilson-Costello, D. E., Das, A., Bell, E. F., Vohr, B. R., Higgins, R. D., Nichd Neonatal Research Network, Early-childhood neurodevelopmental outcomes are not improving for infants born at <25 weeks' gestational age, Pediatrics, 127, 62-70, 2011	This study compared outcomes between epochs, not relevant.
Ho,J.J., Amar,H.S., Mohan,A.J., Hon,T.H., Neurodevelopmental outcome of very low birth weight babies admitted to a Malaysian nursery, Journal of Paediatrics and Child Health, 35, 175-180, 1999	Gestational age not reported as range
Ho,N.K., Lim,S.B., Outcome of infants weighing 500-999 grams at birth in a Singapore hospital (1990-1993), Singapore Medical Journal, 36, 185-188, 1995	Single-centre study.
Holmstrom, G. E., Kallen, K., Hellstrom, A., Jakobsson, P. G., Serenius, F., Stjernqvist, K., Tornqvist, K., Ophthalmologic outcome at 30 months' corrected age of a prospective Swedish cohort of children born before 27 weeks of gestation: the extremely preterm infants in sweden study, JAMA Ophthalmology, 132, 182-9, 2014	The outcome assessed was composite score of eye and visual problems which included both blindness and strabismus.
Holmstrom, G., El Azazi, M., Kugelberg, U., Ophthalmological follow up of preterm infants: A	Not multiple regression or multivariate analysis / only frequencies of outcomes reported

Study	Reason for exclusion
population based, prospective study of visual acuity and strabismus, British Journal of Ophthalmology, 83, 143-150, 1999	
Holmstrom, G., Larsson, E., Long-term follow-up of visual functions in prematurely born children--a prospective population-based study up to 10 years of age, Journal of Aapos: American Association for Pediatric Ophthalmology & Strabismus, 12, 157-62, 2008	population born 1988-1990.
Holt,J., Weidle,B., Kaaresen,P.I., Fundingsrud,H.P., Dahl,L.B., Very low birthweight infants: outcome in a sub-Arctic population, Acta Paediatrica, 87, 446-451, 1998	Cohort born before 1990.
Hreinsdottir, J., Ewald, U., Strand Brodd, K., Ornkloo, H., von Hofsten, C., Holmstrom, G., Ophthalmological outcome and visuospatial ability in very preterm children measured at 2.5 years corrected age, Acta Paediatrica, 102, 1144-9, 2013	Not multiple regression or multivariate
Huang, J., Zhu, T., Qu, Y., Mu, D., Prenatal, Perinatal and Neonatal Risk Factors for Intellectual Disability: A Systemic Review and Meta-Analysis, PLoS ONE [Electronic Resource], 11, e0153655, 2016	Not the right population.
Huddy,C.L., Johnson,A., Hope,P.L., Educational and behavioural problems in babies of 32-35 weeks gestation, Archives of Disease in Childhood Fetal and Neonatal Edition, 85, F23-F28, 2001	Strengths and Difficulties behaviour questionnaire used.
Indredavik, M. S., Skranes, J. S., Vik, T., Heyerdahl, S., Romundstad, P., Myhr, G. E., Brubakk, A. M., Low-birth-weight adolescents: Psychiatric symptoms and cerebral MRI abnormalities, Pediatric Neurology, 33, 259-266, 2005	Control group results not reported
Indredavik, M. S., Vik, T., Evensen, K. A., Skranes, J., Taraldsen, G., Brubakk, A. M., Perinatal risk and psychiatric outcome in adolescents born preterm with very low birth weight or term small for gestational age, Journal of Developmental & Behavioral Pediatrics, 31, 286-94, 2010	population born before 1990.
Indredavik, M. S., Vik, T., Heyerdahl, S., Kulseng, S., Fayers, P., Brubakk, A. M., Psychiatric symptoms and disorders in adolescents with low birth weight, Archives of Disease in Childhood: Fetal and Neonatal Edition, 89, F445-F450, 2004	All participants born pre-1990.
Jacobsson,B., Hagberg,G., Hagberg,B., Ladfors,L., Niklasson,A., Hagberg,H., Cerebral palsy in preterm infants: a population-based case-control study of antenatal and intrapartal risk factors, Acta Paediatrica, 91, 946-951, 2002	Case-control study
Jang, D. H., Sung, I. Y., Jeon, J. Y., Moon, H. J., Kim, K. S., Kim, E. A., Lee, B. S., Neurodevelopmental outcomes in very low-birth-weight infants in Korea: 1998-2007 vs 1989-	Single-centre study.

Study	Reason for exclusion
1997, Journal of Child Neurology, 26, 1405-10, 2011	
Janvier,A., Khairy,M., Kokkotis,A., Cormier,C., Messmer,D., Barrington,K.J., Apnea is associated with neurodevelopmental impairment in very low birth weight infants, Journal of Perinatology, 24, 763-768, 2004	All babies born VLBW; Not multiple regression or multivariate analysis
Jarvis, S., Glinianaia, S. V., Torrioli, M. G., Platt, M. J., Miceli, M., Jouk, P. S., Johnson, A., Hutton, J., Hemming, K., Hagberg, G., Dolk, H., Chalmers, J., Surveillance of Cerebral Palsy in Europe collaboration of European Cerebral Palsy, Registers, Cerebral palsy and intrauterine growth in single births: European collaborative study, Lancet, 362, 1106-11, 2003	Not multivariate analysis.
Jeng, S. F., Hsu, C. H., Tsao, P. N., Chou, H. C., Lee, W. T., Kao, H. A., Hung, H. Y., Chang, J. H., Chiu, N. C., Hsieh, W. S., Bronchopulmonary dysplasia predicts adverse developmental and clinical outcomes in very-low-birthweight infants, Developmental Medicine & Child Neurology, 50, 51-7, 2008	The Neonatal Neurobehavioural Examination does not cover the essential components according to our criteria.
Jiang, Z. D., Brosi, D. M., Wilkinson, A. R., Hearing impairment in preterm very low birthweight babies detected at term by brainstem auditory evoked responses, Acta Paediatrica, 90, 1411-5, 2001	Single-centre study.
Johnson, A., Townshend, P., Yudkin, P., Bull, D., Wilkinson, A. R., Functional abilities at age 4 years of children born before 29 weeks of gestation, British Medical Journal, 306, 1715-1718, 1993	Population born before 1990.
Johnson, S., Evans, T. A., Draper, E. S., Field, D. J., Manktelow, B. N., Marlow, N., Matthews, R., Petrou, S., Seaton, S. E., Smith, L. K., Boyle, E. M., Neurodevelopmental outcomes following late and moderate prematurity: A population-based cohort study, Archives of Disease in Childhood: Fetal and Neonatal Edition, 100, F301-F308, 2015	Outcomes measured by Parent Report of Children's Abilities-Revised (PARCA-R) were actually developmental problems rather than disorders.
Johnson, S., Matthews, R., Draper, E. S., Field, D. J., Manktelow, B. N., Marlow, N., Smith, L. K., Boyle, E. M., Early Emergence of Delayed Social Competence in Infants Born Late and Moderately Preterm, Journal of Developmental & Behavioral Pediatrics, 36, 690-9, 2015	No relevant data, included in risk of problems review.
Johnson,S., Fawke,J., Hennessy,E., Rowell,V., Thomas,S., Wolke,D., Marlow,N., Neurodevelopmental disability through 11 years of age in children born before 26 weeks of gestation, Pediatrics, 124, e249-e257, 2009	Only unadjusted ORs reported.
Johnson,S., Hollis,C., Kochhar,P., Hennessy,E., Wolke,D., Marlow,N., Autism spectrum disorders in extremely preterm children, Journal of Pediatrics, 156, 525-531, 2010	Majority of data based on screening tool for autistic cpectrum disorder, not definite diagnostic criteria. Only analysis using diagnostic criteria is presented as unadjusted, univariate analysis.

Study	Reason for exclusion
Joseph, R. M., O'Shea, T. M., Allred, E. N., Heeren, T., Hirtz, D., Jara, H., Leviton, A., Kuban, K. C. K., Neurocognitive and academic outcomes at age 10 years of extremely preterm newborns, Pediatrics, 137, 2016	Outcome reported in graphical format
Joseph, R. M., O'Shea, T. M., Allred, E. N., Heeren, T., Hirtz, D., Paneth, N., Leviton, A., Kuban, K. C. K., Prevalence and associated features of autism spectrum disorder in extremely low gestational age newborns at age 10 years, Autism Research., 2016	No relevant data on risk. Prevalence data will be considered for prevalence reviews.
Jurkovicova, J., Aghova, L., Elmy, H. A. W., Huttova, M., Hearing impairment in premature infants in relation to risk factors for hearing loss, International Pediatrics, 17, 172-178, 2002	No relevant data.
Kabra, N. S., Schmidt, B., Roberts, R. S., Doyle, L. W., Papile, L., Fanaroff, A., Trial of Indomethacin Prophylaxis in Preterms, Investigators, Neurosensory impairment after surgical closure of patent ductus arteriosus in extremely low birth weight infants: results from the Trial of Indomethacin Prophylaxis in Preterms, Journal of Pediatrics, 150, 229-34, 234.e1, 2007	Irrelevant risk factor (surgical closure of PDA) assessed.
Kato,E.H., Yamada,H., Matsumoto,Y., Hattori,S., Makinoda,S., Fujimoto,S., Relation between perinatal factors and outcome of very low birth weight infants, Journal of Perinatal Medicine, 24, 677-686, 1996	No multivariate analysis.
Kerstjens, J. M., de Winter, A. F., Bocca-Tjeertes, I. F., Bos, A. F., Reijneveld, S. A., Risk of developmental delay increases exponentially as gestational age of preterm infants decreases: a cohort study at age 4 years, Developmental Medicine & Child Neurology, 54, 1096-101, 2012	Outcomes were assessed by screening tool (Ages and Stages Questionnaire) rather than diagnosis criteria.
Kerstjens, J. M., de Winter, A. F., Bocca-Tjeertes, I. F., ten Vergert, E. M., Reijneveld, S. A., Bos, A. F., Developmental delay in moderately preterm-born children at school entry, Journal of Pediatrics, 159, 92-8, 2011	Outcomes were assessed by screening tool (Ages and Stages Questionnaire) rather than diagnosis criteria.
Kerstjens,J.M., Bocca-Tjeertes,I.F., de Winter,A.F., Reijneveld,S.A., Bos,A.F., Neonatal morbidities and developmental delay in moderately preterm-born children, Pediatrics, 130, e265-e272, 2012	Screening tool used for outcome assessment.
Kerstjens,J.M., de Winter,A.F., Sollie,K.M., Bocca-Tjeertes,I.F., Potijk,M.R., Reijneveld,S.A., Bos,A.F., Maternal and pregnancy-related factors associated with developmental delay in moderately preterm-born children, Obstetrics and Gynecology, 121, 727-733, 2013	Screening tool used for assessing outcome, not reliable for identification of disorder.
Khan, M. R., Maheshwari, P. K., Shamim, H., Saleem, A. F., Ahmed, S., Ali, S. R., Ibrahim, S. H., Neurodevelopmental outcomes of premature infants at a tertiary care center in Pakistan, Pediatric Neurology, 47, 109-13, 2012	Used screening tool for outcome measure.

Study	Reason for exclusion
Kiechl-Kohlendorfer, U., Ralser, E., Peglow, U. P., Reiter, G., Trawoger, R., Adverse neurodevelopmental outcome in preterm infants: Risk factor profiles for different gestational ages, Acta Paediatrica, International Journal of Paediatrics, 98, 792-796, 2009	Not the right outcome. Reports only composite outcome with cut-off of intellectual disability/neurodevelopmental delay not according to the protocol.
Kiechl-Kohlendorfer, U., Ralser, E., Pupp Peglow, U., Reiter, G., Griesmaier, E., Trawoger, R., Smoking in pregnancy: a risk factor for adverse neurodevelopmental outcome in preterm infants?, Acta Paediatrica, 99, 1016-9, 2010	Composite outcome not according to protocol.
Kipiani, T., Tatishvili, N., Sirbiladze, T., Long-term neurological development of the preterm newborns, Georgian Medical News, 42-45, 2007	Only frequency in groups reported, no multivariate analysis.
Kirsten, G. F., van Zyl, J. I., le Grange, M., Ancker, E., van Zyl, F., The outcome at 12 months of very-low-birth-weight infants ventilated at Tygerberg Hospital, South African Medical Journal. Suid-Afrikaanse Tydskrif Vir Geneeskunde, 85, 649-54, 1995	Single-centre study from South Africa.
Kitchen, W., Campbell, N., Carse, E., Charlton, M., Doyle, L., Drew, J., Ford, G., Gore, J., Kelly, E., McDougall, P., Rickards, A., Watkins, A., Yu, V., Eight-year outcome in infants with birth weight of 500 to 999 grams: Continuing regional study of 1979 and 1980 births, Journal of Pediatrics, 118, 761-767, 1991	Cohort before 1990.
Klebermass-Schrehof, K., Czaba, C., Olischar, M., Fuiko, R., Waldhoer, T., Rona, Z., Pollak, A., Weninger, M., Impact of low-grade intraventricular hemorrhage on long-term neurodevelopmental outcome in preterm infants, Childs Nervous System, 28, 2085-92, 2012	No multivariate analysis.
Kobaly,K., Schluchter,M., Minich,N., Friedman,H., Taylor,H.G., Wilson-Costello,D., Hack,M., Outcomes of extremely low birth weight (<1 kg) and extremely low gestational age (<28 weeks) infants with bronchopulmonary dysplasia: effects of practice changes in 2000 to 2003, Pediatrics, 121, 73-81, 2008	Single-centre study.
Koc, O., Kavuncuotlu, S., Ramotlu, M. G., Aldemir, E. S. I. N., Aktalay, A., Eras, Z., School Performance and Neurodevelopment of Very Low Birth Weight Preterm Infants, Journal of Child Neurology, 31, 170-176, 2016	Study conducted in Turkey.
Kok,J.H., den Ouden,A.L., Verloove-Vanhorick,S.P., Brand,R., Outcome of very preterm small for gestational age infants: the first nine years of life, British Journal of Obstetrics and Gynaecology, 105, 162-168, 1998	Population born before 1990.
Kono, Y., Mishina, J., Takamura, T., Hara, H., Sakuma, I., Kusuda, S., Nishida, H., Impact of being small-for-gestational age on survival and long-term outcome of extremely premature	Children born between 1984-1999.

Study	Reason for exclusion
infants born at 23-27 weeks' gestation, Journal of Perinatal Medicine, 35, 447-54, 2007	
Kono,Y., Mishina,J., Yonemoto,N., Kusuda,S., Fujimura,M., Neonatal correlates of adverse outcomes in very low-birthweight infants in the NICU Network, Pediatrics International, 53, 930-935, 2011	Outcomes not reported separately: death/CP and death/delay.
Kosuge, S., Ohkuchi, A., Minakami, H., Matsubara, S., Uchida, A., Eguchi, Y., Honma, Y., Sato, I., Influence of chorioamnionitis on survival and morbidity in singletons live-born at <32 weeks of gestation, Acta Obstetricia et Gynecologica Scandinavica, 79, 861-865, 2000	Outcome was assessed as CP and/or mental retardation, no clear diagnosis criteria of CP either.
Kumar, P., Shankaran, S., Ambalavanan, N., Kendrick, D. E., Pappas, A., Vohr, B. R., Poindexter, B. B., Das, A., Higgins, R. D., Nichd Neonatal Research Network, Characteristics of extremely low-birth-weight infant survivors with unimpaired outcomes at 30 months of age, Journal of Perinatology, 33, 800-5, 2013	Composite outcome not according to protocol.
Largo, R. H., Molinari, L., Kundu, S., Hunziker, U., Duc, G., Neurological outcome in high risk weight appropriate for gestational age preterm children at early school age, European Journal of Pediatrics, 149, 835-44, 1990	only distribution of DDs in different groups reported
Larsson, E. K., Rydberg, A. C., Holmstrom, G. E., A population-based study on the visual outcome in 10-year-old preterm and full-term children, Archives of Ophthalmology, 123, 825-832, 2005	Not multiple regression or multivariate analysis
Laughon, M., O'Shea, M. T., Allred, E. N., Bose, C., Kuban, K., Van Marter, L. J., Ehrenkranz, R. A., Leviton, A., Elgan Study Investigators, Chronic lung disease and developmental delay at 2 years of age in children born before 28 weeks' gestation, Pediatrics, 124, 637-48, 2009	VAB not a diagnostic tool. NEC level 2 unclear.
Lauterbach, M. D., Raz, S., Sander, C. J., Neonatal hypoxic risk in preterm birth infants: The influence of sex and severity of respiratory distress on cognitive recovery, Neuropsychology, 15, 411-420, 2001	No relevant comparison
Leavey, A., Zwaigenbaum, L., Heavner, K., Burstyn, I., Gestational age at birth and risk of autism spectrum disorders in Alberta, Canada, Journal of Pediatrics, 162, 361-368, 2013	The purpose of the study was to use a graphical method to report the association, therefore, OR would need to be approximated from a graph to include this data.
Lee, I., Neil, J. J., Huettner, P. C., Smyser, C. D., Rogers, C. E., Shimony, J. S., Kidokoro, H., Mysorekar, I. U., Inder, T. E., The impact of prenatal and neonatal infection on neurodevelopmental outcomes in very preterm infants, Journal of Perinatology, 34, 741-747, 2014	Outcomes not dischotomised as disorders vs no disorder.
Leslie, G. I., Kalaw, M. B., Bowen, J. R., Arnold, J. D., Risk factors for sensorineural hearing loss in extremely premature infants, Journal of Paediatrics and Child Health, 31, 312-316, 1995	Case-control study

Study	Reason for exclusion
Levene, M., Dowling, S., Graham, M., Fogelman, K., Galton, M., Phillips, M., Impaired motor function (clumsiness) in 5 year old children: Correlation with neonatal ultrasound scans, Archives of Disease in Childhood, 67, 687-690, 1992	No relevant comparison
Leversen, K. T., Sommerfelt, K., Ronnestad, A., Kaaresen, P. I., Farstad, T., Skranes, J., Stoen, R., Bircow Elgen, I., Rettedal, S., Egil Eide, G., Irgens, L. M., Markestad, T., Prediction of neurodevelopmental and sensory outcome at 5 years in Norwegian children born extremely preterm, Pediatrics, 127, e630-8, 2011	Outcomes were assessed as continuous variables without cut-offs.
Lewis, B. A., Singer, L. T., Fulton, S., Salvator, A., Short, E. J., Klein, N., Baley, J., Speech and language outcomes of children with bronchopulmonary dysplasia, Journal of Communication Disorders, 35, 393-406, 2002	Only differences between groups were reported as mean (SD), no multivariate analysis.
Lim, G., Lee, B. S., Choi, Y. S., Park, H. W., Chung, M. L., Choi, H. J., Kim, E. A. R., Kim, K. S., Delayed Dexamethasone Therapy and Neurodevelopmental Outcomes in Preterm Infants with Bronchopulmonary Dysplasia, Pediatrics and Neonatology, 56, 261-267, 2015	Single-centre study
Limperopoulos, C., Bassan, H., Sullivan, N. R., Soul, J. S., Robertson Jr, R. L., Moore, M., Ringer, S. A., Volpe, J. J., Plessis, A. J. D., Positive screening for autism in ex-preterm infants: Prevalence and risk factors, Pediatrics, 121, 758-765, 2008	Outcome assessed by a screening tool.
Lin,Y.J., Lin,C.H., Wu,J.M., Tsai,W.H., Yeh,T.F., The effects of early postnatal dexamethasone therapy on pulmonary outcome in premature infants with respiratory distress syndrome: a two-year follow-up study, Acta Paediatrica, 94, 310-316, 2005	Postnatal factors: Postnatal dexamethasone pulmonary function not an outcome in our protocol
Linnet, K. M., Wisborg, K., Agerbo, E., Secher, N. J., Thomsen, P. H., Henriksen, T. B., Gestational age, birth weight, and the risk of hyperkinetic disorder, Archives of Disease in Childhood, 91, 655-660, 2006	Participants were born between 1980-1994 and no distinction of the population was reported.
Linsell, L., Malouf, R., Johnson, S., Morris, J., Kurinczuk, J. J., Marlow, N., Prognostic Factors for Behavioral Problems and Psychiatric Disorders in Children Born Very Preterm or Very Low Birth Weight: A Systematic Review, Journal of Developmental & Behavioral Pediatrics, 37, 88-102, 2016	A systematic review, not the same inclusion criteria. Included studies checked individually.
Linsell, L., Malouf, R., Morris, J., Kurinczuk, J. J., Marlow, N., Prognostic factors for cerebral palsy and motor impairment in children born very preterm or very low birthweight: A systematic review, Developmental Medicine and Child Neurology, 58, 554-569, 2016	A systematic review, not the same inclusion criteria. Included studies checked individually.
Linsell, L., Malouf, R., Morris, J., Kurinczuk, J. J., Marlow, N., Prognostic Factors for Poor Cognitive Development in Children Born Very	A systematic review, not the same inclusion criteria. Included studies checked individually.

Study	Reason for exclusion
Preterm or With Very Low Birth Weight: A Systematic Review, JAMA pediatrics, 169, 1162-72, 2015	
Litt, J. S., Gerry Taylor, H., Margevicius, S., Schluchter, M., Andreias, L., Hack, M., Academic achievement of adolescents born with extremely low birth weight, Acta Paediatrica, International Journal of Paediatrics, 101, 1240-1245, 2012	No multivariate analysis was performed for dichotomised outcomes.
Litt, J., Taylor, H. G., Klein, N., Hack, M., Learning disabilities in children with very low birthweight: Prevalence, neuropsychological correlates, and educational interventions, Journal of Learning Disabilities, 38, 130-141, 2005	Not multiple regression or multivariate analysis / Only frequencies of outcomes reported
Litt,R., Armon,Y., Seidman,D.S., Yafe,H., Gale,R., The effect of mode of delivery on long-term outcome of very low birthweight infants, European Journal of Obstetrics, Gynecology, and Reproductive Biology, 52, 5-10, 1993	Birth cohort from 1985-1987.
Locatelli,A., Andreani,M., Pizzardi,A., Paterlini,G., Stoppa,P., Ghidini,A., Antenatal variables associated with severe adverse neurodevelopmental outcome among neonates born at less than 32 weeks, European Journal of Obstetrics, Gynecology, and Reproductive Biology, 152, 143-147, 2010	Single-centre study.
Lopez, G. J. P., Ossandon, V. D., Denk, V. O., Stevenson, A. R., Agurto, R. R., Uauy, N. A., Salinas, G. R., Perez, R. M., Cox, M. H., Maturana, P. A., Elias, A. S., Prevalence of ocular pathology in premature children under one year of age, Revista Chilena de Pediatria, 83, 570-576, 2012	No relevant data.
Low, J. A., Froese, A. B., Galbraith, R. S., Smith, J. T., Sauerbrei, E. E., Derrick, E. J., The association between preterm newborn hypotension and hypoxemia and outcome during the first year, Acta Paediatrica, 82, 433-7, 1993	Population born before 1990.
Lowe, J., Papile, L., Neurodevelopmental performance of very-low-birth-weight infants with mild periventricular, intraventricular hemorrhage. Outcome at 5 to 6 years of age, American Journal of Diseases of Children, 144, 1242-5, 1990	No relevant comparison
Luisa Schonhaut, B., Marcela Perez, R., Marianne Schonstedt, G., Ivan Armijo, R., Iris Delgado, B., Miguel Cordero, V., Jorge Alvarez, L., Moderately and late preterm newborns, a risk group for low cognitive development in the first years of life, Revista Chilena de Pediatria, 83, 358-365, 2012	Non English publication
Lund, L. K., Vik, T., Skranes, J., Brubakk, A. M., Indredavik, M. S., Psychiatric morbidity in two low birth weight groups assessed by diagnostic interview in young adulthood, Acta Paediatrica,	No relevant comparison

Study	Reason for exclusion
International Journal of Paediatrics, 100, 598-604, 2011	
Lundequist, A., Bohm, B., Lagercrantz, H., Forssberg, H., Smedler, A. C., Cognitive outcome varies in adolescents born preterm, depending on gestational age, intrauterine growth and neonatal complications, Acta Paediatrica, 104, 292-9, 2015	Cohort born 1988-193, no stratification by birth year.
Mahoney, K., Bajuk, B., Oei, J., Lui, K., Abdel-Latif, M. E., Risk of neurodevelopmental impairment for outborn extremely preterm infants in an Australian regional network, Journal of Maternal-Fetal and Neonatal Medicine, 1-7, 2016	Wrong comparison. Compares inborn preterms to outborn preterms.
Maitre, N. L., Marshall, D. D., Goldstein, R. F., Slaughter, J. C., Price, W. A., Necrotizing enterocolitis in infants with periventricular hemorrhagic infarction: associations and outcomes, Neonatology, 99, 97-103, 2011	Outcome not in protocol.
Maitre,N.L., Marshall,D.D., Price,W.A., Slaughter,J.C., O'Shea,T.M., Maxfield,C., Goldstein,R.F., Neurodevelopmental outcome of infants with unilateral or bilateral periventricular hemorrhagic infarction, Pediatrics, 124, e1153-e1160, 2009	Population born 1988-2004, not differentiated by year.
Majnemer,A., Riley,P., Shevell,M., Birnbaum,R., Greenstone,H., Coates,A.L., Severe bronchopulmonary dysplasia increases risk for later neurological and motor sequelae in preterm survivors, Developmental Medicine and Child Neurology, 42, 53-60, 2000	All babies born pre-term; No outcome of interested
Mann, J. R., McDermott, S., Griffith, M. I., Hardin, J., Gregg, A., Uncovering the complex relationship between pre-eclampsia, preterm birth and cerebral palsy, Paediatric and Perinatal Epidemiology, 25, 100-10, 2011	Risk factor in this study is pre-eclampsia or the timing of pre-eclampsia, not in the protocol.
Mansouri,H.A., Perinatal factors and neonatal outcome of very low birth weight and extremely premature babies at KAUH, Bahrain Medical Bulletin, 23, 66-71, 2001	Not multiple regression or multivariate; only groupsâ□™ differences were reported
Marlow, N., Wolke, D., Bracewell, M. A., Samara, M., E. PICure Study Group, Neurologic and developmental disability at six years of age after extremely preterm birth, New England Journal of Medicine, 352, 9-19, 2005	Only unadjusted ORs reported.
Marret, S., Marchand-Martin, L., Picaud, J. C., Hascoet, J. M., Arnaud, C., Roze, J. C., Truffert, P., Larroque, B., Kaminski, M., Ancel, P. Y., Epipage Study Group, Brain injury in very preterm children and neurosensory and cognitive disabilities during childhood: the EPIPAGE cohort study, PLoS ONE [Electronic Resource], 8, e62683, 2013	only prevalence of cognitive disabilities in each GA groups reported
Martinez-Cruz,C.F., Garcia Alonso-Themann,P., Poblano,A., Ochoa-Lopez,J.M., Hearing loss, auditory neuropathy, and neurological co-morbidity in children with birthweight <750 g,	Case-control study.

Study	Reason for exclusion
Archives of Medical Research, 43, 457-463, 2012	
Martins, P. S., Mello, R. R., Silva, K. S., Bronchopulmonary dysplasia as a predictor factor for motor alteration at 6 months corrected age in premature infants, Arquivos de Neuro-Psiquiatria, 68, 749-54, 2010	Study carried out in Brazil.
Mathiasen,R., Hansen,B.M., Forman,J.L., Kessing,L.V., Greisen,G., The risk of psychiatric disorders in individuals born prematurely in Denmark from 1974 to 1996, Acta Paediatrica, 100, 691-699, 2011	Population born between 1974 and 1996.
McCarton, C. M., Wallace, I. F., Divon, M., Vaughan Jr, H. G., Cognitive and neurologic development of the premature, small for gestational age infant through age 6: Comparison by birth weight and gestational age, Pediatrics, 98, 1167-1178, 1996	Only group differences were compared, no ratios.
McElrath, T. F., Allred, E. N., Boggess, K. A., Kuban, K., Oshea, T. M., Paneth, N., Leviton, A., Maternal antenatal complications and the risk of neonatal cerebral white matter damage and later cerebral palsy in children born at an extremely low gestational age, American Journal of Epidemiology, 170, 819-828, 2009	No relevant risk factors assessed.
McGinnity,F.G., Halliday,H.L., Perinatal predictors of ocular morbidity in school children who were very low birthweight, Paediatric and Perinatal Epidemiology, 7, 417-425, 1993	Comparative cohort, but no info on gestational age on VLBW group
McGrath, M. M., Sullivan, M. C., Lester, B. M., Oh, W., Longitudinal neurologic follow-up in neonatal intensive care unit survivors with various neonatal morbidities, Pediatrics, 106, 1397-405, 2000	No indication of diagnostic tool. No multivariate analysis.
McGrath, M. M., Sullivan, M., Devin, J., Fontes-Murphy, M., Barcelos, S., DePalma, J. L., Faraone, S., Early precursors of low attention and hyperactivity in a preterm sample at age four, Issues in Comprehensive Pediatric Nursing, 28, 1-15, 2005	Not multiple regression or multivariate analysis
McGrath, M., Sullivan, M., Birth weight, neonatal morbidities, and school age outcomes in full-term and preterm infants, Issues in Comprehensive Pediatric Nursing, 25, 231-254, 2002	Not multiple regression or multivariate / No indication of adjustment of results by confounders
Melchior, M., Hersi, R., van der Waerden, J., Saurel-Cubizolles, M. J., Chollet, A., Galera, C., Annesi-Maesano, I., Botton, J., Charles, M. A., Dargent-Molina, P., de Lauzon-Guillain, B., Ducimetiere, P., de Agostini, M., Foliguet, B., Forhan, A., Fritel, X., Germa, A., Goua, V., Hankard, R., Heude, B., Kaminski, M., Larroque, B., Lelong, N., Lepeule, J., Magnin, G., Marchand, L., Nabet, C., Slama, R., Saurel-Cubizolles, M. J., Schweitzer, M., Thiebaugeorge, O., Maternal tobacco smoking in pregnancy and children's socio-emotional	Wrong population (term and preterm) and no stratification according to gestational age.

Study	Reason for exclusion
development at age 5: The EDEN mother-child birth cohort study, European Psychiatry, 30, 562-568, 2015	
Mervis, C. A., Decoufle, P., Murphy, C. C., Yeargin-Allsopp, M., Low birthweight and the risk for mental retardation later in childhood, Paediatric and Perinatal Epidemiology, 9, 455-467, 1995	Case-control study
Meyers, J. M., Bann, C. M., Stoll, B. J., D'Angio, C. T., Bell, E. F., Duncan, A. F., Guillet, R., Neurodevelopmental outcomes in postnatal growth-restricted preterm infants with postnatal head-sparing, Journal of Perinatology., 15, 2016	Wrong population and comparison.
Miltaha, H. R., Fahey, L. M., Sajous, C. H., Morrison, J. C., Muraskas, J. K., Influence of perinatal factors in short- and long-term outcomes of infants born at 23 weeks of gestation, American Journal of Perinatology, 32, 627-32, 2015	Single-centre study.
Miyazaki, K., Furuhashi, M., Ishikawa, K., Tamakoshi, K., Hayashi, K., Kai, A., Ishikawa, H., Murabayashi, N., Ikeda, T., Kono, Y., Kusuda, S., Fujimura, M., Long-term outcomes of antenatal corticosteroids treatment in very preterm infants after chorioamnionitis, Archives of Gynecology & Obstetrics, 292, 1239-46, 2015	Looks at the association of antenatal steroids with or without histological chorioamnionitis on developmental outcomes. Not relevant according to review protocol.
Monfils Gustafsson, W., Josefsson, A., Ekholm Selling, K., Sydsjo, G., Preterm birth or foetal growth impairment and psychiatric hospitalization in adolescence and early adulthood in a Swedish population-based birth cohort, Acta Psychiatrica Scandinavica, 119, 54-61, 2009	Population born between 1973 and 1975.
Monset-Couchard, M., de Bethmann, O., Kastler, B., Mid- and long-term outcome of 166 premature infants weighing less than 1,000 g at birth, all small for gestational age, Biology of the Neonate, 81, 244-54, 2002	Cohort born 1981-1995, no stratification by birth year.
Monset-Couchard, M., de Bethmann, O., Kastler, B., Mid- and long-term outcome of 89 premature infants weighing less than 1,000 g at birth, all appropriate for gestational age, Biology of the Neonate, 70, 328-38, 1996	Cohort born 1981-1991.
Moore,T., Hennessy,E.M., Myles,J., Johnson,S.J., Draper,E.S., Costeloe,K.L., Marlow,N., Neurological and developmental outcome in extremely preterm children born in England in 1995 and 2006: the EPICure studies, BMJ, 345, e7961-, 2012	Only compared frequencies, no odds ratios or relative risks calculated.
Morriss, F. H., Jr., Saha, S., Bell, E. F., Colaizy, T. T., Stoll, B. J., Hintz, S. R., Shankaran, S., Vohr, B. R., Hamrick, S. E., Pappas, A., Jones, P. M., Carlo, W. A., Laptook, A. R., Van Meurs, K. P., Sanchez, P. J., Hale, E. C., Newman, N. S., Das, A., Higgins, R. D., Eunice Kennedy Shriver National Institute of Child, Health, Human Development Neonatal Research,	The main risk factor of this study is surgery. Multivariate analysis for relevant risk factors were broken down to the subgroups of those have undergone major and minor surgeries, not of interest.

Study	Reason for exclusion
Network, Surgery and neurodevelopmental outcome of very low-birth-weight infants, JAMA Pediatrics, 168, 746-54, 2014	
Morsing, E., Asard, M., Ley, D., Stjernqvist, K., Marsal, K., Cognitive function after intrauterine growth restriction and very preterm birth, Pediatrics, 127, e874-82, 2011	Gestational age not reported as range
Morsing, E., Marsal, K., Pre-eclampsia-An additional risk factor for cognitive impairment at school age after intrauterine growth restriction and very preterm birth, Early Human Development, 90, 99-101, 2014	Only differences between those having IUGR and no IUGR reported, no ratios.
Moster, D., Lie, R. T., Markestad, T., Long-term medical and social consequences of preterm birth, New England Journal of Medicine, 359, 262-73, 2008	Unclear follow-up assessment
Movsas, T. Z., Pinto-Martin, J. A., Whitaker, A. H., Feldman, J. F., Lorenz, J. M., Korzeniewski, S. J., Levy, S. E., Paneth, N., Autism spectrum disorder is associated with ventricular enlargement in a low birth weight population, Journal of Pediatrics, 163, 73-78, 2013	Diagnosis of ASD was made at age 21 years.
Msall, M. E., Buck, G. M., Rogers, B. T., Merke, D., Catanzaro, N. L., Zorn, W. A., Risk factors for major neurodevelopmental impairments and need for special education resources in extremely premature infants, Journal of Pediatrics, 119, 606-614, 1991	Population born before 1990.
Msall, M. E., Phelps, D. L., DiGaudio, K. M., Dobson, V., Tung, B., McClead, R. E., Quinn, G. E., Reynolds, J. D., Hardy, R. J., Palmer, E. A., Severity of neonatal retinopathy of prematurity is predictive of neurodevelopmental functional outcome at age 5.5 years, Pediatrics, 106, 998-1005, 2000	unclear GA data
Msall,M.E., Buck,G.M., Rogers,B.T., Merke,D.P., Wan,C.C., Catanzaro,N.L., Zorn,W.A., Multivariate risks among extremely premature infants, Journal of Perinatology, 14, 41-47, 1994	Population born before 1990.
Mu, S. C., Lin, C. H., Chen, Y. L., Chang, C. H., Tsou, K. I., Relationship Between Perinatal and Neonatal Indices and Intelligence Quotient in Very Low Birth Weight Infants at the Age of 6 or 8 Years, Pediatrics and Neonatology, 49, 13-18, 2008	No multivariate analysis.
Mu, S. C., Tsou, K. S., Hsu, C. H., Fang, L. J., Jeng, S. F., Chang, C. H., Tsou, K. I., Cognitive development at age 8 years in very low birth weight children in Taiwan, Journal of the Formosan Medical Association, 107, 915-20, 2008	only frequencies of DDs reported in groups -no relevant
Mukerji, A., Shah, V., Shah, P. S., Periventricular/Intraventricular Hemorrhage and Neurodevelopmental Outcomes: A Meta-analysis, Pediatrics, 136, 1132-43, 2015	A systematic review, not the same inclusion criteria. Included studies checked individually.

Study	Reason for exclusion
Mukhopadhyay,K., Malhi,P., Mahajan,R., Narang,A., Neurodevelopmental and behavioral outcome of very low birth weight babies at corrected age of 2 years, Indian Journal of Pediatrics, 77, 963-967, 2010	No relevant comparison
Munck, P., Haataja, L., Maunu, J., Parkkola, R., Rikalainen, H., Lapinleimu, H., Lehtonen, L., Cognitive outcome at 2 years of age in Finnish infants with very low birth weight born between 2001 and 2006, Acta Paediatrica, International Journal of Paediatrics, 99, 359-366, 2010	Not multiple regression or multivariate analysis
Murphrey, M., Xing, G., Walker, C. K., Is intraventricular hemorrhage associated with autism?, American journal of obstetrics and gynecology, 1), S127-S128, 2016	A conference abstract.
Murphy,D.J., Sellers,S., MacKenzie,I.Z., Yudkin,P.L., Johnson,A.M., Case-control study of antenatal and intrapartum risk factors for cerebral palsy in very preterm singleton babies, Lancet, 346, 1449-1454, 1995	Case-control study.
Murphy,D.J., Hope,P.L., Johnson,A., Neonatal risk factors for cerebral palsy in very preterm babies: case-control study, BMJ, 314, 404-408, 1997	A case-control study with participants born between 1984 and 1990.
Murray, J., Bottle, A., Sharland, M., Modi, N., Aylin, P., Majeed, A., Saxena, S., Medicines for Neonates Investigator, Group, Risk factors for hospital admission with RSV bronchiolitis in England: a population-based birth cohort study, PLoS ONE [Electronic Resource], 9, e89186, 2014	No relevant data. Wrong population, comparison and outcome.
Nasef, N., Shabaan, A., Schurr, P., Iaboni, D., Choudhury, J., Church, P., Dunn, M. S., Effect of clinical and histological chorioamnionitis on the outcome of preterm infants, American Journal of Perinatology, 30, 59-68, 2013	Single-centre study
Needelman, H., Evans, M., Roberts, H., Sweney, M., Bodensteiner, J. B., Effects of postnatal dexamethasone exposure on the developmental outcome of premature infants, Journal of Child Neurology, 23, 421-4, 2008	No cutoff reported for PDI and MDI outcomes.
Needelman, H., Hoskoppal, A., Roberts, H., Evans, M., Bodensteiner, J. B., The effect of hydrocortisone on neurodevelopmental outcome in premature infants less than 29 weeks' gestation.[Erratum appears in J Child Neurol. 2010 Jul;25(7):928 Note: Hoskappal, Arvind [corrected to Hoskoppal, Arvind]], Journal of Child Neurology, 25, 448-52, 2010	No multivariate analysis.
Neubauer,V., Griesmaier,E., Ralser,E., Kiechl-Kohlendorfer,U., The effect of sex on outcome of preterm infants - a population-based survey, Acta Paediatrica, 101, 906-911, 2012	All babies born pre-term, only prevalence of DDs reported
Neufeld,M.D., Frigon,C., Graham,A.S., Mueller,B.A., Maternal infection and risk of cerebral palsy in term and preterm infants, Journal of Perinatology, 25, 108-113, 2005	Case-control study

Study	Reason for exclusion
Ni, T. L., Huang, C. C., Guo, N. W., Executive function deficit in preschool children born very low birth weight with normal early development, Early Human Development, 87, 137-141, 2011	Just differences between groups presented, no multivariate analysis. Continuous outcome.
Nikoghosyan, K. V., Tovmasyan, I. T., Mazmanyan, P. A., Severity and outcomes of intracranial haemorrhages in very low birth weight infants, New Armenian Medical Journal, 9, 24-31, 2015	Too small sample size, only 9 infants followed up.
Nikoghosyan, K. V., Tovmasyan, I. T., Mazmanyan, P. A., Neurodevelopmental outcome of very low birth weight infants at 2 years of corrected age, New Armenian Medical Journal, 9, 61-68, 2015	No relevant risk data. Too small sample.
Nosarti,C., Reichenberg,A., Murray,R.M., Cnattingius,S., Lambe,M.P., Yin,L., MacCabe,J., Rifkin,L., Hultman,C.M., Preterm birth and psychiatric disorders in young adult life, Archives of General Psychiatry, 69, E1-E8, 2012	The cohort was in their adulthood when assessed. Born before 1990.
Obel, C., Zhu, J. L., Olsen, J., Breining, S., Li, J., Gronborg, T. K., Gissler, M., Rutter, M., The risk of attention deficit hyperactivity disorder in children exposed to maternal smoking during pregnancy - a re-examination using a sibling design, Journal of Child Psychology & Psychiatry & Allied Disciplines, 57, 532-7, 2016	Not the right population.
O'Callaghan, M. J., Harvey, J. M., Biological predictors and co-morbidity of attention deficit and hyperactivity disorder in extremely low birthweight infants at school, Journal of Paediatrics & Child Health, 33, 491-6, 1997	Only frequencies of outcomes reported
O'Connor, A. R., Stephenson, T. J., Johnson, A., Tobin, M. J., Ratib, S., Moseley, M., Fielder, A. R., Visual function in low birthweight children, British Journal of Ophthalmology, 88, 1149-53, 2004	Not multiple regression or multivariate analysis / Only frequencies of outcomes reported
O'Connor, A. R., Stephenson, T., Johnson, A., Tobin, M. J., Moseley, M. J., Ratib, S., Ng, Y., Fielder, A. R., Long-term ophthalmic outcome of low birth weight children with and without retinopathy of prematurity, Pediatrics, 109, 12-18, 2002	Both groups report GA mean and SD
Ohgi, S., Akiyama, T., Fukuda, M., Neurobehavioural profile of low-birthweight infants with cystic periventricular leukomalacia, Developmental Medicine and Child Neurology, 47, 221-228, 2005	< 50 population one cohort
Olsen,P., Vainionpaa,L., Paakko,E., Korkman,M., Pyhtinen,J., Jarvelin,M.R., Psychological findings in preterm children related to neurologic status and magnetic resonance imaging, Pediatrics, 102, 329-336, 1998	Just group differences were reported.
Ong, L. C., Boo, N. Y., Chandran, V., Predictors of neurodevelopmental outcome of Malaysian very low birthweight children at 4 years of age,	Single-centre study

Study	Reason for exclusion
Journal of Paediatrics & Child Health, 37, 363-8, 2001	
Ong, L. C., Boo, N. Y., Chandran, V., Zamratol, S. M., Allison, L., Teoh, S. L., Nyein, M. K., Lye, M. S., Relationship between head growth and neurodevelopmental outcome of Malaysian very low birthweight infants during the 1st year of life, Annals of Tropical Paediatrics, 17, 209-16, 1997	Risk Factors assessed not relevant (VLBW) and babies were LBW
O'Shea, T. M., Allred, E. N., Kuban, K. C. K., Hirtz, D., Specter, B., Durfee, S., Paneth, N., Leviton, A., Intraventricular hemorrhage and developmental outcomes at 24 months of age in extremely preterm infants, Journal of Child Neurology, 27, 22-29, 2012	VAB not a diagnostic tool.
O'Shea, T. M., Preisser, J. S., Klinepeter, K. L., Dillard, R. G., Trends in mortality and cerebral palsy in a geographically based cohort of very low birth weight neonates born between 1982 to 1994, Pediatrics, 101, 642-647, 1998	Most participants born before 1990.
O'Shea,T.M., Washburn,L.K., Nixon,P.A., Goldstein,D.J., Follow-up of a randomized, placebo-controlled trial of dexamethasone to decrease the duration of ventilator dependency in very low birth weight infants: neurodevelopmental outcomes at 4 to 11 years of age, Pediatrics, 120, 594-602, 2007	Unclear whether multivariate analysis was carried out, follow-up of RCT, highly selected population.
O'Shea,T.M., Klinepeter,K.L., Meis,P.J., Dillard,R.G., Intrauterine infection and the risk of cerebral palsy in very low-birthweight infants, Paediatric and Perinatal Epidemiology, 12, 72-83, 1998	Case-control study
Page, J. M., Schneeweiss, S., Whyte, H. E. A., Harvey, P., Ocular sequelae in premature infants, Pediatrics, 92, 787-790, 1993	Population born before 1990.
Palta, M., Sadek-Badawi, M., Evans, M., Weinstein, M. R., McGuinness, G., Functional assessment of a multicenter very low-birth-weight cohort at age 5 years, Archives of Pediatrics and Adolescent Medicine, 154, 23-30, 2000	Majority of participants born before 1990.
Patkai, J., Schmitz, T., Anselem, O., Mokbat, S., Jarreau, P. H., Goffinet, F., Azria, E., Neonatal and two-year outcomes after rupture of membranes before 25 weeks of gestation, European Journal of Obstetrics, Gynecology, & Reproductive Biology, 166, 145-50, 2013	No multivariate analysis.
Peacock, J. L., Marston, L., Marlow, N., Calvert, S. A., Greenough, A., Neonatal and infant outcome in boys and girls born very prematurely, Pediatric Research, 71, 305-310, 2012	Only frequencies in different group reported
Peltoniemi, O. M., Kari, M. A., Lano, A., Yliherva, A., Puosi, R., Lehtonen, L., Tammela, O., Hallman, M., Two-year follow-up of a randomised trial with repeated antenatal betamethasone, Archives of Disease in	Follow-up study of a trial. no multivariate analysis.

Study	Reason for exclusion
Childhood: Fetal and Neonatal Edition, 94, F402-F406, 2009	
Peltoniemi, O. M., Lano, A., Puosi, R., Yliherva, A., Bonsante, F., Kari, M. A., Hallman, M., Neonatal Hydrocortisone Working, Group, Trial of early neonatal hydrocortisone: two-year follow-up, Neonatology, 95, 240-7, 2009	Follow-up of RCT. Unclear whether multi-variate analysis was done. Highly selected population.
Pennefather, P. M., Clarke, M. P., Strong, N. P., Cottrell, D. G., Fritz, S., Tin, W., Ocular outcome in children born before 32 weeks gestation, Eye, 9, 26-30, 1995	only frequency of DDs reported in groups of comparison
Pereira, P. K. S., Martins, A. de S., Vieira, M. R., de Azevedo, M. F., Newborn hearing screening program: Association between hearing loss and risk factors, Pro-Fono, 19, 267-278, 2007	Cross-sectional study/ no follow-up
Perivier, M., Roze, J. C., Gascoin, G., Hanf, M., Branger, B., Rouger, V., Berlie, I., Montcho, Y., Pereon, Y., Flamant, C., Nguyen The Tich, S., Neonatal EEG and neurodevelopmental outcome in preterm infants born before 32 weeks, Archives of Disease in Childhood Fetal & Neonatal Edition, 101, F253-9, 2016	No relevant data.
Perlman,M., Claris,O., Hao,Y., Pandit,P., Whyte,H., Chipman,M., Liu,P., Secular changes in the outcomes to eighteen to twenty-four months of age of extremely low birth weight infants, with adjustment for changes in risk factors and severity of illness, Journal of Pediatrics, 126, 75-87, 1995	Single-centre study; cohort born before 1990.
Petersen, M. B., Greisen, G., Kovacs, R., Munck, H., Friis-Hansen, B., Status at four years of age in 280 children weighing 2,300 g or less at birth, Danish Medical Bulletin, 37, 546-552, 1990	All participants born before 1990.
Picciolini, O., Montirosso, R., Porro, M., Gianni, M. L., Mosca, F., Neurofunctional assessment at term equivalent age can predict 3-year neurodevelopmental outcomes in very low birth weight infants, Acta Paediatrica, International Journal of Paediatrics, 105, e47-e53, 2016	Single-centre study.
Piecuch, R. E., Leonard, C. H., Outcome of very preterm infants, Contemporary Reviews in Obstetrics and Gynaecology, 10, 115-120, 1998	Insufficient information about the multiple regression analysis, appears to be linear, no dichotomous outcomes and reported only by p-value.
Piecuch,R.E., Leonard,C.H., Cooper,B.A., Kilpatrick,S.J., Schlueter,M.A., Sola,A., Outcome of infants born at 24-26 weeks' gestation: II. Neurodevelopmental outcome, Obstetrics and Gynecology, 90, 809-814, 1997	Result reported in R-squared, the vriance can be explained by GA in the outcome. It does not fit what is needed in the protocol.
Pierrat, V., Duquennoy, C., van Haastert, I. C., Ernst, M., Guilley, N., de Vries, L. S., Ultrasound diagnosis and neurodevelopmental outcome of localised and extensive cystic periventricular leucomalacia, Archives of Disease in Childhood Fetal & Neonatal Edition, 84, F151-6, 2001	No multivariate analysis done.
Pinto-Martin, J. A., Riolo, S., Cnaan, A., Holzman, C., Susser, M. W., Paneth, N., Cranial	Population born before 1990.

Study	Reason for exclusion
ultrasound prediction of disabling and nondisabling cerebral palsy at age two in a low birth weight population, Pediatrics, 95, 249-254, 1995	
Pinto-Martin, J. A., Whitaker, A. H., Feldman, J. F., Van Rossem, R., Paneth, N., Relation of cranial ultrasound abnormalities in low-birthweight infants to motor or cognitive performance at ages 2, 6, and 9 years, Developmental Medicine & Child Neurology, 41, 826-33, 1999	population born 1984-1987.
Pinto-Martin,J.A., Dobson,V., Cnaan,A., Zhao,H., Paneth,N.S., Vision outcome at age 2 years in a low birth weight population, Pediatric Neurology, 14, 281-287, 1996	population born before 1990.
Polam, S., Koons, A., Anwar, M., Shen-Schwarz, S., Hegyi, T., Effect of chorioamnionitis on neurodevelopmental outcome in preterm infants, Archives of Pediatrics & Adolescent Medicine, 159, 1032-5, 2005	No outcome of interested
Pontello, D., Ianni, A., Driul, L., Della Martina, M., Veronese, P., Chiandotto, V., Furlan, R., Macagno, F., Marchesoni, D., Prenatal risk factors for intraventricular hemorrahage, neonatal death and impaired psychomotor development in very low birth weight infants, Minerva Ginecologica, 60, 223-229, 2008	Outcome not specified clearly.
Poole, K. L., Schmidt, L. A., Missiuna, C., Saigal, S., Boyle, M. H., Van Lieshout, R. J., Childhood motor coordination and adult psychopathology in extremely low birth weight survivors, Journal of Affective Disorders, 190, 294-9, 2016	Participants born before 1990.
Poon,W.B., Ho,S.K., Yeo,C.L., Short- and long-term outcomes at 2, 5 and 8 years old for neonates at borderline viability--an 11-year experience, Annals of the Academy of Medicine, Singapore, 42, 7-17, 2013	Does not report risk factors of interest.
Potijk, M. R., Kerstjens, J. M., Bos, A. F., Reijneveld, S. A., de Winter, A. F., Developmental delay in moderately preterm-born children with low socioeconomic status: risks multiply, Journal of Pediatrics, 163, 1289-95, 2013	Outcome of developmental delay measured as continuous variable for the multivariate analysis, not a binary outcome.
Powell,K., Kerkering,K.W., Barker,G., Rozycki,H.J., Dexamethasone dosing, mechanical ventilation and the risk of cerebral palsy, Journal of Maternal-Fetal and Neonatal Medicine, 19, 43-48, 2006	Single-centre study
Powls, A., Botting, N., Cooke, R. W. I., Stephenson, G., Marlow, N., Visual impairment in very low birthweight children, Archives of Disease in Childhood: Fetal and Neonatal Edition, 76, F82-F87, 1997	Visual impairment used for multivariate analysis not severe enough to be categorised as "blind or partially sighted" (protocol outcomes). includes only visual acuity <6/9, poor contrast sensitivity, myopia, hypermetropia, squint and absent steropsis.

Study	Reason for exclusion
Pritchard, M. A., de Dassel, T., Beller, E., Bogossian, F., Johnston, L., Paynter, J., Russo, S., Scott, J., Autism in Toddlers Born Very Preterm, Pediatrics, 137, e20151949, 2016	Single-centre study.
Pruszewicz, A., Pospiech, I., Low birth weight as a risk factor of hearing loss, Scandinavian Audiology, Supplementum., 194-6, 2001	No multivariate analysis.
Pushkarev, K., Kausova, G., Neurological disorders in premature baby, Cerebrovascular Diseases, 41, 30, 2016	A conference abstract.
Rademaker, K. J., Uiterwaal, C. S. P. M., Groenendaal, F., Venema, M. M. A. T. U., van Bel, F., Beek, F. J., van Haastert, I. C., Grobbee, D. E., de Vries, L. S., Neonatal Hydrocortisone Treatment: Neurodevelopmental Outcome and MRI at School Age in Preterm-born Children, Journal of Pediatrics, 150, 351-357, 2007	Motor outcomes were assessed by screening tool, how CP was defined or diagnosed not reported.
Raffier, L., Dupuy, R. P., Souksi-Medioni, I., Daude, H., Fate at 2 years of children with risk of developmental disorders followed by the network Grandir En Languedoc Roussillon: Effect of isolated or associated motor development disorders, Annals of Physical and Rehabilitation Medicine, 58, e146, 2015	A conference abstract.
Rahkonen, P., Lano, A., Pesonen, A. K., Heinonen, K., Raikkonen, K., Vanhatalo, S., Autti, T., Valanne, L., Andersson, S., Metsaranta, M., Atypical sensory processing is common in extremely low gestational age children, Acta Paediatrica, International Journal of Paediatrics, 104, 522-528, 2015	Single-centre study.
Raikkonen,K., Pesonen,A.K., Heinonen,K., Kajantie,E., Hovi,P., Jarvenpaa,A.L., Eriksson,J.G., Andersson,S., Depression in young adults with very low birth weight: the Helsinki study of very low-birth-weight adults, Archives of General Psychiatry, 65, 290-296, 2008	Population 18-27 years old.
Rand, K. M., Austin, N. C., Inder, T. E., Bora, S., Woodward, L. J., Neonatal Infection and Later Neurodevelopmental Risk in the Very Preterm Infant, Journal of Pediatrics, 170, 97-104, 2016	Single-centre study.
Rees, C. M., Pierro, A., Eaton, S., Neurodevelopmental outcomes of neonates with medically and surgically treated necrotizing enterocolitis, Archives of Disease in Childhood Fetal & Neonatal Edition, 92, F193-8, 2007	Birth year cut-off criteria not met.
Rengan, S., Toye, J., Carroll, L., Reichert, A., Qureshi, M., Influence of socioeconomic status on neurodevelopmental outc omes in very preterm infants, in the canadian context, Paediatrics and Child Health (Canada), 20 (5), e66, 2015	A conference abstract.
Resch, B., Brence, U., Maurer-Fellbaum, U., Urlesberger, B., Prevalence of cerebral palsy in preterm infants over the years 1990-2010,	A conference abstract.

Study	Reason for exclusion
Journal of Perinatal Medicine. Conference: 12th World Congress of Perinatal Medicine, 43, 2015	
Resch,B., Vollaard,E., Maurer,U., Haas,J., Rosegger,H., Muller,W., Risk factors and determinants of neurodevelopmental outcome in cystic periventricular leucomalacia, European Journal of Pediatrics, 159, 663-670, 2000	Case-control study ; No outcome of interest
Resic,B., Tomasovic,M., Kuzmanic-Samija,R., Lozic,M., Resic,J., Solak,M., Neurodevelopmental outcome in children with periventricular leukomalacia, Collegium Antropologicum, 32 Suppl 1, 143-147, 2008	Only group differences reported, no multivariate analysis performed.
Resnick, M. B., Gomatam, S. V., Carter, R. L., Ariet, M., Roth, J., Kilgore, K. L., Bucciarelli, R. L., Mahan, C. S., Curran, J. S., Eitzman, D. V., Educational disabilities of neonatal intensive care graduates, Pediatrics, 102, 308-314, 1998	Just frequencies of disabilities in different birth weight groups reported.
Resnick, M. B., Roth, J., Ariet, M., Carter, R. L., Emerson, J. C., Hendrickson, J. M., Packer, A. B., Larsen, J. J., Wolking, W. D., Lucas, M., Schenck, B. J., Fearnside, B., Bucciarelli, R. L., Educational outcome of neonatal intensive care graduates, Pediatrics, 89, 373-378, 1992	No info on gestational age
Reveillon, M., Borradori Tolsa, C., Monnier, M., Huppi, P. S., Barisnikov, K., Response inhibition difficulties in preterm children aged 9-12 years: Relations with emotion and behavior, Child Neuropsychology, 22, 420-442, 2016	Too small sample.
Reynolds, V., Meldrum, S., Simmer, K., Vijayasekaran, S., French, N., Voice problems in school-aged children following very preterm birth, Archives of Disease in Childhood, 101, 556-560, 2016	Single-centre study.
Robaei, D., Kifley, A., Gole, G. A., Mitchell, P., The impact of modest prematurity on visual function at age 6 years: findings from a population-based study, Archives of Ophthalmology, 124, 871-7, 2006	Visual acuity as the outcome, not a disorder.
Robertson, C. M., Etches, P. C., Kyle, J. M., Eight-year school performance and growth of preterm, small for gestational age infants: a comparative study with subjects matched for birth weight or for gestational age, Journal of Pediatrics, 116, 19-26, 1990	Relevant outcomes reported as a continuous outcome in the multiple regression analysis.
Robertson, C. M., Howarth, T. M., Bork, D. L., Dinu, I. A., Permanent bilateral sensory and neural hearing loss of children after neonatal intensive care because of extreme prematurity: a thirty-year study, Pediatrics, 123, e797-807, 2009	Population born 1972-2003.
Robinson, R., O'Keefe, M., Follow-up study on premature infants with and without retinopathy of prematurity, British Journal of Ophthalmology, 77, 91-4, 1993	Not multiple regression or multivariate analysis; only frequencies of outcomes reported
Romagnoli,C., Zecca,E., Luciano,R., Torrioli,G., Tortorolo,G., A three year follow up of preterm infants after moderately early treatment with	All babies born pre-term; RCT

Study	Reason for exclusion
dexamethasone, Archives of Disease in Childhood Fetal and Neonatal Edition, 87, F55-F58, 2002	
Ross, G. S., Foran, L. M., Barbot, B., Sossin, K. M., Perlman, J. M., Using cluster analysis to provide new insights into development of very low birthweight (VLBW) premature infants, Early Human Development, 92, 45-9, 2016	Single-centre study.
Roussounis,S.H., Hubley,P.A., Dear,P.R., Five-year-follow-up of very low birthweight infants: neurological and psychological outcome, Child: Care, Health and Development, 19, 45-59, 1993	Only frequency compared between groups, no multivariate analysis.
Rudanko,S.L., Fellman,V., Laatikainen,L., Visual impairment in children born prematurely from 1972 through 1989, Ophthalmology, 110, 1639-1645, 2003	only distribution of DDs reported -not relevant
Ruiz-Extremera, A., Robles-Vizcaino, C., Salvatierra-Cuenca, M. T., Ocete, E., Lainez, C., Benitez, A., Cruz, F., Miranda, M. T., Salmeron, J., Neurodevelopment of neonates in neonatal intensive care units and growth of surviving infants at age 2 years, Early Human Development, 65 Suppl, S119-32, 2001	Single-centre study.
Rumeau-Rouquette, C., Du Mazaubrun, C., Mlika, A., Dequae, L., Motor disability in children in three birth cohorts, International Journal of Epidemiology, 21, 359-366, 1992	Cohort born before 1990.
Rydhstrom,H., Prognosis for twins with birth weight less than 1500 gm: the impact of cesarean section in relation to fetal presentation, American Journal of Obstetrics and Gynecology, 163, 528-533, 1990	no risk factors of interest; children born before 1990.
Saigal, S., Pinelli, J., Hoult, L., Kim, M. M., Boyle, M., Psychopathology and social competencies of adolescents who were extremely low birth weight, Pediatrics, 111, 969-975, 2003	No ORs, only continuous outcomes presented.
Saldir, M., Sarici, S. U., Mutlu, F. M., Mocan, C., Altinsoy, H. I., Ozcan, O., An analysis of neonatal risk factors associated with the development of ophthalmologic problems at infancy and early childhood: a study of premature infants born at or before 32 weeks of gestation, Journal of Pediatric Ophthalmology & Strabismus, 47, 331-7, 2010	No relevant comparison
Saldir,M., Sarici,S.U., Bakar,E.E., Ozcan,O., Neurodevelopmental status of preterm newborns at infancy, born at a Tertiary Care Center in Turkey, American Journal of Perinatology, 27, 121-128, 2010	Study from a developing country (Turkey).
Salokorpi, T., Rautio, T., Sajaniemi, N., Serenius-Sirve, S., Tuomi, H., von Wendt, L., Neurological development up to the age of four years of extremely low birthweight infants born in Southern Finland in 1991-94, Acta Paediatrica, 90, 218-21, 2001	Single-centre study. Selection criteria by birth weight, not GA.

Study	Reason for exclusion
Salokorpi, T., Sajaniemi, N., Hallback, H., Kari, A., Rita, H., von Wendt, L., Randomized study of the effect of antenatal dexamethasone on growth and development of premature children at the corrected age of 2 years, Acta Paediatrica, 86, 294-8, 1997	Population born between 1989-1991, unclear about how many before 1990.
Salt, A., D'Amore, A., Ahluwalia, J., Seward, A., Kaptoge, S., Halliday, S., Dorling, J., Outcome at 2 years for very low birthweight infants in a geographical population: Risk factors, cost, and impact of congenital anomalies, Early Human Development, 82, 125-133, 2006	Not clearly reported whether multivariate analysis performed or not.
Sampath,V., Bowen,J., Gibson,F., Risk factors for adverse neurodevelopment in extremely low birth weight infants with normal neonatal cranial ultrasound, Journal of Perinatology, 25, 210-215, 2005	Includes children born before 1990.
Sansavini, A., Bello, A., Guarini, A., Savini, S., Alessandroni, R., Faldella, G., Caselli, C., Noun and predicate comprehension/production and gestures in extremely preterm children at two years of age: Are they delayed?, Journal of Communication Disorders, 58, 126-142, 2015	Single-centre study; small sample.
Sansavini, A., Guarini, A., Justice, L. M., Savini, S., Broccoli, S., Alessandroni, R., Faldella, G., Does preterm birth increase a child's risk for language impairment?, Early Human Development, 86, 765-772, 2010	Risk factor not in protocol.
Sassen, M. L., Veen, S., Schreuder, A. M., Ens-Dokkum, M. H., Verloove-Vanhorick, S. P., Brand, R., Ruys, J. H., Grote, J. J., Otitis media, respiratory tract infections and hearing loss in pre-term and low birthweight infants, Clinical Otolaryngology and Allied Sciences, 19, 179-184, 1994	No relevant comparison
Saunders, R. A., Prospective study of New Zealand infants with birth weight less than 1500 g and screened for retinopathy of prematurity: visual outcome at age 7-8 years, Survey of Ophthalmology, 43, 373-4, 1999	This is a comment.
Saw, H. P., Ho, M. L., Chen, J. Y., Hearing impairment in very low birth weight infants incidence, risks factors analysis and follow up, Clinical Neonatology, 12, 30-35, 2005	All hearing loss of different extent was covered as outcome.
Sayeur, M. S., Vannasing, P., Tremblay, E., Lepore, F., McKerral, M., Lassonde, M., Gallagher, A., Visual Development and Neuropsychological Profile in Preterm Children from 6 Months to School Age, Journal of Child Neurology, 30, 1159-73, 2015	Small sample (N=10 preterms).
Schaap, A. H., Wolf, H., Bruinse, H. W., Smolders-de Haas, H., van Ertbruggen, I., Treffers, P. E., School performance and behaviour in extremely preterm growth-retarded infants, European Journal of Obstetrics, Gynecology, & Reproductive Biology, 86, 43-9, 1999	Cohort born before 1990.

Study	Reason for exclusion
Schieve, L. A., Tian, L. H., Rankin, K., Kogan, M. D., Yeargin-Allsopp, M., Visser, S., Rosenberg, D., Population impact of preterm birth and low birth weight on developmental disabilities in US children, Annals of Epidemiology, 26, 267-274, 2016	Outcomes assessed by asking the parents via telephone whether the child has x condition. No standardised tools used.
Schlapbach, L. J., Adams, M., Proietti, E., Aebischer, M., Grunt, S., Borradori-Tolsa, C., Bickle-Graz, M., Bucher, H. U., Latal, B., Natalucci, G., Outcome at two years of age in a Swiss national cohort of extremely preterm infants born between 2000 and 2008, BMC Pediatrics, 12, 2012	Outcomes "adverse outcome" and "unfavourable outcome" both include death, not according to protocol.
Schlapbach, L. J., Ersch, J., Adams, M., Bernet, V., Bucher, H. U., Latal, B., Impact of chorioamnionitis and preeclampsia on neurodevelopmental outcome in preterm infants below 32 weeks gestational age, Acta Paediatrica, 99, 1504-9, 2010	Case-control study
Schmidt, B., Asztalos, E. V., Roberts, R. S., Robertson, C. M. T., Sauve, R. S., Whitfield, M. F., Impact of Bronchopulmonary Dysplasia, Brain Injury, and Severe Retinopathy on the Outcome of Extremely Low-Birth-Weight Infants at 18 Months: Results from the Trial of Indomethacin Prophylaxis in Preterms, Journal of the American Medical Association, 289, 1124-1129, 2003	Reports logistic models but does not report in terms of outcome.
Schmidt, B., Davis, P. G., Asztalos, E. V., Solimano, A., Roberts, R. S., Association between severe retinopathy of prematurity and nonvisual disabilities at age 5 years, JAMA, 311, 523-5, 2014	This is published as a "research letter". Follow-up study of a trial. population highly selected.
Schothorst, P. F., Swaab-Barneveld, H., Van Engeland, H., Psychiatric disorders and MND in non-handicapped preterm children: Prevalence and stability from school age into adolescence, European Child and Adolescent Psychiatry, 16, 439-448, 2007	Outcomes not reported in RRs or ORs
Schulzke, S. M., Deshpande, G. C., Patole, S. K., Neurodevelopmental outcomes of very low-birth-weight infants with necrotizing enterocolitis: a systematic review of observational studies, Archives of Pediatrics & Adolescent Medicine, 161, 583-90, 2007	Most studies had children born before 1990.
Scott, M. N., Taylor, H. G., Fristad, M. A., Klein, N., Espy, K. A., Minich, N., Hack, M., Behavior disorders in extremely preterm/extremely low birth weight children in kindergarten, Journal of Developmental & Behavioral Pediatrics, 33, 202-13, 2012	Single-centre study.
Sethi,V.D., Macfarlane,P.I., Neurodevelopmental outcome at age two years amongst very low birth weight infants: results from a district general hospital, Public Health, 110, 211-214, 1996	Single-centre study.

Study	Reason for exclusion
Shah, P. S., Sankaran, K., Aziz, K., Allen, A. C., Seshia, M., Ohlsson, A., Lee, S. K., Canadian Neonatal, Network, Outcomes of preterm infants <29 weeks gestation over 10-year period in Canada: a cause for concern?, Journal of Perinatology, 32, 132-8, 2012	No relevant data.
Shang, Q., Ma, C. Y., Lv, N., Lv, Z. L., Yan, Y. B., Wu, Z. R., Li, J. J., Duan, J. L., Zhu, C. L., Clinical study of cerebral palsy in 408 children with periventricular leukomalacia, Experimental and Therapeutic Medicine, 9, 1336-1344, 2015	No risk factors of interest.
Shinwell, E. S., Dollberg, S., Arbel, E., Goldberg, M., Gur, I., Naor, N., Sirota, L., Mogilner, S., Zaritsky, A., Barak, M., Gottfried, E., Karplus, M., Reich, D., Weintraub, Z., Blazer, S., Bader, D., Yurman, S., Dolfin, T., Kogan, A., Early postnatal dexamethasone treatment and increased incidence of cerebral palsy, Archives of Disease in Childhood: Fetal and Neonatal Edition, 83, F177-F181, 2000	RCT follow-up study.
Short, E. J., Kirchner, H. L., Asaad, G. R., Fulton, S. E., Lewis, B. A., Klein, N., Eisengart, S., Baley, J., Kercsmar, C., Min, M. O., Singer, L. T., Developmental sequelae in preterm infants having a diagnosis of bronchopulmonary dysplasia: analysis using a severity-based classification system, Archives of Pediatrics & Adolescent Medicine, 161, 1082-7, 2007	No comparison
Short,E.J., Klein,N.K., Lewis,B.A., Fulton,S., Eisengart,S., Kercsmar,C., Baley,J., Singer,L.T., Cognitive and academic consequences of bronchopulmonary dysplasia and very low birth weight: 8-year-old outcomes, Pediatrics, 112, e359-, 2003	Not multiple regression or multivariate
Silveira,R.C., Procianoy,R.S., Koch,M.S., Benjamin,A.C., Schlindwein,C.F., Growth and neurodevelopment outcome of very low birth weight infants delivered by preeclamptic mothers, Acta Paediatrica, 96, 1738-1742, 2007	Study from Brazil. No adjustments in regression analysis.
Simms, V., Gilmore, C., Cragg, L., Clayton, S., Marlow, N., Johnson, S., Nature and origins of mathematics difficulties in very preterm children: a different etiology than developmental dyscalculia, Pediatric Research, 77, 389-95, 2015	No relevant data.
Singer, L. T., Siegel, A. C., Lewis, B., Hawkins, S., Yamashita, T., Baley, J., Preschool language outcomes of children with history of bronchopulmonary dysplasia and very low birth weight, Journal of Developmental & Behavioral Pediatrics, 22, 19-26, 2001	Analysis uses absolute scores on language assessment rather than a binary outcome of SLI/no SLI.
Singer, L., Yamashita, T., Lilien, L., Collin, M., Baley, J., A longitudinal study of developmental outcome of infants with bronchopulmonary dysplasia and very low birth weight, Pediatrics, 100, 987-993, 1997	Analysis looks at Balyey score as a continuous measure, rathern than dichotomising the results as "disorder" versus "no disorder". Therefore only shows the effect of a risk factor has on reducing/increasing the Bayley score, not on the risk of a defined disorder.

Study	Reason for exclusion
Skrablin,S., Maurac,I., Banovic,V., Bosnjak-Nadj,K., Perinatal factors associated with the neurologic impairment of children born preterm, International Journal of Gynaecology and Obstetrics, 102, 12-18, 2008	Case-control study
Slidsborg, C., Bangsgaard, R., Fledelius, H. C., Jensen, H., Greisen, G., La Cour, M., Cerebral damage may be the primary risk factor for visual impairment in preschool children born extremely premature, Archives of Ophthalmology, 130, 1410-1417, 2012	Not multiple regression or multivariate analysis
Smith, D. D., Miller, R., Gyamfi-Bannerman, C., Risk of cerebral palsy by gestational age epoch, American Journal of Obstetrics and Gynecology, 1), S180, 2016	A conference abstract.
Smithers-Sheedy, H., McIntyre, S., Gibson, C., Meehan, E., Scott, H., Goldsmith, S., Watson, L., Badawi, N., Walker, K., Novak, I., Blair, E., A special supplement: Findings from the Australian Cerebral Palsy Register, birth years 1993 to 2006, Developmental Medicine and Child Neurology, 58, 5-10, 2016	No relevant data.
Soraisham, A. S., Amin, H. J., Al-Hindi, M. Y., Singhal, N., Sauve, R. S., Does necrotising enterocolitis impact the neurodevelopmental and growth outcomes in preterm infants with birthweight <1250 g?, Journal of Paediatrics and Child Health, 42, 499-504, 2006	Case-control study
Soraisham,A.S., Trevenen,C., Wood,S., Singhal,N., Sauve,R., Histological chorioamnionitis and neurodevelopmental outcome in preterm infants, Journal of Perinatology, 33, 70-75, 2013	Single-centre study.
Spencer, R., Long-term visual outcomes in extremely low-birth-weight children (an American Ophthalmological Society thesis), Transactions of the American Ophthalmological Society, 104, 493-516, 2006	Recognition accuracy was the outcome assessed, not serious enough to be considered a disorder.
Spinillo, A., Capuzzo, E., Orcesi, S., Stronati, M., Di Mario, M., Fazzi, E., Antenatal and delivery risk factors simultaneously associated with neonatal death and cerebral palsy in preterm infants, Early Human Development, 48, 81-91, 1997	Participants born between 1987 and 1992.
Spinillo, A., Capuzzo, E., Stronati, M., Ometto, A., Orcesi, S., Fazzi, E., Effect of preterm premature rupture of membranes on neurodevelopmental outcome: follow up at two years of age, British Journal of Obstetrics & Gynaecology, 102, 882-7, 1995	Risk factor (PROM) not in protocol.
Spinillo, A., Fazzi, E., Stronati, M., Ometto, A., Iasci, A., Guaschino, S., Severity of abruptio placentae and neurodevelopmental outcome in low birth weight infants, Early Human Development, 35, 45-54, 1993	Population born before 1990.
Spinillo, A., Viazzo, F., Colleoni, R., Chiara, A., Maria Cerbo, R., Fazzi, E., Two-year infant	The composite outcome does not include blindness or deafness.

Study	Reason for exclusion
neurodevelopmental outcome after single or multiple antenatal courses of corticosteroids to prevent complications of prematurity, American Journal of Obstetrics & Gynecology, 191, 217-24, 2004	
Spinillo,A., Fazzi,E., Stronati,M., Ometto,A., Capuzzo,E., Guaschino,S., Early morbidity and neurodevelopmental outcome in low-birthweight infants born after third trimester bleeding, American Journal of Perinatology, 11, 85-90, 1994	Not multiple regression or multivariate analysis
Spinillo,A., Gardella,B., Preti,E., Zanchi,S., Stronati,M., Fazzi,E., Rates of neonatal death and cerebral palsy associated with fetal growth restriction among very low birthweight infants. A temporal analysis, BJOG: An International Journal of Obstetrics and Gynaecology, 113, 775-780, 2006	Risk factors not in protocol.
Spinillo,A., Montanari,L., Gardella,B., Roccio,M., Stronati,M., Fazzi,E., Infant sex, obstetric risk factors, and 2-year neurodevelopmental outcome among preterm infants, Developmental Medicine and Child Neurology, 51, 518-525, 2009	Composite outcome not according to the protocol.
Stahlmann,N., Rapp,M., Herting,E., Thyen,U., Outcome of extremely premature infants at early school age: health-related quality of life and neurosensory, cognitive, and behavioral outcomes in a population-based sample in northern Germany, Neuropediatrics, 40, 112-119, 2009	no multivariate analysis.
Stark, A. R., Carlo, W. A., Vohr, B. R., Papile, L. A., Saha, S., Bauer, C. R., Oh, W., Shankaran, S., Tyson, J. E., Wright, L. L., Poole, W. K., Das, A., Stoll, B. J., Fanaroff, A. A., Korones, S. B., Ehrenkranz, R. A., Stevenson, D. K., Peralta-Carcelen, M., Wilson-Costello, D. E., Bada, H. S., Heyne, R. J., Johnson, Y. R., Lee, K. G., Steichen, J. J., Eunice Kennedy Shriver National Institute of Child, Health, Human Development Neonatal Research, Network, Death or neurodevelopmental impairment at 18 to 22 months corrected age in a randomized trial of early dexamethasone to prevent death or chronic lung disease in extremely low birth weight infants, Journal of Pediatrics, 164, 34-39.e2, 2014	RCT
Stathis, S. L., O'Callaghan, M., Harvey, J., Rogers, Y., Head circumference in ELBW babies is associated with learning difficulties and cognition but not ADHD in the school-aged child, Developmental Medicine and Child Neurology, 41, 375-380, 1999	Population born 1977 and 1986.
Steinmacher, J., Pohlandt, F., Bode, H., Sander, S., Kron, M., Franz, A. R., Neurodevelopmental follow-up of very preterm infants after proactive treatment at a gestational age of > or = 23	Single-centre study.

Study	Reason for exclusion
weeks, Journal of Pediatrics, 152, 771-6, 776.e1-2, 2008	
Stene-Larsen, K., Brandlistuen, R. E., Lang, A. M., Landolt, M. A., Latal, B., Vollrath, M. E., Communication impairments in early term and late preterm children: A prospective cohort study following children to age 36 months, Journal of Pediatrics, 165, 1123-1128, 2014	Outcomes were assessed by screening tool (Ages and Stages Questionnaire) rather than diagnosis criteria.
Stephenson, T., Wright, S., O'Connor, A., Fielder, A., Johnson, A., Ratib, S., Tobin, M., Children born weighing less than 1701 g: visual and cognitive outcomes at 11-14 years, Archives of Disease in Childhood Fetal & Neonatal Edition, 92, F265-70, 2007	Study years 1985-87.
Stoelhorst, G. M., Rijken, M., Martens, S. E., van Zwieten, P. H., Feenstra, J., Zwinderman, A. H., Wit, J. M., Veen, S., Leiden Follow-Up Project on, Prematurity, Developmental outcome at 18 and 24 months of age in very preterm children: a cohort study from 1996 to 1997, Early Human Development, 72, 83-95, 2003	Results only reported narratively.
Stoinska,B., Gadzinowski,J., Neurological and developmental disabilities in ELBW and VLBW: follow-up at 2 years of age, Journal of Perinatology, 31, 137-142, 2011	Not multiple regression or multivariate analysis / Only frequencies of outcomes reported
Sucksdorff, M., Lehtonen, L., Chudal, R., Suominen, A., Joelsson, P., Gissler, M., Sourander, A., Preterm Birth and Poor Fetal Growth as Risk Factors of Attention-Deficit/Hyperactivity Disorder, Pediatrics, 136, e599-e608, 2015	Case-control study, starting with outcome cases.
Sugimoto,S., Furukawa,A., Hatsukawa,Y., Yanagihara,K., Saito,Y., Weak association between retinopathy of prematurity and neurological disorders in childhood, Japanese Journal of Ophthalmology, 42, 142-145, 1998	No multivariate analysis.
Sullivan, M. C., Msall, M. E., Miller, R. J., 17-year outcome of preterm infants with diverse neonatal morbidities: Part 1-Impact on physical, neurological, and psychological health status, Journal for Specialists in Pediatric Nursing, 17, 226-241, 2012	Only frequencies of outcomes reported
Sun, H., Zhou, Y., Xiong, H., Kang, W., Xu, B., Liu, D., Zhang, X., Li, H., Zhou, C., Zhang, Y., Zhou, M., Meng, Q., Prognosis of Very Preterm Infants with Severe Respiratory Distress Syndrome Receiving Mechanical Ventilation, Lung, 193, 249-254, 2015	Study from China.
Sung, I. K., Vohr, B., Oh, W., Growth and neurodevelopmental outcome of very low birth weight infants with intrauterine growth retardation: comparison with control subjects matched by birth weight and gestational age, Journal of Pediatrics, 123, 618-24, 1993	The comparison was made by birth weight rather than GA
Sweet,M.P., Hodgman,J.E., Pena,I., Barton,L., Pavlova,Z., Ramanathan,R., Two-year outcome of infants weighing 600 grams or less at birth	Single-centre study.

Study	Reason for exclusion
and born 1994 through 1998, Obstetrics and Gynecology, 101, 18-23, 2003	
Synnes, A. R., Anson, S., Arkesteijn, A., Butt, A., Grunau, R. E., Rogers, M., Whitfield, M. F., School entry age outcomes for infants with birth weight < 800 grams, Journal of Pediatrics, 157, 989-994.e1, 2010	Single-centre study.
Synnes,A.R., Anson,S., Baum,J., Usher,L., Incidence and pattern of hearing impairment in children with < 800 g birthweight in British Columbia, Canada, Acta Paediatrica, 101, e48-e54, 2012	Does not report multivariate analysis.
Szatmari, P., Saigal, S., Rosenbaum, P., Campbell, D., King, S., Psychiatric disorders at five years among children with birthweights less than 1000g: a regional perspective, Developmental Medicine & Child Neurology, 32, 954-62, 1990	Participants born before 1990.
Takahashi,R., Yamada,M., Takahashi,T., Ito,T., Nakae,S., Kobayashi,Y., Onuma,A., Risk factors for cerebral palsy in preterm infants, Early Human Development, 81, 545-553, 2005	â□¢ Unclear follow-up time â□¢ One cohort divided in preterm and controls, but GA is the same in both groups - no range reported in either group
Takayanagi,T., Egashira,M., Yamaguchi,T., Murata,N., Yokota,G., Matsuo,K., Ogata,T., Egashira,T., Iwanaga,M., Mizukami,T., Cognitive outcome of very-low-birthweight infants at 6 years of age, Pediatrics International, 55, 594-598, 2013	IQ analysed as a continous outcome.
Tammela,O.K., Koivisto,M.E., A 1-year follow-up of low birth weight infants with and without bronchopulmonary dysplasia: health, growth, clinical lung disease, cardiovascular and neurological sequelae, Early Human Development, 30, 109-120, 1992	Only frequencies of outcomes reported
Tanabe, K., Tamakoshi, K., Kikuchi, S., Murotsuki, J., Learning disability in 10- to 16-year-old adolescents with very low birth weight in Japan, Tohoku Journal of Experimental Medicine, 232, 27-33, 2014	Not multiple regression or multivariate
Taylor, H. G., Klein, N., Drotar, D., Schluchter, M., Hack, M., Consequences and risks of <1000-g birth weight for neuropsychological skills, achievement, and adaptive functioning, Journal of Developmental & Behavioral Pediatrics, 27, 459-69, 2006	Single centre study
Taylor, H. G., Margevicius, S., Schluchter, M., Andreias, L., Hack, M., Persisting behavior problems in extremely low birth weight adolescents, Journal of Developmental & Behavioral Pediatrics, 36, 178-87, 2015	Single-centre study.
Teune, M. J., Bakhuizen, S., Gyamfi Bannerman, C., Opmeer, B. C., van Kaam, A. H., van Wassenaer, A. G., Morris, J. M., Mol, B. W., A systematic review of severe morbidity in infants born late preterm, American Journal of Obstetrics & Gynecology, 205, 374.e1-9, 2011	A systematic review, inclusion criteria does not match with protocol. Included studies checked individually.

Study	Reason for exclusion
Thomas, M., Greenough, A., Morton, M., Prolonged ventilation and intact survival in very low birth weight infants, European Journal of Pediatrics, 162, 65-7, 2003	No outcome of interest assessed; The study only looked at babies born with LBW without comparing to full-term babies or other gestational ages.
Tin, W., Brunskill, G., Kelly, T., Fritz, S., 15-year follow-up of recurrent "hypoglycemia" in preterm infants, Pediatrics, 130, e1497-503, 2012	Only differences between preterm babies and matched controls were reported, no ratios.
Tobiansky, R., Lui, K., Roberts, S., Veddovi, M., Neurodevelopmental outcome in very low birthweight infants with necrotizing enterocolitis requiring surgery, Journal of Paediatrics & Child Health, 31, 233-6, 1995	ORs are unadjusted.
Topp, M., Langhoff-Roos, J., Uldall, P., Preterm birth and cerebral palsy. Predictive value of pregnancy complications, mode of delivery, and Apgar scores, Acta Obstetricia et Gynecologica Scandinavica, 76, 843-848, 1997	Case-control study
Topp, M., Langhoff-Roos, J., Uldall, P., Kristensen, J., Intrauterine growth and gestational age in preterm infants with cerebral palsy, Early Human Development, 44, 27-36, 1996	Case-control study
Treyvaud, K., Ure, A., Doyle, L. W., Lee, K. J., Rogers, C. E., Kidokoro, H., Inder, T. E., Anderson, P. J., Psychiatric outcomes at age seven for very preterm children: rates and predictors, Journal of Child Psychology & Psychiatry & Allied Disciplines, 54, 772-9, 2013	Outcome of "any psychiatric diagnosis", without specific information on what diagnoses were made. Single centre study.
Trittmann,J.K., Nelin,L.D., Klebanoff,M.A., Bronchopulmonary dysplasia and neurodevelopmental outcome in extremely preterm neonates, European Journal of Pediatrics, 172, 1173-1180, 2013	NDI defined as Bayley composite score (cognitive, communication or motor) <80 or CP.
Tronnes, H., Wilcox, A. J., Lie, R. T., Markestad, T., Moster, D., Risk of cerebral palsy in relation to pregnancy disorders and preterm birth: a national cohort study, Developmental Medicine & Child Neurology, 56, 779-85, 2014	Cohort from 1964-2001. CP diagnosis unclear, uses ICD codes.
Tsai, W. H., Hwang, Y. S., Hung, T. Y., Weng, S. F., Lin, S. J., Chang, W. T., Association between mechanical ventilation and neurodevelopmental disorders in a nationwide cohort of extremely low birth weight infants, Research in Developmental Disabilities, 35, 1544-50, 2014	Risk factors assessed not relevant.
Tudehope, D. I., Burns, Y. R., Gray, P. H., Mohay, H. A., O'Callaghan, M. J., Rogers, Y. M., Changing patterns of survival and outcome at 4 years of children who weighed 500-999 g at birth, Journal of Paediatrics and Child Health, 31, 451-456, 1995	Non comparative as in protocol; No info on gestational age of cohort
Ure, A. M., Treyvaud, K., Thompson, D. K., Pascoe, L., Roberts, G., Lee, K. J., Seal, M. L., Northam, E., Cheong, J. L., Hunt, R. W., Inder, T., Doyle, L. W., Anderson, P. J., Neonatal brain abnormalities associated with autism spectrum	Single-centre study.

Study	Reason for exclusion
disorder in children born very preterm, Autism Research, 9, 543-552, 2016	
Valkama,A.M., Laitakari,K.T., Tolonen,E.U., Vayrynen,M.R., Vainionpaa,L.K., Koivisto,M.E., Prediction of permanent hearing loss in high-risk preterm infants at term age, European Journal of Pediatrics, 159, 459-464, 2000	Single-centre study; small sample size.
van der Ree, M., Tanis, J. C., Van Braeckel, K. N., Bos, A. F., Roze, E., Functional impairments at school age of preterm born children with late-onset sepsis, Early Human Development, 87, 821-6, 2011	Case-control study.
Van Dommelen, P., Verkerk, P. H., Van Straaten, H. L. M., Baerts, W., Von Weissenbruch, M., Duijsters, C., Van Kaam, A., Steiner, K., De Vries, L. S., Swarte, R., Sprij, A. J., Lopriori, E., Gavilanes, D. A. W. D., Bos, A. F., Hearing loss by week of gestation and birth weight in very preterm neonates, Journal of Pediatrics, 166, 840-843.e1, 2015	Outcome assessed was hearing loss, do not reach disorder yet. Unclear whether multivariate analysis performed.
Van Haastert, I. C., De Vries, L. S., Eijsermans, M. J. C., Jongmans, M. J., Helders, P. J. M., Gorter, J. W., Gross motor functional abilities in preterm-born children with cerebral palsy due to periventricular leukomalacia, Developmental Medicine and Child Neurology, 50, 684-689, 2008	Not multiple regression or multivariate
van Haastert, I. C., Groenendaal, F., Uiterwaal, C. S., Termote, J. U., van der Heide-Jalving, M., Eijsermans, M. J., Gorter, J. W., Helders, P. J., Jongmans, M. J., de Vries, L. S., Decreasing incidence and severity of cerebral palsy in prematurely born children, Journal of Pediatrics, 159, 86-91.e1, 2011	Only binary logistic analysis were performed.
Van Lieshout, R. J., Boylan, K., Increased depressive symptoms in female but not male adolescents born at low birth weight in the offspring of a national cohort, Canadian Journal of Psychiatry, 55, 422-430, 2010	Unclear about gestational age of cohort; no indication of preterm
Van Lieshout, R. J., Boyle, M. H., Saigal, S., Morrison, K., Schmidt, L. A., Mental health of extremely low birth weight survivors in their 30s, Pediatrics, 135, 452-459, 2015	Participants born before 1990, assessed at around 30 years of age.
Vedovato, S., Lo Iacono, A., Morando, C., Suppiej, A., Orzan, E., Trevisanuto, D., Visentin, S., Cavallin, F., Chiarelli, S., Zanardo, V., Sensorineural hearing loss in very low birth weight infants with histological chorioamnionitis, Journal of Maternal-Fetal and Neonatal Medicine, 28, 895-899, 2015	Hearing loss ranging from mild to severe was assessed as the outcome. No indication of whether hearing aid was needed.
Veelken, N., Stollhoff, K., Claussen, M., Development and perinatal risk factors of very low-birthweight infants. Small versus appropriate for gestational age, Neuropediatrics, 23, 102-107, 1992	Not multiple regression or multivariate
Veelken,N., Stollhoff,K., Claussen,M., Development of very low birth weight infants: a	Cohort born before 1990.

Study	Reason for exclusion
regional study of 371 survivors, European Journal of Pediatrics, 150, 815-820, 1991	
Veen, S., Sassen, M. L., Schreuder, A. M., Ens-Dokkum, M. H., Verloove-Vanhorick, S. P., Brand, R., Grote, J. J., Ruys, J. H., Hearing loss in very preterm and very low birthweight infants at the age of 5 years in a nationwide cohort, International Journal of Pediatric Otorhinolaryngology, 26, 11-28, 1993	population born before 1990.
Velikos, K., Soubasi, V., Michalettou, I., Sarafidis, K., Nakas, C., Papadopoulou, V., Zafeiriou, D., Drossou, V., Bayley-III scales at 12 months of corrected age in preterm infants: Patterns of developmental performance and correlations to environmental and biological influences, Research in Developmental Disabilities, 45-46, 110-9, 2015	Single-centre study.
Vermeulen,G.M., Bruinse,H.W., de Vries,L.S., Perinatal risk factors for adverse neurodevelopmental outcome after spontaneous preterm birth, European Journal of Obstetrics, Gynecology, and Reproductive Biology, 99, 207-212, 2001	No multivariate analysis. PROM not a risk factor according to protocol.
Vimercati,A., Scioscia,M., Panella,E., Nardelli,C., Coluccia,A., Camporeale,C., DeCosmo,L., Laforgia,N., Selvaggi,L., Perinatal risk factors and mode of delivery correlated to survival and psychomotor disability in extremely low birth weight infants, Gynecologic and Obstetric Investigation, 66, 91-97, 2008	Clear diagnosis criteria were not reported. Single-centre study.
Vincer,M.J., Allen,A.C., Allen,V.M., Baskett,T.F., O'Connell,C.M., Trends in the prevalence of cerebral palsy among very preterm infants (<31 weeks' gestational age), Paediatrics and Child Health, 19, 185-189, 2014	No relevant data, included in the prevalence review.
Vohr, B. R., Tyson, J. E., Wright, L. L., Perritt, R. L., Li, L., Poole, W. K., Nichd Neonatal Research Network, Maternal age, multiple birth, and extremely low birth weight infants, Journal of Pediatrics, 154, 498-503.e2, 2009	The comparison was made by maternal ages rather than GA
Vohr, B. R., Wright, L. L., Dusick, A. M., Perritt, R., Poole, W. K., Tyson, J. E., Steichen, J. J., Bauer, C. R., Wilson-Costello, D. E., Mayes, L. C., Center Differences and Outcomes of Extremely Low Birth Weight Infants, Pediatrics, 113, 781-789, 2004	This study looks at the differences between centres, not relevant.
Vohr,B., Allan,W.C., Scott,D.T., Katz,K.H., Schneider,K.C., Makuch,R.W., Ment,L.R., Early-onset intraventricular hemorrhage in preterm neonates: incidence of neurodevelopmental handicap, Seminars in Perinatology, 23, 212-217, 1999	Not multiple regression or multivariate analysis
Vohr,B.R., Allan,W.C., Westerveld,M., Schneider,K.C., Katz,K.H., Makuch,R.W., Ment,L.R., School-age outcomes of very low birth weight infants in the indomethacin	Children born 1989-1992, unclear of distribution according to year of birth.

Study	Reason for exclusion
intraventricular hemorrhage prevention trial, Pediatrics, 111, e340-e346, 2003	
Vollmer, B., Roth, S., Riley, K., Sellwood, M. W., Baudin, J., Neville, B. G., Wyatt, J. S., Neurodevelopmental outcome of preterm infants with ventricular dilatation with and without associated haemorrhage, Developmental Medicine & Child Neurology, 48, 348-52, 2006	no multivariate analysis.
Wadhawan, R., Oh, W., Hintz, S. R., Blakely, M. L., Das, A., Bell, E. F., Saha, S., Laptook, A. R., Shankaran, S., Stoll, B. J., Walsh, M. C., Higgins, R. D., Nichd Neonatal Research Network, Neurodevelopmental outcomes of extremely low birth weight infants with spontaneous intestinal perforation or surgical necrotizing enterocolitis, Journal of Perinatology, 34, 64-70, 2014	Deathg is included as part of the NDI outcome.
Wadhawan, R., Oh, W., Vohr, B. R., Wrage, L., Das, A., Bell, E. F., Laptook, A. R., Shankaran, S., Stoll, B. J., Walsh, M. C., Higgins, R. D., Eunice Kennedy Shriver National Institute of Child, Health, Human Development Neonatal Research, Network, Neurodevelopmental outcomes of triplets or higher-order extremely low birth weight infants, Pediatrics, 127, e654-60, 2011	The comparison was made between singles, twins and triplets, not relevant.
Wadhawan,R., Oh,W., Perritt,R.L., McDonald,S.A., Das,A., Poole,W.K., Vohr,B.R., Higgins,R.D., Twin gestation and neurodevelopmental outcome in extremely low birth weight infants, Pediatrics, 123, e220-e227, 2009	The comparison was made between single and twins, no multivariate analysis.
Walther, F. J., Den Ouden, A. L., Verloove-Vanhorick, S. P., Looking back in time: Outcome of a national cohort of very preterm infants born in The Netherlands in 1983, Early Human Development, 59, 175-191, 2000	Cohort born before 1990.
Wang, C. J., Elliott, M. N., McGlynn, E. A., Brook, R. H., Schuster, M. A., Population-based assessments of ophthalmologic and audiologic follow-up in children with very low birth weight enrolled in Medicaid: a quality-of-care study, Pediatrics, 121, e278-85, 2008	All babies born VLBW and >=24 wks of gestation, comparison was made between birth weight groups.
Wang, L. W., Lin, Y. C., Wang, S. T., Yeh, T. F., Huang, C. C., Hypoxic/ischemic and infectious events have cumulative effects on the risk of cerebral palsy in very-low-birth-weight preterm infants, Neonatology, 106, 209-15, 2014	No relevant risk factor.
Wang, S. T., Wang, C. J., Huang, C. C., Lin, C. H., Neurodevelopment of surviving infants at age two years, with a birthweight less than 2000 g and cared for in neonatal intensive care units (NICU) - Results from a population based longitudinal study in Taiwan, Public Health, 112, 331-336, 1998	Not multiple regression or multivariate analysis / Only frequencies of outcomes reported
Wapner,R.J., Sorokin,Y., Mele,L., Johnson,F., Dudley,D.J., Spong,C.Y., Peaceman,A.M.,	The comparison was made by dosage of antenatal corticosteroids

Study	Reason for exclusion
Leveno,K.J., Malone,F., Caritis,S.N., Mercer,B., Harper,M., Rouse,D.J., Thorp,J.M., Ramin,S., Carpenter,M.W., Gabbe,S.G., Long-term outcomes after repeat doses of antenatal corticosteroids, New England Journal of Medicine, 357, 1190-1198, 2007	
Watabe, S., Incidence of autism spectrum disorders in small for gestational age infants with very low birth weight in our NICU, Journal of Perinatal Medicine. Conference: 12th World Congress of Perinatal Medicine, 43, 2015	A conference abstract.
Waugh,J., O'Callaghan,M.J., Tudehope,D.I., Mohay,H.A., Burns,Y.R., Gray,P.H., Rogers,Y.M., Prevalence and aetiology of neurological impairment in extremely low birthweight infants, Journal of Paediatrics and Child Health, 32, 120-124, 1996	Population born between 1977-1990.
Weber,C., Weninger,M., Klebermass,K., Reiter,G., Wiesinger-Eidenberger,G., Brandauer,M., Kraschl,R., Lingitz,K., Grassl-Jurek,R., Sterniste,W., Balluch,B., Kolmer,M., Bruckner,R., Schweintzger,G., Salzer,H., Rath,I., Kubitsch,P., Zissler,W., Muller,W., Urlesberger,B., Mortality and morbidity in extremely preterm infants (22 to 26 weeks of gestation): Austria 1999-2001, Wiener Klinische Wochenschrift, 117, 740-746, 2005	No description of how CP was assessed/diagnosed. Also, CP incidence was studied at 12 months which for this outcome can be considered too early.
Weisglas-Kuperus, N., Baerts, W., de Graaf, M. A., van Zanten, G. A., Sauer, P. J., Hearing and language in preschool very low birthweight children, International Journal of Pediatric Otorhinolaryngology, 26, 129-40, 1993	population born before 1990.
Weisglas-Kuperus, N., Heersema, D. J., Baerts, W., Fetter, W. P., Smrkovsky, M., van Hof-van Duin, J., Sauer, P. J., Visual functions in relation with neonatal cerebral ultrasound, neurology and cognitive development in very-low-birthweight children, Neuropediatrics, 24, 149-54, 1993	No regression, no multivariate analysis.
Were,F.N., Bwibo,N.O., Two year neurological outcomes of Very Low Birth Weight infants, East African Medical Journal, 83, 243-249, 2006	Study carried out in a developing country (Kenya).
Wheater,M., Rennie,J.M., Perinatal infection is an important risk factor for cerebral palsy in very-low-birthweight infants, Developmental Medicine and Child Neurology, 42, 364-367, 2000	Neonatal maternal
Whitaker, A. H., Feldman, J. F., Lorenz, J. M., McNicholas, F., Fisher, P. W., Shen, S., Pinto-Martin, J., Shaffer, D., Paneth, N., Neonatal head ultrasound abnormalities in preterm infants and adolescent psychiatric disorders, Archives of General Psychiatry, 68, 742-52, 2011	Population born before 1990.
Whitaker, A. H., Feldman, J. F., Van Rossem, R., Schonfeld, I. S., Pinto-Martin, J. A., Torre, C., Blumenthal, S. R., Paneth, N. S., Neonatal cranial ultrasound abnormalities in low birth	Population born before 1990.

Study	Reason for exclusion
weight infants: Relation to cognitive outcomes at six years of age, Pediatrics, 98, 719-729, 1996	
Whitaker, A. H., Van Rossem, R., Feldman, J. F., Schonfeld, I. S., Pinto-Martin, J. A., Torre, C., Shaffer, D., Paneth, N., Psychiatric outcomes in low-birth-weight children at age 6 years: Relation to neonatal cranial ultrasound abnormalities, Archives of General Psychiatry, 54, 847-856, 1997	Population born before 1990.
Whitfield, M. F., Grunau, R. V. E., Holsti, L., Extremely premature (< 800 g) schoolchildren: Multiple areas of hidden disability, Archives of Disease in Childhood: Fetal and Neonatal Edition, 77, F85-F90, 1997	All participants born pre-1990.
Whyte, H. E., Fitzhardinge, P. M., Shennan, A. T., Lennox, K., Smith, L., Lacy, J., Extreme immaturity: outcome of 568 pregnancies of 23-26 weeks' gestation, Obstetrics & Gynecology, 82, 1-7, 1993	Participants born before 1990.
Williams, J., Lee, K. J., Anderson, P. J., Prevalence of motor-skill impairment in preterm children who do not develop cerebral palsy: a systematic review, Developmental Medicine & Child Neurology, 52, 232-7, 2010	Systematic review
Wilson-Costello, D., Friedman, H., Minich, N., Siner, B., Taylor, G., Schluchter, M., Hack, M., Improved neurodevelopmental outcomes for extremely low birth weight infants in 2000-2002, Pediatrics, 119, 37-45, 2007	Single-centre study.
Wilson-Costello,D., Friedman,H., Minich,N., Fanaroff,A.A., Hack,M., Improved survival rates with increased neurodevelopmental disability for extremely low birth weight infants in the 1990s, Pediatrics, 115, 997-1003, 2005	Single-centre study.
Wilson-Costello,D., Borawski,E., Friedman,H., Redline,R., Fanaroff,A.A., Hack,M., Perinatal correlates of cerebral palsy and other neurologic impairment among very low birth weight children, Pediatrics, 102, 315-322, 1998	Case-control study.
Winter, S., Autry, A., Boyle, C., Yeargin-Allsopp, M., Trends in the prevalence of cerebral palsy in a population-based study, Pediatrics, 110, 1220-5, 2002	Majority of participants born before 1990.
Wocadlo, C., Rieger, I., Motor impairment and low achievement in very preterm children at eight years of age, Early Human Development, 84, 769-776, 2008	Only differences between groups reported, no ratios.
Wolke, D., Meyer, R., Cognitive status, language attainment, and prereading skills of 6-year-old very preterm children and their peers: the Bavarian Longitudinal Study, Developmental Medicine & Child Neurology, 41, 94-109, 1999	All participants born pre-1990.
Wolke, D., Ratschinski, G., Ohrt, B., Riegel, K., The cognitive outcome of very preterm infants may be poorer than often reported: an empirical investigation of how methodological issues	Population born before 1990.

Study	Reason for exclusion
make a big difference, European Journal of Pediatrics, 153, 906-15, 1994	
Wood, N. S., Marlow, N., Costeloe, K., Gibson, A. T., Wilkinson, A. R., Neurologic and developmental disability after extremely preterm birth, New England Journal of Medicine, 343, 378-384, 2000	No relevant data, included in the prevalence review.
Woods, P. L., Rieger, I., Wocadlo, C., Gordon, A., Predicting the outcome of specific language impairment at five years of age through early developmental assessment in preterm infants, Early Human Development, 90, 613-9, 2014	Single-centre study.
Wroblewska-Seniuk, K., Greczka, G., Dabrowski, P., Mazela, J., Hearing impairment in premature newborns-analysis based on the national hearing screening database, Journal of Perinatal Medicine. Conference: 12th World Congress of Perinatal Medicine, 43, 2015	A conference abstract.
Xiong,X., Saunders,L.D., Wang,F.L., Davidge,S.T., Buekens,P., Preeclampsia and cerebral palsy in low-birth-weight and preterm infants: implications for the current "ischemic model" of preeclampsia, Hypertension in Pregnancy, 20, 1-13, 2001	Meta-analysis. No relevant studies.
Xoinis,K., Weirather,Y., Mavoori,H., Shaha,S.H., Iwamoto,L.M., Extremely low birth weight infants are at high risk for auditory neuropathy, Journal of Perinatology, 27, 718-723, 2007	Not multiple regression or multivariate analysis / Only frequencies of outcomes reported
Yang, P., Chen, Y. H., Yen, C. F., Chen, H. L., Psychiatric diagnoses, emotional-behavioral symptoms and functional outcomes in adolescents born preterm with very low birth weights, Child Psychiatry & Human Development, 46, 358-66, 2015	Single-centre study.
Yee,W.H., Hicks,M., Chen,S., Christianson,H., Sauve,R., Triplet infants with birthweight < or = 1250 grams: how well do they compare with twin and singleton infants at 36 to 48 months of age?, American Journal of Perinatology, 25, 373-380, 2008	No adjustments made in the logistic regression model.
Yeh,T.F., Lin,Y.J., Lin,H.C., Huang,C.C., Hsieh,W.S., Lin,C.H., Tsai,C.H., Outcomes at school age after postnatal dexamethasone therapy for lung disease of prematurity, New England Journal of Medicine, 350, 1304-1313, 2004	Randomised controlled trial
Yeo, C. L., Chan, C., Motor development of very low birthweight infants with chronic lung disease - a comparative study, Annals of the Academy of Medicine, Singapore, 34, 411-6, 2005	Sample size <50.
Younge, N., Smith, P. B., Gustafson, K. E., Malcolm, W., Ashley, P., Cotten, C. M., Goldberg, R. N., Goldstein, R. F., Improved survival and neurodevelopmental outcomes among extremely premature infants born near the limit of viability, Early Human Development, 95, 5-8, 2016	Single-centre study.

Study	Reason for exclusion
Zambrana, I. M., Vollrath, M. E., Sengpiel, V., Jacobsson, B., Ystrom, E., Preterm delivery and risk for early language delays: A sibling-control cohort study, International Journal of Epidemiology, 45, 151-159, 2016	No relevant data.
Zayek, M. M., Trimm, R. F., Hamm, C. R., Peevy, K. J., Benjamin, J. T., Eyal, F. G., The limit of viability: a single regional unit's experience, Archives of Pediatrics & Adolescent Medicine, 165, 126-33, 2011	Single-centre study.
Zelnik, N., Lahat, E., Heyman, E., Livne, A., Schertz, M., Sagie, L., Fattal-Valevski, A., The role of prematurity in patients with hemiplegic cerebral palsy, Journal of Child Neurology, 31, 678-682, 2015	Not the right population. All participants with CP.
Zerach, G., Elsayag, A., Shefer, S., Gabis, L., Long-term maternal stress and post-traumatic stress symptoms related to developmental outcome of extremely premature infants, Stress and Health, 31, 204-213, 2015	Single-centre study.
Zhang, J., Holditch-Davis, D. L., Darcy-Mahoney, A., Perinatal, neonatal, and family social factors predicting poor school outcome of low-birth-weight survivors: an integrative review, Advances in Neonatal Care, 15, 38-47, 2015	A systematic review, not the same inclusion criteria. Included studies checked individually.
Zhang, R. L., Bo, T., Shen, L., Luo, S. L., Li, J., Effect of dexamethasone on intelligence and hearing in preterm infants: A meta-analysis, Neural Regeneration Research, 9, 637-645, 2014	Meta-analysis of RCT
Zhu, J. L., Olsen, J., Olesen, A. W., Risk for developmental coordination disorder correlates with gestational age at birth, Paediatric and Perinatal Epidemiology, 26, 572-577, 2012	The outcome for DCDQ was used, which is a screening tool
Zhu,J.J., Bao,Y.Y., Zhang,G.L., Ma,L.X., Wu,M.Y., No relationship between mode of delivery and neonatal mortality and neurodevelopment in very low birth weight infants aged two years, World Journal of Pediatrics, 10, 227-231, 2014	Case-control study
Zwicker,J.G., Yoon,S.W., Mackay,M., Petrie-Thomas,J., Rogers,M., Synnes,A.R., Perinatal and neonatal predictors of developmental coordination disorder in very low birthweight children, Archives of Disease in Childhood, 98, 118-122, 2013	No multivariate analysis conducted.

G.3 Prevalence of developmental problems

Table 12: Excluded studies for prevalence of developmental problems systematic review

Study	Reason for Exclusion
Aarnoudse-Moens, C. S., Duivenvoorden, H. J., Weisglas-Kuperus, N., Van Goudoever, J. B., Oosterlaan, J., The profile of executive function	Single-centre study.

Study	Reason for Exclusion
in very preterm children at 4 to 12 years, Developmental Medicine & Child Neurology, 54, 247-53, 2012	
Aarnoudse-Moens, C. S., Weisglas-Kuperus, N., van Goudoever, J. B., Oosterlaan, J., Meta-analysis of neurobehavioral outcomes in very preterm and/or very low birth weight children, Pediatrics, 124, 717-28, 2009	No prevalence estimates, only mean scores for behavioural and executive function outcomes.
Abily-Donval, L., Pinto-Cardoso, G., Chadie, A., Guerrot, A. M., Torre, S., Rondeau, S., Marret, S., Comparison in outcomes at two-years of age of very preterm infants born in 2000, 2005 and 2010, PLoS ONE, 10, 2015	Single centre study
Adams, J. N., Feldman, H. M., Huffman, L. C., Loe, I. M., Sensory processing in preterm preschoolers and its association with executive function, Early Human Development, 91, 227-233, 2015	Small (N=54) convenience sample among children born <=34 weeks of GA.
Adams-Chapman, I., Bann, C. M., Vaucher, Y. E., Stoll, B. J., Association between feeding difficulties and language delay in preterm infants using bayley scales of infant development-third edition, Journal of Pediatrics, 163, 680-685.e3, 2013	Follow up of RCT
Alduncin,N., Huffman,L.C., Feldman,H.M., Loe,I.M., Executive function is associated with social competence in preschool-aged children born preterm or full term, Early Human Development, 90, 299-306, 2014	Small (n=70) convenience sample of children born <=34 weeks of GA.
Allen, M. C., Neurodevelopmental outcomes of preterm infants, Current Opinion in Neurology, 21, 123-8, 2008	Narrative review.
Amess, P., Young, T., Burley, H., Khan, Y., Developmental outcome of very preterm babies using an assessment tool deliverable by health visitors, European Journal of Paediatric Neurology, 14, 219-23, 2010	Single centre study
Amin, H., Singhal, N., Sauve, R. S., Impact of intrauterine growth restriction on neurodevelopmental and growth outcomes in very low birthweight infants, Acta Paediatrica, 86, 306-14, 1997	Participants born before 1990.
Arayici, S., Kadioglu Simsek, G., Alyamac Dizdar, E., Sari, F., Kanmaz Kutman, G., Canpolat, F. E., Oguz, S., Uras, N., Dilmen, U., Feeding difficulty in late preterm infants, Archives of Disease in Childhood, 99, A442, 2014	Conference abstract.
Arpi, E., Ferrari, F., Preterm birth and behaviour problems in infants and preschool-age children: a review of the recent literature, Developmental Medicine & Child Neurology, 55, 788-96, 2013	Checked all individual studies for inclusion
Baron, I. S., Erickson, K., Ahronovich, M. D., Coulehan, K., Baker, R., Litman, F. R., Visuospatial and verbal fluency relative deficits	Single centre study

Study	Reason for Exclusion
in 'complicated' late-preterm preschool children, Early Human Development, 85, 751-4, 2009	
Baron, I. S., Kerns, K. A., Mller, U., Ahronovich, M. D., Litman, F. R., Executive functions in extremely low birth weight and late-preterm preschoolers: Effects on working memory and response inhibition, Child Neuropsychology, 18, 586-599, 2012	No prevalence estimates provided.
Barre, N., Morgan, A., Doyle, L. W., Anderson, P. J., Language abilities in children who were very preterm and/or very low birth weight: a meta-analysis, Journal of Pediatrics, 158, 766-774.e1, 2011	Checked individual studies, not relevant
Bhutta, A. T., Cleves, M. A., Casey, P. H., Cradock, M. M., Anand, K. J., Cognitive and behavioral outcomes of school-aged children who were born preterm: a meta-analysis, JAMA, 288, 728-37, 2002	Meta-analysis of case control studies
Bodeau-Livinec, F., Zeitlin, J., Blondel, B., Arnaud, C., Fresson, J., Burguet, A., Subtil, D., Marret, S., Roze, J. C., Marchand-Martin, L., Ancel, P. Y., Kaminski, M., Etude Epidemiologique sur les Petits Ages Gestationnels, group, Do very preterm twins and singletons differ in their neurodevelopment at 5 years of age?, Archives of Disease in Childhood Fetal & Neonatal Edition, 98, F480-7, 2013	No relevant outcome.
Bouza, H., Anatolitou, F., Lipsou, N., Petropoulou, C., Dassopoulou, M., Naoum, E., Pilitsidou, E., Anagnostakou, M., Follow up of very low birth weight neonates: Neurodevelopmental outcome and intervention programs, Early Human Development, 86, S87-S88, 2010	Conference abstract; Insufficient information regarding number of of children in the study, no information regarding outcome assessment
Boyd, L. A., Msall, M. E., O'Shea, T. M., Allred, E. N., Hounshell, G., Leviton, A., Social-emotional delays at 2 years in extremely low gestational age survivors: correlates of impaired orientation/engagement and emotional regulation, Early Human Development, 89, 925-30, 2013	Multicentre study, outcome reported as an association of PDI and MCHAT
Boylan, J., Alderdice, F. A., McGowan, J. E., Craig, S., Perra, O., Jenkins, J., Behavioural outcomes at 3 years of age among late preterm infants admitted to neonatal intensive care: a cohort study, Archives of Disease in Childhood Fetal & Neonatal Edition, 99, F359-65, 2014	No prevalence estimates.
Brevaut-Malaty, V., Busuttil, M., Einaudi, M. A., Monnier, A. S., D'Ercole, C., Gire, C., Longitudinal follow-up of a cohort of 350 singleton infants born at less than 32 weeks of amenorrhea: neurocognitive screening, academic outcome, and perinatal factors, European Journal of Obstetrics, Gynecology, & Reproductive Biology, 150, 13-8, 2010	Single centre study
Brown, H. K., Speechley, K. N., Macnab, J., Natale, R., Campbell, M. K., Mild prematurity,	Number of children in GA groups not reported. Only percentages of developmental delay but no

Study	Reason for Exclusion
proximal social processes, and development, Pediatrics, 134, e814-24, 2014	information about the number of cases and the number of the total sample in each group. Confidence intervals could not be calculated.
Brown, L., Burns, Y. R., Watter, P., Gibbons, K. S., Gray, P. H., Motor performance, postural stability and behaviour of non-disabled extremely preterm or extremely low birth weight children at four to five years of age, Early human development, 91, 309-315, 2015	Single centre study
Brumbaugh, J. E., Hodel, A. S., Thomas, K. M., The impact of late preterm birth on executive function at preschool age, American journal of perinatology, 31, 305-14, 2014	Too small sample.
Burnett, A. C., Scratch, S. E., Lee, K. J., Cheong, J., Searle, K., Hutchinson, E., De Luca, C., Davey, M. A., Roberts, G., Doyle, L. W., Anderson, P. J., Victorian Infant Collaborative Study, Group, Executive function in adolescents born <1000 g or <28 weeks: a prospective cohort study, Pediatrics, 135, e826-34, 2015	No prevalence estimates. Looks at executive function outcomes.
Cak, T. H., Gokler, B., Prematurity and preschool attention deficit hyperactivity disorder, Neuropsychiatrie de l'Enfance et de l'Adolescence, 1), S135, 2012	Conference abstract, single-centre study, looking at ADHD.
Camba, F., Cespedes, M., Felipe, A., Pin, S., Medina, D., Perapoch, J., Results of the follow-up program of extremely preterm infants born at 23 to 25 weeks' gestation, Journal of Maternal-Fetal and Neonatal Medicine, 25, 92, 2012	Only an abstract.
Celik,I.H., Demirel,G., Canpolat,F.E., Dilmen,U., A common problem for neonatal intensive care units: late preterm infants, a prospective study with term controls in a large perinatal center, Journal of Maternal-Fetal and Neonatal Medicine, 26, 459-462, 2013	Single centre study
Charkaluk, M. L., Truffert, P., Marchand-Martin, L., Mur, S., Kaminski, M., Ancel, P. Y., Pierrat, V., Very preterm children free of disability or delay at age 2: Predictors of schooling at age 8. A population-based longitudinal study, Early Human Development, 87, 297-302, 2011	Outcomes not of interest
Claas, M. J., Bruinse, H. W., Koopman, C., van Haastert, I. C., Peelen, L. M., de Vries, L. S., Two-year neurodevelopmental outcome of preterm born children < 750 g at birth, Archives of Disease in Childhood Fetal & Neonatal Edition, 96, F169-77, 2011	Retrospective single-centre study.
Cornforth, C. M., Thompson, J. M. D., Robinson, E., Waldie, K. E., Pryor, J. E., Clark, P., Becroft, D. M. O., Sonuga-Barke, E. J. S., Mitchell, E. A., Children born small for gestational age are not at special risk for preschool emotion and behaviour problems, Early Human Development, 88, 479-485, 2012	All children in the study were born full term
Crapnell, T. L., Rogers, C. E., Neil, J. J., Inder, T. E., Woodward, L. J., Pineda, R. G., Factors associated with feeding difficulties in the very	Single-centre study.

Study	Reason for Exclusion
preterm infant, Acta Paediatrica, 102, e539-45, 2013	
Cronin, F. M., Segurado, R., McAuliffe, F. M., Kelleher, C. C., Tremblay, R. E., Gestational Age at Birth and 'Body-Mind' Health at 5 Years of Age: A Population Based Cohort Study, PLoS ONE [Electronic Resource], 11, e0151222, 2016	No evidence for prevalence data regarding outcome and GA
Cronin, F. M., Segurado, R., McAuliffe, F. M., Kelleher, C. C., Tremblay, R. E., Gestational age and chronic 'body-mind' health problems in childhood: dose-response association and risk factors, European Child & Adolescent Psychiatry, 31, 31, 2016	No data regarding gestational age and outcome
Crosbie, S., Holm, A., Wandschneider, S., Hemsley, G., Narrative skills of children born preterm, International journal of language & communication disorders / Royal College of Speech & Language Therapists, 46, 83-94, 2011	Only includes 30 participants, no prevalence estimates
Crozier, S. C., Goodson, J. Z., Mackay, M. L., Synnes, A. R., Grunau, R. E., Miller, S. P., Zwicker, J. G., Sensory Processing Patterns in Children Born Very Preterm, American Journal of Occupational Therapy, 70, 7001220050p1-7, 2016	Retrospective, single-centre study.
Cuttini, M., Lacchei, M., Riccio, G., Giorno, C., Rosa, C., Melon, C., Carrozzi, M., Brovedani, P., Chiandotto, V., Pessina, E., Bressan, N., Svelto, V., Voller, F., Outcome of very preterm children at school age: Results from the area-based italian action follow-up study, Archives of Disease in Childhood, 99, A372-A373, 2014	Conference abstract.
D. Oglio A.M, Piga, S., Coletti, M. F., De Marchis, C., Cuttini, M., Eating, sleeping, hyperactivity and attention problems in very preterm children at 12, 24, 36 months follow-up, Acta Paediatrica, International Journal of Paediatrics, 100, 16, 2011	Conference abstract.
D'Amore, A., Broster, S., Le Fort, W., Curley, A., East Anglian Very Low Birthweight, Project, Two-year outcomes from very low birthweight infants in a geographically defined population across 10 years, 1993-2002: comparing 1993-1997 with 1998-2002, Archives of Disease in Childhood Fetal & Neonatal Edition, 96, F178-85, 2011	No outcomes of interest for this review, included in the prevalence of disorders review.
Davis, N. L., Liu, A., Rhein, L., Feeding immaturity in preterm neonates: Risk factors for oropharyngeal aspiration and timing of maturation, Journal of Pediatric Gastroenterology and Nutrition, 57, 735-740, 2013	Retrospective study
Davis, N. M., Ford, G. W., Anderson, P. J., Doyle, L. W., Developmental coordination disorder at 8 years of age in a regional cohort of extremely-low-birthweight or very preterm infants, Developmental Medicine and Child Neurology, 49, 325-330, 2007	This study reports M-ABC <5th percentile outcome, which belongs to the prevalence of disorders review (considered as DCD) and is not relevant for this review. (However, the same outcome for this cohort already reported in the

Study	Reason for Exclusion
	disorders review by Roberts et al. 2011, therefore, also excluded from that review.)
de Jong, M., Verhoeven, M., van Baar, A. L., School outcome, cognitive functioning, and behaviour problems in moderate and late preterm children and adults: A review, Seminars in Fetal and Neonatal Medicine, 17, 163-169, 2012	Checked individual studies for inclusion
De Rose, P., Albamonte, E., Lagana, V., Sivo, S., Pisoni, S., Gallini, F., Serrao, F., Tinelli, F., Purpura, G., Ometto, A., Sacco, A., Quintiliani, M., De Clemente, V., Graziano, A., Romeo, D. M., Frezza, S., Papacci, P., Mosca, F., Vicari, S., Ramenghi, L. A., Cioni, G., Romagnoli, C., Mercuri, E., Ricci, D., Perceptual-motor abilities in pre-school preterm children, Early Human Development, 89, 809-814, 2013	Three centre study, not population based
Delahunty, C., Falconer, S., Hume, R., Jackson, L., Midgley, P., Mirfield, M., Ogston, S., Perra, O., Simpson, J., Watson, J., Willatts, P., Williams, F., Scottish Preterm Thyroid, Group, Levels of neonatal thyroid hormone in preterm infants and neurodevelopmental outcome at 5 1/2 years: millennium cohort study, Journal of Clinical Endocrinology & Metabolism, 95, 4898-908, 2010	Outcomes reported by hypothyroxiinemia
DeMauro, S. B., Patel, P. R., Medoff-Cooper, B., Posencheg, M., Abbasi, S., Postdischarge feeding patterns in early- and late-preterm infants, Clinical Pediatrics, 50, 957-62, 2011	Single-centre study.
Dodrill, P., Donovan, T., Cleghorn, G., McMahon, S., Davies, P. S., Attainment of early feeding milestones in preterm neonates, Journal of Perinatology, 28, 549-55, 2008	Retrospective study
Dong, Y., Chen, S. J., Yu, J. L., A systematic review and meta-analysis of long-term development of early term infants, Neonatology, 102, 212-21, 2012	Systematic review and meta-analysis among early term children, population not relevant.
Dueker, G., Chen, J., Cowling, C., Haskin, B., Early developmental outcomes predicted by gestational age from 35 to 41 weeks, Early Human Development, 103, 85-90, 2016	Population born at 35-41 weeks of gestation, outcome not stratified according to GA week
Dutra Garcia, C. F., Lima De Isaac, M., Apparecido De Oliveira, J. A., Transient evoked otoacoustic emissions: Tool for early detection of hearing impairment in term and preterm neonates, Revista Brasileira de Otorrinolaringologia, 68, 344-351, 2002	Non-English study
Eeles, A. L., Anderson, P. J., Brown, N. C., Lee, K. J., Boyd, R. N., Spittle, A. J., Doyle, L. W., Sensory profiles obtained from parental reports correlate with independent assessments of development in very preterm children at 2years of age, Early Human Development, 89, 1075-1080, 2013	PDI assessment not reported in both cohorts
Ehrenkranz, R. A., Dusick, A. M., Vohr, B. R., Wright, L. L., Wrage, L. A., Poole, W. K., Growth	Multicentre study

Study	Reason for Exclusion
in the neonatal intensive care unit influences neurodevelopmental and growth outcomes of extremely low birth weight infants, Pediatrics, 117, 1253-1261, 2006	
El Marroun, H., Zeegers, M., Steegers, E. A., van der Ende, J., Schenk, J. J., Hofman, A., Jaddoe, V. W., Verhulst, F. C., Tiemeier, H., Post-term birth and the risk of behavioural and emotional problems in early childhood, International Journal of Epidemiology, 41, 773-81, 2012	Results for prevalence are not stratified by gestational age groups
Elgen, I., Sommerfelt, K., Markestad, T., Population based, controlled study of behavioural problems and psychiatric disorders in low birthweight children at 11 years of age, Archives of Disease in Childhood Fetal & Neonatal Edition, 87, F128-32, 2002	Participants born before 1990.
El-Khuffash,A.F., Slevin,M., McNamara,P.J., Molloy,E.J., Troponin T, N-terminal pro natriuretic peptide and a patent ductus arteriosus scoring system predict death before discharge or neurodevelopmental outcome at 2 years in preterm infants, Archives of Disease in Childhood Fetal and Neonatal Edition, 96, F133-F137, 2011	Single-centre study.
Erikson, C., Allert, C., Carlberg, E. B., Katz-Salamon, M., Stability of longitudinal motor development in very low birthweight infants from 5 months to 5.5 years, Acta Paediatrica, 92, 197-203, 2003	Children born between 1988-1993, no stratification of birth year
Evensen,K.A., Skranes,J., Brubakk,A.M., Vik,T., Predictive value of early motor evaluation in preterm very low birth weight and term small for gestational age children, Early Human Development, 85, 511-518, 2009	Children born between 1986-1988
Fan, R. G., Portuguez, M. W., Nunes, M. L., Cognition, behavior and social competence of preterm low birth weight children at school age, Clinics (Sao Paulo, Brazil), 68, 915-21, 2013	Study conducted in Brazil.
Feder, K. P., Majnemer, A., Bourbonnais, D., Platt, R., Blayney, M., Synnes, A., Handwriting performance in preterm children compared with term peers at age 6 to 7 years, Developmental Medicine & Child Neurology, 47, 163-70, 2005	Handwriting performance as outcome, not relevant.
Ferolla, C., Arosteguy, E., Lima, S., Putti, P., Psychomotor development follow-up of premature infants born at less than 1000gr of birthweight, Journal of Perinatal Medicine, 39, 2011	Conference abstract; insufficient data
Fily, A., Pierrat, V., Delporte, V., Breart, G., Truffert, P., Epipage Nord-Pas-de-Calais Study Group, Factors associated with neurodevelopmental outcome at 2 years after very preterm birth: the population-based Nord-Pas-de-Calais EPIPAGE cohort, Pediatrics, 117, 357-66, 2006	Outcomes not of intetest

Study	Reason for Exclusion
Foreman, S. W., Thomas, K. A., Blackburn, S. T., Individual and gender differences matter in preterm infant state development, JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing, 37, 657-65, 2008	Birth year of children in the study was not reported
Foster-Cohen, S., Edgin, J. O., Champion, P. R., Woodward, L. J., Early delayed language development in very preterm infants: Evidence from the MacArthur-Bates CDI, Journal of Child Language, 34, 655-675, 2007	Single centre study
Foulder-Hughes, L. A., Cooke, R. W., Motor, cognitive, and behavioural disorders in children born very preterm, Developmental Medicine & Child Neurology, 45, 97-103, 2003	No relevant outcome for this review.
Gray, P. H., Edwards, D. M., O'Callaghan, M. J., Gibbons, K., Screening for autism spectrum disorder in very preterm infants during early childhood, Early Human Development, 91, 271-276, 2015	Single centre study
Gray,P.H., Hurley,T.M., Rogers,Y.M., O'Callaghan,M.J., Tudehope,D.I., Burns,Y.R., Mohay,H.A., Survival and neonatal and neurodevelopmental outcome of 24-29 week gestation infants according to primary cause of preterm delivery, Australian and New Zealand Journal of Obstetrics and Gynaecology, 37, 161-168, 1997	Children born between 1988-1990
Graz, M. B., Tolsa, J. F., Fumeaux, C. J. F., Being small for gestational age: Does it matter for the neurodevelopment of premature infants? A cohort study, PLoS ONE, 10, 2015	Study only reports the number of children who were assessed with the SDQ, no proportions reported for global or sub-scores.
Greene, M. M., Patra, K., Nelson, M. N., Silvestri, J. M., Evaluating preterm infants with the Bayley-III: patterns and correlates of development, Research in Developmental Disabilities, 33, 1948-56, 2012	Retrospective single-centre study.
Gregoire,M.C., Lefebvre,F., Glorieux,J., Health and developmental outcomes at 18 months in very preterm infants with bronchopulmonary dysplasia, Pediatrics, 101, 856-860, 1998	Children born between 1987-1992, no stratification of birth years
Grunau, R. E., Whitfield, M. F., Petrie-Thomas, J., Synnes, A. R., Cepeda, I. L., Keidar, A., Rogers, M., Mackay, M., Hubber-Richard, P., Johannesen, D., Neonatal pain, parenting stress and interaction, in relation to cognitive and motor development at 8 and 18 months in preterm infants, Pain, 143, 138-46, 2009	Single centre study
Guarini, A., Marini, A., Savini, S., Alessandroni, R., Faldella, G., Sansavini, A., Linguistic features in children born very preterm at preschool age, Developmental Medicine and Child Neurology, 58, 949-956, 2016	Singe centre study
Guarini, A., Sansavini, A., Fabbri, C., Savini, S., Alessandroni, R., Faldella, G., Karmiloff-Smith, A., Long-term effects of preterm birth on language and literacy at eight years, Journal of Child Language, 37, 865-85, 2010	Single centre study

Study	Reason for Exclusion
Gucuyener, K., Ergenekon, E., Soysal, A. S., Aktas, A., Derinoz, O., Koc, E., Atalay, Y., Use of the bayley infant neurodevelopmental screener with premature infants, Brain & Development, 28, 104-8, 2006	Study conducted in Turkey.
Harding, D. R., Humphries, S. E., Whitelaw, A., Marlow, N., Montgomery, H. E., Cognitive outcome and cyclo-oxygenase-2 gene (-765 G/C) variation in the preterm infant, Archives of Disease in Childhood Fetal & Neonatal Edition, 92, F108-12, 2007	Follow-up of an RCT.
Hellgren, K., Halberda, J., Forsman, L., Aden, U., Libertus, M., Compromised approximate number system acuity in extremely preterm school-aged children, Developmental Medicine & Child Neurology, 55, 1109-14, 2013	Too small sample.
Hellmeyer,L., Herz,K., Liedtke,B., Wohlmuth,P., Schmidt,S., Hackeloeer,B.J., The underestimation of immaturity in late preterm infants, Archives of Gynecology and Obstetrics, 286, 619-626, 2012	No relevant outcomes and single-centre study.
Hemgren, E., Persson, K., Associations of motor co-ordination and attention with motor-perceptual development in 3-year-old preterm and full-term children who needed neonatal intensive care, Child: Care, Health & Development, 33, 11-21, 2007	Children born before 1990.
Hemming,K., Colver,A., Hutton,J.L., Kurinczuk,J.J., Pharoah,P.O., The influence of gestational age on severity of impairment in spastic cerebral palsy, Journal of Pediatrics, 153, 203-208, 2008	Children were born between 1960-1997, no birth year stratification
Hibbs,A.M., Johnson,N.L., Rosen,C.L., Kirchner,H.L., Martin,R., Storfer-Isser,A., Redline,S., Prenatal and neonatal risk factors for sleep disordered breathing in school-aged children born preterm, Journal of Pediatrics, 153, 176-182, 2008	Children born between 1988-1993, no stratification of birth year
Hintz, S. R., Kendrick, D. E., Vohr, B. R., Poole, W. K., Higgins, R. D., Changes in neurodevelopmental outcomes at 18 to 22 months' corrected age among infants of less than 25 weeks' gestational age born in 1993-1999, Pediatrics, 115, 1645-1651, 2005	Retrospective study
Hintz, S. R., Kendrick, D. E., Vohr, B. R., Poole, W. K., Higgins, R. D., National Institute of Child, Health, Human Development Neonatal Research, Network, Community supports after surviving extremely low-birth-weight, extremely preterm birth: special outpatient services in early childhood, Archives of Pediatrics & Adolescent Medicine, 162, 748-55, 2008	On service use, no relevant outcome.
Horsch, S., Muentjes, C., Franz, A., Roll, C., Ultrasound diagnosis of brain atrophy is related to neurodevelopmental outcome in preterm infants, Acta Paediatrica, 94, 1815-21, 2005	Single-centre study.

Study	Reason for Exclusion
Houtzager, B. A., Gorter-Overdiek, B., Van Sonderen, L., Tamminga, P., Van Wassenaer, A. G., Improvement of developmental outcome between 24 and 36 months corrected age in very preterm infants, Acta Paediatrica, 99, 1801-6, 2010	Single-centre study.
Howe, T. H., Sheu, C. F., Hinojosa, J., Lin, J., Holzman, I. R., Multiple factors related to bottle-feeding performance in preterm infants, Nursing Research, 56, 307-11, 2007	No relevant outcomes, retrospective design.
Howe, T. H., Sheu, C. F., Hsieh, Y. W., Hsieh, C. L., Psychometric characteristics of the Neonatal Oral-Motor Assessment Scale in healthy preterm infants, Developmental Medicine & Child Neurology, 49, 915-9, 2007	Singe-centre study.
Huang, Y. S., Paiva, T., Hsu, J. F., Kuo, M. C., Guilleminault, C., Sleep and breathing in premature infants at 6 months post-natal age, BMC Pediatrics, 14, 303, 2014	Study conducted in Taiwan.
Huhtala, M., Korja, R., Lehtonen, L., Haataja, L., Lapinleimu, H., Rautava, P., Parental psychological well-being and behavioral outcome of very low birth weight infants at 3 years, Pediatrics, 129, e937-e944, 2012	The study only reported the number of parents who completed the CBCL questionnaire
Hwang, Y. S., Ma, M. C., Chen-Sea, M. J., Kao, H. M., Tsai, W. H., Factors affecting early feeding performance in preterm infants below 32 weeks gestation, Journal of Tropical Pediatrics, 58, 77-8, 2012	Retrospective study
Iannone, G., Tripaldi, C., Chindemi, A., Piscitelli, L., Mastrorocco, A., Palazzo, S., Esposito, L., Long-term neuropsychological outcome in preterm twins, Thescientificworldjournal, 6, 899-907, 2006	Single centre study
Jaekel, J., Eryigit-Madzwamuse, S., Wolke, D., Preterm Toddlers' Inhibitory Control Abilities Predict Attention Regulation and Academic Achievement at Age 8 Years, Journal of Pediatrics, 169, 87-92.e1, 2016	Children born before 1990
Jaekel, J., Wolke, D., Bartmann, P., Poor attention rather than hyperactivity/impulsivity predicts academic achievement in very preterm and full-term adolescents, Psychological Medicine, 43, 183-96, 2013	Children born before 1990
Jaekel, J., Wolke, D., Chernova, J., Mother and child behaviour in very preterm and term dyads at 6 and 8years, Developmental medicine and child neurology, 54, 716-723, 2012	Children born before 1990.
Janssen, A. J., Nijhuis-van der Sanden, M. W., Akkermans, R. P., Oostendorp, R. A., Kollee, L. A., Influence of behaviour and risk factors on motor performance in preterm infants at age 2 to 3 years, Developmental Medicine & Child Neurology, 50, 926-31, 2008	Single-centre study.
Johnson, S., Hollis, C., Kochhar, P., Hennessy, E., Wolke, D., Marlow, N., Psychiatric Disorders	No outcomes of interest for this review. Included in the prevalence of disorders review.

Study	Reason for Exclusion
in Extremely Preterm Children: Longitudinal Finding at Age 11 Years in the EPICure Study, Journal of the American Academy of Child and Adolescent Psychiatry, 49, 453-463.e1, 2010	
Johnson, S., Wolke, D., Marlow, N., Preterm Infant Parenting Study, Group, Developmental assessment of preterm infants at 2 years: validity of parent reports, Developmental Medicine & Child Neurology, 50, 58-62, 2008	RCT follow-up.
Jones, K. M., Champion, P. R., Woodward, L. J., Social competence of preschool children born very preterm, Early Human Development, 89, 795-802, 2013	Single centre study
Kalia, J. L., Visintainer, P., Brumberg, H. L., Pici, M., Kase, J., Comparison of enrollment in interventional therapies between late-preterm and very preterm infants at 12 months' corrected age, Pediatrics, 123, 804-9, 2009	Retrospective study
Kallankari, H., Kaukola, T., Olsen, P., Ojaniemi, M., Hallman, M., Very preterm birth and foetal growth restriction are associated with specific cognitive deficits in children attending mainstream school, Acta Paediatrica, International Journal of Paediatrics, 104, 84-90, 2015	No prevalence estimates provided.
Kallen, K., Serenius, F., Westgren, M., Marsal, K., Fritz, T., Holmgren, P. A., Jeppsson, A., Norden-Lindeberg, S., Ostlund, I., Simic, M., Wennergren, M., Blennow, M., Ewald, U., Fellman, V., Hellstrom-Westas, L., Lagercrantz, H., Lindberg, E., Norman, M., Olhager, E., Sjors, G., Stigson, L., Hafstrom, M., Holmstrom, G., Laurini, R., Lundqvist, A., Lundqvist, P., Nilstun, T., Stjernqvist, K., Stromberg, B., Vollmer, B., Impact of obstetric factors on outcome of extremely preterm births in Sweden: Prospective population-based observational study (EXPRESS), Acta Obstetricia et Gynecologica Scandinavica, 94, 1203-1214, 2015	No relevant outcome.
Kato, T., Yorifuji, T., Inoue, S., Yamakawa, M., Doi, H., Kawachi, I., Associations of preterm births with child health and development: Japanese population-based study, Journal of Pediatrics, 163, 1578-1584.e4, 2013	Unknown tool for assessment used
Kerstjens, J. M., Bos, A. F., ten Vergert, E. M. J., de Meer, G., Butcher, P. R., Reijneveld, S. A., Support for the global feasibility of the Ages and Stages Questionnaire as developmental screener, Early Human Development, 85, 443-447, 2009	Study only provides mean scores from the ASQ
Kerstjens, J. M., de Winter, A. F., Bocca-Tjeertes, I. F., Bos, A. F., Reijneveld, S. A., Risk of developmental delay increases exponentially as gestational age of preterm infants decreases: a cohort study at age 4 years, Developmental Medicine & Child Neurology, 54, 1096-101, 2012	Same outcome for the same cohort already reported in another publication. Prevalence estimates by GA week not reported numerically.

Study	Reason for Exclusion
Kerstjens, J., Winter de, A. F., Sollie, K. M., Potijk, M. R., BoccaTjeertes, I. F., Reijneveld, S. A., Bos Lollipop, A. F., Antenatal factors associated with developmental delay in moderately preterm-born children, results of a cohort study, Archives of Disease in Childhood, 97, A96, 2012	Conference abstract.
Kerstjens,J.M., Bocca-Tjeertes,I.F., de Winter,A.F., Reijneveld,S.A., Bos,A.F., Neonatal morbidities and developmental delay in moderately preterm-born children, Pediatrics, 130, e265-e272, 2012	Data already reported by other publications that are included in the review.
Kiechl-Kohlendorfer, U., Merkle, U., Deufert, D., Neubauer, V., Peglow, U. P., Griesmaier, E., Effect of developmental care for very premature infants on neurodevelopmental outcome at 2 years of age, Infant Behavior & Development, 39, 166-72, 2015	Compared two interventions, not relevant.
Kiechl-Kohlendorfer, U., Ralser, E., Pupp Peglow, U., Pehboeck-Walser, N., Fussenegger, B., Early risk predictors for impaired numerical skills in 5-year-old children born before 32 weeks of gestation, Acta Paediatrica, 102, 66-71, 2013	Outcomes not of interest
Kiechl-Kohlendorfer, U., Ralser, E., Pupp Peglow, U., Reiter, G., Griesmaier, E., Trawoger, R., Smoking in pregnancy: a risk factor for adverse neurodevelopmental outcome in preterm infants?, Acta Paediatrica, 99, 1016-9, 2010	Not population-based, only ICU patients.
Kiechl-Kohlendorfer, U., Ralser, E., Pupp Peglow, U., Reiter, G., Trawoger, R., Adverse neurodevelopmental outcome in preterm infants: risk factor profiles for different gestational ages, Acta Paediatrica, 98, 792-6, 2009	Not population-based, only ICU patients.
Knuijt, S., Sondaar, M., De Kleine, M. J. K., Kollee, L. A. A., Validation of a Dutch language screening instrument for 5-year-old preterm infants, Acta Paediatrica, International Journal of Paediatrics, 93, 1372-1377, 2004	Single-centre study.
Korja, R., Savonlahti, E., Ahlqvist-Bjorkroth, S., Stolt, S., Haataja, L., Lapinleimu, H., Piha, J., Lehtonen, L., Ekblad, S., Ekholm, E., Kero, P., Kujari, H., Manninen, H., Matomaki, J., Maunu, J., Munck, P., Niemi, P., Palo, P., Parkkola, R., Pihlgren, A., Rautava, P., Reiman, M., Rikalainen, H., Saarinen, K., Sillanpaa, M., Tuomikoski-Koiranen, P., Aarimaa, T., Maternal depression is associated with mother-infant interaction in preterm infants, Acta Paediatrica, International Journal of Paediatrics, 97, 724-730, 2008	Single-centre study. no relevant outcome.
Lahat, A., Van Lieshout, R. J., Saigal, S., Boyle, M. H., Schmidt, L. A., Small for gestational age and poor fluid intelligence in childhood predict externalizing behaviors among young adults	Participants born between 1977 and 1982.

Study	Reason for Exclusion
born at extremely low birth weight, Development & Psychopathology, 27, 181-8, 2015	
Lando, A., Klamer, A., Jonsbo, F., Weiss, J., Greisen, G., Developmental delay at 12 months in children born extremely preterm, Acta Paediatrica, 94, 1604-7, 2005	Single-centre study, small sample, no prevalence estimates.
Largo, R. H., Molinari, L., von Siebenthal, K., Wolfensberger, U., Development of bladder and bowel control: significance of prematurity, perinatal risk factors, psychomotor development and gender, European Journal of Pediatrics, 158, 115-22, 1999	Children born before 1990.
Larroque, B., Ancel, P. Y., Marret, S., Marchand, L., Andre, M., Arnaud, C., Pierrat, V., Roze, J. C., Messer, J., Thiriez, G., Burguet, A., Picaud, J. C., Breart, G., Kaminski, M., Epipage Study group, Neurodevelopmental disabilities and special care of 5-year-old children born before 33 weeks of gestation (the EPIPAGE study): a longitudinal cohort study, Lancet, 371, 813-20, 2008	No outcome of interest, looks at CP, vision, severe auditory deficit, MPC (IQ) and composite outcome.
Lau, C., Alagugurusamy, R., Schanler, R. J., Smith, E. O., Shulman, R. J., Characterization of the developmental stages of sucking in preterm infants during bottle feeding, Acta Paediatrica, 89, 846-52, 2000	Study on bottle-feeding, not relevant. Single-centre study.
Le Bihannic, A., Beauvais, K., Busnel, A., de Barace, C., Furby, A., Prognostic value of EEG in very premature newborns, Archives of Disease in Childhood Fetal & Neonatal Edition, 97, F106-9, 2012	Retrospective single-centre study.
Lee, J. Y., Ahn, T. G., Jun, J. K., Short-Term and Long-Term Postnatal Outcomes of Expectant Management After Previable Preterm Premature Rupture of Membranes With and Without Persistent Oligohydramnios, Obstetrics & Gynecology, 126, 947-53, 2015	Retrospective study from South Korea.
Leijon, I., Ingemansson, F., Nelson, N., Wadsby, M., Samuelsson, S., Reading deficits in very low birthweight children are associated with vocabulary and attention issues at the age of seven, Acta Paediatrica, International Journal of Paediatrics, 105, 60-68, 2016	No data for prevalence
Lester, B. M., Hawes, K., Abar, B., Sullivan, M., Miller, R., Bigsby, R., Laptook, A., Salisbury, A., Taub, M., Lagasse, L. L., Padbury, J. F., Single-family room care and neurobehavioral and medical outcomes in preterm infants, Pediatrics, 134, 754-60, 2014	Single centre study
Lester,B.M., Tronick,E.Z., LaGasse,L., Seifer,R., Bauer,C.R., Shankaran,S., Bada,H.S., Wright,L.L., Smeriglio,V.L., Lu,J., Finnegan,L.P., Maza,P.L., The maternal lifestyle study: effects of substance exposure during pregnancy on neurodevelopmental outcome in 1-month-old infants, Pediatrics, 110, 1182-1192, 2002	Unclear reporting of preterm group

Study	Reason for Exclusion
Leversen,K.T., Sommerfelt,K., Elgen,I.B., Eide,G.E., Irgens,L.M., Juliusson,P.B., Markestad,T., Prediction of outcome at 5 years from assessments at 2 years among extremely preterm children: a Norwegian national cohort study, Acta Paediatrica, 101, 264-270, 2012	No relevant outcome for the prevalence of problems review, already included in the prevalence of disorders review.
Limperopoulos, C., Soul, J. S., Gauvreau, K., Huppi, P. S., Warfield, S. K., Bassan, H., Robertson, R. L., Volpe, J. J., du Plessis, A. J., Late gestation cerebellar growth is rapid and impeded by premature birth, Pediatrics, 115, 688-695, 2005	Neurodevelopment outcome referred to abnormal cerebellar growth
Limperopoulos,C., Bassan,H., Sullivan,N.R., Soul,J.S., Robertson,R.L.,Jr., Moore,M., Ringer,S.A., Volpe,J.J., du Plessis,A.J., Positive screening for autism in ex-preterm infants: prevalence and risk factors, Pediatrics, 121, 758-765, 2008	Single centre study
Lundqvist-Persson, C., Lau, G., Nordin, P., Bona, E., Sabel, K. G., Preterm infants' early developmental status is associated with later developmental outcome, Acta Paediatrica, 101, 172-8, 2012	Single-centre study, small sample.
Luyster, R. J., Kuban, K. C. K., O'Shea, T. M., Paneth, N., Allred, E. N., Levitone, A., The Modified Checklist for Autism in Toddlers in extremely low gestational age newborns: Individual items associated with motor, cognitive, vision and hearing limitations, Paediatric and Perinatal Epidemiology, 25, 366-376, 2011	Multicentre study, outcome reported as association of BRS and PDI
Marin Gabriel, M. A., Pallas Alonso, C. R., De La Cruz Bertolo, J., Caserio Carbonero, S., Lopez Maestro, M., Moral Pumarega, M., Alonso Diaz, C., Lora Pablos, D., Age of sitting unsupported and independent walking in very low birth weight preterm infants with normal motor development at 2 years, Acta Paediatrica, 98, 1815-21, 2009	Single-centre study, no relevant outcomes.
Marlow, N., Wolke, D., Bracewell, M. A., Samara, M., E. PICure Study Group, Neurologic and developmental disability at six years of age after extremely preterm birth, New England Journal of Medicine, 352, 9-19, 2005	Outcomes not of interest
Marret, S., Marchand, L., Kaminski, M., Larroque, B., Arnaud, C., Truffert, P., Thirez, G., Fresson, J., Roze, J. C., Ancel, P. Y., Prenatal low-dose aspirin and neurobehavioral outcomes of children born very preterm, Pediatrics, 125, e29-e34, 2010	Population subgrouped according to aspirin treatment
Martin,C.R., Dammann,O., Allred,E.N., Patel,S., O'Shea,T.M., Kuban,K.C., Leviton,A., Neurodevelopment of extremely preterm infants who had necrotizing enterocolitis with or without late bacteremia, Journal of Pediatrics, 157, 751-756, 2010	Not population-based multi-centre study.
McGowan, J. E., Alderdice, F. A., Doran, J., Holmes, V. A., Jenkins, J., Craig, S., Johnston,	No prevalence estimates provided, only mean scores.

Study	Reason for Exclusion
L., Impact of neonatal intensive care on late preterm infants: developmental outcomes at 3 years, Pediatrics, 130, e1105-12, 2012	
Medoff Cooper, B., Holditch-Davis, D., Verklan, M. T., Fraser-Askin, D., Lamp, J., Santa-Donato, A., Onokpise, B., Soeken, K. L., Bingham, D., Newborn clinical outcomes of the AWHONN late preterm infant research-based practice project, JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing, 41, 774-85, 2012	Outcome *e.g. feeding difficulty(assessed as neonates while in the neonatal unit.
Meher, S., Hernandez-Andrade, E., Basheer, S. N., Lees, C., Impact of cerebral redistribution on neurodevelopmental outcome in small-for-gestational-age or growth-restricted babies: a systematic review, Ultrasound in Obstetrics & Gynecology, 46, 398-404, 2015	Outcomes not of interest
Mikkola,K., Ritari,N., Tommiska,V., Salokorpi,T., Lehtonen,L., Tammela,O., Paakkonen,L., Olsen,P., Korkman,M., Fellman,V., Neurodevelopmental outcome at 5 years of age of a national cohort of extremely low birth weight infants who were born in 1996-1997, Pediatrics, 116, 1391-1400, 2005	Outcomes not of interest
Montirosso, R., Del Prete, A., Bellu, R., Tronick, E., Borgatti, R., Neonatal Adequate Care for Quality of Life Study, Group, Level of NICU quality of developmental care and neurobehavioral performance in very preterm infants, Pediatrics, 129, e1129-37, 2012	The study did not report birth year of infants included, they just reported that infants were recruited to the study.
Moore, T., Johnson, S., Marlow, N., Screening for autism in extremely preterm infants: Potential pitfalls, Archives of disease in childhood, 95, A5-A6, 2010	Conference abstract.
Moore,T., Hennessy,E.M., Myles,J., Johnson,S.J., Draper,E.S., Costeloe,K.L., Marlow,N., Neurological and developmental outcome in extremely preterm children born in England in 1995 and 2006: the EPICure studies, BMJ, 345, e7961-, 2012	No relevant outcomes, included in the disorders review.
Morton, W., Davidson, A., Doyle, L., Inder, T., Anderson, P., Hunt, R., Neurodevelopmental outcome at seven years of age following neonatal anaesthesia in very preterm infants, Anaesthesia, 69, 37, 2014	Conference abstract.
Mossabeb, R., Wade, K. C., Finnegan, K., Sivieri, E., Abbasi, S., Language development survey provides a useful screening tool for language delay in preterm infants, Clinical Pediatrics, 51, 638-44, 2012	Single-centre study.
Mulder, H., Pitchford, N. J., Hagger, M. S., Marlow, N., Development of executive function and attention in preterm children: a systematic review, Developmental Neuropsychology, 34, 393-421, 2009	Checked individual studies for inclusion
Mura, T., Picaud, J. C., Larroque, B., Galtier, F., Marret, S., Roze, J. C., Truffert, P., Kuhn, P., Fresson, J., Thiriez, G., Arnaud, C., Mercier, G.,	No outcome of interest.

Study	Reason for Exclusion
Picot, M. C., Ancel, P. Y., Ledesert, B., Etude Epidemiologique sur les Petits Ages Gestationnels Study, Group, Cognitive impairment at age 5 years in very preterm infants born following premature rupture of membranes, Journal of Pediatrics, 163, 435-40, 2013	
Murray, A. L., Scratch, S. E., Thompson, D. K., Inder, T. E., Doyle, L. W., Anderson, J. F., Anderson, P. J., Neonatal brain pathology predicts adverse attention and processing speed outcomes in very preterm and/or very low birth weight children, Neuropsychology, 28, 552-62, 2014	Single-centre study
Nam, K. W., Castellanos, N., Simmons, A., Froudist-Walsh, S., Allin, M. P., Walshe, M., Murray, R. M., Evans, A., Muehlboeck, J. S., Nosarti, C., Alterations in cortical thickness development in preterm-born individuals: Implications for high-order cognitive functions, NeuroImage, 115, 64-75, 2015	Children born before 1990
Nasef, N., Shabaan, A., Schurr, P., Iaboni, D., Choudhury, J., Church, P., Dunn, M. S., Effect of clinical and histological chorioamnionitis on the outcome of preterm infants, American Journal of Perinatology, 30, 59-68, 2013	Single-centre study on the relationship between chorioamnionitis and neurodevelopmental outcomes. Not relevant.
Nepomnyaschy, L., Hegyi, T., Ostfeld, B. M., Reichman, N. E., Developmental outcomes of late-preterm infants at 2 and 4 years, Maternal & Child Health Journal, 16, 1612-24, 2012	Does not report exact sample size, thus, not possible to calculate 95% CI for the prevalence.
Neubauer, V., Griesmaier, E., Pehbock-Walser, N., Pupp-Peglow, U., Kiechl-Kohlendorfer, U., Poor postnatal head growth in very preterm infants is associated with impaired neurodevelopment outcome, Acta Paediatrica, 102, 883-8, 2013	Studies the relationship between head growth and neurodevelopmental outcomes. Not relevant.
Ni, T. L., Huang, C. C., Guo, N. W., Executive function deficit in preschool children born very low birth weight with normal early development, Early Human Development, 87, 137-141, 2011	Study does not provide proportions for the tests, but gives only the number who were VLBW
Nieuwenhuis, T., Verhagen, E. A., Bos, A. F., van Dijk, M. W. G., Children born preterm and full term have similar rates of feeding problems at three years of age, Acta Paediatrica, International Journal of Paediatrics, 105, 452-457, 2016	Sample size was less than 50
Nosarti, C., Giouroukou, E., Healy, E., Rifkin, L., Walshe, M., Reichenberg, A., Chitnis, X., Williams, S. C., Murray, R. M., Grey and white matter distribution in very preterm adolescents mediates neurodevelopmental outcome, Brain, 131, 205-17, 2008	Single-centre study, participants born before 1990.
Odd,D.E., Lingam,R., Emond,A., Whitelaw,A., Movement outcomes of infants born moderate and late preterm, Acta Paediatrica, 102, 876-882, 2013	Does not have prevalence for outcomes of interest.

Study	Reason for Exclusion
Olischar,M., Waldhor,T., Berger,A., Fuiko,R., Weninger,M., Klebermass-Schrehof,K., Amplitude-integrated electroencephalography in male newborns <30 weeks' of gestation and unfavourable neurodevelopmental outcome at three years is less mature when compared to females, Acta Paediatrica, 102, e443-e448, 2013	Single-centre study, no relevant prevalence estimates.
Omizzolo, C., Scratch, S. E., Stargatt, R., Kidokoro, H., Thompson, D. K., Lee, K. J., Cheong, J., Neil, J., Inder, T. E., Doyle, L. W., Anderson, P. J., Neonatal brain abnormalities and memory and learning outcomes at 7 years in children born very preterm, Memory, 22, 605-15, 2014	Single centre study
Orcesi, S., Olivieri, I., Longo, S., Perotti, G., La Piana, R., Tinelli, C., Spinillo, A., Balottin, U., Stronati, M., Neurodevelopmental outcome of preterm very low birth weight infants born from 2005 to 2007, European Journal of Paediatric Neurology, 16, 716-23, 2012	Single centre study
Osborn,D.A., Evans,N., Kluckow,M., Bowen,J.R., Rieger,I., Low superior vena cava flow and effect of inotropes on neurodevelopment to 3 years in preterm infants, Pediatrics, 120, 372-380, 2007	Follow up of RCT
O'Shea, T. M., Allred, E. N., Kuban, K. C., Hirtz, D., Specter, B., Durfee, S., Paneth, N., Leviton, A., Elgan Study Investigators, Intraventricular hemorrhage and developmental outcomes at 24 months of age in extremely preterm infants, Journal of Child Neurology, 27, 22-9, 2012	Population was divided into IVH and no IVH groups
O'Shea, T. M., Joseph, R. M., Kuban, K. C. K., Allred, E. N., Ware, J., Coster, T., Fichorova, R. N., Dammann, O., Leviton, A., Elevated blood levels of inflammation-related proteins are associated with an attention problem at age 24 mo in extremely preterm infants, Pediatric Research, 75, 781-787, 2014	Multicentre study
O'Shea, T. M., Kuban, K. C., Allred, E. N., Paneth, N., Pagano, M., Dammann, O., Bostic, L., Brooklier, K., Butler, S., Goldstein, D. J., Hounshell, G., Keller, C., McQuiston, S., Miller, A., Pasternak, S., Plesha-Troyke, S., Price, J., Romano, E., Solomon, K. M., Jacobson, A., Westra, S., Leviton, A., Extremely Low Gestational Age Newborns Study, Investigators, Neonatal cranial ultrasound lesions and developmental delays at 2 years of age among extremely low gestational age children, Pediatrics, 122, e662-9, 2008	Not population-based multi-centre study.
O'Shea, T. M., Shah, B., Allred, E. N., Fichorova, R. N., Kuban, K. C., Dammann, O., Leviton, A., Elgan Study Investigators, Inflammation-initiating illnesses, inflammation-related proteins, and cognitive impairment in extremely preterm infants, Brain, Behavior, & Immunity, 29, 104-12, 2013	Study looks at the relationship between inflammation-related proteins and cognitive impairment, not relevant.

Study	Reason for Exclusion
Patkai, J., Schmitz, T., Anselem, O., Mokbat, S., Jarreau, P. H., Goffinet, F., Azria, E., Neonatal and two-year outcomes after rupture of membranes before 25 weeks of gestation, European Journal of Obstetrics, Gynecology, & Reproductive Biology, 166, 145-50, 2013	Retrospective study
Petrie Thomas, J. H., Whitfield, M. F., Oberlander, T. F., Synnes, A. R., Grunau, R. E., Focused attention, heart rate deceleration, and cognitive development in preterm and full-term infants, Developmental Psychobiology, 54, 383-400, 2012	Single-centre study, small sample.
Petrini,J.R., Dias,T., McCormick,M.C., Massolo,M.L., Green,N.S., Escobar,G.J., Increased risk of adverse neurological development for late preterm infants, Journal of Pediatrics, 154, 169-176, 2009	Retrospective study
Petrou, S., Johnson, S., Wolke, D., Marlow, N., The association between neurodevelopmental disability and economic outcomes during mid-childhood, Child: Care, Health & Development, 39, 345-57, 2013	Looks at economic outcomes, not relevant. Relevant outcomes for a larger cohort within the EPICure study reported in other papers.
Phadke, A., Msall, M. E., Droste, P., Allred, E. N., O'Shea, T. M., Kuban, K., Dammann, O., Leviton, A., Elgan Study Investigators, Impaired visual fixation at the age of 2 years in children born before the twenty-eighth week of gestation. Antecedents and correlates in the multicenter ELGAN study, Pediatric Neurology, 51, 36-42, 2014	Populatin was divided into those who had visual fixation vs no visual fixation
Pickler, R. H., Chiaranai, C., Reyna, B. A., Relationship of the first suck burst to feeding outcomes in preterm infants, Journal of Perinatal & Neonatal Nursing, 20, 157-62, 2006	Birth year of children not reported
Pitcher, J. B., Riley, A. M., Doeltgen, S. H., Kurylowicz, L., Rothwell, J. C., McAllister, S. M., Smith, A. E., Clow, A., Kennaway, D. J., Ridding, M. C., Physiological evidence consistent with reduced neuroplasticity in human adolescents born preterm, Journal of Neuroscience, 32, 1640-16416, 2012	Number of children in the study was <50
Pontello, D., Ianni, A., Driul, L., Della Martina, M., Veronese, P., Chiandotto, V., Furlan, R., Macagno, F., Marchesoni, D., Prenatal risk factors for intraventricular hemorrahage, neonatal death and impaired psychomotor development in very low birth weight infants, Minerva Ginecologica, 60, 223-229, 2008	Single centre; retrospective study
Potharst, E. S., Schuengel, C., Last, B. F., Van Wassenaer, A. G., Kok, J. H., Houtzager, B. A., Difference in mother-child interaction between preterm- and term-born preschoolers with and without disabilities, Acta Paediatrica, International Journal of Paediatrics, 101, 597-603, 2012	No prevalence estimates provided, no relevant outcome.
Potharst, E. S., van Wassenaer, A. G., Houtzager, B. A., van Hus, J. W., Last, B. F.,	Single centre study

Study	Reason for Exclusion
Kok, J. H., High incidence of multi-domain disabilities in very preterm children at five years of age, Journal of Pediatrics, 159, 79-85, 2011	
Potharst, E. S., Van Wassenaer-Leemhuis, A. G., Houtzager, B. A., Livesey, D., Kok, J. H., Last, B. F., Oosterlaan, J., Perinatal risk factors for neurocognitive impairments in preschool children born very preterm, Developmental Medicine and Child Neurology, 55, 178-184, 2013	Single-centre study.
Potijk, M. R., de Winter, A. F., Bos, A. F., Kerstjens, J. M., Reijneveld, S. A., Behavioural and emotional problems in moderately preterm children with low socioeconomic status: a population-based study, European Child & Adolescent Psychiatry, 24, 787-95, 2015	No prevalence estimates for all preterm, only according to SES group.
Poulsen, G., Wolke, D., Kurinczuk, J. J., Boyle, E. M., Field, D., Alfirevic, Z., Quigley, M. A., Gestational age and cognitive ability in early childhood: a population-based cohort study, Paediatric and Perinatal Epidemiology, 27, 371-9, 2013	Outcomes not of interest
Pugliese, M., Rossi, C., Guidotti, I., Gallo, C., Della Casa, E., Bertoncelli, N., Coccolini, E., Ferrari, F., Preterm birth and developmental problems in infancy and preschool age Part II: cognitive, neuropsychological and behavioural outcomes, Journal of Maternal-Fetal & Neonatal Medicine, 26, 1653-7, 2013	Checked individual studies
Raffier, L., Dupuy, R. P., Souksi-Medioni, I., Daude, H., Fate at 2 years of children with risk of developmental disorders followed by the network Grandir En Languedoc Roussillon: Effect of isolated or associated motor development disorders, Annals of Physical and Rehabilitation Medicine, 58, e146, 2015	Conference abstract.
Rahkonen, P., Heinonen, K., Pesonen, A. K., Lano, A., Autti, T., Puosi, R., Huhtala, E., Andersson, S., Metsaranta, M., Raikkonen, K., Mother-child interaction is associated with neurocognitive outcome in extremely low gestational age children, Scandinavian Journal of Psychology, 55, 311-8, 2014	Single-centre study, small sample.
Ranke, M. B., Vollmer, B., Traunecker, R., Wollmann, H. A., Goelz, R. R., Seibold-Weiger, K., Speer, C. P., Krageloh-Mann, I., Growth and development are similar in VLBW children born appropriate and small for gestational age: an interim report on 97 preschool children, Journal of Pediatric Endocrinology, 20, 1017-26, 2007	Single centre study
Reidy, N., Morgan, A., Thompson, D. K., Inder, T. E., Doyle, L. W., Anderson, P. J., Impaired language abilities and white matter abnormalities in children born very preterm and/or very low birth weight, Journal of Pediatrics, 162, 719-24, 2013	Single-centre study

Study	Reason for Exclusion
Resch, B., Resch, E., Maurer-Fellbaum, U., Pichler-Stachl, E., Riccabona, M., Hofer, N., Urlesberger, B., The whole spectrum of cystic periventricular leukomalacia of the preterm infant: results from a large consecutive case series, Child's Nervous System, 31, 1527-1532, 2015	Retrospective single-centre study.
Reuner, G., Hassenpflug, A., Pietz, J., Philippi, H., Long-term development of low-risk low birth weight preterm born infants: Neurodevelopmental aspects from childhood to late adolescence, Early Human Development, 85, 409-413, 2009	Children born before 1990.
Reynolds, L. C., Inder, T. E., Neil, J. J., Pineda, R. G., Rogers, C. E., Maternal obesity and increased risk for autism and developmental delay among very preterm infants, Journal of Perinatology, 34, 688-92, 2014	Single centre study
Reynolds, V., Meldrum, S., Simmer, K., Vijayasekaran, S., French, N., Voice problems in school-aged children following very preterm birth, Archives of Disease in Childhood, 101, 556-560, 2016	Single centre study.
Ricci, D., Romeo, D. M., Haataja, L., van Haastert, I. C., Cesarini, L., Maunu, J., Pane, M., Gallini, F., Luciano, R., Romagnoli, C., de Vries, L. S., Cowan, F. M., Mercuri, E., Neurological examination of preterm infants at term equivalent age, Early Human Development, 84, 751-61, 2008	Multicentre but not population based
Roberts, G., Anderson, P. J., Davis, N., De Luca, C., Cheong, J., Doyle, L. W., Developmental coordination disorder in geographic cohorts of 8-year-old children born extremely preterm or extremely low birthweight in the 1990s, Developmental medicine and child neurology, 53, 55-60, 2011	No relevant outcome for this review, included in the disorders review.
Roberts, G., Anderson, P. J., De Luca, C., Doyle, L. W., Victorian Infant Collaborative Study, Group, Changes in neurodevelopmental outcome at age eight in geographic cohorts of children born at 22-27 weeks' gestational age during the 1990s, Archives of Disease in Childhood Fetal & Neonatal Edition, 95, F90-4, 2010	No relevant outcome for this review.
Roberts, G., Anderson, P. J., Doyle, L. W., Victorian Infant Collaborative Study, Group, The stability of the diagnosis of developmental disability between ages 2 and 8 in a geographic cohort of very preterm children born in 1997, Archives of disease in childhood, 95, 786-90, 2010	No relevant outcome.
Roberts, G., Howard, K., Spittle, A. J., Brown, N. C., Anderson, P. J., Doyle, L. W., Rates of early intervention services in very preterm children with developmental disabilities at age 2 years,	Outcomes not of interest

Study	Reason for Exclusion
Journal of Paediatrics and Child Health, 44, 276-280, 2008	
Roberts, G., Lim, J., Doyle, L. W., Anderson, P. J., High rates of school readiness difficulties at 5 years of age in very preterm infants compared with term controls, Journal of Developmental & Behavioral Pediatrics, 32, 117-24, 2011	Single-centre study
Robinson, M., Whitehouse, A. J., Zubrick, S. R., Pennell, C. E., Jacoby, P., McLean, N. J., Oddy, W. H., Hammond, G., Stanley, F. J., Newnham, J. P., Delivery at 37 weeks' gestation is associated with a higher risk for child behavioural problems, Australian & New Zealand Journal of Obstetrics & Gynaecology, 53, 143-51, 2013	Children born between 1989-1991
Rodrigues, A. N., Bajuk, B., Oei, J., Lui, K., Abdel-Latif, M. E., Neurodevelopmental outcome of extremely preterm infants born to rural and urban residents' mothers in Australia, Early human development, 91, 437-443, 2015	Retrospective analysis; measurement tools used were diagnostic
Romeo, D. M., Ricci, D., Brogna, C., Cilauro, S., Lombardo, M. E., Romeo, M. G., Mercuri, E., Neurological examination of late-preterm infants at term age, European Journal of Paediatric Neurology, 15, 353-60, 2011	Single centre study
Rose, J., Cahill-Rowley, K., Vassar, R., Yeom, K. W., Stecher, X., Stevenson, D. K., Hintz, S. R., Barnea-Goraly, N., Neonatal brain microstructure correlates of neurodevelopment and gait in preterm children 18-22 mo of age: an MRI and DTI study, Pediatric Research, 78, 700-8, 2015	No data for prevalence
Rose,J., Butler,E.E., Lamont,L.E., Barnes,P.D., Atlas,S.W., Stevenson,D.K., Neonatal brain structure on MRI and diffusion tensor imaging, sex, and neurodevelopment in very-low-birthweight preterm children, Developmental Medicine and Child Neurology, 51, 526-535, 2009	Single-centre study, no relevant prevalence rates.
Rosen, C. L., Larkin, E. K., Kirchner, H. L., Emancipator, J. L., Bivins, S. F., Surovec, S. A., Martin, R. J., Redline, S., Prevalence and risk factors for sleep-disordered breathing in 8- to 11-year-old children: association with race and prematurity, Journal of Pediatrics, 142, 383-9, 2003	Children were born between 1988-1993, no stratification of birth year
Rosen, C. L., Storfer-Isser, A., Gerry Taylor, H., Lester Kirchner, H., Emancipator, J. L., Redline, S., Increased behavioral morbidity in school-aged children with sleep-disordered breathing, Pediatrics, 114, 1640-1648, 2004	Population born between 1988-1993; no stratification by birth year; single centre study
Rothman, A. L., Tran-Viet, D., Gustafson, K. E., Goldstein, R. F., Maguire, M. G., Tai, V., Sarin, N., Tong, A. Y., Huang, J., Kupper, L., Cotten, C. M., Freedman, S. F., Toth, C. A., Poorer neurodevelopmental outcomes associated with cystoid macular edema identified in preterm	Single centre study

Study	Reason for Exclusion
infants in the intensive care nursery, Ophthalmology, 122, 610-9, 2015	
Rovira, N., Alarcon, A., Iriondo, M., Ibanez, M., Poo, P., Cusi, V., Agut, T., Pertierra, A., Krauel, X., Impact of histological chorioamnionitis, funisitis and clinical chorioamnionitis on neurodevelopmental outcome of preterm infants, Early Human Development, 87, 253-7, 2011	Single centre study
Salas,A.A., Faye-Petersen,O.M., Sims,B., Peralta-Carcelen,M., Reilly,S.D., McGwin,G.,Jr., Carlo,W.A., Ambalavanan,N., Histological characteristics of the fetal inflammatory response associated with neurodevelopmental impairment and death in extremely preterm infants, Journal of Pediatrics, 163, 652-657, 2013	Retrospective study
Samra, H. A., McGrath, J. M., Wehbe, M., An integrated review of developmental outcomes and late-preterm birth, JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing, 40, 399-411, 2011	No relevant individual studies for prevalence of problems
Sansavini, A., Guarini, A., Alessandroni, R., Faldella, G., Giovanelli, G., Salvioli, G., Early relations between lexical and grammatical development in very immature Italian preterms, Journal of Child Language, 33, 199-216, 2006	Single centre study
Sansavini, A., Guarini, A., Justice, L. M., Savini, S., Broccoli, S., Alessandroni, R., Faldella, G., Does preterm birth increase a child's risk for language impairment?, Early Human Development, 86, 765-772, 2010	Single centre study.
Sansavini, A., Guarini, A., Savini, S., Broccoli, S., Justice, L., Alessandroni, R., Faldella, G., Longitudinal trajectories of gestural and linguistic abilities in very preterm infants in the second year of life, Neuropsychologia, 49, 3677-88, 2011	Single centre study
Schirmer, C. R., Portuguez, M. W., Nunes, M. L., Clinical assessment of language development in children at age 3 years that were born preterm, Arquivos de Neuro-Psiquiatria, 64, 926-31, 2006	Conducted in Brazil.
Schlapbach, L. J., Adams, M., Proietti, E., Aebischer, M., Grunt, S., Borradori-Tolsa, C., Bickle-Graz, M., Bucher, H. U., Latal, B., Natalucci, G., Swiss Neonatal, Network, Follow-up, Group, Outcome at two years of age in a Swiss national cohort of extremely preterm infants born between 2000 and 2008, BMC Pediatrics, 12, 198, 2012	No relevant outcome.
Schonhaut, L., Armijo, I., Schonstedt, M., Alvarez, J., Cordero, M., Validity of the ages and stages questionnaires in term and preterm infants, Pediatrics, 131, e1468-74, 2013	The study did not report the birth year of the infants included.
Serenius, F., Blennow, M., Marsal, K., Sjors, G., Kallen, K., Express Study Group, Intensity of perinatal care for extremely preterm infants:	Outcome reported as NDI composite

Study	Reason for Exclusion
outcomes at 2.5 years, Pediatrics, 135, e1163-72, 2015	
Serenius, F., Kallen, K., Blennow, M., Ewald, U., Fellman, V., Holmstrom, G., Lindberg, E., Lundqvist, P., Marsal, K., Norman, M., Olhager, E., Stigson, L., Stjernqvist, K., Vollmer, B., Stromberg, B., Express Group, Neurodevelopmental outcome in extremely preterm infants at 2.5 years after active perinatal care in Sweden, JAMA, 309, 1810-20, 2013	No outcomes of interest for this review. Included in the prevalence of disorders review.
Seubert,D.E., Stetzer,B.P., Wolfe,H.M., Treadwell,M.C., Delivery of the marginally preterm infant: what are the minor morbidities?, American Journal of Obstetrics and Gynecology, 181, 1087-1091, 1999	Retrospective single-centre study.
Shah, D. K., Doyle, L. W., Anderson, P. J., Bear, M., Daley, A. J., Hunt, R. W., Inder, T. E., Adverse neurodevelopment in preterm infants with postnatal sepsis or necrotizing enterocolitis is mediated by white matter abnormalities on magnetic resonance imaging at term, Journal of Pediatrics, 153, 170-5, 175.e1, 2008	Single centre study
Shah, P. S., Sankaran, K., Aziz, K., Allen, A. C., Seshia, M., Ohlsson, A., Lee, S. K., Canadian Neonatal, Network, Outcomes of preterm infants <29 weeks gestation over 10-year period in Canada: a cause for concern?, Journal of Perinatology, 32, 132-8, 2012	Outcomes not of interest
Shah, P., Kaciroti, N., Richards, B., Oh, W., Lumeng, J. C., Developmental Outcomes of Late Preterm Infants From Infancy to Kindergarten, Pediatrics, 138, 2016	No relevant data.
Shand,A.W., Hornbuckle,J., Nathan,E., Dickinson,J.E., French,N.P., Small for gestational age preterm infants and relationship of abnormal umbilical artery Doppler blood flow to perinatal mortality and neurodevelopmental outcomes, Australian and New Zealand Journal of Obstetrics and Gynaecology, 49, 52-58, 2009	Retrospective study
Sherlock, R. L., Anderson, P. J., Doyle, L. W., Anderson, P., Callanan, C., Carse, E., Casalaz, D., Charlton, M. P., Davis, N., Duff, J., Ford, G., Fraser, S., Hayes, M., Kaimakamis, M., Kelly, E., Opie, G., Sherlock, R., Watkins, A., Woods, H., Yu, V., Neurodevelopmental sequelae of intraventricular haemorrhage at 8 years of age in a regional cohort of ELBW/very preterm infants, Early Human Development, 81, 909-916, 2005	Outcome reported according to IVH grade
Short, E. J., Kirchner, H. L., Asaad, G. R., Fulton, S. E., Lewis, B. A., Klein, N., Eisengart, S., Baley, J., Kercsmar, C., Min, M. O., Singer, L. T., Developmental sequelae in preterm infants having a diagnosis of bronchopulmonary dysplasia: analysis using a severity-based classification system, Archives of Pediatrics & Adolescent Medicine, 161, 1082-7, 2007	All participants with a history of bronchopulmonary dysplasia. Also, participants born between 1989-1991.

Study	Reason for Exclusion
Silverstein, M., Feinberg, E., Young, R., Sauder, S., Maternal depression, perceptions of children's social aptitude and reported activity restriction among former very low birthweight infants, Archives of disease in childhood, 95, 521-525, 2010	No relevant outcome.
Singer, L. T., Hawkins, S., Huang, J., Davillier, M., Baley, J., Developmental outcomes and environmental correlates of very low birthweight, cocaine-exposed infants, Early Human Development, 64, 91-103, 2001	Compared cocaine-exposed children to non-cocaine-exposed children.
Slopen, M. E., Pfeiffer, M. R., McVeigh, K. H., Lipkind, H. S., School-age outcomes of late preterm infants, American Journal of Obstetrics and Gynecology, 204 (1 SUPPL.), S37-S38, 2011	Conference abstract; insufficient data
Smith, L. J., van Asperen, P. P., McKay, K. O., Selvadurai, H., Fitzgerald, D. A., Reduced exercise capacity in children born very preterm, Pediatrics, 122, e287-93, 2008	Single centre study
Soraisham,A.S., Sauve,R., Singhal,N., Indomethacin tocolysis and neurodevelopmental outcome, Indian Journal of Pediatrics, 78, 946-952, 2011	Retrospective study
Soraisham,A.S., Trevenen,C., Wood,S., Singhal,N., Sauve,R., Histological chorioamnionitis and neurodevelopmental outcome in preterm infants, Journal of Perinatology, 33, 70-75, 2013	Retrospective study
Spencer, M. D., Moorhead, T. W., Gibson, R. J., McIntosh, A. M., Sussmann, J. E., Owens, D. G., Lawrie, S. M., Johnstone, E. C., Low birthweight and preterm birth in young people with special educational needs: a magnetic resonance imaging analysis, BMC Medicine, 6, 1, 2008	Not a relevant population, 13-22 years, not preterms, all receiving additional learning support.
Spencer-Smith, M. M., Spittle, A. J., Lee, K. J., Doyle, L. W., Anderson, P. J., Bayley-III cognitive and language scales in preterm children, Pediatrics, 135, e1258-e1265, 2015	Follow up of RCT
Spinillo, A., Viazzo, F., Colleoni, R., Chiara, A., Maria Cerbo, R., Fazzi, E., Two-year infant neurodevelopmental outcome after single or multiple antenatal courses of corticosteroids to prevent complications of prematurity, American Journal of Obstetrics & Gynecology, 191, 217-24, 2004	Neurodevelopmental outcomes in relation to antenatal steroid exposure, not relevant.
Spinillo,A., Montanari,L., Gardella,B., Roccio,M., Stronati,M., Fazzi,E., Infant sex, obstetric risk factors, and 2-year neurodevelopmental outcome among preterm infants, Developmental Medicine and Child Neurology, 51, 518-525, 2009	No relevant outcome, single-centre.
Spittle,A.J., Spencer-Smith,M.M., Cheong,J.L., Eeles,A.L., Lee,K.J., Anderson,P.J., Doyle,L.W., General movements in very preterm children	Single centre study

Study	Reason for Exclusion
and neurodevelopment at 2 and 4 years, Pediatrics, 132, e452-e458, 2013	
Srinivasakumar, P., Limbrick, D., Munro, R., Mercer, D., Rao, R., Inder, T., Mathur, A., Posthemorrhagic ventricular dilatation-impact on early neurodevelopmental outcome, American Journal of Perinatology, 30, 207-14, 2013	Retrospective, only children with severe IVH included.
Stalnacke, J., Lundequist, A., Bohm, B., Forssberg, H., Smedler, A. C., Individual cognitive patterns and developmental trajectories after preterm birth, Child Neuropsychology, 21, 648-67, 2015	Population was born between 1988-1993,data not stratified according to year of birth
Steggerda, S. J., De Bruine, F. T., van den Berg-Huysmans, A. A., Rijken, M., Leijser, L. M., Walther, F. J., van Wezel-Meijler, G., Small cerebellar hemorrhage in preterm infants: perinatal and postnatal factors and outcome, Cerebellum, 12, 794-801, 2013	The study examines the association between cerebellar haemorrhage and developmental delay, not relevant.
Steinhorn, R., McPherson, C., Anderson, P. J., Neil, J., Doyle, L. W., Inder, T., Neonatal morphine exposure in very preterm infants-cerebral development and outcomes.[Erratum appears in J Pediatr. 2015 Jul;167(1):215], Journal of Pediatrics, 166, 1200-1207.e4, 2015	Single centre study
Steinmacher, J., Pohlandt, F., Bode, H., Sander, S., Kron, M., Franz, A. R., Neurodevelopmental follow-up of very preterm infants after proactive treatment at a gestational age of > or = 23 weeks, Journal of Pediatrics, 152, 771-6, 776.e1-2, 2008	Single centre study
Stolt, S., Matomaki, J., Lind, A., Lapinleimu, H., Haataja, L., Lehtonen, L., The prevalence and predictive value of weak language skills in children with very low birth weight - A longitudinal study, Acta Paediatrica, International Journal of Paediatrics, 103, 651-658, 2014	Single-centre study
Strand-Brodd, K., Ewald, U., Gronqvist, H., Holmstrom, G., Stromberg, B., Gronqvist, E., von Hofsten, C., Rosander, K., Development of smooth pursuit eye movements in very preterm infants: 1. General aspects, Acta Paediatrica, 100, 983-91, 2011	No relevant outcome.
Streimish, I. G., Ehrenkranz, R. A., Allred, E. N., O'Shea, T. M., Kuban, K. C., Paneth, N., Leviton, A., Elgan Study Investigators, Birth weight- and fetal weight-growth restriction: impact on neurodevelopment, Early Human Development, 88, 765-71, 2012	Outcome subgrouped according to different SGA groups
Sullivan, M. C., Hawes, K., A decade comparison of preterm motor performance at age 4, Research in Nursing and Health, 30, 641-654, 2007	Single centre study
Sullivan, S., Joinson, C., Heron, J., Factors Predicting Atypical Development of Nighttime Bladder Control, Journal of Developmental & Behavioral Pediatrics, 36, 724-33, 2015	No prevalence data according to GA grouping

Study	Reason for Exclusion
Takeuchi, A., Yorifuji, T., Takahashi, K., Nakamura, M., Kageyama, M., Kubo, T., Ogino, T., Doi, H., Neurodevelopment in full-term small for gestational age infants: A nationwide Japanese population-based study, Brain & Development, 38, 529-37, 2016	A Japanese study, behaviour assessed with questions, not a validated tool.
Tam, E. W., Rosenbluth, G., Rogers, E. E., Ferriero, D. M., Glidden, D., Goldstein, R. B., Glass, H. C., Piecuch, R. E., Barkovich, A. J., Cerebellar hemorrhage on magnetic resonance imaging in preterm newborns associated with abnormal neurologic outcome, Journal of Pediatrics, 158, 245-50, 2011	Single centre study
Tan, L. Z., Abdel-Latif, M. E., Bajuk, B., Lui, K., Oei, J., Neurodevelopmental outcomes (NDO) of extremely preterm infants of substance using mothers (ISMS) in New South Wales (NSW) and the Australian Capital Territory (ACT), Australia, Journal of paediatrics and child health, 47, 42, 2011	Conference abstract; reports on functional disability as composite
Taylor, R., Pascoe, L., Scratch, S., Doyle, L. W., Anderson, P., Roberts, G., A simple screen performed at school entry can predict academic under-achievement at age seven in children born very preterm, Journal of Paediatrics and Child Health, 52, 759-764, 2016	Single centre study
Thomas,C.W., Meinzen-Derr,J., Hoath,S.B., Narendran,V., Neurodevelopmental outcomes of extremely low birth weight infants ventilated with continuous positive airway pressure vs. mechanical ventilation, Indian Journal of Pediatrics, 79, 218-223, 2012	Multicentre but not population based study
Tich, S. N., Anderson, P. J., Hunt, R. W., Lee, K. J., Doyle, L. W., Inder, T. E., Neurodevelopmental and perinatal correlates of simple brain metrics in very preterm infants, Archives of Pediatrics & Adolescent Medicine, 165, 216-22, 2011	Single-centre study.
Tommiska,V., Heinonen,K., Kero,P., Pokela,M.L., Tammela,O., Jarvenpaa,A.L., Salokorpi,T., Virtanen,M., Fellman,V., A national two year follow up study of extremely low birthweight infants born in 1996-1997, Archives of Disease in Childhood Fetal and Neonatal Edition, 88, F29-F35, 2003	Outcomes not of interest
Toome,L., Varendi,H., Mannamaa,M., Vals,M.A., Tanavsuu,T., Kolk,A., Follow-up study of 2-year-olds born at very low gestational age in Estonia, Acta Paediatrica, 102, 300-307, 2013	No relevant outcome for this review.
Trittmann,J.K., Nelin,L.D., Klebanoff,M.A., Bronchopulmonary dysplasia and neurodevelopmental outcome in extremely preterm neonates, European Journal of Pediatrics, 172, 1173-1180, 2013	Retrospective study
Tsai, M. L., Lien, R., Chiang, M. C., Hsu, J. F., Fu, R. H., Chu, S. M., Yang, C. Y., Yang, P. H., Prevalence and morbidity of late preterm infants:	Retrospective study

Study	Reason for Exclusion
current status in a medical center of Northern Taiwan, Pediatrics & Neonatology, 53, 171-7, 2012	
Ullman, H., Spencer-Smith, M., Thompson, D. K., Doyle, L. W., Inder, T. E., Anderson, P. J., Klingberg, T., Neonatal MRI is associated with future cognition and academic achievement in preterm children, Brain, 138, 3251-3262, 2015	Single-centre study.
Ure, A., Doyle, L. W., Northam, E., Treyvaud, K., Anderson, P. J., The clinical presentation of adhd and asd symptoms in children born preterm, Journal of Paediatrics and Child Health, 48, 109, 2012	Conference abstract
Valla, L., Wentzel-Larsen, T., Hofoss, D., Slinning, K., Prevalence of suspected developmental delays in early infancy: results from a regional population-based longitudinal study, BMC Pediatrics, 15, 215, 2015	Looks at different different components of ASQ but not ASQ total problems among preterms. Also, N=42 for preterms (<37 wks) at 12 month follow-up, too small sample,
van Baar, A. L., van Wassenaer, A. G., Briet, J. M., Dekker, F. W., Kok, J. H., Very preterm birth is associated with disabilities in multiple developmental domains, Journal of Pediatric Psychology, 30, 247-55, 2005	Follow up of RCT
van de Bor, M., den Ouden, L., School performance in adolescents with and without periventricular-intraventricular hemorrhage in the neonatal period, Seminars in Perinatology, 28, 295-303, 2004	Children born before 1990.
van de Bor, M., Ens-Dokkum, M., Schreuder, A. M., Veen, S., Brand, R., Verloove-Vanhorick, S. P., Hyperbilirubinemia in low birth weight infants and outcome at 5 years of age, Pediatrics, 89, 359-64, 1992	Children were born in 1983
van den Broek,A.J., Kok,J.H., Houtzager,B.A., Scherjon,S.A., Behavioural problems at the age of eleven years in preterm-born children with or without fetal brain sparing: a prospective cohort study, Early Human Development, 86, 379-384, 2010	Children born before 1990.
van der Aa, N. E., Dudink, J., Benders, M. J., Govaert, P., van Straaten, H. L., Porro, G. L., Groenendaal, F., de Vries, L. S., Neonatal posterior cerebral artery stroke: clinical presentation, MRI findings, and outcome, Developmental Medicine & Child Neurology, 55, 283-90, 2013	Too small sample N=18.All participants had had neonatal stroke.
van der Lugt,N.M., Smits-Wintjens,V.E., van Zwieten,P.H., Walther,F.J., Short and long term outcome of neonatal hyperglycemia in very preterm infants: a retrospective follow-up study, BMC Pediatrics, 10, 52-, 2010	Retrospective single-centre study with small sample size.
van der Ree, M., Tanis, J. C., Van Braeckel, K. N., Bos, A. F., Roze, E., Functional impairments at school age of preterm born children with late-onset sepsis, Early Human Development, 87, 821-6, 2011	Wrong study design

Study	Reason for Exclusion
van Sorge, A. J., Termote, J. U., de Vries, M. J., Boonstra, F. N., Stellingwerf, C., Schalij-Delfos, N. E., The incidence of visual impairment due to retinopathy of prematurity (ROP) and concomitant disabilities in the Netherlands: a 30 year overview, British Journal of Ophthalmology, 95, 937-41, 2011	Only children with history of retinopathy of prematurity were studied.
Vassar, R., Barnea-Goraly, N., Cahill-Rowley, K., Stevenson, D., Hintz, S., Rose, J., Cognitive development at 18-22 months, neonatal white matter microstructure and bronchopulmonary dysplasia in very-low-birthweight preterm children: A diffusion imaging study, Journal of Maternal-Fetal and Neonatal Medicine, 27, 222-223, 2014	Conference abstract.
Vederhus, B. J., Eide, G. E., Natvig, G. K., Markestad, T., Graue, M., Halvorsen, T., Health-related quality of life and emotional and behavioral difficulties after extreme preterm birth: developmental trajectories, PeerJ, 3, e738, 2015	Study did not report proportions for CBCL or CHQ global or sub scales.
Vederhus, B. J., Markestad, T., Eide, G. E., Graue, M., Halvorsen, T., Health related quality of life after extremely preterm birth: a matched controlled cohort study, Health & Quality of Life Outcomes, 8, 53, 2010	Number of children in the study <50
Velikos, K., Soubasi, V., Michalettou, I., Sarafidis, K., Nakas, C., Papadopoulou, V., Zafeiriou, D., Drossou, V., Bayley-III scales at 12 months of corrected age in preterm infants: Patterns of developmental performance and correlations to environmental and biological influences, Research in Developmental Disabilities, 45-46, 110-9, 2015	Single centre study.
Vimercati,A., Scioscia,M., Panella,E., Nardelli,C., Coluccia,A., Camporeale,C., DeCosmo,L., Laforgia,N., Selvaggi,L., Perinatal risk factors and mode of delivery correlated to survival and psychomotor disability in extremely low birth weight infants, Gynecologic and Obstetric Investigation, 66, 91-97, 2008	Retrospective, single-centre study
Vohr, B. R., Neurodevelopmental outcomes of extremely preterm infants, Clinics in Perinatology, 41, 241-55, 2014	Review. No relevant outcomes, no relevant studies to add.
Voigt, B., Brandl, A., Pietz, J., Pauen, S., Kliegel, M., Poschl, J., Reuner, G., Associations between neonatal distress and effortful control in preterm born toddlers: Does parenting stress act as a moderator?, International Journal of Developmental Disabilities, 60, 122-131, 2014	Setting for study was unclear
Vossbeck, S., de Camargo, O. K., Grab, D., Bode, H., Pohlandt, F., Neonatal and neurodevelopmental outcome in infants born before 30 weeks of gestation with absent or reversed end-diastolic flow velocities in the umbilical artery, European Journal of Pediatrics, 160, 128-34, 2001	Single-centre study, small sample (n=40).

Study	Reason for Exclusion
Walker, S. M., Franck, L. S., Fitzgerald, M., Myles, J., Stocks, J., Marlow, N., Long-term impact of neonatal intensive care and surgery on somatosensory perception in children born extremely preterm, Pain, 141, 79-87, 2009	Outcomes not of interest
Wang, H., Leung, G. M., Lam, H. S., Schooling, C. M., Gestational age and adolescent mental health: evidence from Hong Kong's 'Children of 1997' birth cohort, Archives of Disease in Childhood, 100, 856-62, 2015	Conducted in Hong Kong.
Westrupp,E.M., Mensah,F.K., Giallo,R., Cooklin,A., Nicholson,J.M., Mental health in low-to-moderate risk preterm, low birth weight, and small for gestational age children at 4 to 5 years: The role of early maternal parenting, Journal of the American Academy of Child and Adolescent Psychiatry, 51, 313-323, 2012	No prevalence estimates reported.
Wild, K. T., Betancourt, L. M., Brodsky, N. L., Hurt, H., The effect of socioeconomic status on the language outcome of preterm infants at toddler age, Early Human Development, 89, 743-6, 2013	Sinlge centre study, retrospective
Wocadlo, C., Rieger, I., Phonology, rapid naming and academic achievement in very preterm children at eight years of age, Early Human Development, 83, 367-377, 2007	Single centre study
Wocadlo, C., Rieger, I., Motor impairment and low achievement in very preterm children at eight years of age, Early Human Development, 84, 769-776, 2008	Population born between 1978-1997, no stratification of birth year, single centre study
Wocadlo,C., Rieger,I., Educational and therapeutic resource dependency at early school-age in children who were born very preterm, Early Human Development, 82, 29-37, 2006	Children born between 1984-1994, no birth stratification
Wolke, D., Meyer, R., Ohrt, B., Riegel, K., The incidence of sleeping problems in preterm and fullterm infants discharged from neonatal special care units: an epidemiological longitudinal study, Journal of Child Psychology & Psychiatry & Allied Disciplines, 36, 203-23, 1995	Children were born between 1985-1986
Wolke, D., Samara, M., Bracewell, M., Marlow, N., Specific Language Difficulties and School Achievement in Children Born at 25 Weeks of Gestation or Less, Journal of Pediatrics, 152, 256-262.e1, 2008	Outcomes not of interest
Wolke, D., Sohne, B., Riegel, K., Ohrt, B., Osterlund, K., An epidemiologic longitudinal study of sleeping problems and feeding experience of preterm and term children in southern Finland: comparison with a southern German population sample, Journal of Pediatrics, 133, 224-31, 1998	Children were born between 1985-1986
Wolthuis-Stigter, M. I., Luinge, M. R., da Costa, S. P., Krijnen, W. P., van der Schans, C. P., Bos, A. F., The association between sucking behavior in preterm infants and	This study looks at the association between sucking behaviour and neurodevelopmental outcome at 2 y. neurodevelopmental outcome is

Study	Reason for Exclusion
neurodevelopmental outcomes at 2 years of age, Journal of Pediatrics, 166, 26-30, 2015	a combined outcome. Small sample size (n=52) with GA 25-35 weeks.
Wong, T., Taylor, H. G., Klein, N., Espy, K. A., Anselmo, M. G., Minich, N., Hack, M., Kindergarten classroom functioning of extremely preterm/extremely low birth weight children, Early Human Development, 90, 907-14, 2014	Single-centre study.
Wood, N. S., Costeloe, K., Gibson, A. T., Hennessy, E. M., Marlow, N., Wilkinson, A. R., The EPICure study: Growth and associated problems in children born at 25 weeks of gestational age or less, Archives of Disease in Childhood: Fetal and Neonatal Edition, 88, F492-F500, 2003	Studies the relationship between growth and associated problems in preterms. Not relevant.
Wood, N. S., Costeloe, K., Gibson, A. T., Hennessy, E. M., Marlow, N., Wilkinson, A. R., E. PICure Study Group, The EPICure study: associations and antecedents of neurological and developmental disability at 30 months of age following extremely preterm birth, Archives of Disease in Childhood Fetal & Neonatal Edition, 90, F134-40, 2005	Looks at associations and antecedents for neurodevelopmental disability, no relevant prevalence estimates.
Wood, N. S., Marlow, N., Costeloe, K., Gibson, A. T., Wilkinson, A. R., Neurologic and developmental disability after extremely preterm birth. EPICure Study Group, New England Journal of Medicine, 343, 378-84, 2000	No relevant outcome for this review, already included in the prevalence of disorders review.
Woodward, L. J., Moor, S., Hood, K. M., Champion, P. R., Foster-Cohen, S., Inder, T. E., Austin, N. C., Very preterm children show impairments across multiple neurodevelopmental domains by age 4 years, Archives of Disease in Childhood: Fetal and Neonatal Edition, 94, F339-F344, 2009	Single-centre study.
Woythaler, M., McCormick, M. C., Mao, W. Y., Smith, V. C., Late Preterm Infants and Neurodevelopmental Outcomes at Kindergarten, Pediatrics, 136, 424-31, 2015	Diagnostic test for MDI/TSRS
Yang, S., Fombonne, E., Kramer, M. S., Duration of gestation, size at birth and later childhood behaviour, Paediatric and Perinatal Epidemiology, 25, 377-87, 2011	Follow-up of RCT
Yang,H., Einspieler,C., Shi,W., Marschik,P.B., Wang,Y., Cao,Y., Li,H., Liao,Y.G., Shao,X.M., Cerebral palsy in children: movements and postures during early infancy, dependent on preterm vs. full term birth, Early Human Development, 88, 837-843, 2012	Single centre study
Zambrana, I. M., Vollrath, M. E., Sengpiel, V., Jacobsson, B., Ystrom, E., Preterm delivery and risk for early language delays: A sibling-control cohort study, International Journal of Epidemiology, 45, 151-159, 2016	No relevant data.
Zehetgruber, N., Boedeker, R. H., Kurth, R., Faas, D., Zimmer, K. P., Heckmann, M., Eating problems in very low birthweight children are highest during the first year and independent	Single centre study

Study	Reason for Exclusion
risk factors include duration of invasive ventilation, Acta Paediatrica, 103, e424-38, 2014	
Zubiaurre-Elorza, L., Soria-Pastor, S., Junque, C., Fernandez-Espejo, D., Segarra, D., Bargallo, N., Romano-Berindoague, C., Macaya, A., Thalamic changes in a preterm sample with periventricular leukomalacia: correlation with white-matter integrity and cognitive outcome at school age, Pediatric Research, 71, 354-60, 2012	Single centre study

G.41 Prevalence of developmental disorders

2 **Table 13: Excluded studies for prevalence of developmental disorders systematic**
3 **review**

Study	Reason for Exclusion
Aarnoudse-Moens, C. S., Weisglas-Kuperus, N., van Goudoever, J. B., Oosterlaan, J., Meta-analysis of neurobehavioral outcomes in very preterm and/or very low birth weight children, Pediatrics, 124, 717-28, 2009	No prevalence estimates, only mean scores for behavioural and executive function outcomes.
Aikawa, H., Noro, M., Low incidence of sight-threatening retinopathy of prematurity in infants born before 28 weeks gestation at a neonatal intensive care unit in Japan, Tohoku Journal of Experimental Medicine, 230, 185-190, 2013	Single-centre study from Japan.
Alkandari, F., Ellahi, A., Aucott, L., Devereux, G., Turner, S., Fetal ultrasound measurements and associations with postnatal outcomes in infancy and childhood: a systematic review of an emerging literature, Journal of Epidemiology & Community Health, 69, 41-8, 2015	Incorrect comparator - looks at fetal growth and long term morbidity not prematurity.
Allen, M. C., Neurodevelopmental outcomes of preterm infants, Current Opinion in Neurology, 21, 123-8, 2008	Review, references were checked.
Allen,M.C., Cristofalo,E., Kim,C., Preterm birth: Transition to adulthood, Developmental Disabilities Research Reviews, 16, 323-335, 2010	Narrative review article.
Anderson, P. J., Doyle, L. W., Executive functioning in school-aged children who were born very preterm or with extremely low birth weight in the 1990s, Pediatrics, 114, 50-57, 2004	Incorrect outcome for this review - only considers executive function.
Arnaud, C., Daubisse-Marliac, L., White-Koning, M., Pierrat, V., Larroque, B., Grandjean, H., Alberge, C., Marret, S., Burguet, A., Ancel, P. Y., Supernant, K., Kaminski, M., Prevalence and associated factors of minor neuromotor dysfunctions at age 5 years in prematurely born children: The EPIPAGE study, Archives of Pediatrics and Adolescent Medicine, 161, 1053-1061, 2007	No outcomes of interest for this review.
Arpino, C., Compagnone, E., Montanaro, M. L., Cacciatore, D., De Luca, A., Cerulli, A., Di	Review, references were checked.

Study	Reason for Exclusion
Girolamo, S., Curatolo, P., Preterm birth and neurodevelopmental outcome: A review, Child's Nervous System, 26, 1139-1149, 2010	
Atladottir, H. O., Schendel, D. E., Henriksen, T. B., Hjort, L., Parner, E. T., Gestational Age and Autism Spectrum Disorder: Trends in Risk Over Time, Autism research : Official Journal of the International Society for Autism Research, 9, 224-31, 2016	Age of assessment ranged from 1 to 33 years, no age stratification
Bardin,C., Piuze,G., Papageorgiou,A., Outcome at 5 years of age of SGA and AGA infants born less than 28 weeks of gestation, Seminars in Perinatology, 28, 288-294, 2004	Single-centre study, participants born between 1987 and 1994.
Baron, I. S., Erickson, K., Ahronovich, M. D., Coulehan, K., Baker, R., Litman, F. R., Visuospatial and verbal fluency relative deficits in 'complicated' late-preterm preschool children, Early Human Development, 85, 751-4, 2009	No prevalence estimates reported. Single centre study.
Baron, I. S., Litman, F. R., Ahronovich, M. D., Baker, R., Late preterm birth: A review of medical and neuropsychological childhood outcomes, Neuropsychology Review, 22, 438-450, 2012	Discussion review, references were checked.
Baron,I.S., Erickson,K., Ahronovich,M.D., Baker,R., Litman,F.R., Cognitive deficit in preschoolers born late-preterm, Early Human Development, 87, 115-119, 2011	Single centre study.
Bhutta, A. T., Cleves, M. A., Casey, P. H., Cradock, M. M., Anand, K. J., Cognitive and behavioral outcomes of school-aged children who were born preterm: a meta-analysis, JAMA, 288, 728-37, 2002	Metaanalysis includes subjects born prior to 1990 (1975-1988). Does not look at cognitive/ behavioural disorders.
Blair, E., Watson, L., Epidemiology of cerebral palsy, Seminars In Fetal & Neonatal Medicine, 11, 117-25, 2006	Not an original study, only for background reading.
Bodeau-Livinec, F., Zeitlin, J., Blondel, B., Arnaud, C., Fresson, J., Burguet, A., Subtil, D., Marret, S., Roze, J. C., Marchand-Martin, L., Ancel, P. Y., Kaminski, M., Do very preterm twins and singletons differ in their neurodevelopment at 5 years of age?, Archives of Disease in Childhood: Fetal and Neonatal Edition, 98, F480-F487, 2013	Other publications from the same EPIPAGE study already report on the same outcome, this study present data for singletons and twins separately.
Bolisetty, S., Dhawan, A., Abdel-Latif, M., Bajuk, B., Stack, J., Lui, K., Intraventricular hemorrhage and neurodevelopmental outcomes in extreme preterm infants, Pediatrics, 133, 55-62, 2014	Retrospective
Bora, S., Pritchard, V. E., Chen, Z., Inder, T. E., Woodward, L. J., Neonatal cerebral morphometry and later risk of persistent inattention/hyperactivity in children born very preterm, Journal of Child Psychology & Psychiatry & Allied Disciplines, 55, 828-38, 2014	Single centre study, using screening tool to identify behavioural problems (SDQ).
Bos, L. T., Tijms, J., The incidence of prematurity or low birth weight for gestational age among children with dyslexia, Acta	Incorrect study design and outcome. Case control study looking at dyslexia.

Study	Reason for Exclusion
Paediatrica, International Journal of Paediatrics, 101, e526-e528, 2012	
Bossi, E., Koerner, F., Retinopathy of prematurity, Intensive Care Medicine, 21, 241-6, 1995	Review but reports on children born befoee 1990.
Breeman, L. D., Jaekel, J., Baumann, N., Bartmann, P., Wolke, D., Attention problems in very preterm children from childhood to adulthood: the Bavarian Longitudinal Study, Journal of Child Psychology & Psychiatry & Allied Disciplines, 57, 132-40, 2016	Participants born prior to 1990 (1985-1986).
Breeman, L. D., Jaekel, J., Baumann, N., Bartmann, P., Wolke, D., Preterm Cognitive Function Into Adulthood, Pediatrics, 136, 415-23, 2015	Participants born prior to 1990 (1985-1986).
Brevaut-Malaty, V., Busuttil, M., Einaudi, M. A., Monnier, A. S., D'Ercole, C., Gire, C., Longitudinal follow-up of a cohort of 350 singleton infants born at less than 32 weeks of amenorrhea: neurocognitive screening, academic outcome, and perinatal factors, European Journal of Obstetrics, Gynecology, & Reproductive Biology, 150, 13-8, 2010	Single centre study.
Brown, L., Burns, Y. R., Watter, P., Gibbons, K. S., Gray, P. H., Motor performance, postural stability and behaviour of non-disabled extremely preterm or extremely low birth weight children at four to five years of age, Early human development, 91, 309-315, 2015	Single centre study. No prevalence estimates reported.
Brumbaugh, J. E., Hodel, A. S., Thomas, K. M., The impact of late preterm birth on executive function at preschool age, American journal of perinatology, 31, 305-14, 2014	Too small sample according to protocol.
Burja,S., Seme-Ciglenecki,P., Gajsek-Marchetti,M., Hajdinjak,D., Levanic,A., Kodelic,B., Epidemiological study of cerebral palsy in the Maribor region, Wiener Klinische Wochenschrift, 116 Suppl 2, 39-43, 2004	Does not report sufficient raw data to enable confidence intervals to be calculated for prevalence estimates.
Burnett, A. C., Scratch, S. E., Lee, K. J., Cheong, J., Searle, K., Hutchinson, E., De Luca, C., Davey, M. A., Roberts, G., Doyle, L. W., Anderson, P. J., Victorian Infant Collaborative Study, Group, Executive function in adolescents born <1000 g or <28 weeks: a prospective cohort study, Pediatrics, 135, e826-34, 2015	No prevalence estimates. Looks at executive function outcomes.
Calcutt, T. L., Dornan, D., Beswick, R., Tudehope, D. I., Newborn hearing screening in Queensland 2009-2011: Comparison of hearing screening and diagnostic audiological assessment between term and preterm infants, Journal of Paediatrics & Child Health, 13, 13, 2016	Retrospective study.
Casey, P. H., Whiteside-Mansell, L., Barrett, K., Bradley, R. H., Gargus, R., Impact of prenatal and/or postnatal growth problems in low birth weight preterm infants on school-age outcomes:	Participants born prior to 1990 (1984-1985).

Study	Reason for Exclusion
an 8-year longitudinal evaluation, Pediatrics, 118, 1078-86, 2006	
Casteels, I., Cassiman, C., Van Calster, J., Allegaert, K., Retinopathy of prematurity, European Journal of Pediatrics, 171, 887-893, 2012	Review about ROP, not relevant.
Chan, S. H. S., Lee, F. M. Y., Tang, K. M. L., Wu, M. M. F., Tong, T. F., Leung, L. C. K., Chan, L. T. W., Law, C. W., Ho, Y. C., Ma, L. C. K., Neurodevelopmental outcomes of extreme-lowbirth-weight infants born between 2001 and 2002, Hong Kong Medical Journal, 14, 21-28, 2008	Study conducted in Hong Kong.
Chu, S. M., Tsai, M. H., Hwang, F. M., Hsu, J. F., Huang, H. R., Huang, Y. S., The relationship between attention deficit hyperactivity disorder and premature infants in Taiwanese: a case control study, BMC Psychiatry, 12, 85, 2012	Case control study design.
Colman, I., Ataullahjan, A., Naicker, K., Van Lieshout, R. J., Birth weight, stress, and symptoms of depression in adolescence: Evidence of fetal programming in a National Canadian Cohort, Canadian Journal of Psychiatry, 57, 422-428, 2012	Does not consider gestational age in analysis.
Crosbie, S., Holm, A., Wandschneider, S., Hemsley, G., Narrative skills of children born preterm, International journal of language & communication disorders / Royal College of Speech & Language Therapists, 46, 83-94, 2011	Includes only 30 participants. No prevalence assessment.
Cumberland, P. M., Pathai, S., Rahi, J. S., Prevalence of eye disease in early childhood and associated factors: Findings from the millennium cohort study, Ophthalmology, 117, 2184-2190.e3, 2010	Outcome of visual impairment, but includes a wide variety of eye conditions. Information on gestational age only reports risk ratios, not prevalence, or raw data.
D'Amore, A., Broster, S., Le Fort, W., Curley, A., East Anglian Very Low Birthweight, Project, Two-year outcomes from very low birthweight infants in a geographically defined population across 10 years, 1993-2002: comparing 1993-1997 with 1998-2002, Archives of Disease in Childhood Fetal & Neonatal Edition, 96, F178-85, 2011	Inclusion by birth weight (<1500 g) not by GA and the range of GA weeks at birth is up 39 weeks. Also no definition of CP or description of how it was assessed.
Davis, N. M., Ford, G. W., Anderson, P. J., Doyle, L. W., Developmental coordination disorder at 8 years of age in a regional cohort of extremely-low-birthweight or very preterm infants, Developmental Medicine and Child Neurology, 49, 325-330, 2007	The population was also reported in Roberts 2011 study.
De Jesus, L. C., Pappas, A., Shankaran, S., Li, L., Das, A., Bell, E. F., Stoll, B. J., Laptook, A. R., Walsh, M. C., Hale, E. C., Newman, N. S., Bara, R., Higgins, R. D., Outcomes of small for gestational age infants born at <27 weeks' gestation, Journal of Pediatrics, 163, 55-60.e3, 2013	Retrospective design.
De Kieviet, J. F., Stoof, C. J., Geldof, C. J., Smits, N., Piek, J. P., Lafeber, H. N., Van	Single centre study. <100 preterm participants (prospective study in <32 week children).

Study	Reason for Exclusion
Elburg, R. M., Oosterlaan, J., The crucial role of the predictability of motor response in visuomotor deficits in very preterm children at school age, Developmental Medicine & Child Neurology, 55, 624-30, 2013	
Delobel-Ayoub, M., Arnaud, C., White-Koning, M., Casper, C., Pierrat, V., Garel, M., Burguet, A., Roze, J. C., Matis, J., Picaud, J. C., Kaminski, M., Larroque, B., Behavioral problems and cognitive performance at 5 years of age after very preterm birth: The EPIPAGE study, Pediatrics, 123, 1485-1492, 2009	Study looks at cognitive score in relation to behavioural problems. Prevalence of cognitive score as such are not reported.
Dong, Y., Chen, S. J., Yu, J. L., A systematic review and meta-analysis of long-term development of early term infants, Neonatology, 102, 212-21, 2012	Systematic review on children born at 37-38 weeks of gestation.
Doyle,L.W., Betheras,F.R., Ford,G.W., Davis,N.M., Callanan,C., Survival, cranial ultrasound and cerebral palsy in very low birthweight infants: 1980s versus 1990s, Journal of Paediatrics and Child Health, 36, 7-12, 2000	Single centre study.
Duchan, E., Patel, D. R., Epidemiology of autism spectrum disorders, Pediatric Clinics of North America, 59, 27-43, 2012	Review, references were checked.
Duncan, A. F., Watterberg, K. L., Nolen, T. L., Vohr, B. R., Adams-Chapman, I., Das, A., Lowe, J., Eunice Kennedy Shriver National Institute of Child, Health, Human Development Neonatal Research, Network, Effect of ethnicity and race on cognitive and language testing at age 18-22 months in extremely preterm infants, Journal of Pediatrics, 160, 966-71.e2, 2012	Retrospective design.
Edwards, J., Berube, M., Erlandson, K., Haug, S., Johnstone, H., Meagher, M., Sarkodee-Adoo, S., Zwicker, J. G., Developmental coordination disorder in school-aged children born very preterm and/or at very low birth weight: A systematic review, Journal of developmental and behavioral pediatrics, 32, 678-687, 2011	Review, references were checked.
Elgen, S. K., Sommerfelt, K., Leversen, K. T., Markestad, T., Minor neurodevelopmental impairments are associated with increased occurrence of ADHD symptoms in children born extremely preterm, European Child & Adolescent Psychiatry, 24, 463-70, 2015	Uses screening tool to identify ADHD symptoms (Yale Children's Inventory) and only includes preterm children with no/minor neurosensory impairment therefore prevalence estimates will be incorrect.
Elgen,S.K., Leversen,K.T., Grundt,J.H., Hurum,J., Sundby,A.B., Elgen,I.B., Markestad,T., Mental health at 5 years among children born extremely preterm: a national population-based study, European Child and Adolescent Psychiatry, 21, 583-589, 2012	Uses SDQ (screening tool) to identify mental health problems.
Eunson, P., Aetiology and epidemiology of cerebral palsy, Paediatrics and Child Health (United Kingdom), 22, 361-366, 2012	Not an original study. More for background reading.
Fetus,, Newborn Committee, Canadian Paediatric Society, Retinopathy of prematurity: A	Review, references were checked.

Study	Reason for Exclusion
systematic review of the literature, Paediatrics & Child Health, 3, 173-80, 1998	
Finnstrom, O., Otterblad Olausson, P., Sedin, G., Serenius, F., Svenningsen, N., Thiringer, K., Tunell, R., Wesstrom, G., Neurosensory outcome and growth at three years in extremely low birthweight infants: follow-up results from the Swedish national prospective study, Acta Paediatrica, 87, 1055-60, 1998	Includes children with congenital abnormalities.
Fledelius, H. C., Dahl, H., Retinopathy of prematurity, a decrease in frequency and severity. Trends over 16 years in a danish county, Acta Ophthalmologica Scandinavica, 78, 359-361, 2000	Only looks at neonates at high risk for ROP requiring screening. Single centre study.
Foster-Cohen, S., Edgin, J. O., Champion, P. R., Woodward, L. J., Early delayed language development in very preterm infants: Evidence from the MacArthur-Bates CDI, Journal of Child Language, 34, 655-675, 2007	Single centre study. Does not report on disorder.
French, N., Kelly, R., Vijayasekaran, S., Reynolds, V., Lipscombe, J., Buckland, A., Bailey, J., Nathan, E., Meldrum, S., Voice abnormalities at school age in children born extremely preterm, Pediatrics, 131, e733-e739, 2013	Incorrect outcome for this review question - looks at prevalence of voice abnormalities.
Garten,L., Salm,A., Rosenfeld,J., Walch,E., Buhrer,C., Huseman,D., Dysphonia at 12 months corrected age in very low-birth-weight-born children, European Journal of Pediatrics, 170, 469-475, 2011	Incorrect outcome and single centre study.
Gnanendran, L., Bajuk, B., Oei, J., Lui, K., Abdel-Latif, M. E., Bowen, J., Sedgley, S., Kecskes, Z., Carlisle, H., Barnes, L., Craven, P., Glover, R., Cruden, L., Argomand, A., Evans, N., Osborn, D., Malcolm, G., Rieger, I., Reid, S., Stack, J., Callander, I., Medlin, K., Marcin, K., Shindge, V., Lampropoulos, B., Chin, M. F., Badawi, N., Loughran-Fowlds, A., Karskens, C., Paradisis, M., Kluckow, M., Jacobs, C., Numa, A., Williams, G., Young, J., Tracy, M., Luig, M., Baird, J., Sutton, L., Cameron, D., Neurodevelopmental outcomes of preterm singletons, twins and higher-order gestations: A population-based cohort study, Archives of Disease in Childhood: Fetal and Neonatal Edition, 100, F106-F114, 2015	Retrospective study
Goyen, T. A., Lui, K., Woods, R., Visual-motor, visual-perceptual, and fine motor outcomes in very-low-birthweight children at 5 years, Developmental Medicine & Child Neurology, 40, 76-81, 1998	Participants born before 1990.
Graz, M. B., Tolsa, J. F., Fumeaux, C. J. F., Being small for gestational age: Does it matter for the neurodevelopment of premature infants? A cohort study, PLoS ONE, 10, 2015	Single centre study.

Study	Reason for Exclusion
Groen-Blokhuis, M. M., Middeldorp, C. M., van Beijsterveldt, C. E., Boomsma, D. I., Evidence for a causal association of low birth weight and attention problems, Journal of the American Academy of Child & Adolescent Psychiatry, 50, 1247-54.e2, 2011	Outcomes ascertained by screening tools (Achenbach System of Empirically Based Assessment (ASEBA))
Grunewaldt, K. H., Fjortoft, T., Bjuland, K. J., Brubakk, A. M., Eikenes, L., Haberg, A. K., Lohaugen, G. C., Skranes, J., Follow-up at age 10 years in ELBW children - functional outcome, brain morphology and results from motor assessments in infancy, Early Human Development, 90, 571-8, 2014	Single centre study. No prevalence estimates.
Guarini, A., Sansavini, A., Fabbri, C., Savini, S., Alessandroni, R., Faldella, G., Karmiloff-Smith, A., Long-term effects of preterm birth on language and literacy at eight years, Journal of Child Language, 37, 865-85, 2010	Insufficient number of participants. Cross sectional study of <34 weeks preterm babies, with <100 participants.
Hack, M., Taylor, H. G., Schluchter, M., Andreias, L., Drotar, D., Klein, N., Behavioral outcomes of extremely low birth weight children at age 8 years, Journal of Developmental & Behavioral Pediatrics, 30, 122-30, 2009	Single-centre study.
Hack,M., Costello,D.W., Trends in the rates of cerebral palsy associated with neonatal intensive care of preterm children, Clinical Obstetrics and Gynecology, 51, 763-774, 2008	Narrative review.
Hack,M., Wilson-Costello,D., Friedman,H., Taylor,G.H., Schluchter,M., Fanaroff,A.A., Neurodevelopment and predictors of outcomes of children with birth weights of less than 1000 g: 1992-1995, Archives of Pediatrics and Adolescent Medicine, 154, 725-731, 2000	Single centre study
Hagberg, B., Hagberg, G., Beckung, E., Uvebrant, P., Changing panorama of cerebral palsy in Sweden. VIII. Prevalence and origin in the birth year period 1991-94, Acta Paediatrica, 90, 271-7, 2001	Later report of the same population-based CP surveillance included in the review.
Haines, L., Fielder, A. R., Baker, H., Wilkinson, A. R., UK population based study of severe retinopathy of prematurity: screening, treatment, and outcome, Archives of Disease in Childhood Fetal & Neonatal Edition, 90, F240-4, 2005	Incorrect population. Only includes preterm babies diagnosed with ROP.
Hard, A. L., Niklasson, A., Svensson, E., Hellstrom, A., Visual function in school-aged children born before 29 weeks of gestation: a population-based study, Developmental Medicine & Child Neurology, 42, 100-5, 2000	Some participants born prior to 1990 (1988-1991). Cross sectional study with only 51 participants.
Haugen, O. H., Nepstad, L., Standal, O. A., Elgen, I., Markestad, T., Visual function in 6 to 7 year-old children born extremely preterm: A population-based study, Acta Ophthalmologica, 90, 422-427, 2012	Sample size <50. Includes only 37 participants.
Himmelmann,K., Hagberg,G., Uvebrant,P., The changing panorama of cerebral palsy in Sweden. X. Prevalence and origin in the birth-	Himmelmann 2014 was included in the review.

Study	Reason for Exclusion
year period 1999-2002, Acta Paediatrica, 99, 1337-1343, 2010	
Himpens, E., Van den Broeck, C., Oostra, A., Calders, P., Vanhaesebrouck, P., Prevalence, type, distribution, and severity of cerebral palsy in relation to gestational age: a meta-analytic review, Developmental Medicine & Child Neurology, 50, 334-40, 2008	Review, references were checked.
Holmstrom, G., El Azazi, M., Kugelberg, U., Ophthalmological follow up of preterm infants: A population based, prospective study of visual acuity and strabismus, British Journal of Ophthalmology, 83, 143-150, 1999	Includes participants born prior to 1990 (1988-1990).
Hsu, J. F., Tsai, M. H., Chu, S. M., Fu, R. H., Chiang, M. C., Hwang, F. M., Kuan, M. J., Huang, Y. S., Early detection of minor neurodevelopmental dysfunctions at age 6 months in prematurely born neonates, Early Human Development, 89, 87-93, 2013	Single centre study.
Hwang, Y. S., Weng, S. F., Cho, C. Y., Tsai, W. H., Higher prevalence of autism in Taiwanese children born prematurely: A nationwide population-based study, Research in Developmental Disabilities, 34, 2462-2468, 2013	Taiwanese study
Indredavik, M. S., Skranes, J. S., Vik, T., Heyerdahl, S., Romundstad, P., Myhr, G. E., Brubakk, A. M., Low-birth-weight adolescents: Psychiatric symptoms and cerebral MRI abnormalities, Pediatric Neurology, 33, 259-266, 2005	Participants born before 1990.
Indredavik, M. S., Vik, T., Evensen, K. A., Skranes, J., Taraldsen, G., Brubakk, A. M., Perinatal risk and psychiatric outcome in adolescents born preterm with very low birth weight or term small for gestational age, Journal of Developmental & Behavioral Pediatrics, 31, 286-94, 2010	Single-centre study with participants born before 1990.
Indredavik, M. S., Vik, T., Heyerdahl, S., Kulseng, S., Fayers, P., Brubakk, A. M., Psychiatric symptoms and disorders in adolescents with low birth weight, Archives of Disease in Childhood: Fetal and Neonatal Edition, 89, F445-F450, 2004	Participants born prior to 1990 (1986-1988).
Isotani, S. M., Azevedo, M. F., Chiari, B. M., Perissinoto, J., Expressive language of two year-old pre-term and full-term children, Profono, 21, 155-9, 2009	Carried out in Brazil.
Jaekel, J., Wolke, D., Preterm birth and dyscalculia, Journal of Pediatrics, 164, 1327-1332, 2014	Participants born prior to 1990 (1985-1986).
Jaekel, J., Wolke, D., Bartmann, P., Poor attention rather than hyperactivity/impulsivity predicts academic achievement in very preterm and full-term adolescents, Psychological Medicine, 43, 183-96, 2013	Case control study design and not incidence/ prevalence estimates reported

Study	Reason for Exclusion
Jarjour, I. T., Neurodevelopmental outcome after extreme prematurity: A review of the literature, Pediatric Neurology, 52, 143-152, 2015	Review, references were checked.
Jennische, M., Sedin, G., Speech and language skills in children who required neonatal intensive care: evaluation at 6.5 y of age based on interviews with parents, Acta Paediatrica, 88, 975-82, 1999	Single centre study. Participants born prior to 1990 (1980-1985).
Johnson, S., Cognitive and behavioural outcomes following very preterm birth, Seminars In Fetal & Neonatal Medicine, 12, 363-73, 2007	Review, references were checked.
Johnson, S., Evans, T. A., Draper, E. S., Field, D. J., Manktelow, B. N., Marlow, N., Matthews, R., Petrou, S., Seaton, S. E., Smith, L. K., Boyle, E. M., Neurodevelopmental outcomes following late and moderate prematurity: A population-based cohort study, Archives of Disease in Childhood: Fetal and Neonatal Edition, 100, F301-F308, 2015	Outcomes are not measured with diagnostic tool but rather a screening tool. Should be included in the prevalence of problems review.
Kerstjens, J. M., de Winter, A. F., Bocca-Tjeertes, I. F., ten Vergert, E. M., Reijneveld, S. A., Bos, A. F., Developmental delay in moderately preterm-born children at school entry, Journal of Pediatrics, 159, 92-8, 2011	Uses screening tool (ASQ) to identify developmental delay.
Kierulf Stromme, K., Stromme, P., Bjertness, E., Lien, L., Intrauterine growth restriction - A population-based study of the association with academic performance and psychiatric health, Acta Paediatrica, International Journal of Paediatrics, 103, 886-891, 2014	Incorrect comparator - looks at SGA infants compared to AGA, but not specifically in preterm infants.
Kirkegaard, I., Obel, C., Hedegaard, M., Henriksen, T. B., Gestational age and birth weight in relation to school performance of 10-year-old children: a follow-up study of children born after 32 completed weeks, Pediatrics, 118, 1600-6, 2006	Single-centre study.
Kodric, J., Sustersic, B., Paro-Panjan, D., Relationship between neurological assessments of preterm infants in the first 2 years and cognitive outcome at school age, Pediatric Neurology, 51, 681-7, 2014	Sample size <50 -Includes only 45 participants. Single centre study.
Korvenranta, E., Lehtonen, L., Peltola, M., Hakkinen, U., Andersson, S., Gissler, M., Hallman, M., Leipala, J., Rautava, L., Tammela, O., Linna, M., Morbidities and hospital resource use during the first 3 years of life among very preterm infants, Pediatrics, 124, 128-34, 2009	Retrospective design.
Kovachy, V. N., Adams, J. N., Tamaresis, J. S., Feldman, H. M., Reading abilities in school-aged preterm children: a review and meta-analysis, Developmental Medicine & Child Neurology, 57, 410-9, 2015	Reports on reading abilities as mean scores, not diagnosed disorders.
Kulseng, S., Jennekens-Schinkel, A., Naess, P., Romundstad, P., Indredavik, M., Vik, T., Brubakk, A. M., Very-low-birthweight and term small-for-gestational-age adolescents: attention revisited, Acta Paediatrica, 95, 224-30, 2006	No prevalence /incidence estimates reported.

Study	Reason for Exclusion
Kuzniewicz, M. W., Wi, S., Qian, Y., Walsh, E. M., Armstrong, M. A., Croen, L. A., Prevalence and neonatal factors associated with autism spectrum disorders in preterm infants, Journal of Pediatrics, 164, 20-25, 2014	Retrospective study.
Lampi,K.M., Lehtonen,L., Tran,P.L., Suominen,A., Lehti,V., Banerjee,P.N., Gissler,M., Brown,A.S., Sourander,A., Risk of autism spectrum disorders in low birth weight and small for gestational age infants, Journal of Pediatrics, 161, 830-836, 2012	Case control study. Includes participants born prior to 1990 (1987-2005).
Largo, R. H., Molinari, L., Kundu, S., Lipp, A., Duc, G., Intellectual outcome, speech and school performance in high risk preterm children with birth weight appropriate for gestational age, European Journal of Pediatrics, 149, 845-850, 1990	Participants born prior to 1990 (1974-1978).
Lindstrom, K., Lindblad, F., Hjern, A., Preterm birth and attention-deficit/hyperactivity disorder in schoolchildren, Pediatrics, 127, 858-865, 2011	Does not report prevalence for all preterms, only stratified by sociodemographic factors. Outcome is not a diagnosed ADHD but ADHD medication. Some participants were born before 1990 (1987-2000).
Lohaugen, G. C., Ostgard, H. F., Andreassen, S., Jacobsen, G. W., Vik, T., Brubakk, A. M., Skranes, J., Martinussen, M., Small for gestational age and intrauterine growth restriction decreases cognitive function in young adults, Journal of Pediatrics, 163, 447-53, 2013	Subjects born 1986-1988. Looks at SGA but not prematurity.
Lorenz, J. M., Wooliever, D. E., Jetton, J. R., Paneth, N., A quantitative review of mortality and developmental disability in extremely premature newborns, Archives of Pediatrics & Adolescent Medicine, 152, 425-35, 1998	Review, references were checked.
Lundequist, A., Bohm, B., Lagercrantz, H., Forssberg, H., Smedler, A. C., Cognitive outcome varies in adolescents born preterm, depending on gestational age, intrauterine growth and neonatal complications, Acta Paediatrica, 104, 292-9, 2015	Some participants born prior to 1990 (1988-1993) and no report of the distribution of births. Incorrect outcome - reports on executive function as scaled outcomes, not disorders.
Luoma, L., Herrgard, E., Martikainen, A., Ahonen, T., Speech and language development of children born at < 32 weeks' gestation: A 5-year prospective follow-up study, Developmental medicine and child neurology, 40, 380-387, 1998	No relevant outcomes for this review.
Machado Junior, L. C., Passini Junior, R., Rodrigues Machado Rosa, I., Late prematurity: a systematic review, Jornal de Pediatria, 90, 221-31, 2014	Systematic review, but does not focus on developmental outcomes.
Macintyre-Beon, C., Young, D., Dutton, G. N., Mitchell, K., Simpson, J., Loffler, G., Bowman, R., Hamilton, R., Cerebral visual dysfunction in prematurely born children attending mainstream school, Documenta ophthalmologica, 127, 89-102, 2013	Small sample (n=46), GA 24-34.6 weeks.
Mackay, D. F., Smith, G. C., Dobbie, R., Cooper, S. A., Pell, J. P., Obstetric factors and different	No relevant outcomes for this review.

Study	Reason for Exclusion
causes of special educational need: retrospective cohort study of 407,503 schoolchildren, BJOG: An International Journal of Obstetrics & Gynaecology, 120, 297-307; discussion 307-8, 2013	
Mahoney,A.D., Minter,B., Burch,K., Stapel-Wax,J., Autism spectrum disorders and prematurity: A review across gestational age subgroups, Advances in Neonatal Care, 13, 247-251, 2013	Review, references were checked.
Martinez-Cruz,C.F., Garcia Alonso-Themann,P., Poblano,A., Ochoa-Lopez,J.M., Hearing loss, auditory neuropathy, and neurological co-morbidity in children with birthweight <750 g, Archives of Medical Research, 43, 457-463, 2012	Case control study.
McAllister, L., Masel, C., Tudehope, D., O'Callaghan, M., Mohay, H., Rogers, Y., Speech and language outcomes 3 years after neonatal intensive care, European Journal of Disorders of Communication, 28, 369-382, 1993	Participants born before 1990.
McAllister, L., Masel, C., Tudehope, D., O'Callaghan, M., Mohay, H., Rogers, Y., Speech and language outcomes in preschool-aged survivors of neonatal intensive care, European Journal of Disorders of Communication, 28, 383-394, 1993	Participants born before 1990.
McGowan, J. E., Alderdice, F. A., Holmes, V. A., Johnston, L., Early childhood development of late-preterm infants: a systematic review, Pediatrics, 127, 1111-24, 2011	Review, references were checked.
Modrusan Mozetic, Z., Prpic, I., Sindicic Simundic, N., Cicvaric Vlasic, I., Paucic Kirincic, E., Neurological and cognitive outcome of extremely low birth weight (ELBW) and very low birth weight (VLBW) infants and two at four years of age, Paediatria Croatica, 47, 57-60, 2003	Small sample (n=49)
Monset-Couchard, M., de Bethmann, O., Kastler, B., Mid- and long-term outcome of 166 premature infants weighing less than 1,000 g at birth, all small for gestational age, Biology of the Neonate, 81, 244-54, 2002	Single-centre study, most participants born before 1990.
Moore, G. P., Lemyre, B., Barrowman, N., Daboval, T., Neurodevelopmental outcomes at 4 to 8 years of children born at 22 to 25 weeks' gestational age: A meta-analysis, JAMA Pediatrics, 167, 967-974, 2013	Review, references were checked.
Moreira, R. S., Magalhaes, L. C., Alves, C. R. L., Effect of preterm birth on motor development, behavior, and school performance of schoola-age children: A systematic review, Jornal de Pediatria, 90, 119-134, 2014	Review, references were checked.
Mu, S. C., Tsou, K. S., Hsu, C. H., Fang, L. J., Jeng, S. F., Chang, C. H., Tsou, K. I., Cognitive development at age 8 years in very low birth weight children in Taiwan, Journal of the	Reports mean IQ scores, not diagnosed disorders. Study carried out in Taiwan.

Study	Reason for Exclusion
Formosan Medical Association, 107, 915-20, 2008	
Mulder, H., Pitchford, N. J., Hagger, M. S., Marlow, N., Development of executive function and attention in preterm children: a systematic review, Developmental Neuropsychology, 34, 393-421, 2009	Review, references were checked.
Munck, P., Haataja, L., Maunu, J., Parkkola, R., Rikalainen, H., Lapinleimu, H., Lehtonen, L., Pipari Study Group, Cognitive outcome at 2 years of age in Finnish infants with very low birth weight born between 2001 and 2006, Acta Paediatrica, 99, 359-66, 2010	Single centre study.
Murray, A. L., Scratch, S. E., Thompson, D. K., Inder, T. E., Doyle, L. W., Anderson, J. F., Anderson, P. J., Neonatal brain pathology predicts adverse attention and processing speed outcomes in very preterm and/or very low birth weight children, Neuropsychology, 28, 552-62, 2014	Single-centre study
Narberhaus, A., Segarra, D., Gimenez, M., Junque, C., Pueyo, R., Botet, F., Memory performance in a sample of very low birth weight adolescents, Developmental Neuropsychology, 31, 129-135, 2007	Single centre study
Nelson, P. G., Kuddo, T., Song, E. Y., Dambrosia, J. M., Kohler, S., Satyanarayana, G., Vandunk, C., Grether, J. K., Nelson, K. B., Selected neurotrophins, neuropeptides, and cytokines: developmental trajectory and concentrations in neonatal blood of children with autism or Down syndrome, International Journal of Developmental Neuroscience, 24, 73-80, 2006	Not relevant for this review.
Nelson,K.B., Grether,J.K., Dambrosia,J.M., Walsh,E., Kohler,S., Satyanarayana,G., Nelson,P.G., Dickens,B.F., Phillips,T.M., Neonatal cytokines and cerebral palsy in very preterm infants, Pediatric Research, 53, 600-607, 2003	No prevalence / incidence estimates reported.
Nelson,L.H., Anderson,R.L., O'Shea,T.M., Swain,M., Expectant management of preterm premature rupture of the membranes, American Journal of Obstetrics and Gynecology, 171, 350-356, 1994	Study on management of premature rupture of membranes, not relevant.
Nepomnyaschy, L., Hegyi, T., Ostfeld, B. M., Reichman, N. E., Developmental outcomes of late-preterm infants at 2 and 4 years, Maternal & Child Health Journal, 16, 1612-24, 2012	Does not provide the exact sample size or n/N, therefore, not able to calculate 95% CI for the prevalence.
Neubauer, V., Griesmaier, E., Pehbock-Walser, N., Pupp-Peglow, U., Kiechl-Kohlendorfer, U., Poor postnatal head growth in very preterm infants is associated with impaired neurodevelopment outcome, Acta Paediatrica, 102, 883-8, 2013	Single centre study.
Neuwald, M. F., Agranonik, M., Portella, A. K., Fleming, A., Wazana, A., Steiner, M., Levitan, R.	No outcomes relevant to this review question.

Study	Reason for Exclusion
D., Meaney, M. J., Silveira, P. P., Transgenerational effects of maternal care interact with fetal growth and influence attention skills at 18 months of age, Early Human Development, 90, 241-246, 2014	
Neville, H. L., Jaksic, T., Wilson, J. M., Lally, P. A., Hardin, W. D., Jr., Hirschl, R. B., Lally, K. P., Congenital Diaphragmatic Hernia Study, Group, Bilateral congenital diaphragmatic hernia, Journal of Pediatric Surgery, 38, 522-4, 2003	Outcome not relevant for this review.
Ng, S. M., Turner, M. A., Gamble, C., Didi, M., Victor, S., Weindling, A. M., TIPIT: A randomised controlled trial of thyroxine in preterm infants under 28 weeks' gestation, Trials [Electronic Resource], 9, 17, 2008	RCT
Ng,S.C., Gomez,J.M., Rajadurai,V.S., Saw,S.M., Quak,S.H., Establishing enteral feeding in preterm infants with feeding intolerance: a randomized controlled study of low-dose erythromycin, Journal of Pediatric Gastroenterology and Nutrition, 37, 554-558, 2003	Wrong study design and outcome - randomised controlled trial.
Nguyen,T.M., Crowther,C.A., Wilkinson,D., Bain,E., Magnesium sulphate for women at term for neuroprotection of the fetus, Cochrane Database of Systematic Reviews, 2, CD009395-, 2013	Wrong comparator - systematic review of RCT data on MgSO4 for neuroprotection.
Ni, T. L., Huang, C. C., Guo, N. W., Executive function deficit in preschool children born very low birth weight with normal early development, Early Human Development, 87, 137-141, 2011	Reports on executive function - no outcomes relevant for this review question. Includes <50 preterm children.
Nielsen,L.F., Schendel,D., Grove,J., Hvidtjorn,D., Jacobsson,B., Josiassen,T., Vestergaard,M., Uldall,P., Thorsen,P., Asphyxia-related risk factors and their timing in spastic cerebral palsy, BJOG: An International Journal of Obstetrics and Gynaecology, 115, 1518-1528, 2008	Case control study with participants born prior to 1990 (1982-1990).
Nigro, G., Adler, S. P., Gatta, E., Mascaretti, G., Megaloikonomou, A., La Torre, R., Necozione, S., Fetal hyperechogenic bowel may indicate congenital cytomegalovirus disease responsive to immunoglobulin therapy, Journal of Maternal-Fetal & Neonatal Medicine, 25, 2202-5, 2012	Incorrect popultation (16 pregnant women (one twin pregnancy) with 17 fetuses) Single centre study (2 CENTRES)
Nitert,M.D., Barrett,H.L., Foxcroft,K., Tremellen,A., Wilkinson,S., Lingwood,B., Tobin,J.M., McSweeney,C., O'Rourke,P., McIntyre,H.D., Callaway,L.K., SPRING: An RCT study of probiotics in the prevention of gestational diabetes mellitus in overweight and obese women, BMC Pregnancy and Childbirth, 13 , 2013. Article Number, -, 2013	Not relevant for this review. Protocol for RCT.
Nkansah-Amankra, S., Tettey, G., Association between depressive symptoms in adolescence and birth outcomes in early adulthood using a population-based sample, Preventive Medicine Reports, 2, 371-378, 2015	Participants born before 1990.

Study	Reason for Exclusion
Nordeng, H., Van Gelder, M. M. H. J., Spigset, O., Koren, G., Einarson, A., Eberhard-Gran, M., Pregnancy outcome after exposure to antidepressants and the role of maternal depression: Results from the Norwegian mother and child cohort study, Journal of Clinical Psychopharmacology, 32, 186-194, 2012	Study on the effect of maternal antidepressant use on pregnancy outcomes and congenital malformations.
Norman,J.E., MacKenzie,F., Owen,P., Mactier,H., Hanretty,K., Cooper,S., Calder,A., Mires,G., Danielian,P., Sturgiss,S., MacLennan,G., Tydeman,G., Thornton,S., Martin,B., Thornton,J.G., Neilson,J.P., Norrie,J., Progesterone for the prevention of preterm birth in twin pregnancy (STOPPIT): a randomised, double-blind, placebo-controlled study and meta-analysis, The Lancet, 373, -2040, 2009	RCT
Nossier, S. A., Naeim, N. E., El-Sayed, N. A., Abu Zeid, A. A., The effect of zinc supplementation on pregnancy outcomes: A double-blind, randomised controlled trial, Egypt, British Journal of Nutrition, 114, 274-285, 2015	Incorrect study design. Randomised controlled trial (RCT) conducted in Egipt
Oberlander, T. F., Warburton, W., Misri, S., Aghajanian, J., Hertzman, C., Neonatal outcomes after prenatal exposure to selective serotonin reuptake inhibitor antidepressants and maternal depression using population-based linked health data, Archives of General Psychiatry, 63, 898-906, 2006	Incorrect comparator. Does not assess outcomes at different gestational ages, only considers infants exposed/unexposed to SSRIs during pregnancy.
Oberlander,T.F., Grunau,R.E., Fitzgerald,C., Whitfield,M.F., Does parenchymal brain injury affect biobehavioral pain responses in very low birth weight infants at 32 weeks' postconceptional age?, Pediatrics, 110, 570-576, 2002	Single centre study. Incorrect outcome for this review.
Obican, S. G., Small, A., Smith, D., Levin, H., Drassinower, D., Gyamfi-Bannerman, C., Mode of delivery at periviability and early childhood neurodevelopment, American Journal of Obstetrics & Gynecology, 213, 578.e1-4, 2015	Conference abstract reporting on follow up of a randomised controlled trial. Irrelevant comparator - looks at mode of delivery.
O'Brien, J. M., Defranco, E. A., Adair, C. D., Lewis, D. F., Hall, D. R., How, H., Bsharat, M., Creasy, G. W., Progesterone Vaginal Gel Study, Group, Effect of progesterone on cervical shortening in women at risk for preterm birth: secondary analysis from a multinational, randomized, double-blind, placebo-controlled trial, Ultrasound in Obstetrics & Gynecology, 34, 653-9, 2009	RCT
O'Brien,J.M., Adair,C.D., Lewis,D.F., Hall,D.R., Defranco,E.A., Fusey,S., Soma-Pillay,P., Porter,K., How,H., Schackis,R., Eller,D., Trivedi,Y., Vanburen,G., Khandelwal,M., Trofatter,K., Vidyadhari,D., Vijayaraghavan,J., Weeks,J., Dattel,B., Newton,E., Chazotte,C., Valenzuela,G., Calda,P., Bsharat,M., Creasy,G.W., Progesterone vaginal gel for the reduction of recurrent preterm birth: primary results from a randomized, double-blind,	RCT

Study	Reason for Exclusion
placebo-controlled trial, Ultrasound in Obstetrics and Gynecology, 30, 687-696, 2007	
O'Callaghan, M. E., Maclennan, A. H., Gibson, C. S., McMichael, G. L., Haan, E. A., Broadbent, J. L., Baghurst, P. A., Goldwater, P. N., Dekker, G. A., Genetic and clinical contributions to cerebral palsy: A multi-variable analysis, Journal of paediatrics and child health, 49, 575-581, 2013	Incorrect outcome - looks at association of CP with single nucleotide polymorphisms.
O'Callaghan, M. E., Maclennan, A. H., Gibson, C. S., McMichael, G. L., Haan, E. A., Broadbent, J. L., Goldwater, P. N., Painter, J. N., Montgomery, G. W., Dekker, G. A., Australian Collaborative Cerebral Palsy Research, Group, Fetal and maternal candidate single nucleotide polymorphism associations with cerebral palsy: a case-control study, Pediatrics, 129, e414-23, 2012	Case control study design. Incorrect outcome for this review.
O'Callaghan, M. E., MacLennan, A. H., McMichael, G. L., Haan, E. A., Dekker, G. A., Single-nucleotide polymorphism associations with preterm delivery: a case-control replication study and meta-analysis, Pediatric Research, 74, 433-8, 2013	Not relevant topic (single-nucleotide polymorphism in relation to preterm birth) and case-control design.
O'Callaghan,M., MacLennan,A., Cesarean delivery and cerebral palsy: a systematic review and meta-analysis, Obstetrics and Gynecology, 122, 1169-1175, 2013	A systematic review and meta-analysis on the association between cesarean delivery and CP. Not relevant.
Ochoa, T. J., Zegarra, J., Cam, L., Llanos, R., Pezo, A., Cruz, K., Zea-Vera, A., Carcamo, C., Campos, M., Bellomo, S., Randomized Controlled Trial of Lactoferrin for Prevention of Sepsis in Peruvian Neonates Less than 2500 g, Pediatric Infectious Disease Journal, 34, 571-576, 2015	RCT from Peru
Odd,D.E., Emond,A., Whitelaw,A., Long-term cognitive outcomes of infants born moderately and late preterm, Developmental Medicine and Child Neurology, 54, 704-709, 2012	Prevalence of relevant outcomes not reported.
O'Shea,T.M., Allred,E.N., Dammann,O., Hirtz,D., Kuban,K.C.K., Paneth,N., Leviton,A., The ELGAN study of the brain and related disorders in extremely low gestational age newborns, Early Human Development, 85, 719-725, 2009	Summary article of other papers reporting results of the ELGAN study. No data relevant to outcomes for this review.
Oskoui,M., Coutinho,F., Dykeman,J., Jette,N., Pringsheim,T., An update on the prevalence of cerebral palsy: a systematic review and meta-analysis, Developmental Medicine and Child Neurology, 55, 509-519, 2013	Review, references were checked.
Petrini,J.R., Dias,T., McCormick,M.C., Massolo,M.L., Green,N.S., Escobar,G.J., Increased risk of adverse neurological development for late preterm infants, Journal of Pediatrics, 154, 169-176, 2009	Retrospective design.
Piecuch,R.E., Leonard,C.H., Cooper,B.A., Kilpatrick,S.J., Schlueter,M.A., Sola,A., Outcome of infants born at 24-26 weeks' gestation: II.	Single-centre study.

Study	Reason for Exclusion
Neurodevelopmental outcome, Obstetrics and Gynecology, 90, 809-814, 1997	
Pietz, J., Peter, J., Graf, R., Rauterberg-Ruland, I., Rupp, A., Sontheimer, D., Linderkamp, O., Physical growth and neurodevelopmental outcome of nonhandicapped low-risk children born preterm, Early Human Development, 79, 131-43, 2004	Participants born prior to 1990 (1986 to 1987).
Pugliese, M., Rossi, C., Guidotti, I., Gallo, C., Della Casa, E., Bertoncelli, N., Coccolini, E., Ferrari, F., Preterm birth and developmental problems in infancy and preschool age Part II: cognitive, neuropsychological and behavioural outcomes, Journal of Maternal-Fetal & Neonatal Medicine, 26, 1653-7, 2013	Review, references were checked.
Rabie, N. Z., Bird, T. M., Magann, E. F., Hall, R. W., McKelvey, S. S., ADHD and developmental speech/language disorders in late preterm, early term and term infants, Journal of Perinatology, 35, 660-664, 2015	Retrospective cohort study.
Reidy, N., Morgan, A., Thompson, D. K., Inder, T. E., Doyle, L. W., Anderson, P. J., Impaired language abilities and white matter abnormalities in children born very preterm and/or very low birth weight, Journal of Pediatrics, 162, 719-24, 2013	Single-centre study
Repka, M. X., Ophthalmological problems of the premature infant, Mental Retardation & Developmental Disabilities Research Reviews, 8, 249-57, 2002	Not an original study, a review but not relevant.
Restiffe,A.P., Gherpelli,J.L., Differences in walking attainment ages between low-risk preterm and healthy full-term infants, Arquivos de Neuro-Psiquiatria, 70, 593-598, 2012	Single centre study conducted in Brazil.
Reynolds, V., Meldrum, S., Simmer, K., Vijayasekaran, S., French, N., Voice problems in school-aged children following very preterm birth, Archives of Disease in Childhood, 101, 556-560, 2016	Single centre study.
Reynolds, V., Meldrum, S., Simmer, K., Vijayasekaran, S., French, N. P., Dysphonia in preterm children: Assessing incidence and response to treatment, Contemporary Clinical Trials, 37, 170-175, 2014	Incorrect study design (study protocol)
Robertson, C. M. T., Watt, M. J., Dinu, I. A., Outcomes for the Extremely Premature Infant: What Is New? and Where Are We Going?, Pediatric Neurology, 40, 189-196, 2009	Review, references were checked.
Rogers, C. E., Lenze, S. N., Luby, J. L., Late preterm birth, maternal depression, and risk of preschool psychiatric disorders, Journal of the American Academy of Child and Adolescent Psychiatry, 52, 309-318, 2013	Population is not representative. Oversamples children with depressive symptoms, therefore prevalence estimates will be unreliable.
Romeo, D. M., Di Stefano, A., Conversano, M., Ricci, D., Mazzone, D., Romeo, M. G., Mercuri, E., Neurodevelopmental outcome at 12 and 18	Single centre study. Prospective study of children born at 33-36 weeks but includes <200 participants.

Study	Reason for Exclusion
months in late preterm infants, European Journal of Paediatric Neurology, 14, 503-7, 2010	
Ruiz-Extremera, A., Robles-Vizcaino, C., Salvatierra-Cuenca, M. T., Ocete, E., Lainez, C., Benitez, A., Cruz, F., Miranda, M. T., Salmeron, J., Neurodevelopment of neonates in neonatal intensive care units and growth of surviving infants at age 2 years, Early Human Development, 65 Suppl, S119-32, 2001	Single centre study. Only reports on composite outcome of neurologic disorder.
Rvachew, S., Creighton, D., Feldman, N., Sauve, R., Vocal development of infants with very low birth weight, Clinical Linguistics & Phonetics, 19, 275-94, 2005	Single centre study (Perinatal Follow-up Clinic at the Alberta Childrenâ□™s Hospital)
Samara, M., Johnson, S., Lamberts, K., Marlow, N., Wolke, D., Eating problems at age 6 years in a whole population sample of extremely preterm children, Developmental Medicine & Child Neurology, 52, e16-22, 2010	Reports on eating problems - nor relevant for this review.
Samara, M., Marlow, N., Wolke, D., E. PICure Study Group, Pervasive behavior problems at 6 years of age in a total-population sample of children born at </= 25 weeks of gestation, Pediatrics, 122, 562-73, 2008	Outcome is behavioural problems, not relevant for this review but should be considered for the prevalence of problems review.
Samra, H. A., McGrath, J. M., Wehbe, M., An integrated review of developmental outcomes and late-preterm birth, JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing, 40, 399-411, 2011	Review, references were checked.
Sansavini, A., Guarini, A., Justice, L. M., Savini, S., Broccoli, S., Alessandroni, R., Faldella, G., Does preterm birth increase a child's risk for language impairment?, Early Human Development, 86, 765-772, 2010	Single centre study. Only reports on children at risk for language impairment, not diagnosed with a disorder.
Sato, M., Aotani, H., Hattori, R., Funato, M., Behavioral outcome including attention deficit hyperactivity disorder/hyperactivity disorder and minor neurological signs in perinatal high-risk newborns at 4-6 years of age with relation to risk factors, Pediatrics International, 46, 346-52, 2004	Japanese study
Saw, H. P., Ho, M. L., Chen, J. Y., Hearing impairment in very low birth weight infants incidence, risks factors analysis and follow up, Clinical Neonatology, 12, 30-35, 2005	A study from Taiwan.
Schalij-Delfos, N. E., de Graaf, M. E. L., Treffers, W. F., Engel, J., Cats, B. P., Long term follow up premature infants: Detection of strabismus, amblyopia, and refractive errors, British Journal of Ophthalmology, 84, 963-967, 2000	Single centre study
Schendel,D., Bhasin,T.K., Birth weight and gestational age characteristics of children with autism, including a comparison with other developmental disabilities, Pediatrics, 121, 1155-1164, 2008	Some participants born prior to 1990 (born between 1981 and 1993) with no report of how many children were born in different years.
Schiariti,V., Matsuba,C., Hoube,J.S., Synnes,A.R., Severe retinopathy of prematurity	Retrospective study.

Study	Reason for Exclusion
and visual outcomes in British Columbia: A 10-year analysis, Journal of Perinatology, 28, 566-572, 2008	
Schlapbach, L. J., Adams, M., Proietti, E., Aebischer, M., Grunt, S., Borradori-Tolsa, C., Bickle-Graz, M., Bucher, H. U., Latal, B., Natalucci, G., Outcome at two years of age in a Swiss national cohort of extremely preterm infants born between 2000 and 2008, BMC Pediatrics, 12, 2012	Reports composite outcome measure only.
Seikku, L., Gissler, M., Andersson, S., Rahkonen, P., Stefanovic, V., Tikkanen, M., Paavonen, J., Rahkonen, L., Asphyxia, neurologic morbidity, and perinatal mortality in early- term and postterm birth, Pediatrics, 137 (6) (no pagination), 2016	A register-based study comparing outcomes for early-term (GA 37-38 weeks) and full-term and post-term children.
Simms, V., Gilmore, C., Cragg, L., Marlow, N., Wolke, D., Johnson, S., Mathematics difficulties in extremely preterm children: evidence of a specific deficit in basic mathematics processing, Pediatric research, 73, 236-44, 2013	No prevalence / incidence estimates reported.
Slidsborg, C., Olesen, H. B., Jensen, P. K., Jensen, H., Nissen, K. R., Greisen, G., Rasmussen, S., Fledelius, H. C., Cour, M. L., Treatment for retinopathy of prematurity in Denmark in a ten-year period (1996-2005): Is the incidence increasing?, Pediatrics, 121, 97-105, 2008	Only looks at blindness within subgroup of participants with ROP, therefore would miss preterm babies with other causes of blindness.
Somhovd, M. J., Hansen, B. M., Brok, J., Esbjorn, B. H., Greisen, G., Anxiety in adolescents born preterm or with very low birthweight: A meta-analysis of case-control studies, Developmental medicine and child neurology, 54, 988-994, 2012	Review, references were checked.
Sommer,C., Urlesberger,B., Maurer-Fellbaum,U., Kutschera,J., Muller,W., Neurodevelopmental outcome at 2 years in 23 to 26 weeks old gestation infants, Klinische Padiatrie, 219, 23-29, 2007	Single centre study.
Stene-Larsen, K., Brandlistuen, R. E., Lang, A. M., Landolt, M. A., Latal, B., Vollrath, M. E., Communication impairments in early term and late preterm children: A prospective cohort study following children to age 36 months, Journal of Pediatrics, 165, 1123-1128, 2014	No relevant outcomes for this review.
Stolt, S., Matomaki, J., Lind, A., Lapinleimu, H., Haataja, L., Lehtonen, L., The prevalence and predictive value of weak language skills in children with very low birth weight - A longitudinal study, Acta Paediatrica, International Journal of Paediatrics, 103, 651-658, 2014	Single-centre study
Surman, G., Newdick, H., Johnson, A., Oxford Register of Early Childhood Impairments Management, Group, Cerebral palsy rates among low-birthweight infants fell in the 1990s,	Inclusion/grouping according to birth weight, no mean gestational ages for bw groups reported.

Study	Reason for Exclusion
Developmental Medicine & Child Neurology, 45, 456-62, 2003	
Sweet,M.P., Hodgman,J.E., Pena,I., Barton,L., Pavlova,Z., Ramanathan,R., Two-year outcome of infants weighing 600 grams or less at birth and born 1994 through 1998, Obstetrics and Gynecology, 101, 18-23, 2003	Retrospective study.
Teune, M. J., Bakhuizen, S., Gyamfi Bannerman, C., Opmeer, B. C., van Kaam, A. H., van Wassenaer, A. G., Morris, J. M., Mol, B. W., A systematic review of severe morbidity in infants born late preterm, American Journal of Obstetrics & Gynecology, 205, 374.e1-9, 2011	Review, references were checked.
Thorkelsson, T., Kristinsdottir, H., Halldorsdottir, M., Thorarensen, O., Sigurdardottir, S., Risk factors for cerebral palsy in preterm infants-a population based study, Journal of Maternal-Fetal and Neonatal Medicine, 27, 364-365, 2014	Conference abstract.
Treyvaud, K., Ure, A., Doyle, L. W., Lee, K. J., Rogers, C. E., Kidokoro, H., Inder, T. E., Anderson, P. J., Psychiatric outcomes at age seven for very preterm children: rates and predictors, Journal of Child Psychology & Psychiatry & Allied Disciplines, 54, 772-9, 2013	Single-centre study
Tronnes, H., Wilcox, A. J., Lie, R. T., Markestad, T., Moster, D., Risk of cerebral palsy in relation to pregnancy disorders and preterm birth: a national cohort study, Developmental Medicine & Child Neurology, 56, 779-85, 2014	Includes participants born prior to 1990 (1967-2001).
van Baar, A. L., van Wassenaer, A. G., Briet, J. M., Dekker, F. W., Kok, J. H., Very preterm birth is associated with disabilities in multiple developmental domains, Journal of Pediatric Psychology, 30, 247-55, 2005	Follow up of a randomised controlled trial.
van Baar, A. L., Vermaas, J., Knots, E., de Kleine, M. J., Soons, P., Functioning at school age of moderately preterm children born at 32 to 36 weeks' gestational age, Pediatrics, 124, 251-7, 2009	No data on diagnosed disorders, only information on mean scores for behavioural screening tools.
Van Lieshout, R. J., Boylan, K., Increased depressive symptoms in female but not male adolescents born at low birth weight in the offspring of a national cohort, Canadian Journal of Psychiatry, 55, 422-430, 2010	Participants born prior to 1990 (1986-1990). Looks at SGA but not prematurity.
van Noort-van der Spek, I. L., Franken, M. C., Weisglas-Kuperus, N., Language functions in preterm-born children: a systematic review and meta-analysis, Pediatrics, 129, 745-54, 2012	Does not report language outcomes as disorders, only mean scores for preterm children.
Vincer,M.J., Allen,A.C., Joseph,K.S., Stinson,D.A., Scott,H., Wood,E., Increasing prevalence of cerebral palsy among very preterm infants: a population-based study, Pediatrics, 118, e1621-e1626, 2006	Same study with same outcome as another publication already included but this publication reports less (children born 1993-2002) than the other one (children born 1993-2007).
Vohr, B. R., Neurodevelopmental outcomes of extremely preterm infants, Clinics in Perinatology, 41, 241-55, 2014	Review, no additional studies to be included.

Study	Reason for Exclusion
Washburn, L. K., Dillard, R. G., Goldstein, D. J., Klinepeter, K. L., deRegnier, R. A., O'Shea, T., Survival and major neurodevelopmental impairment in extremely low gestational age newborns born 1990-2000: A retrospective cohort study, BMC pediatrics, 7 (no pagination), 2007	Single centre study.
Weber,C., Weninger,M., Klebermass,K., Reiter,G., Wiesinger-Eidenberger,G., Brandauer,M., Kraschl,R., Lingitz,K., Grassl-Jurek,R., Sterniste,W., Balluch,B., Kolmer,M., Bruckner,R., Schweintzger,G., Salzer,H., Rath,I., Kubitsch,P., Zissler,W., Muller,W., Urlesberger,B., Mortality and morbidity in extremely preterm infants (22 to 26 weeks of gestation): Austria 1999-2001, Wiener Klinische Wochenschrift, 117, 740-746, 2005	Retrospective study
Whitaker, A. H., Van Rossem, R., Feldman, J. F., Schonfeld, I. S., Pinto-Martin, J. A., Tore, C., Shaffer, D., Paneth, N., Psychiatric outcomes in low-birth-weight children at age 6 years: relation to neonatal cranial ultrasound abnormalities, Archives of General Psychiatry, 54, 847-56, 1997	Participants born before 1990.
Williams, J., Lee, K. J., Anderson, P. J., Prevalence of motor-skill impairment in preterm children who do not develop cerebral palsy: a systematic review, Developmental Medicine & Child Neurology, 52, 232-7, 2010	Review, references were checked.
Woodward, L. J., Moor, S., Hood, K. M., Champion, P. R., Foster-Cohen, S., Inder, T. E., Austin, N. C., Very preterm children show impairments across multiple neurodevelopmental domains by age 4 years, Archives of Disease in Childhood: Fetal and Neonatal Edition, 94, F339-F344, 2009	Single centre study.
Zhu, J. L., Olsen, J., Olesen, A. W., Risk for developmental coordination disorder correlates with gestational age at birth, Paediatric and Perinatal Epidemiology, 26, 572-577, 2012	Screening tool used for assessing DCD.

G.51 Information provision

2 **Table 14: Excluded studies for information provision systematic review**

Study	Reason for Exclusion
Aagaard, H., Uhrenfeldt, L., Spliid, M., Fegran, L., Parents' experiences of transition when their infants are discharged from the Neonatal Intensive Care Unit: a systematic review protocol, JBI Database Of Systematic Reviews And Implementation Reports, 13, 123-32, 2015	Protocol for systematic review. No data included.
American Academy of Pediatrics Committee on, Fetus, Newborn,, Hospital discharge of the high-risk neonate, Pediatrics, 122, 1119-26, 2008	Narrative review/guideline.
Anonymous,, Hospital discharge of the high-risk neonate--proposed guidelines. American	Narrative review article/guideline.

Study	Reason for Exclusion
Academy of Pediatrics. Committee on Fetus and Newborn, Pediatrics, 102, 411-7, 1998	
Bialoskurski, M. M., Cox, C. L., Wiggins, R. D., The relationship between maternal needs and priorities in a neonatal intensive care environment, Journal of Advanced Nursing, 37, 62-69, 2002	Quantitative data only.
Biasini, A., Fantini, F., Neri, E., Stella, M., Arcangeli, T., Communication in the neonatal intensive care unit: A continuous challenge, Journal of Maternal-Fetal and Neonatal Medicine, 25, 2126-2129, 2012	No data on information needs. Assesses outcomes of a new initiative on communication.
Brett,J., Staniszewska,S., Newburn,M., Jones,N., Taylor,L., A systematic mapping review of effective interventions for communicating with, supporting and providing information to parents of preterm infants, BMJ Open, 1, e000023-, 2011	Systematic review. Does include some articles to follow up in references, but no data that can be used directly.
Calam, R. M., Lambrenos, K., Cox, A. D., Weindling, A. M., Maternal appraisal of information given around the time of preterm delivery, Journal of Reproductive and Infant Psychology, 17, 267-280, 1999	Mainly quantitative survey data regarding whether or not mothers remember information, not what information they were given or wanted to receive.
Conner, J. M., Nelson, E. C., Neonatal intensive care: satisfaction measured from a parent's perspective, Pediatrics, 103, 336-49, 1999	Narrative review only.
Coscia, A., Bertino, E., Tonetto, P., Giuliani, F., Varalda, A., Di Nicola, P., Cester, E., Occhi, L., Forno, M., Quadrino, S., Fabris, C., Communicative strategies in a neonatal intensive care unit, Journal of Maternal-Fetal & Neonatal Medicine, 23 Suppl 3, 11-3, 2010	Includes algorithm for a counselling strategy, no data on information needs.
Costello, A., Bracht, M., Van Camp, K., Carman, L., Parent information binder: individualizing education for parents of preterm infants, Neonatal Network - Journal of Neonatal Nursing, 15, 43-6, 1996	No qualitative data. Reports on implementing the use of a parent information binder for parents of preterm infants.
De Rouck, S., Leys, M., Illness trajectory and Internet as a health information and communication channel used by parents of infants admitted to a neonatal intensive care unit, Journal of Advanced Nursing, 69, 1489-99, 2013	Looks at how parents use the internet to help identify information. No data on what their information needs are.
Evans, T., Whittingham, K., Boyd, R., What helps the mother of a preterm infant become securely attached, responsive and well-adjusted?, Infant Behavior and Development, 35, 1-11, 2012	Quantitative study on attachment.
Fegran, L., Helseth, S., The parent-nurse relationship in the neonatal intensive care unit context - Closeness and emotional involvement, Scandinavian Journal of Caring Sciences, 23, 667-673, 2009	Explores the relationship between parents and nurses, but no data on information needs.
Gaucher, N., Nadeau, S., Barbier, A., Janvier, A., Payot, A., Personalized Antenatal Consultations for Preterm Labor: Responding to	Quantitative survey data only.

Study	Reason for Exclusion
Mothers' Expectations, Journal of Pediatrics, 2, 2, 2016	
Gibbins,S.A., Chapman,J.S., Holding on: parents' perceptions of premature infants' transfers, Journal of obstetric, gynecologic, and neonatal nursing : JOGNN / NAACOG, 25, 147-153, 1996	Only includes data on parental feelings about infant transfer to lower dependency unit. No data on information provision.
Goldberg,H.S., Morales,A., Improving information prescription to parents of premature infants through an OWL-based knowledge mediator, Studies in Health Technology and Informatics, 107, 361-365, 2004	Describes the use of a software program to generate educational material for parents. No analysis of information provision.
Green, J., Darbyshire, P., Adams, A., Jackson, D., A burden of knowledge: A qualitative study of experiences of neonatal intensive care nurses' concerns when keeping information from parents, Journal of Child Health Care, 19, 485-94, 2015	No data on information needs, only on nurses emotions regarding withholding information.
Griffin, J. B., Pickler, R. H., Hospital-to-home transition of mothers of preterm infants, MCN The American Journal of Maternal/Child Nursing, 36, 252-257, 2011	No data on information provision, just emotional changes.
Ichijima,E., Kirk,R., Hornblow,A., Parental support in neonatal intensive care units: a cross-cultural comparison between New Zealand and Japan, Journal of Pediatric Nursing, 26, 206-215, 2011	Only describes sources of stress for parents, no data on information provision.
Ingram, J, Blair, PS, Powell, JE, Manns, S, Burden, H, Pontin, D, Redshaw, M, Beasant, L, Rose, C, Johnson, D, Gaunt, D, Fleming, P, Preparing for Home: a before-and-after study to investigate the effects of a neonatal discharge package aimed at increasing parental knowledge, understanding and confidence in caring for their preterm infant before and after discharge from hospital (Structured abstract), Health Technology Assessment Database, 2016	Before and after study of a discharge package. No data on information needs.
Janvier,A., Lorenz,J.M., Lantos,J.D., Antenatal counselling for parents facing an extremely preterm birth: limitations of the medical evidence, Acta Paediatrica, 101, 800-804, 2012	Narrative review article. No primary data.
Jefferies, A. L., Kirpalani, H. M., Canadian Paediatric Society, Fetus, Newborn, Committee, Counselling and management for anticipated extremely preterm birth, Paediatrics & Child Health, 17, 443-6, 2012	Position statement and recommendations of the Canadian Paediatric Society. No description of qualitative data on information.
Jones, L., Taylor, T., Watson, B., Fenwick, J., Dordic, T., Negotiating Care in the Special Care Nursery: Parents' and Nurses' Perceptions of Nurse-Parent Communication, Journal of Pediatric Nursing, 30, e71-80, 2015	Considers communication styles, not information provision.
Kaempf,J.W., Tomlinson,M., Arduza,C., Anderson,S., Campbell,B., Ferguson,L.A., Zabari,M., Stewart,V.T., Medical staff guidelines for periviability pregnancy counseling and medical treatment of extremely premature infants, Pediatrics, 117, 22-29, 2006	No discussion of what information is needed/provided.

Study	Reason for Exclusion
Kim, U. O., Basir, M. A., Informing and educating parents about the risks and outcomes of prematurity, Clinics in Perinatology, 41, 979-991, 2014	Narrative review article/opinion paper.
Kowalski,W.J., Leef,K.H., Mackley,A., Spear,M.L., Paul,D.A., Communicating with parents of premature infants: who is the informant?, Journal of Perinatology, 26, 44-48, 2006	Survey with exclusively quantitative data.
McCormick,M.C., Escobar,G.J., Zheng,Z., Richardson,D.K., Factors influencing parental satisfaction with neonatal intensive care among the families of moderately premature infants, Pediatrics, 121, 1111-1118, 2008	Quantitative data on factors affecting maternal satisfaction. No data on information provision.
Miles,M.S., Carlson,J., Funk,S.G., Sources of support reported by mothers and fathers of infants hospitalized in a neonatal intensive care unit, Neonatal Network - Journal of Neonatal Nursing, 15, 45-52, 1996	Quantitative data on support only.
Miller, N. P., Guidelines for primary care follow-up of premature infants, Nurse Practitioner, 18, 45-8, 1993	Narrative review/opinion article.
Moyer, V. A., Singh, H., Finkel, K. L., Giardino, A. P., Transitions from neonatal intensive care unit to ambulatory care: description and evaluation of the proactive risk assessment process, Quality & Safety in Health Care, 19 Suppl 3, i26-30, 2010	No data on information provision.
Pepper,D., Rempel,G., Austin,W., Ceci,C., Hendson,L., More than information: a qualitative study of parents' perspectives on neonatal intensive care at the extremes of prematurity, Advances in Neonatal Care, 12, 303-309, 2012	Limited data on information needs - only describes parents wanting more information, but no specifics.
Phillips-Pula, L., Pickler, R., McGrath, J. M., Brown, L. F., Dusing, S. C., Caring for a preterm infant at home: a mother's perspective, The Journal of perinatal & neonatal nursing, 27, 335-344, 2013	No data relevant to information provision in the main text of the paper. A few points suggested by the author in the discussion only.
Pohlman, S., Fathering premature infants and the technological imperative of the neonatal intensive care unit: An interpretive inquiry, Advances in Nursing Science, 32, E1-E17, 2009	No data on information provision.
Pridham,K.A., Krolikowski,M.M., Limbo,R.K., Paradowski,J., Rudd,N., Meurer,J.R., Uttech,A., Henriques,J.B., Guiding mothers' management of health problems of very low birth-weight infants, Public health nursing (Boston, Mass.), 23, 205-215, 2006	RCT of guided participation in management of preterm babies.
Raffray, M., Semenic, S., Osorio Galeano, S., Ochoa Marin, S. C., Barriers and facilitators to preparing families with premature infants for discharge home from the neonatal unit. Perceptions of health care providers, Investigacion y Educacion en Enfermeria, 32, 379-92, 2014	Developing country - study conducted in Colombia.

Study	Reason for Exclusion
Redshaw, M. E., Mothers of babies requiring special care: Attitudes and experiences, Journal of Reproductive and Infant Psychology, 15, 109-120, 1997	Quantitative survey data only.
Redshaw, M. E., Harvey, M. E., Explanations and information-giving: Clinician strategies used in talking to parents of preterm infants, BMC Pediatrics, 16 (1) (no pagination), 2016	Does not include data on what information should be provided, only includes a summary of the approach taken by clinicians in communicating information (specifically about brain imaging).
Rossman, B., Greene, M. M., Meier, P. P., The role of peer support in the development of maternal identity for "NICU Moms", Journal of obstetric, gynecologic, and neonatal nursing : JOGNN / NAACOG, 44, 3-16, 2015	No data on information provision.
Rucci, P., Latour, J., Zanello, E., Calugi, S., Vandini, S., Faldella, G., Fantini, M. P., Measuring parents' perspective on continuity of care in children with special health care needs, International Journal of Integrated Care [Electronic Resource], 15, e046, 2015	Quantitative survey analysis only.
Sisson, H., Jones, C., Williams, R., Lachanudis, L., Metaethnographic Synthesis of Fathers' Experiences of the Neonatal Intensive Care Unit Environment During Hospitalization of Their Premature Infants, Journal of obstetric, gynecologic, and neonatal nursing : JOGNN / NAACOG, 44, 471-480, 2015	Data on communication, but no relevant data on information provision.
Sommer, C. M., Cook, C. M., Disrupted bonds - parental perceptions of regionalised transfer of very preterm infants: a small-scale study, Contemporary nurse, 50, 256-266, 2015	No data on information provision.
Sullivan, J. R., Development of father-infant attachment in fathers of preterm infants, Neonatal network : NN, 18, 33-39, 1999	Quantitative data only. No discussion of information needs.
Thoren,E.M., Metze,B., Buhrer,C., Garten,L., Online support for parents of preterm infants: a qualitative and content analysis of Facebook 'preemie' groups, Archives of Disease in Childhood Fetal and Neonatal Edition, 98, F534-F538, 2013	No data on information needs.
Turner, M., Chur-Hansen, A., Winefield, H., The neonatal nurses' view of their role in emotional support of parents and its complexities, Journal of Clinical Nursing, 23, 3156-3165, 2014	No data on information needs.
Turner,M., Winefield,H., Chur-Hansen,A., The emotional experiences and supports for parents with babies in a neonatal nursery, Advances in Neonatal Care, 13, 438-446, 2013	No data on information needs.
Valizadeh,L., Zamanzadeh,V., Akbarbegloo,M., Sayadi,L., Importance and availability of nursing support for mothers in NICU: A comparison of opinions of Iranian mothers and nurses, Iranian Journal of Pediatrics, 22, 191-196, 2012	Quantitative data only, without data on information provision.
Vohr,B.R., O'Shea,M., Wright,L.L., Longitudinal multicenter follow-up of high-risk infants: Why,	Narrative review article.

Study	Reason for Exclusion
who, when, and what to assess, Seminars in Perinatology, 27, 333-342, 2003	
Weis, J., Zoffmann, V., Egerod, I., Improved nurse-parent communication in neonatal intensive care unit: evaluation and adjustment of an implementation strategy, Journal of Clinical Nursing, 23, 3478-3489, 2014	Assesses implementation of guided family-centred care. No data on information needs.
Weis, J., Zoffmann, V., Egerod, I., Enhancing person-centred communication in NICU: a comparative thematic analysis, Nursing in Critical Care, 20, 287-98, 2015	No data on information needs. A comparison of how supported parents feel when receiving guided-family centred care as compared to standard care.
Whitfield, M. F., Psychosocial effects of intensive care on infants and families after discharge, Seminars in Neonatology, 8, 185-93, 2003	Narrative review/opinion article.
Whittingham, K., Ferrari, A., Pennell, C., Sanders, M., Pritchard, M., Gray, P., Callaghan, M. O., Boyd, R., Coldtiz, P., What do parents want? Acceptability of a new parenting intervention for parents of infants born preterm, Developmental Medicine and Child Neurology, 52, 48-49, 2010	Conference abstract. No clear data related to information provision.
Wigert,H., Dellenmark,M.B., Bry,K., Strengths and weaknesses of parent-staff communication in the NICU: a survey assessment, BMC Pediatrics, 13, 71-, 2013	40% of participants were parents of term babies. Majority of results are quantitative survey data. No new themes regarding information provision reported in qualitative data
Willis,V., Parenting preemies: a unique program for family support and education after NICU discharge, Advances in Neonatal Care, 8, 221-230, 2008	Description of information and support program for parents of premature babies.
Yee, W. H., Sauve, R., What information do parents want from the antenatal consultation?, Paediatrics & Child Health, 12, 191-6, 2007	Survey data only.
Zupancic,J.A.F., Kirpalani,H., Barrett,J., Stewart,S., Gafni,A., Streiner,D., Beecroft,M.L., Smith,P., Characterising doctor-parent communication in counselling for impending preterm delivery, Archives of Disease in Childhood: Fetal and Neonatal Edition, 87, F113-F117, 2002	Only considers concordance between doctor and patient recall of antenatal counselling discussion.

G.61 Support of children who are born preterm

2 **Table 15: Excluded studies for support of children who are born preterm systematic**
3 **review**

Study	Reason for Exclusion
Ardal,F., Sulman,J., Fuller-Thomson,E., Support like a walking stick: parent-buddy matching for language and culture in the NICU, Neonatal network : NN, 30, 89-98, 2011	NICU setting only
Arockiasamy,V., Holsti,L., Albersheim,S., Fathers' experiences in the neonatal intensive care unit: a search for control, Pediatrics, 121, e215-e222, 2008	NICU setting only

Study	Reason for Exclusion
Axelin,A., Lehtonen,L., Pelander,T., Salantera,S., Mothers' different styles of involvement in preterm infant pain care, JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing, 39, 415-424, 2010	NICU setting only
Badr Zahr, L. K., Quantitative and qualitative predictors of development for low-birth weight infants of Latino background, Applied Nursing Research, 14, 125-35, 2001	Quantitative study
Barton,L.R., Roman,L.A., Fitzgerald,H.E., McKinney,M.H., Informal social support characteristics and utilization of parenting support services among low-income African American mothers of premature infants, Infant Mental Health Journal, 23, 278-292, 2002	Quantitative study, NICU setting only
Bermudez-Millan, A., Damio, G., Cruz, J., D'Angelo, K., Segura-Perez, S., Hromi-Fiedler, A., Perez-Escamilla, R., Stress and the social determinants of maternal health among Puerto Rican women: a CBPR approach, Journal of Health Care for the Poor & Underserved, 22, 1315-30, 2011	Population was non pregnant and pregnant women
Blomqvist, Y. T., Rubertsson, C., Kylberg, E., Joreskog, K., Nyqvist, K. H., Kangaroo mother care helps fathers of preterm infants gain confidence in the paternal role, Journal of Advanced Nursing, 68, 1988-1996, 2012	No evidence for support at or after discharge from NICU
Blomqvist,Y.T., Frolund,L., Rubertsson,C., Nyqvist,K.H., Provision of Kangaroo Mother Care: supportive factors and barriers perceived by parents, Scandinavian Journal of Caring Sciences, 27, 345-353, 2013	NICU setting only
Boucher, C. A., Brazal, P. M., Graham-Certosini, C., Carnaghan-Sherrard, K., Feeley, N., Mothers' breastfeeding experiences in the NICU, Neonatal network : NN, 30, 21-28, 2011	NICU setting only
Brandon, D. H., Tully, K. P., Silva, S. G., Malcolm, W. F., Murtha, A. P., Turner, B. S., Holditch-Davis, D., Emotional responses of mothers of late-preterm and term infants, JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing, 40, 719-31, 2011	No evidence for at or after discharge from NICU
Brazy,J.E., Anderson,B.M., Becker,P.T., Becker,M., How parents of premature infants gather information and obtain support, Neonatal Network - Journal of Neonatal Nursing, 20, 41-48, 2001	The study is a narrative description by the author, no evidence from included population
Brown, L. F., Pridham, K. A., Brown, R., Sequential observation of infant regulated and dysregulated behavior following soothing and stimulating maternal behavior during feeding, Journal for Specialists in Pediatric Nursing: JSPN, 19, 139-48, 2014	Quantitative analysis
Bucher, L., Williams, S., Hayes, E., Morin, K., Sylvia, B., First-time mothers' perceptions of prenatal care services, Applied nursing research : ANR, 10, 64-71, 1997	Prenatal care, quantitative

Study	Reason for Exclusion
Callen, J., Pinelli, J., Atkinson, S., Saigal, S., Qualitative analysis of barriers to breastfeeding in very-low-birthweight infants in the hospital and postdischarge, Advances in Neonatal Care, 5, 93-103, 2005	Authors reporting only, evidence from population not reported
Cardoso, M. H. C., Pereira, S. M. P., Extremely prematurity: Narratives of the experiences of four Brazilian families, Journal of Maternal-Fetal and Neonatal Medicine, 25, 77, 2012	Conference abstract, not enough information
Chang Lee, S. N., Long, A., Boore, J., Taiwanese women's experiences of becoming a mother to a very-low-birth-weight preterm infant: A grounded theory study, International Journal of Nursing Studies, 46, 326-336, 2009	NICU setting only
Concheiro-Guisan, A., Canizo Vazquez, D., Gonzalez Duran, M. L., Gonzalez Colmenero, E., Duran Fernandez-Feijoo, C., Fernandez Lorenzo, J. R., Parent-staff communication and breastfeeding support in NICU: A qualitative study, Journal of Maternal-Fetal and Neonatal Medicine, 27, 404-405, 2014	Conference abstract, does not provide qualitative evidence
Correia, L. L., Carvalho, A. E. V., Linhares, M. B. M., Verbal contents expressed by mothers of preterm infants with clinical emotional symptoms. [Spanish, Portuguese, English], Revista Latino-Americana de Enfermagem, 16, 64-70, 2008	Quantitative analysis
Davis,L., Edwards,H., Mohay,H., Mother-infant interaction in premature infants at three months after nursery discharge, International Journal of Nursing Practice, 9, 374-381, 2003	Quantitative analysis
Demirci, J. R., Happ, M. B., Bogen, D. L., Albrecht, S., Cohen, S., "Hello, are you alive?!": The interplay of uncertainty, exhaustion, hope and disappointment in mothers breastfeeding late preterm infants, Breastfeeding Medicine, 7, S4, 2012	Not enough information, conferecen abstract, NICU setting
Engler,A.J., Ludington-Hoe,S.M., Cusson,R.M., Adams,R., Bahnsen,M., Brumbaugh,E., Coates,P., Grieb,J., McHargue,L., Ryan,D.L., Settle,M., Williams,D., Kangaroo care: national survey of practice, knowledge, barriers, and perceptions, MCN, American Journal of Maternal Child Nursing, 27, 146-153, 2002	NICU setting only
Eriksson,B.S., Pehrsson,G., Evaluation of psycho-social support to parents with an infant born preterm, Journal of Child Health Care, 6, 19-33, 2002	Quantitative analysis
Fleury, C., Parpinelli, M. A., Makuch, M. Y., Perceptions and actions of healthcare professionals regarding the mother-child relationship with premature babies in an intermediate neonatal intensive care unit: A qualitative study, BMC Pregnancy and Childbirth, 14 (1) (no pagination), 2014	NICU setting only
Gaal, B. J., Pinelli, J., Crooks, D., Saigal, S., Streiner, D. L., Boyle, M., Outside looking in: the	Population age was 21-25 years

Study	Reason for Exclusion
lived experience of adults with prematurely born siblings, Qualitative Health Research, 20, 1532-45, 2010	
Gabbert,T.I., Metze,B., Buhrer,C., Garten,L., Use of social networking sites by parents of very low birth weight infants: Experiences and the potential of a dedicated site, European Journal of Pediatrics, 172, 1671-1677, 2013	Quantitative analysis
Harvey, M. E., Athi, R., Denny, E., Exploratory study on meeting the health and social care needs of mothers with twins, Community Practitioner, 87, 28-31, 2014	No evidence on support for preterm infants
Hussey-Gardner, B., McNinch, A., Anastasi, J. M., Miller, M., Early intervention best practice: collaboration among an NICU, an early intervention program, and an NICU follow-up program, Neonatal Network - Journal of Neonatal Nursing, 21, 15-22, 2002	Service delivery, not support
Ichijima,E., Kirk,R., Hornblow,A., Parental support in neonatal intensive care units: a cross-cultural comparison between New Zealand and Japan, Journal of Pediatric Nursing, 26, 206-215, 2011	NICU setting only
Jackson, K., Ternestedt, B. M., Schollin, J., From alienation to familiarity: experiences of mothers and fathers of preterm infants, Journal of Advanced Nursing, 43, 120-9, 2003	No evidence on support
Janvier,A., Barrington,K., Farlow,B., Communication with parents concerning withholding or withdrawing of life-sustaining interventions in neonatology, Seminars in Perinatology, 38, 38-46, 2014	Study does not address support for parents and carers
Johnson,A.N., Factors influencing implementation of kangaroo holding in a Special Care Nursery, MCN, American Journal of Maternal Child Nursing, 32, 25-29, 2007	NICU setting only
Kavanaugh,K., Moro,T.T., Savage,T.A., How nurses assist parents regarding life support decisions for extremely premature infants, JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing, 39, 147-158, 2010	NICU setting
Lee,T.Y., Miles,M.S., Holditch-Davis,D., Fathers' support to mothers of medically fragile infants, JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing, 35, 46-55, 2006	Quantitative analysis
Lohr, T., Von Gontard, A., Roth, B., Perception of premature birth by fathers and mothers, Archives of Women's Mental Health, 3, 41-46, 2000	NICU setting only
Lundqvist, P., Jakobsson, L., Swedish men's experiences of becoming fathers to their preterm infants, Neonatal network : NN, 22, 25-31, 2003	NICU setting only
Lundqvist, P., Westas, L. H., Hallstrom, I., From Distance Toward Proximity: Fathers Lived Experience of Caring for Their Preterm Infants, Journal of Pediatric Nursing, 22, 490-497, 2007	NICU setting only

Study	Reason for Exclusion
MacNab, A. J., Beckett, L. Y., Cohen Park, C., Sheckter, L., Journal writing as a social support strategy for parents of premature infants: A pilot study, Patient Education and Counseling, 33, 149-159, 1998	NICU setting only
Martinez, J. G., Fonseca, L. M. M., Scochi, C. G. S., The participation of parents in the care of premature children in a neonatal unit: Meanings attributed by the health team. [Spanish, Portuguese, English], Revista Latino-Americana de Enfermagem, 15, 239-246, 2007	NICU setting only
McHaffie, H., Supporting families with a very low birthweight baby, Modern midwife, 6, 25-26, 1996	Study was based on NICU setting
McKim,E.M., The information and support needs of mothers of premature infants, Journal of Pediatric Nursing, 8, 233-244, 1993	Quantitative analysis
Miles,M.S., Carlson,J., Funk,S.G., Sources of support reported by mothers and fathers of infants hospitalized in a neonatal intensive care unit, Neonatal Network - Journal of Neonatal Nursing, 15, 45-52, 1996	NICU setting only
Mok,E., Leung,S.F., Nurses as providers of support for mothers of premature infants, Journal of Clinical Nursing, 15, 726-734, 2006	NICU setting only
Moriarty, C., Beer, C., Johnson, S., School performance in preterm children: A qualitative study of teachers' knowledge of the outcomes of prematurity, Journal of Reproductive and Infant Psychology, 29 (3), e27-e28, 2011	Conference abstract, not enough information regarding study
Murdoch, M. R., Franck, L. S., Gaining confidence and perspective: A phenomenological study of mothers' lived experiences caring for infants at home after neonatal unit discharge, Journal of Advanced Nursing, 68, 2008-2020, 2012	Themes are not clear according to preterm population
Pridham,K., Harrison,T., Brown,R., Krolikowski,M., Limbo,R., Schroeder,M., Caregiving motivations and developmentally prompted transition for mothers of prematurely born infants, Advances in Nursing Science, 35, E23-E41, 2012	No qualitative raw data from maternal dialogue
Prudhoe,C.M., Peters,D.L., Social support of parents and grandparents in the neonatal intensive care unit, Pediatric Nursing, 21, 140-146, 1995	Study was based on NICU setting
Raffray, M., Semenic, S., Osorio Galeano, S., Ochoa Marin, S. C., Barriers and facilitators to preparing families with premature infants for discharge home from the neonatal unit. Perceptions of health care providers, Investigacion y Educacion en Enfermeria, 32, 379-92, 2014	Study was conducted in Columbia
Redshaw, M. E., Harvey, M. E., Explanations and information-giving: Clinician strategies used	No evidence on support

Study	Reason for Exclusion
in talking to parents of preterm infants, BMC Pediatrics, 16 (1) (no pagination), 2016	
Roller, C. G., Getting to know you: mothers' experiences of kangaroo care, Journal of obstetric, gynecologic, and neonatal nursing : JOGNN / NAACOG, 34, 210-217, 2005	NICU setting only
Roscigno,C.I., Savage,T.A., Kavanaugh,K., Moro,T.T., Kilpatrick,S.J., Strassner,H.T., Grobman,W.A., Kimura,R.E., Divergent views of hope influencing communications between parents and hospital providers, Qualitative Health Research, 22, 1232-1246, 2012	NICU setting only
Rossman, B., Engstrom, J. L., Meier, P. P., Vonderheid, S. C., Norr, K. F., Hill, P. D., "They've walked in my shoes": mothers of very low birth weight infants and their experiences with breastfeeding peer counselors in the neonatal intensive care unit, Journal of human lactation : official journal of International Lactation Consultant Association, 27, 14-24, 2011	NICU setting only
Russell, G., Sawyer, A., Rabe, H., Abbott, J., Gyte, G., Duley, L., Ayers, S., Parents' views on care of their very premature babies in neonatal intensive care units: a qualitative study, BMC Pediatrics, 14, 230, 2014	NICU setting only
Sheeran, N., Jones, L., Rowe, J., Joys and challenges of motherhood for Australian young women of preterm and full-term infants: an Interpretative Phenomenological Analysis, Journal of Reproductive and Infant Psychology, 33, 512-527, 2015	NICU setting only
Sullivan, J. R., Development of father-infant attachment in fathers of preterm infants, Neonatal network : NN, 18, 33-39, 1999	NICU setting only
Swartz,M.K., Parenting preterm infants: a meta-synthesis, MCN, American Journal of Maternal Child Nursing, 30, 115-120, 2005	Individual studies checked for inclusion/exclusion
Thoren,E.M., Metze,B., Buhrer,C., Garten,L., Online support for parents of preterm infants: a qualitative and content analysis of Facebook 'preemie' groups, Archives of Disease in Childhood Fetal and Neonatal Edition, 98, F534-F538, 2013	Unclear setting, no methodology relating to themes, background of population not known.
Thoyre, S. M., Mothers' ideas about their role in feeding their high-risk infants, JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing, 29, 613-24, 2000	NICU setting only
Tracey, N., Blake, P., Warren, B., Hardy, H., Enfield, S., Shein, P., Will I be to my son my as father was to me? Narrative of a father with a premature baby, Journal of Child Psychotherapy, 22, 168-194, 1996	NICU setting only
Tucker, J., The paradox of love and hate: helping a depressed mother fall in love with her	Not a qualitative study

Study	Reason for Exclusion
premature baby, Mental health today (Brighton, England), 20-21, 2014	
Turner, M., Chur-Hansen, A., Winefield, H., The neonatal nurses' view of their role in emotional support of parents and its complexities, Journal of Clinical Nursing, 23, 3156-3165, 2014	NICU setting only
Twohig, A., Reulbach, U., Figuerdo, R., McCarthy, A., McNicholas, F., Molloy, E. J., Supporting Preterm Infant Attachment and Socioemotional Development in the Neonatal Intensive Care Unit: Staff Perceptions, Infant Mental Health Journal, 37, 160-71, 2016	NICU setting only
Weis, J., Zoffmann, V., Egerod, I., Enhancing person-centred communication in NICU: a comparative thematic analysis, Nursing in Critical Care, 20, 287-98, 2015	NICU setting only
Whittingham, K., Ferrari, A., Pennell, C., Sanders, M., Pritchard, M., Gray, P., Callaghan, M. O., Boyd, R., Coldtiz, P., What do parents want? Acceptability of a new parenting intervention for parents of infants born preterm, Developmental Medicine and Child Neurology, 52, 48-49, 2010	Unclear setting, not enough information, conference abstract
Willis,V., Parenting preemies: a unique program for family support and education after NICU discharge, Advances in Neonatal Care, 8, 221-230, 2008	Narrative; no clear qualitative methodology

1

G.72 Identification of developmental problems and disorders

3 **Table 16: Excluded studies for identification of developmental problems and disorders**
4 **systematic review**

Reference	Reason for Exclusion
Allen, E. C., Manuel, J. C., Legault, C., Naughton, M. J., Pivor, C., O'Shea, T. M., Perception of child vulnerability among mothers of former premature infants, Pediatrics, 113, 267-73, 2004	Correlational study, no relevant data,
Amess, P., Young, T., Burley, H., Khan, Y., Developmental outcome of very preterm babies using an assessment tool deliverable by health visitors, European Journal of Paediatric Neurology, 14, 219-23, 2010	No reference
Anonymous,, The healthy child programme review at age 2-2 1/2 and ASQ-3, Community Practitioner, 87, 12, 2014	No data
Aylward, G. P., Prediction of function from infancy to early childhood: implications for pediatric psychology, Journal of Pediatric Psychology, 29, 555-64, 2004	No relevant screening
Badr Zahr, L. K., Quantitative and qualitative predictors of development for low-birth weight	No relevant data

Reference	Reason for Exclusion
infants of Latino background, Applied Nursing Research, 14, 125-35, 2001	
Baldwin, S., Baxter, M., O'Byrne, H., The integrated two-year check: a model of partnership working, Community Practitioner, 87, 30-4, 2014	No data
Bayless, S., Pit-ten Cate, I. M., Stevenson, J., Behaviour difficulties and cognitive function in children born very prematurely, International Journal of Behavioral Development, 32, 199-206, 2008	No relevant data
Beaulieu-Poulin, C., Simard, M. N., Babakissa, H., Lefebvre, F., Luu, T. M., Validity of the language development survey in infants born preterm, Early Human Development, 98, 11-16, 2016	No relevant screening tools assessed.
Belfort, M. B., Santo, E., McCormick, M. C., Using parent questionnaires to assess neurodevelopment in former preterm infants: a validation study, Paediatric and Perinatal Epidemiology, 27, 199-207, 2013	No relevant screening tool (motor and social development questionnaire)
Benassi, E., Savini, S., Iverson, J. M., Guarini, A., Caselli, M. C., Alessandroni, R., Faldella, G., Sansavini, A., Early communicative behaviors and their relationship to motor skills in extremely preterm infants, Research in Developmental Disabilities, 48, 132-144, 2016	No relevant screening tool
Blair, M., Macaulay, C., The healthy child programme: How did we get here and where should we go?, Paediatrics and Child Health (United Kingdom), 24, 118-123, 2014	No relevant data
Boussicault, G., Nguyen The Tich, S., Branger, B., Guimard, P., Florin, A., Roze, J. C., Flamant, C., The Global School Adaptation score: a new neurodevelopmental assessment tool for very preterm children at five years of age, Journal of Pediatrics, 163, 460-4, 2013	Screening tool not of interest
Bowen,J.R., Gibson,F.L., Hand,P.J., Educational outcome at 8 years for children who were born extremely prematurely: a controlled study, Journal of Paediatrics and Child Health, 38, 438-444, 2002	No relevant data in the study
Boyer, J., Flamant, C., Boussicault, G., Berlie, I., Gascoin, G., Branger, B., N'Guyen The Tich, S., Roze, J. C., Characterizing early detection of language difficulties in children born preterm, Early Human Development, 90, 281-6, 2014	No relevant reference
Bradley, R. H., Whiteside, L., Mundfrom, D. J., Blevins-Knabe, B., Casey, P. H., Caldwell, B. M., Kelleher, K. H., Pope, S., Barrett, K., Home environment and adaptive social behavior among premature, low birth weight children: alternative models of environmental action, Journal of Pediatric Psychology, 20, 347-62, 1995	Correlational study, no relevant data
Brown, K. J., Kilbride, H. W., Turnbull, W., Lemanek, K., Functional outcome at	No relevant reference

Reference	Reason for Exclusion
adolescence for infants less than 801 g birth weight: perceptions of children and parents, Journal of Perinatology, 23, 41-7, 2003	
Burke, C., Waring, V., Cook, F., From the ground up. The development and implementation to date of a local Healthy Child programme and integrated pathway for maternal and child health, Community Practitioner, 83, 36-7, 2010	No data
Cattani, A., Bonifacio, S., Fertz, M., Iverson, J. M., Zocconi, E., Caselli, M. C., Communicative and linguistic development in preterm children: a longitudinal study from 12 to 24 months, International Journal of Language & Communication Disorders, 45, 162-73, 2010	No relevant tool assessed.
Cherkes-Julkowski, M., Learning disability, attention-deficit disorder, and language impairment as outcomes of prematurity: a longitudinal descriptive study, Journal of Learning Disabilities, 31, 294-306, 1998	No relevant screening tool
Conrad, A. L., Richman, L., Lindgren, S., Nopoulos, P., Biological and environmental predictors of behavioral sequelae in children born preterm, Pediatrics, 125, e83-9, 2010	No relevant screening/data
Dahl,L.B., Kaaresen,P.I., Tunby,J., Handegard,B.H., Kvernmo,S., Ronning,J.A., Emotional, behavioral, social, and academic outcomes in adolescents born with very low birth weight, Pediatrics, 118, e449-e459, 2006	No reference
Darlow, B. A., Horwood, L. J., Mogridge, N., Regional differences in outcome for very low-birthweight infants: do they persist at 7-8 years of age?, Journal of Paediatrics & Child Health, 36, 477-81, 2000	No relevant screening
Davis, D. W., Burns, B., Snyder, E., Robinson, J., Attention problems in very low birth weight preschoolers: are new screening measures needed for this special population?, Journal of Child & Adolescent Psychiatric Nursing, 20, 74-85, 2007	No reference
de Kleine, M. J., den Ouden, A. L., Kollee, L. A., Nijhuis-van der Sanden, M. W., Sondaar, M., van Kessel-Feddema, B. J., Knuijt, S., van Baar, A. L., Ilsen, A., Breur-Pieterse, R., Briet, J. M., Brand, R., Verloove-Vanhorick, S. P., Development and evaluation of a follow up assessment of preterm infants at 5 years of age, Archives of Disease in Childhood, 88, 870-5, 2003	No relevant screening
Dewey, D., Crawford, S. G., Creighton, D. E., Sauve, R. S., Parents' ratings of everyday cognitive abilities in very low birth weight children, Journal of Developmental & Behavioral Pediatrics, 21, 37-43, 2000	Screening tool used in the study was not in the inclusion criteria of the protocol
Dueker, G., Chen, J., Cowling, C., Haskin, B., Early developmental outcomes predicted by	No relevant data.

Reference	Reason for Exclusion
gestational age from 35 to 41 weeks, Early Human Development, 103, 85-90, 2016	
Elgen,S.K., Leversen,K.T., Grundt,J.H., Hurum,J., Sundby,A.B., Elgen,I.B., Markestad,T., Mental health at 5 years among children born extremely preterm: a national population-based study, European Child and Adolescent Psychiatry, 21, 583-589, 2012	No relevant data in the study, and no outcome was assessed using diagnostic criteria
Farooqi, A., Hagglof, B., Sedin, G., Gothefors, L., Serenius, F., Mental health and social competencies of 10- to 12-year-old children born at 23 to 25 weeks of gestation in the 1990s: a Swedish national prospective follow-up study, Pediatrics, 120, 118-33, 2007	No screening tool of interest
Field, D., Spata, E., Davies, T., Manktelow, B., Johnson, S., Boyle, E., Draper, E. S., Evaluation of the use of a parent questionnaire to provide later health status data: the PANDA study, Archives of Disease in Childhood Fetal & Neonatal Edition, 101, F304-8, 2016	No relevant tools assessed.
Flamant, C., Branger, B., Nguyen The Tich, S., de la Rochebrochard, E., Savagner, C., Berlie, I., Roze, J. C., Parent-completed developmental screening in premature children: a valid tool for follow-up programs, PLoS ONE [Electronic Resource], 6, e20004, 2011	No relevant reference tool
Girouard, P. C., Baillargeon, R. H., Tremblay, R. E., Glorieux, J., Lefebvre, F., Robaey, P., Developmental pathways leading to externalizing behaviors in 5 year olds born before 29 weeks of gestation, Journal of Developmental & Behavioral Pediatrics, 19, 244-53, 1998	No relevant data
Halbwachs, M., Muller, J. B., Tich, S. N. T., Gascoin, G., Chauty-Frondas, A., Branger, B., Rouger, V., Roze, J. C., Flamant, C., Predictive value of the parent-completed ASQ for school difficulties in preterm-born children <35 weeks' GA at five years of age, Neonatology, 106, 311-316, 2014	No relevant reference (Global School Adaptation)
Heiser, A., Curcin, O., Luhr, C., Grimmer, I., Metze, B., Obladen, M., Parental and professional agreement in developmental assessment of very-low-birthweight and term infants, Developmental Medicine & Child Neurology, 42, 21-4, 2000	No relevant screening/reference
Heiser, A., Grimmer, I., Metze, B., Obladen, M., Parents' estimation of psychomotor development in very low birthweight (VLBW) infants, Early Human Development, 42, 131-9, 1995	No relevant screening/reference
Henrichs, J., Rescorla, L., Schenk, J. J., Schmidt, H. G., Jaddoe, V. W., Hofman, A., Raat, H., Verhulst, F. C., Tiemeier, H., Examining continuity of early expressive vocabulary development: the generation R study, Journal of speech, language, and hearing research : JSLHR, 54, 854-869, 2011	No relevant screening/reference

Reference	Reason for Exclusion
Hille, E. T., den Ouden, A. L., Bauer, L., van den Oudenrijn, C., Brand, R., Verloove-Vanhorick, S. P., School performance at nine years of age in very premature and very low birth weight infants: perinatal risk factors and predictors at five years of age. Collaborative Project on Preterm and Small for Gestational Age (POPS) Infants in The Netherlands, Journal of Pediatrics, 125, 426-34, 1994	No relevant reference
Hornman, J., Kerstjens, J. M., de Winter, A. F., Bos, A. F., Reijneveld, S. A., Validity and internal consistency of the Ages and Stages Questionnaire 60-month version and the effect of three scoring methods, Early Human Development, 89, 1011-5, 2013	No relevant reference
Jaspers, M., de Winter, A. F., Buitelaar, J. K., Verhulst, F. C., Reijneveld, S. A., Hartman, C. A., Early childhood assessments of community pediatric professionals predict autism spectrum and attention deficit hyperactivity problems, Journal of Abnormal Child Psychology, 41, 71-80, 2013	ADHD and ASD are not topics of interest
Johnson, S., Marlow, N., Wolke, D., Assessing educational outcomes in middle childhood: validation of the Teacher Academic Attainment Scale, Developmental Medicine & Child Neurology, 54, 544-51, 2012	Teacher academic attainment scale was not of interest
Johnson, S., Strauss, V., Gilmore, C., Jaekel, J., Marlow, N., Wolke, D., Learning disabilities among extremely preterm children without neurosensory impairment: Comorbidity, neuropsychological profiles and scholastic outcomes, Early Human Development, 103, 69-75, 2016	Only standardised tools used, no comparison of tools.
Johnson,S., Marlow,N., Developmental screen or developmental testing?, Early Human Development, 82, 173-183, 2006	Review article
Kerstjens, J. M., Bos, A. F., ten Vergert, E. M. J., de Meer, G., Butcher, P. R., Reijneveld, S. A., Support for the global feasibility of the Ages and Stages Questionnaire as developmental screener, Early Human Development, 85, 443-447, 2009	No relevant reference
Kerstjens, J. M., Nijhuis, A., Hulzebos, C. V., Van Imhoff, D. E., Van Wassenaer-Leemhuis, A. G., Van Haastert, I. C., Lopriore, E., Katgert, T., Swarte, R. M., Van Lingen, R. A., Mulder, T. L., Laarman, C. R., Steiner, K., Dijk, P. H., The ages and stages questionnaire and neurodevelopmental impairment in two-year-old preterm-born children, PLoS ONE, 10, 2015	Only NDI was assessed as the outcome
Klamer, A., Lando, A., Pinborg, A., Greisen, G., Ages and Stages Questionnaire used to measure cognitive deficit in children born extremely preterm, Acta Paediatrica, 94, 1327-9, 2005	No relevant data

Reference	Reason for Exclusion
Koc, O., Kavuncuoglu, S., Ramoglu, M. G., Aldemir, E., Aktalay, A., Eras, Z., School Performance and Neurodevelopment of Very Low Birth Weight Preterm Infants: First Report From Turkey, Journal of Child Neurology, 31, 170-6, 2016	Duplicate of 443575
Koc, O., Kavuncuotlu, S., Ramotlu, M. G., Aldemir, E. S. I. N., Aktalay, A., Eras, Z., School Performance and Neurodevelopment of Very Low Birth Weight Preterm Infants, Journal of Child Neurology, 31, 170-176, 2016	Screening tool used in the study was not in the inclusion criteria of the protocol
Koivisto, A., Klenberg, L., Tommiska, V., Lano, A., Laine, M., Fellman, V., Haavisto, A., Parents tend to underestimate cognitive deficits in 10- to 13-year-olds born with an extremely low birth weight, Acta Paediatrica, International Journal of Paediatrics, 104, 1182-1188, 2015	No relevant reference
Kwun, Y., Park, H. W., Kim, M. J., Lee, B. S., Kim, E. A., Validity of the ages and stages questionnaires in Korean compared to Bayley Scales of infant development-II for screening preterm infants at corrected age of 18-24 months for neurodevelopmental delay, Journal of Korean Medical Science, 30, 450-5, 2015	Retrospective design study, it was reported by the authors that ASQ and BSID (II) were not always administered at the same corrected age.
Larroque, B., Ancel, P. Y., Marret, S., Marchand, L., Andre, M., Arnaud, C., Pierrat, V., Roze, J. C., Messer, J., Thiriez, G., Burguet, A., Picaud, J. C., Breart, G., Kaminski, M., Epipage Study group, Neurodevelopmental disabilities and special care of 5-year-old children born before 33 weeks of gestation (the EPIPAGE study): a longitudinal cohort study, Lancet, 371, 813-20, 2008	No relevant screening
Leroux, B. G., N'Guyen The Tich, S., Branger, B., Gascoin, G., Rouger, V., Berlie, I., Montcho, Y., Ancel, P. Y., Roze, J. C., Flamant, C., Neurological assessment of preterm infants for predicting neuromotor status at 2 years: results from the LIFT cohort, BMJ Open, 3, 2013	No relevant reference
Li, A. K., Sauve, R. S., Creighton, D. E., Early indicators of learning problems in high-risk children, Journal of Developmental & Behavioral Pediatrics, 11, 1-6, 1990	No relevant data
Marks, K., Hix-Small, H., Clark, K., Newman, J., Lowering developmental screening thresholds and raising quality improvement for preterm children.[Erratum appears in Pediatrics. 2009 Aug;124(2):846], [Erratum appears in Pediatrics. 2011 May;127(5):1007], Pediatrics, 123, 1516-23, 2009	Aim of the study was to compare referral rates between term babies using ASQ. No relevant data in the study
McDonald, S., Kehler, H., Bayrampour, H., Fraser-Lee, N., Tough, S., Risk and protective factors in early child development: Results from the All Our Babies (AOB) pregnancy cohort, Research in Developmental Disabilities, 58, 20-30, 2016	Population not relevant, no relevant comparisons.

Reference	Reason for Exclusion
McNicholas, F., Healy, E., White, M., Sheridan-Pereira, M., O'Connor, N., Coakley, S., Dooley, B., Mental health outcomes at age 11 of very low birth weight infants in Ireland, Irish Journal of Psychological Medicine., 06, 2015	No relevant data.
Moe, V., Braarud, H. C., Wentzel-Larsen, T., Slinning, K., Vannebo, U. T., Guedeney, A., Heimann, M., Rostad, A. M., Smith, L., Precursors of social emotional functioning among full-term and preterm infants at 12 months: Early infant withdrawal behavior and symptoms of maternal depression, Infant Behavior and Development, 44, 159-168, 2016	Compared outcomes for preterm and term children, does not compare tools.
Mulder, H., Pitchford, N. J., Marlow, N., Inattentive behaviour is associated with poor working memory and slow processing speed in very pre-term children in middle childhood, British Journal of Educational Psychology, 81, 147-60, 2011	No relevant data
Mulder, H., Pitchford, N. J., Marlow, N., Processing speed and working memory underlie academic attainment in very preterm children, Archives of Disease in Childhood Fetal & Neonatal Edition, 95, F267-72, 2010	No relevant screening tool assessed
Nadeau, L., Boivin, M., Tessier, R., Lefebvre, F., Robaey, P., Mediators of behavioral problems in 7-year-old children born after 24 to 28 weeks of gestation, Journal of Developmental & Behavioral Pediatrics, 22, 1-10, 2001	No relevant data
Pau, J. C., Perapoch Lopez, J., Castillo Salinas, F., Sanchez Garcia, O., Perez Hoyos, S., Llurba Olive, E., Neurodevelopment in preterm infants with and without placenta-related intrauterine growth restriction and its relation to perinatal and postnatal factors, Journal of Maternal-Fetal & Neonatal Medicine, 29, 2268-74, 2016	Reports results for ASQ and for Bayley cognitive test but does not provide data for a 2x2 table in order to compare ASQ to Bayley cognitive test.
Perra, O., McGowan, J. E., Grunau, R. E., Doran, J. B., Craig, S., Johnston, L., Jenkins, J., Holmes, V. A., Alderdice, F. A., Parent ratings of child cognition and language compared with Bayley-III in preterm 3-year-olds, Early Human Development, 91, 211-216, 2015	Correlational study, no relevant data
Pritchard, M. A., Colditz, P. B., Tudehope, D. I., Gray, P. H., Cartwright, D., Wigg, N. R., Beller, E. M., Measuring sensorineural disability in preterm children using a public health screening strategy: a randomised controlled trial, Journal of Paediatrics & Child Health, 44, 424-31, 2008	The comparison was made between the general practioners' screen and the universal child health screen programme
Richter, J., Janson, H., A validation study of the Norwegian version of the Ages and Stages Questionnaires, Acta Paediatrica, 96, 748-52, 2007	No reference
Rimvall, M. K., Elberling, H., Clemmensen, L., Munkholm, A., Rask, C. U., Helenius, D., Skovgaard, A. M., Jeppesen, P., The predictive validity of the strengths and difficulties questionnaire (SDQ) in preschool children with	Conference abstract

Reference	Reason for Exclusion
regard to ADHD diagnosis in school age: A register based study, European Child and Adolescent Psychiatry, 1), S278, 2013	
Rogers, B. T., Booth, L. J., Duffy, L. C., Hassan, M. B., McCormick, P., Snitzer, J., Zorn, W. A., Parents' developmental perceptions and expectations for their high-risk infants, Journal of Developmental & Behavioral Pediatrics, 13, 102-7, 1992	The motor/language composite outcome was assessed using the CAT-CLAMS tool, which was not of interest
Sansavini, A., Guarini, A., Savini, S., Broccoli, S., Justice, L., Alessandroni, R., Faldella, G., Longitudinal trajectories of gestural and linguistic abilities in very preterm infants in the second year of life, Neuropsychologia, 49, 3677-88, 2011	No reference
Santos, R. S., Araujo, A. P., Porto, M. A., Early diagnosis of abnormal development of preterm newborns: assessment instruments, Jornal de Pediatria, 84, 289-99, 2008	Spanish Review
Smarius, L. J. C. A., Strieder, T. G. A., Loomans, E. M., Doreleijers, T. A. H., Vrijkotte, T. G. M., Gemke, R. J., van Eijsden, M., Excessive infant crying doubles the risk of mood and behavioral problems at age 5: evidence for mediation by maternal characteristics, European Child and Adolescent Psychiatry, 1-10, 2016	No relevant data (no relevant tools, no comparison of tools).
Treyvaud, K., Best practice when using the Strengths and Difficulties Questionnaire with extremely preterm children: Are two informants better than one?, Developmental Medicine and Child Neurology, 56, 413-414, 2014	No data
Treyvaud, K., Doyle, L. W., Lee, K. J., Roberts, G., Lim, J., Inder, T. E., Anderson, P. J., Social-emotional difficulties in very preterm and term 2 year olds predict specific social-emotional problems at the age of 5 years, Journal of Pediatric Psychology, 37, 779-85, 2012	Outcome was ascertained by the SDQ screening tool rather than a diagnostic standard
van Deutekom, A. W., Chinapaw, M. J., Vrijkotte, T. G., Gemke, R. J., The association of birth weight and postnatal growth with energy intake and eating behavior at 5 years of age - a birth cohort study, International Journal of Behavioral Nutrition & Physical Activity, 13, 15, 2016	No relevant data (no relevant tools, no comparison of tools).
Van Hus,J.W., Potharst,E.S., Jeukens-Visser,M., Kok,J.H., Van Wassenaer-Leemhuis,A.G., Motor impairment in very preterm-born children: links with other developmental deficits at 5 years of age, Developmental Medicine and Child Neurology, 56, 587-594, 2014	No relevant data in the study
van Kessel-Feddema, B., Sondaar, M., de Kleine, M., Verhaak, C., van Baar, A., Concordance between school outcomes and developmental follow-up results of very preterm and/or low birth weight children at the age of 5	School outcomes were assessed by a questionnaire completed by parents and teachers, without further detail in the paper. No relevant data in the study

Reference	Reason for Exclusion
years, European Journal of Pediatrics, 166, 693-9, 2007	
Vanhaesebrouck, S., Theyskens, C., Vanhole, C., Allegaert, K., Naulaers, G., de Zegher, F., Daniels, H., Cognitive assessment of very low birth weight infants using the Dutch version of the PARCA-R parent questionnaire, Early Human Development, 90, 897-900, 2014	Retrospective study, screening results were taken when children were 2 years, while BSID-II results at 9 months.
Wong, H. S., Santhakumaran, S., Cowan, F. M., Modi, N., Predictive validity of early developmental assessments in identifying school-age cognitive deficits in children born preterm or very low birthweight: Systematic review and meta-analysis, Archives of disease in childhood, 99, A39-A40, 2014	Conference abstract
Woods, P. L., Rieger, I., Wocadlo, C., Gordon, A., Predicting the outcome of specific language impairment at five years of age through early developmental assessment in preterm infants, Early Human Development, 90, 613-9, 2014	No relevant screening

G.8 Delivering enhanced support and surveillance

Table 17: Excluded studies for delivery of enhanced support and surveillance systematic review

Reference	Reason for Exclusion
Alves,E., Amorim,M., Fraga,S., Barros,H., Silva,S., Parenting roles and knowledge in neonatal intensive care units: Protocol of a mixed methods study, BMJ Open, 4, -, 2014	A study protocol.
Avsenik, M., Treatment of children with developmental disorders at the primary level, European Journal of Paediatric Neurology, 16 (5), 557-558, 2012	A conference abstract. Population is children with developmental disorders, not only preterm born children.
Bakewell-Sachs,S., Gennaro,S., Parenting the post-NICU premature Infant, MCN The American Journal of Maternal/Child Nursing, 29, 398-403, 2004	Non-systematic/narrative review of parenting concerns and needs post-discharge, not relevant as such, a few references checked.
Ballantyne, M., Stevens, B., Guttmann, A., Willan, A. R., Rosenbaum, P., Maternal and infant predictors of attendance at Neonatal Follow-Up programmes, Child: Care, Health & Development, 40, 250-8, 2014	A Canadian study on the follow-up attendance and the associated factors. Does not consider setting and staffing as such. Not relevant for the current review.
Ballantyne, M., Stevens, B., Guttmann, A., Willan, A. R., Rosenbaum, P., Transition to neonatal follow-up programs: Is attendance a problem?, Journal of Perinatal and Neonatal Nursing, 26, 90-98, 2012	A study on rates of attendance in follow-up of preterm born children. Not relevant for the current review.
Boissel, A., De Barbot, F., From perinatology to early medico-social action in France, Archives of Women's Mental Health, 16, S1, 2013	Conference abstract. Descrives a pediatric follow-up model in France, includes preterm born children but not exclusively. According to the abstract does not report on the effectiveness of the model, not a study, just a description of the service.

Reference	Reason for Exclusion
Brazy,J.E., Anderson,B.M., Becker,P.T., Becker,M., How parents of premature infants gather information and obtain support, Neonatal Network - Journal of Neonatal Nursing, 20, 41-48, 2001	Descriptive study on parents of premature children obtaining information and support. Not relevant for the present review.
Brogan,E., Cragg,L., Gilmore,C., Marlow,N., Simms,V., Johnson,S., Inattention in very preterm children: Implications for screening and detection, Archives of Disease in Childhood: Education and Practice Edition, 99, 834-839, 2014	A study on ADHD symptoms and SEN in very preterm children. Not relevant for the current review.
Brooten, D., Kumar, S., Brown, L. P., Butts, P., Finkler, S. A., Bakewell-Sachs, S., Gibbons, A., Delivoria-Papadopoulos, M., A randomized clinical trial of early hospital discharge and home follow-up of very-low-birth-weight infants, New England Journal of Medicine, 315, 934-9, 1986	An intervention trial. Not about developmental follow-up as such.
Campbell, C., Hagan, R. A., French, N., Hagan, R., Factors influencing mothers' psychological adjustment to very preterm birth, Journal of Paediatrics and Child Health, 49, 14-15, 2013	Conference abstract on the factors affecting acute stress, adjustment and PTSD among mothers of preterm born children. According to the abstract does not look at setting/staffing models in relation to these outcomes.
Campbell,M.K., Halinda,E., Carlyle,M.J., Fox,A.M., Turner,L.A., Chance,G.W., Factors predictive of follow-up clinic attendance and developmental outcome in a regional cohort of very low birth weight infants, American Journal of Epidemiology, 138, 704-713, 1993	A Canadian study from the 1980s on follow-up attendance of VLBW children and associated factors. Not on setting and staffing as such. Not relevant for the current review.
Casiro, O. G., McKenzie, M. E., McFadyen, L., Shapiro, C., Seshia, M. M., MacDonald, N., Moffatt, M., Cheang, M. S., Earlier discharge with community-based intervention for low birth weight infants: a randomized trial, Pediatrics, 92, 128-34, 1993	An intervention trial. Not on developmental follow-up as such.
Centre for Reviews and Dissemination, The effectiveness of domiciliary health visiting: a systematic review of international studies and a selective review of the British literature (Structured abstract), Database of Abstracts of Reviews of Effects, 2015	An abstract and commentary of a review of the effect of home-visiting by health workers. Population is not exclusively children born preterm but other children, elderly etc.
Centre for Reviews and Dissemination, Early interventions involving parents to improve neurodevelopmental outcomes of premature infants: a meta-analysis (Structured abstract), Database of Abstracts of Reviews of Effects, 2015	This is an abstract and commentary of a review and meta-analysis. This review and meta-analysis retrieved for assessment for inclusion.
De Santis, A., Cotugno, N., Palatta, S., Sparano, A., Matricardi, S., Donno, S., Mancini, A., Ciccarelli, S., Coia, L., Agostino, R., Preliminary data on the efficacy of a "new" neonatal care model for extremely premature babies, Journal of Maternal-Fetal and Neonatal Medicine, 25, 138-139, 2012	A conference abstract of an Italian study on neonatal care model for extremely preterm children. This is an intervention study and does not look at follow-up as such.
Erdeve,O., Arsan,S., Yigit,S., Armangil,D., Atasay,B., Korkmaz,A., The impact of individual room on rehospitalization and health service utilization in preterms after discharge, Acta	Study conducted in Turkey, on the effect of individual room/family-centred care on rehospitalization. Setting not relevant, comparisons and outcomes not relevant.

Reference	Reason for Exclusion
Paediatrica, International Journal of Paediatrics, 97, 1351-1357, 2008	
Gauer, R. L., Burket, J., Horowitz, E., Common questions about outpatient care of premature infants, American Family Physician, 90, 244-51, 2014	Not a study. This article answers questions regarding care of preterm infants. Not relevant for current review.
Gerdes, M., Bernbaum, J., Follow-up care of the low birth weight infant, Indian Journal of Pediatrics, 65, 829-39, 1998	Narrative review/opinion article on different aspects of follow-up of LBW infants. Does not cover staffing or setting apart from short mention in the introduction.
Greene, M. M., Rossman, B., Patra, K., Kratovil, A. L., Janes, J. E., Meier, P. P., Depression, anxiety, and perinatal-specific posttraumatic distress in mothers of very low birth weight infants in the neonatal intensive care unit, Journal of Developmental & Behavioral Pediatrics, 36, 362-70, 2015	A study on the levels of and predictors of maternal distress, anxiety and posttraumatic distress during NICU treatment of VLBW infants. Does not cover staffing or setting as such. Not relevant for the current review.
Helle, N., Barkmann, C., Ehrhardt, S., von der Wense, A., Nestoriuc, Y., Bindt, C., Postpartum anxiety and adjustment disorders in parents of infants with very low birth weight: Cross-sectional results from a controlled multicentre cohort study, Journal of Affective Disorders, 194, 128-34, 2016	Study on postpartum anxiety and adjustment disorders of parents of VLBW infants compared to parents of term infants. Does not consider staffing or setting of care. Not relevant for the current review.
Hintz, S. R., Kendrick, D. E., Vohr, B. R., Poole, W. K., Higgins, R. D., Community supports after surviving extremely low-birth-weight, extremely preterm birth: Special outpatient services in early childhood, Archives of Pediatrics and Adolescent Medicine, 162, 748-755, 2008	A retrospective analysis of special outpatient service use among extremely preterm born children. Not about setting/staffing of developmental follow-up as such.
Huning,B.M., Reimann,M., Beerenberg,U., Stein,A., Schmidt,A., Felderhoff-Muser,U., Establishment of a family-centred care programme with follow-up home visits: implications for clinical care and economic characteristics, Klinische Padiatrie, 224, 431-436, 2012	This article is about an intervention programme, not about developmental follow-up as such. Not relevant for the current review.
Jaspers, M., de Winter, A. F., Buitelaar, J. K., Verhulst, F. C., Reijneveld, S. A., Hartman, C. A., Early childhood assessments of community pediatric professionals predict autism spectrum and attention deficit hyperactivity problems, Journal of Abnormal Child Psychology, 41, 71-80, 2013	Study is on general population, not preterm born children.
Jeng, S. F., Wu, Y. C., Leng, C. H., Hsieh, W. S., Hsu, C. H., Chen, W. J., Gau, S. S. F., Hsu, H. C., Chen, L. C., Yu, Y. T., Wu, Y. T., Early interventions for very low birth weight preterm infants: Effects and mediators, Physiotherapy (United Kingdom), 101, eS676, 2015	Conference abstract, appears to be a Taiwanese study, thus, not of interest for the current review.
Kalia, J. L., Visintainer, P., Brumberg, H. L., Pici, M., Kase, J., Comparison of enrollment in interventional therapies between late-preterm and very preterm infants at 12 months' corrected age, Pediatrics, 123, 804-9, 2009	Study on requirements of therapeutic services among late-preterm infants compared to very preterm. Not relevant for the current review.
Kang,R., Barnard,K., Hammond,M., Oshio,S., Spencer,C., Thibodeaux,B., Williams,J., Preterm	This is an American study is from the mid 1980s comparing different models of care according to

Reference	Reason for Exclusion
infant follow-up project: a multi-site field experiment of hospital and home intervention programs for mothers and preterm infants, Public Health Nursing, 12, 171-180, 1995	maternal education and in relation to mother-child interaction. Not relevant for the current review.
Kelly, D. P., Aylward, G. P., Identifying school performance problems in the pediatric office, Pediatric Annals, 34, 288-298, 2005	A narrative article/review on screening for school difficulties in the general population, not preterm.
Krebs,T.L., Clinical pathway for enhanced parent and preterm infant interaction through parent education, Journal of Perinatal and Neonatal Nursing, 12, 38-49, 1998	This article introduces a clinical pathway for enhanced parent and preterm infant interaction. Does not consider staffing or setting of care/follow-up. Not relevant for the current review.
Kuhner, S., Kugler, K., Lipowsky, G., Kuster, H., Aparental questionnaire helps to improve followup rate of preterm infants to near completeness, Journal of Neonatal-Perinatal Medicine, 3 (3), 252, 2010	A conference abstract of a German study on follow-up data of preterm infants. According to the limited information given by the abstract, not relevant for the current review.
L. Orton J, McGinley, J. L., Fox, L. M., Spittle, A. J., Challenges of neurodevelopmental follow-up for extremely preterm infants at two years, Early Human Development, 91, 689-94, 2015	A study about the follow-up rates of extremely preterm children at 2 years of age and the associated factors. Not relevant for the current review.
Lagerberg,D., Secondary prevention in child health: Effects of psychological intervention, particularly home visitation, on children's development and other outcome variables, Acta Paediatrica, International Journal of Paediatrics, Supplement, 89, 43-52, 2000	A review of effects of psychological interventions, especially home visits on children's development, one part concentrates on LBW/preterm children. Not about developmental follow-up as such.
LaHood,A., Bryant,C.A., Outpatient care of the premature infant, American Family Physician, 76, 1159-1164, 1165, 2007	A descriptive article on medical and developmental problems and needs of preterm children. Does not consider staffing or setting as such. Not relevant for the current review.
Landsem, I. P., Handegard, B. H., Ulvund, S. E., Kaaresen, P. I., Ronning, J. A., Early intervention influences positively quality of life as reported by prematurely born children at age nine and their parents; a randomized clinical trial, Health & Quality of Life Outcomes, 13, 25, 2015	RCT on early intervention program versus control group. Not about developmental follow-up as such.
Lasby, K., Newton, S., von Platen, A., Neonatal transitional care, Canadian Nurse, 100, 18-23, 2004	This paper describes a neonatal transitional care intervention programme and gives some vague results (non-numerical) of an RCT conducted (unpublished). Not relevant for the current review.
Lindeke, L. L., Mills, M. M., Georgieff, M. K., Tanner, M. E., Wrbsky, P. M., Health, growth, and use of community services in NICU graduates at early school age, Journal of Pediatric Health Care, 12, 299-304, 1998	This study does not consider appropriate setting or staffing of follow-up for preterm born children but describes health, growth and use of community services of VLBW, LBW and NBW children who were taken care of in a NICU as infants. Not relevant for the current review.
Maitre, N., Slaughter, J. C., Aschner, J., Daily, D., Longitudinal valuation of motor development and diagnosis of cerebral palsy: The importance of the neonatal intensive care developmental follow-up clinic, Developmental Medicine and Child Neurology, 53, 61-62, 2011	A conference abstract of a retrospective study on the ability to predict CP through motor assessments during NICU follow-up clinic.
Maitre,N.L., Slaughter,J.C., Aschner,J.L., Early prediction of cerebral palsy after neonatal	This study does not consider setting or staffing in relation to early identification of CP but rather

Reference	Reason for Exclusion
intensive care using motor development trajectories in infancy, Early Human Development, 89, 781-786, 2013	studies the ability of motor trajectories in the NICU follow-up clinic to predict CP.
McAnulty, G., Duffy, F. H., Kosta, S., Weisenfeld, N. I., Warfield, S. K., Butler, S. C., Alidoost, M., Bernstein, J. H., Robertson, R., Zurakowski, D., Als, H., School-age effects of the newborn individualized developmental care and assessment program for preterm infants with intrauterine growth restriction: preliminary findings, BMC Pediatrics, 13, 25, 2013	Study population is preterm infants with intrauterine growth restriction. Outcomes of interest in this study include executive function, spectral coherence and cerebellar volume. Population and outcomes are not relevant for the current review.
McCarton, C. M., Brooks-Gunn, J., Wallace, I. F., Bauer, C. R., Bennett, F. C., Bernbaum, J. C., Broyles, R. S., Casey, P. H., McCormick, M. C., Scott, D. T., Tyson, J., Tonascia, J., Meinert, C. L., Results at age 8 years of early intervention for low-birth-weight premature infants. The Infant Health and Development Program, JAMA, 277, 126-32, 1997	Follow-up of a RCT comparing an early intervention program to a normal follow-up program. Not about setting and staffing of developmental follow-up but about intervention.
McCormick,M.C., Escobar,G.J., Zheng,Z., Richardson,D.K., Factors influencing parental satisfaction with neonatal intensive care among the families of moderately premature infants, Pediatrics, 121, 1111-1118, 2008	This study examines the predictors for parental satisfaction with NICU care among parents of moderately preterm children. Staffing or setting are not considered. Not relevant for the current review.
Melnyk, B. M., Crean, H. F., Feinstein, N. F., Fairbanks, E., Maternal anxiety and depression after a premature infant's discharge from the neonatal intensive care unit: explanatory effects of the creating opportunities for parent empowerment program, Nursing Research, 57, 383-94, 2008	This study examines the effect of COPE program on maternal anxiety and depression after NICU discharge of a preterm born child. Setting and staffing of follow-up/care of preterm children not considered. Not relevant for the current review.
Miles, M. S., Holditch-Davis, D., Parenting the prematurely born child: Pathways of influence, Seminars in Perinatology, 21, 254-266, 1997	A narrative review on parenting of a preterm born child. Not relevant for the current review.
Oberg,G.K., Campbell,S.K., Girolami,G.L., Ustad,T., Jorgensen,L., Kaaresen,P.I., Study protocol: an early intervention program to improve motor outcome in preterm infants: a randomized controlled trial and a qualitative study of physiotherapy performance and parental experiences, BMC Pediatrics, 12, 15-, 2012	A study protocol on a RCT to assess the effect of physiotherapy program in a NICU for preterm born children. Not relevant for the current review.
Ohrling, K., Lindberg, B., Research perspectives of video communication between the neonatal unit and the parents of preterm born infants, Intensive Care Medicine, 37, S437, 2011	A conference abstract. Introduction of a NeOHIT project, an information andf communication technology project to support parents of preterm children. Does not provide any numerical findings. Not relevant for the current review.
Orton, J., Spittle, A., Doyle, L., Anderson, P., Boyd, R., Do early intervention programmes improve cognitive and motor outcomes for preterm infants after discharge? A systematic review, Developmental Medicine and Child Neurology, 51, 851-859, 2009	Review and meta-analysis on the effect of early intervention programs on cognition and motor development among preterm born children. Does not consider setting or staffing. Not relevant for the current review.
Phillips,M., Telemedicine in the neonatal intensive care unit, Pediatric Nursing, 25, 185-186, 189, 1999	A narrative article (not a study) on telemedicine practice in a single centre in the US among parents of VLBW infants. Not relevant for the current review.

Reference	Reason for Exclusion
Phillips-Pula, L., Pickler, R., McGrath, J. M., Brown, L. F., Dusing, S. C., Caring for a preterm infant at home: a mother's perspective, The Journal of perinatal & neonatal nursing, 27, 335-344, 2013	A qualitative study of the experienced of mothers of taking care of preterm born child at home. Not relevant for the current review.
Pritchard, M. A., Colditz, P. B., Tudehope, D. I., Gray, P. H., Cartwright, D., Wigg, N. R., Beller, E. M., Measuring sensorineural disability in preterm children using a public health screening strategy: a randomised controlled trial, Journal of Paediatrics & Child Health, 44, 424-31, 2008	A study comparing standard screening and preterm-targeted screening on sensorineural disability in preterm born children. Does not consider setting and staffing. Not relevant for the current review.
Pritchard, V. E., Bora, S., Austin, N. C., Levin, K. J., Woodward, L. J., Identifying very preterm children at educational risk using a school readiness framework, Pediatrics, 134, e825-e832, 2014	Study on neurodevelopmental functioning at 4 years to predict educational delay later on. Does not consider staffing or setting when considering early identification of educational delays. Not relevant for the current review.
Pritchard,M.A., Colditz,P.B., Cartwright,D., Gray,P.H., Tudehope,D., Beller,E., Risk determinants in early intervention use during the first postnatal year in children born very preterm, BMC Pediatrics, 13, 201-, 2013	A study on the determinants of use of early intervention in children born preterm. Does not consider setting or staffing as such. Not relevant for the current review.
Ragatz, S. C., Behee-Semler, B., Fox, R. A., Perinatal follow through: implications for primary physicians, Wisconsin Medical Journal, 89, 111-4, 1990	This article describes the follow-up outcomes for NICU graduates of a particular NICU. Not relevant for the current review.
Raju, T. N., Higgins, R. D., Stark, A. R., Leveno, K. J., Optimizing care and outcome for late-preterm (near-term) infants: a summary of the workshop sponsored by the National Institute of Child Health and Human Development, Pediatrics, 118, 1207-14, 2006	A report on a workshop on the care and outcomes of late preterm born children in the US. Does not consider setting and staffing as such. Not relevant for the current review.
Rautava, L., Eskelinen, J., Hakkinen, U., Lehtonen, L., 5-Year morbidity among very preterm infants in relation to level of hospital care, JAMA Pediatrics, 167, 40-46, 2013	A study from Finland comparing outcomes in preterm born children depending on the level of hospital they were initially taken care of in. This study is not about follow-up of preterm but rather the setting of initial treatment in the context of Finland. Not relevant for the current review.
Ritchie,S.K., Primary care of the premature infant discharged from the neonatal intensive care unit, MCN, 27, 76-85, 2002	An American narrative article on the care of preterm born child after discharge from NICU, mainly on the responsibilities of a pediatric nurse practitioner and the potential health issues of the preterm born child. Not relevant for the current review.
Roberts, G., Howard, K., Spittle, A. J., Brown, N. C., Anderson, P. J., Doyle, L. W., Rates of early intervention services in very preterm children with developmental disabilities at age 2 years, Journal of Paediatrics and Child Health, 44, 276-280, 2008	A study from Australia on the factors associated with early intervention use among preterm born children. Does not consider setting and staffing as such. Not relevant for the current review.
Sadowska-Krawczenko,I., Buczkowski,K., Caring for a premature baby after being discharged from hospital - What should we know?, Family Medicine and Primary Care Review, 10, 231-235, 2008	Article about follow-up of preterm born child after discharge. The authors and the setting is Poland which is out of the focus of the protocol of this review.
Silber, J. H., Lorch, S. A., Rosenbaum, P. R., Medoff-Cooper, B., Bakewell-Sachs, S., Millman, A., Mi, L., Even-Shoshan, O., Escobar,	A cost-effectiveness study on time of discharge from NICU. Not relevant for the current review but potentially relevant for the HE analysis.

Reference	Reason for Exclusion
G. J., Time to send the preemie home? Additional maturity at discharge and subsequent health care costs and outcomes, Health Services Research, 44, 444-63, 2009	
Spittle, A., Orton, J., Anderson, P. J., Boyd, R., Doyle, L. W., Early developmental intervention programmes provided post hospital discharge to prevent motor and cognitive impairment in preterm infants, Cochrane Database of Systematic Reviews, 11, CD005495, 2015	A Cochrane review on early intervention programmes on motor and cognitive outcomes of preterm children. Not about developmental follow-up as such.
Spittle, A., Orton, J., Boyd, R., Anderson, P., Doyle, L., Early developmental intervention programs to improve cognitive and motor outcomes for preterm infants-An updated Cochrane review, Developmental medicine and child neurology, 54, 67-68, 2012	A conference abstract of a Cochrane review published later and considered for this review.
Spittle, A., Spencer-Smith, M., Doyle, L., Lee, K., Lorefice, L., Suetin, A., Pascoe, L., Anderson, P., A randomised controlled trial of a home-based preventative care program for preterm infants and their parents: Outcomes at 4-years, Developmental medicine and child neurology, 54, 66-67, 2012	This article is about a RCT of intervention programme, not on developmental follow-up as such. Not relevant for the current review.
Tamilselvan, K., Opute, A., Murthy, V., Do all neonatal admissions need hospital follow up?-a tertiary unit experience, Archives of Disease in Childhood, 101, A340, 2016	A conference abstract, no published full text. Not enough information in the abstract.
van der Pal, S. M., Maguire, C. M., le Cessie, S., Wit, J. M., Walther, F. J., Bruil, J., Parental experiences during the first period at the neonatal unit after two developmental care interventions, Acta Paediatrica, 96, 1611-6, 2007	Two RCTS on the effect of different types of developmental care models in NICU on parental experiences. Not on follow-up of preterms but care in NICU.
Vanderveen, J. A., Bassler, D., Robertson, C. M., Kirpalani, H., Early interventions involving parents to improve neurodevelopmental outcomes of premature infants: a meta-analysis, Journal of Perinatology, 29, 343-51, 2009	A meta-analysis of parent-involved intervention programs. Not on setting and staffing of developmental follow-up as such.
Wang, C. J., McGlynn, E. A., Brook, R. H., Leonard, C. H., Piecuch, R. E., Hsueh, S. I., Schuster, M. A., Quality-of-care indicators for the neurodevelopmental follow-up of very low birth weight children: results of an expert panel process, Pediatrics, 117, 2080-92, 2006	This paper introduces a list of quality of care indicators for neurodevelopmental follow-up of VLBW children but is not about the staffing or setting of it. Not relevant for the current review.
Williams, P. D., Williams, A. R., Transition from hospital to home by mothers of preterm infants: Path analysis results over three time periods, Families, Systems and Health, 15, 429-446, 1997	This paper is about the interactions between the mother and the preterm child and different variables that affect the interactions. Not relevant for the current review.
Willis,V., Parenting preemies: a unique program for family support and education after NICU discharge, Advances in Neonatal Care, 8, 221-230, 2008	Describes an intervention program for family support and education after NICU discharge. Not relevant for the current review on setting and staffing of developmental follow-up.

G.9 Sharing information

Table 18: Excluded studies for sharing information systematic review

Reference	Reason for Exclusion
Alves,E., Amorim,M., Fraga,S., Barros,H., Silva,S., Parenting roles and knowledge in neonatal intensive care units: Protocol of a mixed methods study, BMJ Open, 4, -, 2014	A study protocol.
Avsenik, M., Treatment of children with developmental disorders at the primary level, European Journal of Paediatric Neurology, 16 (5), 557-558, 2012	A conference abstract. Population is children with developmental disorders, not only preterm born children.
Bakewell-Sachs,S., Gennaro,S., Parenting the post-NICU premature Infant, MCN The American Journal of Maternal/Child Nursing, 29, 398-403, 2004	Non-systematic/narrative review of parenting concerns and needs post-discharge, not relevant as such, a few references checked.
Ballantyne, M., Stevens, B., Guttmann, A., Willan, A. R., Rosenbaum, P., Maternal and infant predictors of attendance at Neonatal Follow-Up programmes, Child: Care, Health & Development, 40, 250-8, 2014	A Canadian study on the follow-up attendance and the associated factors. Does not consider setting and staffing as such. Not relevant for the current review.
Ballantyne, M., Stevens, B., Guttmann, A., Willan, A. R., Rosenbaum, P., Transition to neonatal follow-up programs: Is attendance a problem?, Journal of Perinatal and Neonatal Nursing, 26, 90-98, 2012	A study on rates of attendance in follow-up of preterm born children. Not relevant for the current review.
Boissel, A., De Barbot, F., From perinatology to early medico-social action in France, Archives of Women's Mental Health, 16, S1, 2013	Conference abstract. Descrives a pediatric follow-up model in France, includes preterm born children but not exclusively. According to the abstract does not report on the effectiveness of the model, not a study, just a description of the service.
Brazy,J.E., Anderson,B.M., Becker,P.T., Becker,M., How parents of premature infants gather information and obtain support, Neonatal Network - Journal of Neonatal Nursing, 20, 41-48, 2001	Descriptive study on parents of premature children obtaining information and support. Not relevant for the present review.
Brogan,E., Cragg,L., Gilmore,C., Marlow,N., Simms,V., Johnson,S., Inattention in very preterm children: Implications for screening and detection, Archives of Disease in Childhood: Education and Practice Edition, 99, 834-839, 2014	A study on ADHD symptoms and SEN in very preterm children. Not relevant for the current review.
Brooten, D., Kumar, S., Brown, L. P., Butts, P., Finkler, S. A., Bakewell-Sachs, S., Gibbons, A., Delivoria-Papadopoulos, M., A randomized clinical trial of early hospital discharge and home follow-up of very-low-birth-weight infants, New England Journal of Medicine, 315, 934-9, 1986	An intervention trial. Not about developmental follow-up as such.
Campbell, C., Hagan, R. A., French, N., Hagan, R., Factors influencing mothers' psychological adjustment to very preterm birth, Journal of Paediatrics and Child Health, 49, 14-15, 2013	Conference abstract on the factors affecting acute stress, adjustment and PTSD among mothers of preterm born children. According to the abstract does not look at setting/staffing models in relation to these outcomes.
Campbell,M.K., Halinda,E., Carlyle,M.J., Fox,A.M., Turner,L.A., Chance,G.W., Factors predictive of follow-up clinic attendance and	A Canadian study from the 1980s on follow-up attendance of VLBW children and associated

Reference	Reason for Exclusion
developmental outcome in a regional cohort of very low birth weight infants, American Journal of Epidemiology, 138, 704-713, 1993	factors. Not on setting and staffing as such. Not relevant for the current review.
Casiro, O. G., McKenzie, M. E., McFadyen, L., Shapiro, C., Seshia, M. M., MacDonald, N., Moffatt, M., Cheang, M. S., Earlier discharge with community-based intervention for low birth weight infants: a randomized trial, Pediatrics, 92, 128-34, 1993	An intervention trial. Not on developmental follow-up as such.
Centre for Reviews and Dissemination, The effectiveness of domiciliary health visiting: a systematic review of international studies and a selective review of the British literature (Structured abstract), Database of Abstracts of Reviews of Effects, 2015	An abstract and commentary of a review of the effect of home-visiting by health workers. Population is not exclusively children born preterm but other children, elderly etc.
Centre for Reviews and Dissemination, Early interventions involving parents to improve neurodevelopmental outcomes of premature infants: a meta-analysis (Structured abstract), Database of Abstracts of Reviews of Effects, 2015	This is an abstract and commentary of a review and meta-analysis. This review and meta-analysis retrieved for assessment for inclusion.
De Santis, A., Cotugno, N., Palatta, S., Sparano, A., Matricardi, S., Donno, S., Mancini, A., Ciccarelli, S., Coia, L., Agostino, R., Preliminary data on the efficacy of a "new" neonatal care model for extremely premature babies, Journal of Maternal-Fetal and Neonatal Medicine, 25, 138-139, 2012	A conference abstract of an Italian study on neonatal care model for extremely preterm children. This is an intervention study and does not look at follow-up as such.
Erdeve,O., Arsan,S., Yigit,S., Armangil,D., Atasay,B., Korkmaz,A., The impact of individual room on rehospitalization and health service utilization in preterms after discharge, Acta Paediatrica, International Journal of Paediatrics, 97, 1351-1357, 2008	Study conducted in Turkey, on the effect of individual room/family-centred care on rehospitalization. Setting not relevant, comparisons and outcomes not relevant.
Gauer, R. L., Burket, J., Horowitz, E., Common questions about outpatient care of premature infants, American Family Physician, 90, 244-51, 2014	Not a study. This article answers questions regarding care of preterm infants. Not relevant for current review.
Gerdes, M., Bernbaum, J., Follow-up care of the low birth weight infant, Indian Journal of Pediatrics, 65, 829-39, 1998	Narrative review/opinion article on different aspects of follow-up of LBW infants. Does not cover staffing or setting apart from short mention in the introduction.
Greene, M. M., Rossman, B., Patra, K., Kratovil, A. L., Janes, J. E., Meier, P. P., Depression, anxiety, and perinatal-specific posttraumatic distress in mothers of very low birth weight infants in the neonatal intensive care unit, Journal of Developmental & Behavioral Pediatrics, 36, 362-70, 2015	A study on the levels of and predictors of maternal distress, anxiety and posttraumatic distress during NICU treatment of VLBW infants. Does not cover staffing or setting as such. Not relevant for the current review.
Helle, N., Barkmann, C., Ehrhardt, S., von der Wense, A., Nestoriuc, Y., Bindt, C., Postpartum anxiety and adjustment disorders in parents of infants with very low birth weight: Cross-sectional results from a controlled multicentre cohort study, Journal of Affective Disorders, 194, 128-34, 2016	Study on postpartum anxiety and adjustment disorders of parents of VLBW infants compared to parents of term infants. Does not consider staffing or setting of care. Not relevant for the current review.

Reference	Reason for Exclusion
Hintz, S. R., Kendrick, D. E., Vohr, B. R., Poole, W. K., Higgins, R. D., Community supports after surviving extremely low-birth-weight, extremely preterm birth: Special outpatient services in early childhood, Archives of Pediatrics and Adolescent Medicine, 162, 748-755, 2008	A retrospective analysis of special outpatient service use among extremely preterm born children. Not about setting/staffing of developmental follow-up as such.
Huning,B.M., Reimann,M., Beerenberg,U., Stein,A., Schmidt,A., Felderhoff-Muser,U., Establishment of a family-centred care programme with follow-up home visits: implications for clinical care and economic characteristics, Klinische Padiatrie, 224, 431-436, 2012	This article is about an intervention programme, not about developmental follow-up as such. Not relevant for the current review.
Jaspers, M., de Winter, A. F., Buitelaar, J. K., Verhulst, F. C., Reijneveld, S. A., Hartman, C. A., Early childhood assessments of community pediatric professionals predict autism spectrum and attention deficit hyperactivity problems, Journal of Abnormal Child Psychology, 41, 71-80, 2013	Study is on general population, not preterm born children.
Jeng, S. F., Wu, Y. C., Leng, C. H., Hsieh, W. S., Hsu, C. H., Chen, W. J., Gau, S. S. F., Hsu, H. C., Chen, L. C., Yu, Y. T., Wu, Y. T., Early interventions for very low birth weight preterm infants: Effects and mediators, Physiotherapy (United Kingdom), 101, eS676, 2015	Conference abstract, appears to be a Taiwanese study, thus, not of interest for the current review.
Kalia, J. L., Visintainer, P., Brumberg, H. L., Pici, M., Kase, J., Comparison of enrollment in interventional therapies between late-preterm and very preterm infants at 12 months' corrected age, Pediatrics, 123, 804-9, 2009	Study on requirements of therapeutic services among late-preterm infants compared to very preterm. Not relevant for the current review.
Kang,R., Barnard,K., Hammond,M., Oshio,S., Spencer,C., Thibodeaux,B., Williams,J., Preterm infant follow-up project: a multi-site field experiment of hospital and home intervention programs for mothers and preterm infants, Public Health Nursing, 12, 171-180, 1995	This is an American study is from the mid 1980s comparing different models of care according to maternal education and in relation to mother-child interaction. Not relevant for the current review.
Kelly, D. P., Aylward, G. P., Identifying school performance problems in the pediatric office, Pediatric Annals, 34, 288-298, 2005	A narrative article/review on screening for school difficulties in the general population, not preterm.
Krebs,T.L., Clinical pathway for enhanced parent and preterm infant interaction through parent education, Journal of Perinatal and Neonatal Nursing, 12, 38-49, 1998	This article introduces a clinical pathway for enhanced parent and preterm infant interaction. Does not consider staffing or setting of care/follow-up. Not relevant for the current review.
Kuhner, S., Kugler, K., Lipowsky, G., Kuster, H., Aparental questionnaire helps to improve followup rate of preterm infants to near completeness, Journal of Neonatal-Perinatal Medicine, 3 (3), 252, 2010	A conference abstract of a German study on follow-up data of preterm infants. According to the limited information given by the abstract, not relevant for the current review.
L. Orton J, McGinley, J. L., Fox, L. M., Spittle, A. J., Challenges of neurodevelopmental follow-up for extremely preterm infants at two years, Early Human Development, 91, 689-94, 2015	A study about the follow-up rates of extremely preterm children at 2 years of age and the associated factors. Not relevant for the current review.
Lagerberg,D., Secondary prevention in child health: Effects of psychological intervention, particularly home visitation, on children's	A review of effects of psychological interventions, especially home visits on children's development, one part concentrates

Reference	Reason for Exclusion
development and other outcome variables, Acta Paediatrica, International Journal of Paediatrics, Supplement, 89, 43-52, 2000	on LBW/preterm children. Not about developmental follow-up as such.
LaHood,A., Bryant,C.A., Outpatient care of the premature infant, American Family Physician, 76, 1159-1164, 1165, 2007	A descriptive article on medical and developmental problems and needs of preterm children. Does not consider staffing or setting as such. Not relevant for the current review.
Landsem, I. P., Handegard, B. H., Ulvund, S. E., Kaaresen, P. I., Ronning, J. A., Early intervention influences positively quality of life as reported by prematurely born children at age nine and their parents; a randomized clinical trial, Health & Quality of Life Outcomes, 13, 25, 2015	RCT on early intervention program versus control group. Not about developmental follow-up as such.
Lasby, K., Newton, S., von Platen, A., Neonatal transitional care, Canadian Nurse, 100, 18-23, 2004	This paper describes a neonatal transitional care intervention programme and gives some vague results (non-numerical) of an RCT conducted (unpublished). Not relevant for the current review.
Lindeke, L. L., Mills, M. M., Georgieff, M. K., Tanner, M. E., Wrbsky, P. M., Health, growth, and use of community services in NICU graduates at early school age, Journal of Pediatric Health Care, 12, 299-304, 1998	This study does not consider appropriate setting or staffing of follow-up for preterm born children but describes health, growth and use of community services of VLBW, LBW and NBW children who were taken care of in a NICU as infants. Not relevant for the current review.
Maitre, N., Slaughter, J. C., Aschner, J., Daily, D., Longitudinal valuation of motor development and diagnosis of cerebral palsy: The importance of the neonatal intensive care developmental follow-up clinic, Developmental Medicine and Child Neurology, 53, 61-62, 2011	A conference abstract of a retrospective study on the ability to predict CP through motor assessments during NICU follow-up clinic.
Maitre,N.L., Slaughter,J.C., Aschner,J.L., Early prediction of cerebral palsy after neonatal intensive care using motor development trajectories in infancy, Early Human Development, 89, 781-786, 2013	This study does not consider setting or staffing in relation to early identification of CP but rather studies the ability of motor trajectories in the NICU follow-up clinic to predict CP.
McAnulty, G., Duffy, F. H., Kosta, S., Weisenfeld, N. I., Warfield, S. K., Butler, S. C., Alidoost, M., Bernstein, J. H., Robertson, R., Zurakowski, D., Als, H., School-age effects of the newborn individualized developmental care and assessment program for preterm infants with intrauterine growth restriction: preliminary findings, BMC Pediatrics, 13, 25, 2013	Study population is preterm infants with intrauterine growth restriction. Outcomes of interest in this study include executive function, spectral coherence and cerebellar volume. Population and outcomes are not relevant for the current review.
McCarton, C. M., Brooks-Gunn, J., Wallace, I. F., Bauer, C. R., Bennett, F. C., Bernbaum, J. C., Broyles, R. S., Casey, P. H., McCormick, M. C., Scott, D. T., Tyson, J., Tonascia, J., Meinert, C. L., Results at age 8 years of early intervention for low-birth-weight premature infants. The Infant Health and Development Program, JAMA, 277, 126-32, 1997	Follow-up of a RCT comparing an early intervention program to a normal follow-up program. Not about setting and staffing of developmental follow-up but about intervention.
McCormick,M.C., Escobar,G.J., Zheng,Z., Richardson,D.K., Factors influencing parental satisfaction with neonatal intensive care among the families of moderately premature infants, Pediatrics, 121, 1111-1118, 2008	This study examines the predictors for parental satisfaction with NICU care among parents of moderately preterm children. Staffing or setting are not considered. Not relevant for the current review.

Reference	Reason for Exclusion
Melnyk, B. M., Crean, H. F., Feinstein, N. F., Fairbanks, E., Maternal anxiety and depression after a premature infant's discharge from the neonatal intensive care unit: explanatory effects of the creating opportunities for parent empowerment program, Nursing Research, 57, 383-94, 2008	This study examines the effect of COPE program on maternal anxiety and depression after NICU discharge of a preterm born child. Setting and staffing of follow-up/care of preterm children not considered. Not relevant for the current review.
Miles, M. S., Holditch-Davis, D., Parenting the prematurely born child: Pathways of influence, Seminars in Perinatology, 21, 254-266, 1997	A narrative review on parenting of a preterm born child. Not relevant for the current review.
Oberg,G.K., Campbell,S.K., Girolami,G.L., Ustad,T., Jorgensen,L., Kaaresen,P.I., Study protocol: an early intervention program to improve motor outcome in preterm infants: a randomized controlled trial and a qualitative study of physiotherapy performance and parental experiences, BMC Pediatrics, 12, 15-, 2012	A study protocol on a RCT to assess the effect of physiotherapy program in a NICU for preterm born children. Not relevant for the current review.
Ohrling, K., Lindberg, B., Research perspectives of video communication between the neonatal unit and the parents of preterm born infants, Intensive Care Medicine, 37, S437, 2011	A conference abstract. Introduction of a NeOHIT project, an information andf communication technology project to support parents of preterm children. Does not provide any numerical findings. Not relevant for the current review.
Orton, J., Spittle, A., Doyle, L., Anderson, P., Boyd, R., Do early intervention programmes improve cognitive and motor outcomes for preterm infants after discharge? A systematic review, Developmental Medicine and Child Neurology, 51, 851-859, 2009	Review and meta-analysis on the effect of early intervention programs on cognition and motor development among preterm born children. Does not consider setting or staffing. Not relevant for the current review.
Phillips,M., Telemedicine in the neonatal intensive care unit, Pediatric Nursing, 25, 185-186, 189, 1999	A narrative article (not a study) on telemedicine practice in a single centre in the US among parents of VLBW infants. Not relevant for the current review.
Phillips-Pula, L., Pickler, R., McGrath, J. M., Brown, L. F., Dusing, S. C., Caring for a preterm infant at home: a mother's perspective, The Journal of perinatal & neonatal nursing, 27, 335-344, 2013	A qualitative study of the experienced of mothers of taking care of preterm born child at home. Not relevant for the current review.
Pritchard, M. A., Colditz, P. B., Tudehope, D. I., Gray, P. H., Cartwright, D., Wigg, N. R., Beller, E. M., Measuring sensorineural disability in preterm children using a public health screening strategy: a randomised controlled trial, Journal of Paediatrics & Child Health, 44, 424-31, 2008	A study comparing standard screening and preterm-targeted screening on sensorineural disability in preterm born children. Does not consider setting and staffing. Not relevant for the current review.
Pritchard, V. E., Bora, S., Austin, N. C., Levin, K. J., Woodward, L. J., Identifying very preterm children at educational risk using a school readiness framework, Pediatrics, 134, e825-e832, 2014	Study on neurodevelopmental functioning at 4 years to predict educational delay later on. Does not consider staffing or setting when considering early identification of educational delays. Not relevant for the current review.
Pritchard,M.A., Colditz,P.B., Cartwright,D., Gray,P.H., Tudehope,D., Beller,E., Risk determinants in early intervention use during the first postnatal year in children born very preterm, BMC Pediatrics, 13, 201-, 2013	A study on the determinants of use of early intervention in children born preterm. Does not consider setting or staffing as such. Not relevant for the current review.
Ragatz, S. C., Behee-Semler, B., Fox, R. A., Perinatal follow through: implications for primary	This article describes the follow-up outcomes for NICU graduates of a particular NICU. Not relevant for the current review.

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physicians, Wisconsin Medical Journal, 89, 111-4, 1990	
Raju, T. N., Higgins, R. D., Stark, A. R., Leveno, K. J., Optimizing care and outcome for late-preterm (near-term) infants: a summary of the workshop sponsored by the National Institute of Child Health and Human Development, Pediatrics, 118, 1207-14, 2006	A report on a workshop on the care and outcomes of late preterm born children in the US. Does not consider setting and staffing as such. Not relevant for the current review.
Rautava, L., Eskelinen, J., Hakkinen, U., Lehtonen, L., 5-Year morbidity among very preterm infants in relation to level of hospital care, JAMA Pediatrics, 167, 40-46, 2013	A study from Finland comparing outcomes in preterm born children depending on the level of hospital they were initially taken care of in. This study is not about follow-up of preterm but rather the setting of initial treatment in the context of Finland. Not relevant for the current review.
Ritchie,S.K., Primary care of the premature infant discharged from the neonatal intensive care unit, MCN, 27, 76-85, 2002	An American narrative article on the care of preterm born child after discharge from NICU, mainly on the responsibilities of a pediatric nurse practitioner and the potential health issues of the preterm born child. Not relevant for the current review.
Roberts, G., Howard, K., Spittle, A. J., Brown, N. C., Anderson, P. J., Doyle, L. W., Rates of early intervention services in very preterm children with developmental disabilities at age 2 years, Journal of Paediatrics and Child Health, 44, 276-280, 2008	A study from Australia on the factors associated with early intervention use among preterm born children. Does not consider setting and staffing as such. Not relevant for the current review.
Sadowska-Krawczenko,I., Buczkowski,K., Caring for a premature baby after being discharged from hospital - What should we know?, Family Medicine and Primary Care Review, 10, 231-235, 2008	Article about follow-up of preterm born child after discharge. The authors and the setting is Poland which is out of the focus of the protocol of this review.
Silber, J. H., Lorch, S. A., Rosenbaum, P. R., Medoff-Cooper, B., Bakewell-Sachs, S., Millman, A., Mi, L., Even-Shoshan, O., Escobar, G. J., Time to send the preemie home? Additional maturity at discharge and subsequent health care costs and outcomes, Health Services Research, 44, 444-63, 2009	A cost-effectiveness study on time of discharge from NICU. Not relevant for the current review but potentially relevant for the HE analysis.
Spittle, A., Orton, J., Anderson, P. J., Boyd, R., Doyle, L. W., Early developmental intervention programmes provided post hospital discharge to prevent motor and cognitive impairment in preterm infants, Cochrane Database of Systematic Reviews, 11, CD005495, 2015	A Cochrane review on early intervention programmes on motor and cognitive outcomes of preterm children. Not about developmental follow-up as such.
Spittle, A., Orton, J., Boyd, R., Anderson, P., Doyle, L., Early developmental intervention programs to improve cognitive and motor outcomes for preterm infants-An updated Cochrane review, Developmental medicine and child neurology, 54, 67-68, 2012	A conference abstract of a Cochrane review published later and considered for this review.
Spittle, A., Spencer-Smith, M., Doyle, L., Lee, K., Lorefice, L., Suetin, A., Pascoe, L., Anderson, P., A randomised controlled trial of a home-based preventative care program for preterm infants and their parents: Outcomes at 4-years, Developmental medicine and child neurology, 54, 66-67, 2012	This article is about a RCT of intervention programme, not on developmental follow-up as such. Not relevant for the current review.

Reference	Reason for Exclusion
Tamilselvan, K., Opute, A., Murthy, V., Do all neonatal admissions need hospital follow up?-a tertiary unit experience, Archives of Disease in Childhood, 101, A340, 2016	A conference abstract, no published full text. Not enough information in the abstract.
van der Pal, S. M., Maguire, C. M., le Cessie, S., Wit, J. M., Walther, F. J., Bruil, J., Parental experiences during the first period at the neonatal unit after two developmental care interventions, Acta Paediatrica, 96, 1611-6, 2007	Two RCTS on the effect of different types of developmental care models in NICU on parental experiences. Not on follow-up of preterms but care in NICU.
Vanderveen, J. A., Bassler, D., Robertson, C. M., Kirpalani, H., Early interventions involving parents to improve neurodevelopmental outcomes of premature infants: a meta-analysis, Journal of Perinatology, 29, 343-51, 2009	A meta-analysis of parent-involved intervention programs. Not on setting and staffing of developmental follow-up as such.
Wang, C. J., McGlynn, E. A., Brook, R. H., Leonard, C. H., Piecuch, R. E., Hsueh, S. I., Schuster, M. A., Quality-of-care indicators for the neurodevelopmental follow-up of very low birth weight children: results of an expert panel process, Pediatrics, 117, 2080-92, 2006	This paper introduces a list of quality of care indicators for neurodevelopmental follow-up of VLBW children but is not about the staffing or setting of it. Not relevant for the current review.
Williams, P. D., Williams, A. R., Transition from hospital to home by mothers of preterm infants: Path analysis results over three time periods, Families, Systems and Health, 15, 429-446, 1997	This paper is about the interactions between the mother and the preterm child and different variables that affect the interactions. Not relevant for the current review.
Willis,V., Parenting preemies: a unique program for family support and education after NICU discharge, Advances in Neonatal Care, 8, 221-230, 2008	Describes an intervention program for family support and education after NICU discharge. Not relevant for the current review on setting and staffing of developmental follow-up.

G.10 1 Health economics

Study	Reason for Exclusion
Armstrong,J., Meis,P.J., Clinical, family, and cost outcomes of preterm births: An overview of the problem and prevention opportunities, Journal of Clinical Outcomes Management, 14, 547-553, 2007	Not CEA. US cost analysis not directly applicable to UK practice.
Barton, A. J., Danek, G., Owens, B., Clinical and economic outcomes of infants receiving breast milk in the NICU, Journal of the Society of Pediatric Nurses, 6, 5-10, 2001	Not CEA. Not directly applicable to topics covered in guideline.
Berard, A., Le Tiec, M., De Vera, M. A., Study of the costs and morbidities of late-preterm birth, Archives of Disease in Childhood: Fetal and Neonatal Edition, 97, F329-F344, 2012	Not CEA. Not directly applicable to topics covered in guideline.
Berbis, J., Einaudi, M. A., Simeoni, M. C., Brevaut-Malaty, V., Auquier, P., d'Ercole, C., Gire, C., Quality of life of early school-age French children born preterm: a cohort study, European Journal of Obstetrics, Gynecology, & Reproductive Biology, 162, 38-44, 2012	Not CEA. QoL study.
Boal, D. K., Watterberg, K. L., Miles, S., Gifford, K. L., Optimal cost-effective timing of cranial	Topic not covered in guideline.

Study	Reason for Exclusion
ultrasound screening in low-birth-weight infants, Pediatric Radiology, 25, 425-8, 1995	
Brogan,E., Cragg,L., Gilmore,C., Marlow,N., Simms,V., Johnson,S., Inattention in very preterm children: Implications for screening and detection, Archives of Disease in Childhood: Education and Practice Edition, 99, 834-839, 2014	Not CEA. Topic not covered in guideline.
Brown, G. C., Brown, M. M., Sharma, S., Tasman, W., Brown, H. C., Cost-effectiveness of treatment for threshold retinopathy of prematurity, Pediatrics, 104, e47, 1999	Topic not addressed in guideline
Bulut, C., Gursoy, T., Ovali, F., Incidence, mortality, morbidity and costs of late preterm births, Archives of Disease in Childhood, 97, A348, 2012	Not CEA. Shows costs of late term birth, which is not directly relevant to questions addressed in guideline.
Castillo-Riquelme, M. C., Lord, J., Moseley, M. J., Fielder, A. R., Haines, L., Cost-effectiveness of digital photographic screening for retinopathy of prematurity in the United Kingdom, International Journal of Technology Assessment in Health Care, 20, 201-13, 2004	Topic not addressed in guideline
Cavallo, M. C., Gugiatti, A., Fattore, G., Gerzeli, S., Barbieri, D., Zanini, R., Cost of care and social consequences of very low birth weight infants without premature- related morbidities in Italy, Italian Journal of Pediatrics, 41, 2015	Not CEA. Cost analysis not directly applicable to UK context.
Chang, Y. T., Mu, C. H., Chin, Z. N., Chou, I. C., Tsai, C. H., Kuo, H. T., The economic burden in children with developmental delay: A nationwide population-based case-control study, European Journal of Paediatric Neurology, 17, S95, 2013	Not CEA. May be useful for background information but not directly applicable to questions in guideline.
Clements,K.M., Barfield,W.D., Ayadi,M.F., Wilber,N., Preterm birth-associated cost of early intervention services: an analysis by gestational age, Pediatrics, 119, e866-e874, 2007	Not CEA. Cost analysis not directly applicable to UK context.
Davies, P. A., Stewart, A. L., Low birth weight infants: neurological sequelae and later intelligence, British Medical Bulletin, 31, 85-91, 1975	Not an economic analysis.
Dezoete, J. A., MacArthur, B. A., Tuck, B., Prediction of Bayley and Stanford-Binet scores with a group of very low birthweight children, Child: Care, Health & Development, 29, 367-72, 2003	Not an economic analysis.
Donohue, P. K., Maurin, E., Kimzey, L., Allen, M. C., Strobino, D., Quality of life of caregivers of very low-birthweight infants, Birth, 35, 212-9, 2008	Not economic analysis. QoL study.
Drane,D., Breastfeeding and formula feeding: a preliminary economic analysis, Breastfeeding Review, 5, 7-15, 1997	Not CEA. Cost analysis but not relevant to topics considered in guideline.
Hodek, J. M., Mittendorf, T., Von Der Schulenburg, M. G., Measuring economic consequences of preterm birth-methodological recommendations for the evaluation of personal	Not CEA. Useful background information but not directly applicable to questions covered in guideline.

Study	Reason for Exclusion
burden on children and their caregivers, Acta Paediatrica, International Journal of Paediatrics, 99, 98, 2010	
Huning,B.M., Reimann,M., Beerenberg,U., Stein,A., Schmidt,A., Felderhoff-Muser,U., Establishment of a family-centred care programme with follow-up home visits: implications for clinical care and economic characteristics, Klinische Padiatrie, 224, 431-436, 2012	Not CEA. Economic analysis may not be directly applicable to UK context.
Jackson, K. M., Scott, K. E., Graff Zivin, J., Bateman, D. A., Flynn, J. T., Keenan, J. D., Chiang, M. F., Cost-utility analysis of telemedicine and ophthalmoscopy for retinopathy of prematurity management, Archives of Ophthalmology, 126, 493-9, 2008	Topic not addressed in guideline.
Johnston, K. M., Gooch, K., Korol, E., Vo, P., Eyawo, O., Bradt, P., Levy, A., The economic burden of prematurity in Canada, BMC Pediatrics, 14, 93, 2014	Not CEA. Canadian cost analysis, not directly applicable to UK context.
Kamholz, K. L., Cole, C. H., Gray, J. E., Zupancic, J. A., Cost-effectiveness of early treatment for retinopathy of prematurity, Pediatrics, 123, 262-9, 2009	Topic not addressed in guideline.
Korvenranta, E., Lehtonen, L., Rautava, L., Hakkinen, U., Andersson, S., Gissler, M., Hallman, M., Leipala, J., Peltola, M., Tammela, O., Linna, M., Impact of very preterm birth on health care costs at five years of age, Pediatrics, 125, e1109-e1114, 2010	Not CEA. Cost analysis not directly applicable to UK context.
Korvenranta, E., Linna, M., Rautava, L., Andersson, S., Gissler, M., Hallman, M., Hakkinen, U., Leipala, J., Peltola, M., Tammela, O., Lehtonen, L., Hospital costs and quality of life during 4 years after very preterm birth, Archives of Pediatrics and Adolescent Medicine, 164, 657-663, 2010	US study, not directly applicable to UK context and does not address topics considered in the guideline.
Lee, S. K., Normand, C., McMillan, D., Ohlsson, A., Vincer, M., Lyons, C., Canadian Neonatal, Network, Evidence for changing guidelines for routine screening for retinopathy of prematurity, Archives of Pediatrics & Adolescent Medicine, 155, 387-95, 2001	Not CUA. Canadian CEA not directly applicable to UK setting covering question not addressed in guideline.
Lindeke, L. L., Stanley, J. R., Else, B. S., Mills, M. M., Neonatal predictors of school-based services used by NICU graduates at school age, MCN, American Journal of Maternal Child Nursing, 27, 41-6, 2002	Not economic analysis.
Lindstrom, K., Winbladh, B., Haglund, B., Hjern, A., Preterm infants as young adults: a Swedish national cohort study.[Erratum appears in Pediatrics. 2007 Oct;120(4):936], Pediatrics, 120, 70-7, 2007	Not CUA. Swedish cost analysis not directly applicable to UK setting.
Luu,T.M., Lefebvre,F., Riley,P., Infante-Rivard,C., Continuing utilisation of specialised health services in extremely preterm infants,	Not CEA. Canadian economic analysis, not directly applicable to UK context.

Study	Reason for Exclusion
Archives of Disease in Childhood: Fetal and Neonatal Edition, 95, F320-F325, 2010	
Mangham, L. J., Petrou, S., Doyle, L. W., Draper, E. S., Marlow, N., The cost of preterm birth throughout childhood in England and Wales, Pediatrics, 123, e312-27, 2009	Not CEA. Useful background information but not directly applicable to questions covered in guideline.
Mathiasen, R., Hansen, B. M., Nybo Anderson, A. M., Greisen, G., Socio-economic achievements of individuals born very preterm at the age of 27 to 29 years: a nationwide cohort study, Developmental Medicine & Child Neurology, 51, 901-8, 2009	Not an economic analysis.
Morrell,C.J., Spiby,H., Stewart,P., Walters,S., Morgan,A., Costs and effectiveness of community postnatal support workers: randomised controlled trial, BMJ, 321, 593-598, 2000	Not relevant to questions considered in guideline.
Msall, M. E., Buck, G. M., Rogers, B. T., Catanzaro, N. L., Kindergarten readiness after extreme prematurity, American Journal of Diseases of Children, 146, 1371-1375, 1992	Not economic analysis.
O'Callaghan, M., Follow up of premature and 'at risk' infants, Australian Paediatric Journal, 22, 83-85, 1986	Not directly relevant to current UK practice.
Parker, G., Bhakta, P., Lovett, C., Olsen, R., Paisley, S., Turner, D., Paediatric home care: a systematic review of randomized trials on costs and effectiveness, Journal of Health Services & Research Policy, 11, 110-9, 2006	Systematic review, none of the individual studies included in the review were thought to be relevant.
Petrou, S., Johnson, S., Wolke, D., Marlow, N., The association between neurodevelopmental disability and economic outcomes during mid-childhood, Child: Care, Health & Development, 39, 345-57, 2013	Not CEA. Economic analysis providing useful background information but not directly to questions considered.
Petrou, S., Sach, T., Davidson, L., The long-term costs of preterm birth and low birth weight: results of a systematic review, Child: Care, Health & Development, 27, 97-115, 2001	Not CEA. Economic analysis providing useful background information but not directly relevant to questions in guideline.
Petryshen, P., Stevens, B., Hawkins, J., Stewart, M., Comparing nursing costs for preterm infants receiving conventional vs. developmental care, Nursing Economics, 15, 138-45, 150, 1997	Not CEA. Cost analysis but not directly relevant to UK practice.
Rendina, M. C., Downs, S. M., Carasco, N., Loonsk, J., Bose, C. L., Effect of telemedicine on health outcomes in 87 infants requiring neonatal intensive care, Telemedicine Journal, 4, 345-51, 1998	Not CEA. Topic not addressed in guideline.
Riechi, T. I. J., Moura-Ribeiro, M. V. L., Ciasca, S. M., Impact of preterm birth and low birth weight on the cognition, behavior and earning of school-age children, Revista Paulista de Pediatria, 29, 495-501, 2011	Not economic analysis.
Saylor, C. W. F., Casto, G., Huntington, L., Predictors of developmental outcomes for medically fragile early intervention participants,	Not economic analysis.

Study	Reason for Exclusion
Journal of Pediatric Psychology, 21, 869-887, 1996	
Soilly, A. L., Lejeune, C., Quantin, C., Bejean, S., Gouyon, J. B., Economic analysis of the costs associated with prematurity from a literature review, Public Health, 128, 43-62, 2014	Not CEA. May be useful background information but cannot be used to address questions posed in guideline.
Soilly, A., Lejeune, C., Quantin, C., Bejean, S., Gouyon, J., An economic analysis of the costs associated with prematurity, Journal of Maternal-Fetal and Neonatal Medicine, 25, 97, 2012	Not CEA. May be useful background information on costs of prematurity but not directly relevant to questions in guideline.
Spittle, A. J., Orton, J., Doyle, L. W., Boyd, R., Early developmental intervention programs post hospital discharge to prevent motor and cognitive impairments in preterm infants, Cochrane Database of Systematic Reviews, CD005495, 2007	Not economic analysis.
Westrup, B., Family-centered developmentally supportive care: The Swedish example, Archives de Pediatrie, 22, 1086-1091, 2015	Not CEA. Swedish study which may not be directly applicable to UK context.
Westrup, B., Kleberg, A., von Eichwald, K., Stjernqvist, K., Lagercrantz, H., A randomized, controlled trial to evaluate the effects of the newborn individualized developmental care and assessment program in a Swedish setting, Pediatrics, 105, 66-72, 2000	Not economic analysis.
Westrupp, E. M., Lucas, N., Mensah, F. K., Gold, L., Wake, M., Nicholson, J. M., Community-based healthcare costs for children born low birthweight, preterm and/or small for gestational age: data from the Longitudinal Study of Australian Children, Child: Care, Health and Development, 40, 259-266, 2014	Not CEA. May be useful background information but not directly applicable to questions in guideline.
Wocadlo,C., Rieger,I., Educational and therapeutic resource dependency at early school-age in children who were born very preterm, Early Human Development, 82, 29-37, 2006	Not CEA or cost analysis.

Appendix H: Health economic analysis on identification of problems and disorders

The identification of problems and disorders which might arise during the developmental follow-up of preterm children is of considerable economic concern. It is important – both clinically and economically – to begin to manage conditions as early as possible, but screening and surveillance tools require resource input from the NHS. On the other hand, many problems and disorders are almost impossible to identify with great certainty early, and early misdiagnosis may have economic and human costs (such as increasing parental anxiety). The ideal identification strategy uses as few tests as possible to diagnose children as accurately as possible, and therefore the competing use of available resources makes the question very appropriate for economic modelling.

H.1 Review of the literature

No economic evaluations of the identification of problems and disorders during follow-up of pre-term infants was found.

H.2 Methods

A Markov decision analytic model was developed in Microsoft Excel® to assess the cost effectiveness of various surveillance strategies.

A conventional health economic model on the most accurate identification tools would require cost and QALY inputs from three cohorts of children in order to produce ICERs:

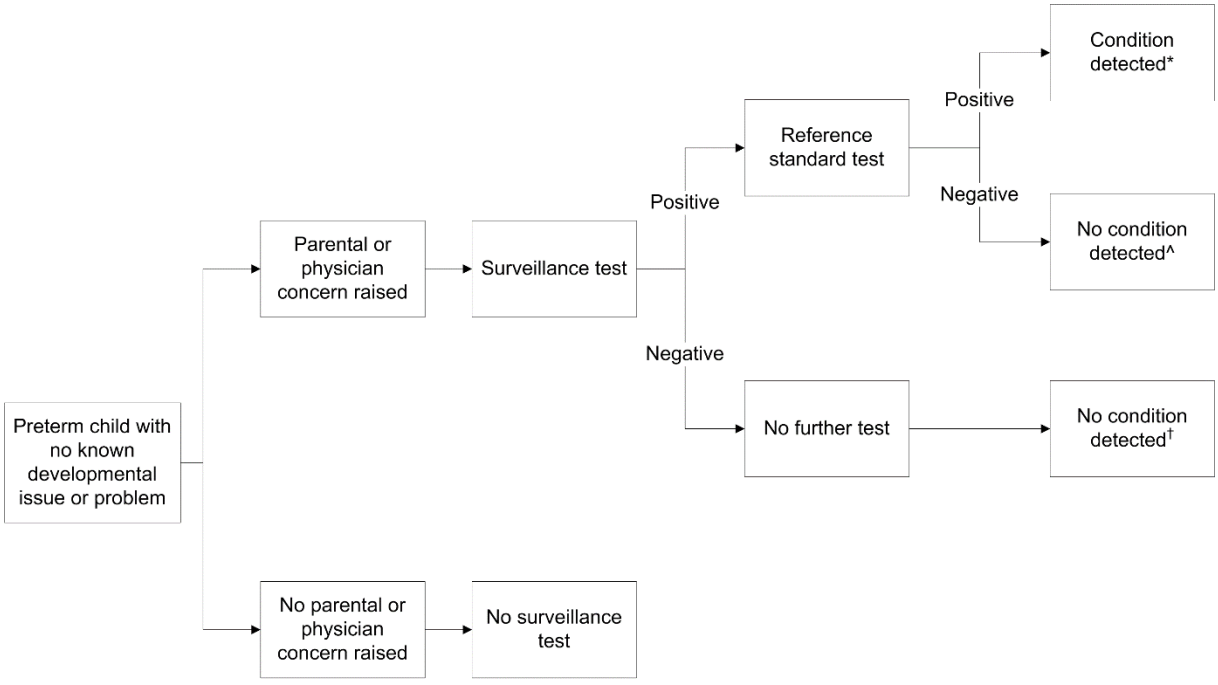
- With the condition and treated
- Without the condition and treated
- With the condition and not treated

However, for obvious ethical reasons, there is no evidence available on children who were confirmed as having a condition and then not treated. Consequently the conventional model structure of a cost-effectiveness analysis was not selected, and instead a cost-consequence analysis was chosen; keeping the main outputs (percentage of children diagnosed) in their natural units.

H.2.1 Basic model structure

The model can be characterised as a deterministic decision tree and a Markov chain model. The diagram below depicts the decision tree element of the model, which is repeated for each condition and surveillance test considered in the model.

Figure 10: Decision tree element of economic model



* True positive surveillance test
^ False positive surveillance test
† True negative or false negative depending on the accuracy of the surveillance test.

The outputs of the decision tree are used to inform transition probabilities in the Markov chain model, which is comprised of sixteen-states. However, to say that the model has

'sixteen states' overstates its complexity, as the model only allows transitions between linked sets of states – specifically between a state where a condition is 'undiagnosed' and a state where a condition is 'diagnosed'.

The model identifies the cost of diagnosing a condition given a certain identification strategy followed in the population of children born preterm (subdivided by degree of prematurity). To make the model more relevant to clinical practice, the base case assumes that one instrument is used to identify multiple conditions; for example one instrument can be used to identify moderate intellectual disability and severe intellectual disability. Long term costs of treating conditions are not considered in the model due to data limitations, but it is assumed that the treatment of these conditions is cost-effective and therefore society would prefer a diagnosis to no diagnosis – although the determination of what cost is worth paying was left to the Committee's judgement.

The model assumes that children will contact the healthcare service a number of times, and at each contact there is a probability that the care professional will notice something concerning about their development, or the parent or carer will raise a concern. When a concern is raised, it is assumed a screening or identification instrument is offered such as the Ages and Stages Questionnaire. If this instrument also indicates concern, an appointment for a 'reference standard' diagnostic test is made – for example the Bayley scales of infant and toddler development. It is assumed this reference standard is perfectly sensitive and specific, so once a concern is escalated to this level it is impossible for an incorrect diagnosis to be made.

H.2.22 Model states

Table 19 below gives the list of linked states. The column on the left is linked with the column on the right, in the sense that the model only allows transitions between these two columns. For example, it is not possible to transition from being 'Undiagnosed special education needs (SEN) disorder' to 'Diagnosed severe intellectual disability', although arguably this transition may be possible in real life. Note especially the transition from 'No Issues' to 'Any diagnosed node', indicating a child with no problems who receives an incorrect overdiagnosis is the only one without a corresponding reverse transition – all other nodes are theoretically two-way, although in practice it would be highly unusual to receive an 'antidiagnosis' for a condition which actually existed.

Table 19: List of 'undiagnosed' model nodes and corresponding 'diagnosed' model nodes

'Undiagnosed' Model Node	'Diagnosed' Model Node
No Issues	Any diagnosed node
Undiagnosed unspecified developmental issue	Diagnosed unspecified developmental issue
Undiagnosed moderate intellectual disability	Diagnosed moderate intellectual disability
Undiagnosed severe intellectual disability	Diagnosed severe intellectual disability
Undiagnosed speech and language disorders	Diagnosed speech and language disorders
Undiagnosed SEN disorder	Diagnosed SEN
Undiagnosed social, emotional and mental health issues	Diagnosed social, emotional and mental health issues
Undiagnosed developmental coordination disorders	Diagnosed developmental coordination disorders

Abbreviations: SEN, special education needs

H.2.35 Time horizon

Each developmental problem and disorder is specified with an age at which it becomes 'obvious', meaning that there is no question that a disorder exists, or potentially 'existed in

the past'. Since there is no health economic evidence considering lifetime costs following on from diagnosis at different ages, the model runs only until the age at which the last condition becomes 'obvious', which the Committee agreed was likely to be around 18.

H.2.44 Discount rate

As the simulation runs over a time period of greater than one year, a discount rate of 3.5% for both costs and QALYs is employed as per the NICE Reference Case.

H.2.57 Interventions and comparisons

The model was designed to consider the costs of identifying various developmental conditions with various testing schedules and instruments. Consequently each intervention is a different simulated schedule-instrument combination, and the comparator is simply a different schedule-instrument combination.

The schedules are freely variable in the model, but can take preset values corresponding to real-world testing schedules. **Table 20** gives the summary characteristics of these schedules. In many cases these schedules were slightly vague as to when the contact was expected to take place (for example, "give AIMS instrument before second year") and exactly what constituted the intervention; for example, at a contact to 'record physical characteristics' it might be possible to identify a very severe developmental problem even if no specific aspect of development (beyond the gross physical) is being examined. In every case these schedules were only expected to complement clinical judgement, since clearly a very sick baby would be expected to have more contact with the health service, and a baby might have unexpected contacts with the healthcare system if, for example, they caught an unrelated illness.

Table 20: Summary characteristics of testing schedules

Schedule name	Source	Characteristics	Notes
'Screen and forget'	Assumption based	One test before 1 year, no subsequent tests	Included as a baseline – not intended as a realistic option
Southampton Protocol	University Hospital Southampton (communication with Committee member)	Seven contacts in first and second year, eight contacts in year four	Noted by the Committee as a high-quality UK-based service
Nottingham Protocol	Marlow et al (2005)	Three contacts in first year, six in second year and three in third year	
Old Canadian	Synnes et al (2006)	Four contacts in first year, two in second year and one contact in third and fifth year	Canada had 19 protocols; the model assumes a weighted average of these protocols
New Canadian	Canadian Government	Six contacts each in year one, two and three	Noted by the Committee as a high quality service (although not based in the UK)
Healthy Child Programme	UK Government	Six contacts in first year, one contact in second year and two contacts in third and fifth year	

Schedule name	Source	Characteristics	Notes
Healthy Child Program + Recs	Guideline Committee	As Healthy Child Program, plus two additional contacts in second year, and one additional contact at third and fifth years	Intended to approximately represent recommendations made by the Committee

(a) The instruments are taken from the review question and described in Table 21. Consequently some instruments with multiple possible cut-offs (PARCA-R, ASQ for example) were only included at the level of cut-off which was included in the clinical review. The reference standard tests are not described here; they are assumed to be perfectly sensitive and specific in the base case.

Table 21: List of screening instruments included in economic model

Instrument	Sensitivity	Specificity	Source
Never offer reference standard[b]	0.00	1.00	Assumption
Always offer reference standard[b]	1.00	0.00	Assumption
PARCA-R <49 cutoff	0.35	0.90	Blaggan et al. 2014
PARCA-R <44 cutoff	0.35	0.94	Blaggan et al. 2014
PARCA-R <73 cutoff	0.90	0.76	Blaggan et al. 2014
DCDQ <15% cutoff	0.37	0.91	Dewey et al. 2011
ASQ 285 (for IQ <85)	0.80	0.54	Halbwachs et al. 2013, based on accuracy data at 5 years of age in children born at ≤35 weeks.
ASQ 270 (for IQ <70)	0.85	0.81	Halbwachs et al. 2013, based on accuracy data at 5 years of age in children born at ≤35 weeks.
VLBW, mother's SDQ >90% and in-depth interview	0.85	0.58	Indredavik et al. 2005
VLBW, father's SDQ >90% and in-depth interview	0.50	0.75	Indredavik et al. 2005
VLBW, teacher's SDQ >90% and in-depth interview	0.57	0.88	Indredavik et al. 2005
<26wk GA, diagnosed psychiatric disorder, parent SDQ score (conduct disorder)	0.67	0.90	Johnson et al. 2014
<26wk GA, diagnosed psychiatric disorder, teacher SDQ score (conduct disorder)	0.33	0.95	Johnson et al. 2014
ASQ-3 <2SD below mean	0.59	0.87	Schonhaut et al. 2013
ASQ <1SD (BSID-II PDI <85)	0.60	0.68	Simard et al. 2012, based on accuracy data at 12 months corrected age in children born at 29-36 weeks.
ASQ <1.5SD (BSID-II PDI <85)	0.45	0.78	Simard et al. 2012, based on accuracy data at 12 months corrected age in children born at 29-36 weeks.

Instrument	Sensitivity	Specificity	Source
ASQ <2SD (BSID-II PDI <85)	0.20	0.88	Simard et al. 2012, based on accuracy data at 12 months corrected age in children born at 29-36 weeks.

(a) Source is clinical review for all except where noted below. ASQ = Ages and Stages Questionnaire, PARCA-R = Parent Report of Children's Abilities-Revised, DCDQ = Developmental Coordination Disorder Questionnaire, SDQ = Strengths and Difficulties Questionnaire, VLBW = Very Low Birth Weight, GA = Gestational Age
(b) By definition

Additionally, we might consider the event which triggers the use of a screening instrument as being part of the intervention. As there is no evidence on the ability of parents or professionals to identify children with developmental conditions at various ages, an assumed ability of the parents and professionals working together to detect potential problems is reasonably high, although their ability to detect problems from non-problems is assumed to be a bit lower. This assumed ability is 90% sensitivity and 85% specific, as estimated by the Committee.

H.2.6.2 Outcome modelling assumptions

A number of assumptions and simplifications were made when modelling the different clinical outcomes included in this model. These assumptions and their rationale is described below. The importance of some of these assumptions in driving model results was tested in sensitivity analyses.

H.2.6.17 Parental concern

As described in section H.2.8, the key driver of HRQoL in the model is parental concern. There is a question about how this concern factor should be discounted for single-parent families. The ONS estimates the number of single-parent households to be around 10%, so each QALY value in the model for parents is multiplied by 1.9 to reflect the additional parent who exists in 90% of households. It is possible that the wider extended family might also be concerned with the development of a baby, but the distinction between society's legitimate interest in the flourishing of children and genuine anxiety / depression as a result of the non-flourishing of a particular child you are the parent of is hard to define precisely and so parents are the only source of negative QALYs in the model.

Additionally, it would be possible to argue that even in two parent families the QoL impact might be inflated for the primary caregiver and deflated for the other caregiver, on the grounds that, for example, the primary caregiver might be more anxious about the condition of their baby. However as the QoL values are only estimates, this use of differential QoL was not undertaken; it would give the impression of spurious accuracy and has no justification beyond the fact it was discussed as a possibility.

H.2.6.23 Subsequent treatment

The model assumes the only reason to diagnose a developmental problem or disorder is to intervene, even if that intervention is only to exclude the existence of some other condition. However, the effectiveness and cost-effectiveness of treatments for most problems and disorders in this model are unknown, and how the degree of prematurity and age of diagnosis interact with the best treatment option are also unknown.

Consequently the model cannot identify the 'truly' most cost-effective screening strategy, only that which is most accurate for the least amount of economic investment. If, for example, one condition is orders of magnitude more expensive to treat or detrimental to HRQoL then this approach may give inaccurate results. Regardless of this, the actual total cost per successful diagnosis will likely be far higher than given in the model as in reality

treatment (or at least intensive monitoring) is expected to follow subsequent to the identification of a disorder.

The assumption in the model is that subsequent treatment will be at least cost-effective at a threshold of £20,000 / QALY, and therefore this treatment will never prevent the most cost-effective strategy in the model from being cost-effective in reality. However if treatment is cheaper than £20,000 / QALY then a screening strategy not identified as cost-effective might be preferred in reality. That is to say, the strategy adopted in the model is conservative, but may miss the genuinely optimal screening approach. Given the similarity in cost between the most effective strategies (and especially between the most effective strategy in the base case and the recommendations made by the Committee) it is not of significant importance if the Committee's preferred identification methods differ slightly from the strategy identified as optimal in the base case.

The complete lack of evidence in this area justifies the approach taken in the model, but if further research into the topic is published it may suggest adopting an entirely different modelling approach.

H.2.6.3 Age of diagnosis

It is reasonable to suppose that some conditions are impossible to identify before a certain age, and this possibility is considered in the model. However it is also possible to imagine that some conditions such as speech and language impairment become much easier to identify as the child ages. For example, the signs of a speech and language impairment at one year are extremely subtle and possible for even experienced consultants to miss, whereas even an untrained observer could identify a six or seven year old with a significant language disorder.

There is some evidence on how the probability of correct diagnosis changes by age, but it is restricted to very specific conditions not relevant to the model. In general, this evidence confirms the intuitive idea that it is easier to diagnose conditions in older children, but there is no evidence relating to preterm infants specifically.

This is partially handled in the model by assuming an estimated 'age condition obvious' threshold, which is to say that the model transitions all those in the undiagnosed state to the diagnosed state at the point that each condition becomes obviously apparent (on their Xth birthday). However this still leaves an accuracy gap, since all other things being equal we would presumably prefer a schedule of testing that identifies the condition with near-certainty on the X-1th birthday, but the model does not allow for accuracy to improve over this time, due to the above data limitations.

Consequently the model must assume that the use of surveillance / identification tools is independent of age, and previous investigative history. Owing to the strength of monitoring early, this is unlikely to significantly change results (as in the most cost-effective strategies all conditions are diagnosed extremely early), but it may indicate that the Committee should recommend multiple screening tools at different stages of growth.

H.2.7 Costs

Where possible, costs were based on an NHS and Personal Social Services perspective as outlined in the NICE Reference Case (The guidelines manual, NICE October 2014). The price year for costs was 2016.

H.2.7.1 'Concern' costs

The first potential expense in the pathway is the cost if a parent or professional has a concern about some aspect of the child's development. It is assumed that a telephone consultation would be required to listen to the concerns of the parent and determine whether

a more formal screening instrument is required. The PSSRU Unit Cost document lists such a consultation as costing £27 based on an average duration of 7.1 minutes.

H.2.7.23 Screening instrument costs

Table 22 gives estimated costs for the use of each screening instrument in the model. Note that on top of the cost of actually administering the test, it is assumed that there is a cost associated with explaining the results of the test. This cost is likely to be higher where the test indicates cause for concern and lower where the test does not. A flat cost of £27 (a GP telephone appointment) is added to all tests to be indicative of the cost of a 'no concern' discussion, and the additional cost of a 'reason for concern' discussion is added to the cost of the reference standard instrument.

Table 22: Estimated cost of screening instruments

Instrument	Estimated total / Test	License fee / Test	Salary cost / Test	Notes
No Test	£0.00	N/A	N/A	
ASQ	£28.50	£0.00	£1.50	No fee per test, assumed to be set by parent (free) and scored by practice nurse for 2.5 minutes at £36 / hour
SDQ (parent)	£28.64	£0.14	£1.50	£0.14 fee per test (converted to UK currency from US fee of $0.20), set by parent (free) and scored by practice nurse for 2.5 minutes at £36 / hour
SDQ (teacher)	£38.64	£0.14	£11.50	£0.14 fee per test (converted to UK currency from US fee of $0.20), assumed to be set by teacher for 15 minutes at £40 / hour[b] and scored by practice nurse for 2.5 minutes at £36 / hour
DCDQ	£27.61	£0.01[b]	£0.60	Nominal fee per test, assumed to be set and scored by parent (free) with practice nurse providing one minute of advice at £36 / hour
PARCA-R	£28.50	Unknown	Unknown	No information found, assumed to be similar to ASQ / SDQ

Instrument	Estimated total / Test	License fee / Test	Salary cost / Test	Notes
In-depth interview	£95.50	N/A	£68.50	Assumed to be 30 minutes with consultant

(a) ASQ = Ages and Stages Questionnaire, PARCA-R = Parent Report of Children's Abilities-Revised, DCDQ = Developmental Coordination Disorder Questionnaire, SDQ = Strengths and Difficulties Questionnaire
(b) Cost of teachers' salary potentially falls outside the scope of NICE Reference Case as it is not an NHS / PSS cost. However it is thought teacher time represents an opportunity cost to the NHS in the case of preterm infants, so there is at least a reason to consider teacher time as a relevant cost even if taking a very strict definition of payer perspective. However this should likely not be the full cost of the teacher's time to the state.

H.2.7.37 Reference standard costs

A positive result on a screening instrument indicates that a referral should be made for a highly specialised assessment with a 'reference standard' tool. In clinical practice the exact tool suggested might vary depending on, for example, the age and characteristics of the child or the specialism of the local paediatric teams. These tests tend to be highly flexible, with more focus being placed on areas where an existing concern might exist. Consequently there are no good estimates of the time it takes to administer a 'reference standard' test. Committee opinion is that it is likely to involve contact of between 30 and 60 minutes (including scoring and explanation) with a specialist (most likely a clinical psychologist)). The cost of the specialised assessment was estimated to be £201.38 based on the outpatient cost associated with 'clinical psychology' from NHS reference costs 2014/15.

H.2.8 Health-related quality of life

The most serious health-related quality of life (HRQoL) consequences of the testing strategies would be those associated with the conditions that are identified. In a conventional economic analysis, the effect of earlier diagnosis and thus earlier treatment on HRQoL would be the primary concern. However, estimating this effect would require data on children with confirmed conditions that are not treated and as mentioned previously, such evidence is not available for clear ethical reasons.

It is also possible that misdiagnosis might carry an HRQoL burden. The logic behind this is that a parent may not be anxious about their child's development unless they are told there is some reason to worry by a healthcare professional. In this model there is no possibility of this kind of misdiagnosis, as the reference standard test is considered to be perfect. However there might be reason to suppose that the same logic applies to the opposite situation; that a parent may be extremely worried why their child is not developing 'normally', and will be somewhat reassured by a professional diagnosis.

In the NICE EQ-5D standard, the change from 'no anxiety / depression' to 'mild anxiety / depression' incurs an HRQoL burden of 0.07. The Committee estimate that most parents of children with developmental conditions would be somewhat anxious and would be mostly reassured by a diagnosis. To represent this, the model assumes a misdiagnosis incurs an HRQoL burden of 0.035 (that is, 50% of the 'full' burden of anxiety / depression).

Note that QALY values have been incorporated in the analysis in monetary form. The QALY values were converted to monetary values by multiplying the QALYs gained by the NICE threshold of £20,000 per QALY.

H.2.9 Event probabilities

As the model uses sensitivity and specificity, an understanding of the background rate of conditions in the population is required in order to model their accuracy. Prevalence was estimated using committee consensus based upon the figures reported in the evidence review. These values are given in Table 23.

Table 23: Prevalence of condition 'clusters' given gestational age

Condition Cluster	<28 weeks GA	28-31+6 weeks GA	32-36+6 weeks GA	All GAs[b]
No Issues	0.25	0.35	0.46	0.41
Unspecified developmental issue	0.20	0.15 [c]	0.06	0.10
Moderate intellectual disability	0.11	0.09	0.08	0.08
Severe intellectual disability	0.06	0.02	0.01 [c]	0.02
Speech and language disorders	0.07	0.07 [c]	0.07 [c]	0.07
SEN disorder	0.45	0.40[c]	0.35	0.38
Social, emotional and mental health	0.05	0.05 [c]	0.05 [c]	0.05
Developmental coordination disorders	0.19	0.10 [c]	0.05 [c]	0.08

(a) GA = Gestational Age
(b) Calculated based on weighted probability of all gestational ages
(c) Assumptions owing to insufficient stratification of the data

It is assumed there are no relevant event probabilities other than those described above (most especially, the probability of detecting a condition if one exists on the screening / identification test). Specifically, this implies there are no adverse events from testing other than financial or stress / anxiety.

As described in section H.2.6.3, some of these conditions will become 'obvious' by a certain age. These are highly speculative assumptions, based on Committee discussion. Owing to the strength of early testing regimes compared to those that put contacts later, in practice these thresholds do not have a significant impact on overall costs.

Table 24: Age condition obvious by condition cluster

Condition Cluster	Age condition obvious
No Issues	99
Unspecified developmental issue	99
Moderate intellectual disability	15
Severe intellectual disability	10
Speech and language disorders	5
SEN disorder	15
Social, emotional and mental health	10
Developmental coordination disorders	10

H.2.10.4 Sensitivity analysis

H.2.10.5 Probabilistic sensitivity analysis

In reporting clinical effectiveness it is usual and good practice to take into account the uncertainty of a relative treatment effect by reporting confidence intervals around the point estimate. Probabilistic sensitivity analysis, using Monte Carlo simulation techniques, allows for uncertainty across all model inputs to be addressed. Simulation involves running the

model many times. In each simulation, rather than using the point estimate of the input, the value is sampled from its probability distribution. For inputs that are based on a large sample the probability distribution will be relatively narrow and the sampled inputs will reflect that. This model assessed the cost-effectiveness of the various treatment alternatives using probabilistic sensitivity analysis.

However this model relies very heavily on scenario analysis rather than continuous distributions of parameters over variables. Consequently probabilistic sensitivity analysis was not thought to be appropriate.

H.2.10.2 Deterministic sensitivity analysis

The model included some deterministic inputs, such as costs based on published prices for example. Health state utilities were also deterministic inputs in the model as, given the way they were estimated, it was difficult to define a meaningful distribution from which to sample. However, to address this limitation in the model, extensive one way sensitivity analysis was undertaken on those variables influencing QALY gain to assess the extent to which cost-effectiveness was influenced by changes to these inputs.

H.3 Results

Table 25 demonstrates the main schedule of results. The costs describe the total cost over 18 years to identify one case of a developmental problem. It demonstrates that for any given test or screening strategy, there is always some other test or screening strategy with a lower cost for at least some population. This means that there is no 'dominated' test or schedule. However in general the Healthy Child Programme (HCP) appears to offer the cheapest screening strategy. Note that the HCP+Recs strategy significantly outperform the HCP alone for some screening strategies, whereas the HCP alone only slightly outperforms the HCP+Recs across the board. Note also that there is so much variation in when children actually receive screening (as noted in section H.2.5) that good clinical judgement could potentially support almost any of the below, despite the fact that on average the HCP and HCP+Recs indicate it should be strongly considered in the first instance.

As with the schedules of screening, there is no instrument which universally dominates, although PARCA-R <73 cutoff, ASQ at any cutoff and parent-scored SDQ in combination with a diagnosed psychiatric disorder all performed well in general. However the economic evidence accords with the Committee's observations that more research is needed into the 'best' screening strategy for a given population, as the difference between the high-performing strategies is small.

No test or no screening is an order of magnitude more expensive than even the worst screening test; these should be avoided if at all possible. Always offering a reference standard test performs well given its unsophisticated nature; clinicians who are uncertain of how to use screening instruments might consider a referral without too much risk of making a cost-ineffective decision.

Table 25: Main schedule of results: total cost over 18 years to identify one case of a developmental problem

	'Screen and Forget'	Southampton	Nottingham	Old Canadian	New Canadian	HCP	HCP + Recs
No tests	£23,113	£23,782	£23,469	£23,342	£23,662	£23,436	£23,561
Always Test	£23,387	£1,179	£1,255	£991	£1,119	£922	£1,030
PARCA-R <49 cutoff	£23,241	£1,474	£2,451	£3,318	£1,577	£2,140	£1,686

	'Screen and Forget'	Southampton	Nottingham	Old Canadian	New Canadian	HCP	HCP + Recs
PARCA-R <44 cutoff	£23,239	£1,451	£2,438	£3,309	£1,558	£2,128	£1,670
PARCA-R <73 cutoff	£23,367	£904	£1,164	£948	£905	£815	£864
DCDQ <15% cutoff	£23,244	£1,393	£2,276	£2,997	£1,483	£1,934	£1,565
ASQ 285 (for IQ <85)	£23,358	£1,073	£1,323	£1,075	£1,060	£933	£1,002
ASQ 270 (for IQ <70)	£23,354	£897	£1,190	£972	£906	£825	£869
VLBW, mother's SDQ >90% & in-depth interview	£23,499	£1,432	£1,556	£1,269	£1,376	£1,172	£1,284
VLBW, father's SDQ >90% & in-depth interview	£23,418	£1,713	£2,107	£2,120	£1,705	£1,647	£1,648
VLBW, teacher's SDQ >90% & in-depth interview	£23,440	£1,574	£1,913	£1,772	£1,564	£1,451	£1,500
<26wk GA, diagnosed psychiatric disorder, parent SDQ score (conduct disorder)	£23,312	£952	£1,353	£1,164	£982	£927	£954
<26wk GA, diagnosed psychiatric disorder, teacher SDQ score (conduct disorder)	£23,249	£1,595	£2,688	£3,713	£1,716	£2,413	£1,859
ASQ-3 <2SD below mean	£23,296	£1,036	£1,482	£1,362	£1,071	£1,036	£1,046
ASQ <1SD (BSID-II PDI <85)	£23,308	£1,133	£1,526	£1,375	£1,150	£1,077	£1,109
ASQ <1.5SD (BSID-II PDI <85)	£23,270	£1,275	£1,876	£2,127	£1,322	£1,451	£1,325
ASQ <2SD (BSID-II PDI <85)	£23,208	£2,870	£5,347	£7,569	£3,306	£5,427	£3,879

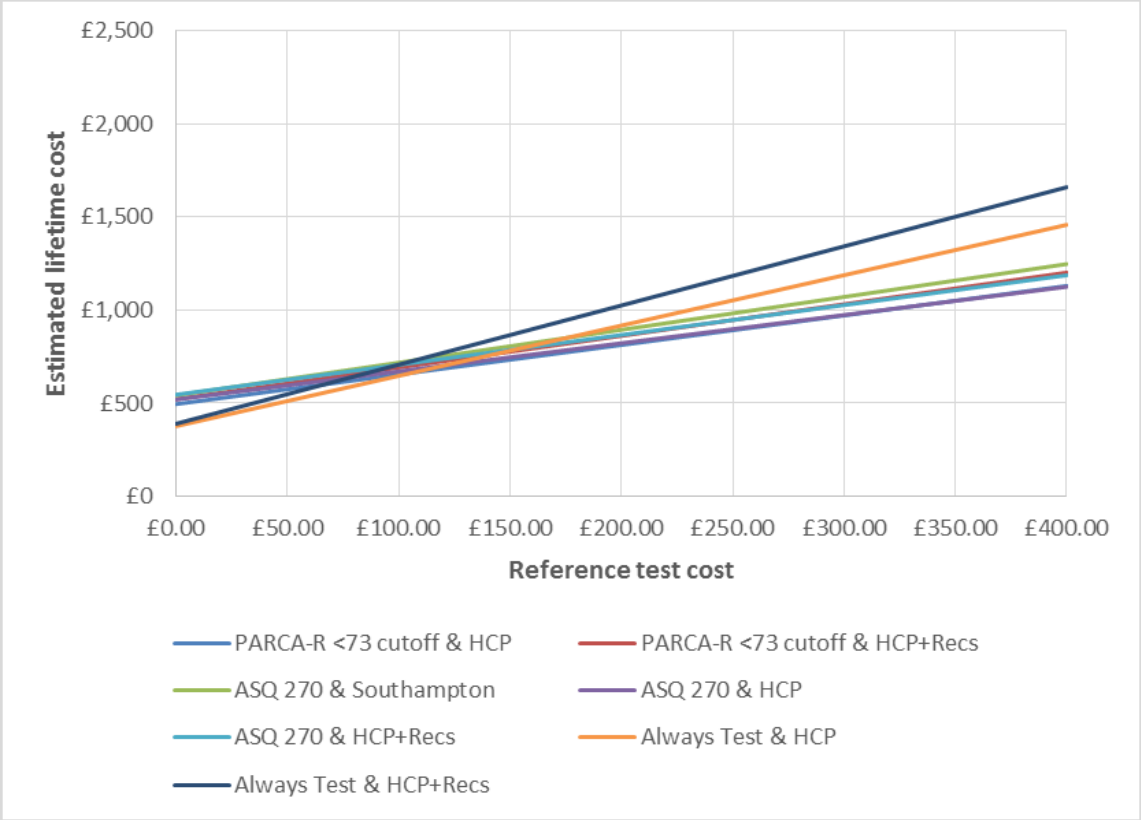
H.4 Sensitivity analysis

H.4.1 Reference standard test cost

The base case assumes that the 'gold standard' for identification of a developmental problem or disorder is an in-depth appointment with a specialist, who administers a reference standard diagnostic test such as the Bayley. However certain types of problems might be easier to identify than others, suggesting that the reference standard testing strategy might vary in cost considerably. **Figure 11** demonstrates how the cost of the reference standard test alters the total (lifetime) cost of a sample of strategies described in **Table 25**.

The conclusion of this sensitivity analysis is that always testing is preferred if the reference test is <£100, but that otherwise some kind of screening protocol is preferred. The most cost-effective screening protocol does not change after this £100 cut-off, and the screening protocols appear to more or less parallel each other, although there are minor variations in their slope.

Figure 11: Estimated lifetime cost of selected screening strategies given increasing cost of reference test



H.4.2 Threshold of primary contact suspicion

A significant driver of costs in the model is the frequency at which parents or professionals express concern about an infant. If this threshold is set too high then many children with problems will not receive timely treatment. Conversely, if it is too low then children will receive pointless and costly additional screening. **Figure 12** and **Figure 13** demonstrate how the cost schedule changes in response to one-way sensitivity analysis. This demonstrates

that sensitivity causes the curve to vary nonlinearly, whereas specificity causes the curve to change almost linearly. However at sensitivities above about 0.7, both curves behave mostly linearly, with approximately similar slopes.

Owing to the number of strategies considered, two-way sensitivity analysis is difficult to undertake. However as the recommended strategies are the same in both models and the slope similar such an analysis would not change recommendations, it was considered a low priority to demonstrate to the Committee.

Figure 12: One-way sensitivity analysis, sensitivity varied

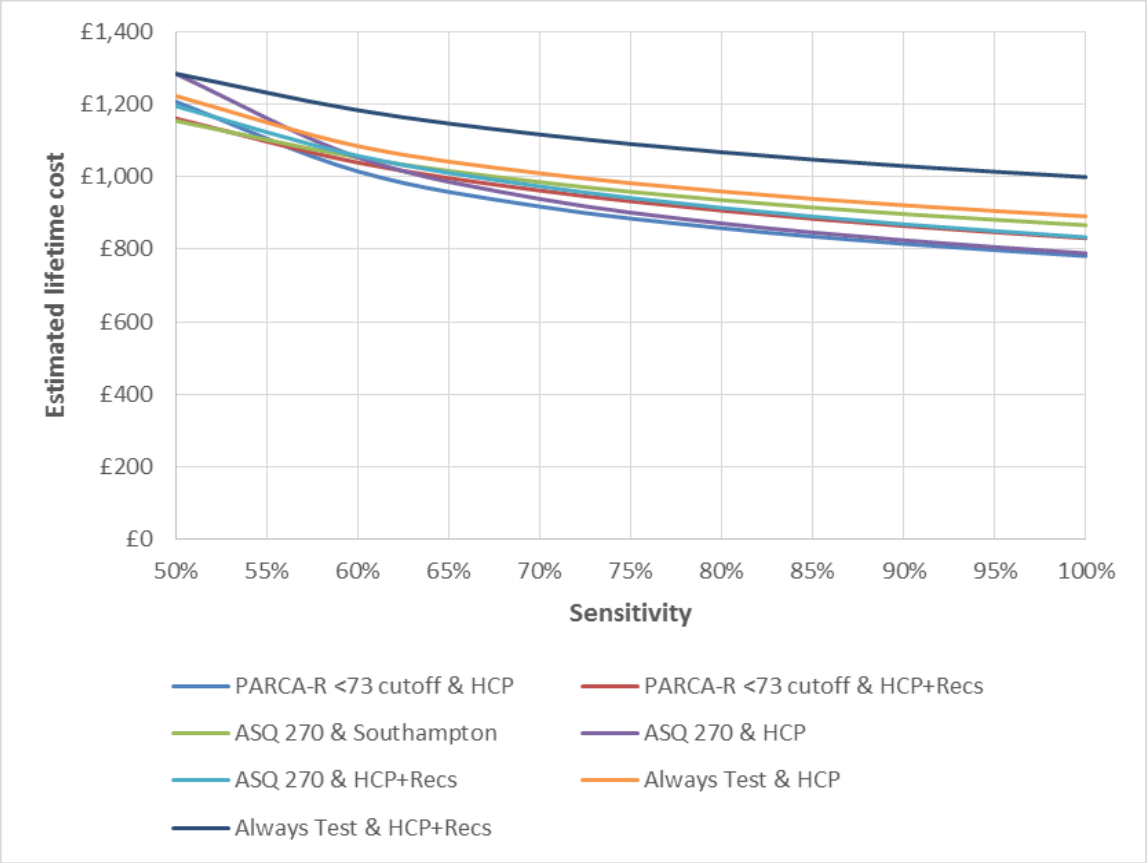
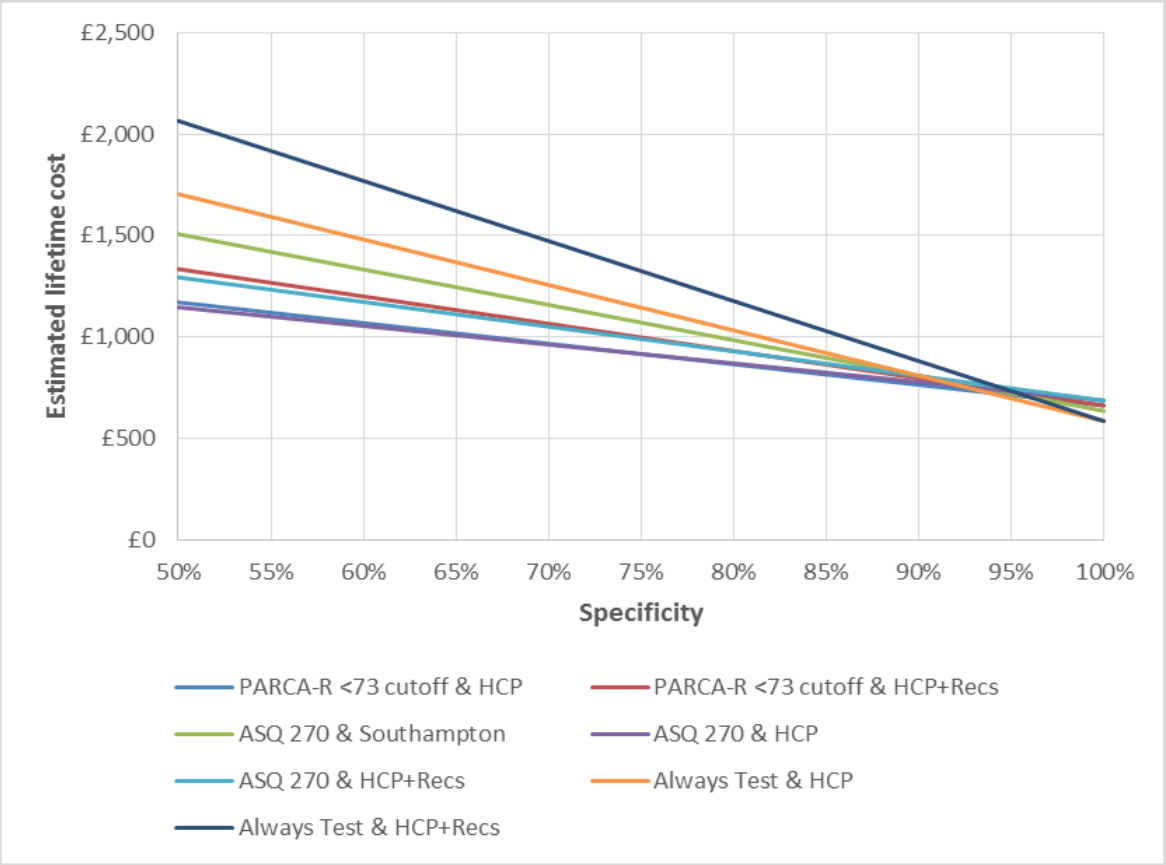


Figure 13: One-way sensitivity analysis, specificity varied

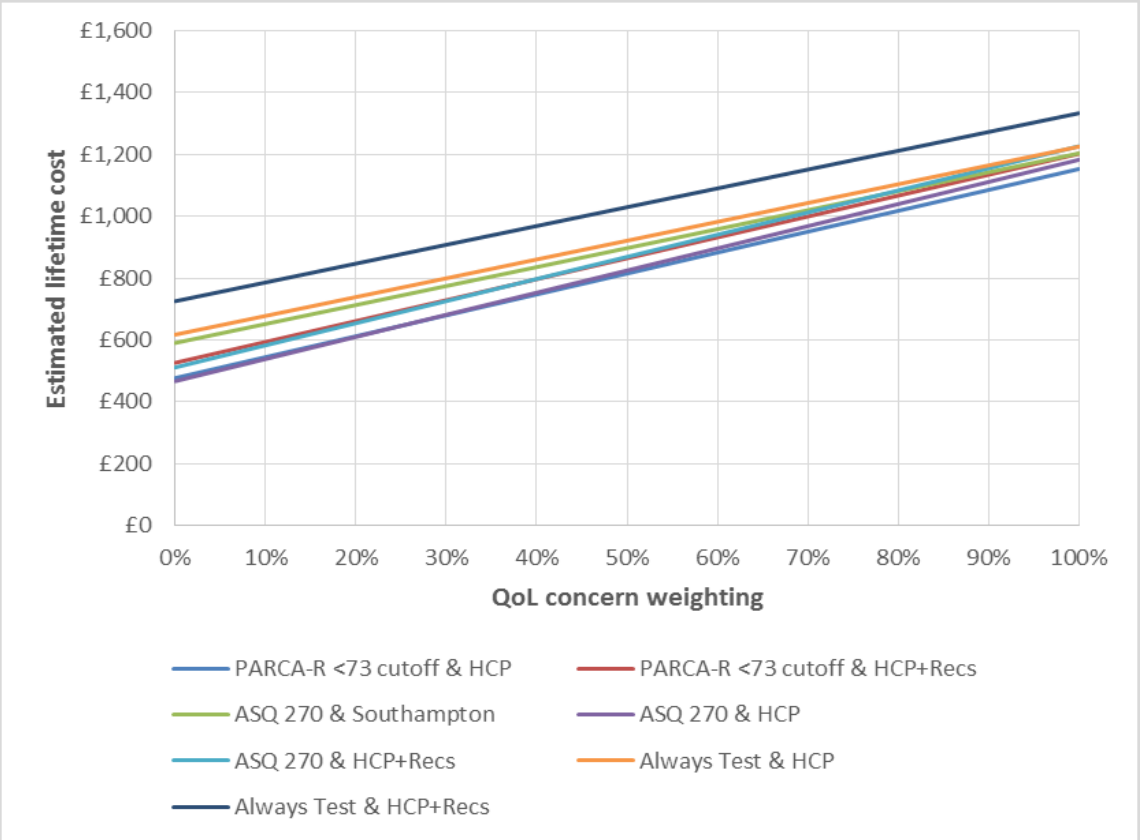


H.4.31 QALY loss due to anxiety / depression

It seems likely that parents will be concerned about their child if they appear poorly but they have not had a formal identification of a developmental condition. As discussed however, there is no study identifying how anxious / depressed this will make a parent. A value of 50% was chosen to reflect uncertainty in the Committee, and sensitivity analysis varies this from 0% to 100% (meaning the parent is between 0% and 100% as anxious / depressed as someone who is 'mildly anxious / depressed' on the EQ-5D standard, where 100% indicates 0.07 QALY)

Figure 14 demonstrates that the total cost of the schedule increases with the weighting of parental anxiety, as expected. The preferred strategies appear to be more dispersed at 0% anxiety, and more clustered at 100% but this clustering is not sufficient to change the preferred strategy.

Figure 14: Estimated lifetime cost of selected screening strategies given increasing burden of having a poorly child



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Appendix I: Resource impact analysis of delivery of enhanced support and surveillance

Surveillance strategies are used in preterm children to identify any developmental problems and disorders that might arise. More intensive surveillance strategies enable problems and disorders to be identified earlier but an increase the frequency or number of surveillance strategies can have significant resource implications. Therefore, there is a need to balance the clear benefits of earlier detection against the costs of surveillance when deciding upon the optimal surveillance strategy.

I.1 Objective

The analysis aims to estimate the resource impact associated with an enhanced surveillance strategy for preterm children.

I.2 Review of the literature

A systematic review of the economic literature was conducted but no relevant studies were identified which investigated the resource implications of enhanced surveillance methods for preterm children.

I.3 Methods

A resource impact analysis was developed in Microsoft Excel®. The analysis was conducted from the perspective of the NHS and Personal Social Services (PSS) as outlined in the NICE Reference Case (The guidelines manual, NICE October 2014).

I.3.1 Surveillance strategies

The analysis focuses on two assessment points, which were identified by the Committee as time points where changes could be made to current practice to enhance the current surveillance strategy:

1. Assessment at 2-years of age for children born before 30^{+0} weeks' gestation
2. Assessment at 4-years of age for children born before 28^{+0} weeks' gestation

Note that, for the assessment at 2-years of age, the analysis focused only on children born before 30+0 weeks gestation. Children born before 36+6 weeks of gestation with specific risk factors were also identified by the Committee as a group that would benefit from enhanced surveillance. However, it was not possible to include this group in the analysis as the size of the population could not be reliably estimated due to a lack of sufficient evidence on the proportion of children with risk factors.

The 'enhanced surveillance' and 'current practice' strategies at each of the time points assessed in the analysis are described in more detail below. Note that while current practice has been estimated for the purposes of the analysis, it is recognised that there is variation in practice and the most commonly used strategy is not definitively known. Therefore, this has been identified as an area of uncertainty and will be subject to changes in sensitivity analysis where alternative strategies will be used to represent current practice.

Assessment at 2-years of age for children born before 30+0 weeks' gestation

Current practice was assumed to be a structured, face-to-face diagnostic assessment, such as the Bayley Scales of Infant Development (BSID). The assessment would involve a clinical psychologist, neonatologist or paediatrician with expertise in neonatology, an occupational therapist or physiotherapist and a nurse.

In the enhanced surveillance strategy, a screening test such as the Parent Report of Children's Abilities-Revised (PARCA-R) was assumed to be used instead of the structured assessment. The screening test can be administered by parents and can be done via postal questionnaire, online, or on a tablet during a clinic visit. The assessment would involve a neonatologist or paediatrician with expertise in neonatology, an occupational therapist or physiotherapist and a nurse.

Assessment at 4-years of age for children born before 28+0 weeks' gestation

It was assumed that assessments were not routinely undertaken at four years of age for children born before 28+0 weeks' gestation. .

In the enhanced surveillance strategy, it was assumed that the strengths and difficulties questionnaire (SDQ) and the Wechsler Preschool and Primary Scales of Intelligence (WPPSI) test would be used. The assessment would involve a clinical psychologist and a paediatrician.

I.3.2 Population estimates

The number of preterm children that would be assessed at 2 and 4 years of age was estimated using data on the number of live births by gestational age in England and Wales in 2015 from the Office for National Statistics (ONS). To estimate the number of children that would be alive at the assessment time points, mortality rates were applied to the live birth data. Infant mortality rates were estimated from the total number of infant deaths (occurring up to one year after birth) in England and Wales in 2013 from the ONS (note that this was the most recent data available).

Mortality from other causes in years two, three and four was estimated using ONS life tables 2013-15, which give an estimate of the annual probability of death given a person's age and gender. Note that, since the assessment at 2 years is based on corrected age, it is possible that mortality is underestimated in the analysis. However, since the rates of other cause mortality are so low, the effect of any underestimation was thought to be negligible.

The Table 26 and Table 27 show the estimated population that would be assessed at two and four years of age.

Table 26: Estimated number of preterm children born before 30^{+0} weeks' gestation assessed at 2-years of age

Gestational age (weeks)	Total live births	Infant mortality rate	Estimated deaths in year 1	Estimated deaths in year 2	Estimated population in year 2
≤ 22	462	88%	408	0	54
23	293	70%	205	0	88
24	465	41%	189	0	276
25	534	24%	127	0	407
26	560	17%	96	0	464
27	735	11%	80	0	655
28	959	9%	84	0	874
29	1,119	5%	51	0	1,068

Gestational age (weeks)	Total live births	Infant mortality rate	Estimated deaths in year 1	Estimated deaths in year 2	Estimated population in year 2
Total	5,127	-	1,240	1	3,886

Table 27: Estimated number of preterm children born before 28^{+0} weeks' gestation assessed at 4-years of age

Gestational age (weeks)	Total live births	Infant mortality rate	Estimated deaths in year 1	Estimated deaths in year 2-4	Estimated population in year 4
≤ 22	462	88%	408	0	54
23	293	70%	205	0	88
24	465	41%	189	0	276
25	534	24%	127	0	407
26	560	17%	96	0	464
27	735	11%	80	0	655
Total	3,049	-	1,105	1	1,943

I.43 Assessment costs

Reflecting the UK NHS perspective of the analysis, the costs associated with assessments were estimated using relevant staff costs from NHS Reference Costs 2014/15, which gives the average cost associated with each of the staff visits or assessments.

The cost of an assessment by a neonatologist or paediatrician was estimated to be £165.20 and £192.99, respectively based on outpatient costs associated with 'Neonatology' and 'Paediatrics' from NHS reference costs 2014/15. The costs of an assessment by a clinical psychologist was estimated to be £201.38 based on the outpatient cost associated with 'clinical psychology' from NHS reference costs 2014/15.

The costs of a nurse visit was estimated to be £94.91 based on the cost associated with 'Nursing services for children' from the community health services section of NHS reference costs 2014/15. The costs of an occupational therapist and physiotherapist visit was estimated to be £131.72 and £91.71, respectively based on the cost associated with 'Occupational therapist, child, one to one' and 'Physiotherapist, child, one to one' from the community health services section of NHS reference costs 2014/15.

Note that the associated average time for each of these visits or assessments is not known because this is not reported in NHS reference costs. However, given that the time taken to perform each assessment is likely to vary, using the average across the NHS seemed to be a reasonable approach. An alternative approach would be to base the costs on estimates from the Unit Costs of Health and Social Care 2015, which does report the time taken. This alternative was explored and it was found that the assessment costs would be lower with this approach. Therefore, the values from NHS reference costs were used as it was preferable to run the risk of overestimating costs rather than underestimating them.

The overall costs for the assessments at two and four years of age under current practice and enhanced surveillance scenarios are shown in the Table 28.

Table 28: Assessment costs of surveillance strategies for children born before 30^{+0} weeks' gestation at age 2

Surveillance strategy and assessments	Estimated costs	Source
Current practice		

Surveillance strategy and assessments	Estimated costs	Source
Paediatrician / neonatologist†	£179.09	NHS reference costs 2014/15 - outpatient costs for 'Neonatology' and 'Paediatrics'
Clinical psychologist	£201.38	NHS reference costs 2014/15 - outpatient costs for 'Clinical psychology'
Nurse	£94.91	NHS reference costs 2014/15 – 'Nursing services for children' (community health services)
Occupational therapist / physiotherapist‡	£111.71	NHS reference costs 2014/15 – 'Occupational therapist, child, one to one' and Physiotherapist, Child, One to One (community health services)
Total cost for assessment	**£587.10**	
Enhanced surveillance		
Paediatrician / neonatologist†	£179.09	NHS reference costs 2014/15 - outpatient costs for 'Neonatology' and 'Paediatrics'
Nurse	£94.91	NHS reference costs 2014/15 – 'Nursing services for children' (community health services)
Occupational therapist / physiotherapist‡	£111.71	NHS reference costs 2014/15 – 'Occupational therapist, child, one to one' and Physiotherapist, Child, One to One (community health services)
Total cost for assessment	**£385.72**	

†Average cost estimated assuming weighting of 50% for paediatricians (£192.99) and 50% for neonatologists (£165.20). Alternative scenarios are explored in sensitivity analysis.
‡Average cost estimated assuming weighting of 50% for occupational therapists (£131.72) and 50% for physiotherapists (£91.71). Alternative scenarios are explored in sensitivity analysis.

Table 29: Assessment costs of surveillance strategies at children born before 28^{+0} weeks' gestation at 4-years of age

Surveillance strategy and assessments	Estimated costs	Source
Current practice		
No assessment	£0.00	
Enhanced surveillance		
Paediatrician	£192.99	NHS reference costs 2014/15 - outpatient costs for 'Neonatology' and 'Paediatrics'
Clinical psychologist	£201.38	NHS reference costs 2014/15 - outpatient costs for 'Clinical psychology'
Total cost for assessment	**£394.36**	

I.5 Results

I.5.1 Base case results

The estimated resource impact of the enhanced surveillance program at the assessments undertaken at 2 and 4 years of age are shown in the tables below.

Table 30: Estimated costs of enhanced surveillance for children born before 30^{+0} weeks' gestation at 2-years of age (corrected)

Gestational age (weeks)	Estimated population at year 2 assessment	Estimated costs		
		Current practice	Enhanced surveillance	Difference
≤ 22	54	£31,711	£20,834	-£10,877
23	88	£51,414	£33,779	-£17,635
24	276	£161,981	£106,421	-£55,560
25	407	£238,888	£156,949	-£81,939
26	464	£272,488	£179,024	-£93,464
27	655	£384,744	£252,776	-£131,968
28	874	£513,406	£337,306	-£176,099
29	1,068	£626,901	£411,872	-£215,029
Total	**3,886**	**£2,281,534**	**£1,498,962**	**-£782,572**

At the assessment at two years of age, it can be seen that total cost of the enhanced surveillance programme is estimated to be £1,498,962 whereas current practice is estimated to cost £2,281,534. Thus, the enhanced surveillance programme for children being assessed at two years of age was estimated to result in a cost saving of £782,572.

Table 31: Estimated costs of enhanced surveillance for children born before 28^{+0} weeks' gestation at 4-years of age

Gestational age (weeks)	Estimated population at year 2 assessment	Estimated costs		
		Current practice	Enhanced surveillance	Difference
≤ 22	54	£0	£21,296	£21,296
23	88	£0	£34,529	£34,529
24	276	£0	£108,784	£108,784
25	407	£0	£160,433	£160,433
26	464	£0	£182,998	£182,998
27	655	£0	£258,387	£258,387
Total	**1,943**	**£0**	**£766,426**	**£766,426**

At the assessment at four years of age, it can be seen that total cost of the enhanced surveillance programme is estimated to be £766,426 whereas there is no cost associated with current practice (since assessments at four years are not currently undertaken as part of routine practice). Therefore, the additional cost of the enhanced surveillance programme at the four year assessment point is estimated to be £766,426.

Taking account of the costs at the two year and four year assessment points, the enhanced surveillance programme was estimated to result in a cost saving of £16,146.

I.5.21 Sensitivity analysis

Various deterministic sensitivity analyses were conducted to assess the areas of uncertainty. The results of the sensitivity analysis for the assessment at 2 and 4 years of age are shown in the tables below.

Particularly noteworthy are the alternative scenarios where changes are made to the surveillance scenario assumed to represent current practice. For the assessment at 2 years of age, it can be seen that the cost saving diminishes when it is assumed that a proportion of places are already following the enhanced surveillance programme. Furthermore, when it is assumed that nurses and occupational therapists or physiotherapists are not used in current practice surveillance then the enhanced surveillance becomes more costly (that is, the saving associated with not including a clinical psychologist is outweighed by the additional cost associated with nurses and occupational therapists or physiotherapists). For the assessment at four years of age, it can be seen that the cost difference decreases when it is assumed that a proportion of places are already following the enhanced surveillance programme.

Table 32: Sensitivity analysis results for assessment of children born before 30^{+0} weeks' gestation at age 2 (corrected age)

	Total estimated costs		
Modelled scenario	**Current practice**	**Enhanced surveillance**	**Difference**
Population increased by 25%	£2,851,918	£1,873,703	-£978,215
Population decreased by 25%	£1,711,151	£1,124,222	-£586,929
Average cost weightings of 0% for neonatologist and 100% for paediatrician	£2,335,538	£1,552,966	-£782,572
Average cost weightings of 100% for neonatologist and 0% for paediatrician	£2,227,530	£1,444,959	-£782,572
Occupational therapists not used in current practice	£1,793,395	£1,444,959	-£348,436
Nurses not used in current practice	£1,858,680	£1,444,959	-£413,722
Occupational therapists and nurses not used in current practice	£1,424,545	£1,444,959	£20,414
25% of places already following enhanced surveillance strategy	£2,031,888	£1,444,959	-£586,929
50% of places already following enhanced surveillance strategy	£1,836,245	£1,444,959	-£391,286
75% of places already following enhanced surveillance strategy	£1,640,602	£1,444,959	-£195,643

Table 33: Sensitivity analysis results for assessment of children born before 28^{+0} weeks' gestation at age 4

	Estimated costs		
Modelled scenario	**Current practice**	**Enhanced surveillance**	**Difference**
Population increased by 25%	£0	£958,032	£958,032
Population decreased by 25%	£0	£574,819	£574,819
Clinical psychologists used in current practice	£391,362	£766,426	£375,064

Modelled scenario	Estimated costs		
	Current practice	Enhanced surveillance	Difference
Paediatricians used in current practice	£375,064	£766,426	£391,362
25% of places already following enhanced surveillance strategy	£191,606	£766,426	£574,819
50% of places already following enhanced surveillance strategy	£383,213	£766,426	£383,213
75% of places already following enhanced surveillance strategy	£574,819	£766,426	£191,606

I.6 Discussion

The results of the analysis show that the enhanced surveillance programme is likely to lead to cost savings for children born before 30^{+0} weeks gestation at 2 years of age and a cost increase for children born before 28^{+0} weeks gestation at 4 years of age. The increased costs of the enhanced surveillance programme at 4 years (£766,426) were found to be more than offset by the cost savings at 2 years of age (£782,572). Thus, when considering the changes at 2 years of age and 4 years of age together, the enhanced surveillance program was found to result in a modest cost saving (£16,146).

However, the benefits of the changes to surveillance extend beyond cost savings. It is anticipated that the changes made to the assessment at 4 years of age should lead to an increased number of children identified with problems or disorders who could be referred for diagnosis and appropriate management. Meanwhile the changes made to the assessment at 2 years of age should maintain the effectiveness of the previous surveillance programme as the screening tool (PARQA-R) was shown to have a good level of predictive validity in comparison to the structured assessment.

I.7 Conclusion

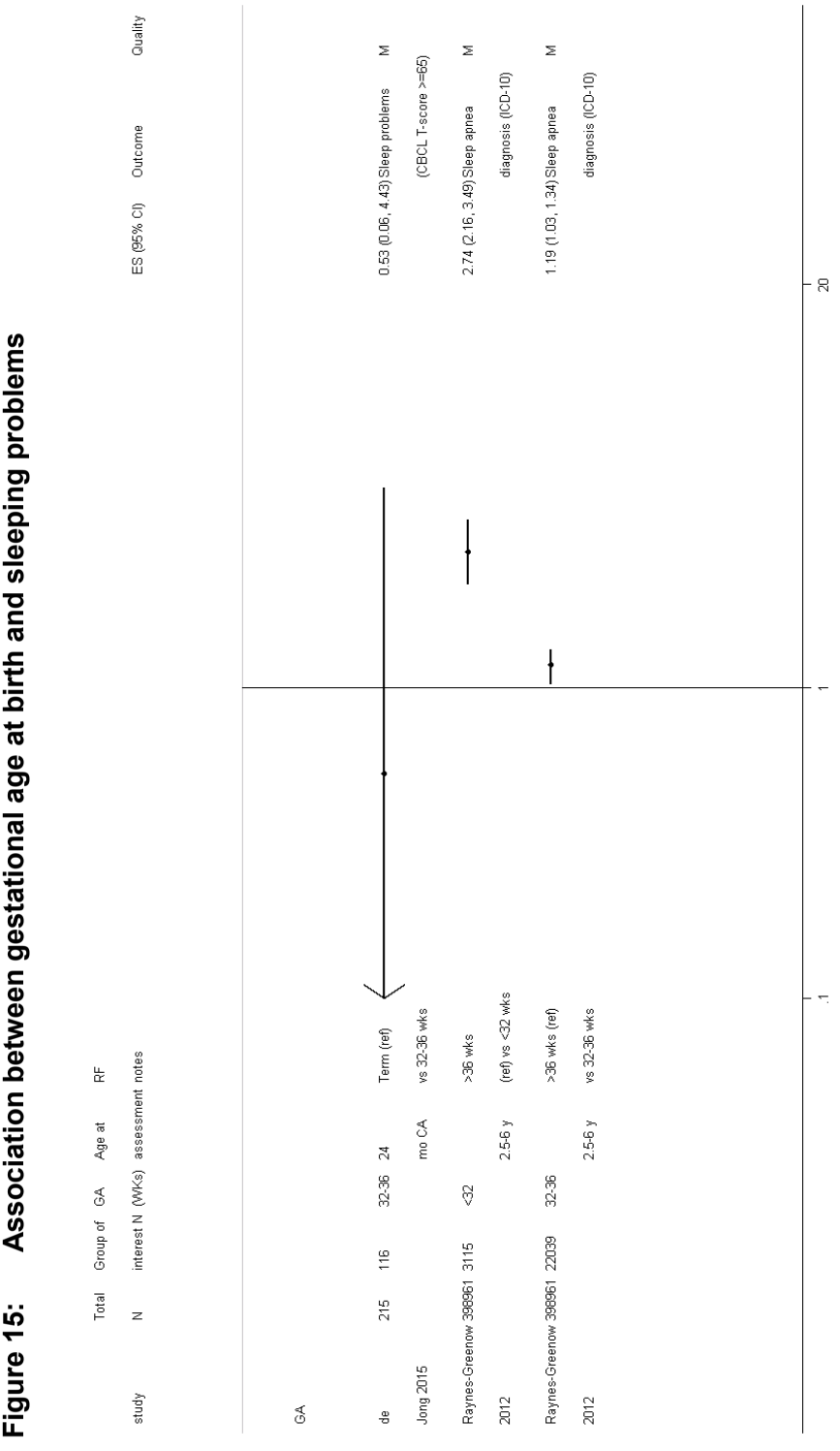
The suggested changes to the surveillance programme effectively represent a redistribution of resources from the assessment at two years to the assessment at four years. This should achieve improvements in the detection of developmental problems and disorders in a cost-effective manner.

Appendix J: Forest plots and receiver operating curves

J.1 Risk of developmental problems

What is the risk of developmental problems in babies, children and young people born preterm at different gestational ages? How do the following factors influence the risk of developmental problems in babies, children and young people born preterm: biological factors, neonatal factors, socioeconomic, maternal and environmental factors, and postnatal factors?

1 **Figure 15: Association between gestational age at birth and sleeping problems**



2

1 **Figure 16: Association between gestational age at birth and feeding problems**

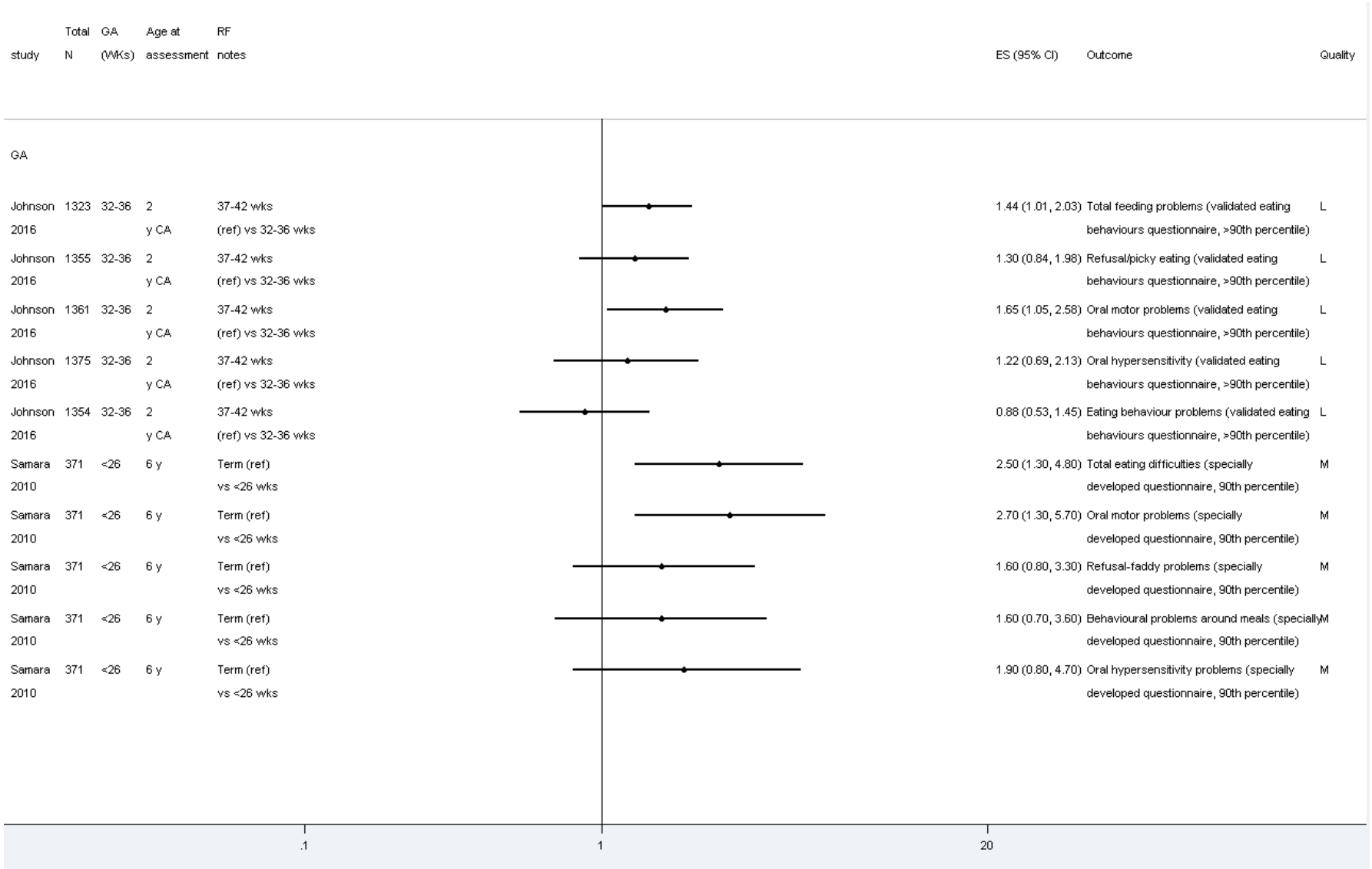


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Figure 17: Association between gestational age at birth and eating difficulties

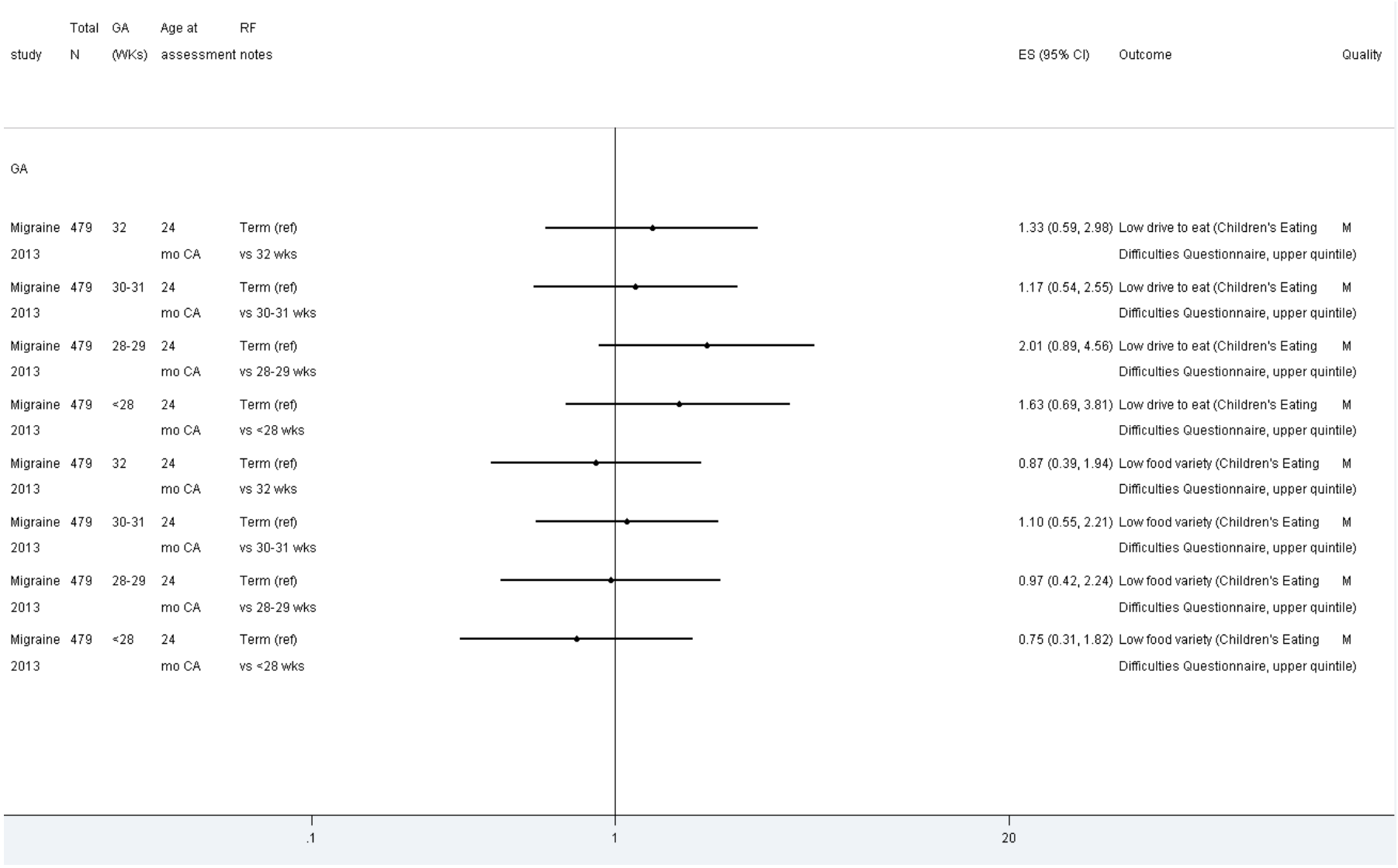


Figure 18: Association between gestational age at birth and toileting problems

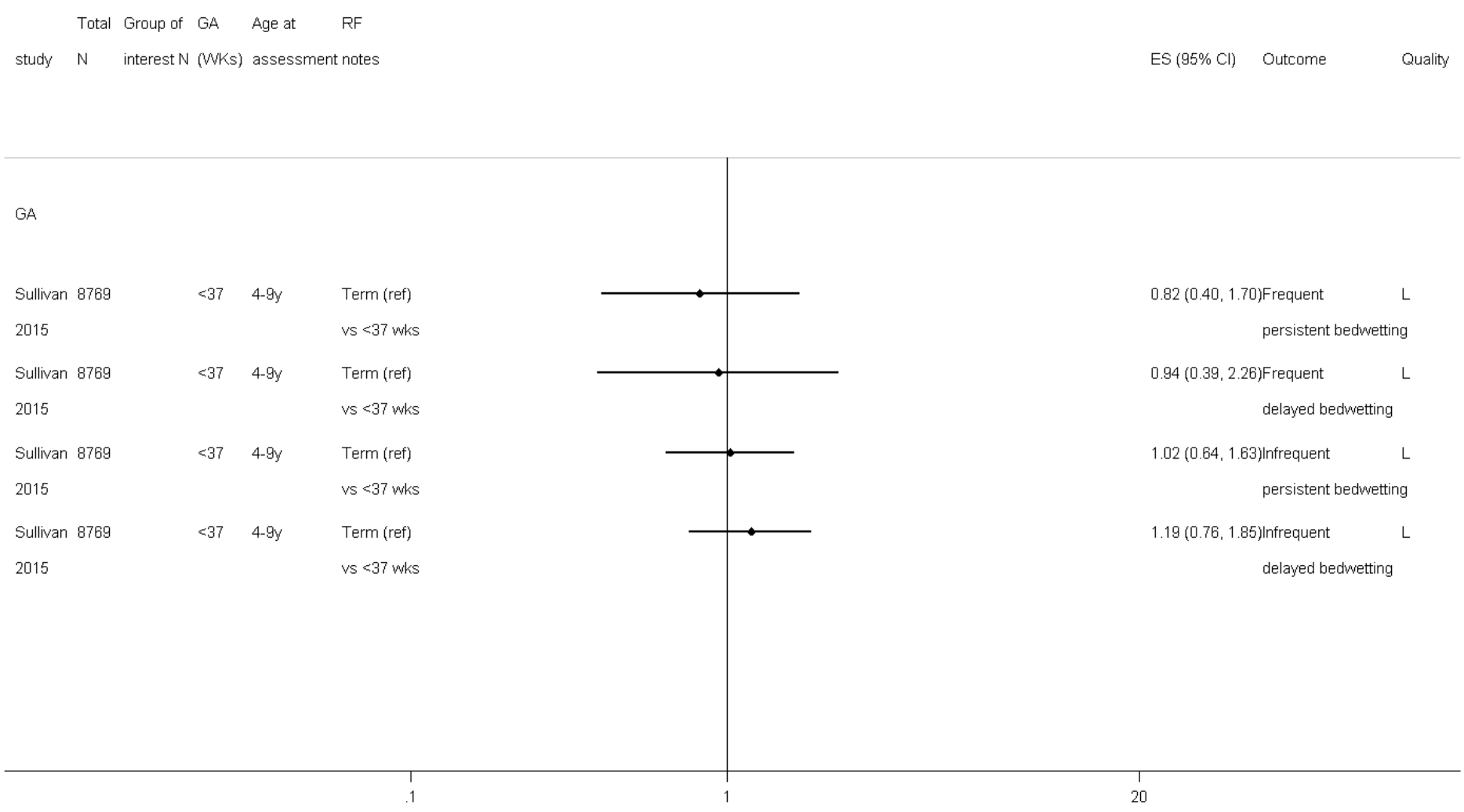


Figure 19: Association between gestational age at birth and fine motor problems

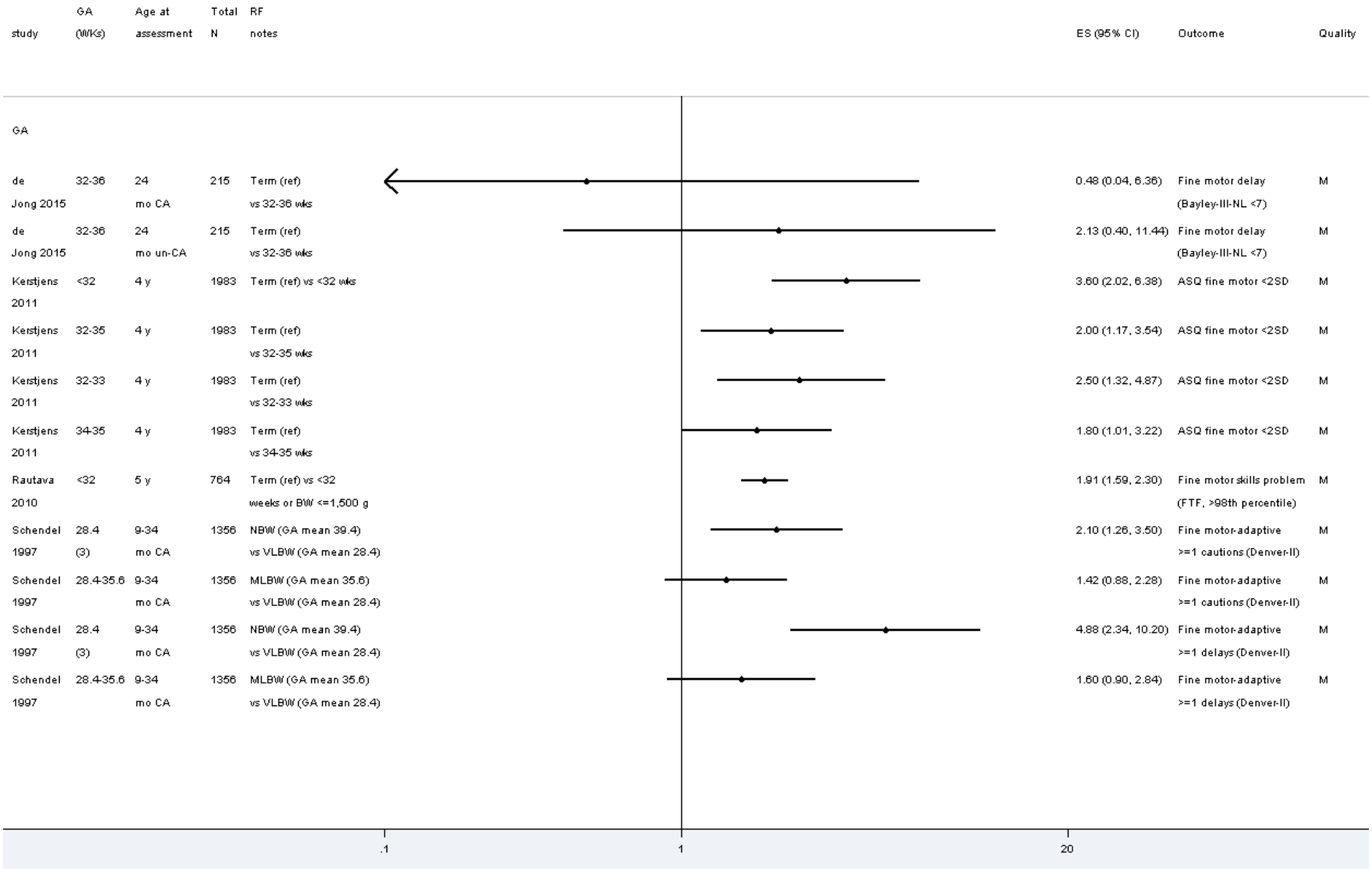


Figure 20: Association between gestational age at birth and gross motor problems

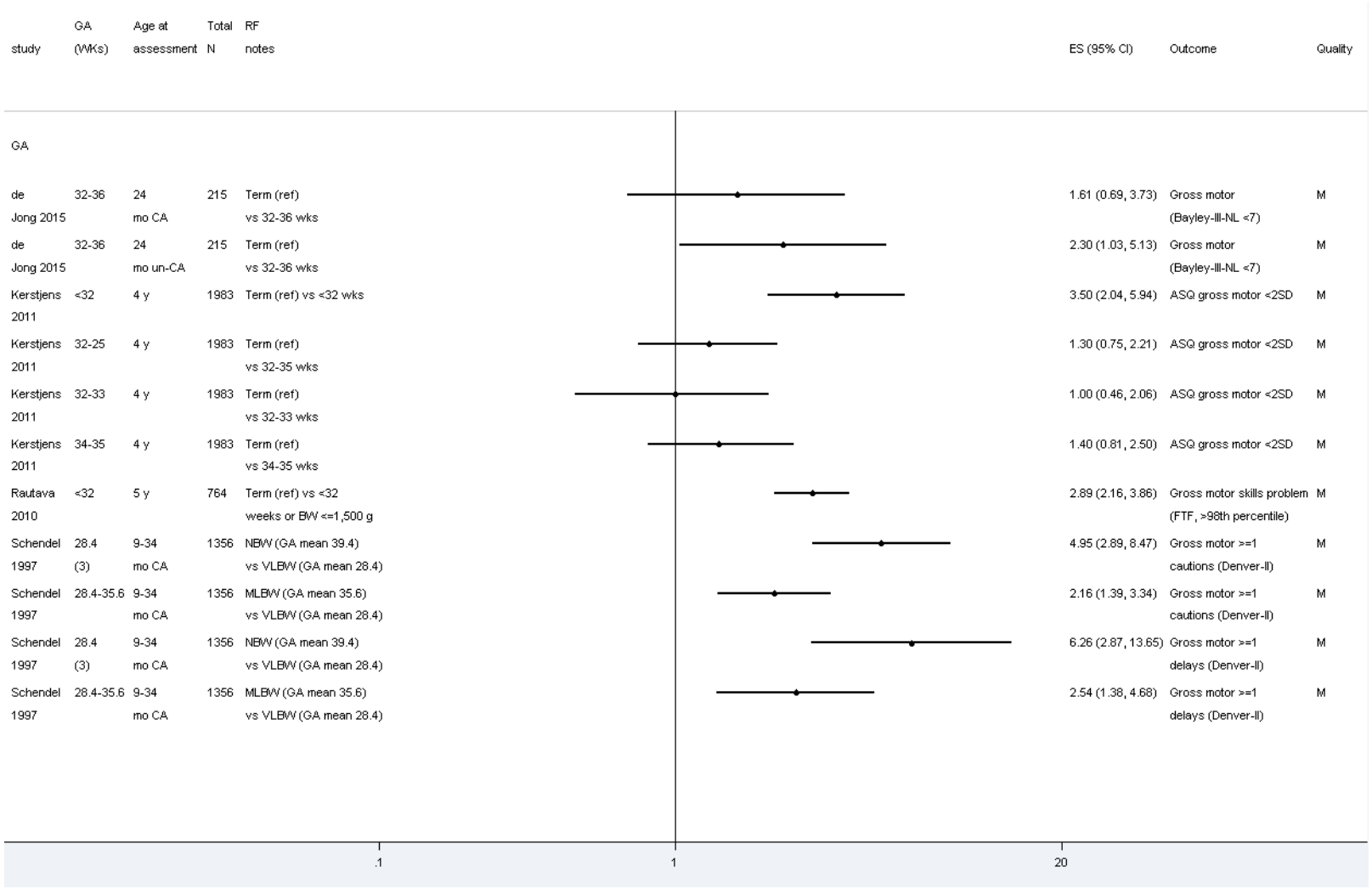


Figure 21: Association between gestational age at birth and other motor problems

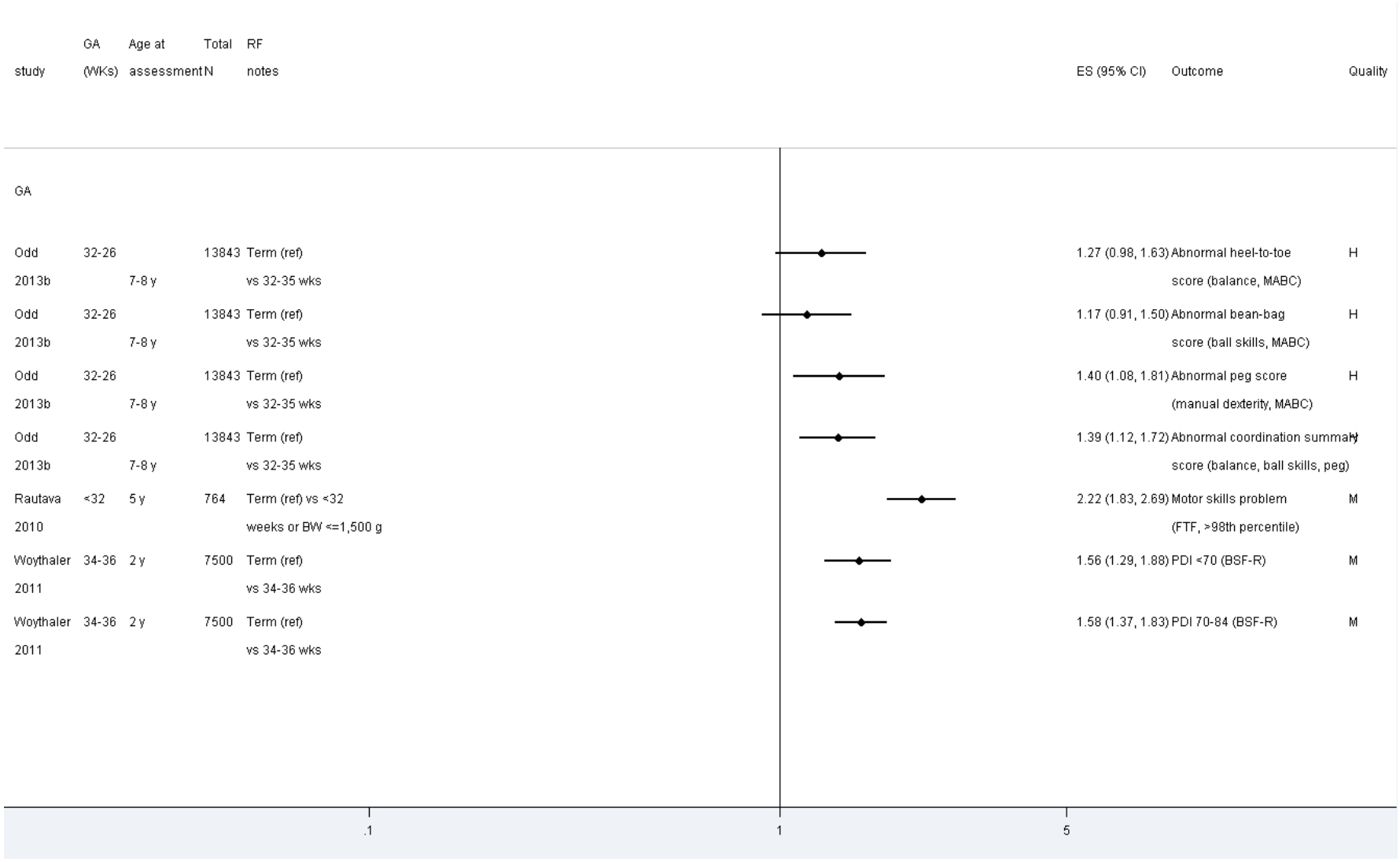


Figure 22: Association between biological and social factors and motor problems in children born preterm

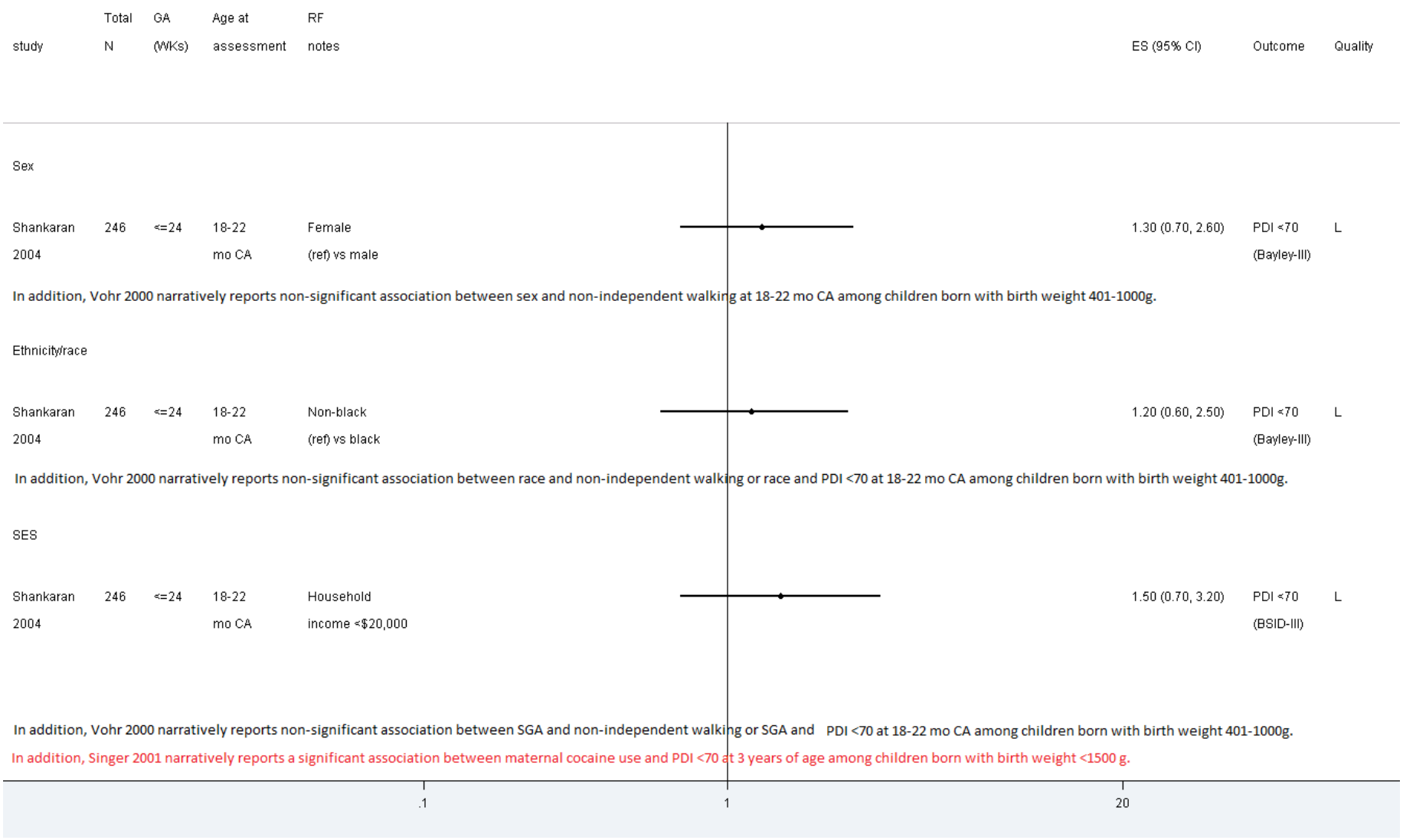


Figure 23: Association between neonatal brain abnormalities and motor problems in children born preterm

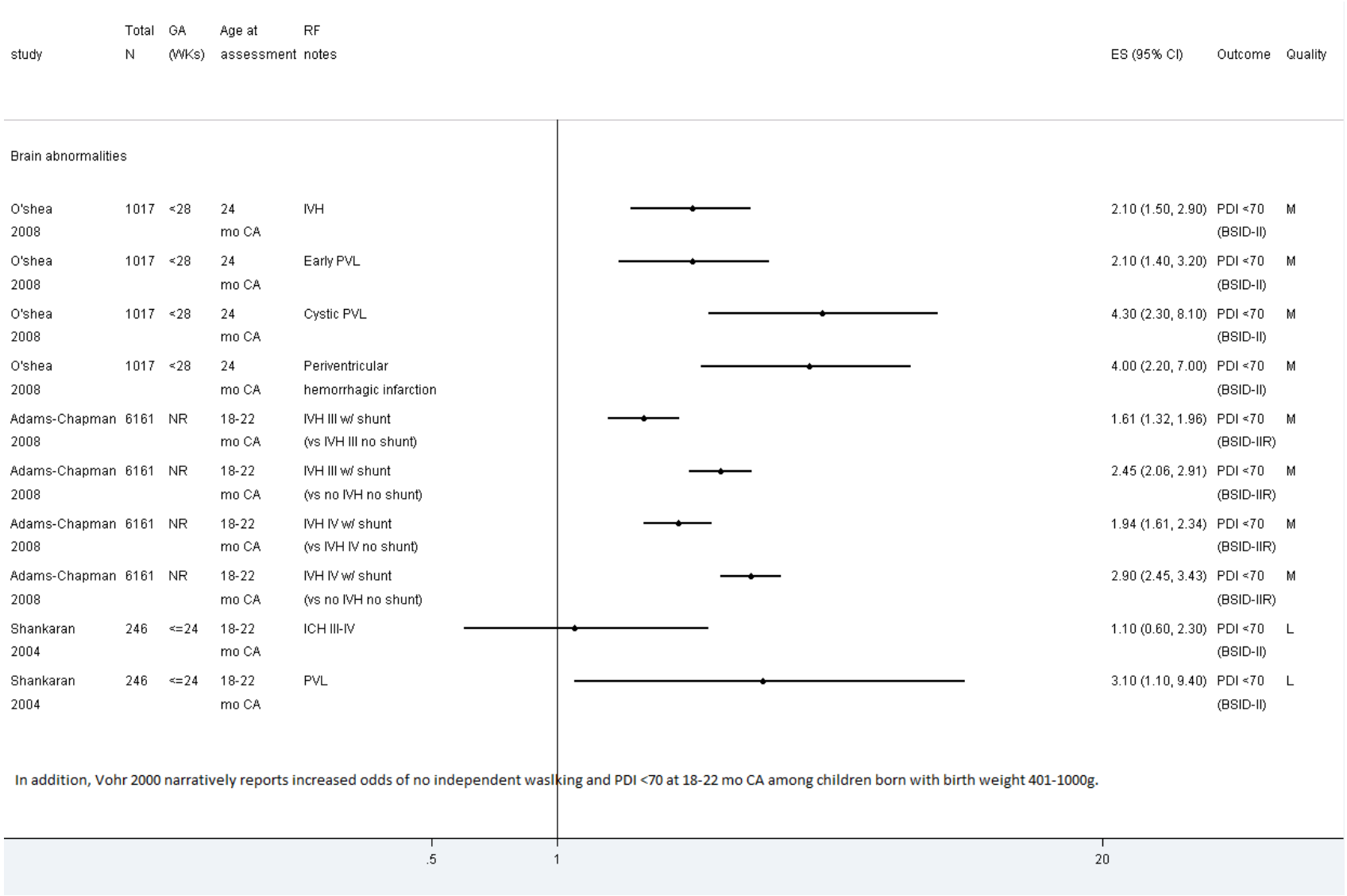


Figure 24: Association between necrotising enterocolitis (NEC), neonatal sepsis, retinopathy of prematurity (ROP) and motor

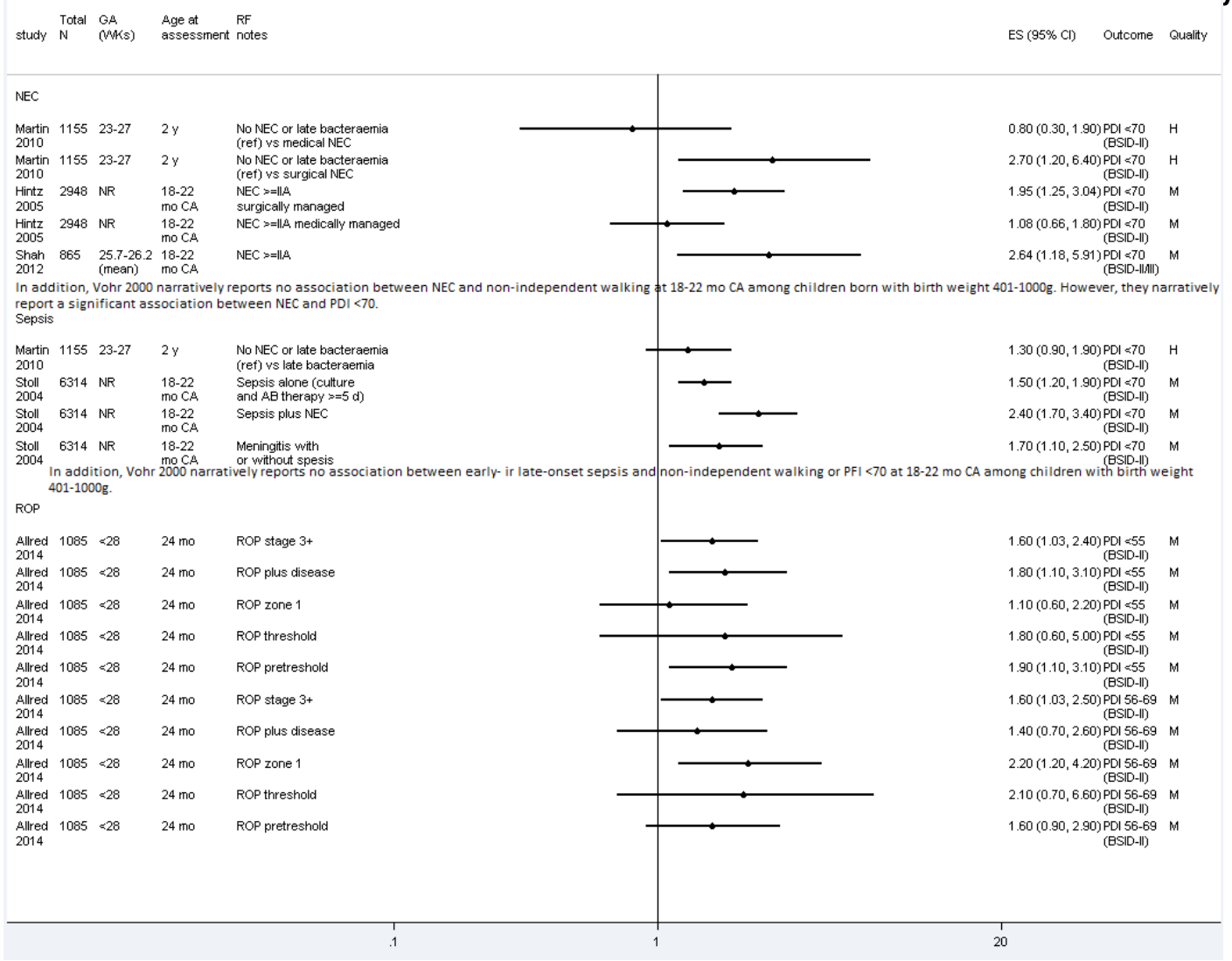


Figure 25: Association between postnatal steroids, antenatal steroids, bronchopulmonary dysplasia (BPD) and motor problems in children born preterm

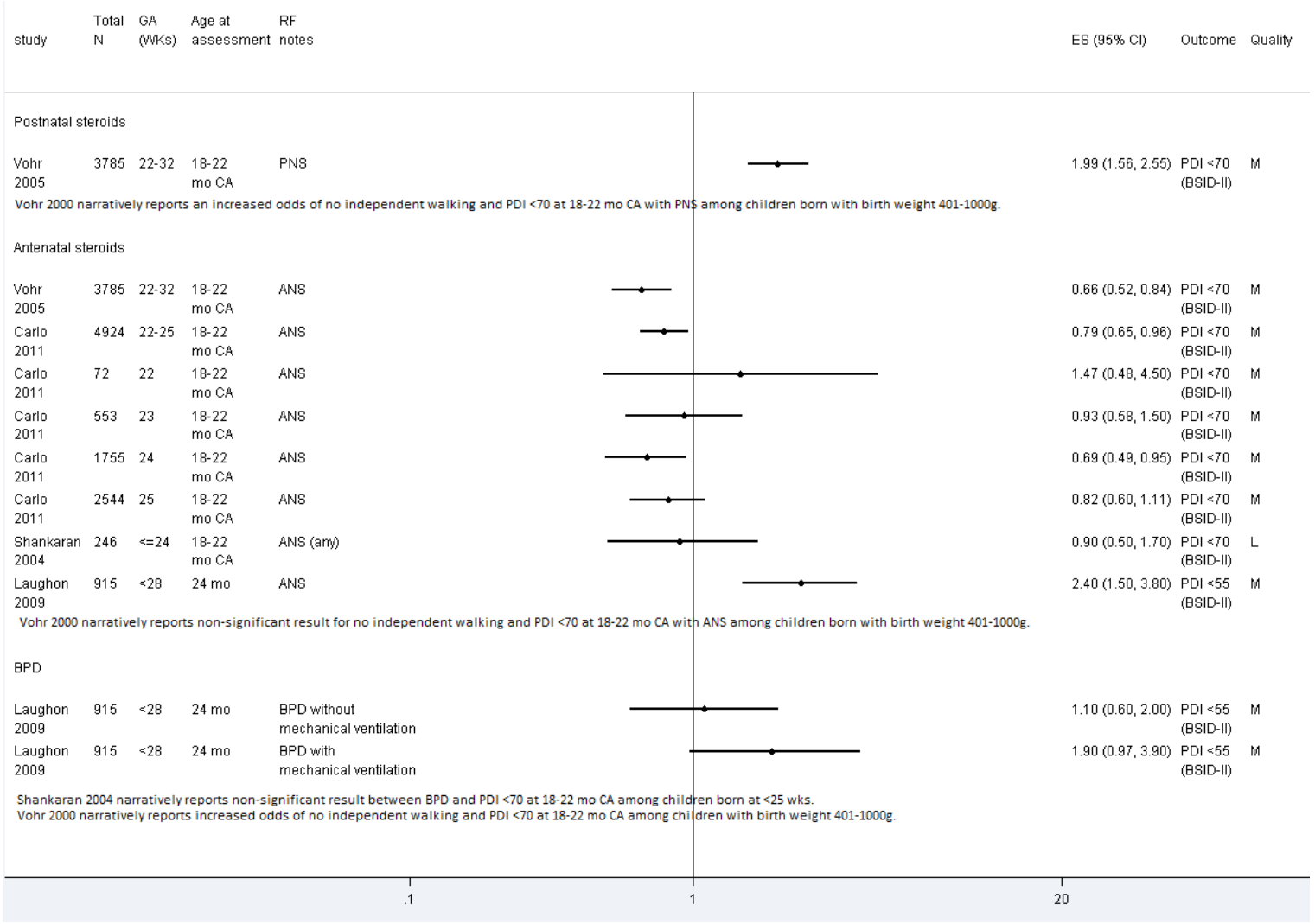


Figure 26: Association between gestational age at birth and speech, language and communication problems

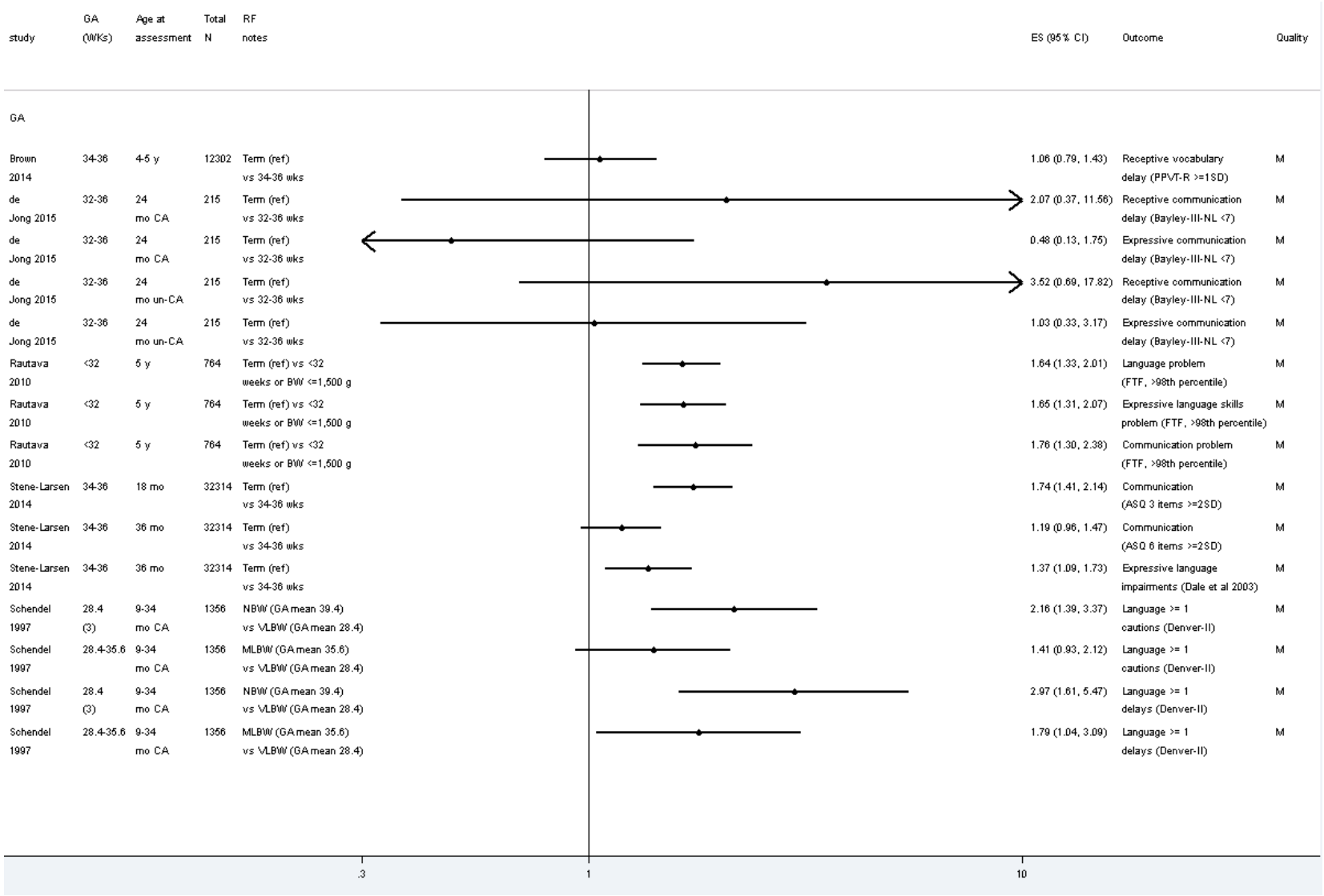


Figure 27: Association between gestational age at birth and developmental delay (assessed with screening tools)

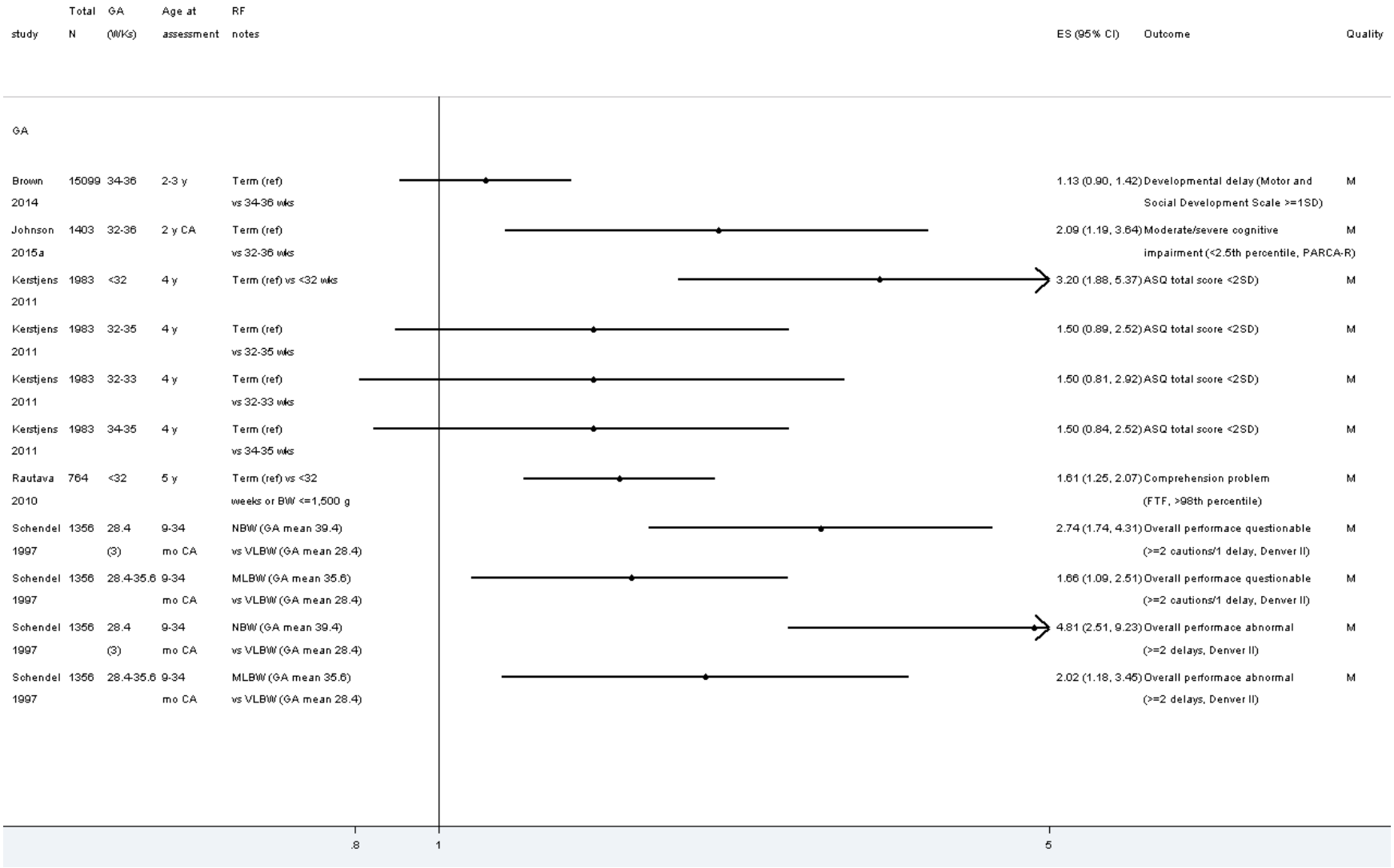


Figure 28: Association between biological, social, and maternal factors and developmental delay (assessed with screening tools) in children born preterm

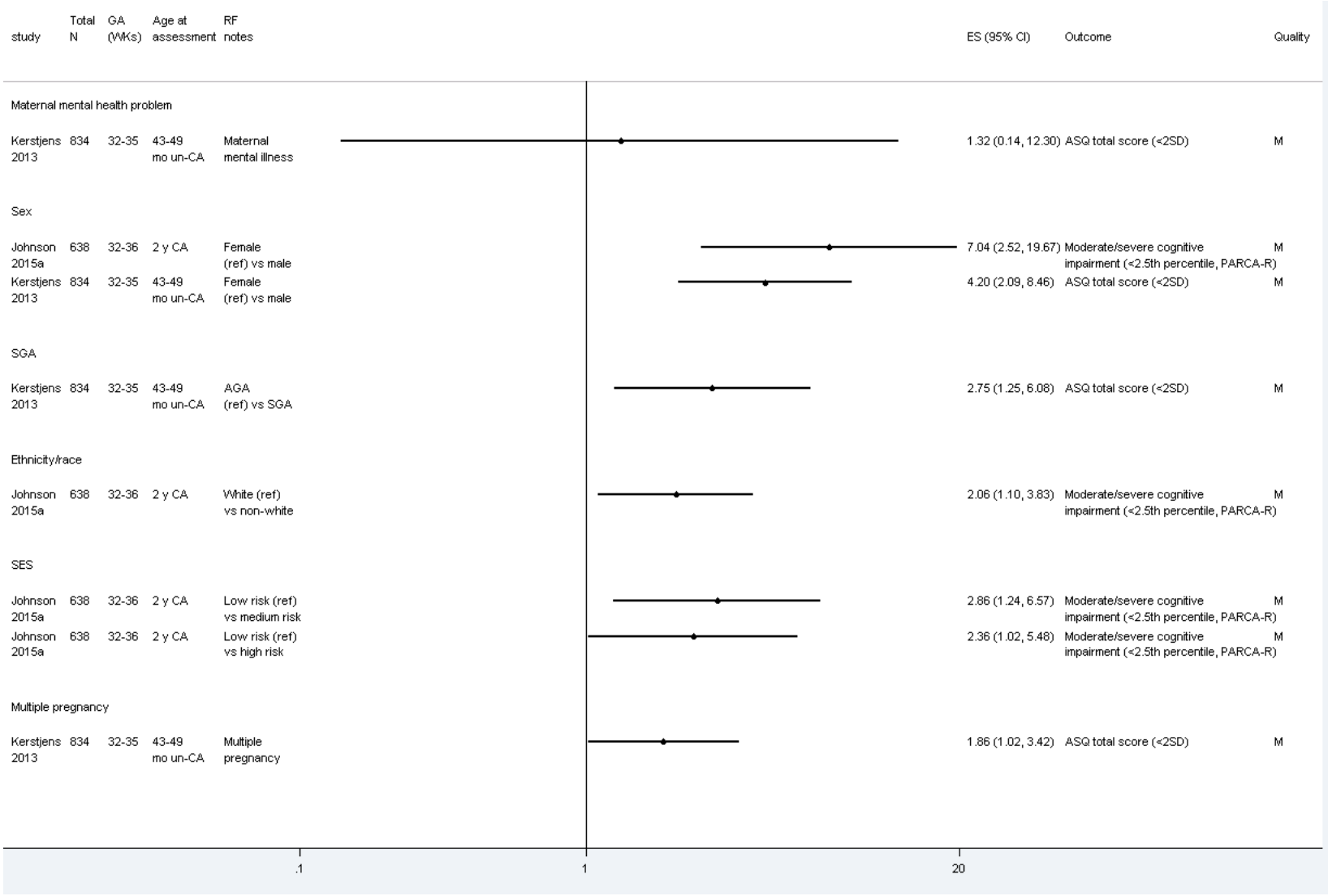


Figure 29: Association between gestational age at birth and executive function problems

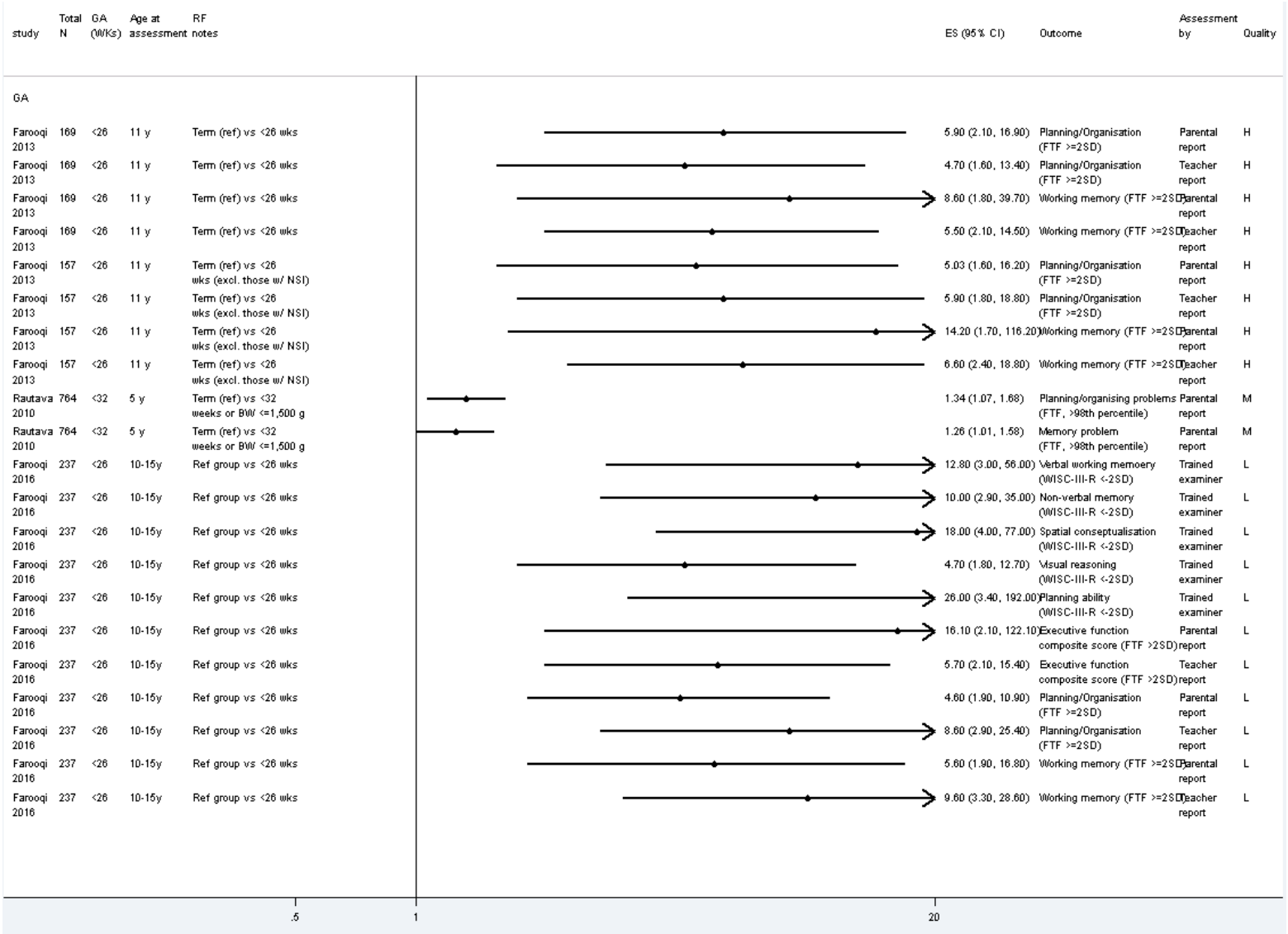
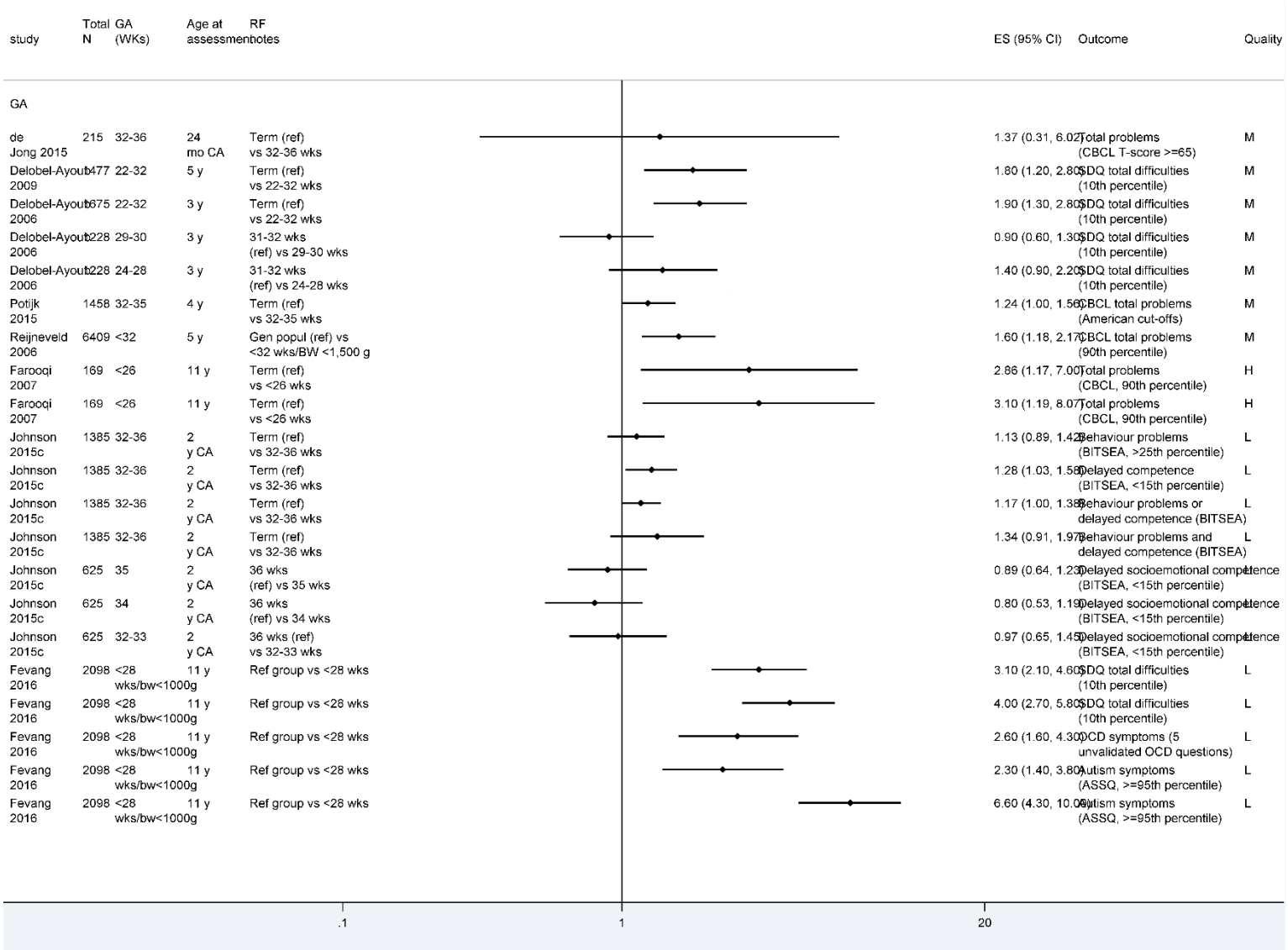
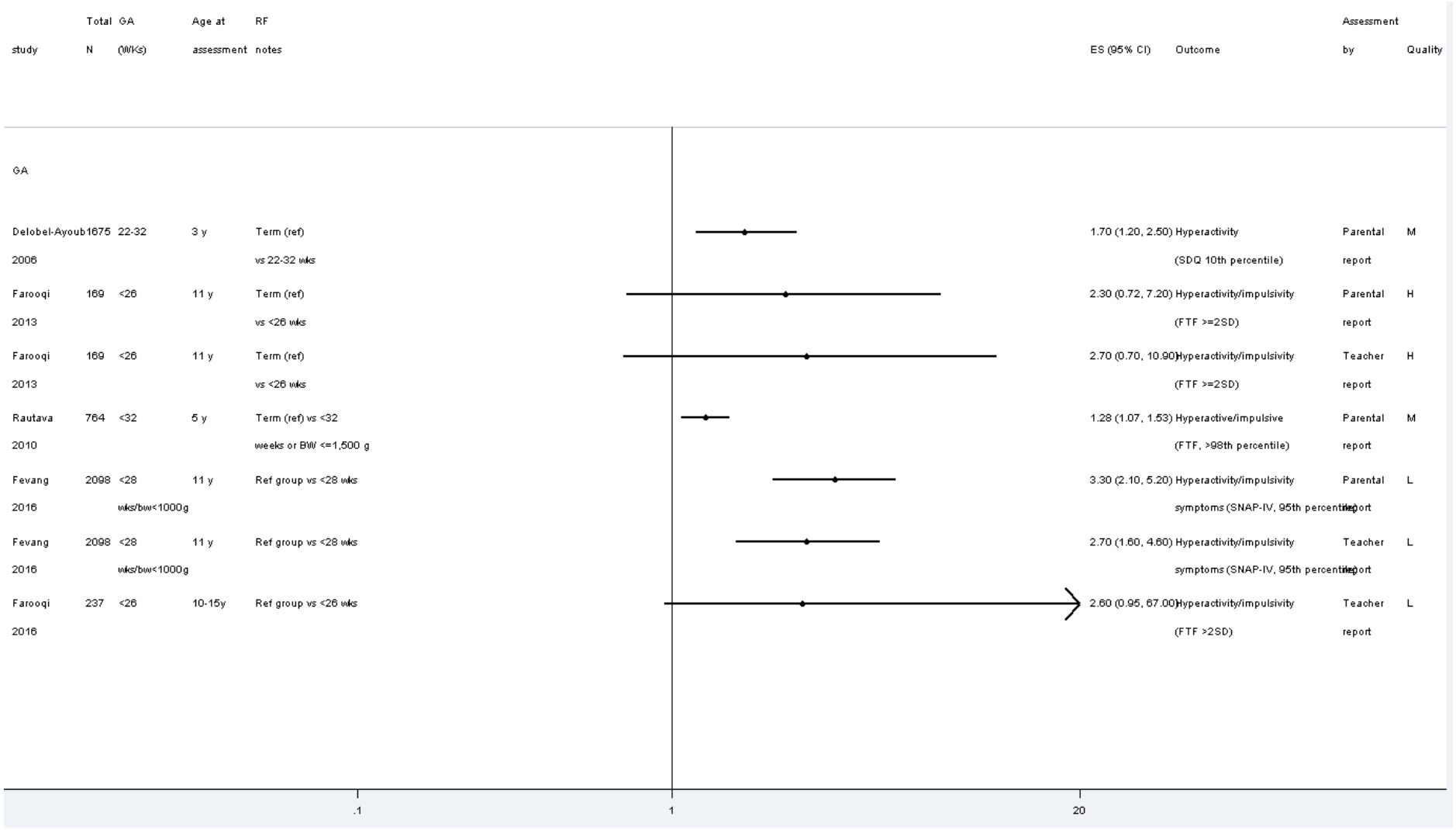


Figure 30: Association between gestational age at birth and behavioural problems



1 **Figure 31: Association between gestational age at birth and hyperactivity/impulsivity**



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1 **Figure 32: Association between gestational age at birth and hypoactivity**

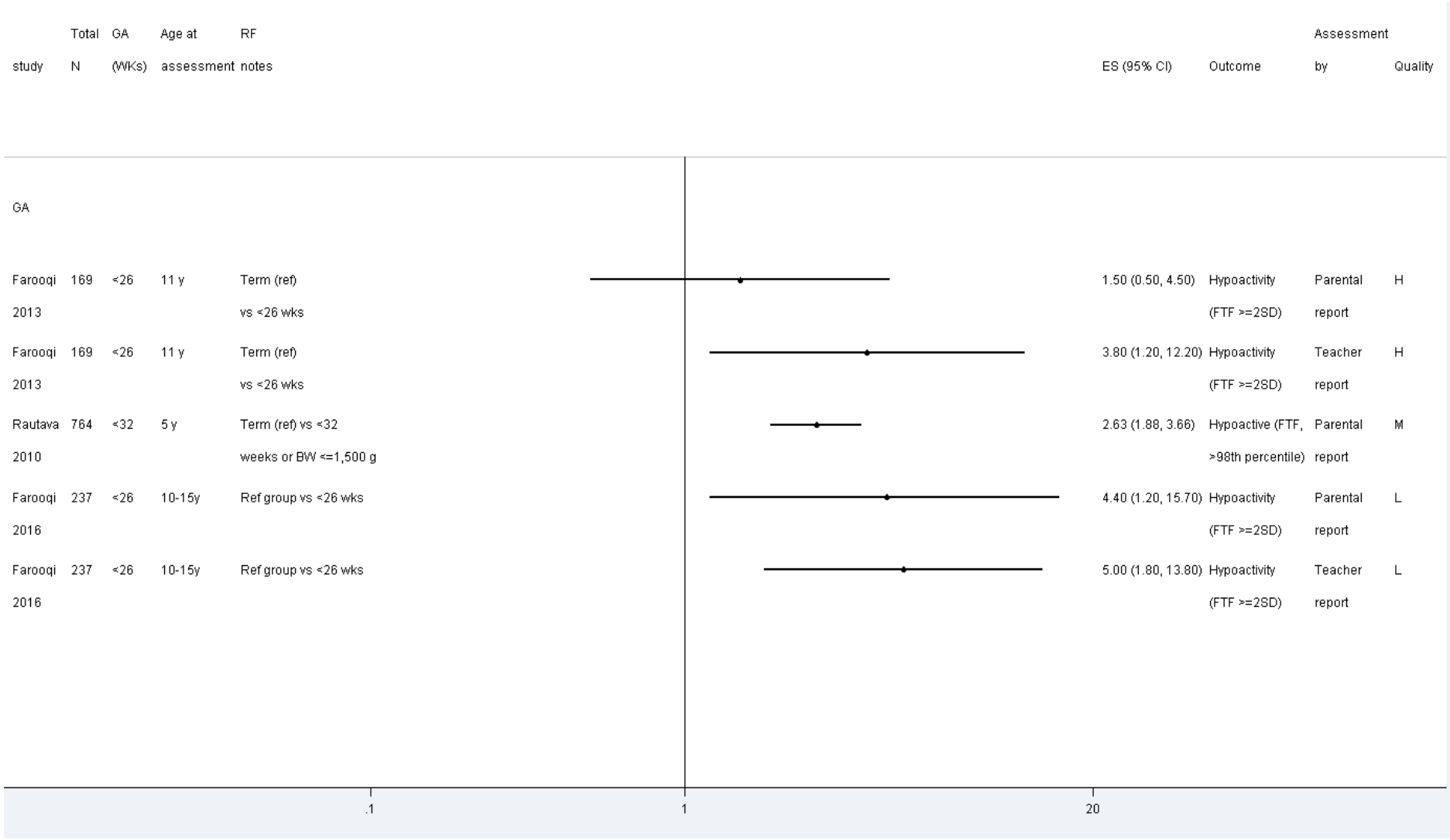

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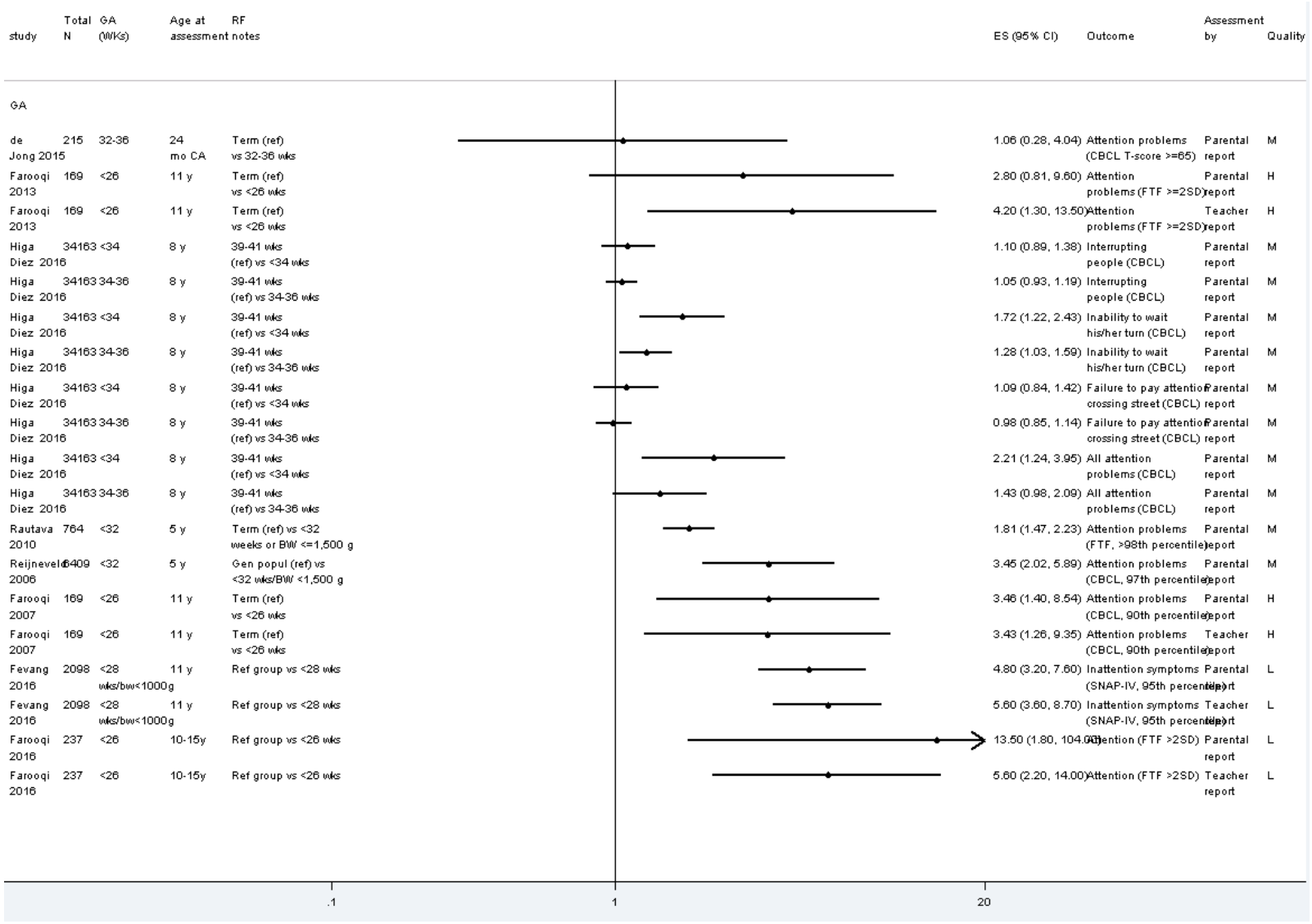
Figure 33: Association between gestational age at birth and attention problems



1 **Figure 34: Association between gestational age at birth and internalising behaviours**

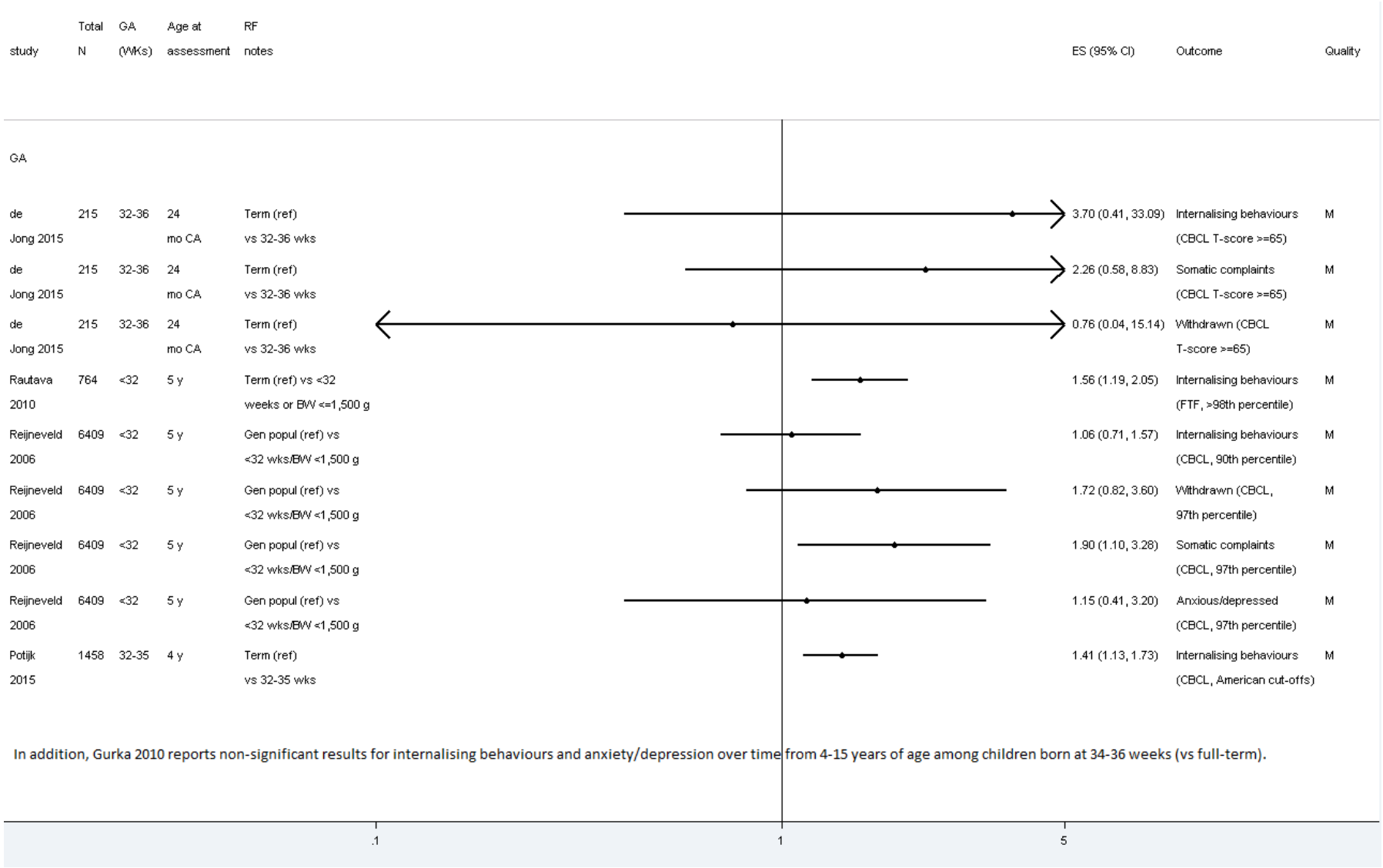


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Figure 35: Association between gestational age at birth and externalising behaviours

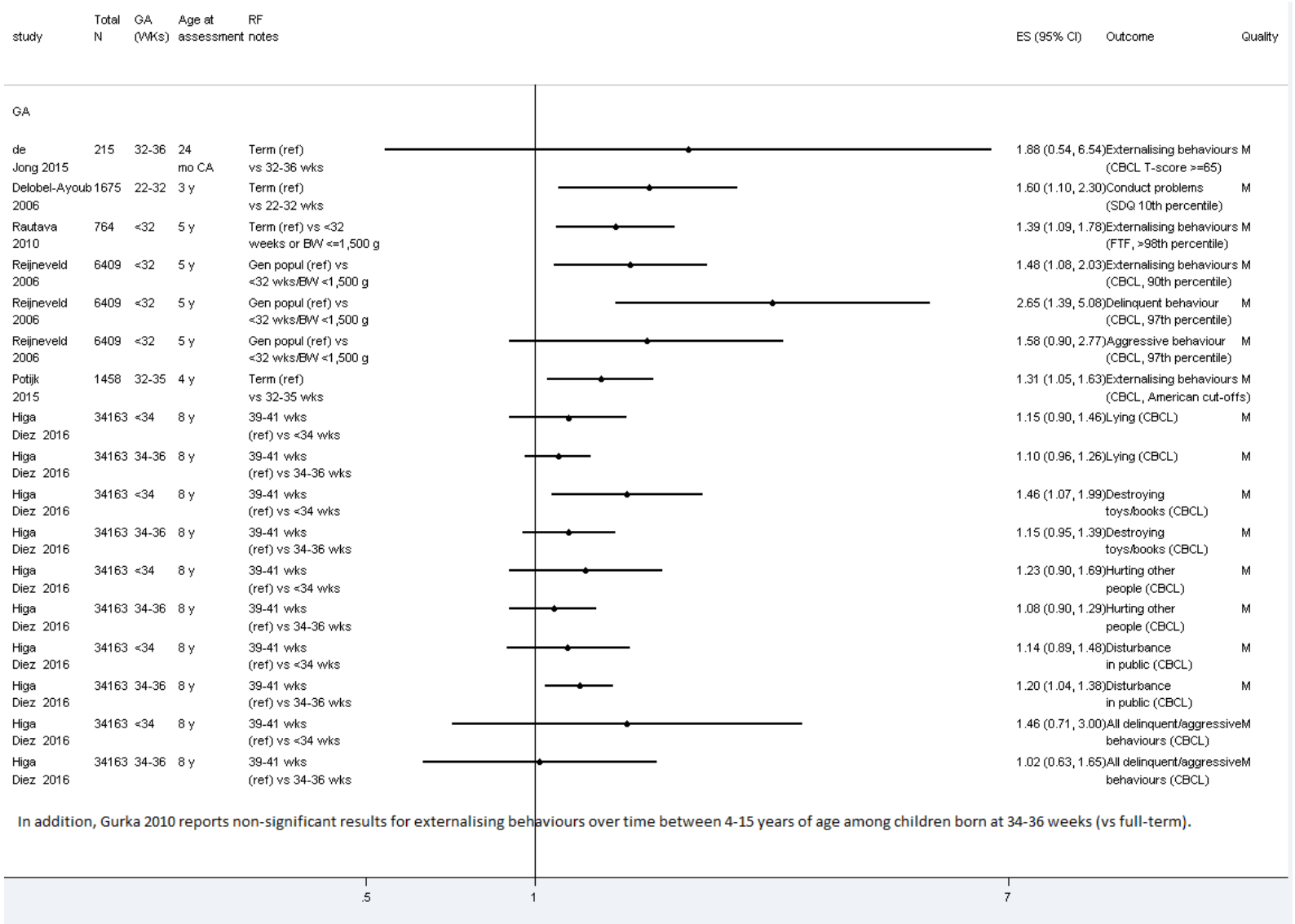


Figure 36: Association between gestational age at birth and other behavioural, emotional and social problems

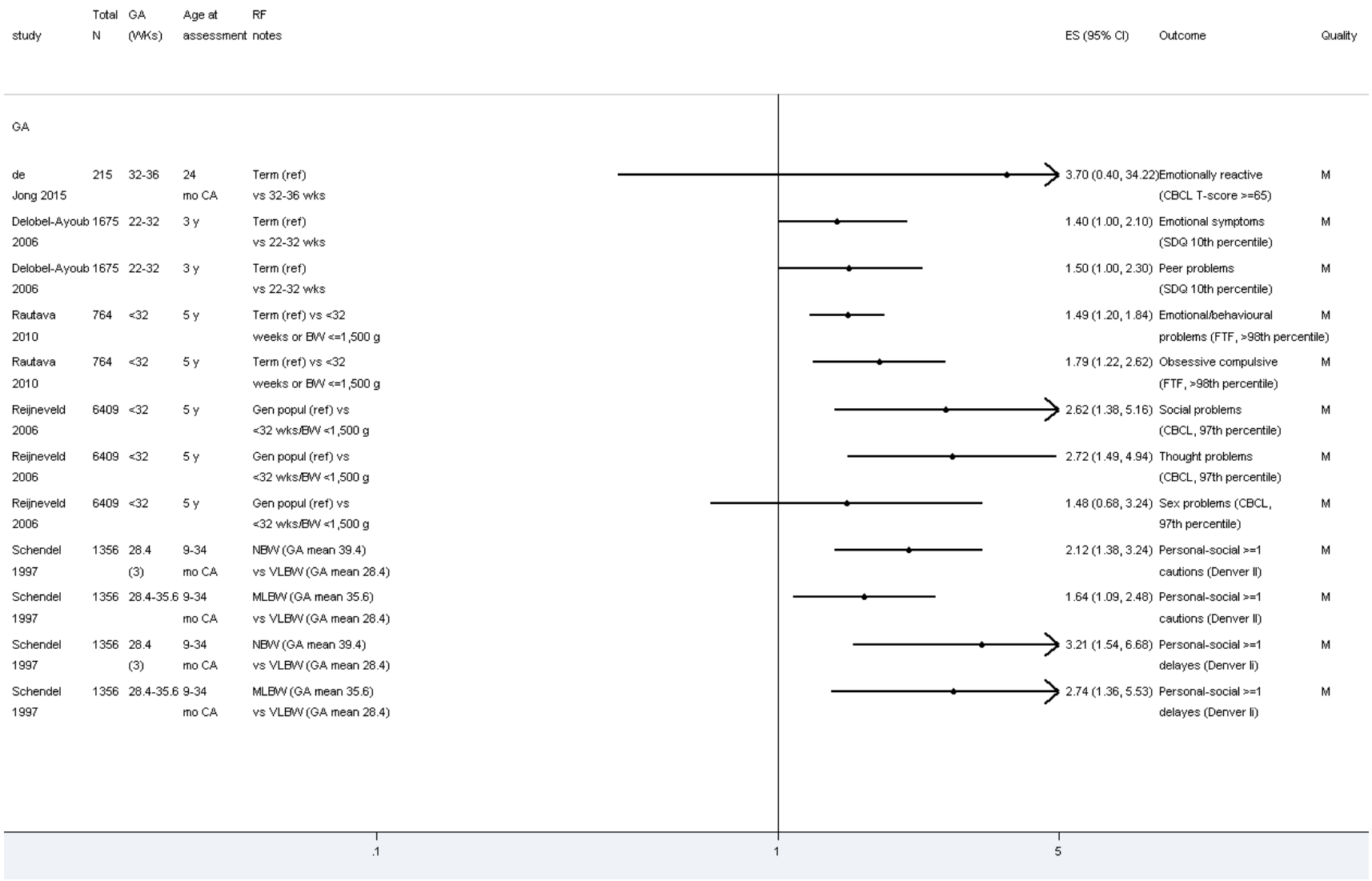


Figure 37: Association between gestational age at birth and behavioural, emotional and social problems assessed with SDQ

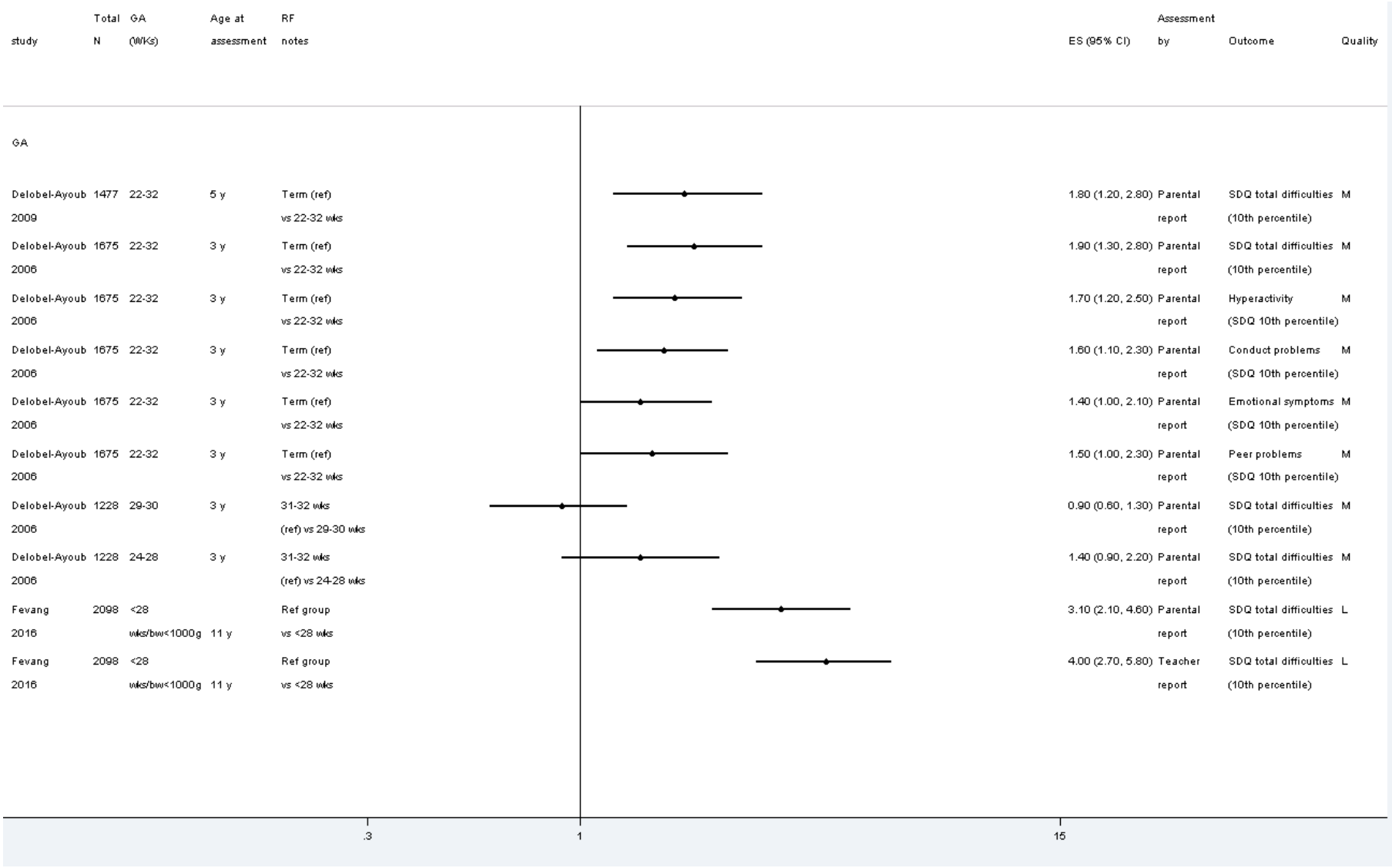


Figure 38: Association between gestational age at birth and behavioural problems assessed with CBCL

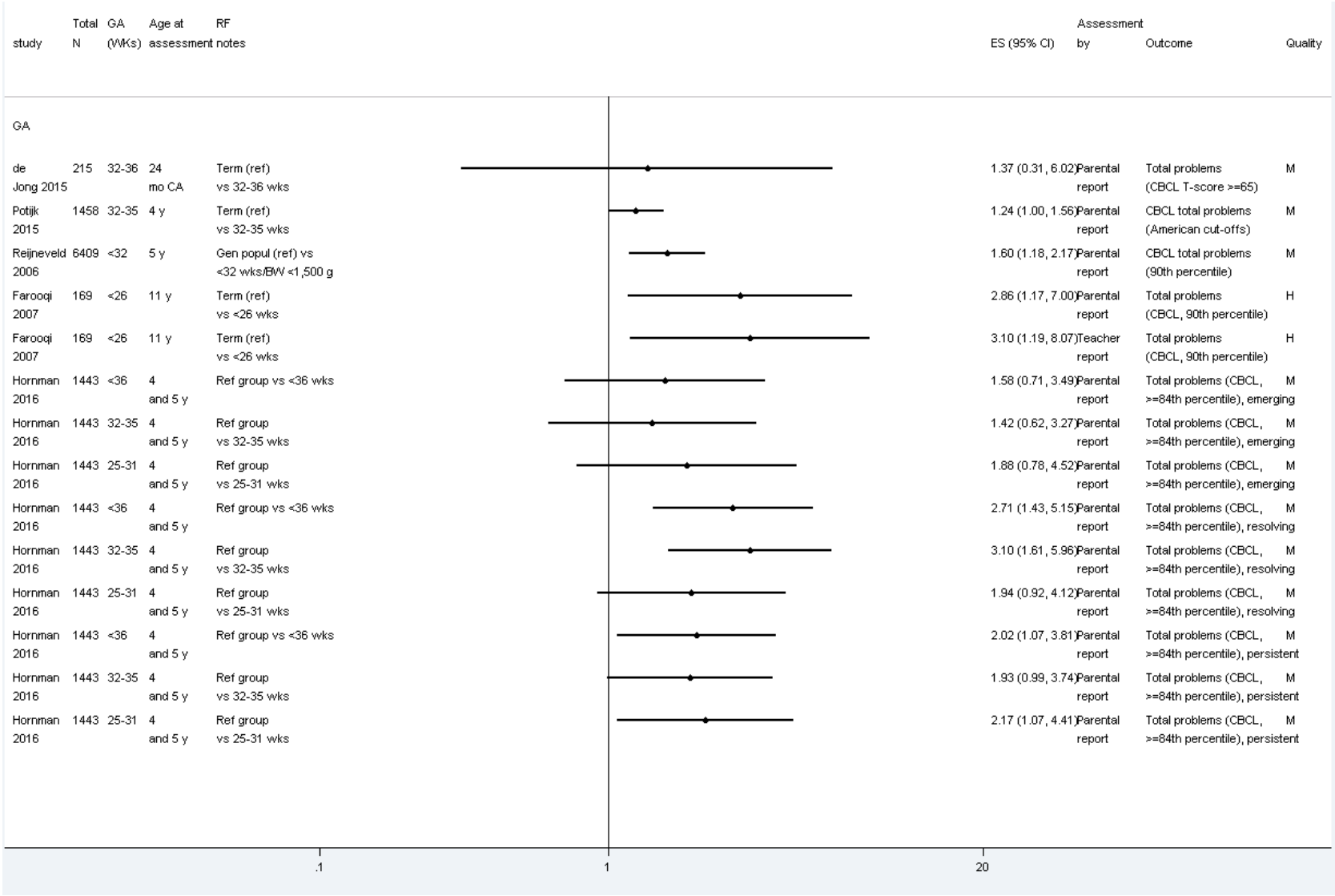


Figure 39: Association between gestational age at birth and attention problems assessed with CBCL

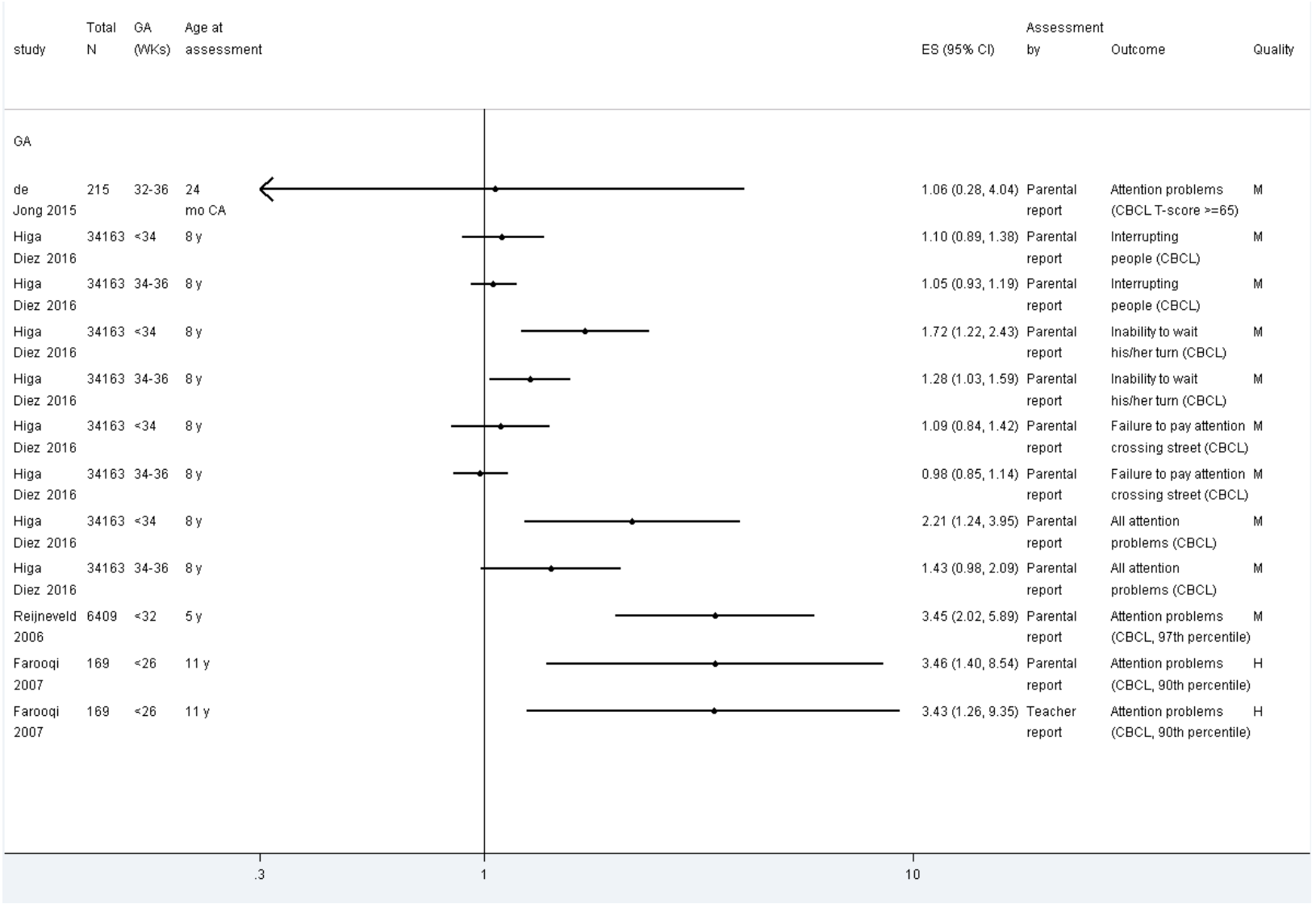


Figure 40: Association between gestational age at birth and internalising behaviours assessed with CBCL

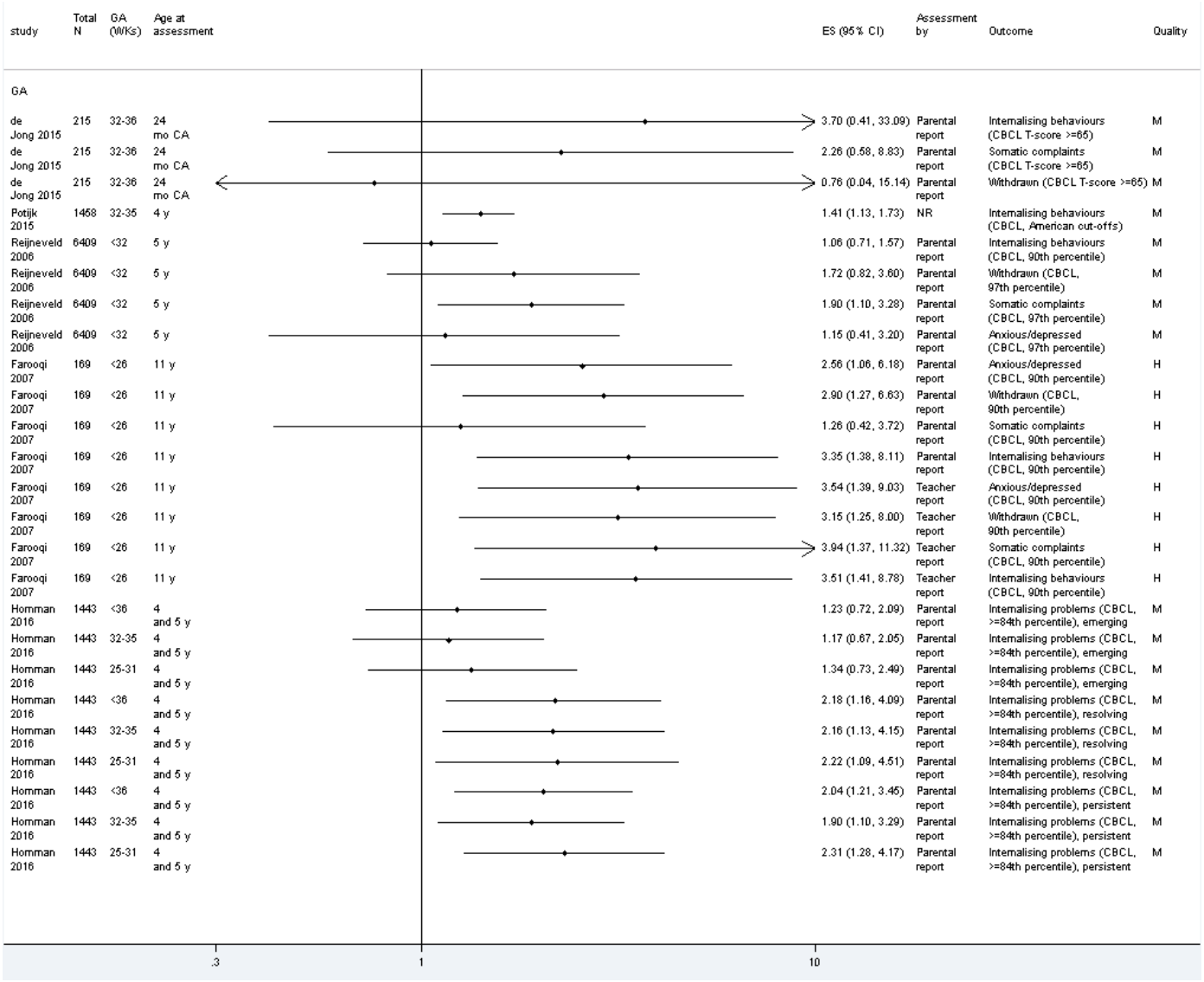


Figure 41: Association between gestational age at birth and externalising behaviours assessed with CBCL

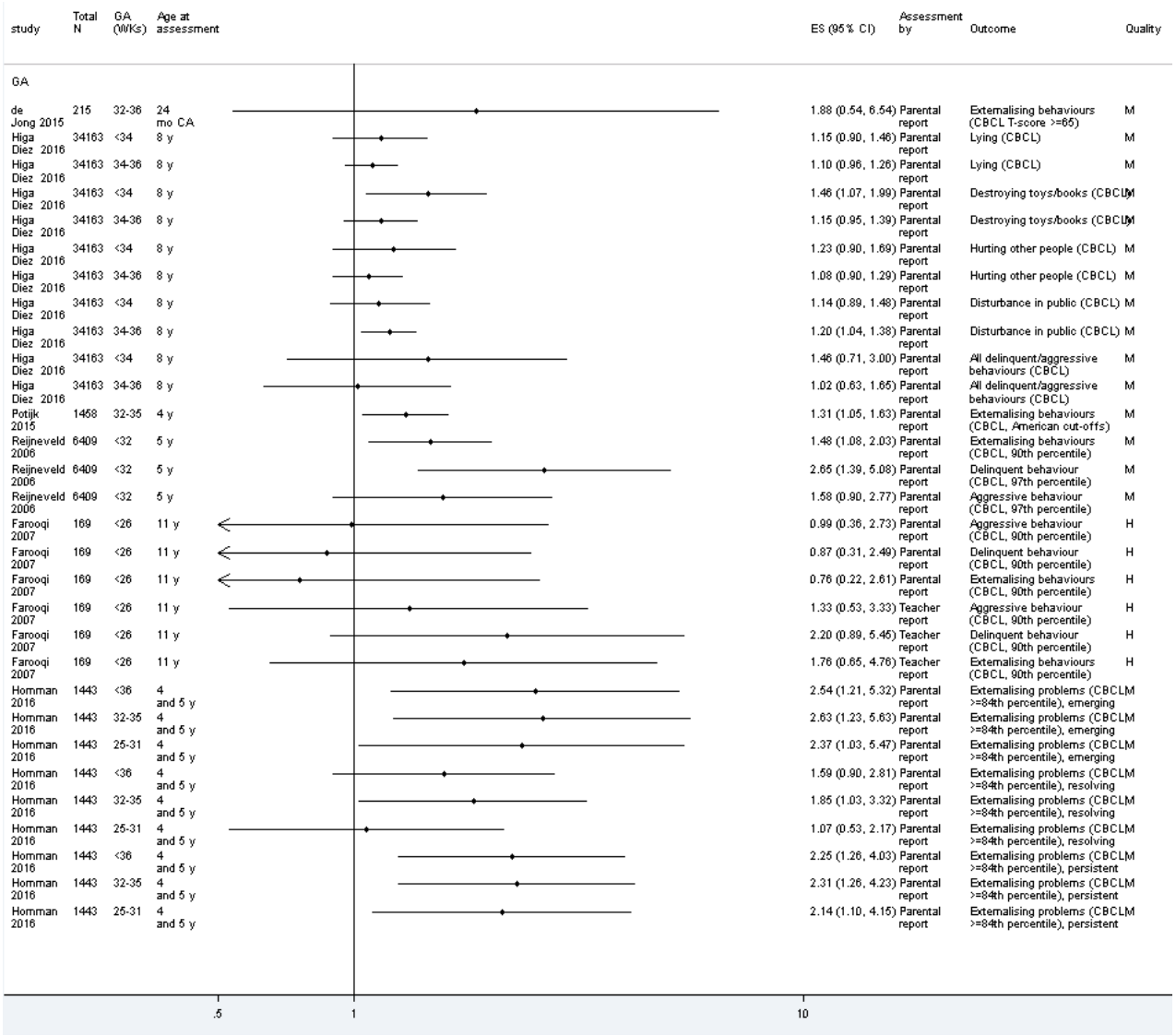


Figure 42: Association between gestational age at birth and other behavioural, social and emotional problems assessed with CBCL

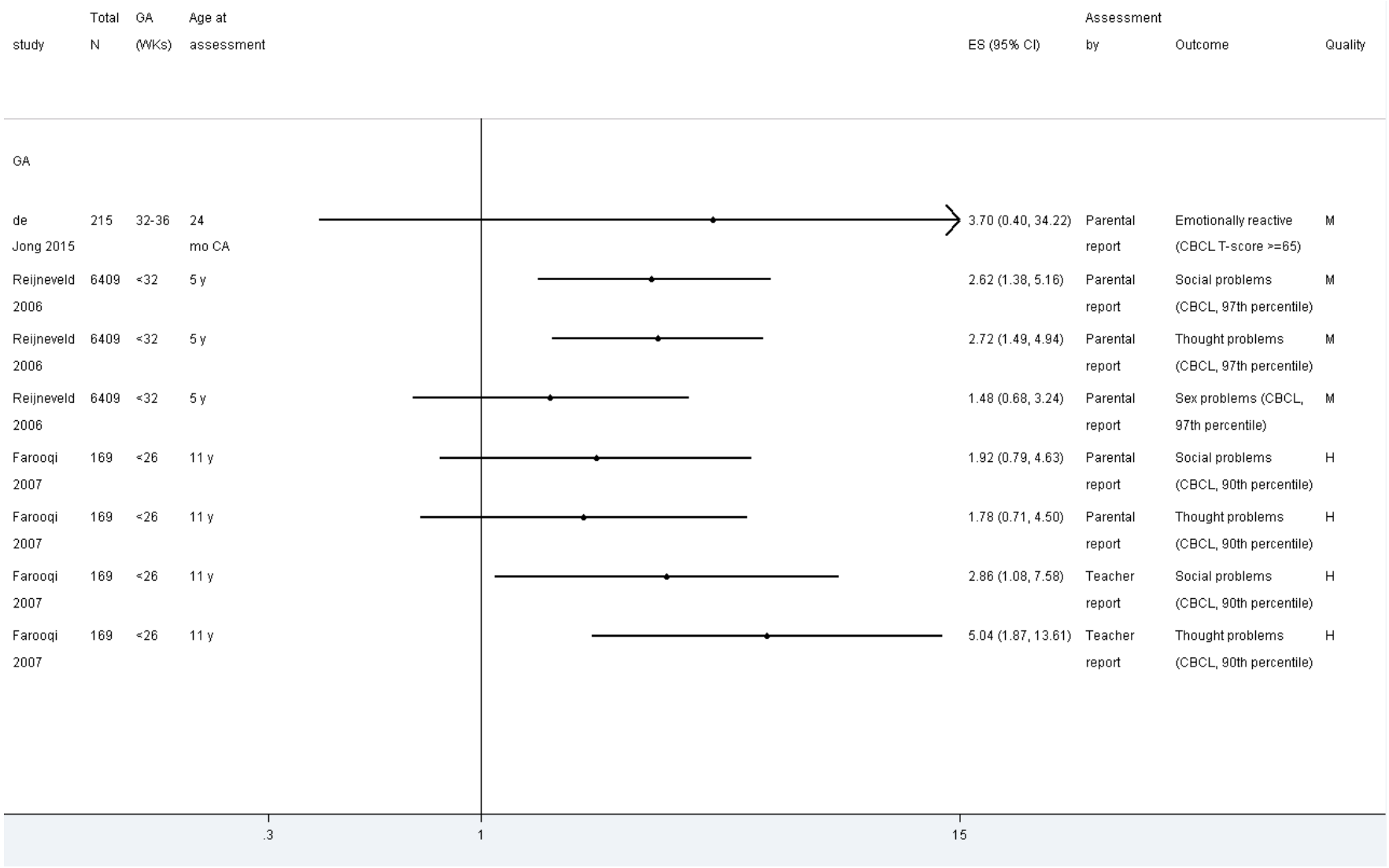


Figure 43: Association between gestational age at birth and behavioural, social and emotional problems assessed with BITSEA

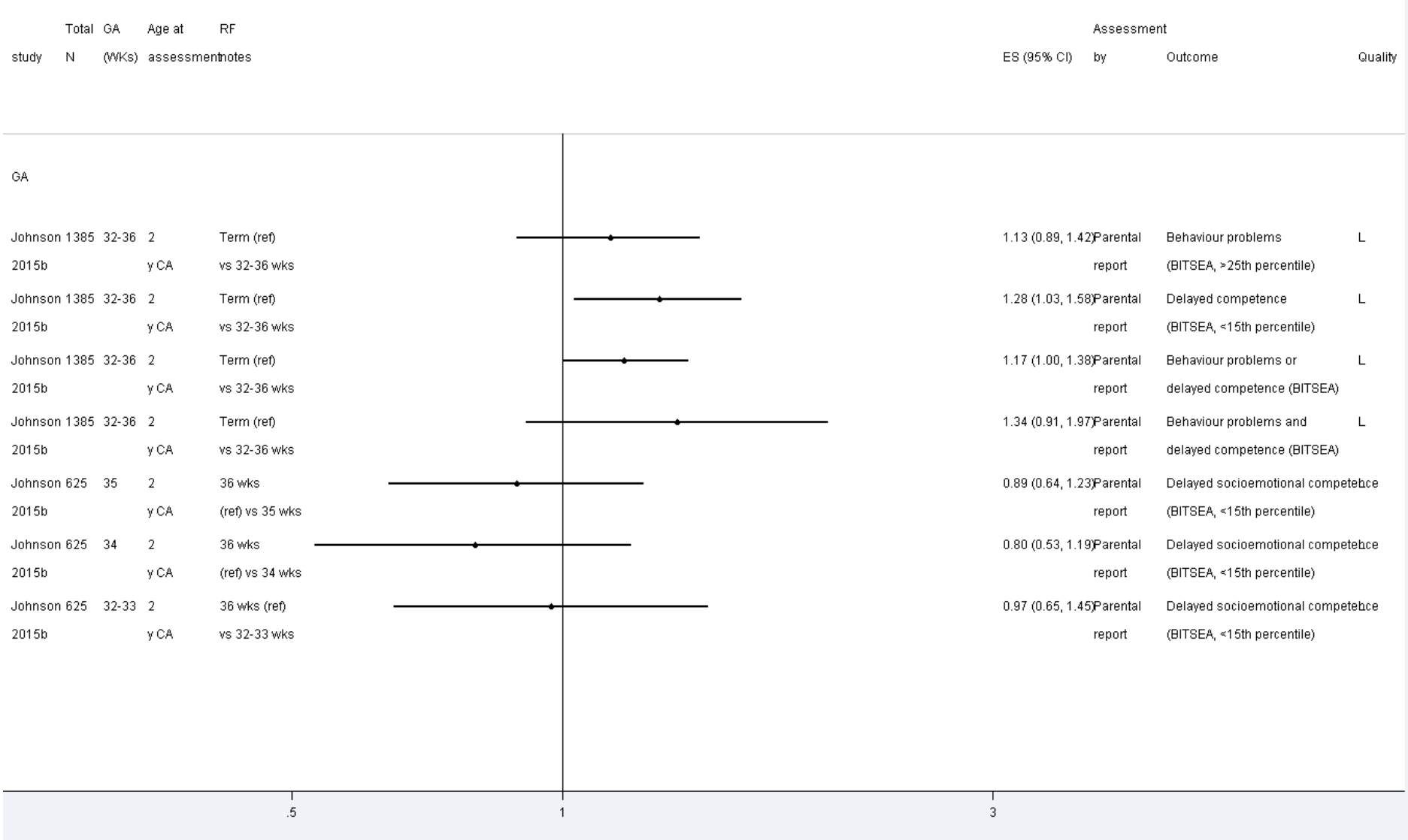
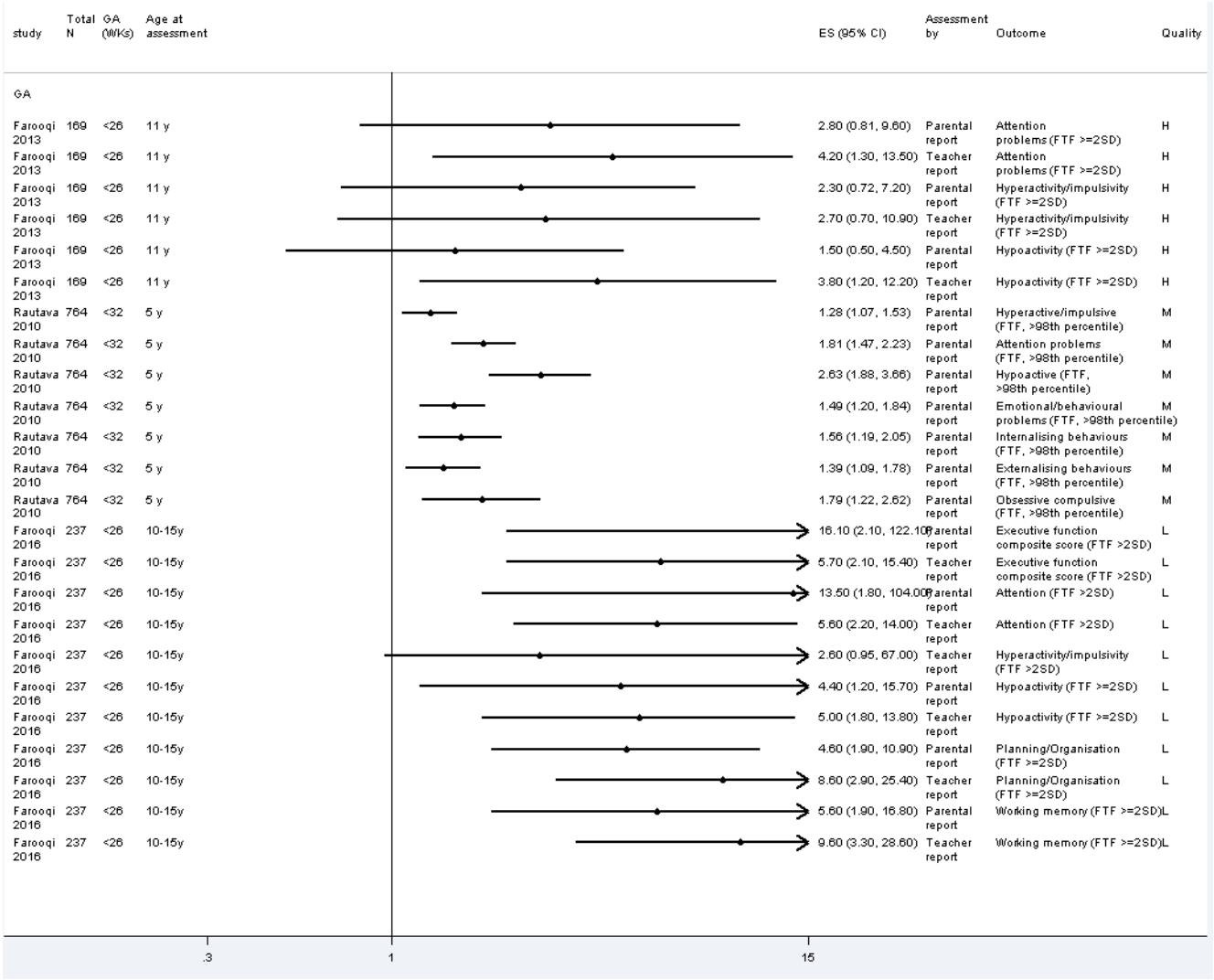


Figure 44: Association between gestational age at birth and behavioural, social, emotional and attention problems assessed with FTF



1 **Figure 45: Association between gestational age at birth and behavioural and social problems assessed with Denver**

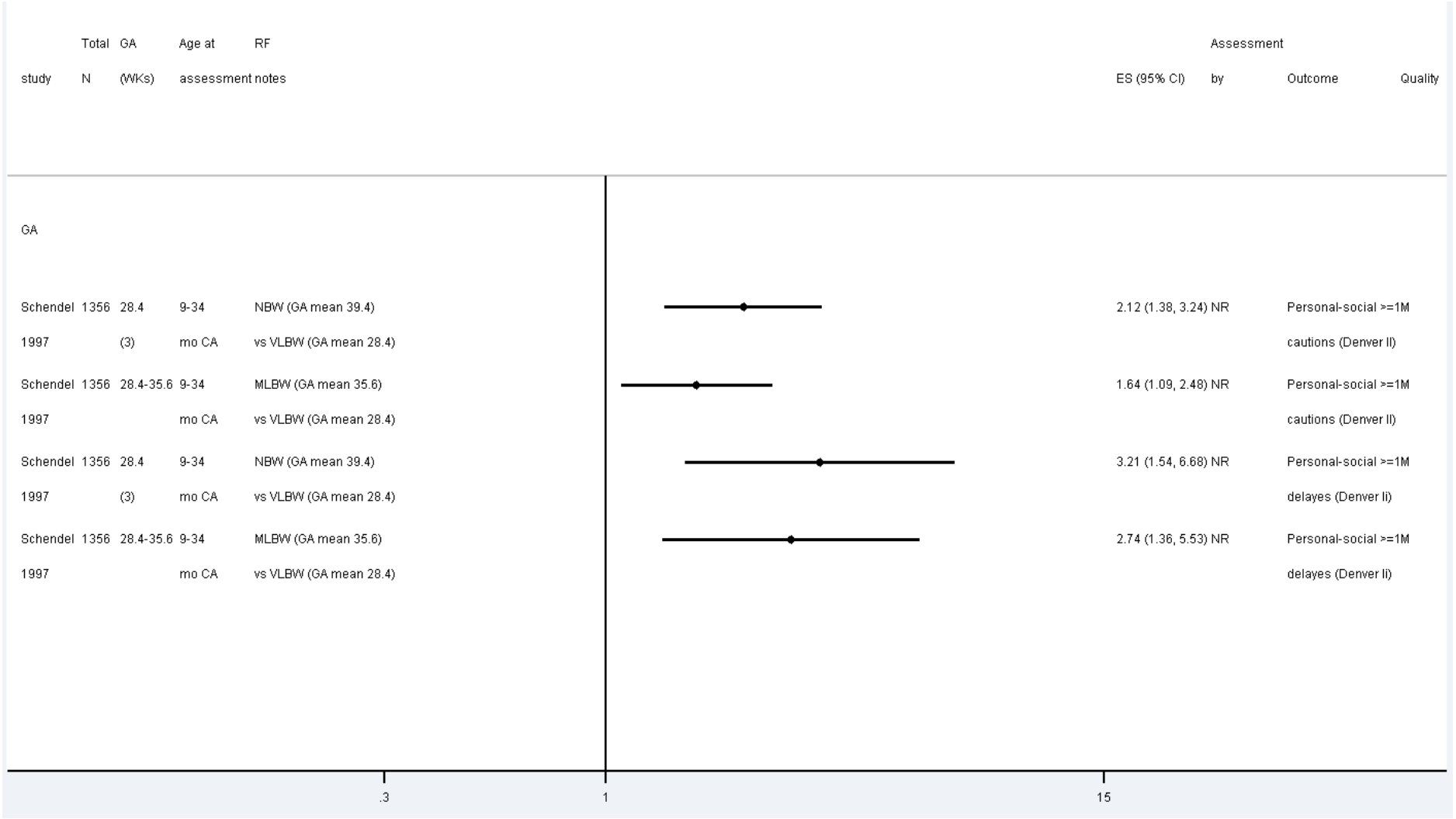


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Figure 46: Association between gestational age at birth and hyperactivity and attention problems assessed with SNAP-IV

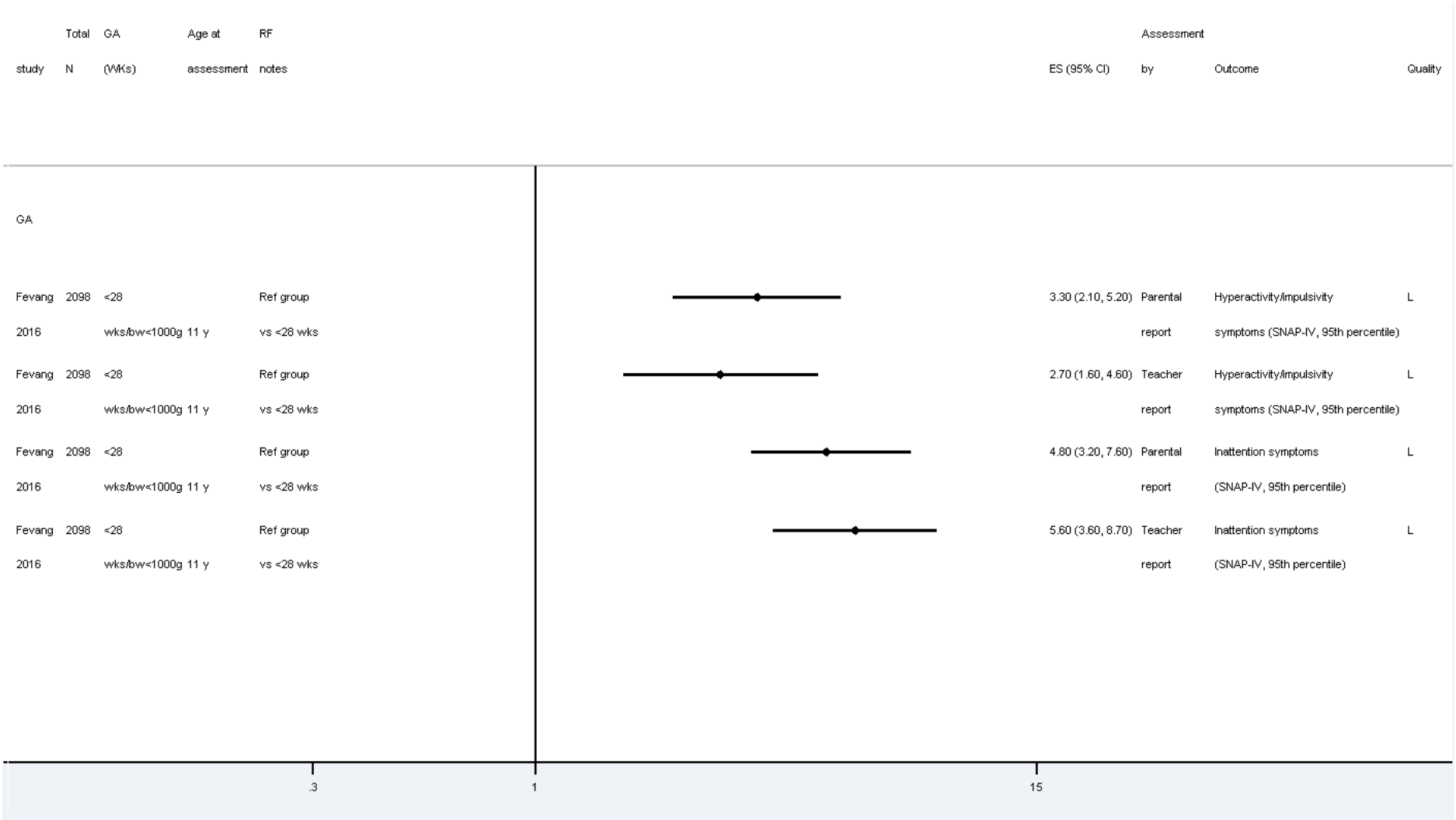
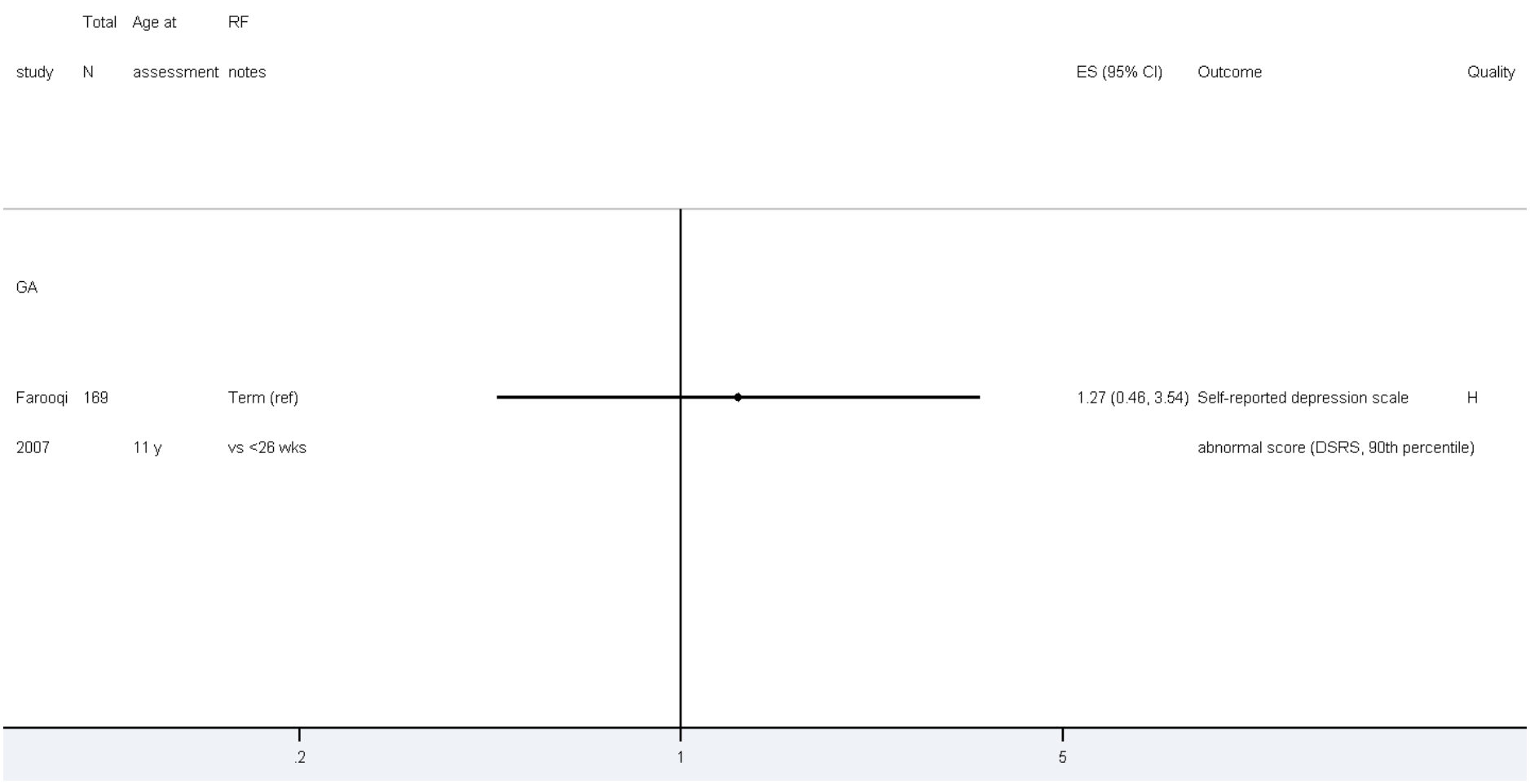
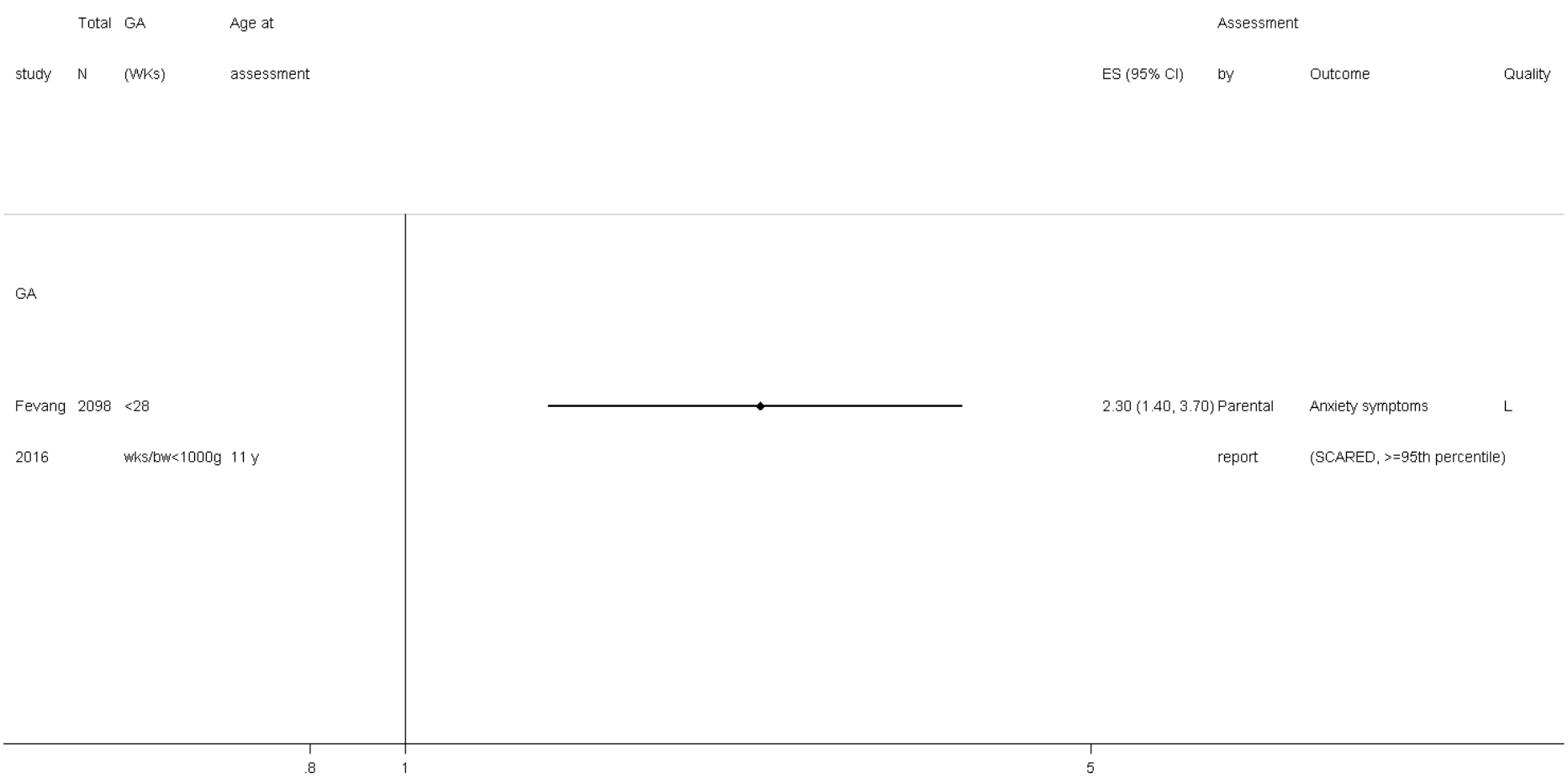


Figure 47: Association between gestational age at birth and self-reported depression assessed with DSRS



1 **Figure 48: Association between gestational age at birth and anxiety symptoms assessed with SCARED**



2

1 **Figure 49: Association between gestational age at birth and OCD symptoms**

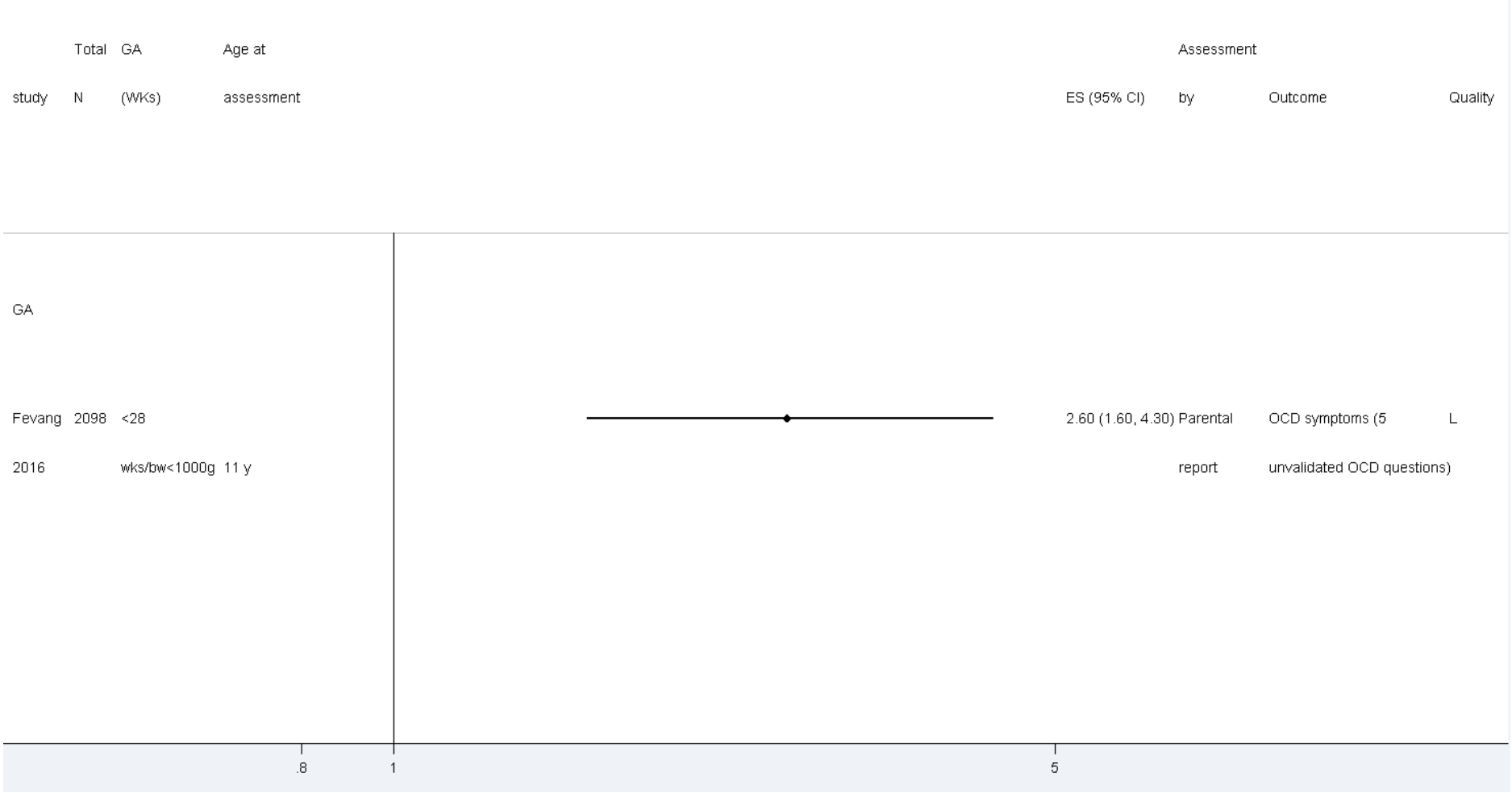


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Figure 50: Association between gestational age at birth and ASD symptoms assessed with ASSQ

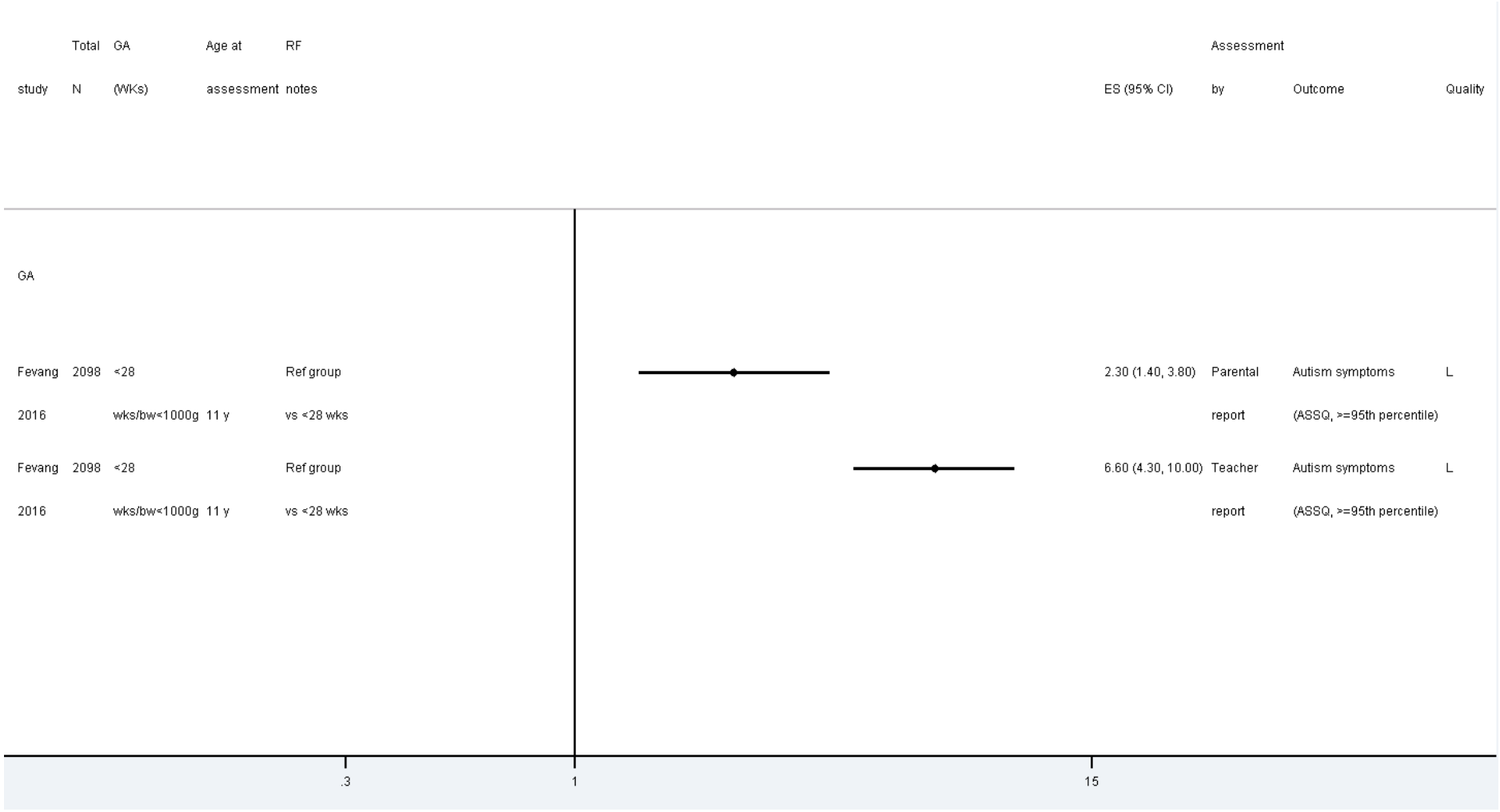


Figure 51: Association between biological, social, and maternal factors and behavioural, social, emotional and attention problems in children born preterm

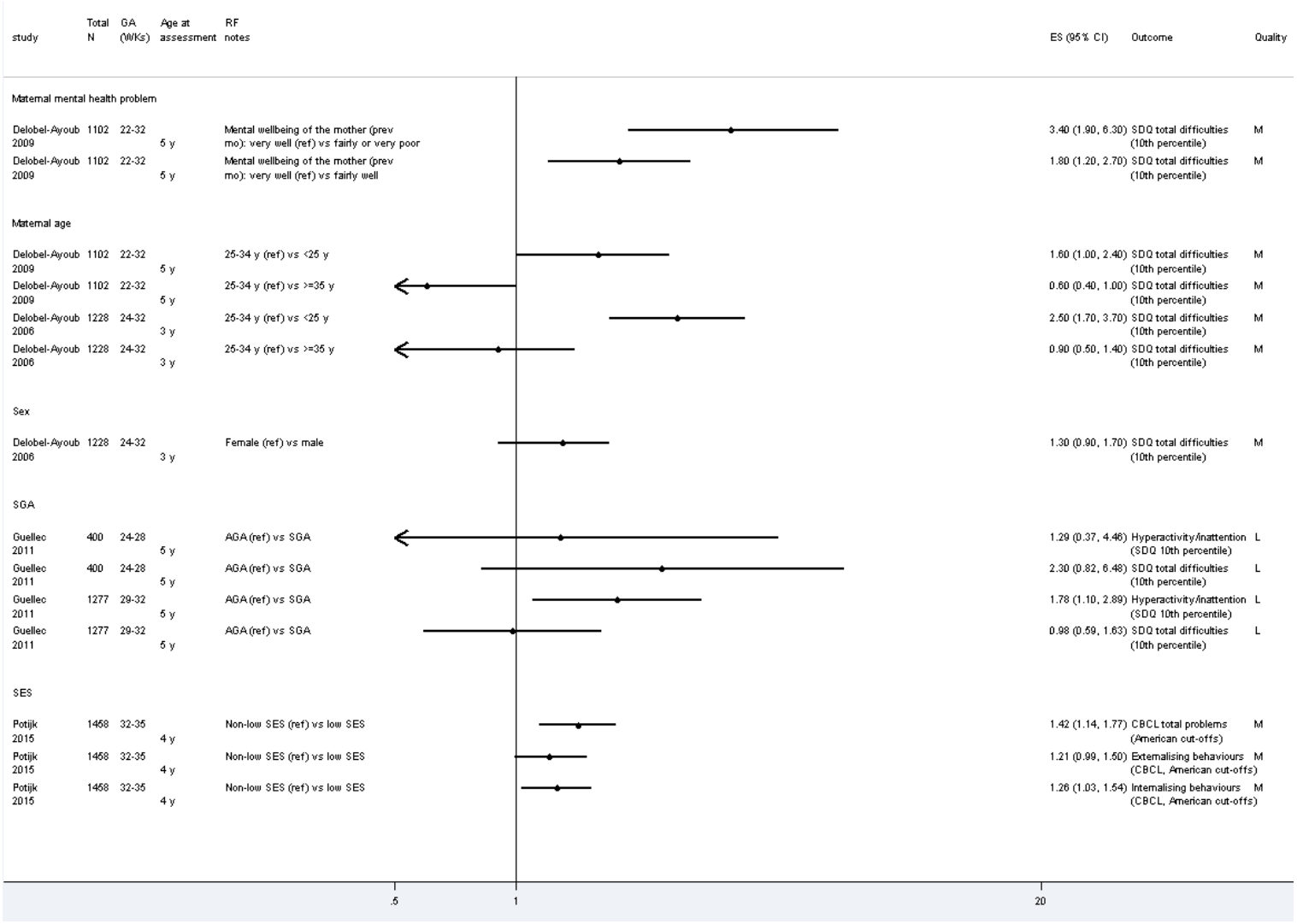


Figure 52: Association between biological, social, and maternal factors and behavioural and attention problems in children born preterm assessed with SDQ

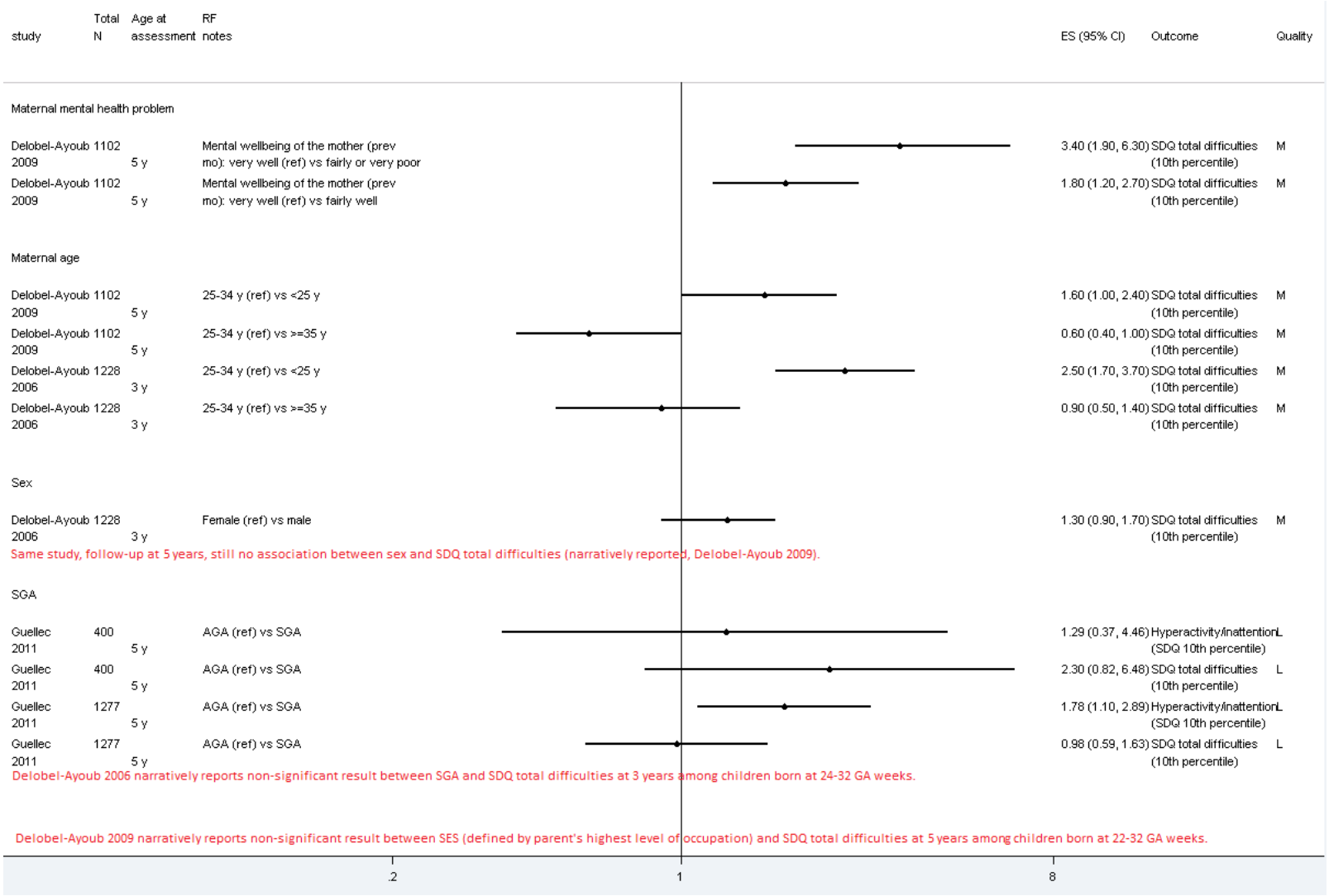


Figure 53: Association between biological, social, and maternal factors and behavioural problems in children born preterm assessed with CBCL

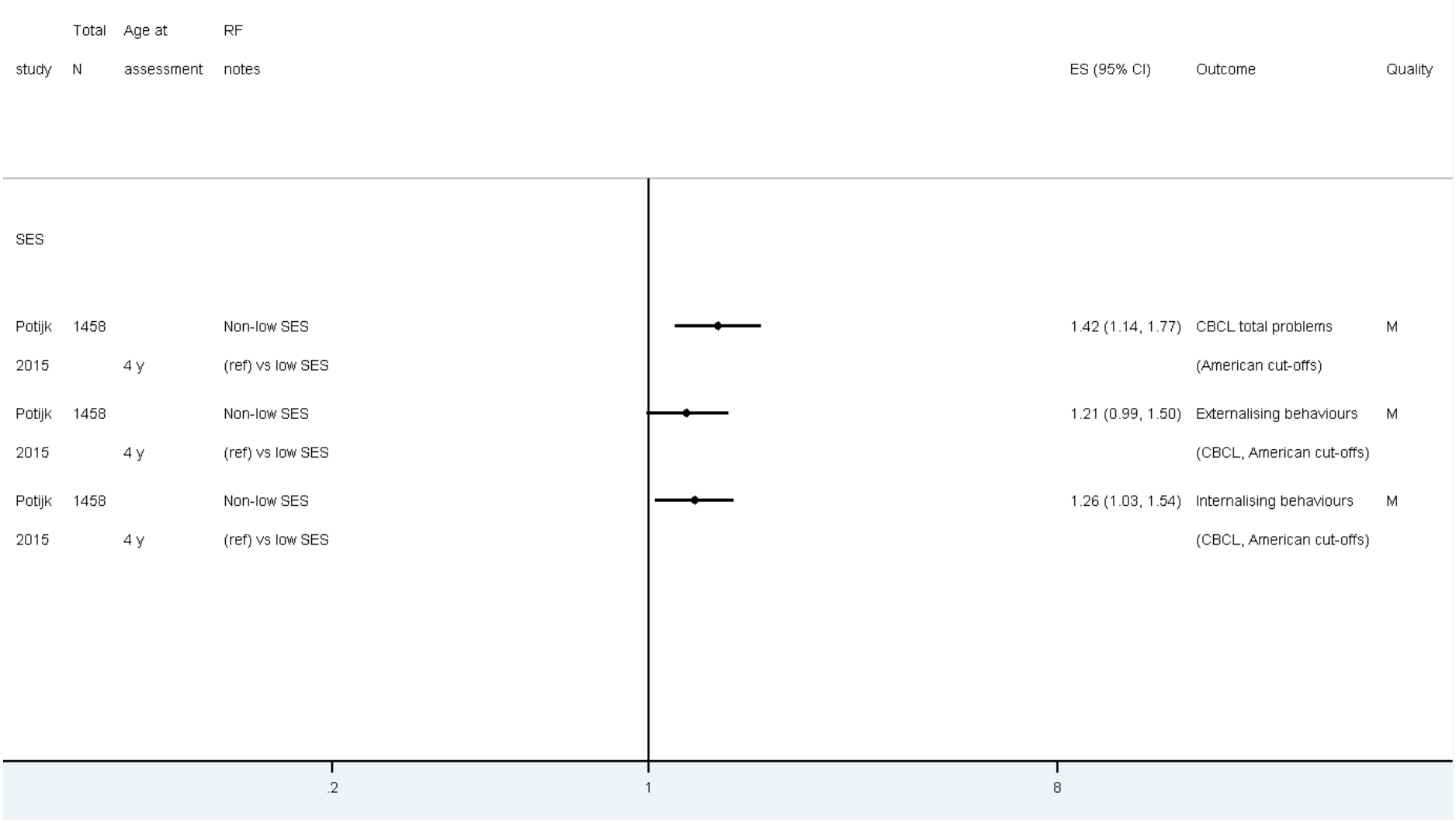


Figure 54: Association between biological, social, and maternal factors and social and emotional problems in children born preterm assessed with BITSEA

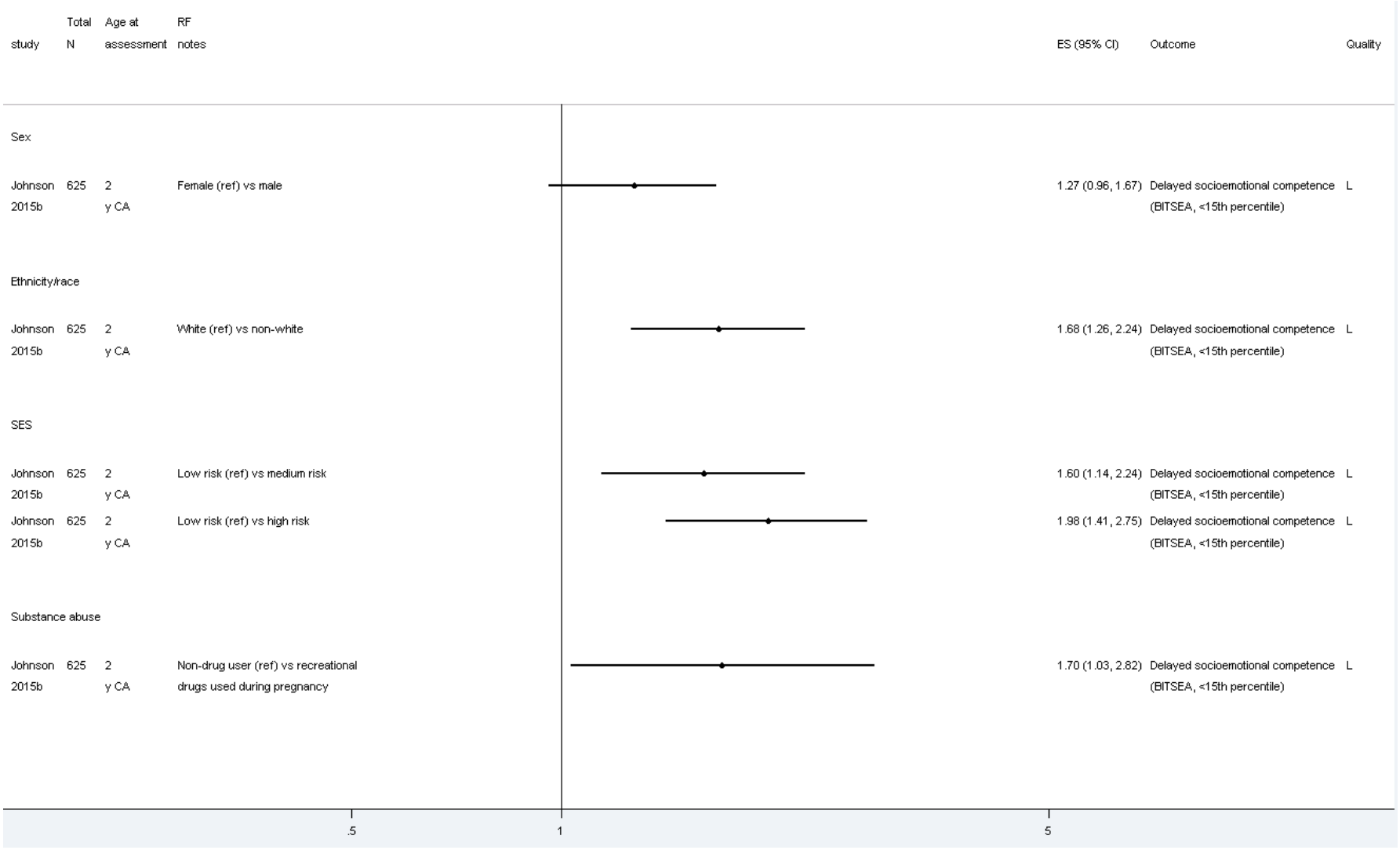


Figure 55: Association between neonatal factors and behavioural problems in children born preterm assessed with SDQ

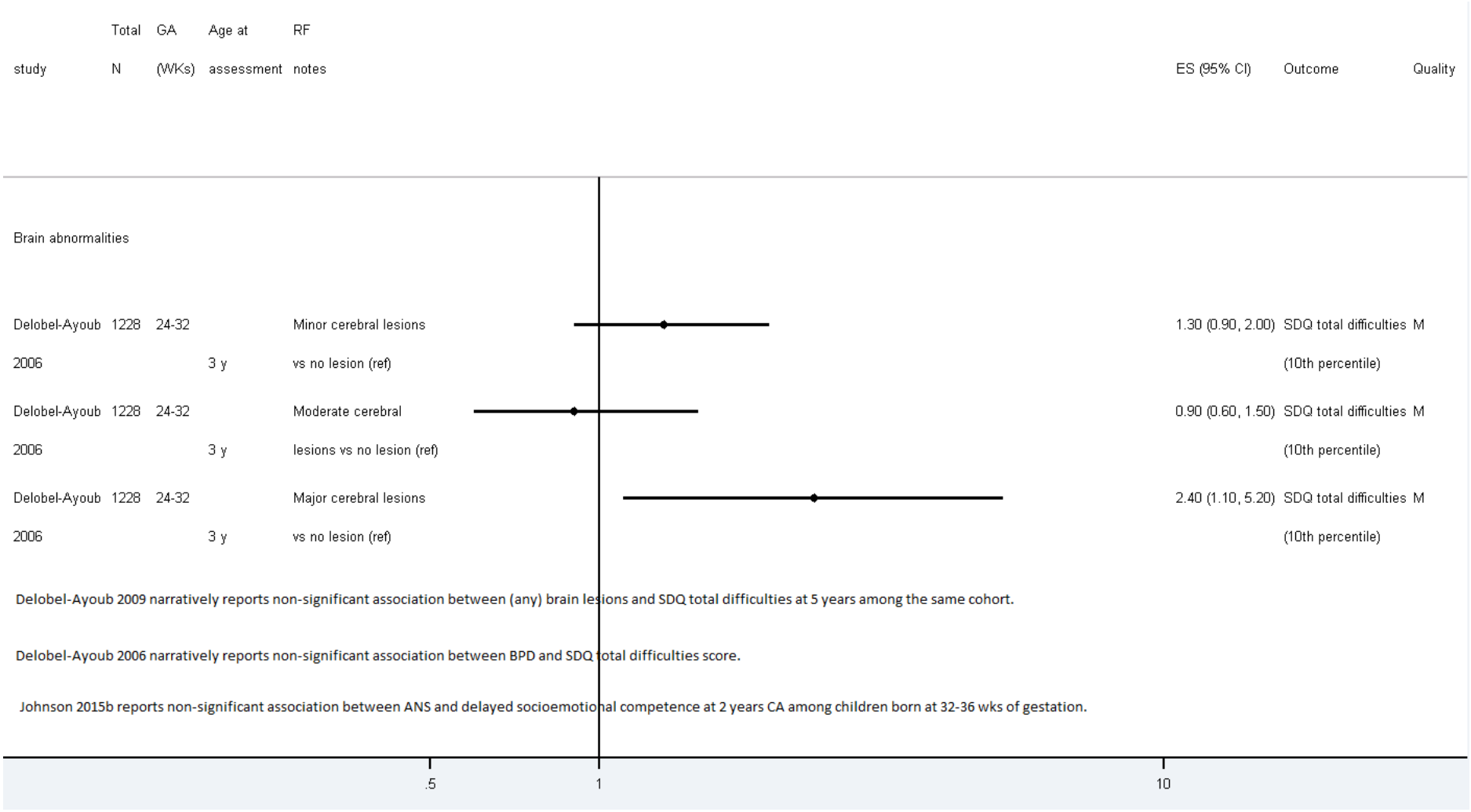


Figure 56: Association between gestational age at birth and special educational needs (SEN)

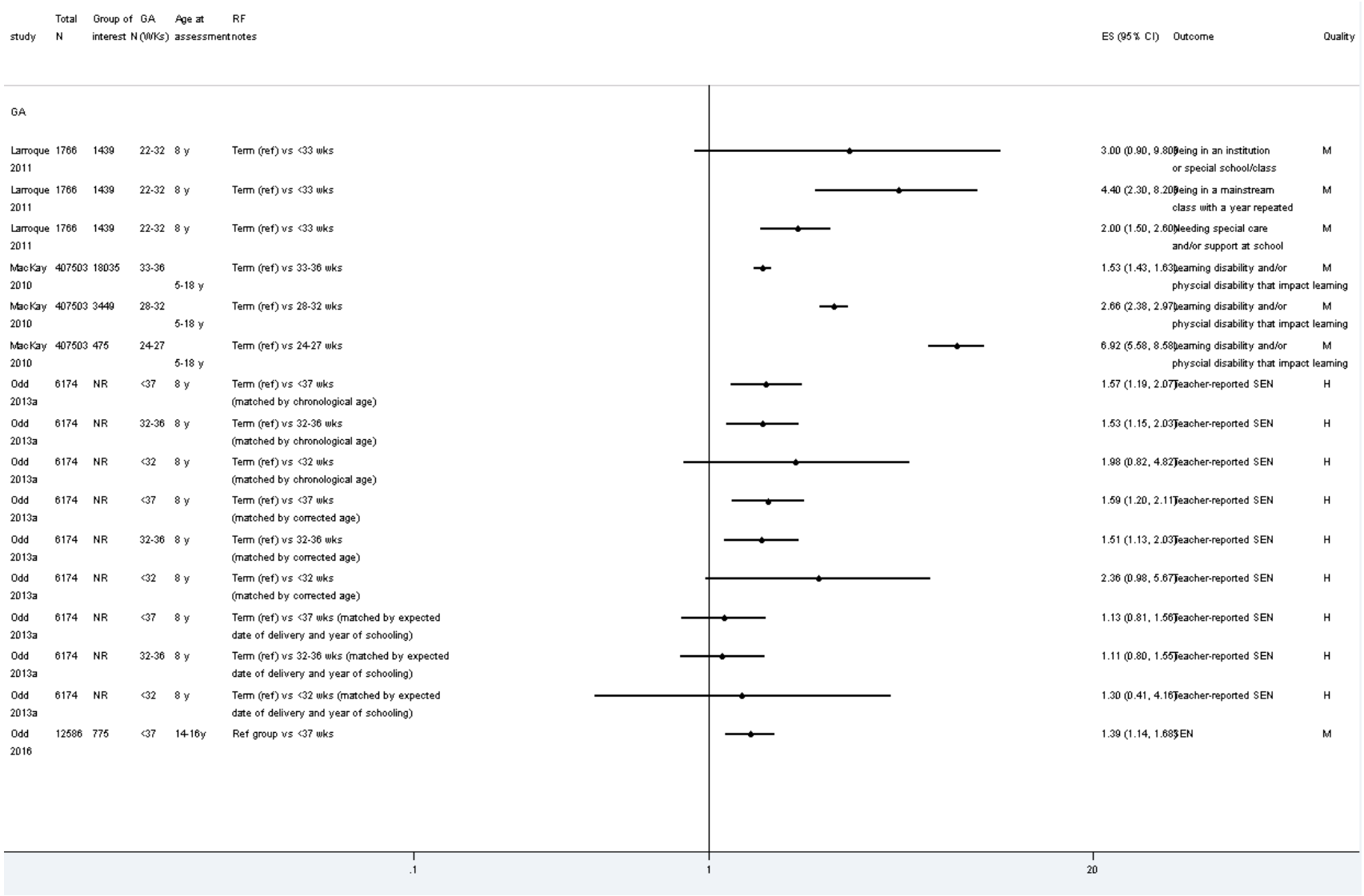


Figure 57: Association between gestational age at birth (children born at term as reference) and special educational needs (SEN) in a Scottish cohort (MacKay, 2013)

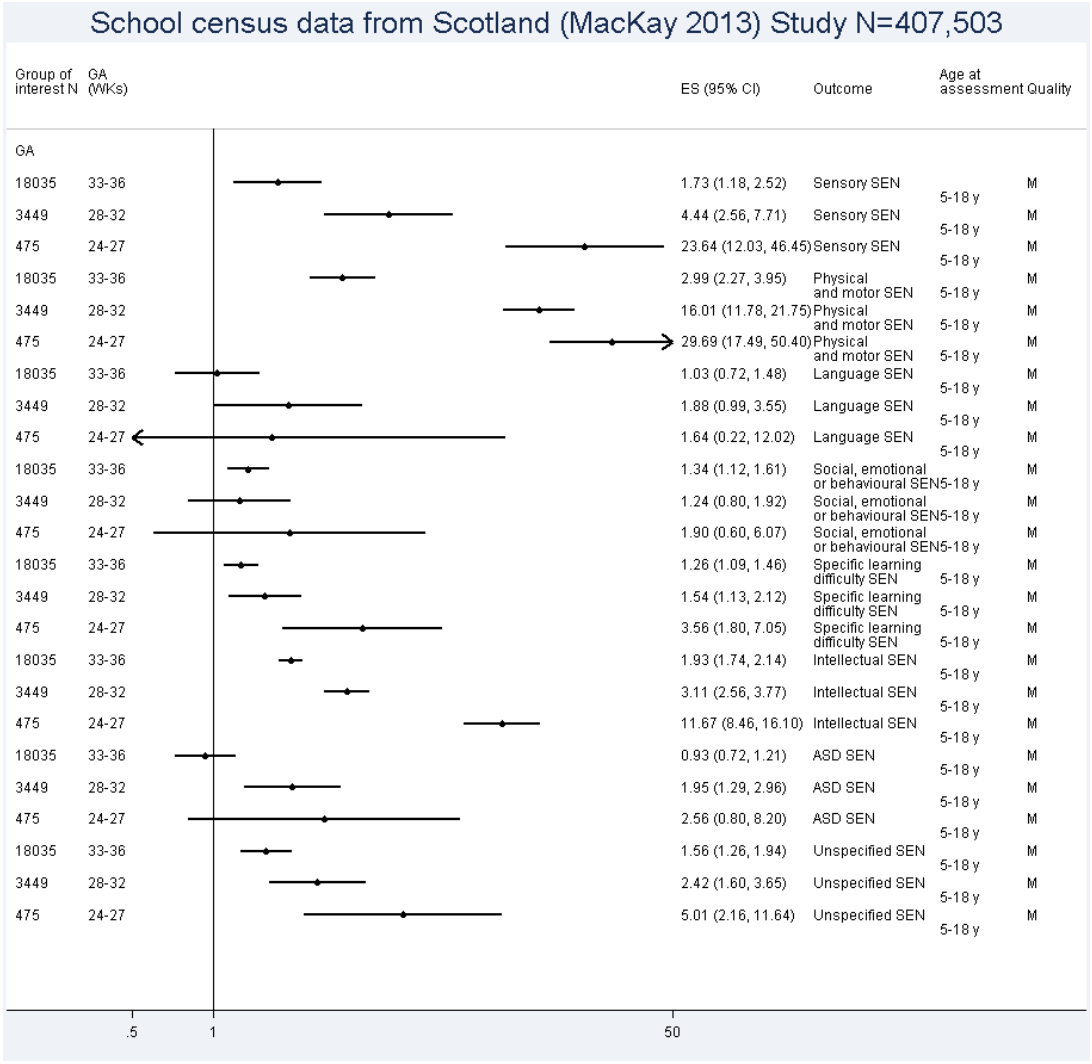


Figure 58: Association between gestational age at birth and poor education attainment in Key Stage (KS) 1-4

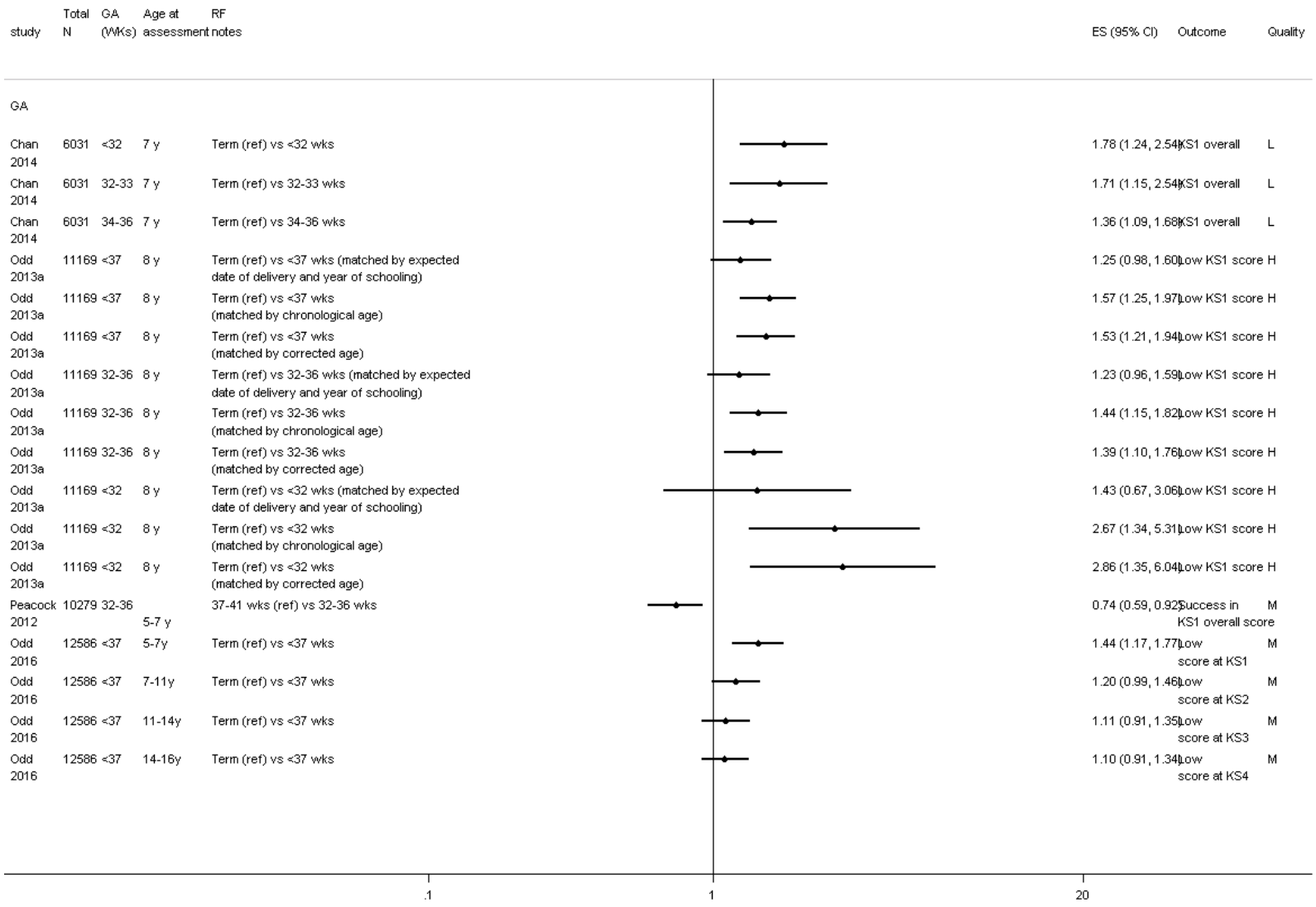


Figure 59: Association between gestational age at birth and poor education attainment in specific areas in Key Stage (KS) 1

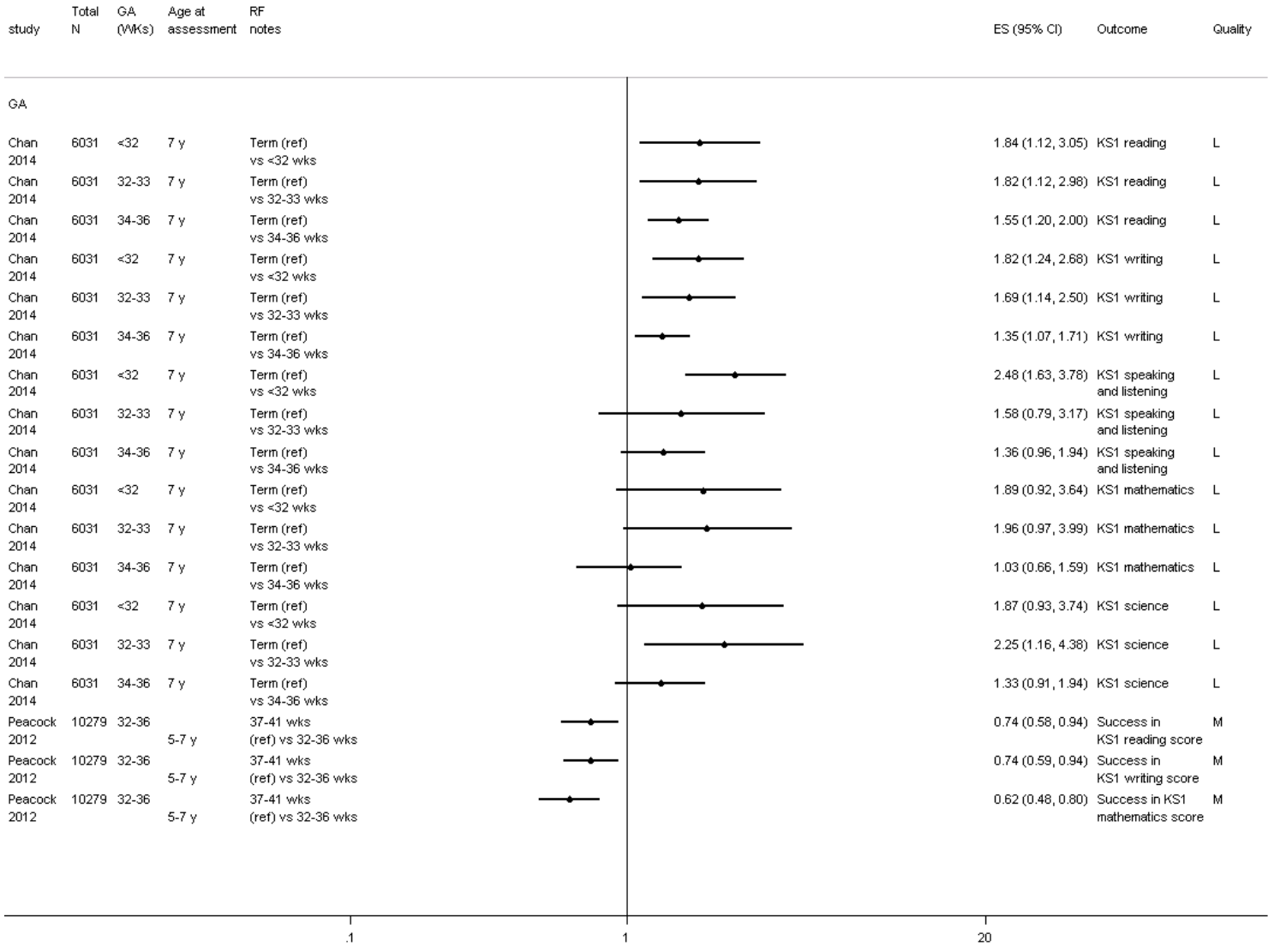


Figure 60: Association between gestational age at birth and poor education attainment in Foundation Stage Profile (FSP) in the ALSPAC cohort (Quigley, 2012)

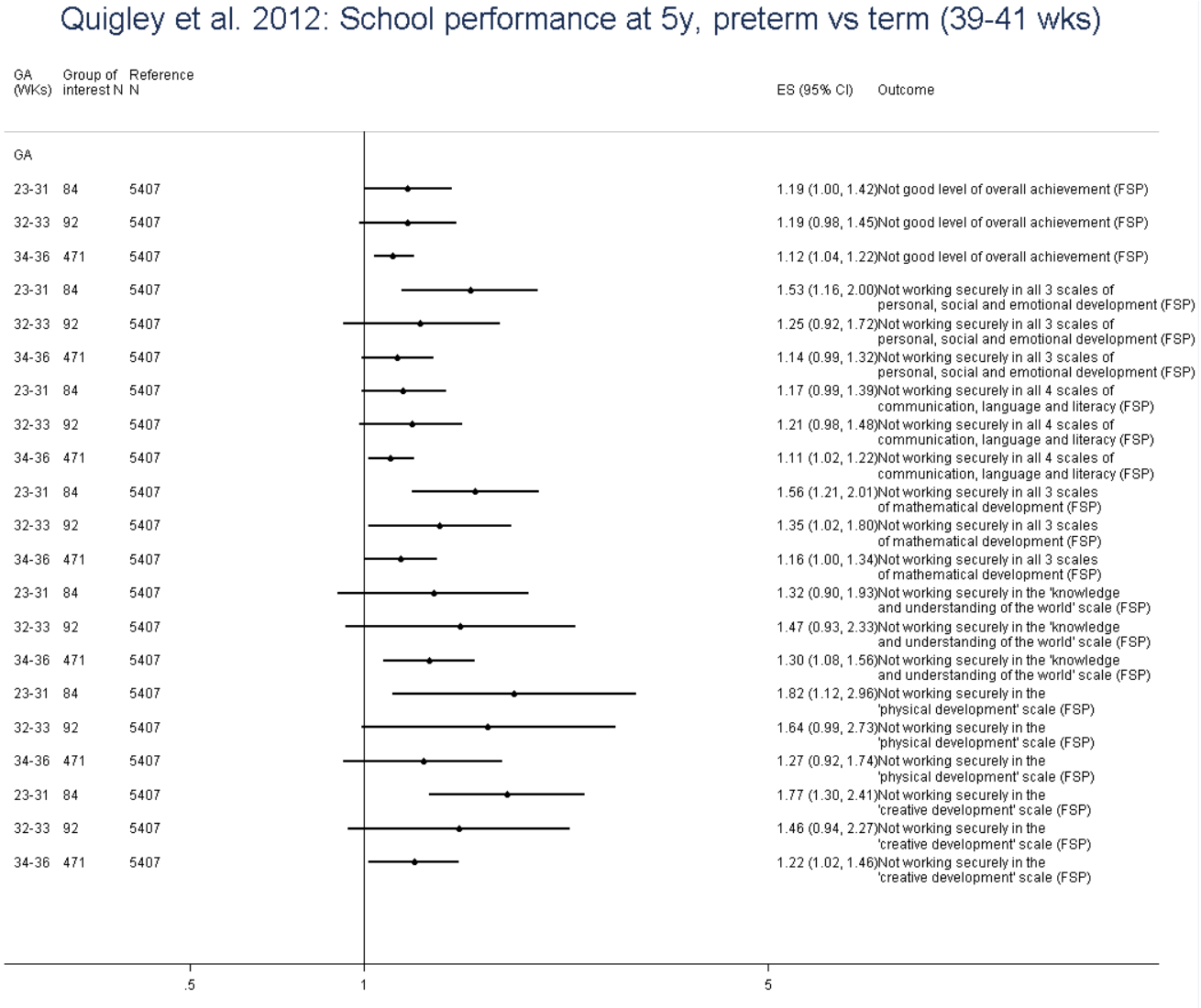


Figure 61: Association between sex of the child and being born small for gestational age (SGA) and special educational needs in children born preterm

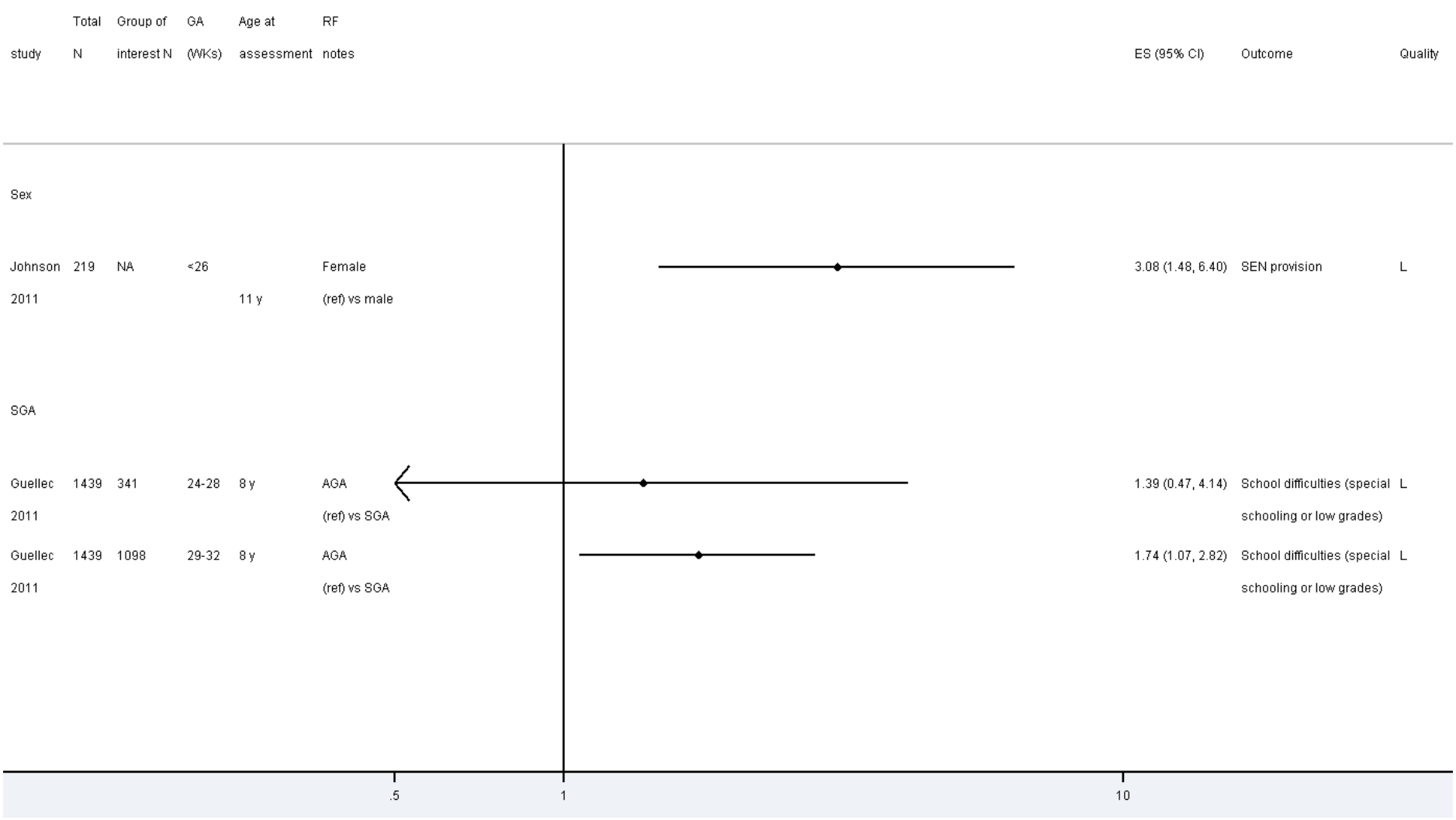
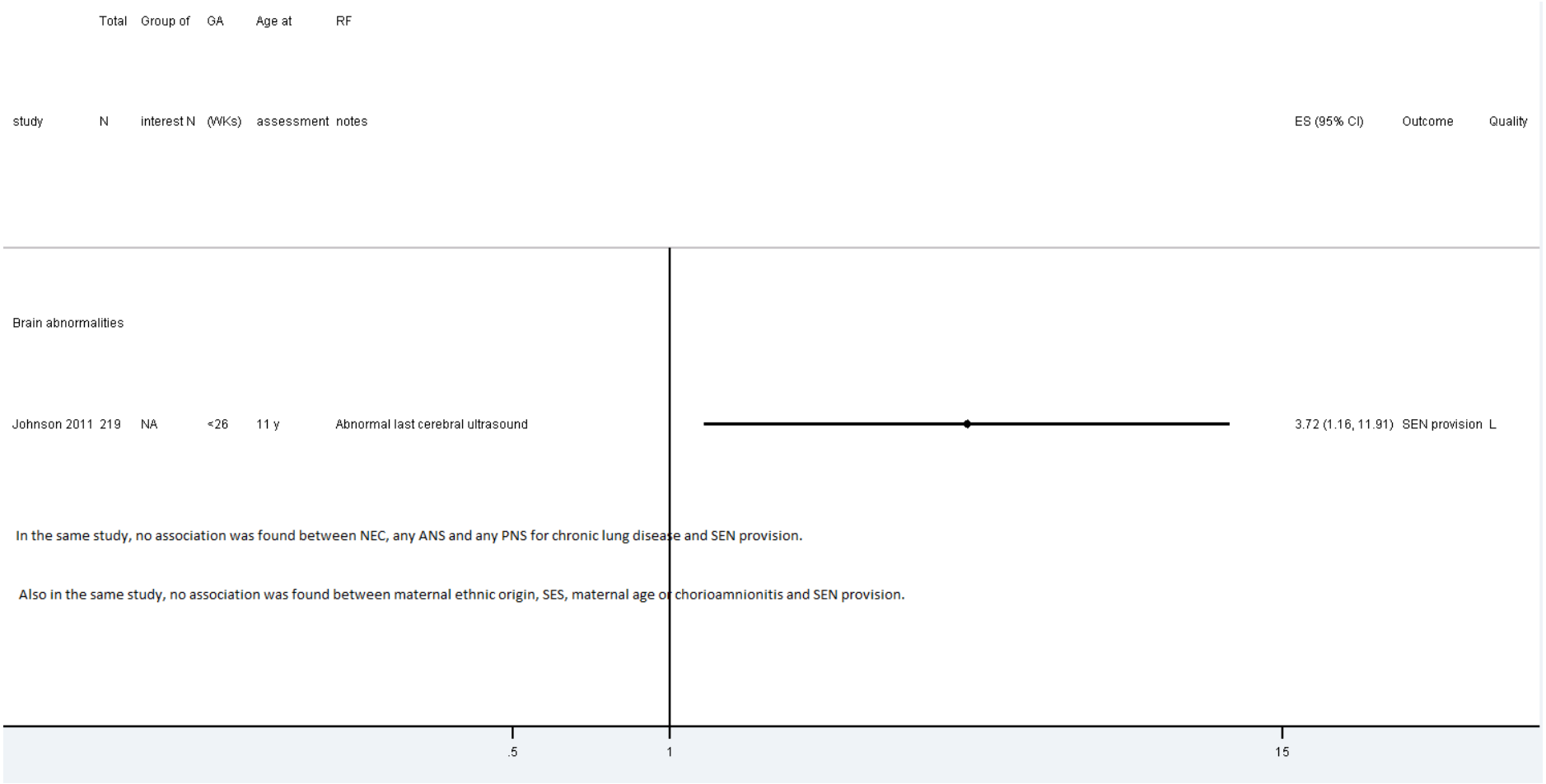


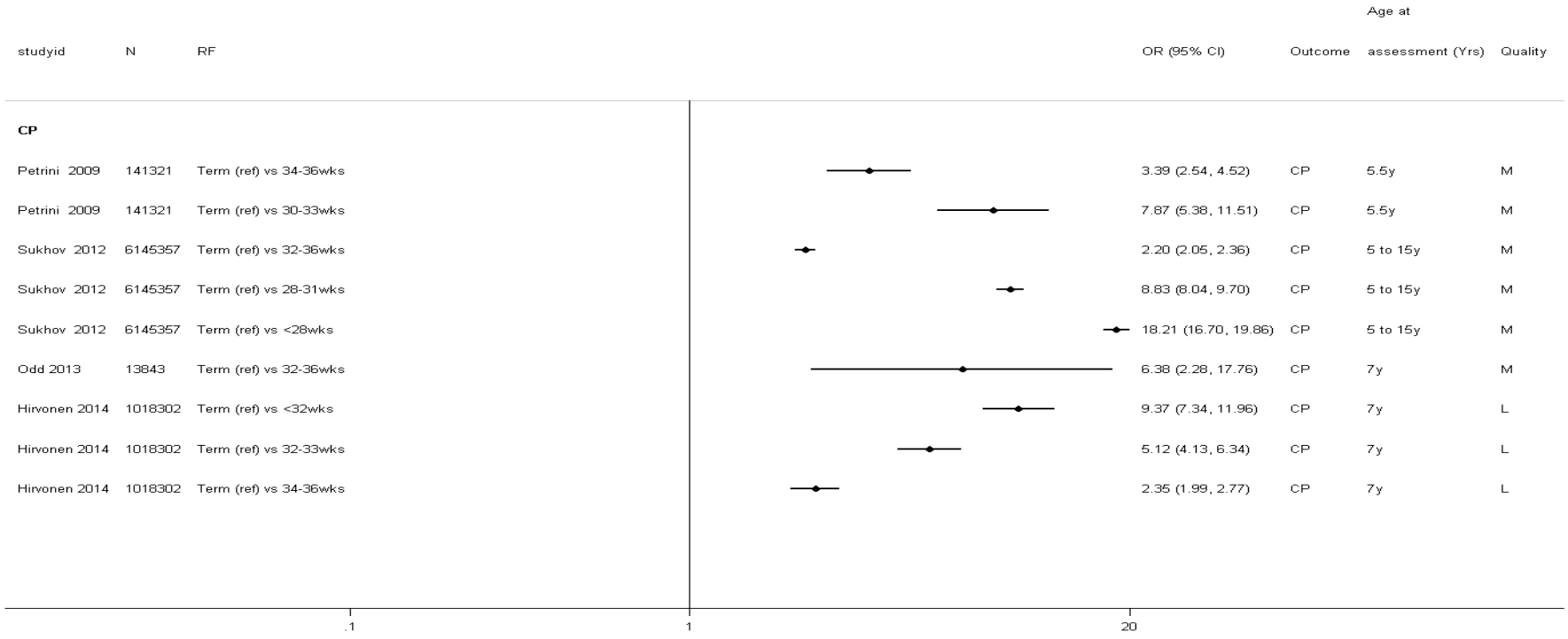
Figure 62: Association between neonatal brain abnormalities and special educational needs (SEN) in children born preterm



J.21 Risk of developmental disorders

What is the risk of developmental disorders in babies, children and young people born preterm at different gestational ages? How do the following factors influence the risk of developmental disorders in babies, children and young people born preterm: biological factors, neonatal factors, socioeconomic, maternal and environmental factors, and postnatal factors?

Figure 63: Association between gestational age at birth and cerebral palsy



1 **Figure 64: Association between biological factors and cerebral palsy in children born preterm.**

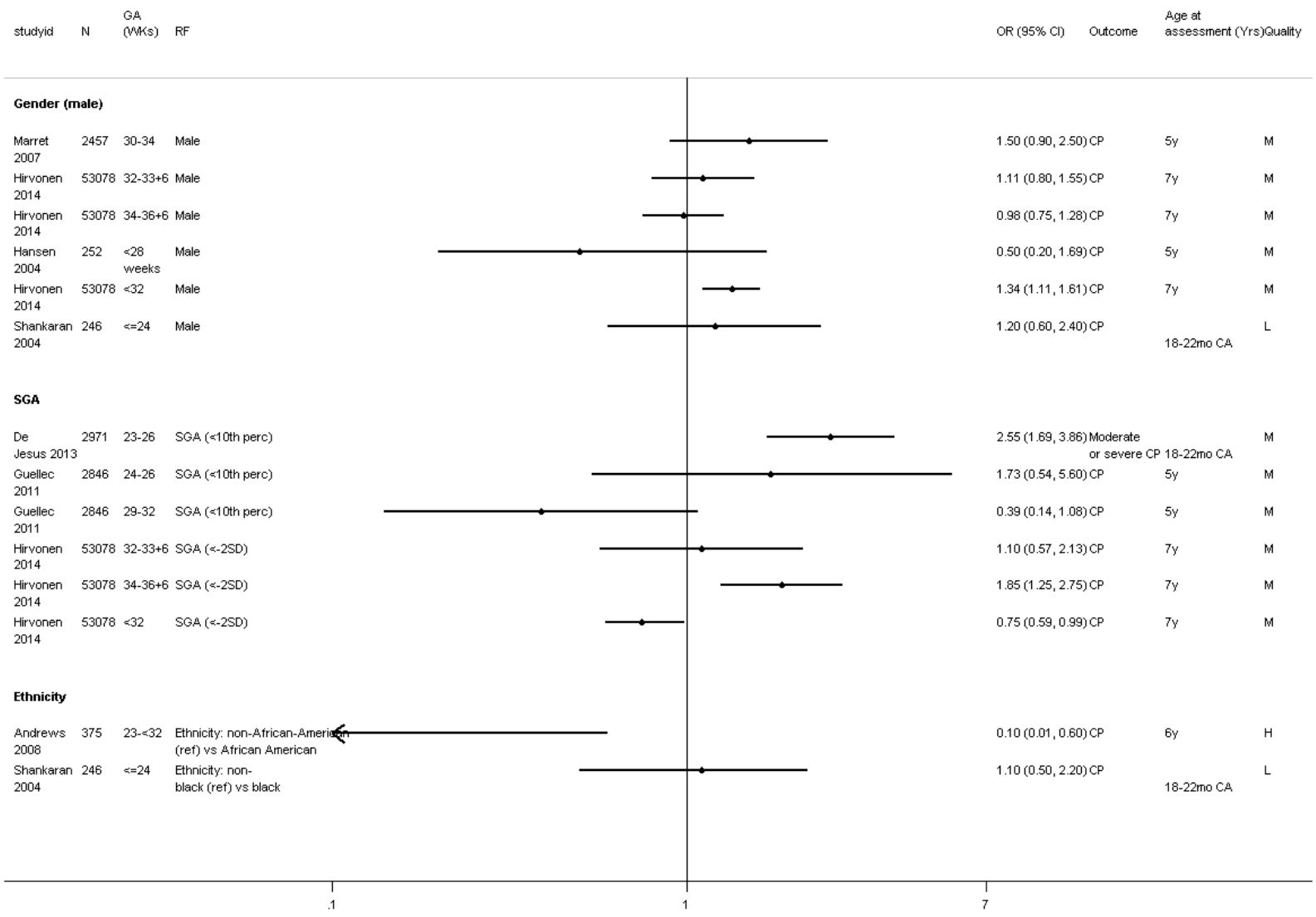


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Figure 65: Association between neonatal brain abnormalities and cerebral palsy in children born preterm.

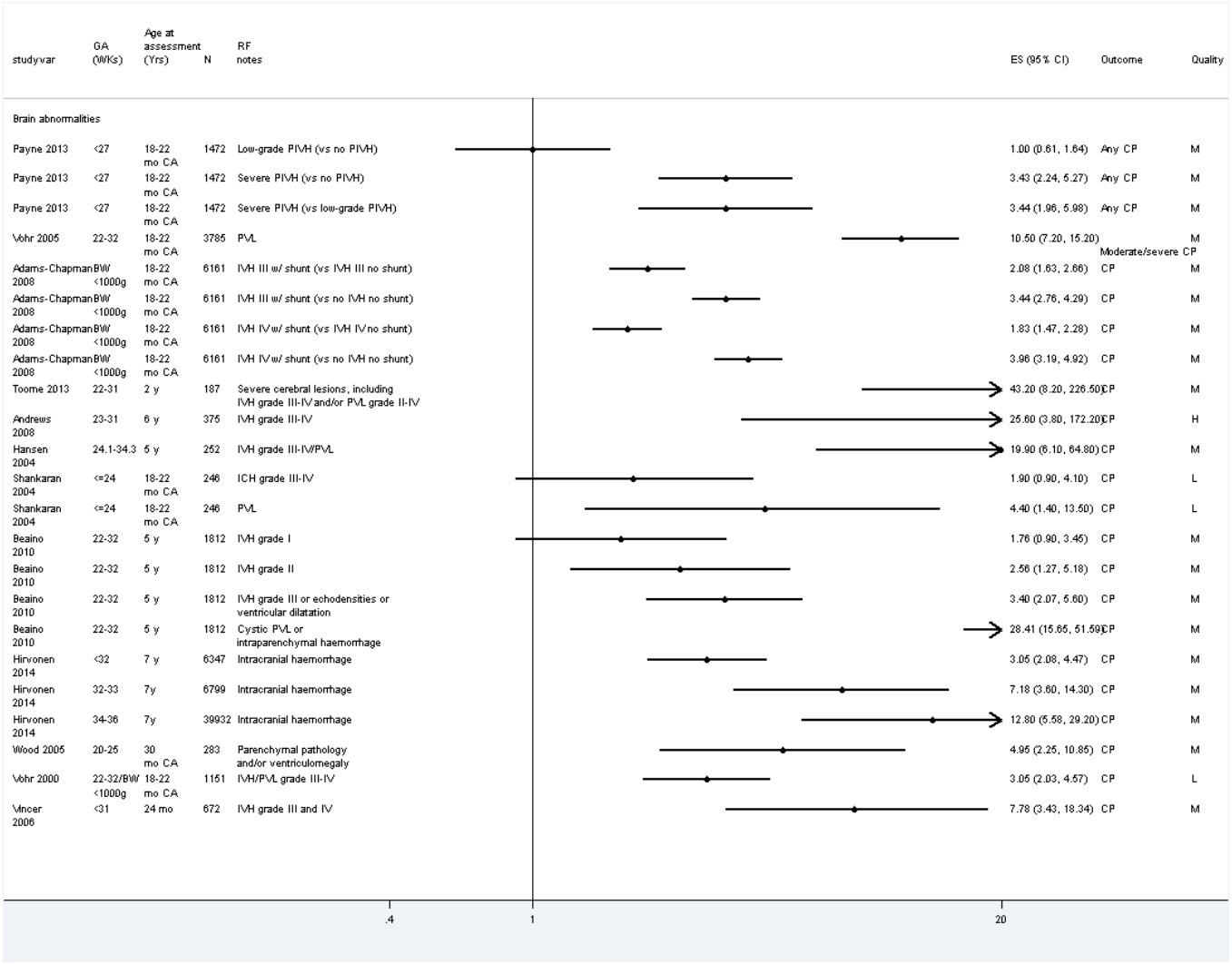


Figure 66: Association between neonatal sepsis and cerebral palsy in children born preterm.

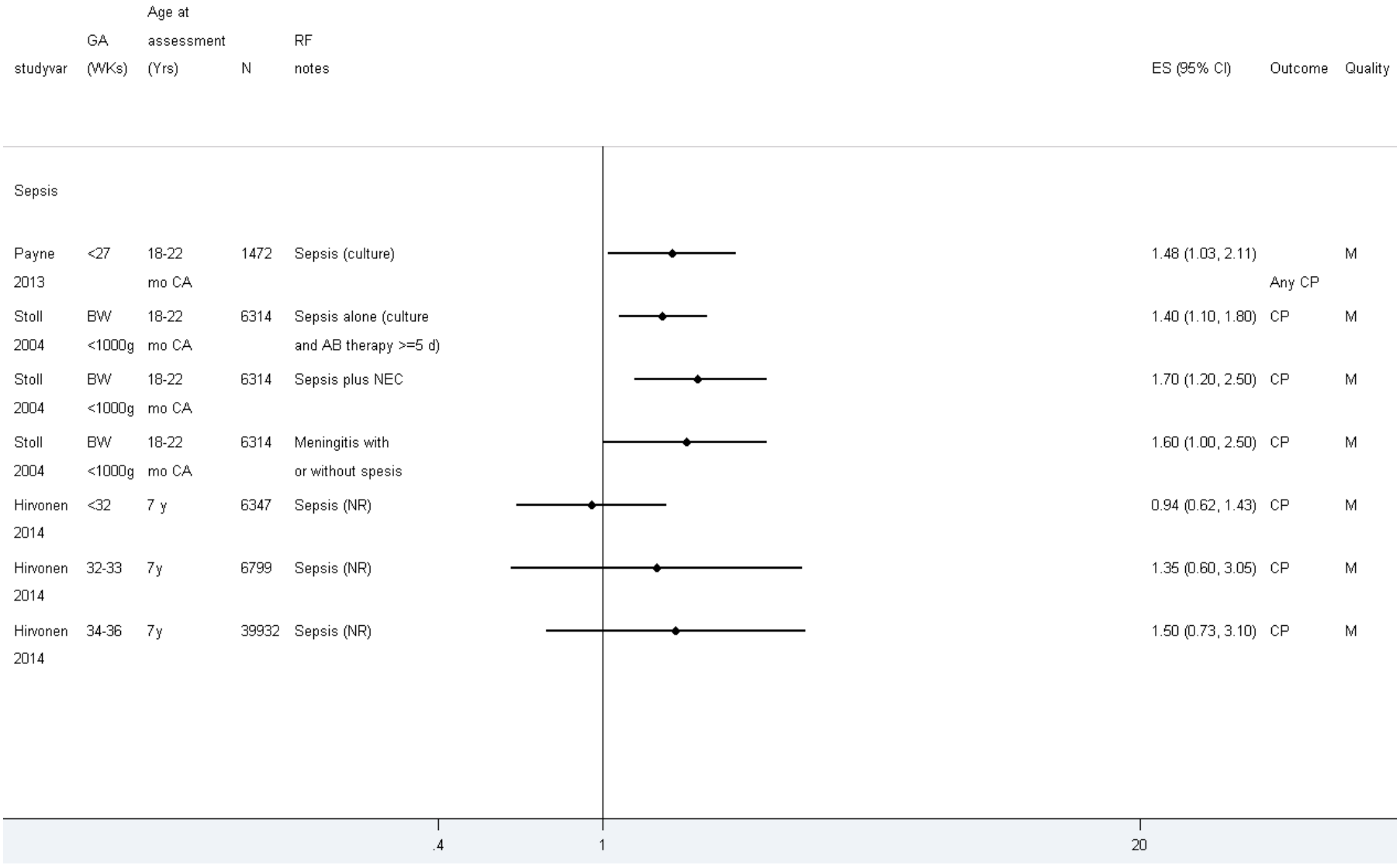


Figure 67: Association between retinopathy of prematurity (ROP) and cerebral palsy in children born preterm.

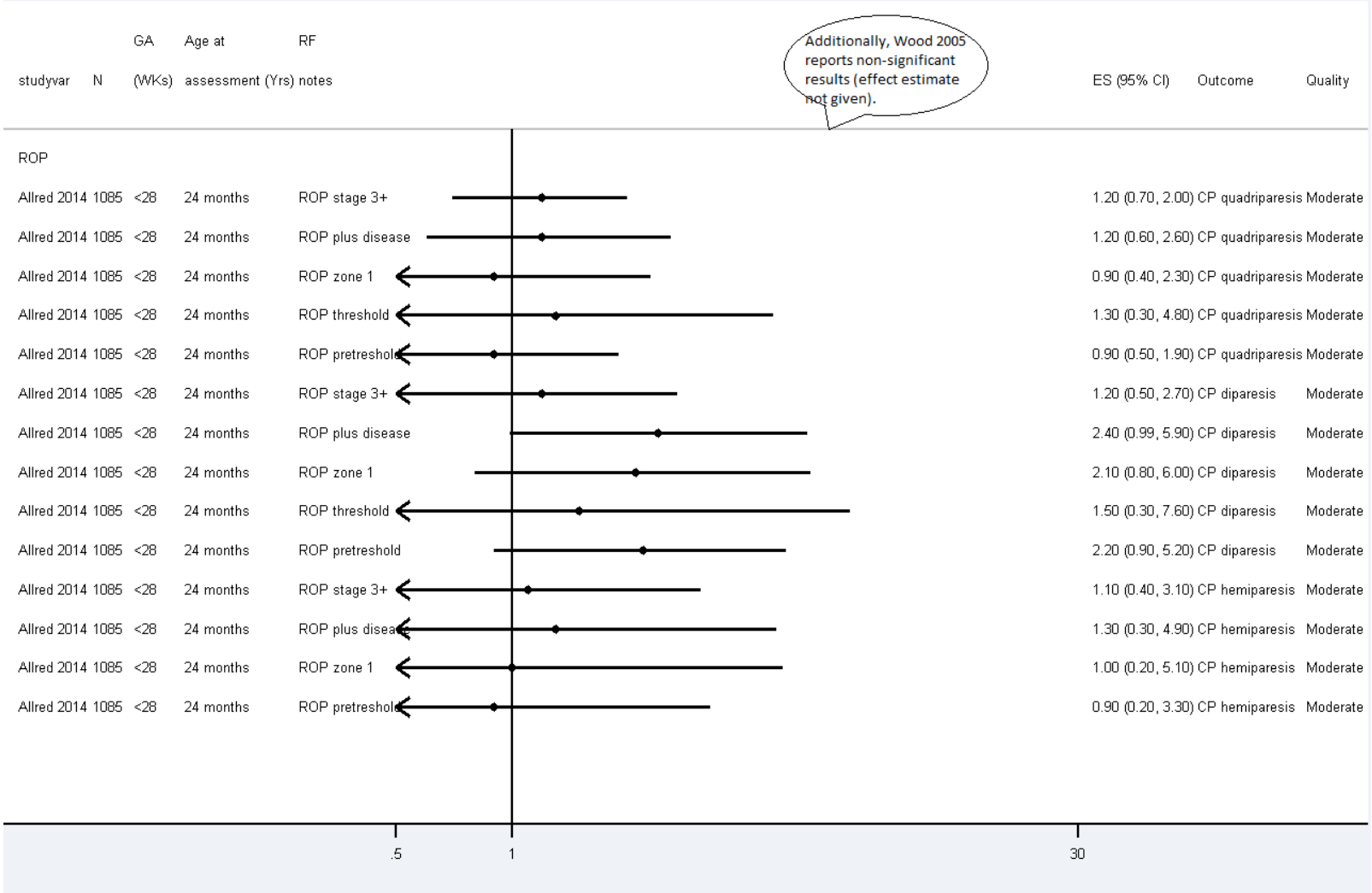


Figure 68: Association between necrotising enterocolitis (NEC) and cerebral palsy in children born preterm.

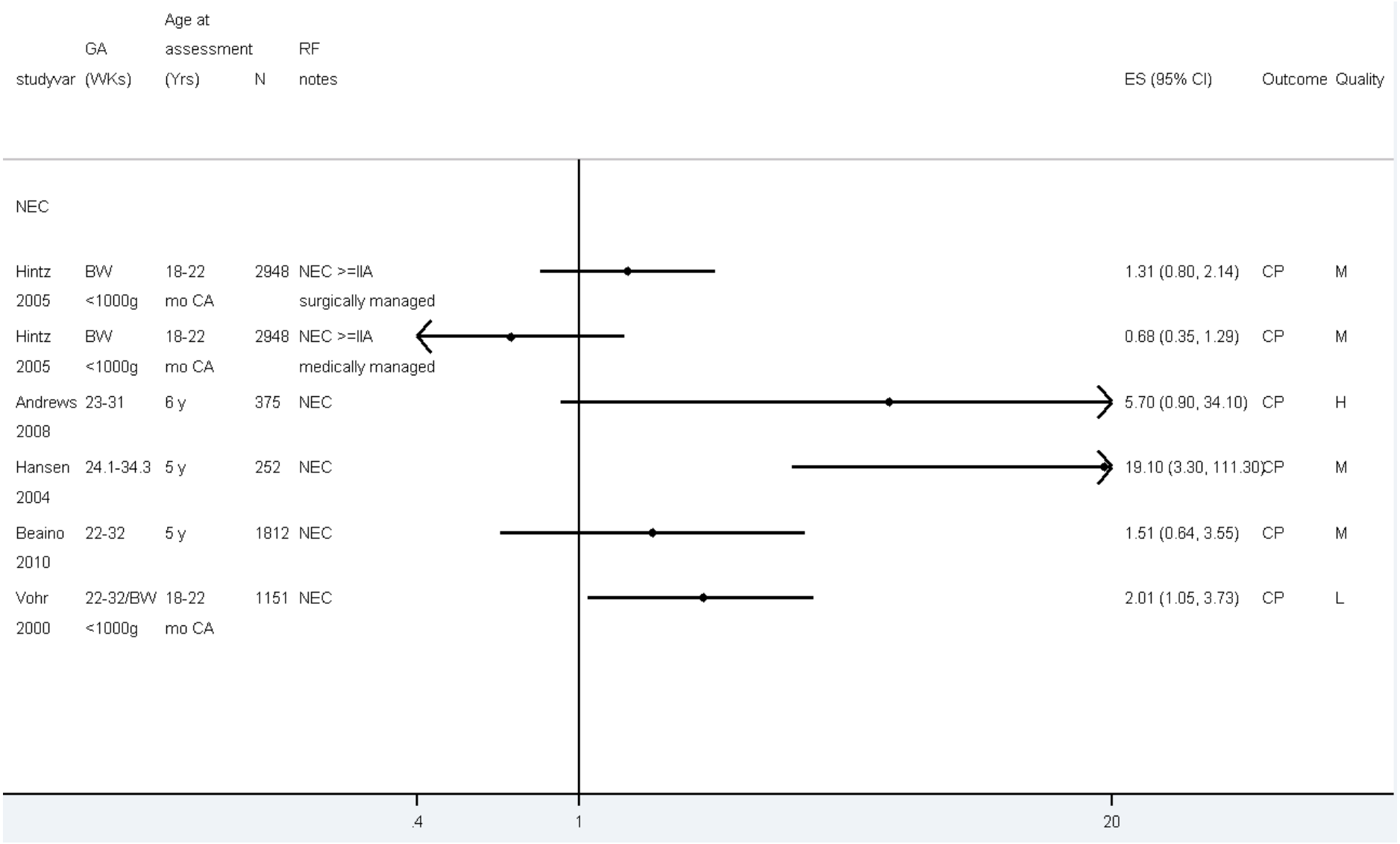
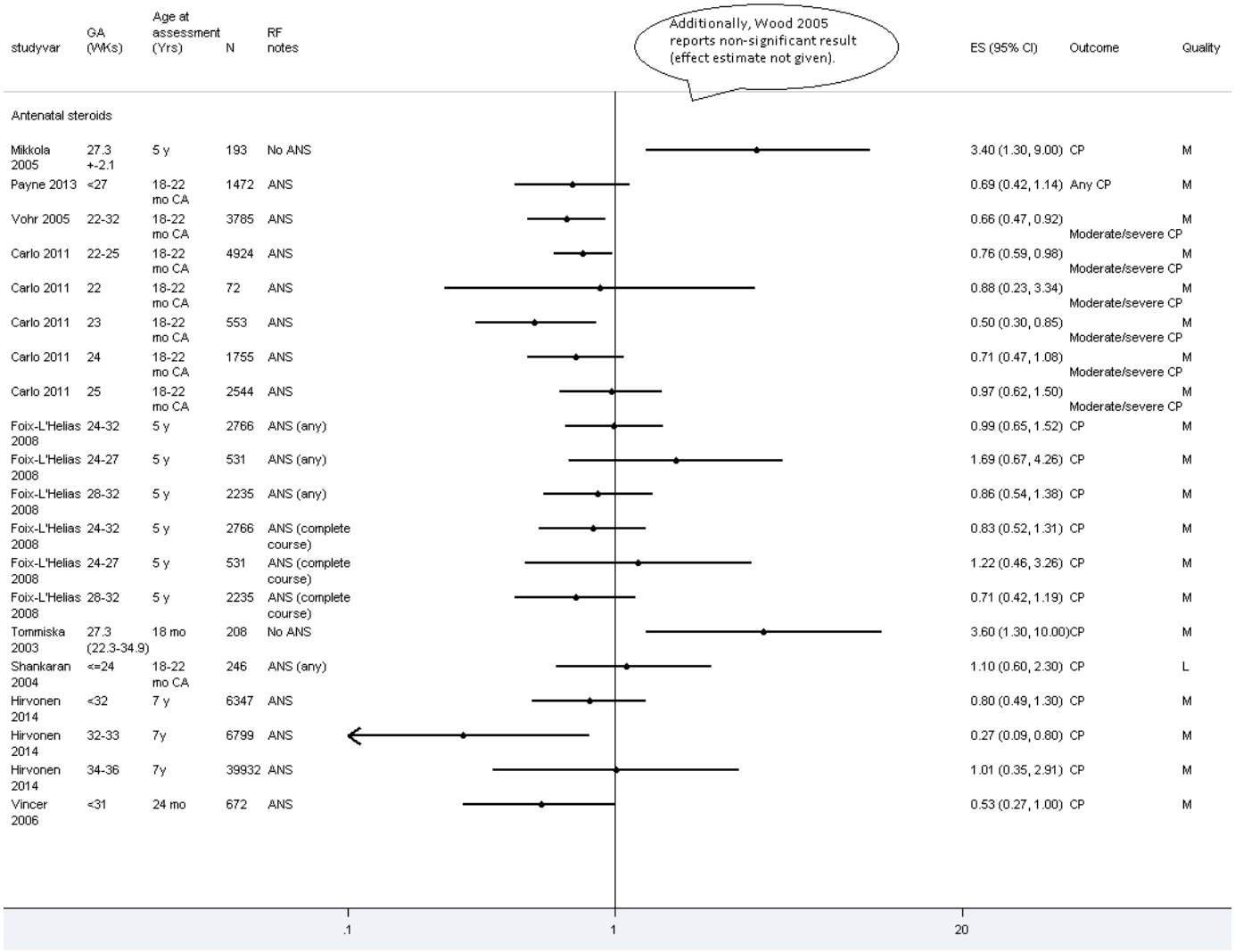


Figure 69: Association between antenatal steroids and cerebral palsy in children born preterm.



studyvar	GA (WKs)	Age at assessment (Yrs)	N	RF notes	ES (95% CI)	Outcome	Quality
Antenatal steroids							
Mikkola 2005	27.3 +-2.1	5 y	193	No ANS	3.40 (1.30, 9.00)	CP	M
Payne 2013	<27	18-22 mo CA	1472	ANS	0.69 (0.42, 1.14)	Any CP	M
Vohr 2005	22-32	18-22 mo CA	3785	ANS	0.66 (0.47, 0.92)	Moderate/severe CP	M
Carlo 2011	22-25	18-22 mo CA	4924	ANS	0.76 (0.59, 0.98)	Moderate/severe CP	M
Carlo 2011	22	18-22 mo CA	72	ANS	0.88 (0.23, 3.34)	Moderate/severe CP	M
Carlo 2011	23	18-22 mo CA	553	ANS	0.50 (0.30, 0.85)	Moderate/severe CP	M
Carlo 2011	24	18-22 mo CA	1755	ANS	0.71 (0.47, 1.08)	Moderate/severe CP	M
Carlo 2011	25	18-22 mo CA	2544	ANS	0.97 (0.62, 1.50)	Moderate/severe CP	M
Foix-L'Helias 2008	24-32	5 y	2766	ANS (any)	0.99 (0.65, 1.52)	CP	M
Foix-L'Helias 2008	24-27	5 y	531	ANS (any)	1.69 (0.67, 4.26)	CP	M
Foix-L'Helias 2008	28-32	5 y	2235	ANS (any)	0.86 (0.54, 1.38)	CP	M
Foix-L'Helias 2008	24-32	5 y	2766	ANS (complete course)	0.83 (0.52, 1.31)	CP	M
Foix-L'Helias 2008	24-27	5 y	531	ANS (complete course)	1.22 (0.46, 3.26)	CP	M
Foix-L'Helias 2008	28-32	5 y	2235	ANS (complete course)	0.71 (0.42, 1.19)	CP	M
Tommiska 2003	27.3 (22.3-34.9)	18 mo	208	No ANS	3.60 (1.30, 10.00)	CP	M
Shankaran 2004	<=24	18-22 mo CA	246	ANS (any)	1.10 (0.60, 2.30)	CP	L
Hirvonen 2014	<32	7 y	6347	ANS	0.80 (0.49, 1.30)	CP	M
Hirvonen 2014	32-33	7y	6799	ANS	0.27 (0.09, 0.80)	CP	M
Hirvonen 2014	34-36	7y	39932	ANS	1.01 (0.35, 2.91)	CP	M
Vincer 2006	<31	24 mo	672	ANS	0.53 (0.27, 1.00)	CP	M

Figure 70: Association between postnatal steroids and cerebral palsy in children born preterm.

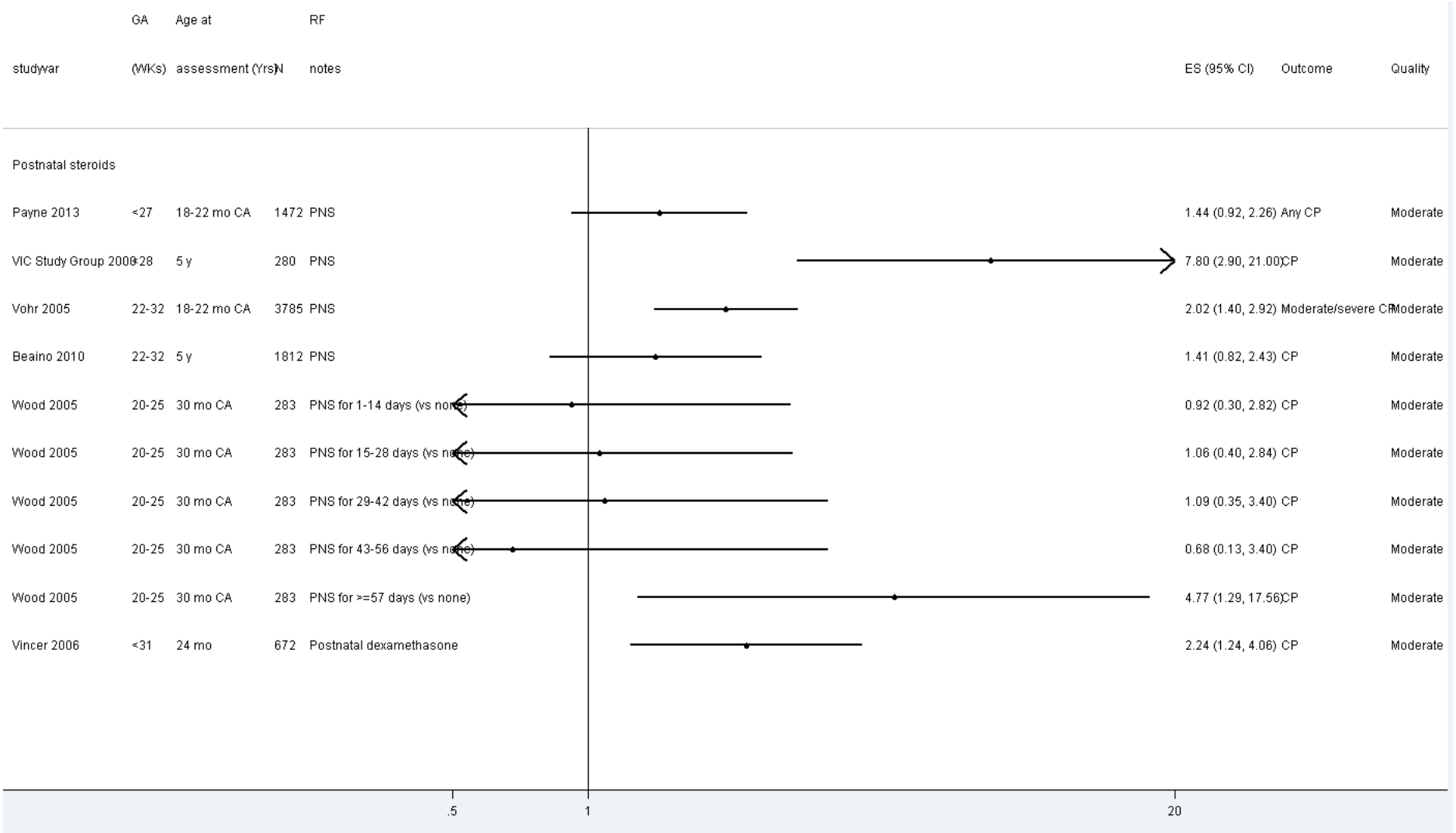
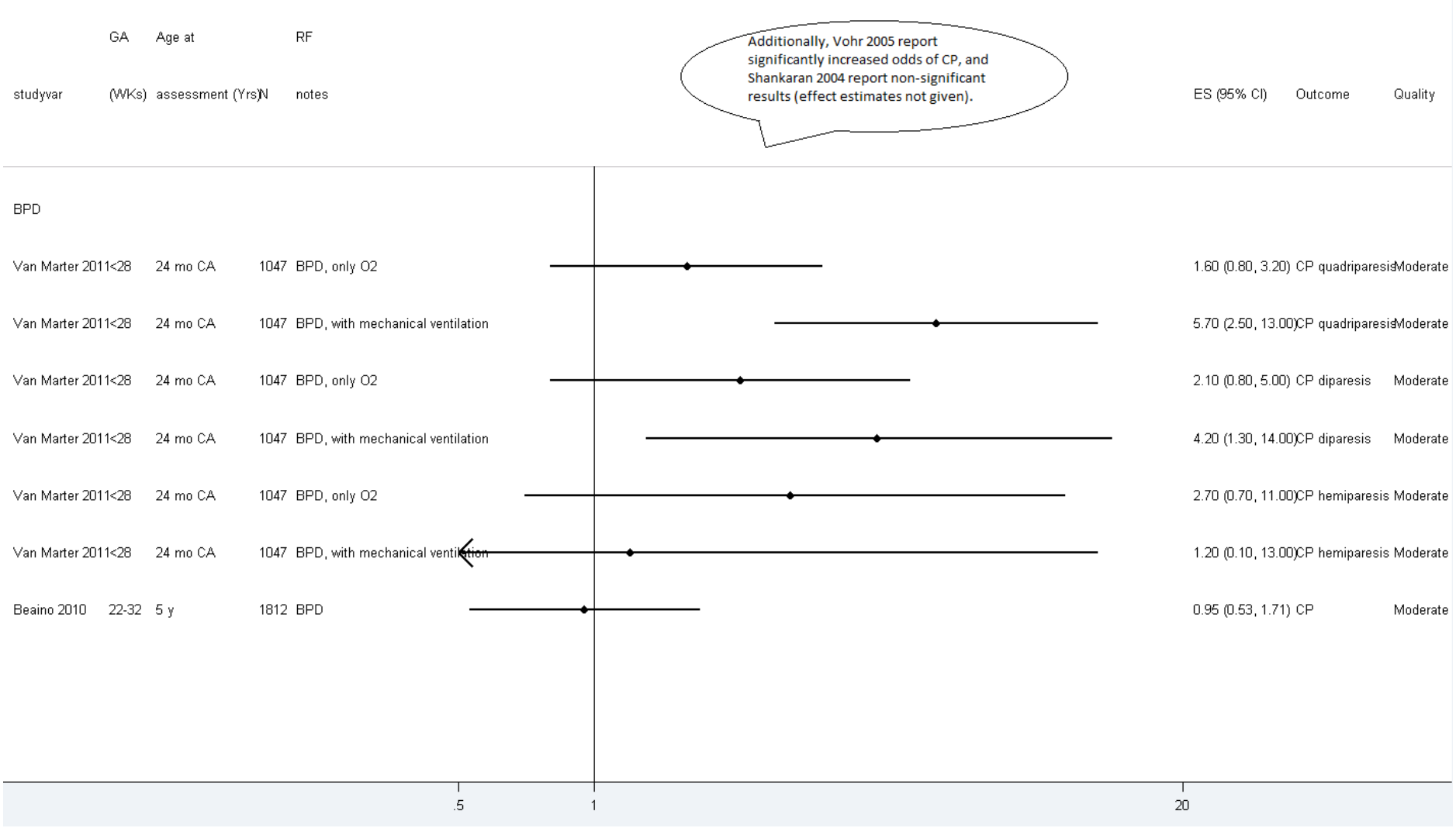
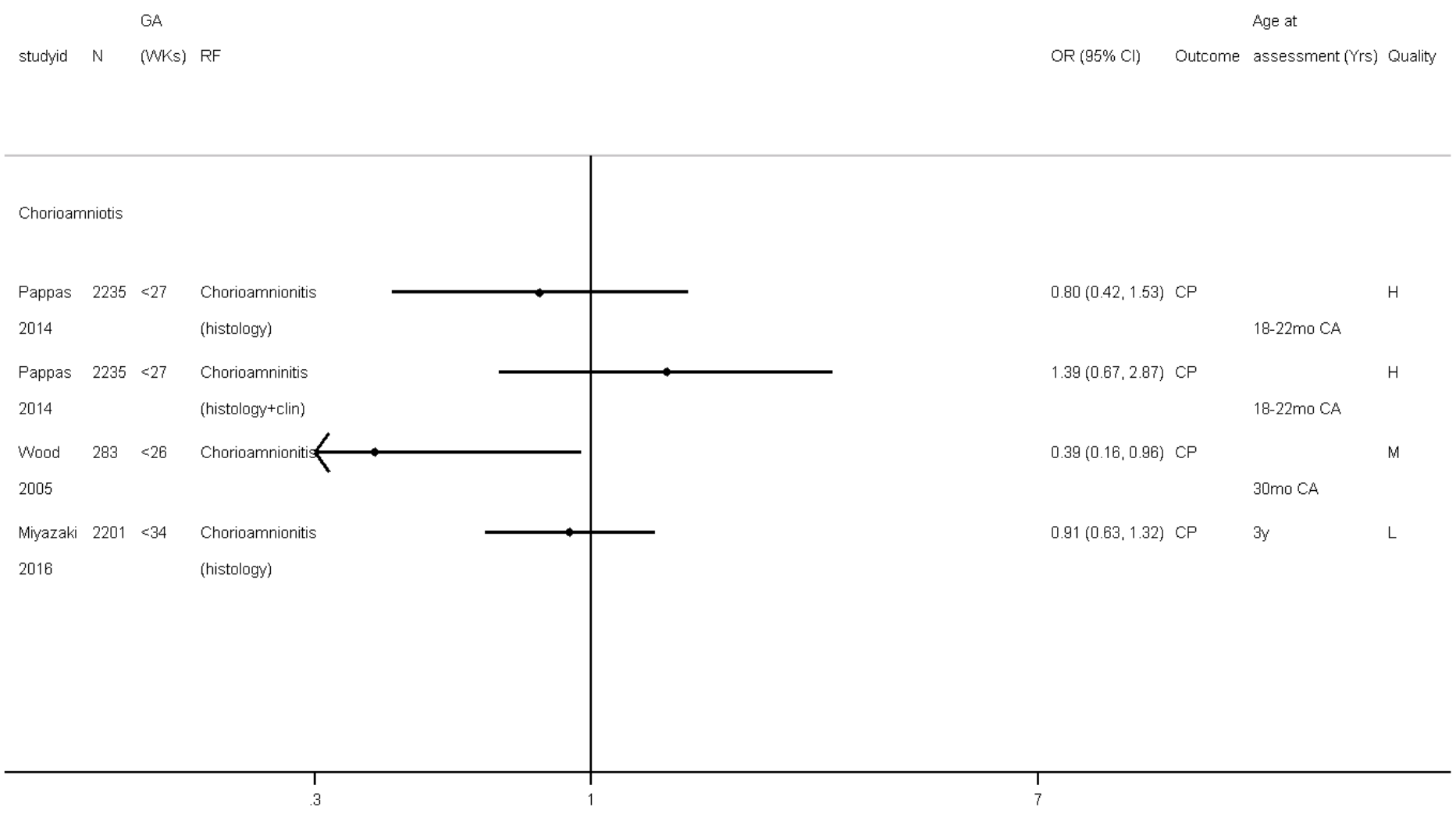


Figure 71: Association between bronchopulmonary dysplasia (BPD) and cerebral palsy in children born preterm.



1 **Figure 72: Association between chorioamnionitis and cerebral palsy in children born preterm.**



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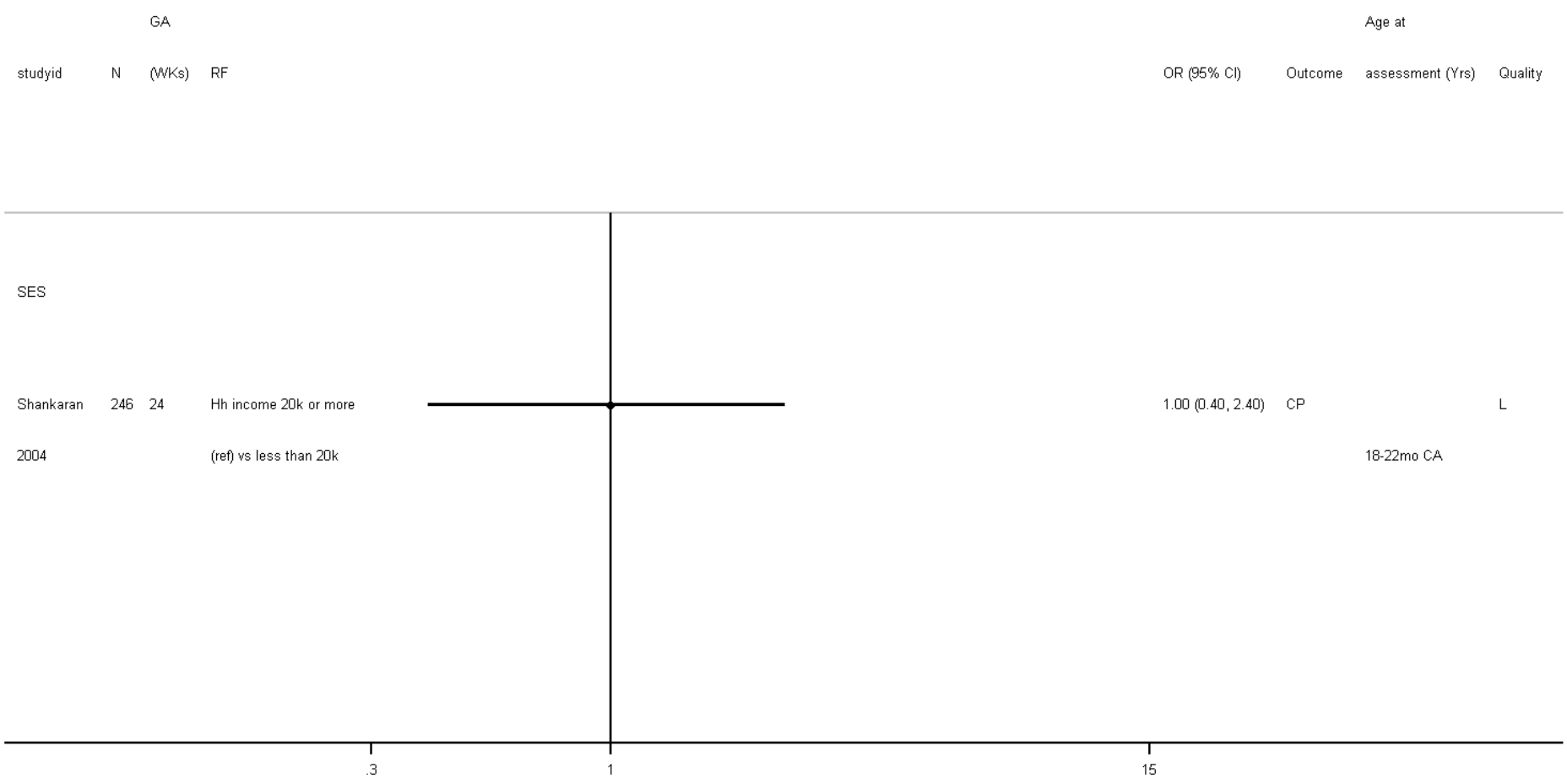
1 **Figure 73: Association between socioeconomic status and cerebral palsy in children born preterm.**



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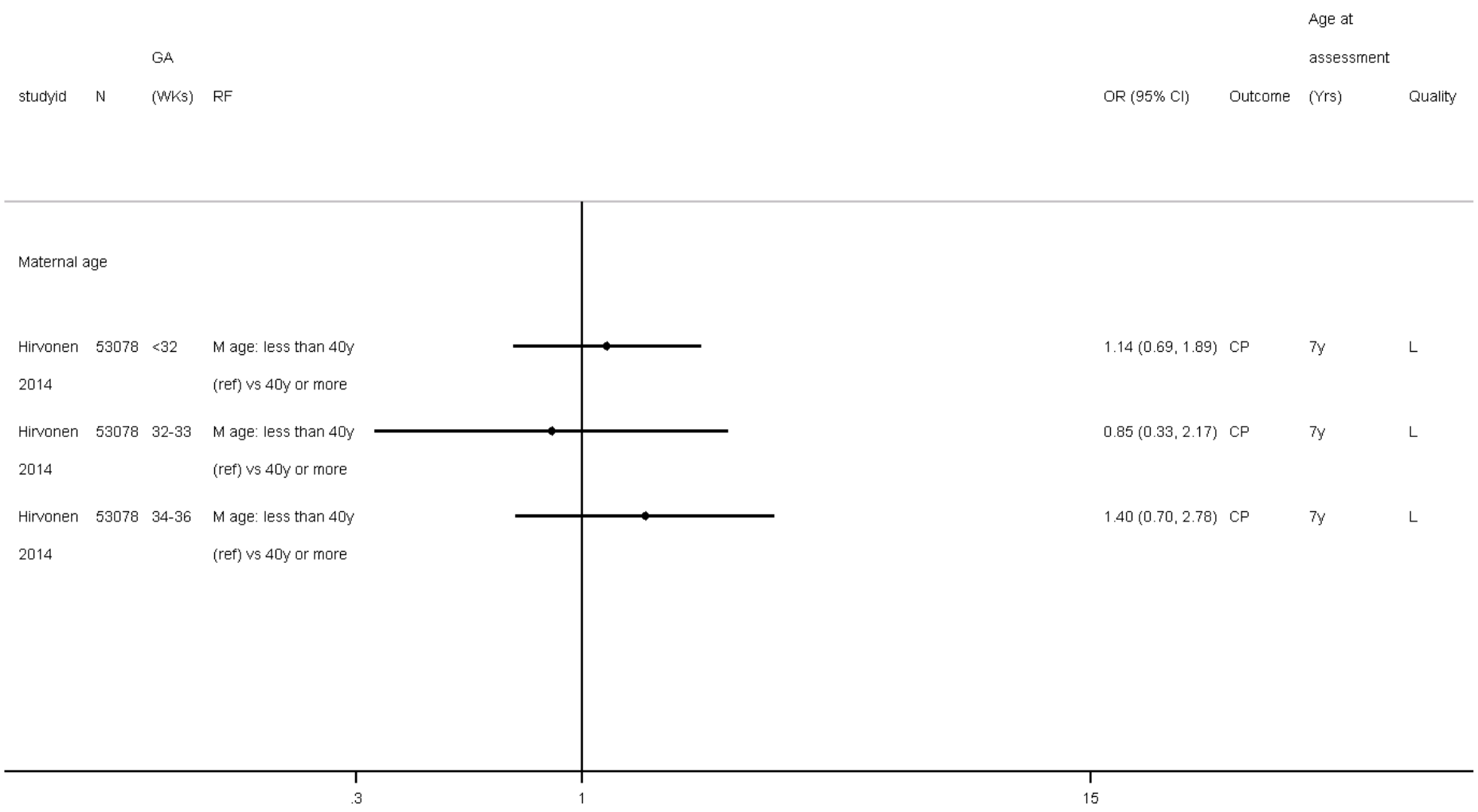
1 **Figure 74: Association between maternal age and cerebral palsy in children born preterm.**



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1 **Figure 75: Association between multiple birth and cerebral palsy in children born preterm.**

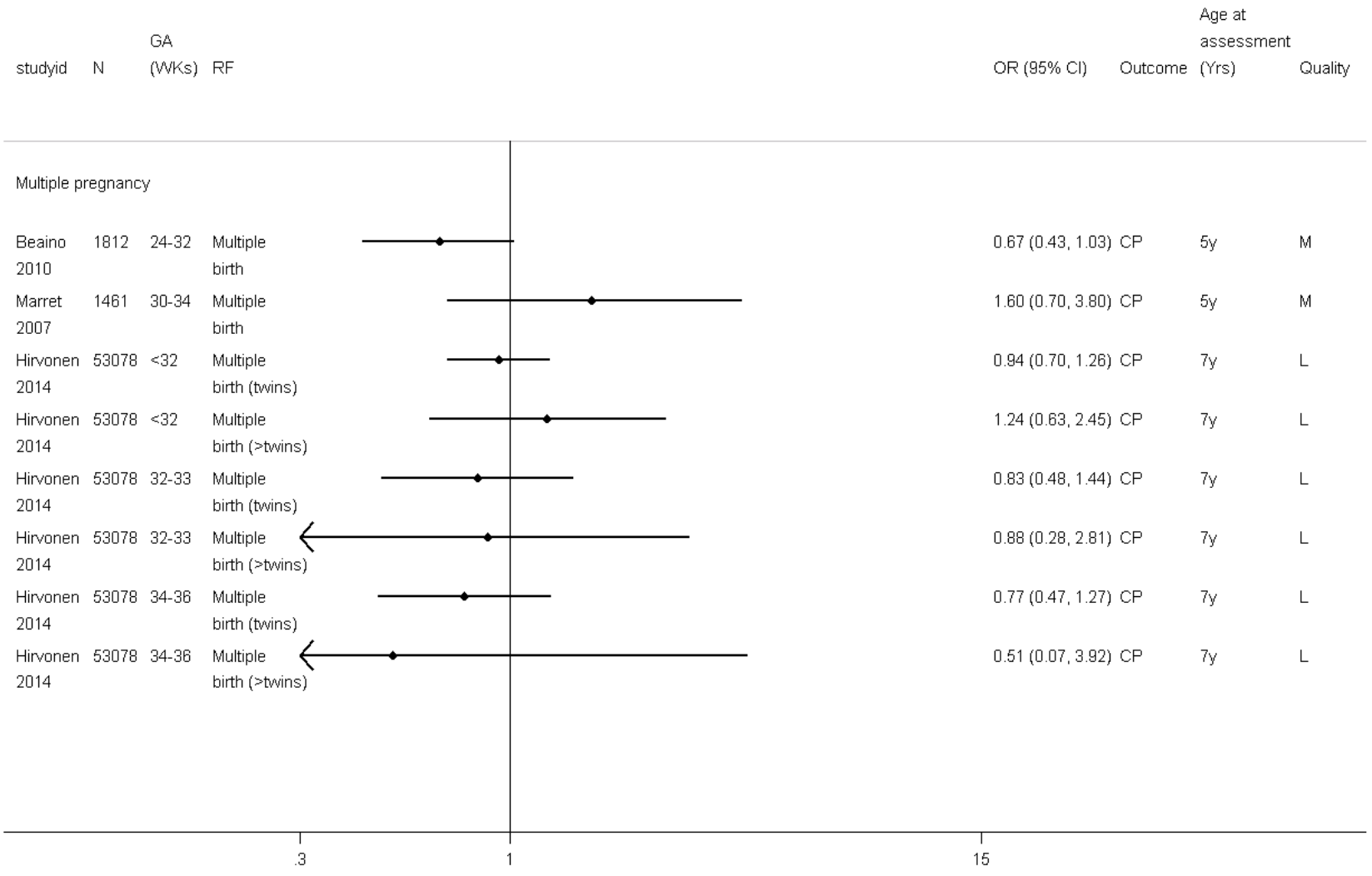

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Figure 76: Association between gestational age at birth and intellectual disability.

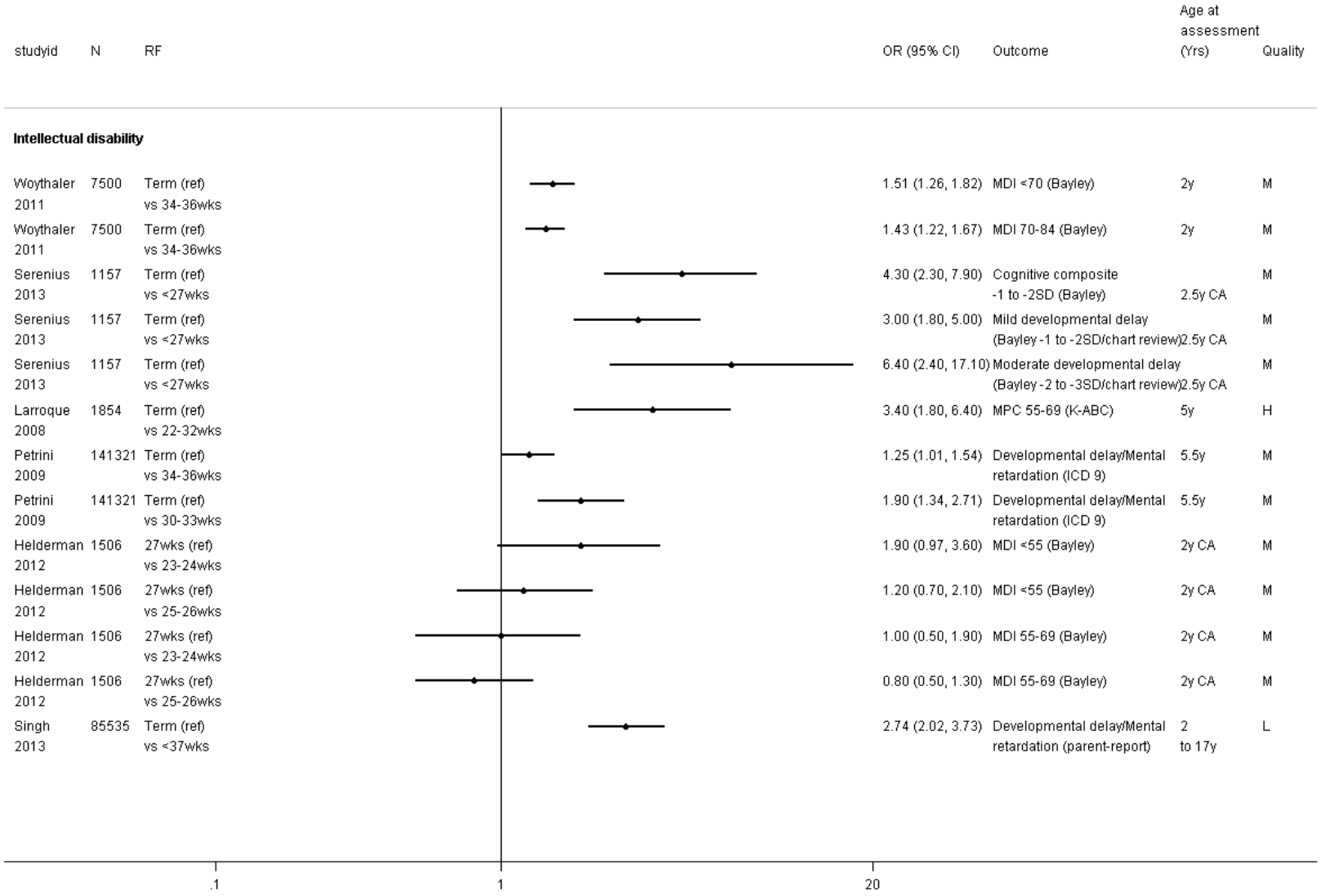
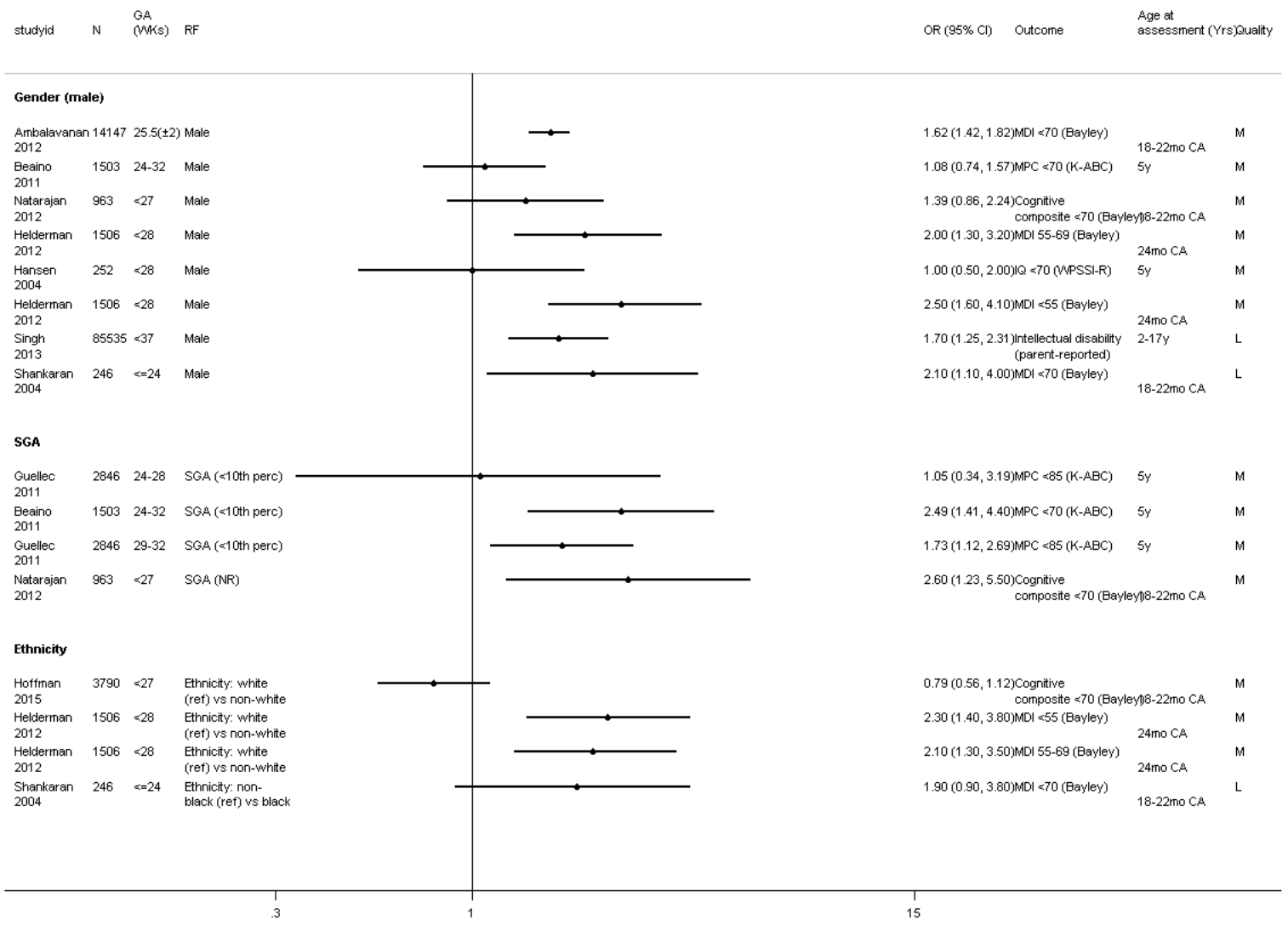


Figure 77: Association between biological factors and intellectual disability in children born preterm.



1 **Figure 78: Association between neonatal brain abnormalities and intellectual disability in children born preterm.**

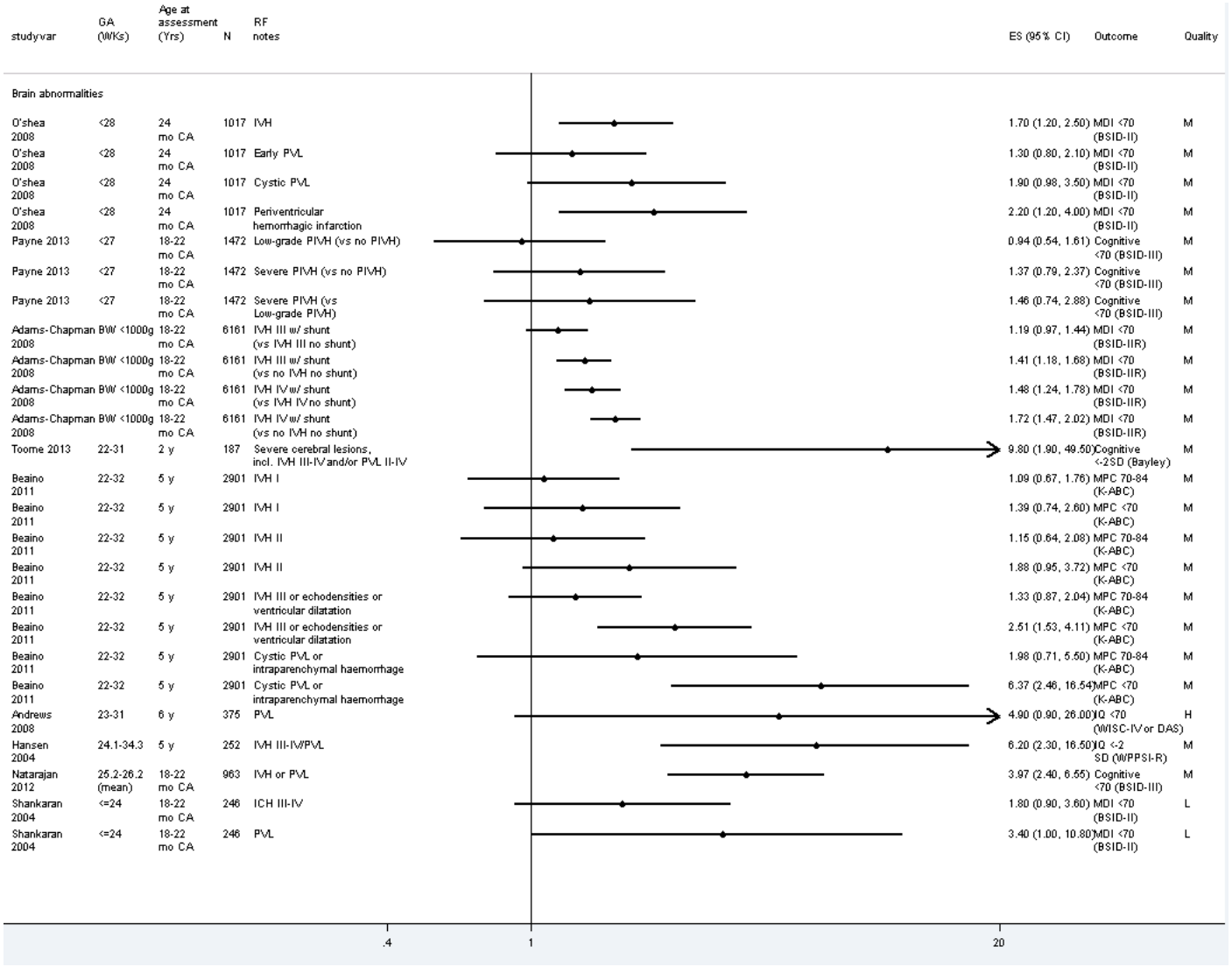


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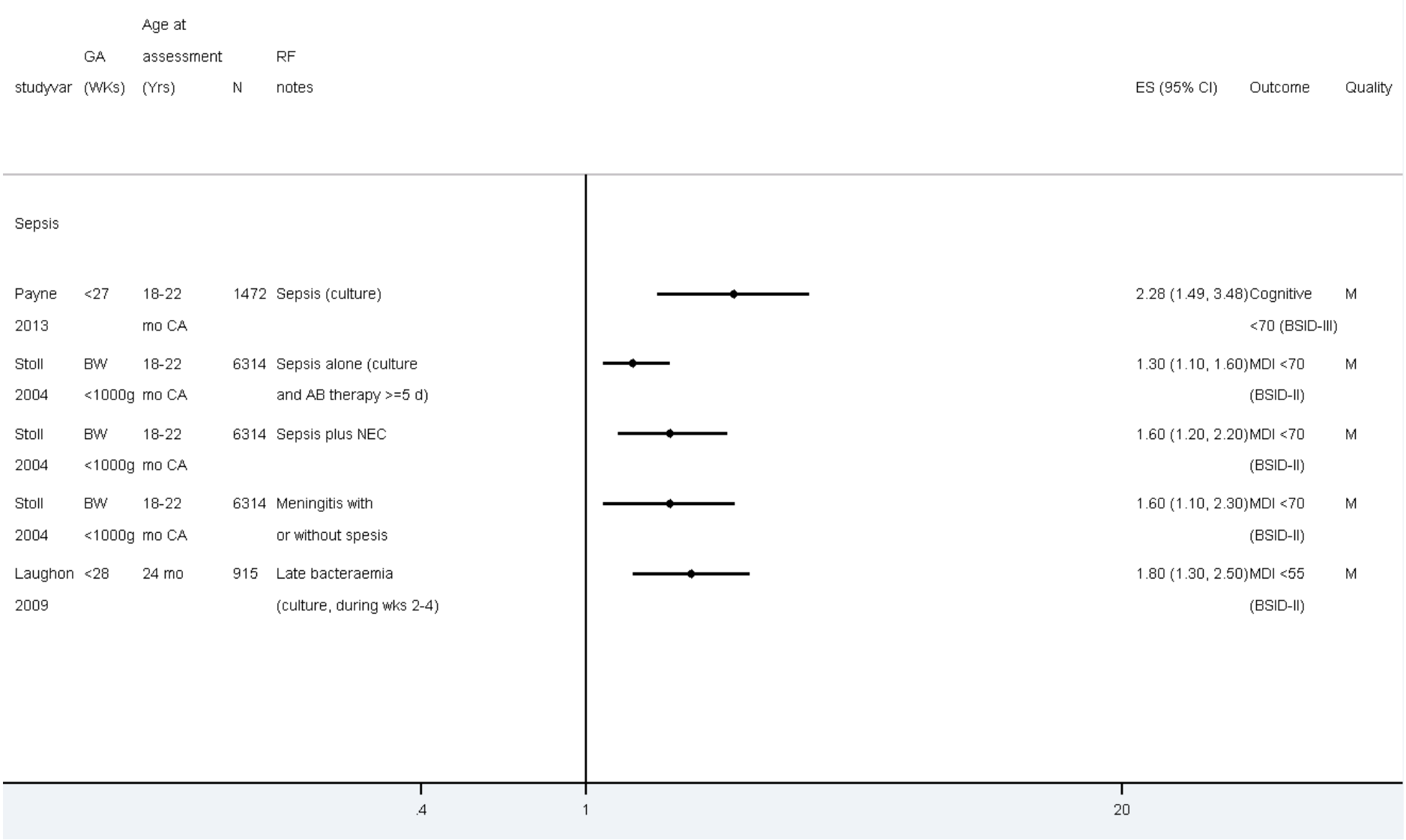
Figure 79: Association between neonatal sepsis and intellectual disability in children born preterm.



1 **Figure 80: Association between retinopathy of prematurity (ROP) and intellectual disability in children born preterm.**

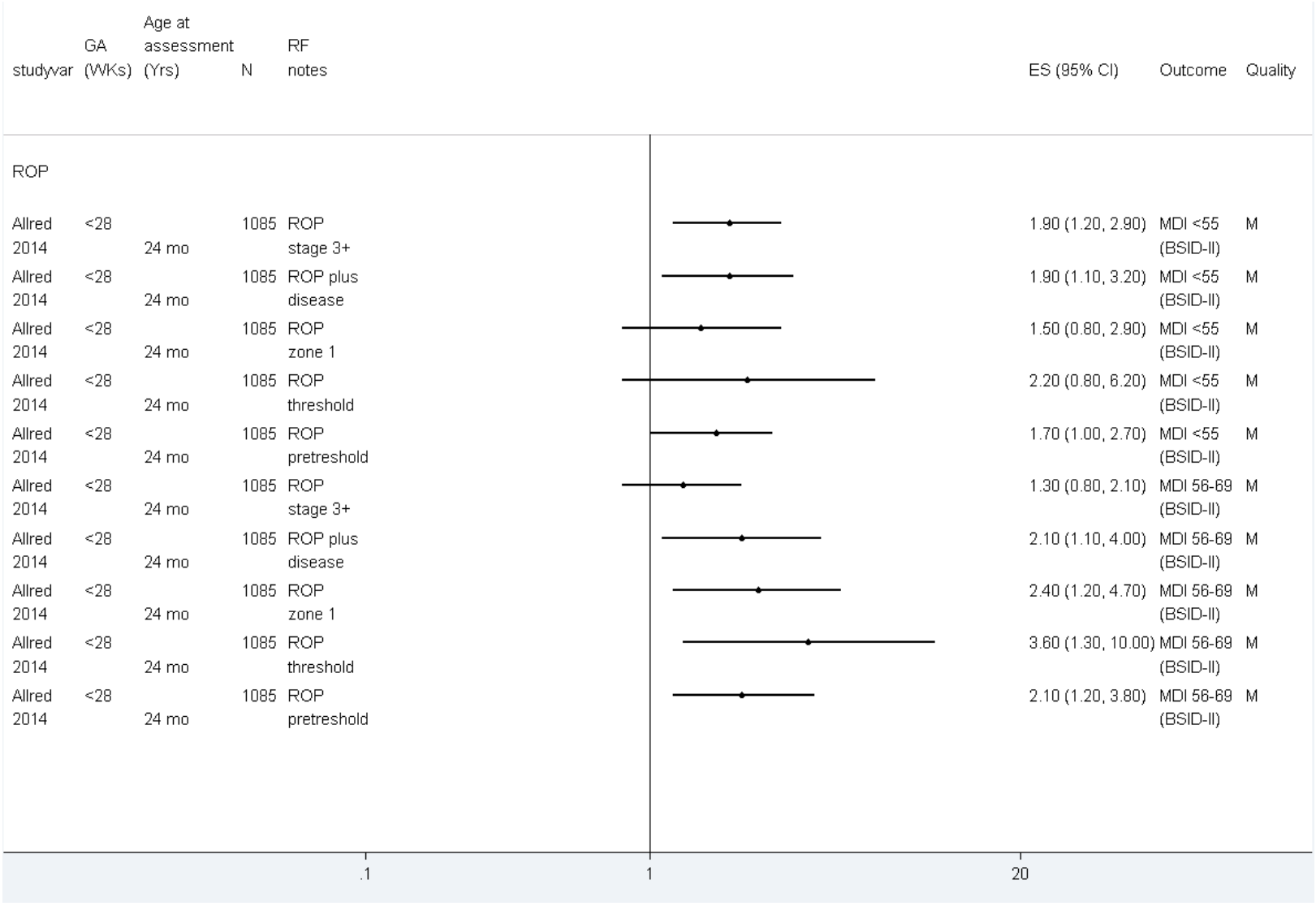


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Figure 81: Association between necrotising enterocolitis (NEC) and intellectual disability in children born preterm.

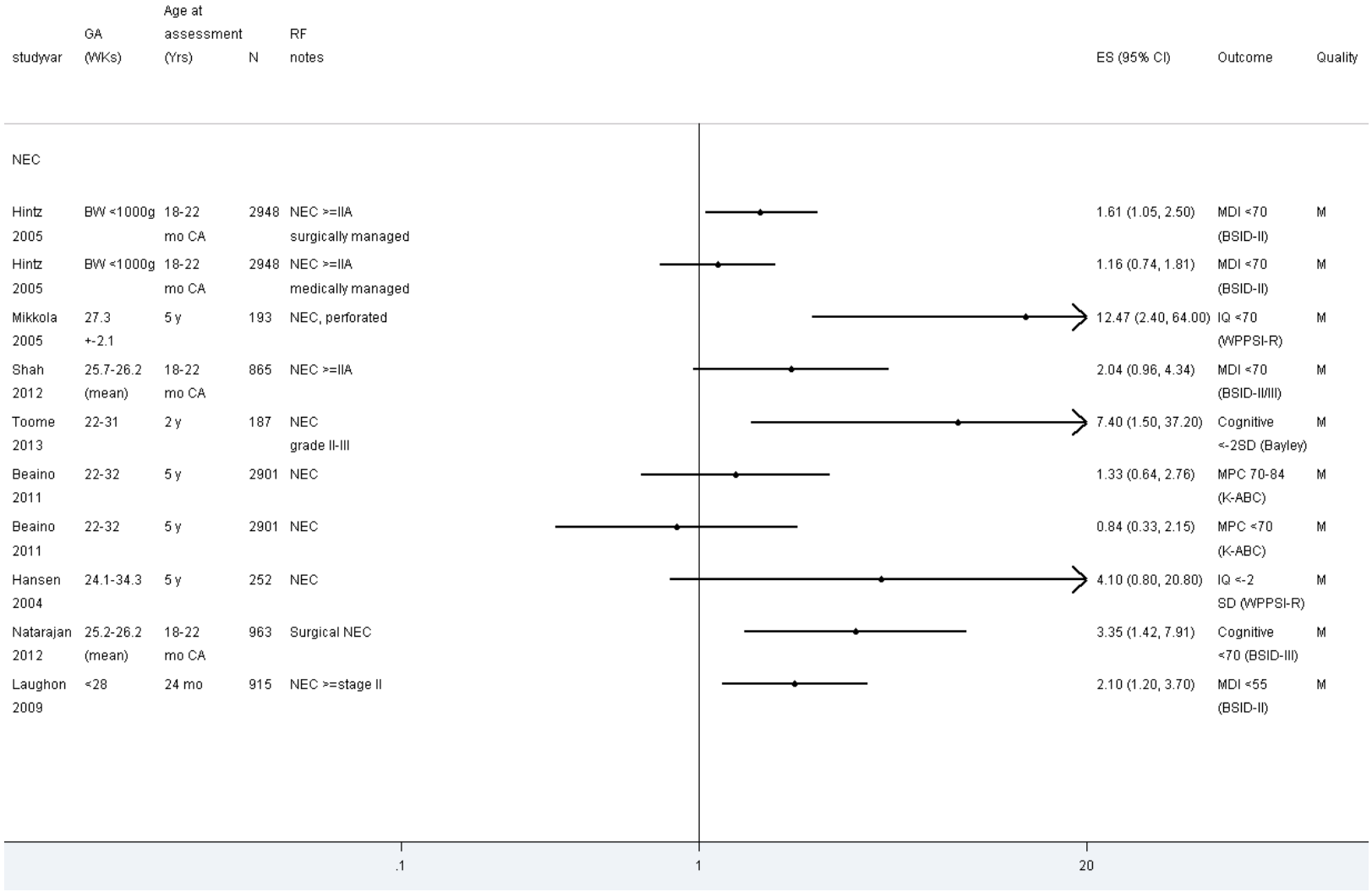
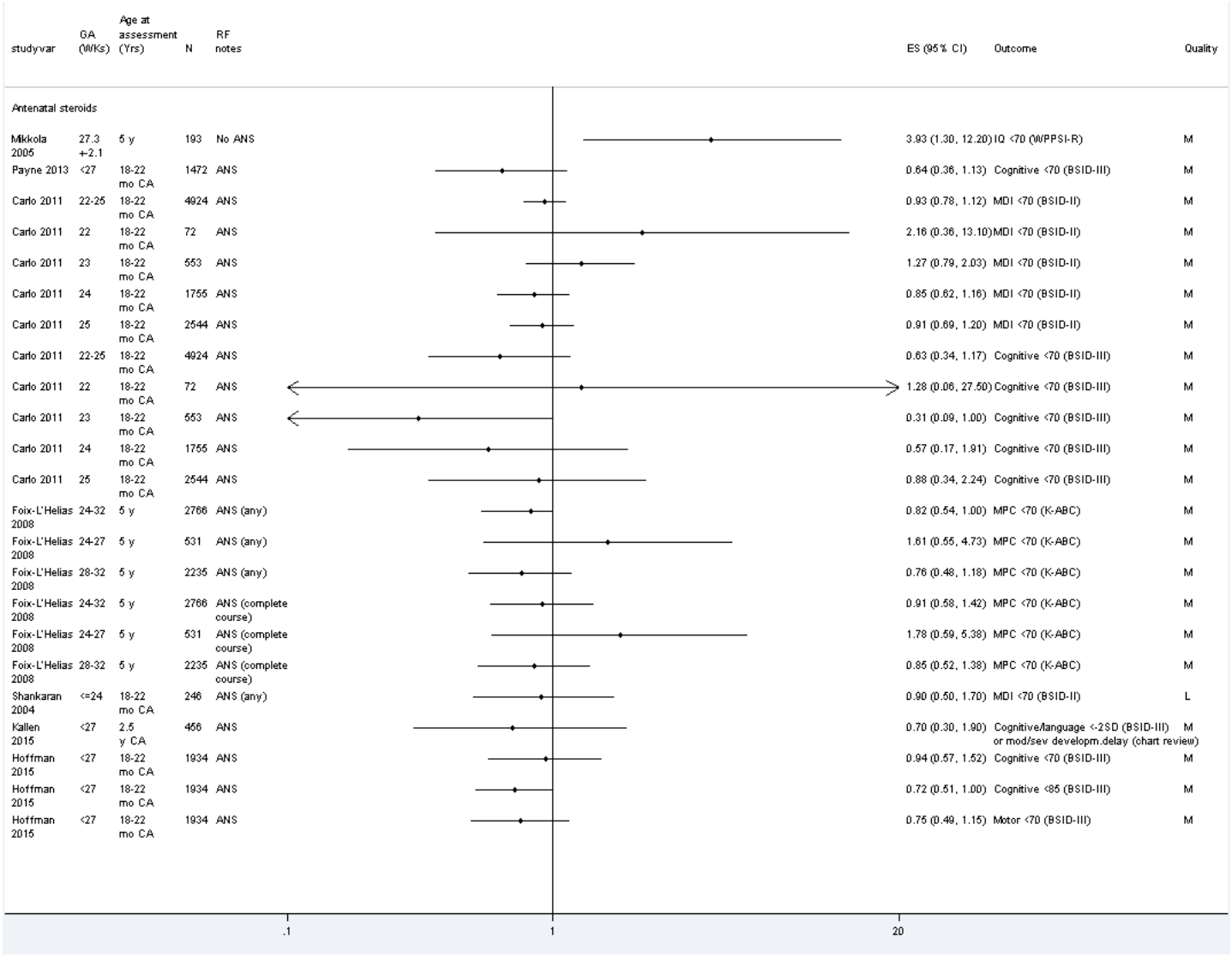


Figure 82: Association between antenatal steroids and intellectual disability in children born preterm.



1 **Figure 83: Association between postnatal steroids and intellectual disability in children born preterm.**

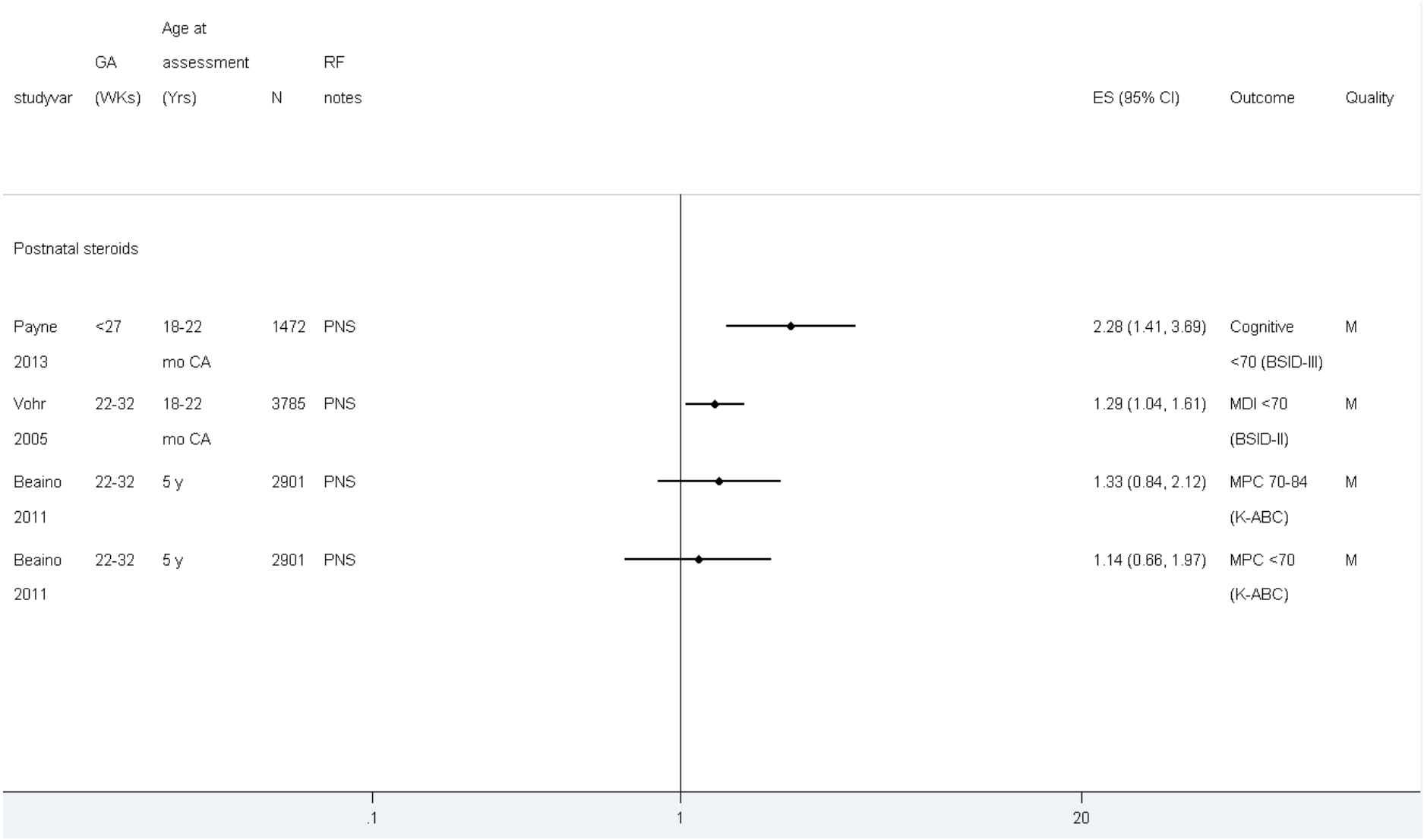


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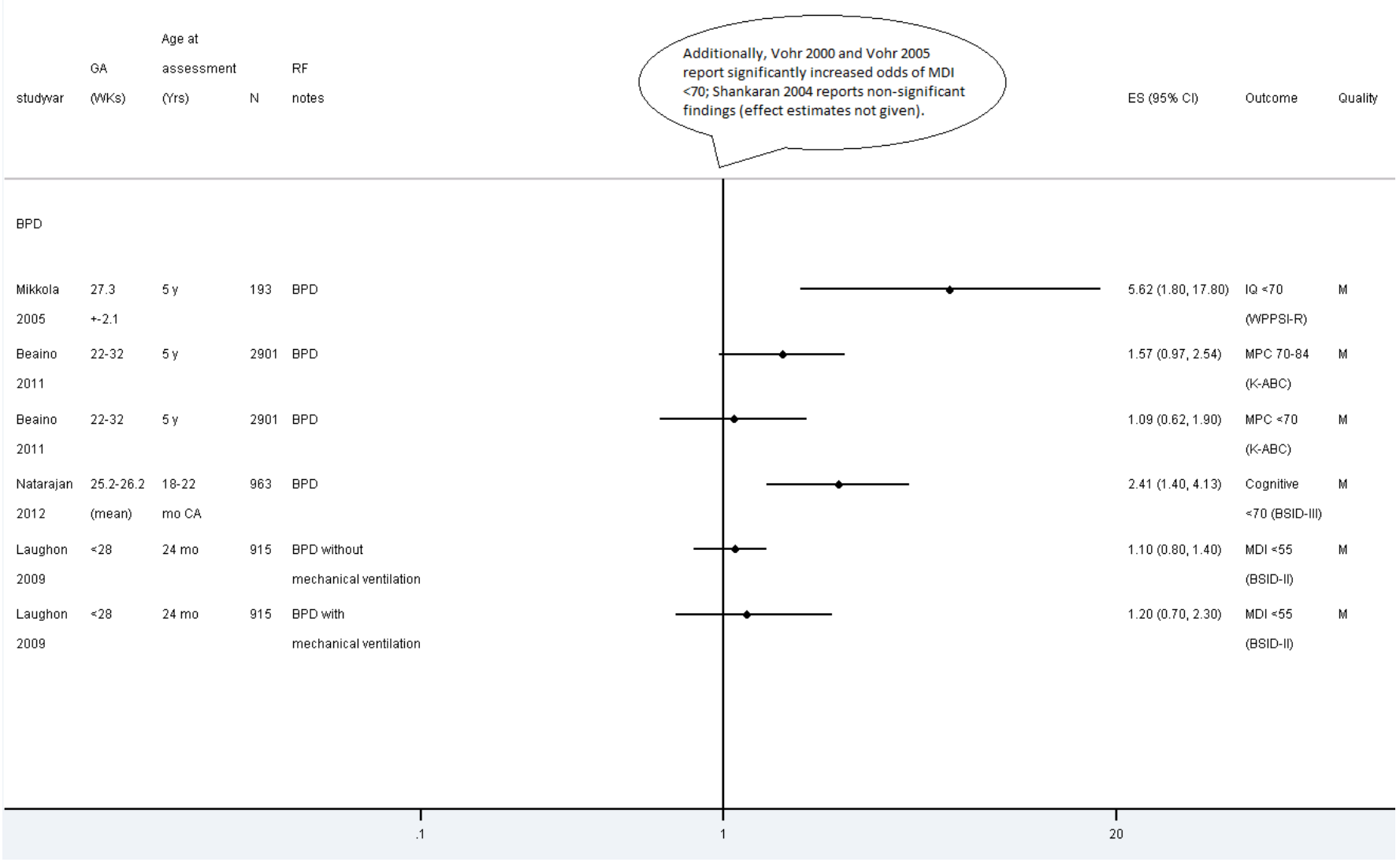
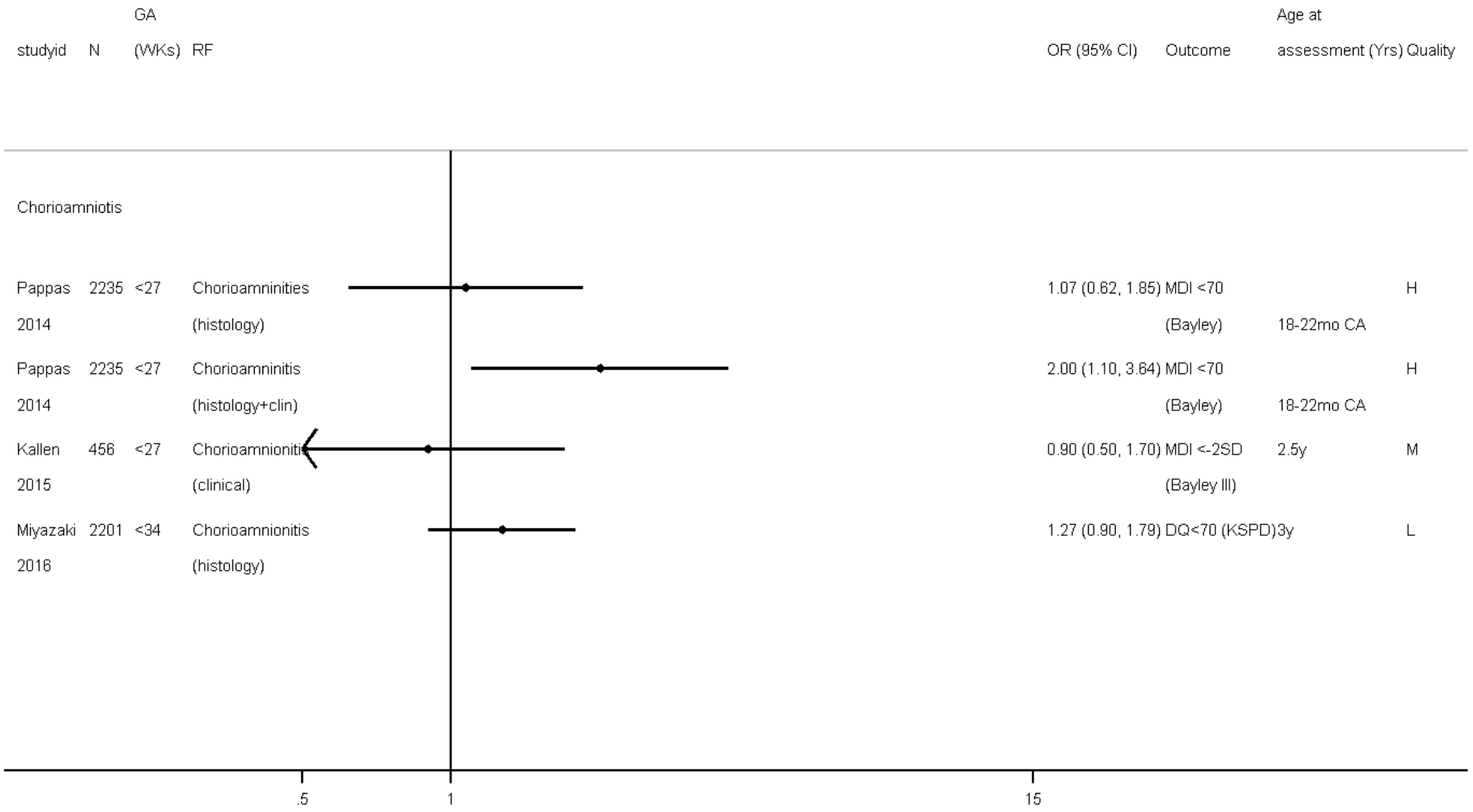
Figure 84: Association between bronchopulmonary dysplasia (BPD) and intellectual disability in children born preterm.



1 **Figure 85: Association between chorioamnionitis and intellectual disability in children born preterm.**



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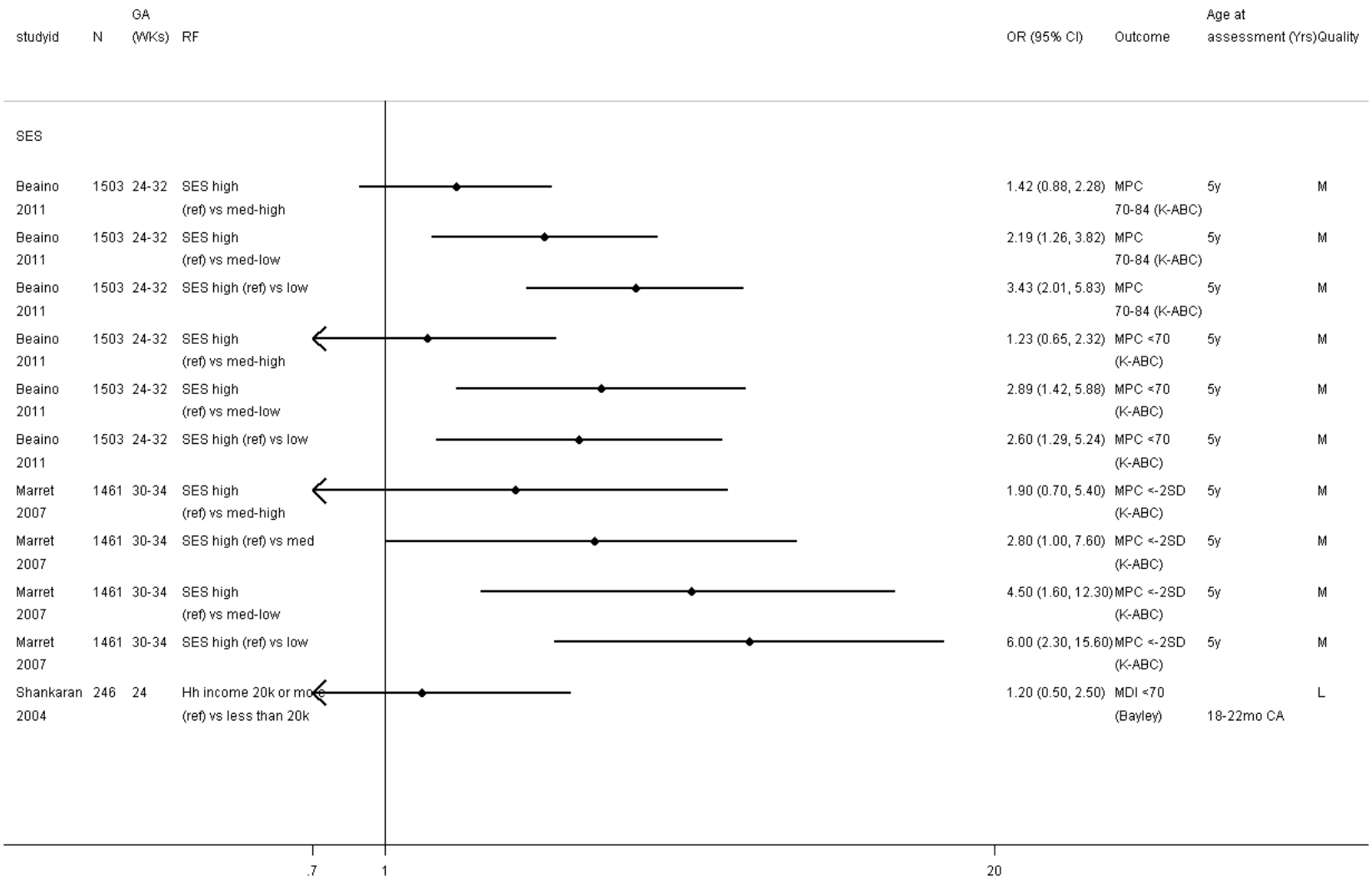
1 **Figure 86: Association between socioeconomic status and intellectual disability in children born preterm.**



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1 **Figure 87: Association between maternal age and intellectual disability in children born preterm.**

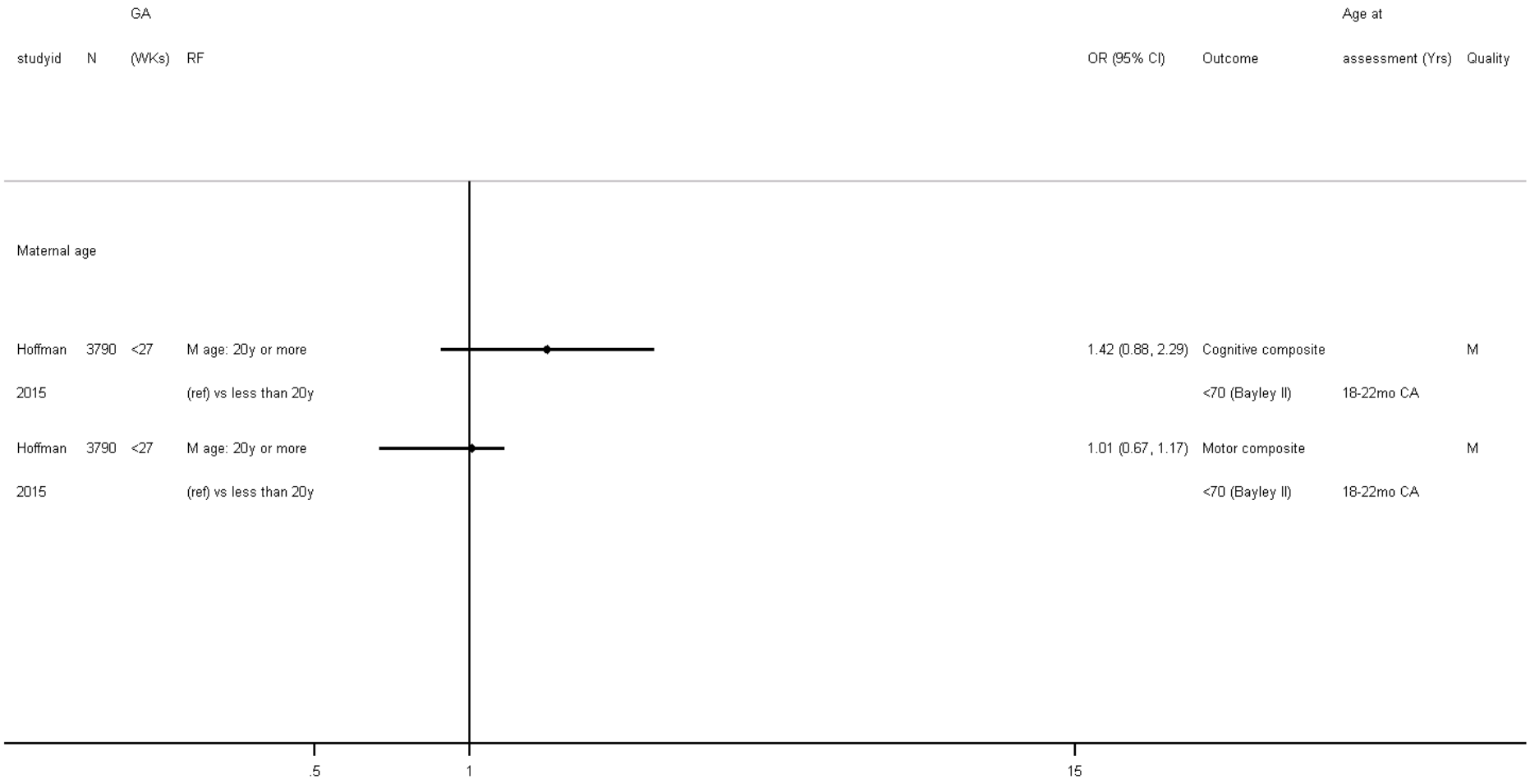

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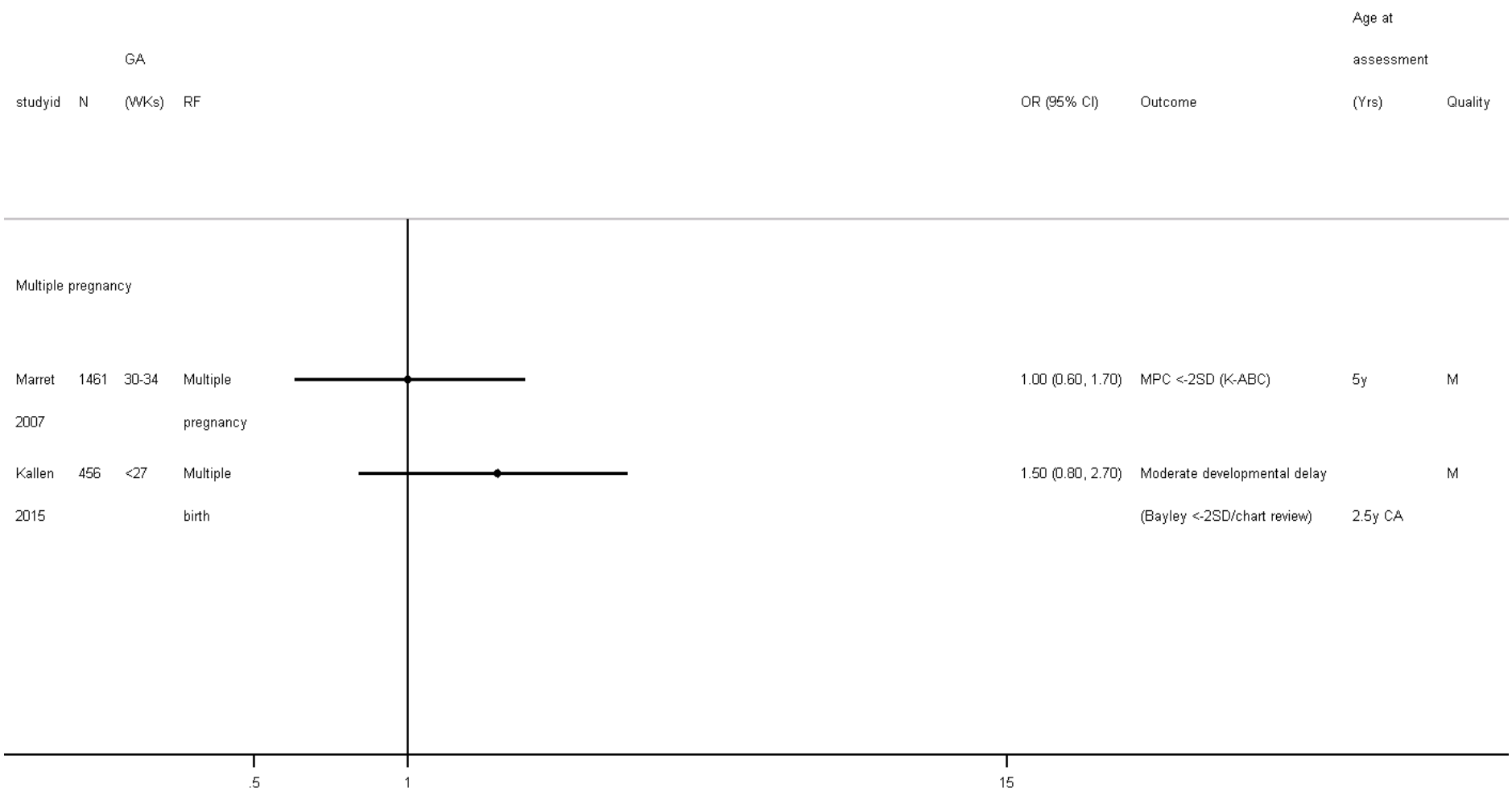
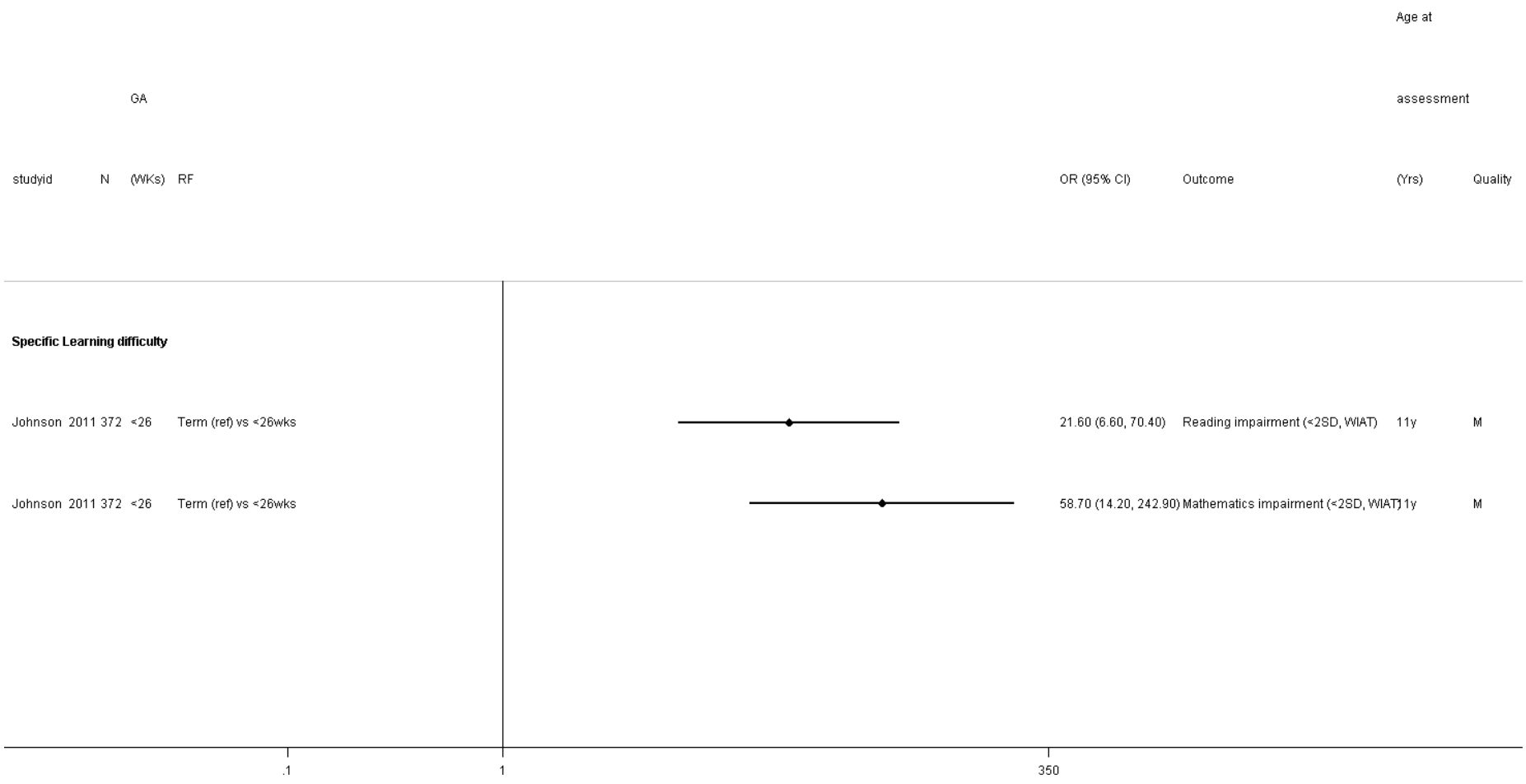
Figure 88: Association between multiple birth and intellectual disability in children born preterm.



1 **Figure 89: Association between gestational age at birth and learning difficulties in mathematics and reading.**



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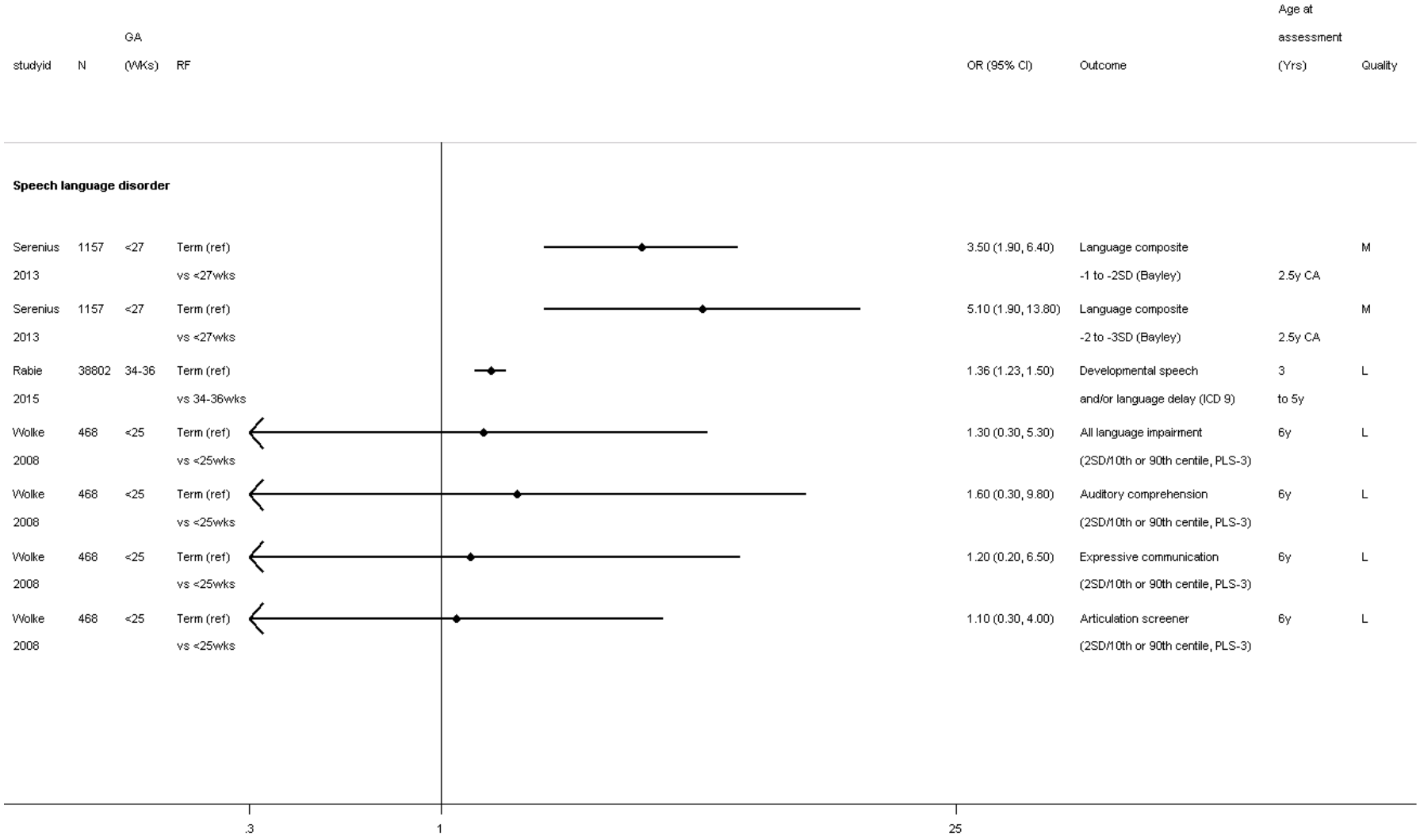
1 **Figure 90: Association between gestational age at birth and speech, language and communication disorders.**



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1 **Figure 91: Association between biological factors and speech, language and communication disorders in children born preterm.**

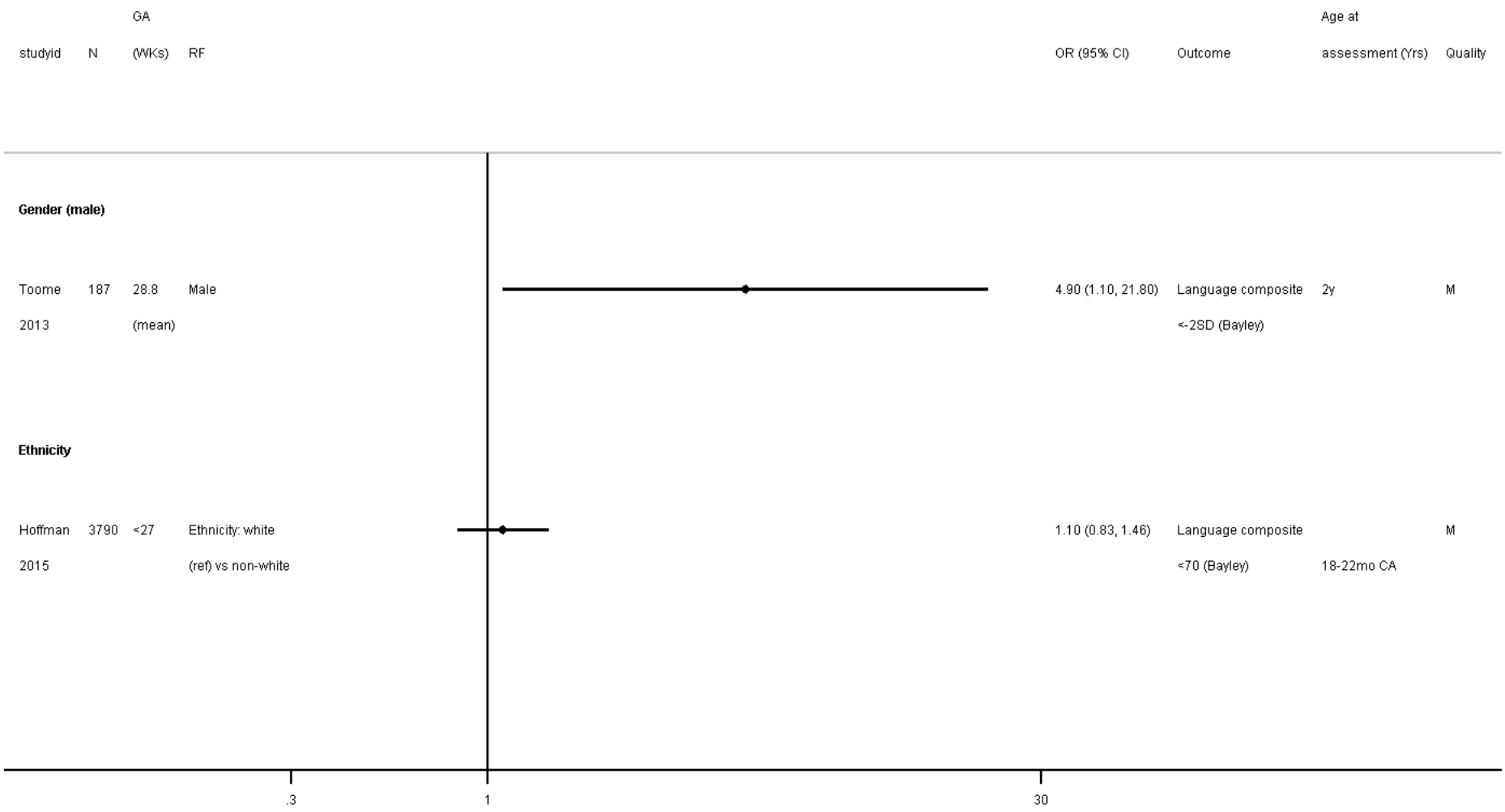

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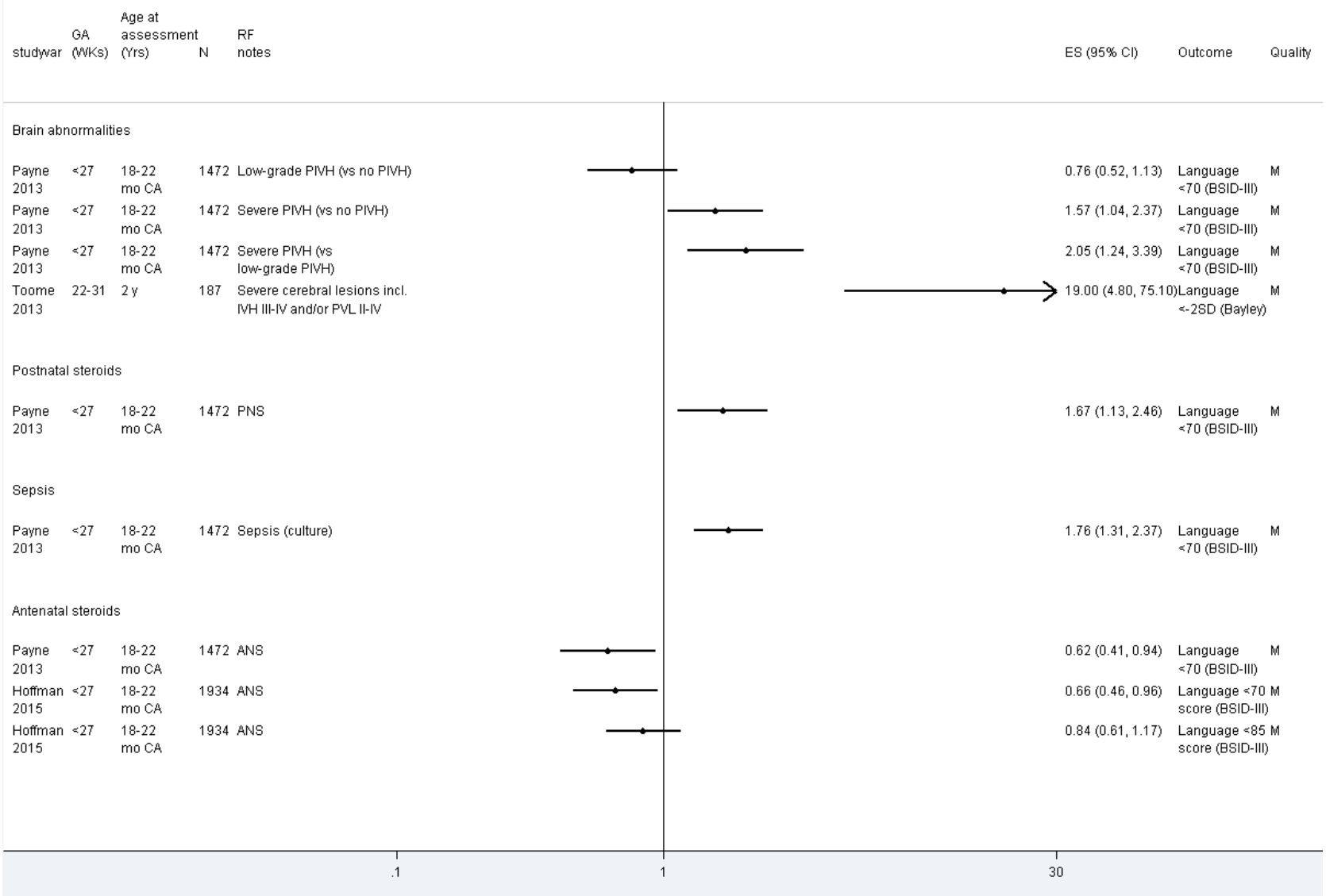
Figure 92: Association between neonatal factors and speech, language and communication disorders in children born preterm.



1 **Figure 93: Association between maternal age and speech, language and communication disorders in children born preterm.**

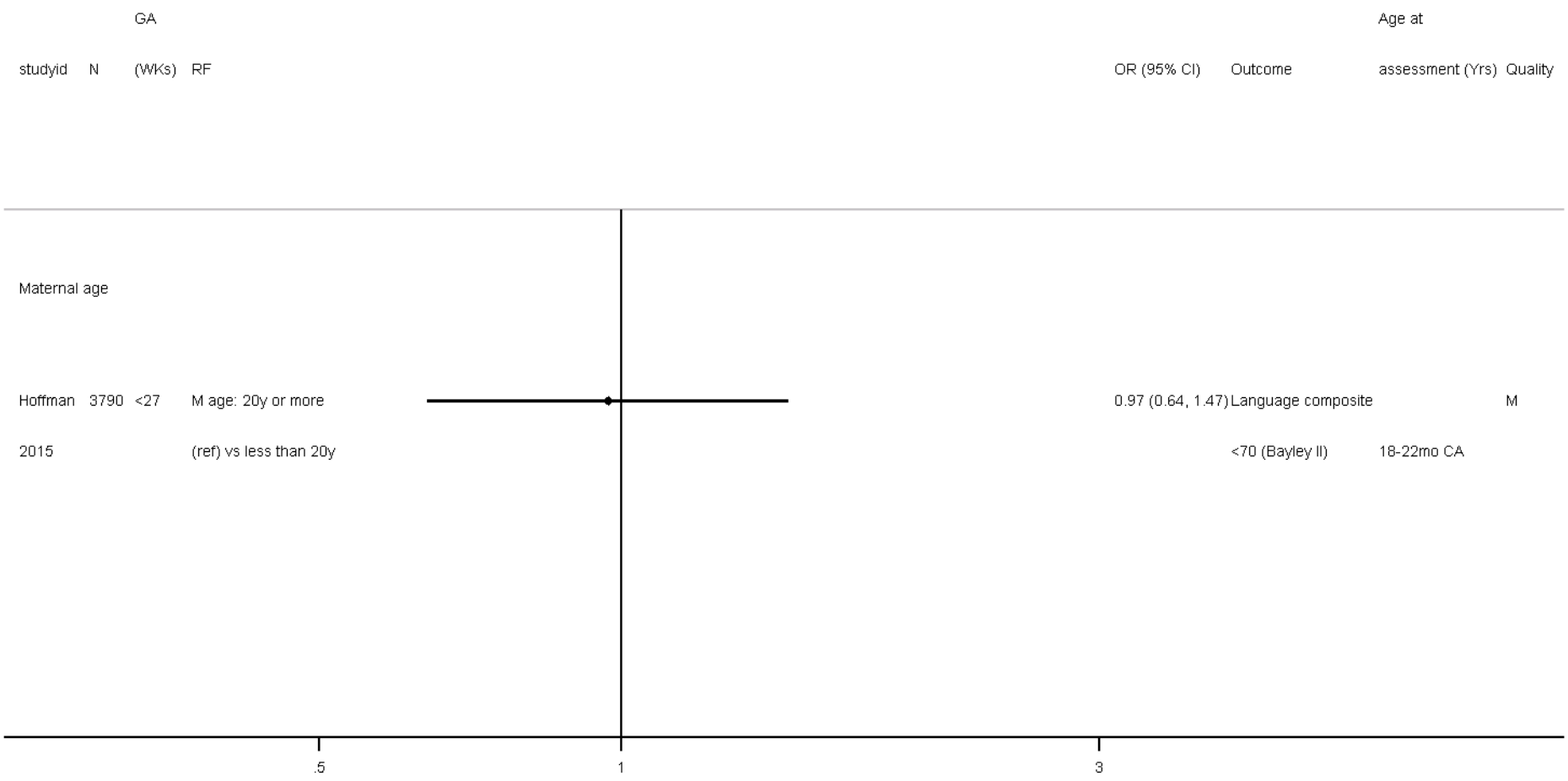


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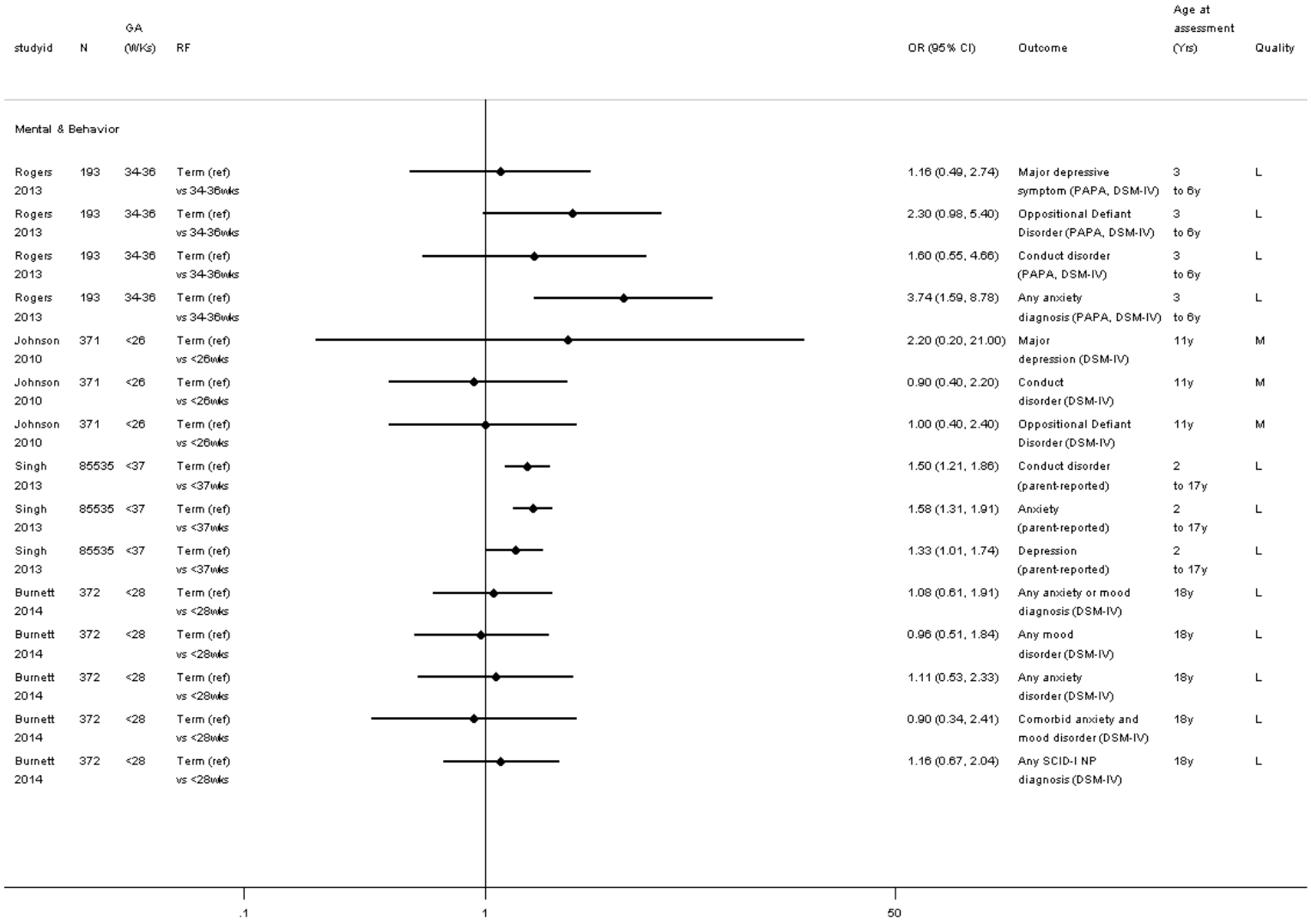
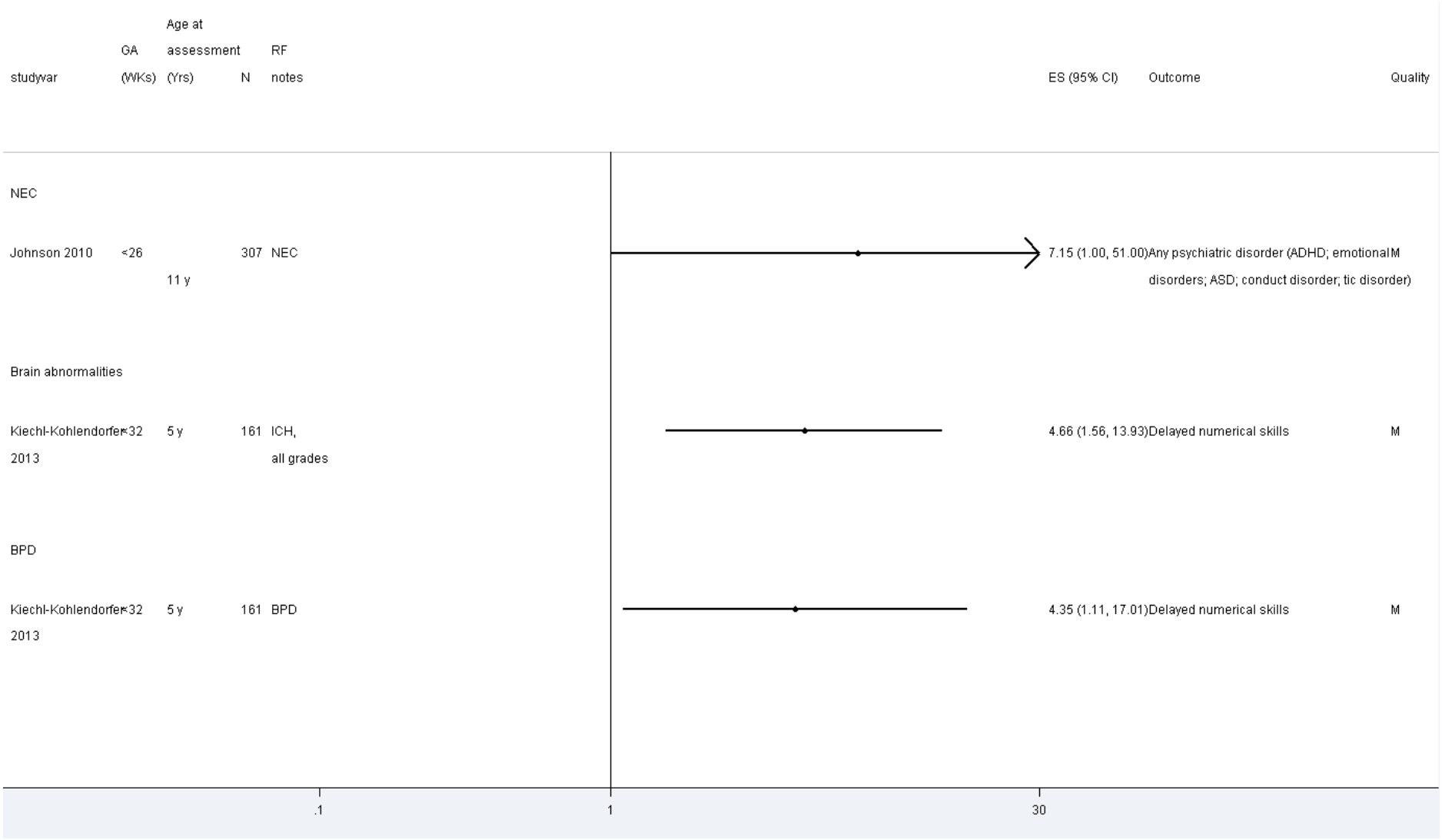
Figure 94: Association between gestational age at birth and mental and behavioural disorders.



1 **Figure 95: Association between neonatal factors and mental and behavioural disorders in children born preterm.**



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1 **Figure 96: Association between gestational age at birth and autism spectrum disorder (ASD).**

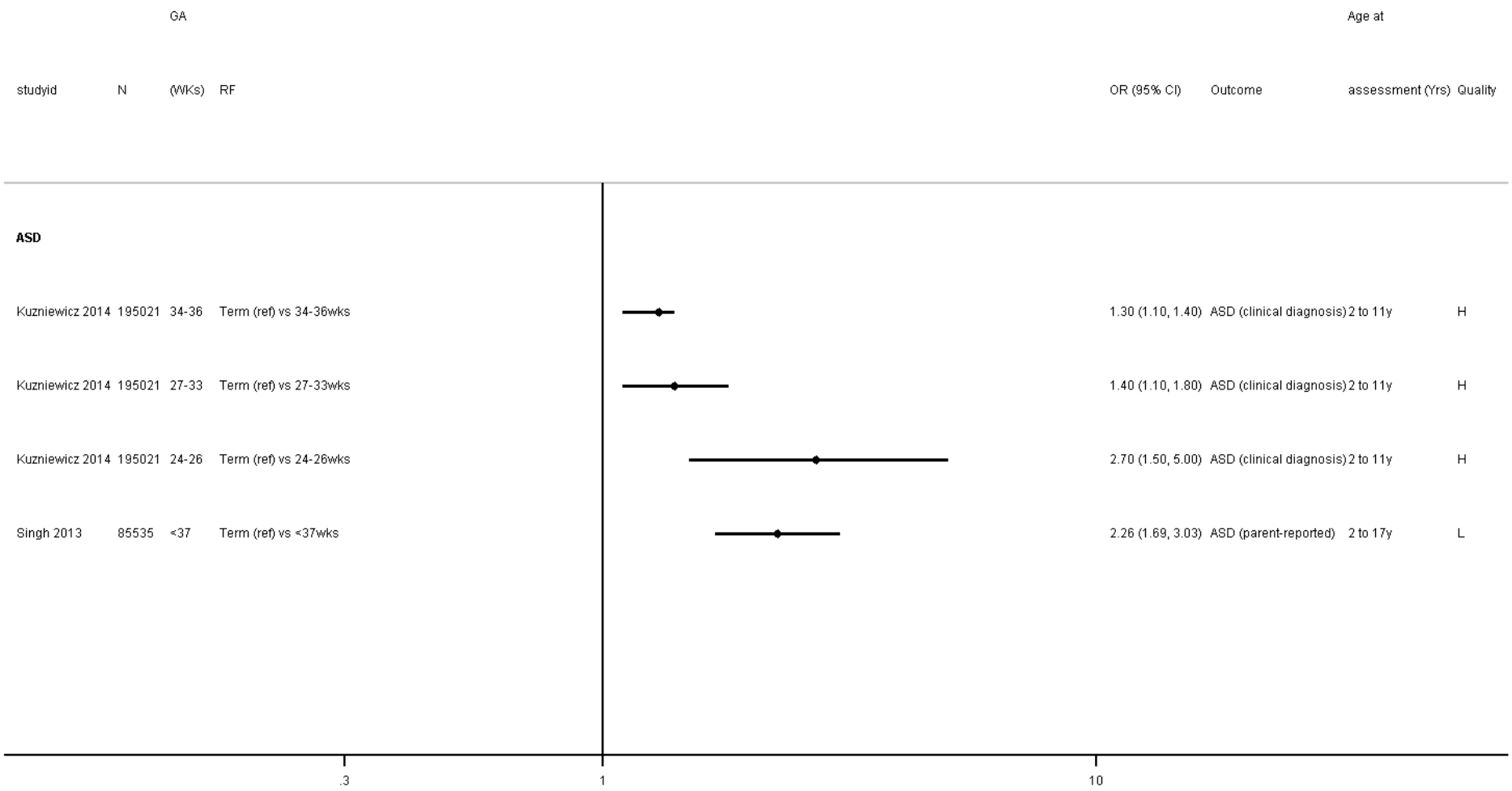

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Figure 97: Association between biological factors and autism spectrum disorder (ASD) in children born preterm.

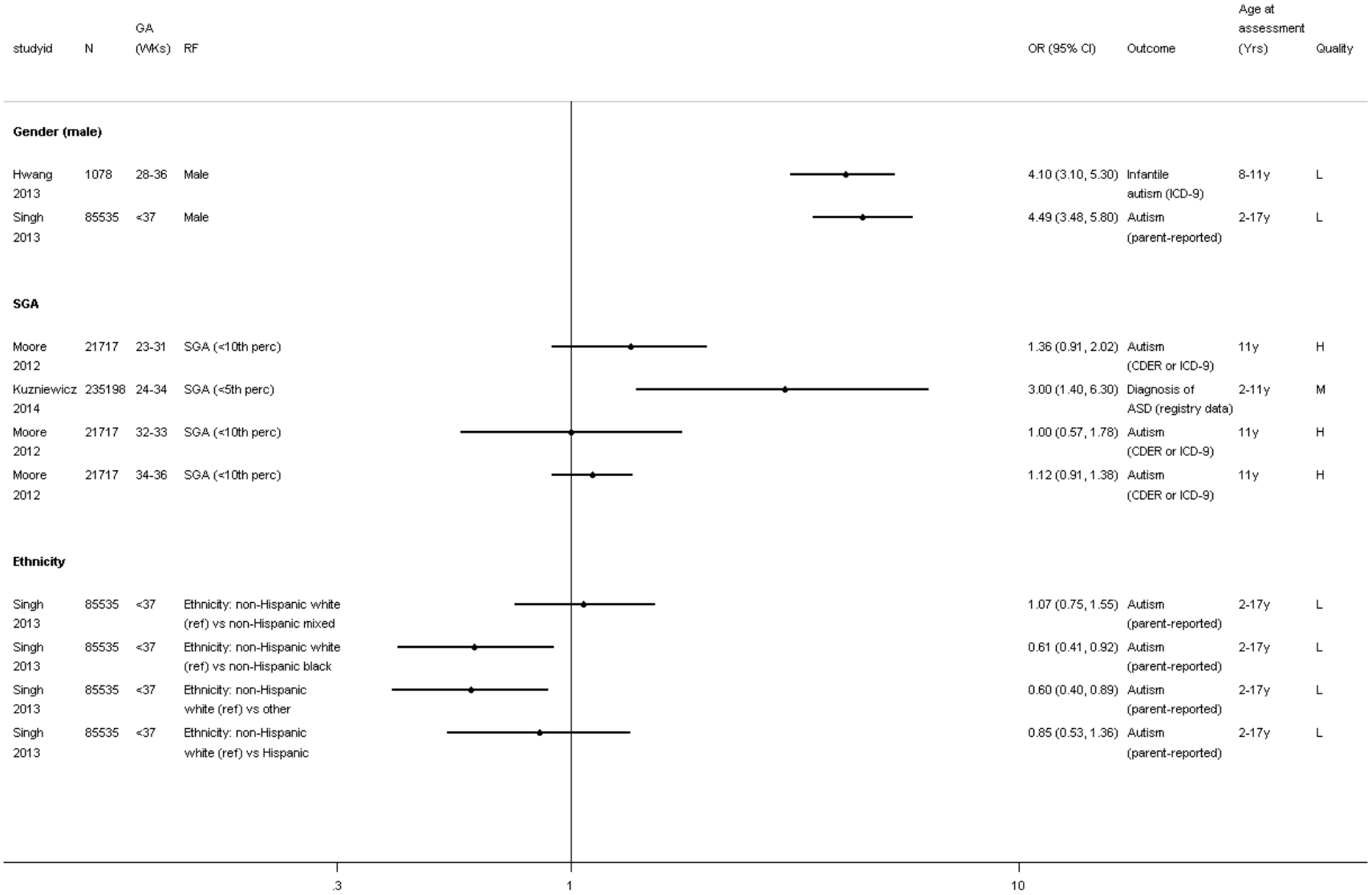
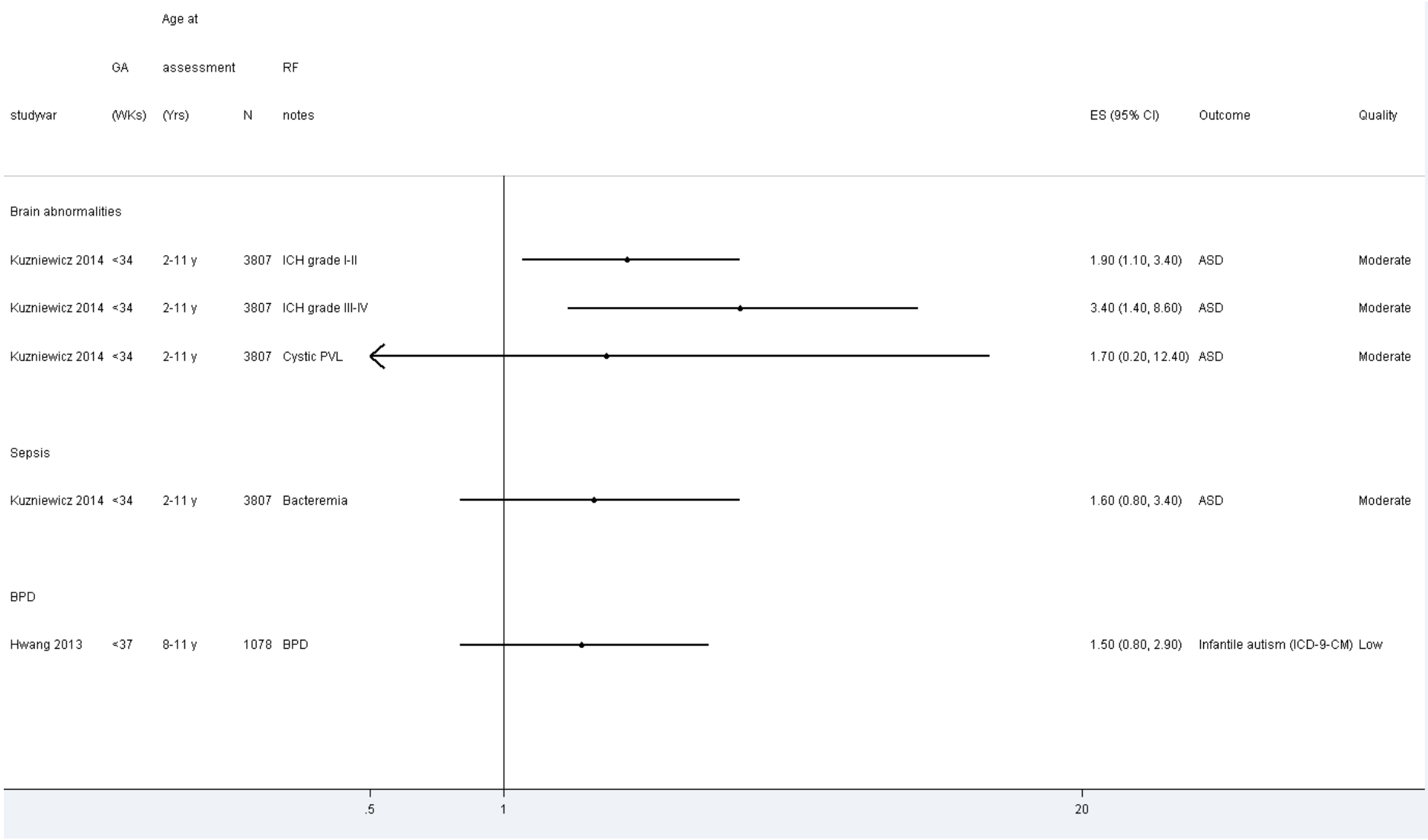


Figure 98: Association between neonatal factors and autism spectrum disorder (ASD) in children born preterm.



1 **Figure 99: Association between gestational age at birth and attention deficit/hyperactivity disorder (ADHD).**

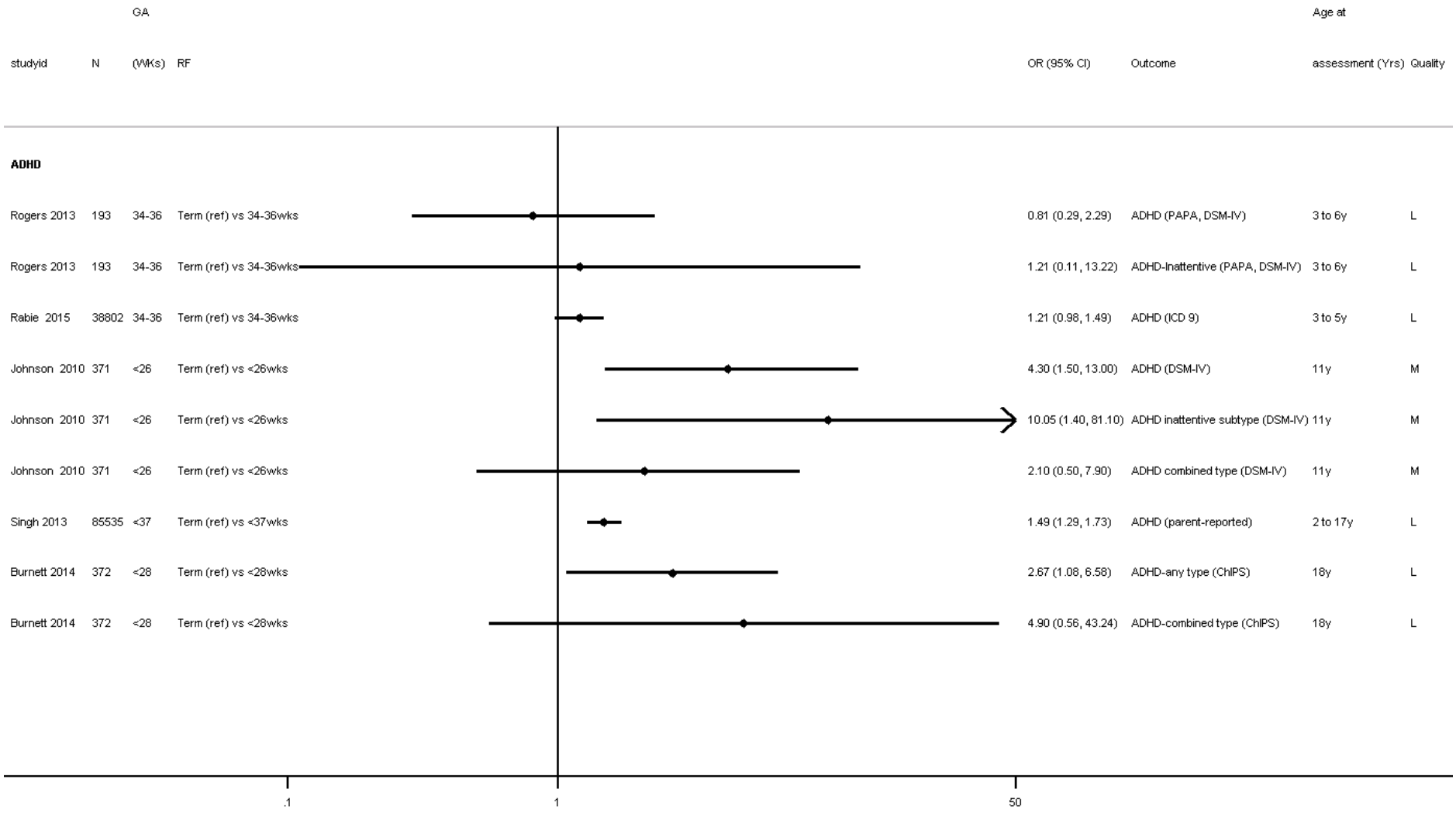


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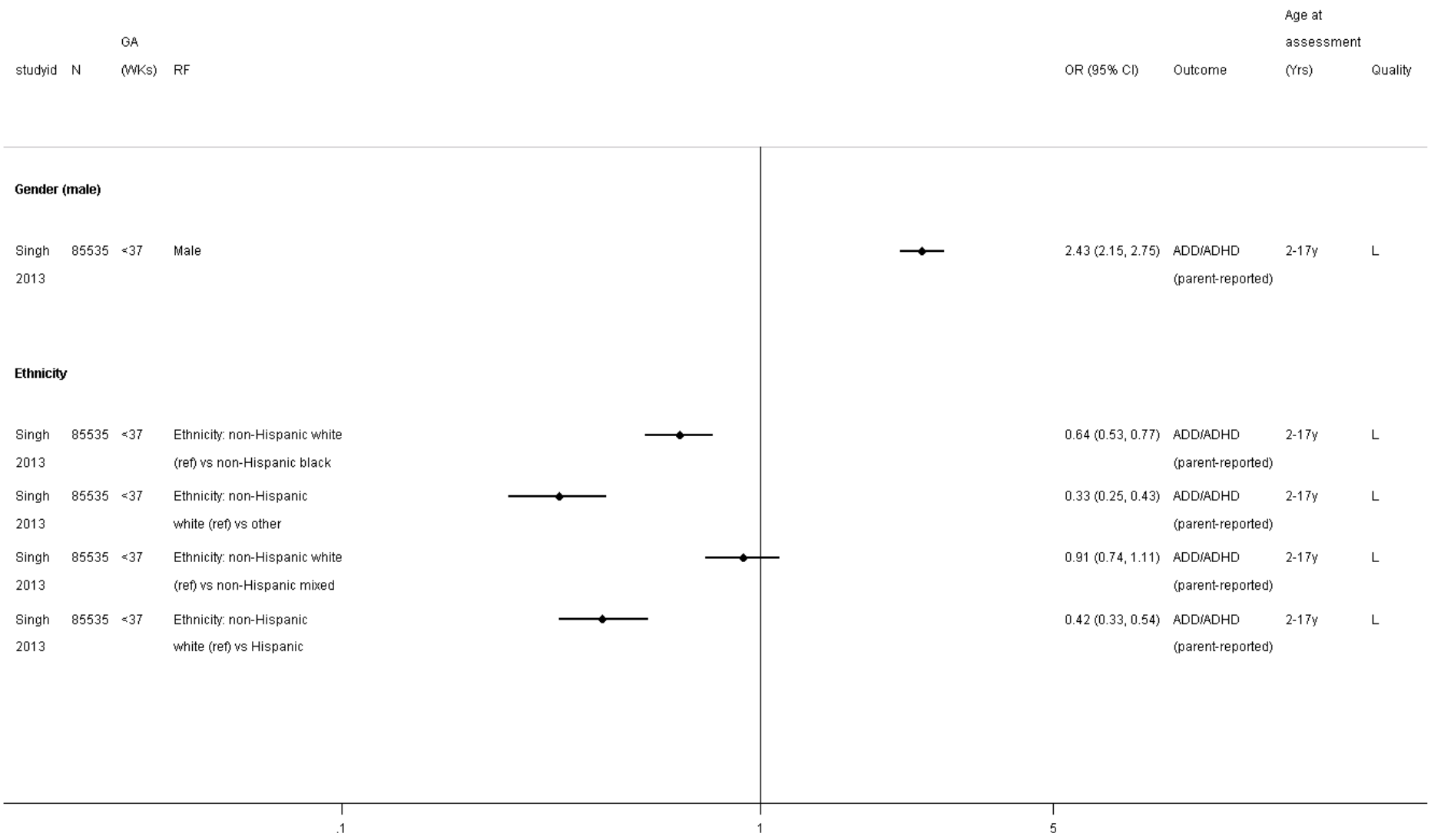
Figure 100: Association between biological factors and attention deficit/hyperactivity disorder (ADHD) in children born preterm.



1 **Figure 101: Association between biological factors and visual impairment in children born preterm.**

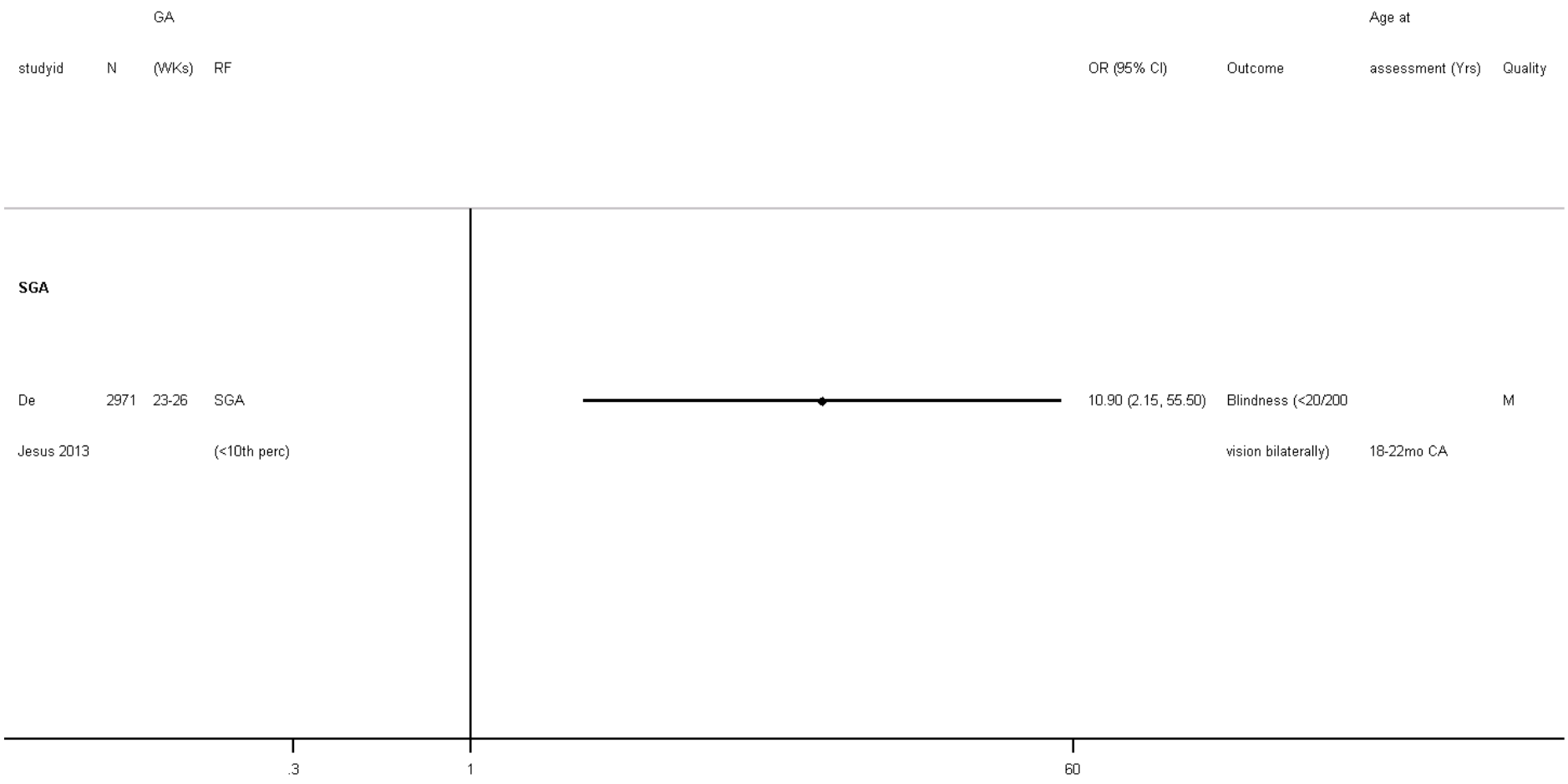


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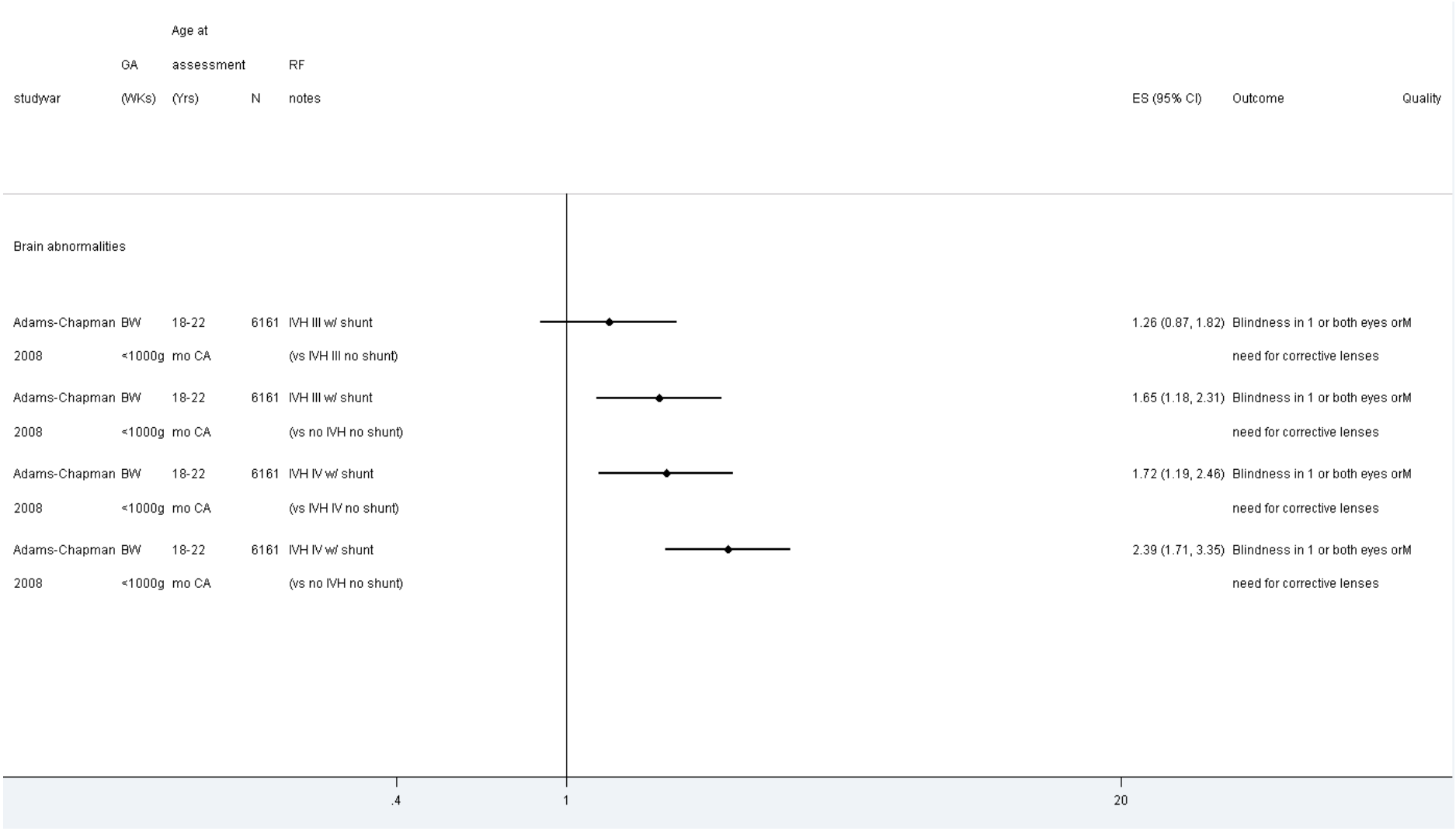
Figure 102: Association between neonatal brain abnormalities and visual impairment in children born preterm.



1 **Figure 103: Association between neonatal sepsis and visual impairment in children born preterm.**

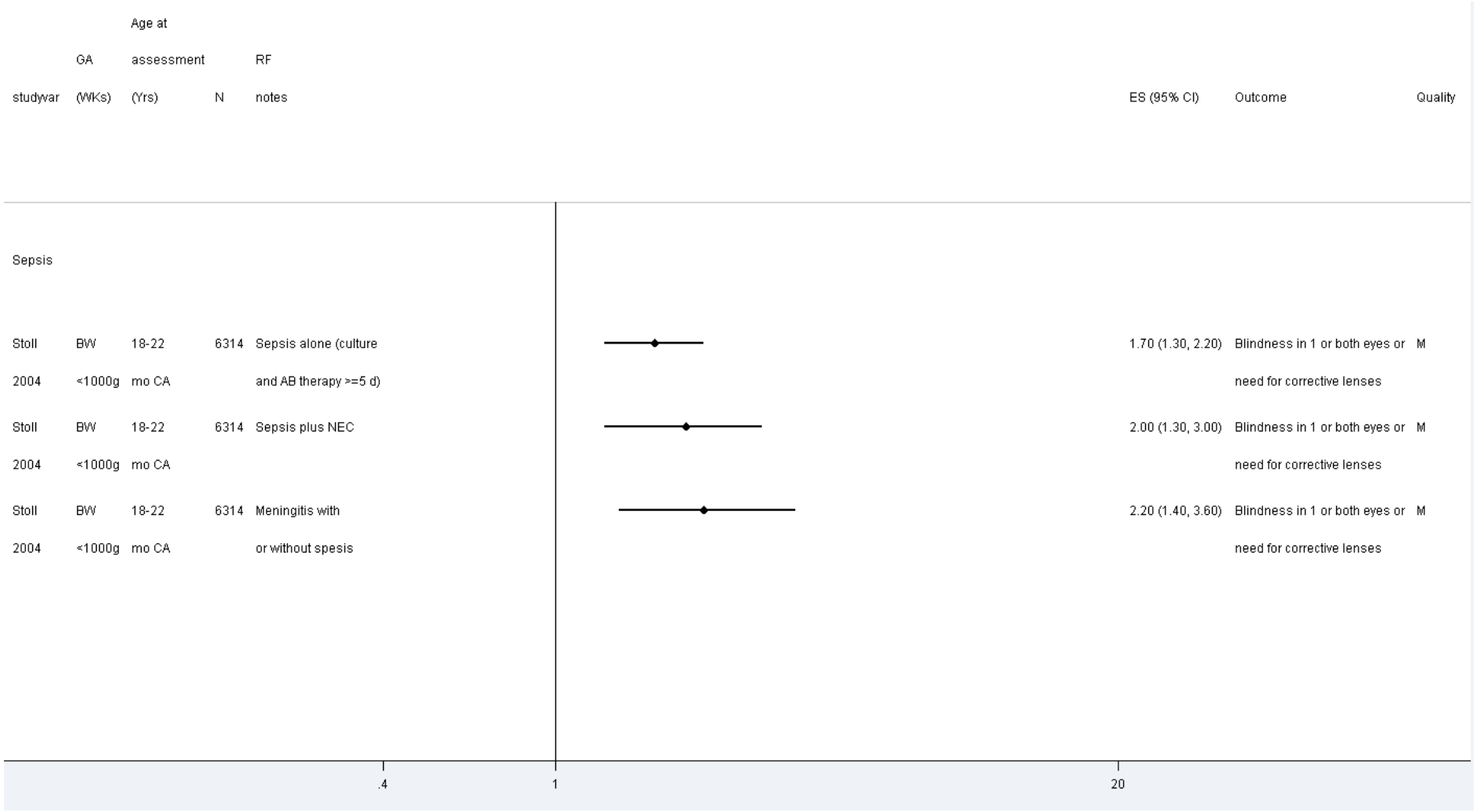


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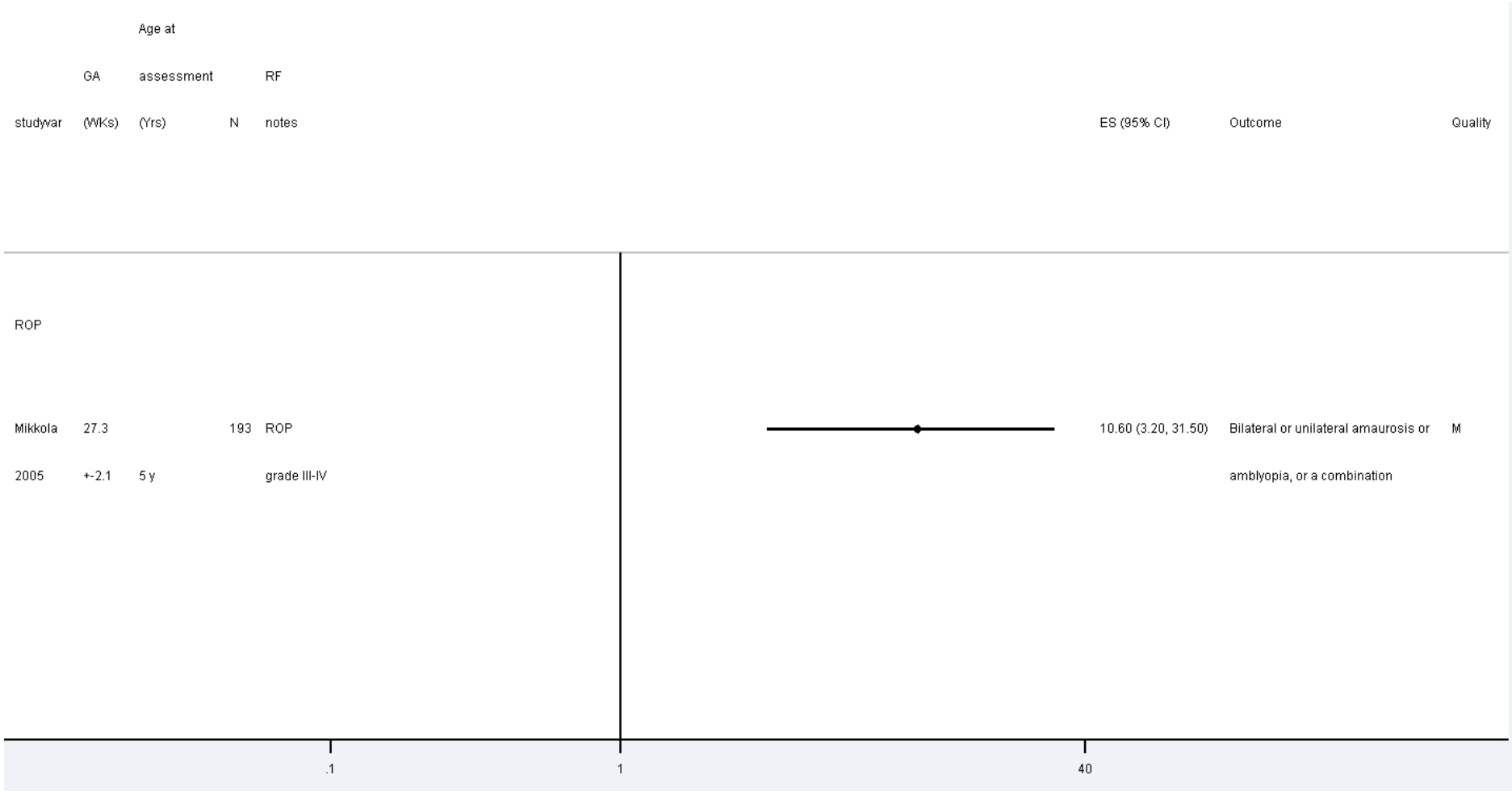
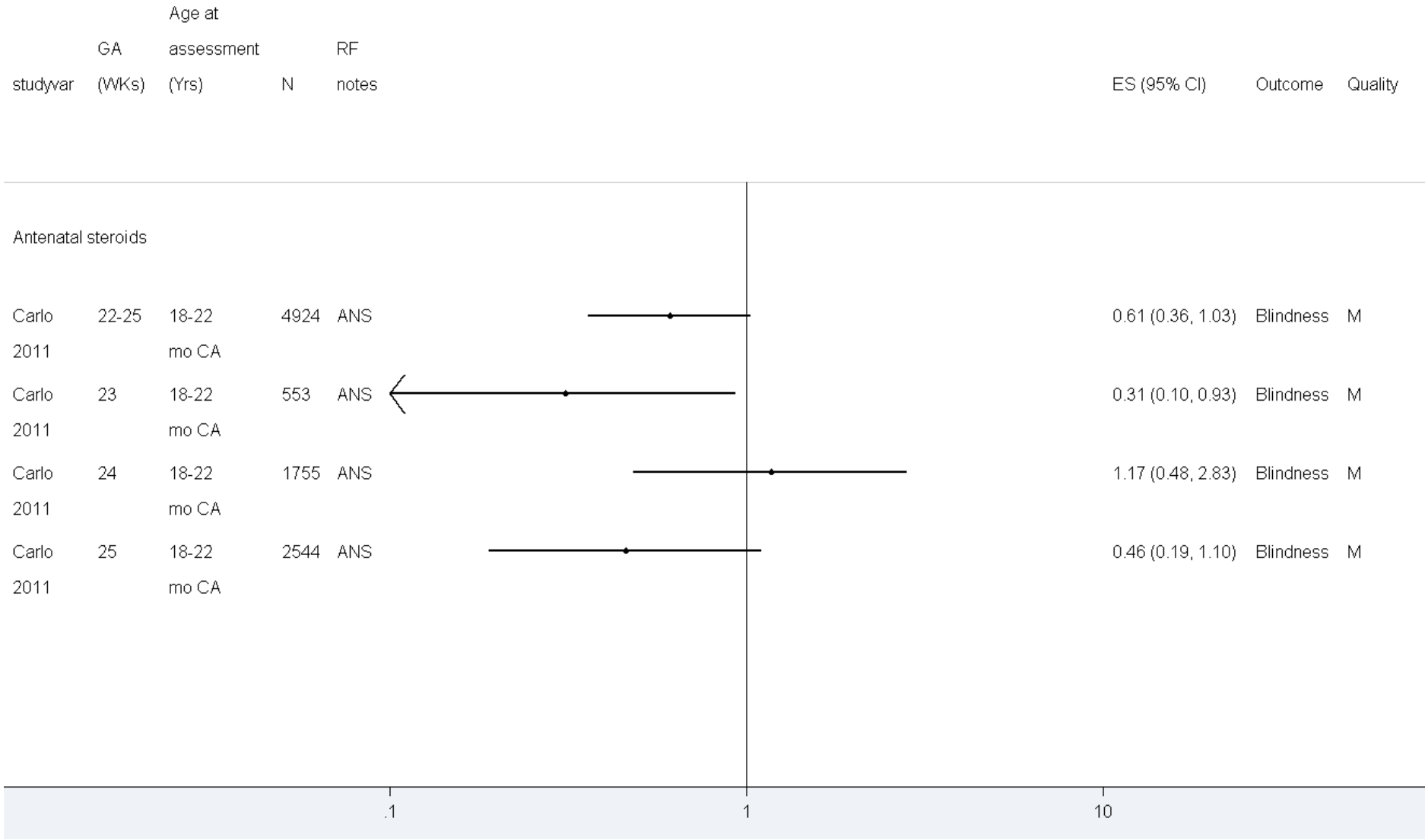
Figure 104: Association between retinopathy of prematurity (ROP) and visual impairment in children born preterm.



1 **Figure 105: Association between antenatal steroids and visual impairment in children born preterm.**



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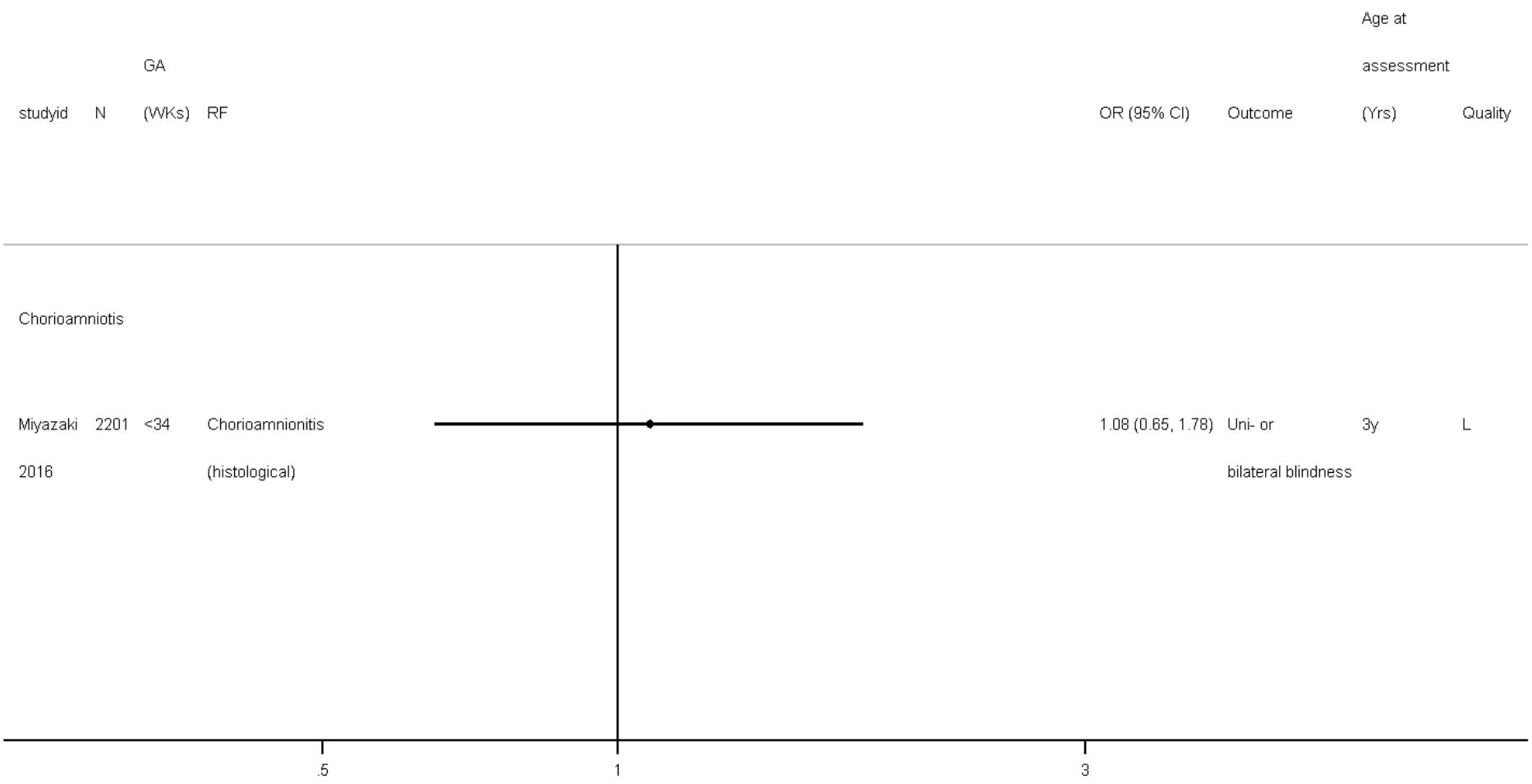
1 **Figure 106: Association between chorioamnionitis and visual impairment in children born preterm.**



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1 **Figure 107: Association between being born small for gestational age (SGA) and hearing impairment in children born preterm.**

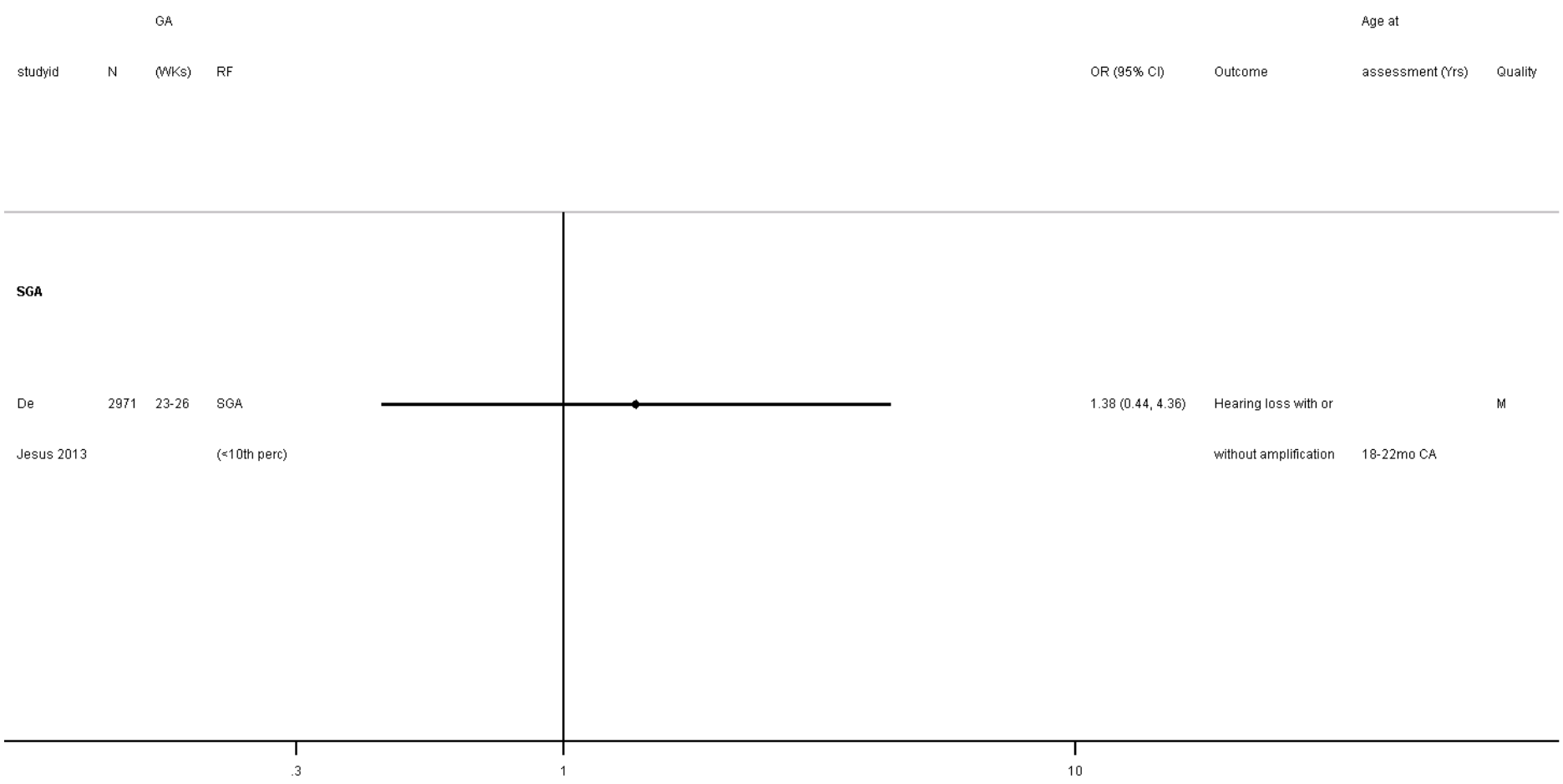

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Figure 108: Association between neonatal brain abnormalities and hearing impairment in children born preterm.

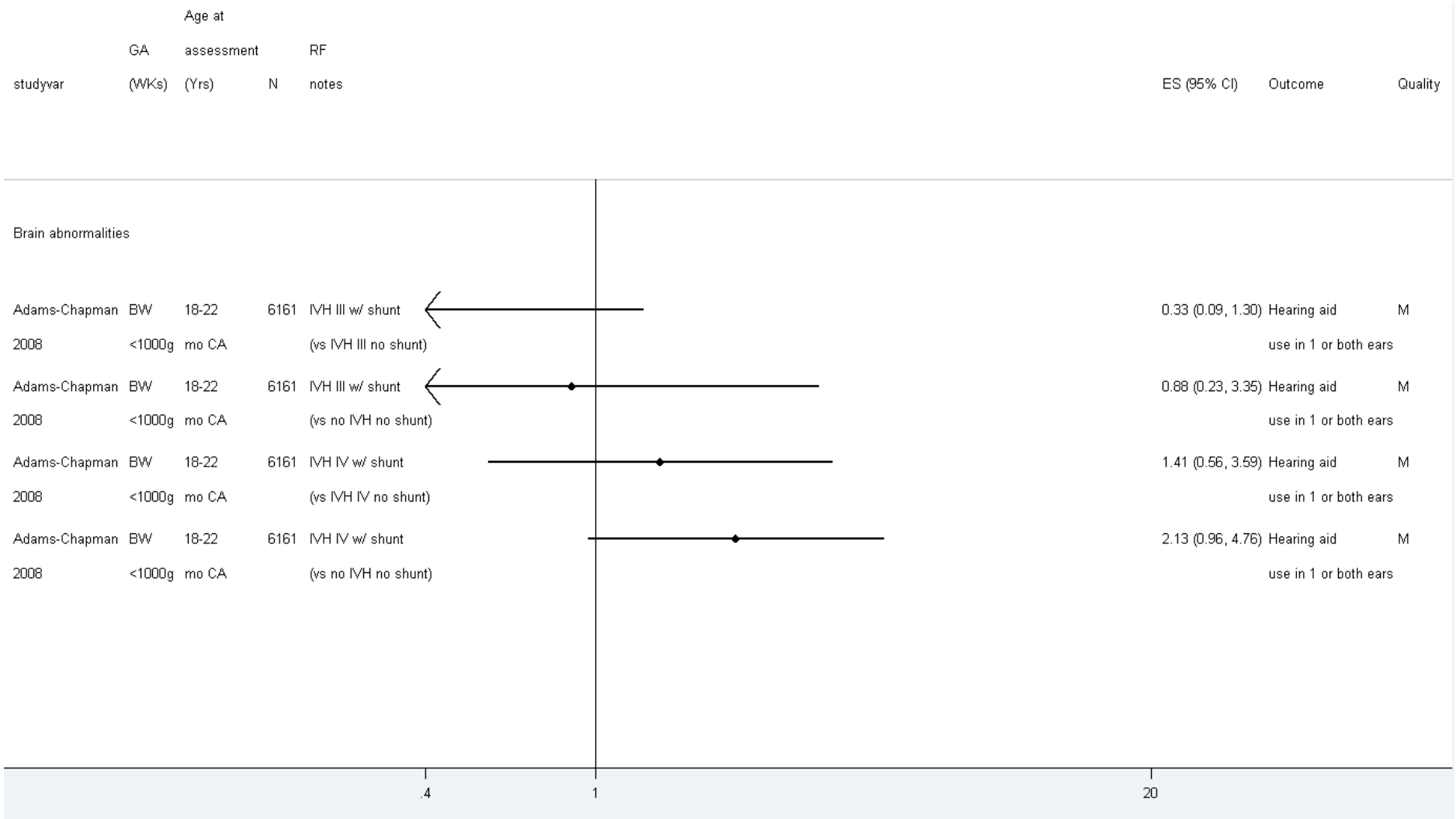
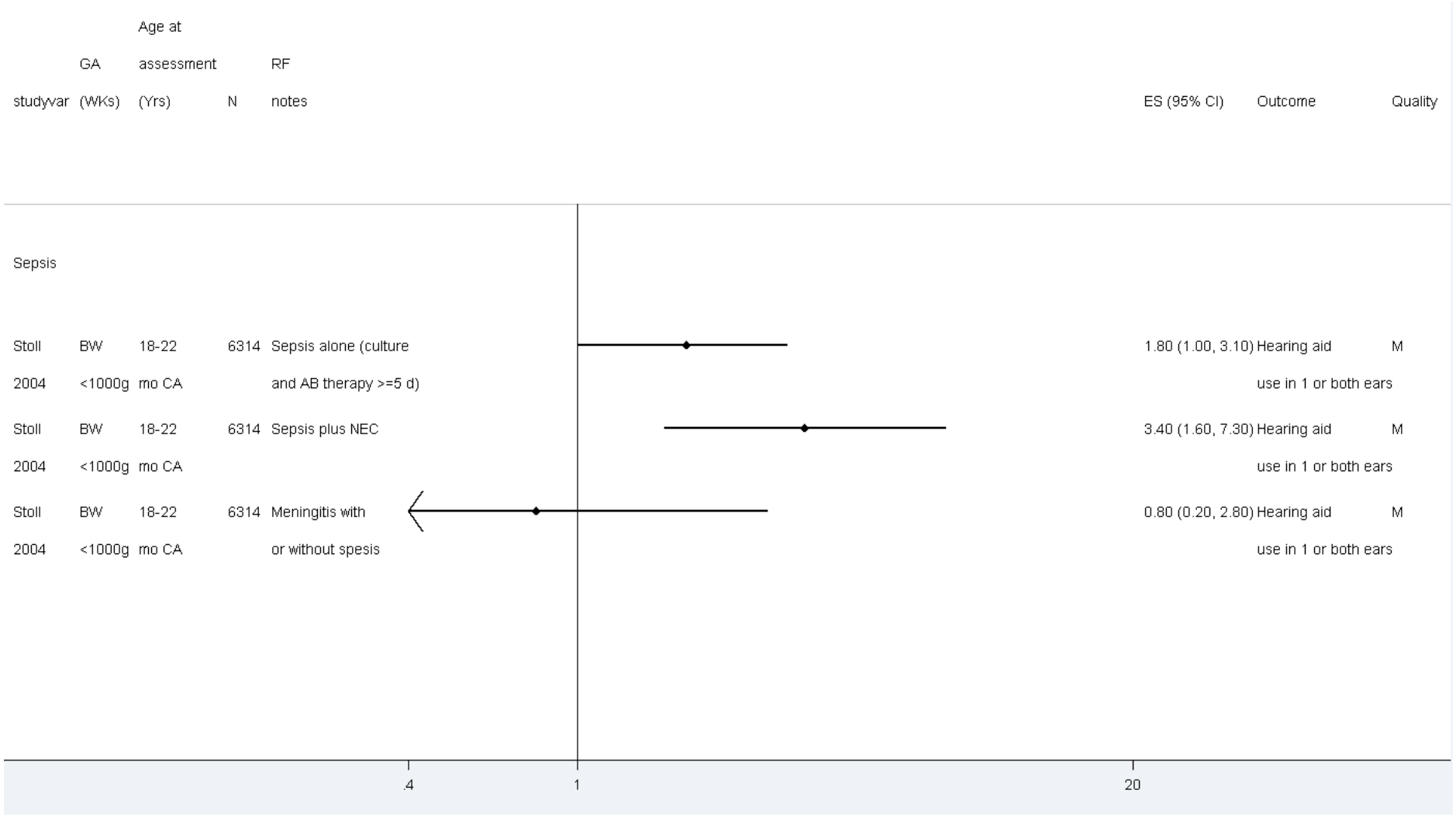
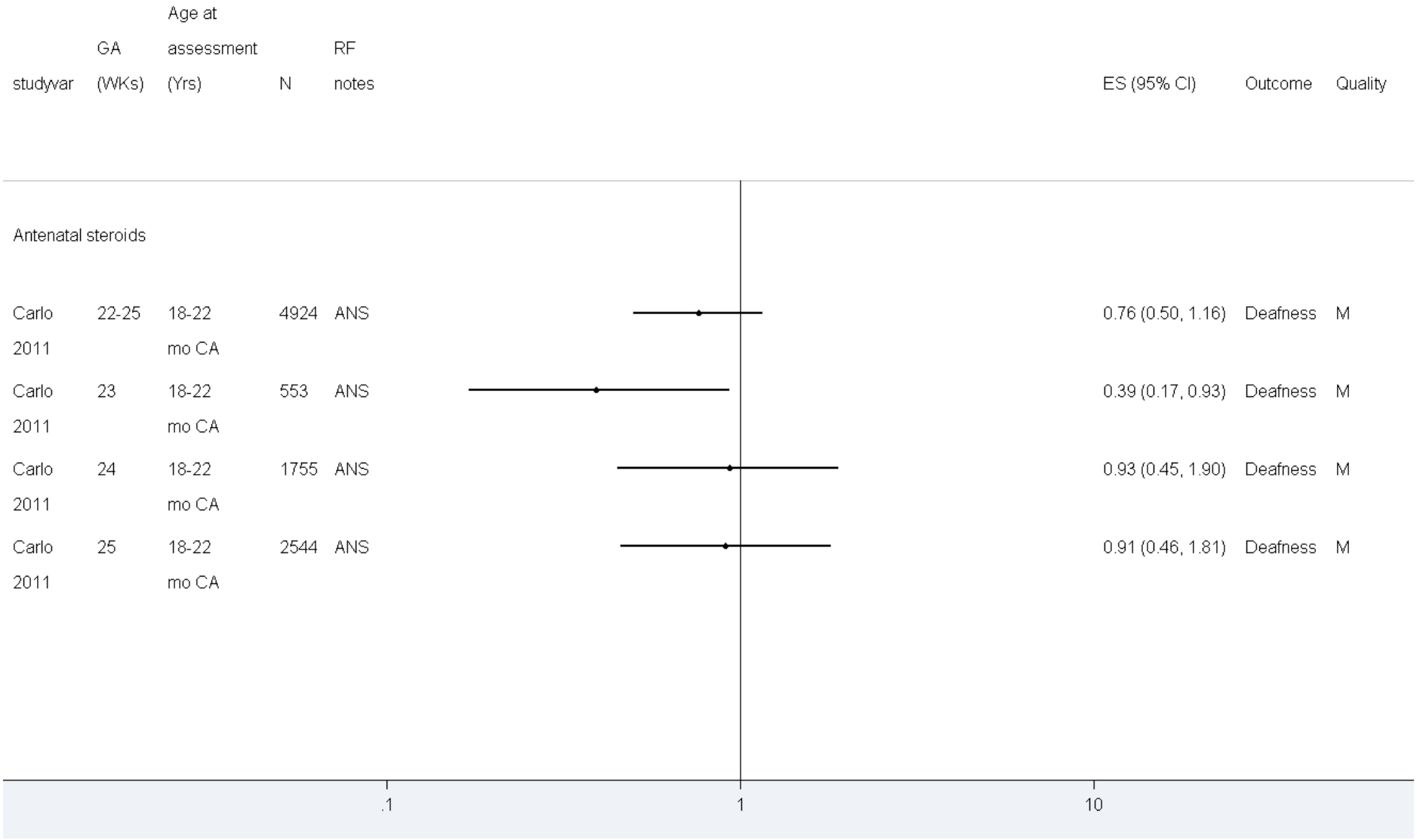


Figure 109: Association between neonatal sepsis and hearing impairment in children born preterm.



1 **Figure 110: Association between antenatal steroids and hearing impairment in children born preterm.**



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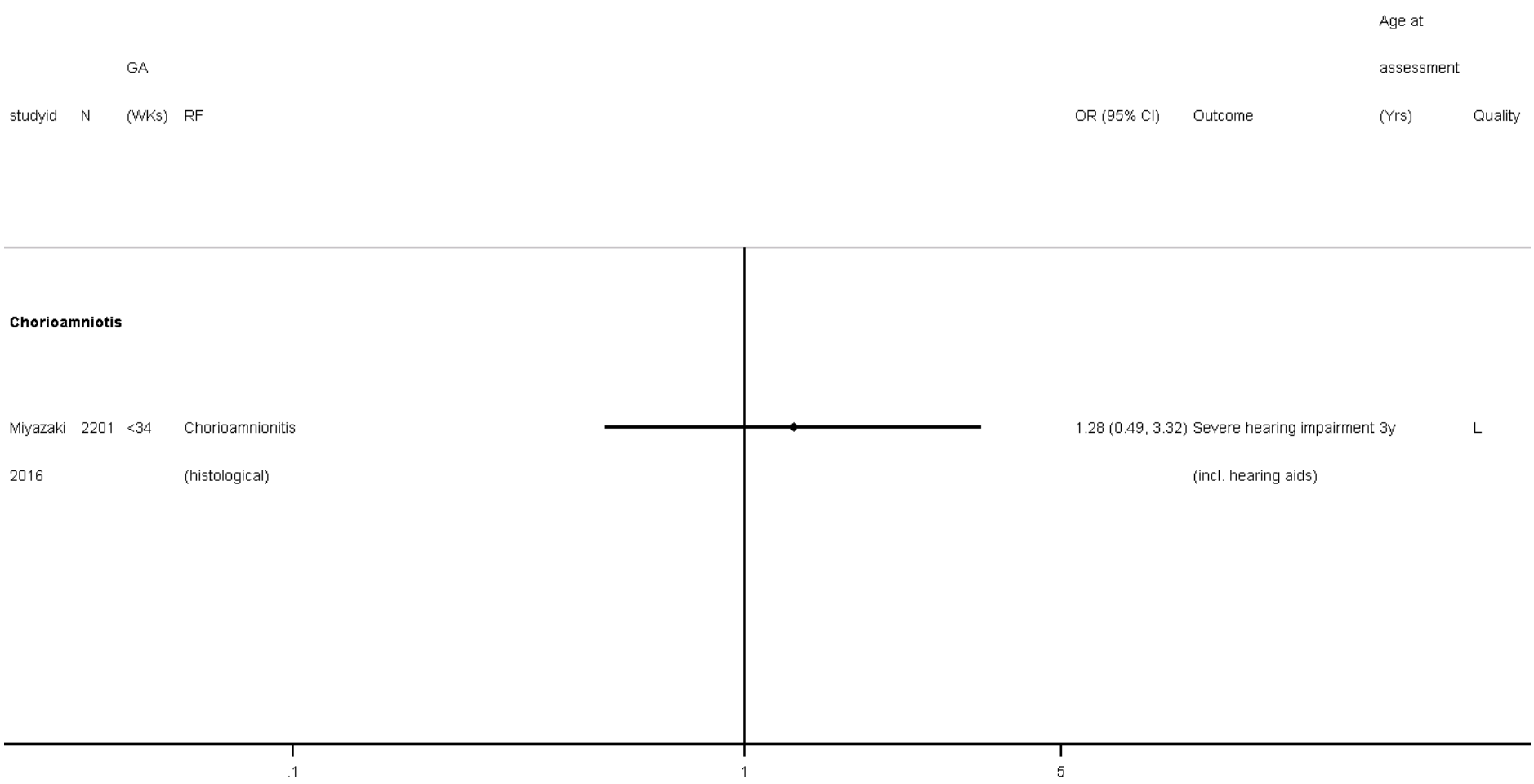
1 **Figure 111: Association between chorioamnionitis and hearing impairment in children born preterm.**



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1 **Figure 112: Association between gestational age at birth and composite neurodevelopmental outcome.**

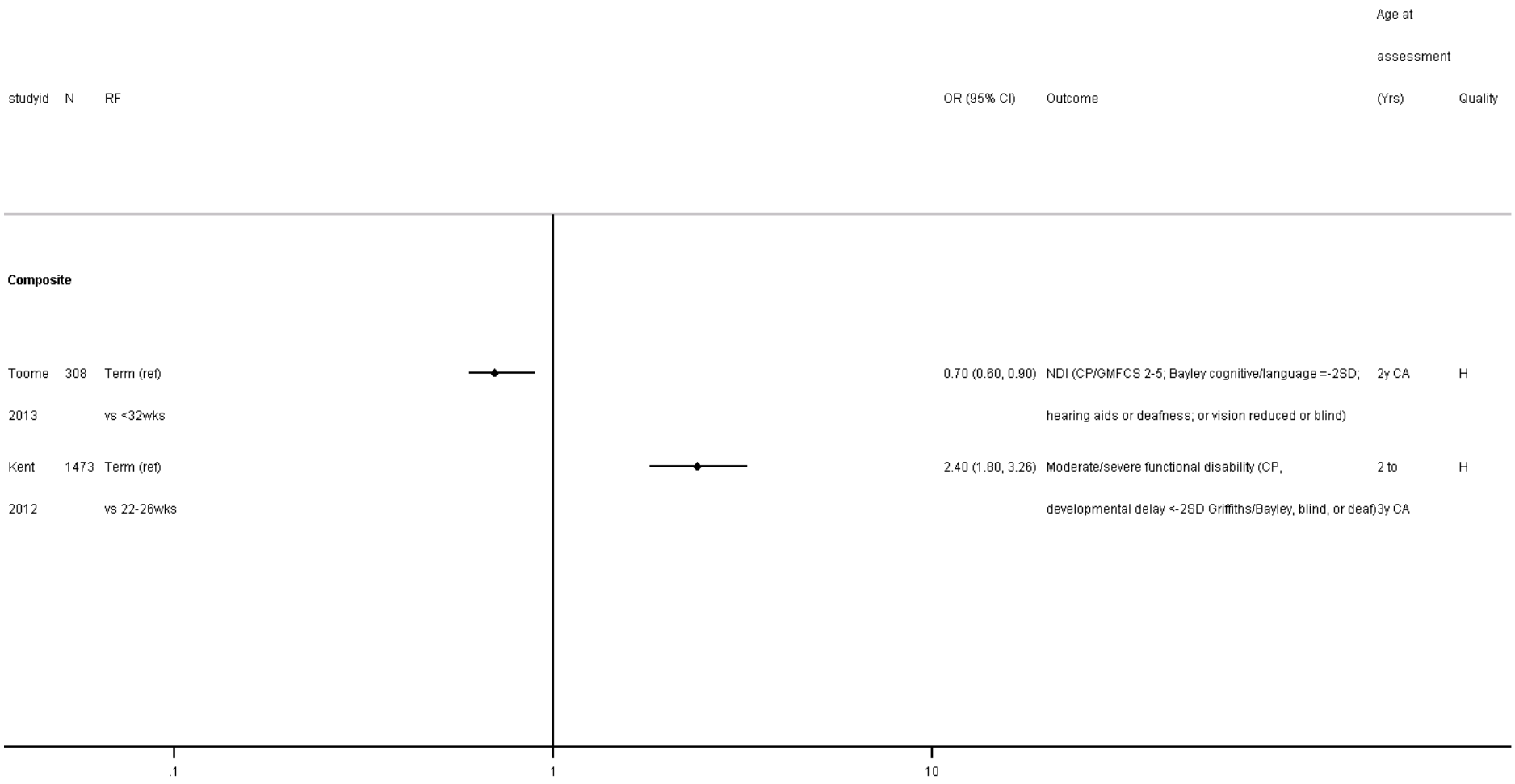

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Figure 113: Association between biological factor and composite neurodevelopmental or neurosensory outcome in children born preterm.

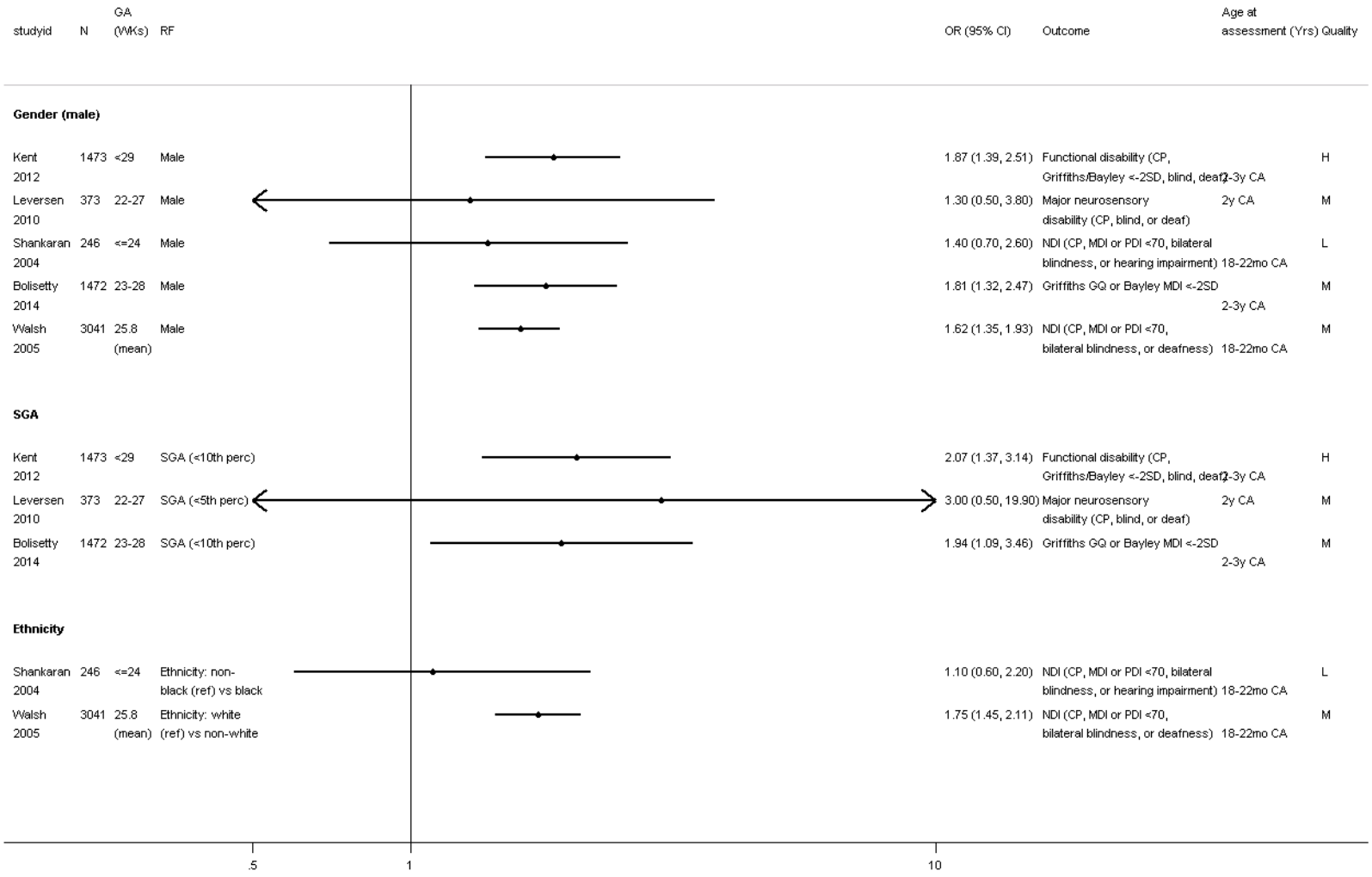


Figure 114: Association between neonatal brain abnormalities and composite neurodevelopmental or neurosensory outcome in children born preterm.

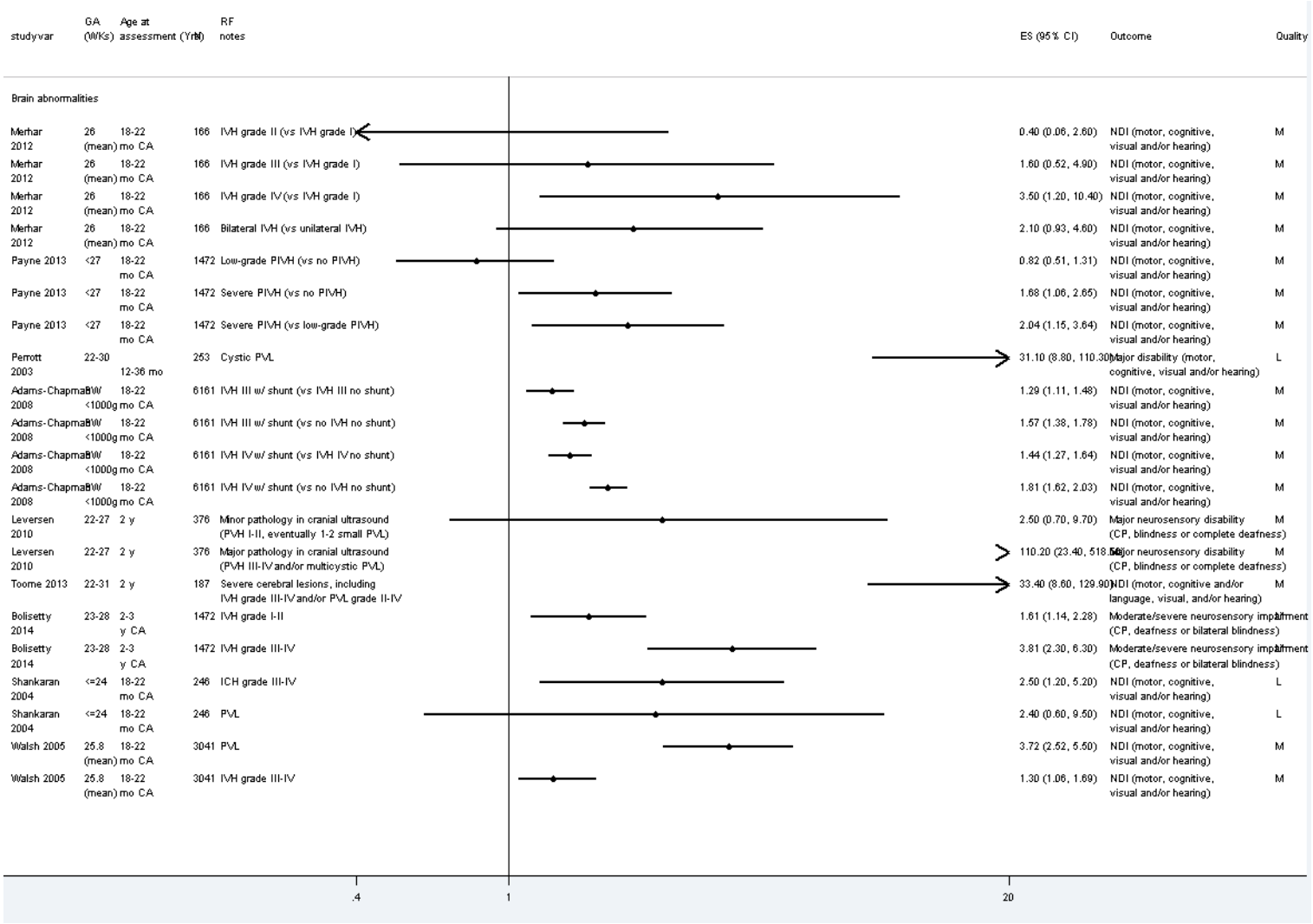


Figure 115: Association between neonatal sepsis and composite neurodevelopmental or neurosensory outcome in children born preterm.

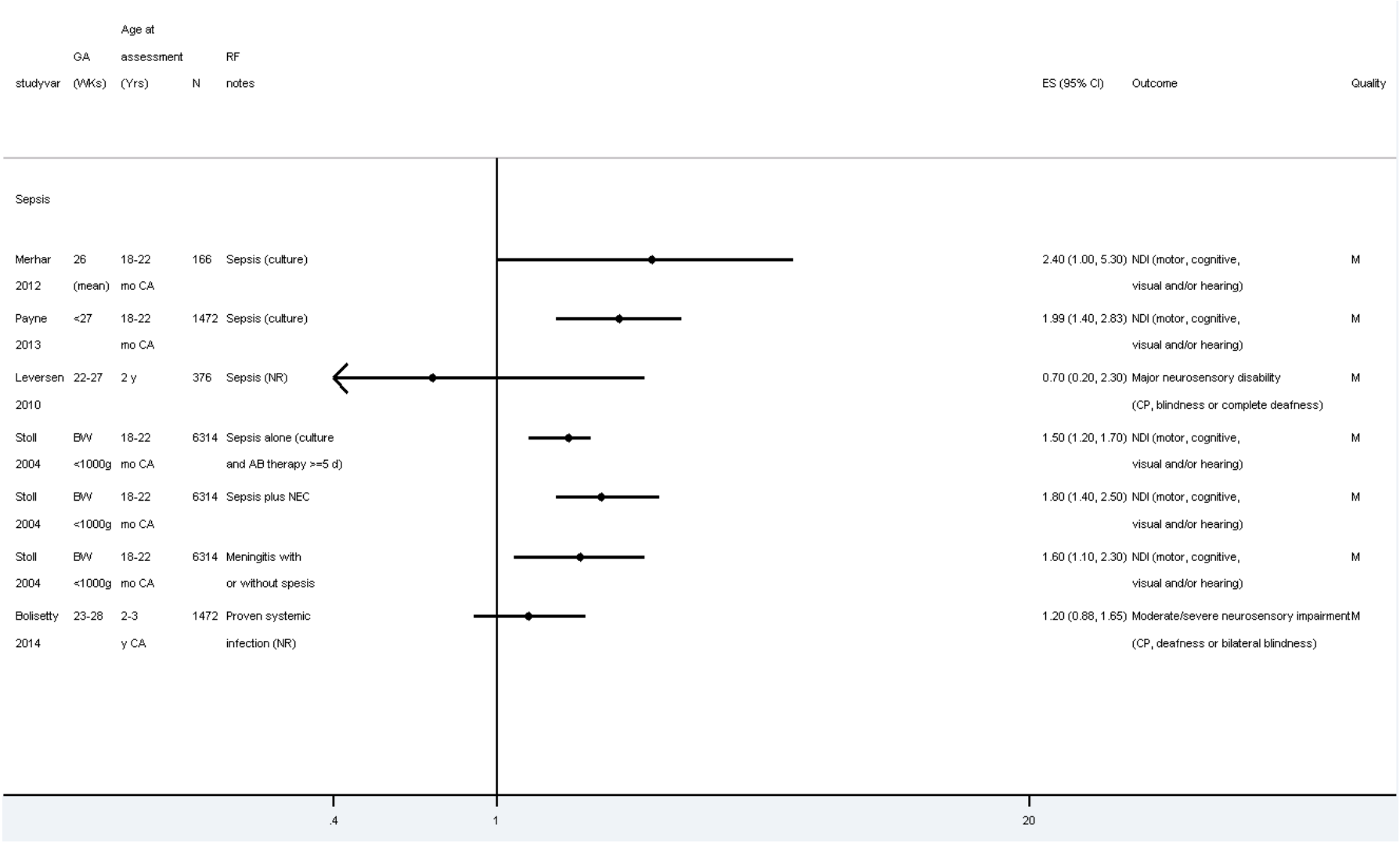


Figure 116: Association between retinopathy of prematurity (ROP) and composite neurodevelopmental or neurosensory outcome in children born preterm.

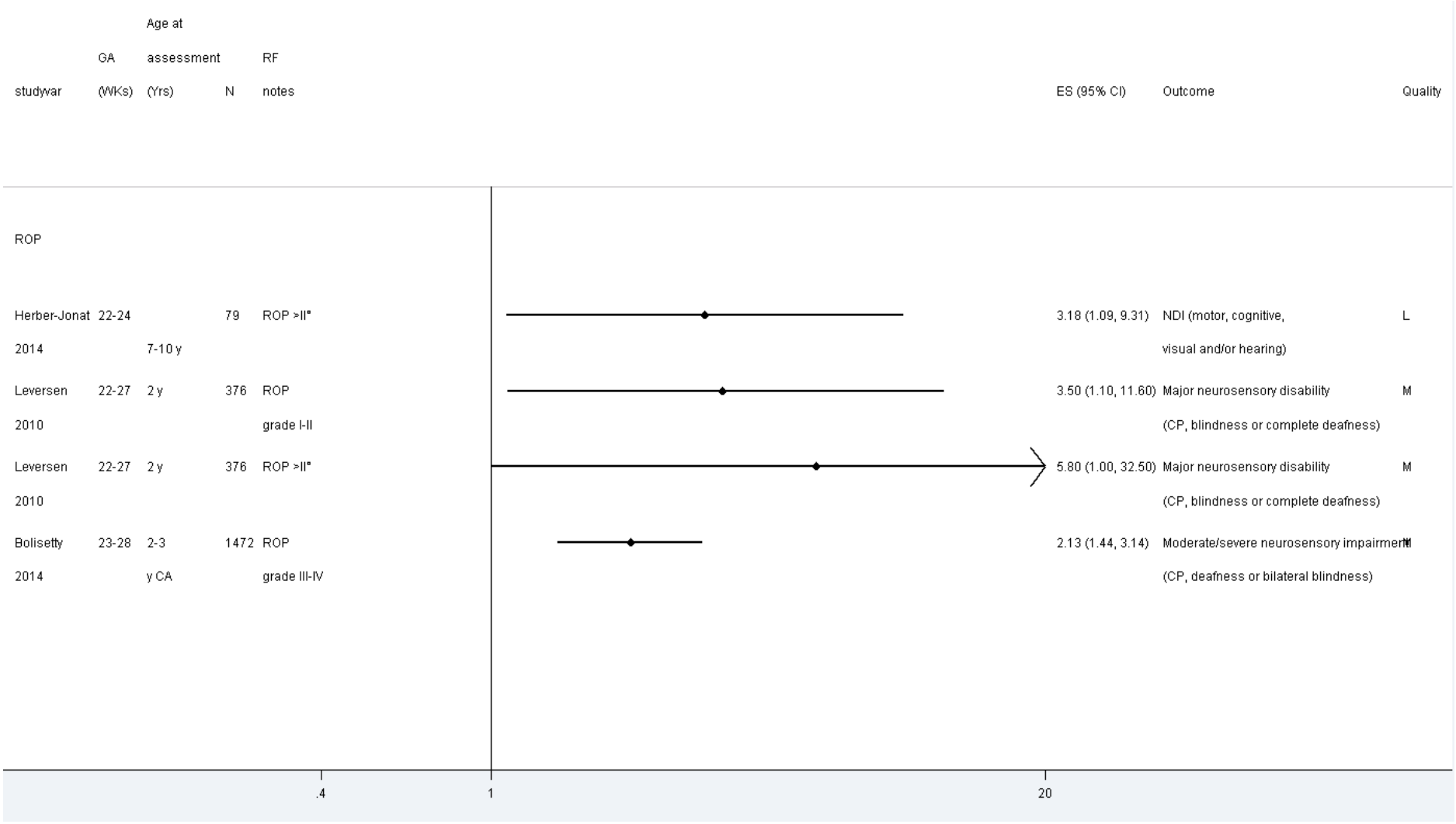


Figure 117: Association between necrotising enterocolitis (NEC) and composite neurodevelopmental or neurosensory outcome in children born preterm.

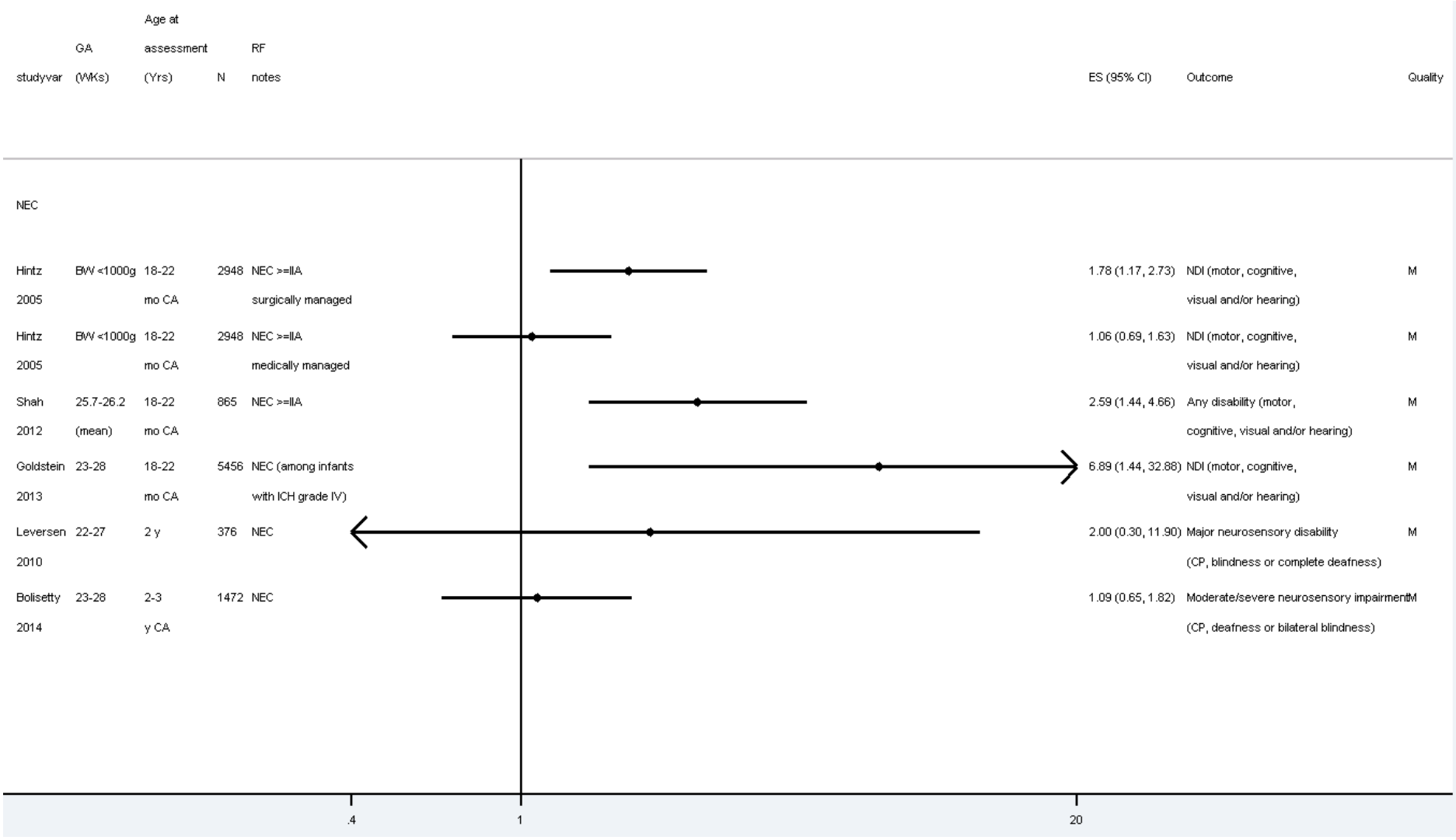


Figure 118: Association between antenatal steroids and composite neurodevelopmental outcome in children born preterm.

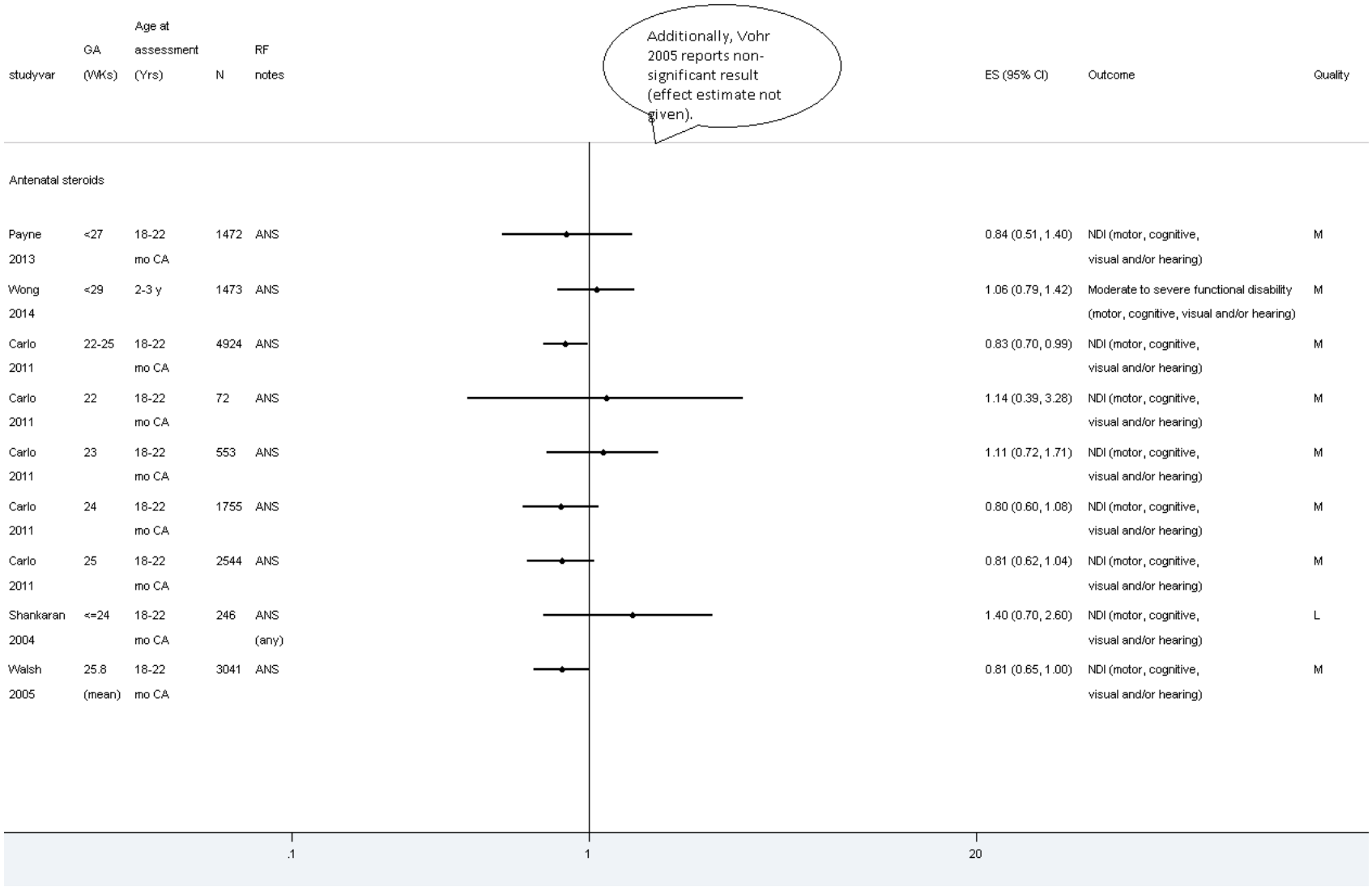


Figure 119: Association between postnatal steroids, and bronchopulmonary dysplasia (BPD) and composite neurodevelopmental outcome in children born preterm.

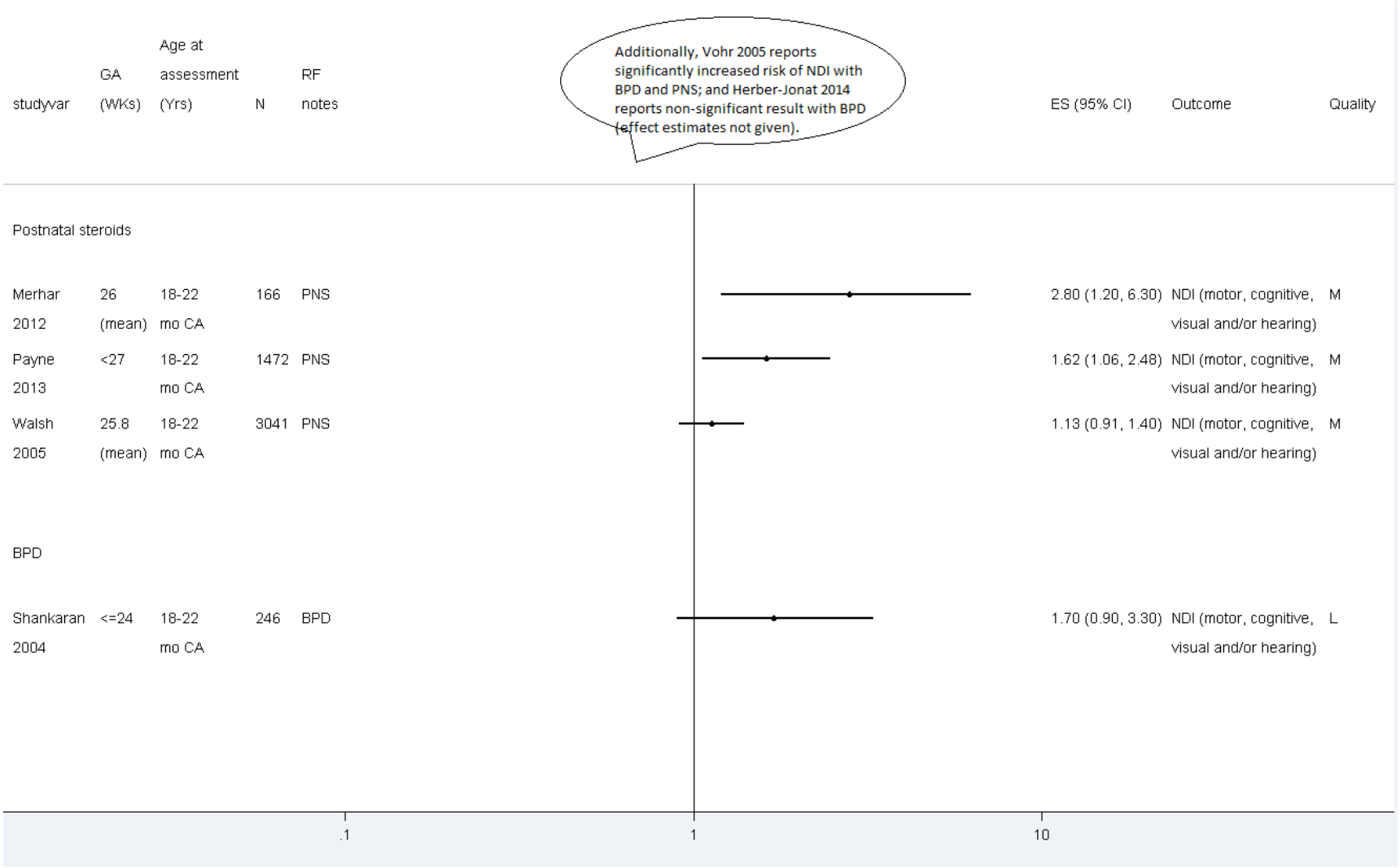


Figure 120: Association between antenatal steroids, postnatal steroids, and bronchopulmonary dysplasia (BPD) and composite neurosensory outcome in children born preterm.

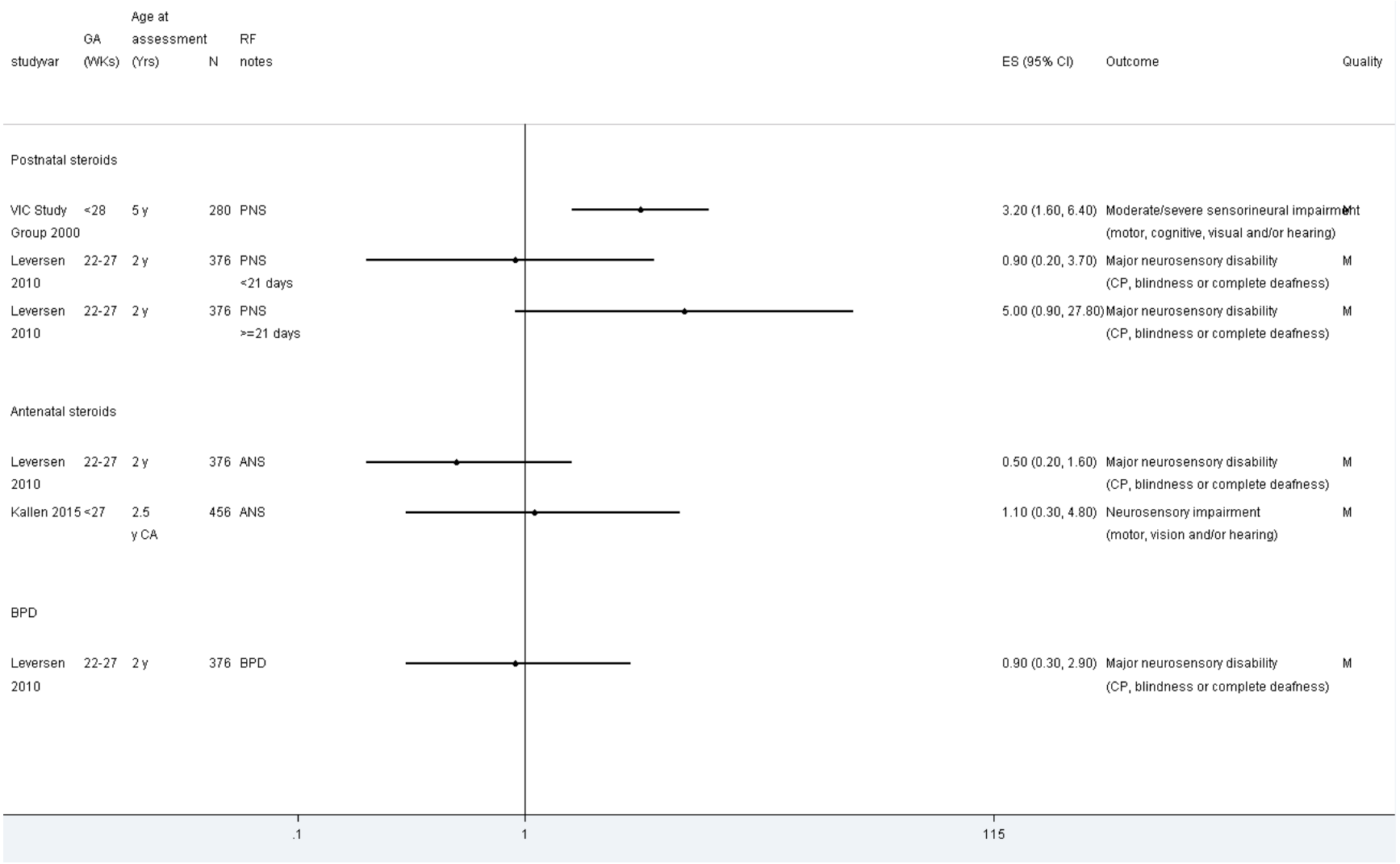
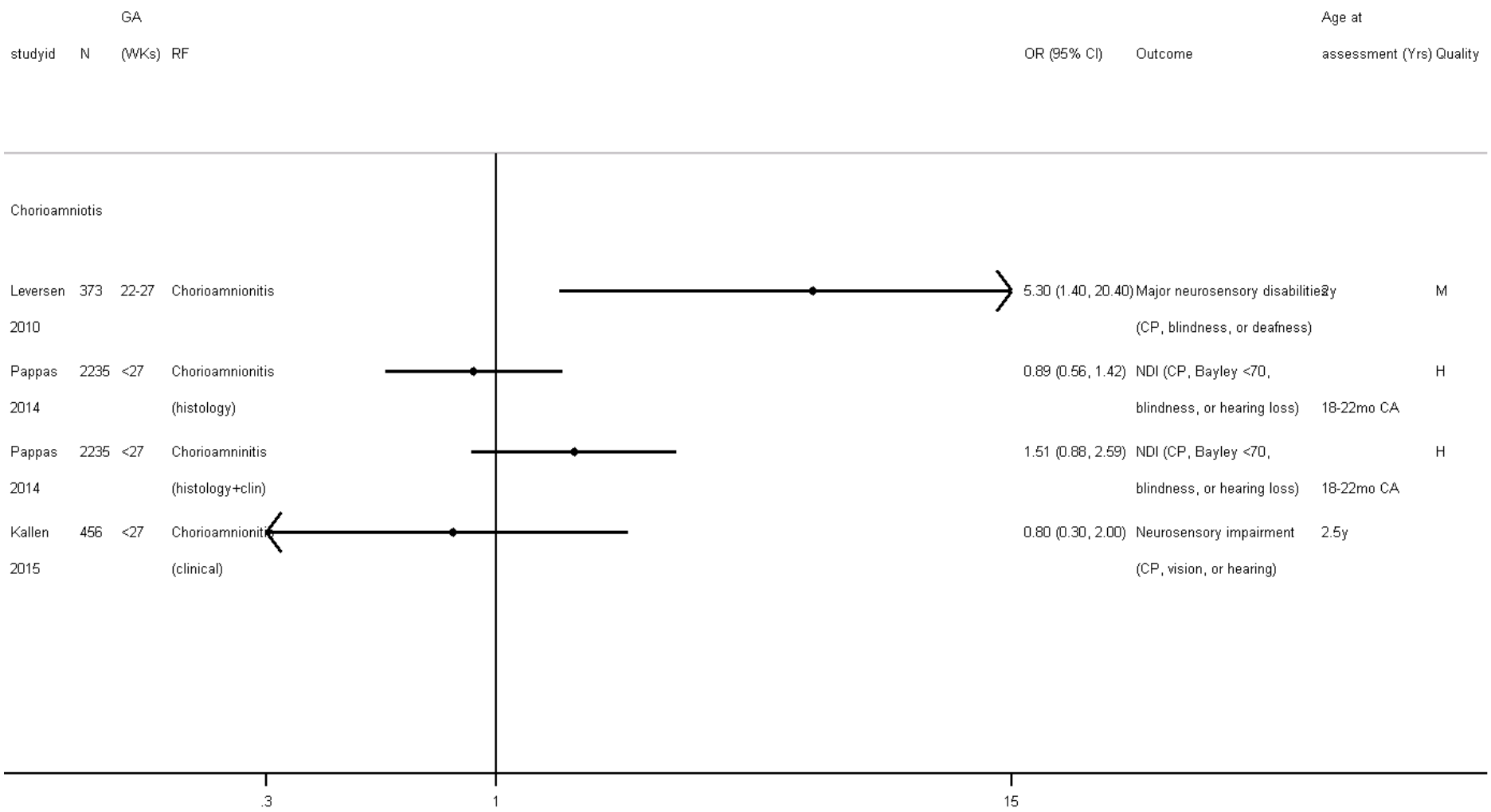
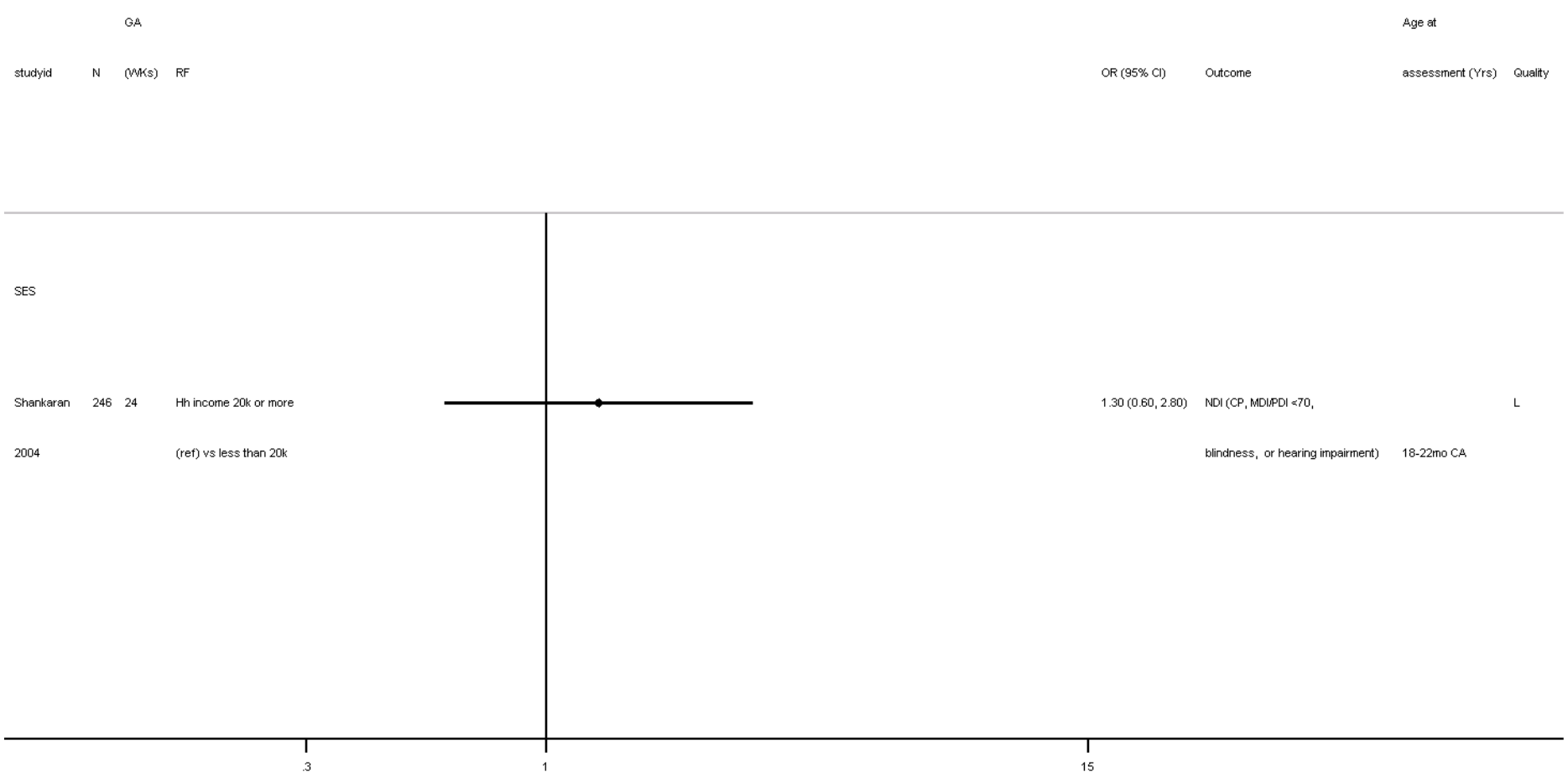


Figure 121: Association between chorioamnionitis and composite neurodevelopmental and neurosensory outcome in children born preterm.



1 **Figure 122: Association between socioeconomic status and composite neurodevelopmental outcome in children born preterm.**



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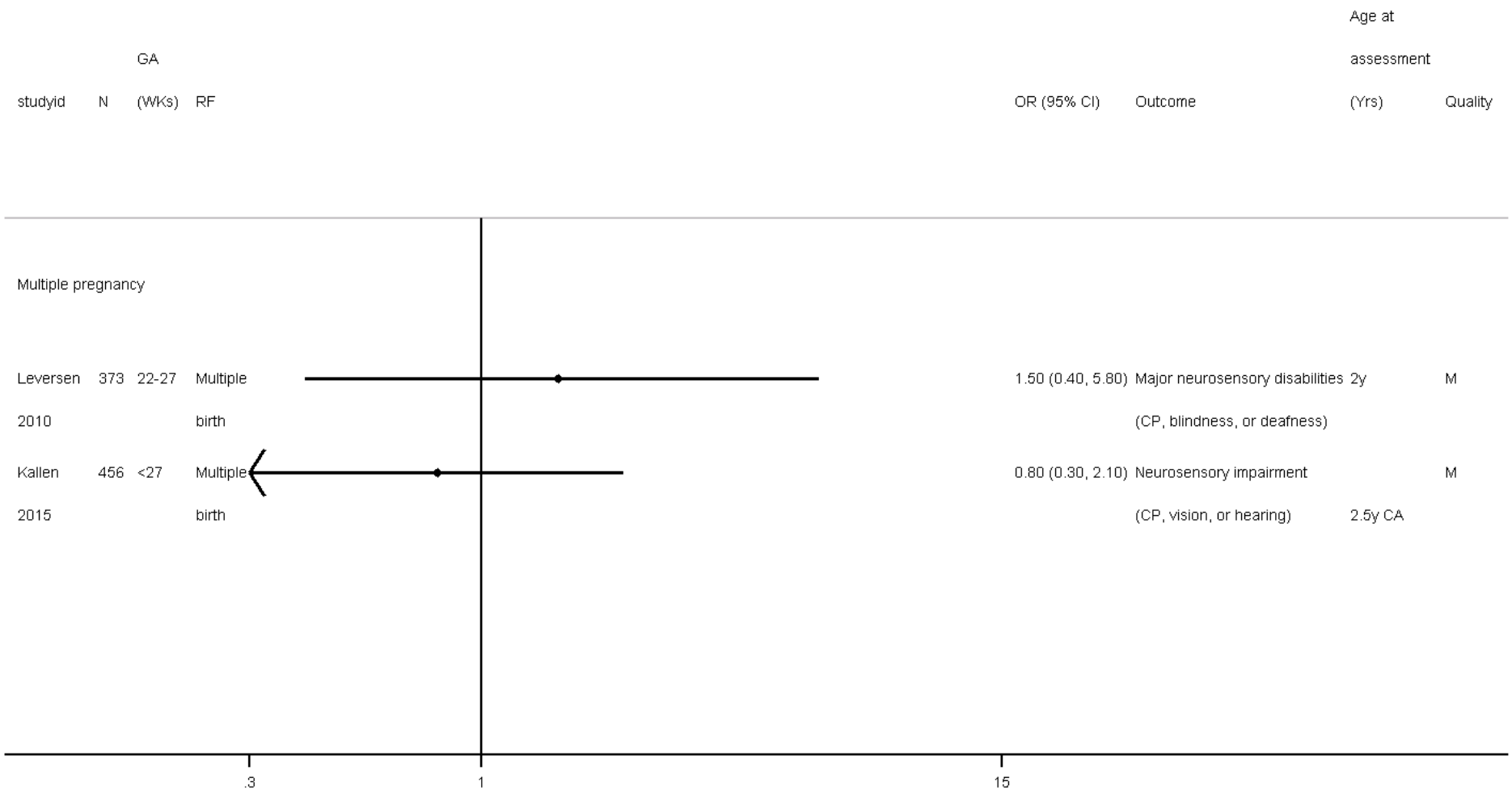
1 **Figure 123: Association between multiple birth and composite neurodevelopmental outcome in children born preterm.**



2

J.31 Prevalence of developmental problems

2 **What is the prevalence of developmental problems in babies, children and young people born preterm?**

3 **Figure 124: Prevalence estimates (% with 95% CI) of feeding/eating problems in children born preterm**

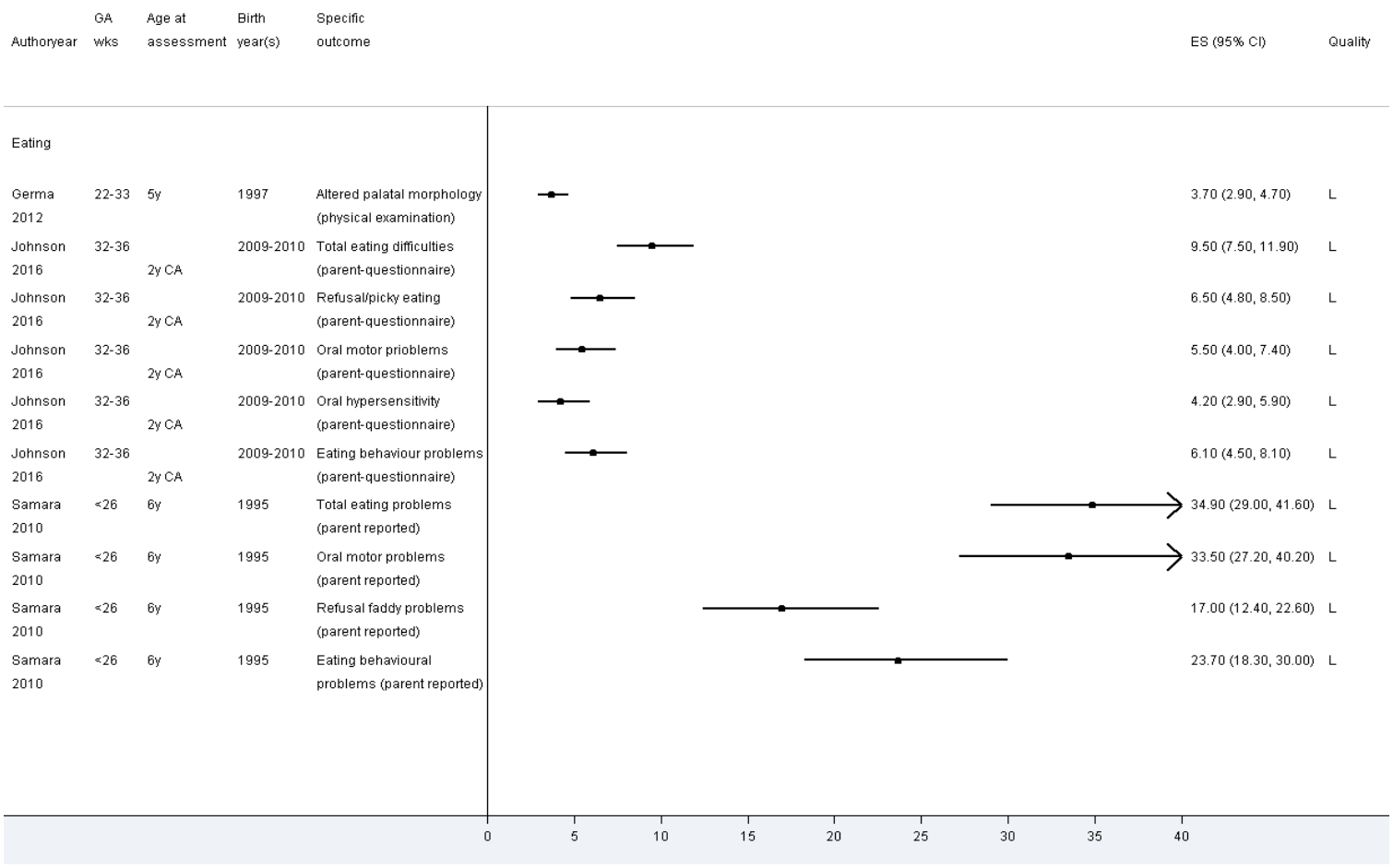


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Figure 125: Prevalence estimates (% with 95% CI) of feeding/eating problems in children born preterm by week of gestation at birth

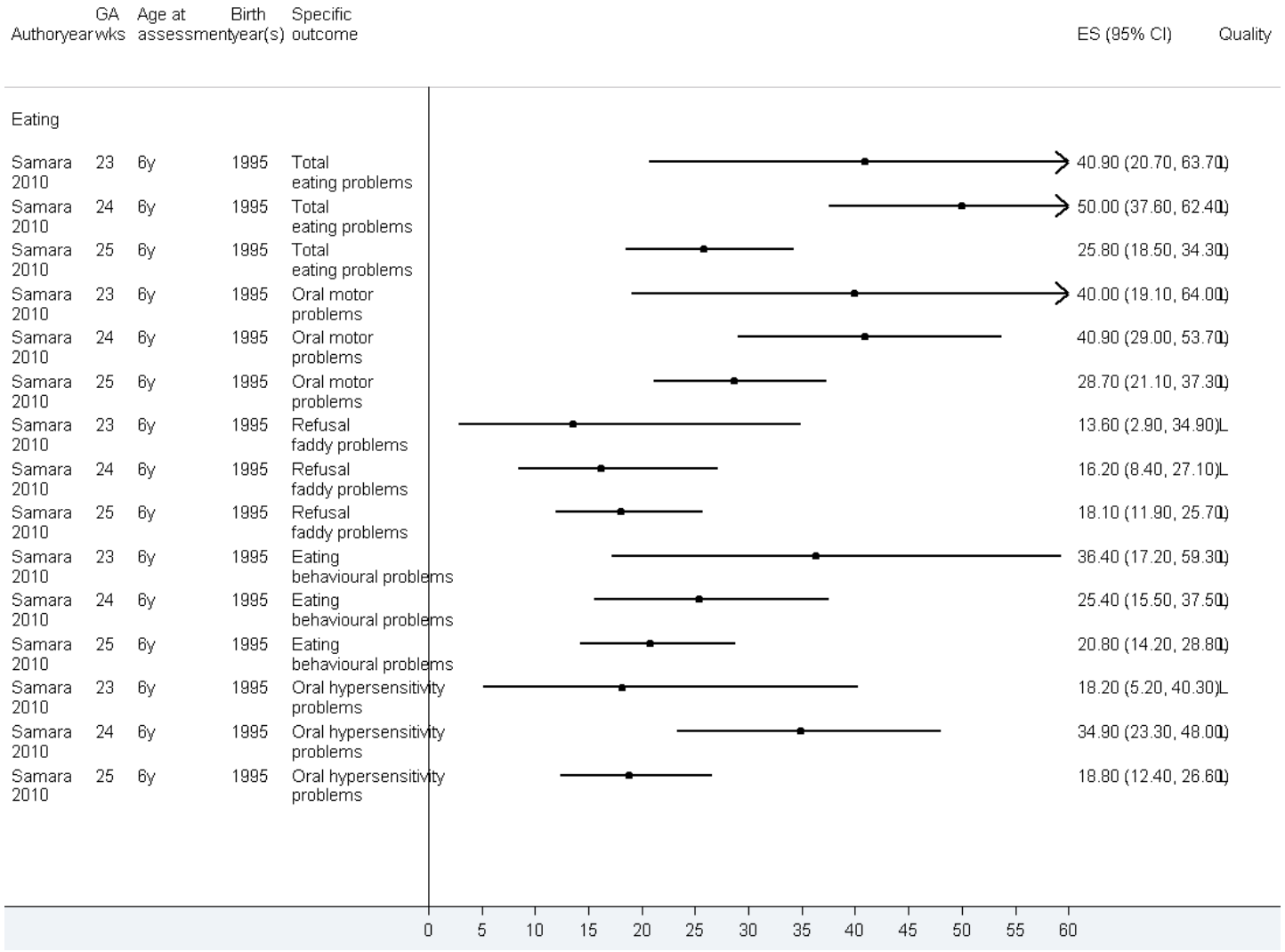
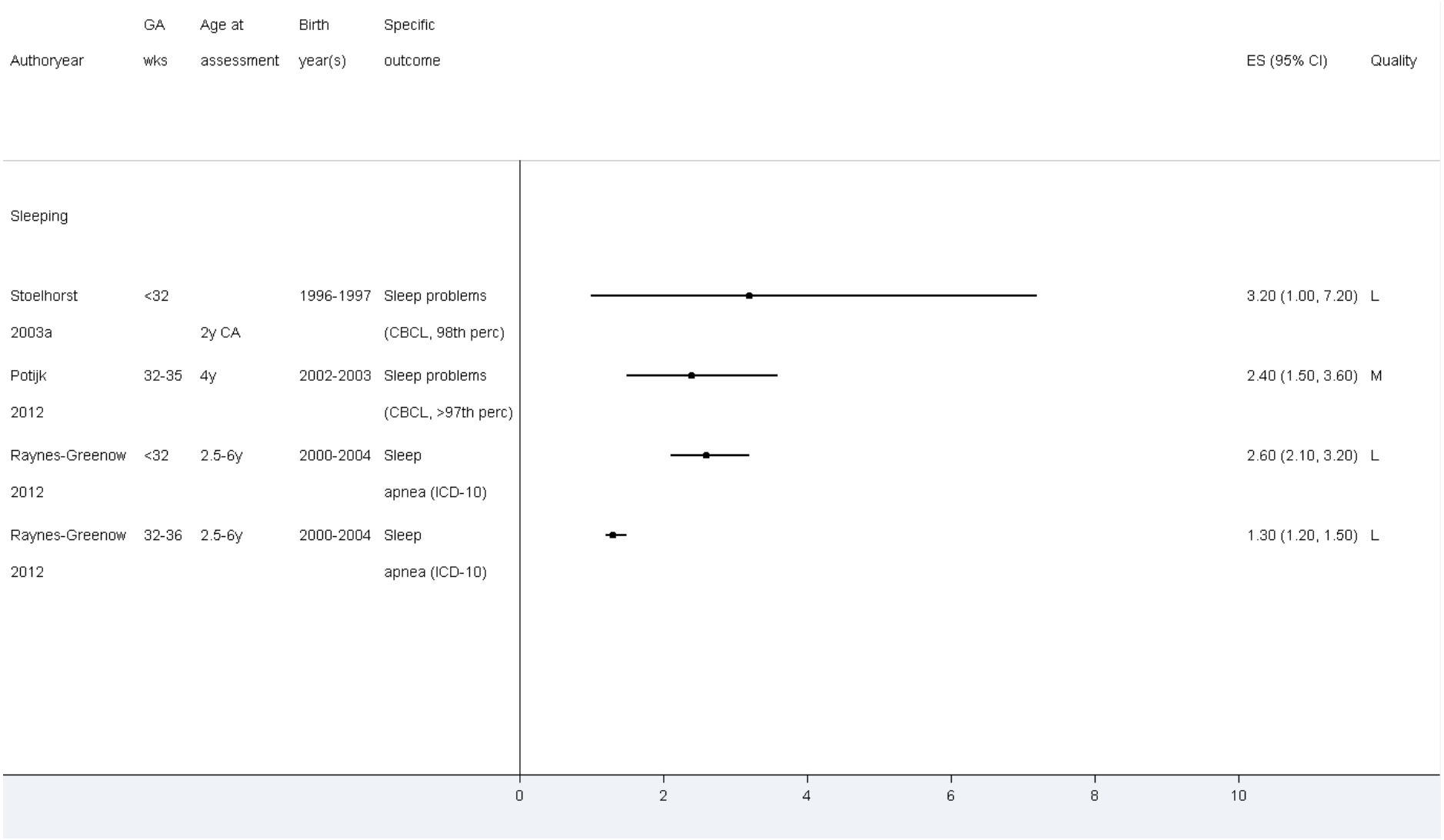


Figure 126: Prevalence estimates (% with 95% CI) of sleeping problems in children born preterm



1 **Figure 127: Prevalence estimates (% with 95% CI) of fine motor problems in children born preterm**

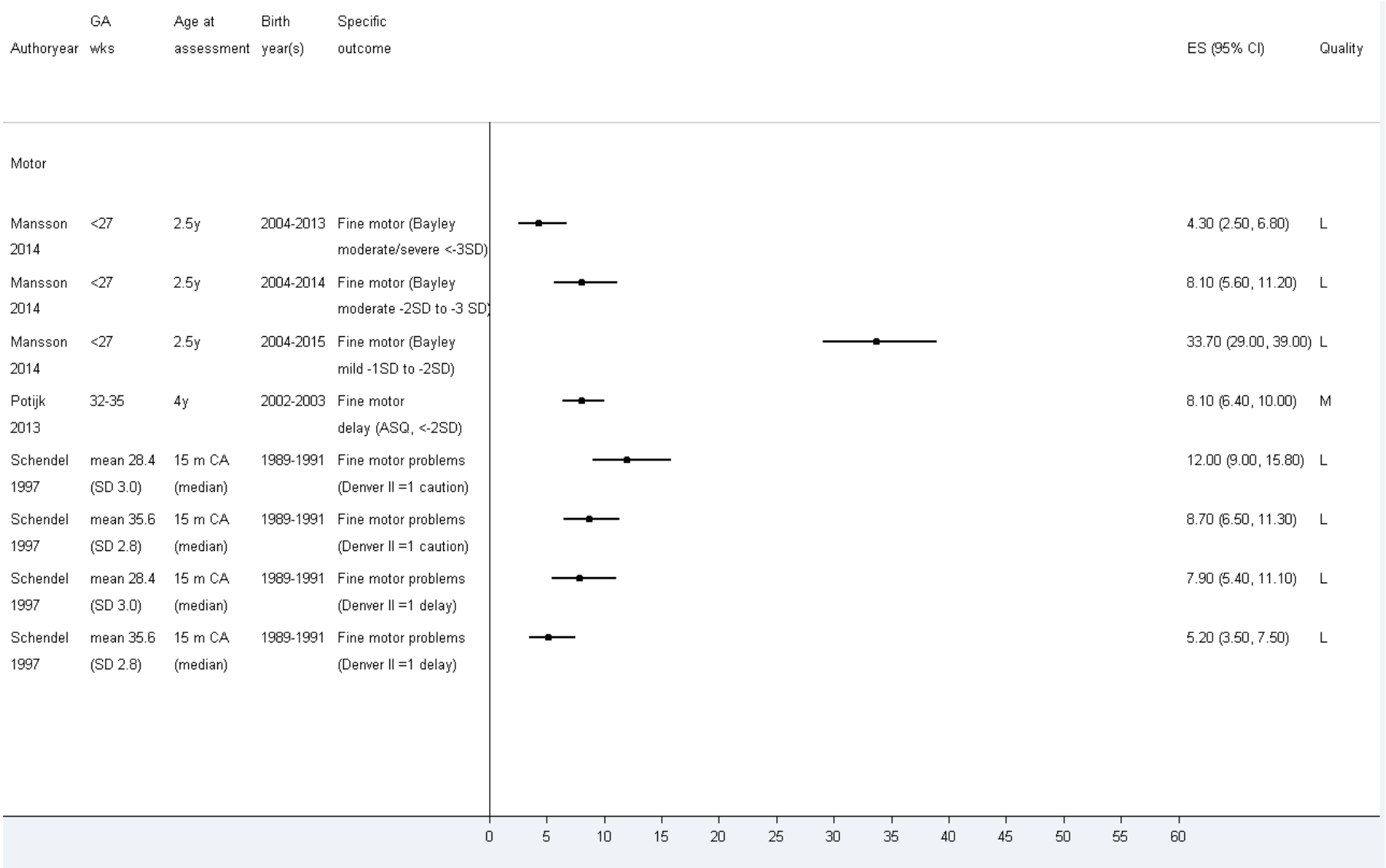


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Figure 128: Prevalence estimates (% with 95% CI) of gross motor problems in children born preterm

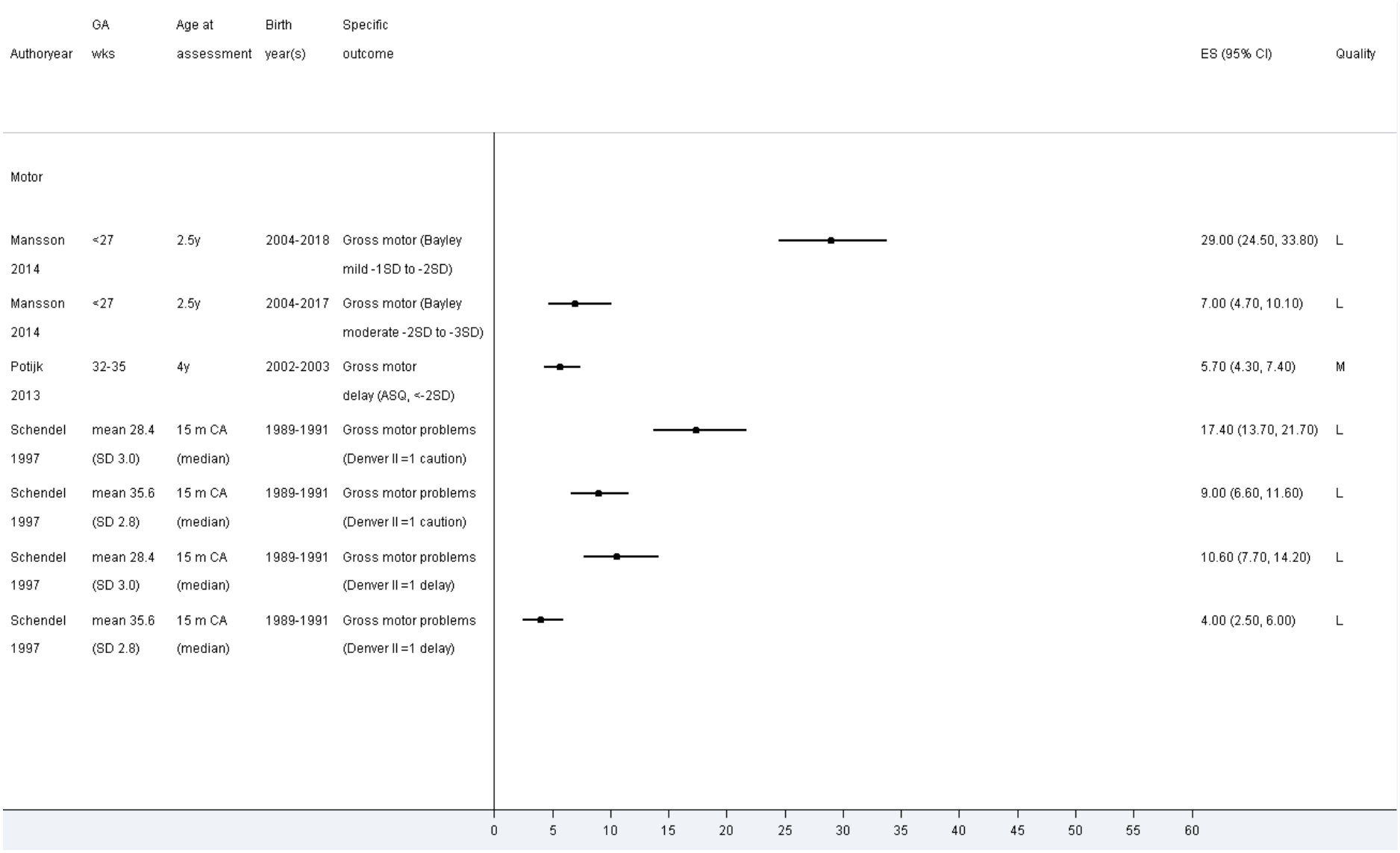
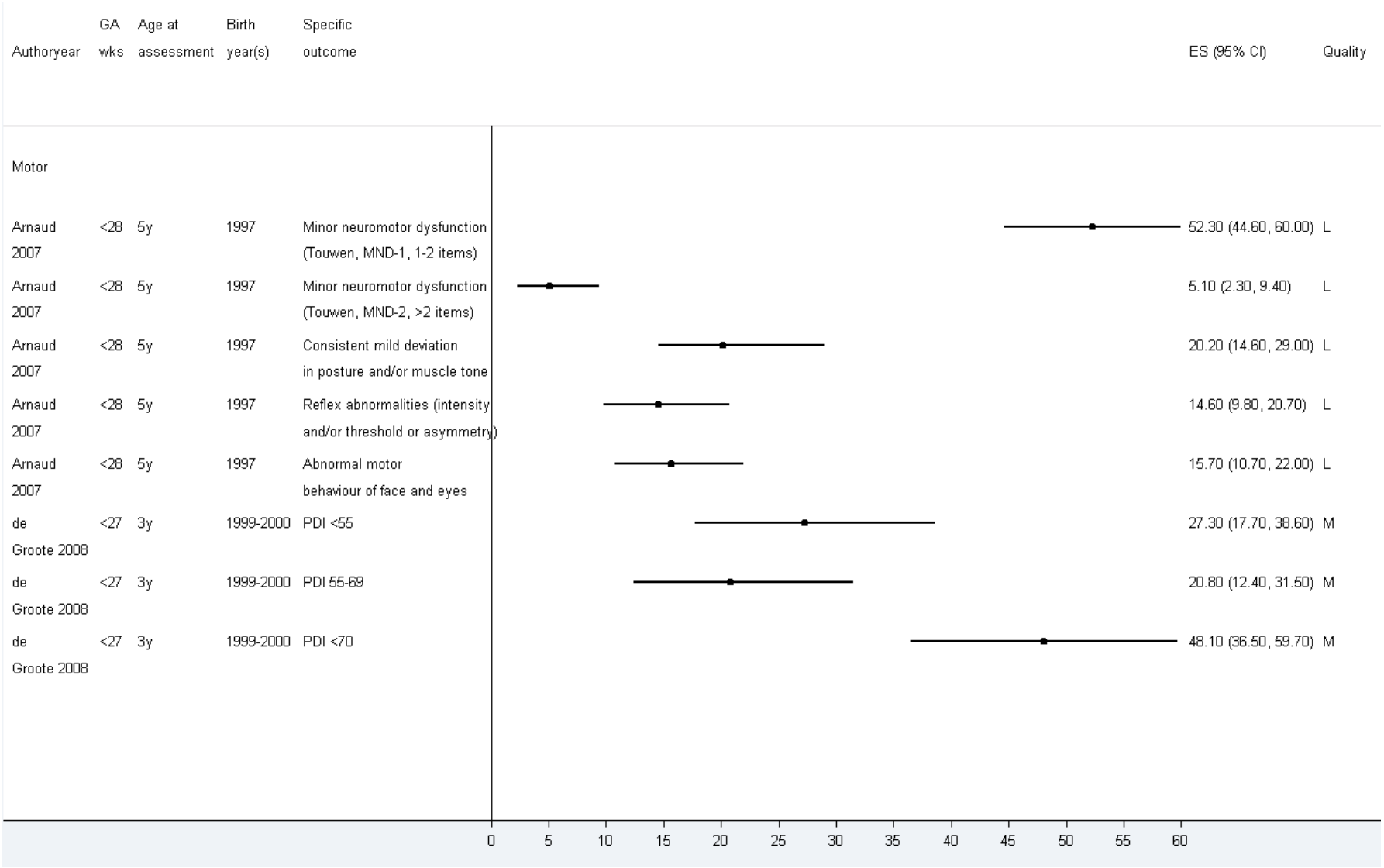


Figure 129: Prevalence estimates (% with 95% CI) of motor problems in children born before 28 weeks' gestation



1 **Figure 130: Prevalence estimates (% with 95% CI) of motor problems in children born before 32 weeks' gestation**

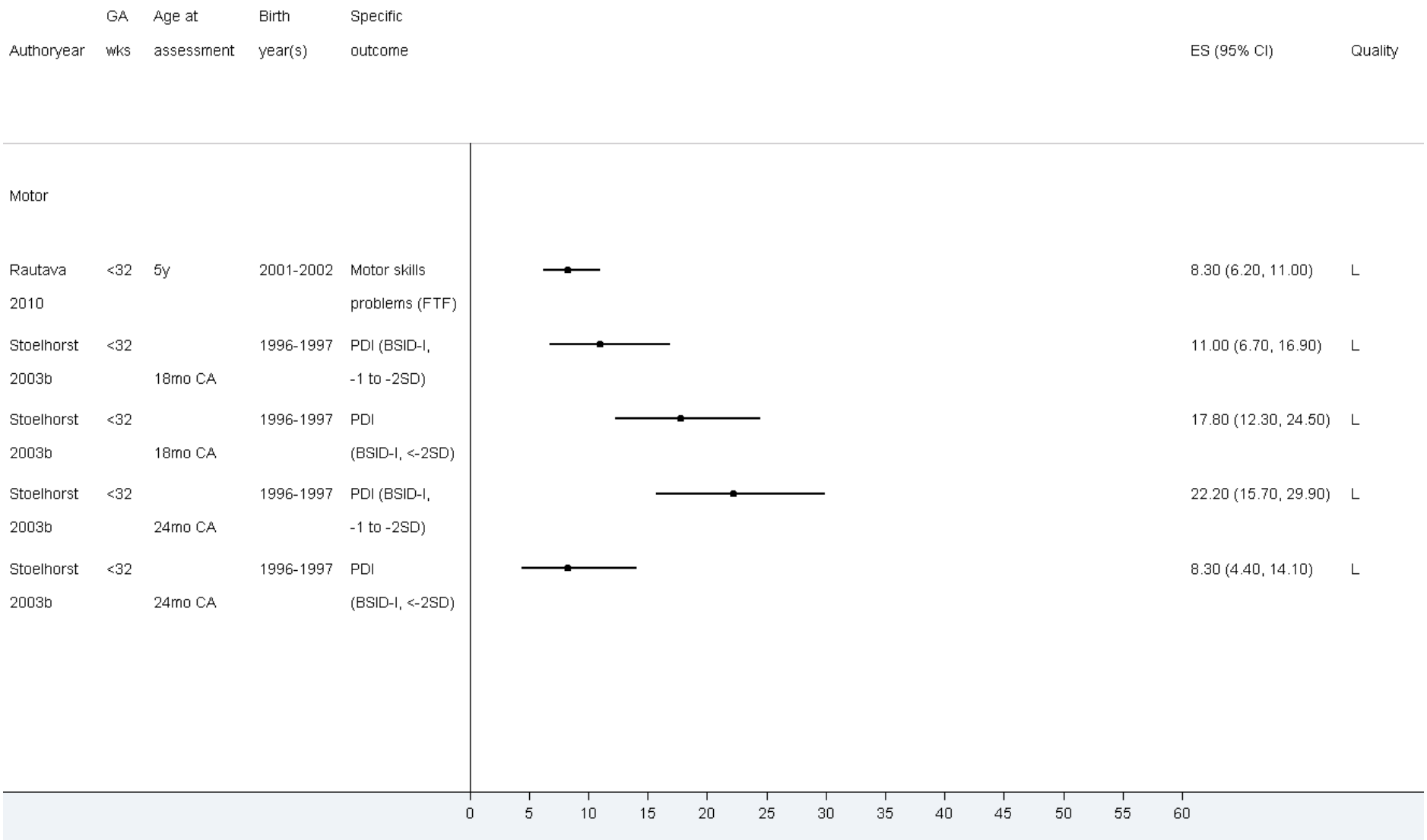


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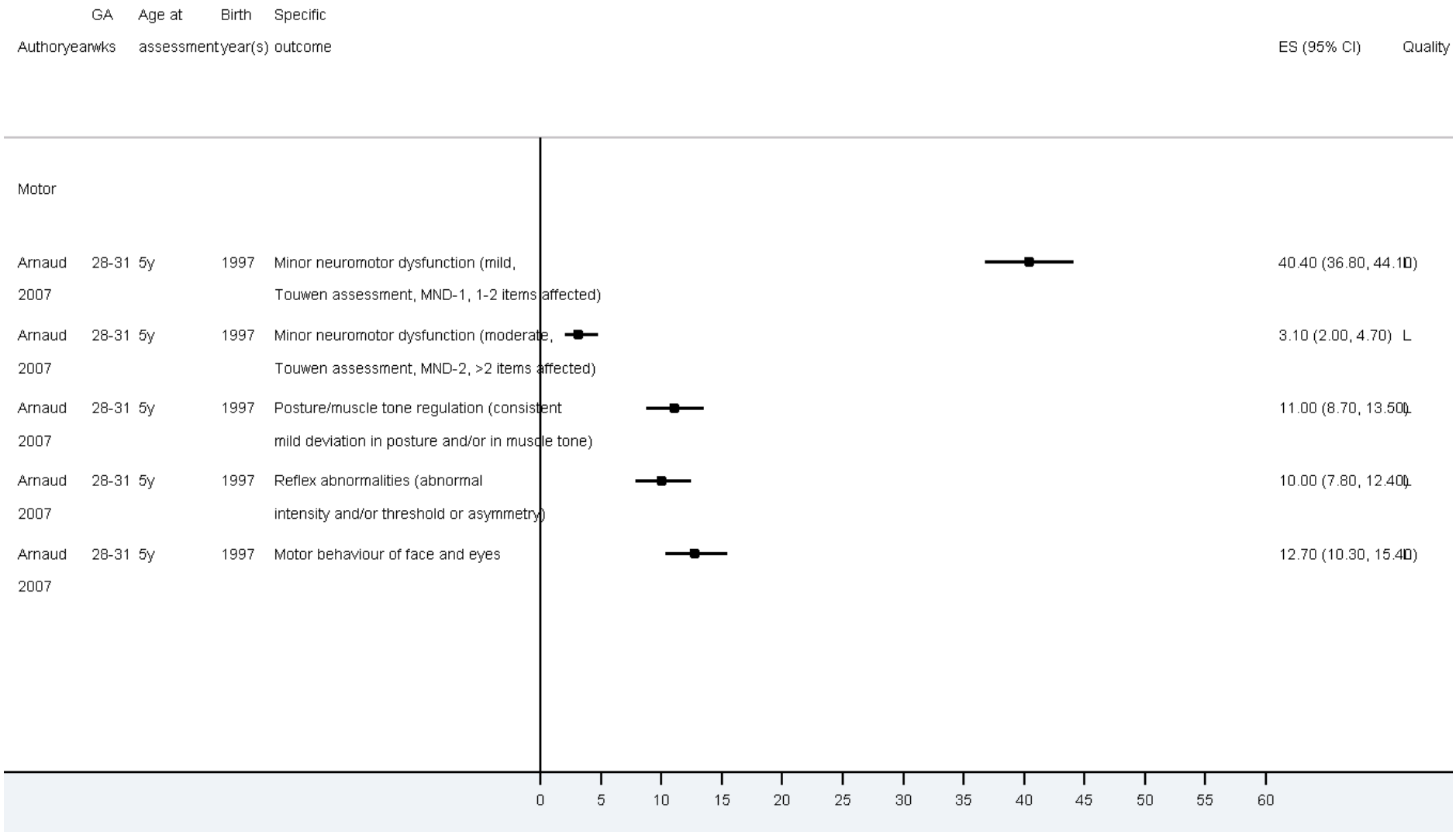
Figure 131: Prevalence estimates (% with 95% CI) of motor problems in children born between 28 and 31 weeks' gestation



1 **Figure 132: Prevalence estimates (% with 95% CI) of motor problems in children born between 32 and 36 weeks' gestation**

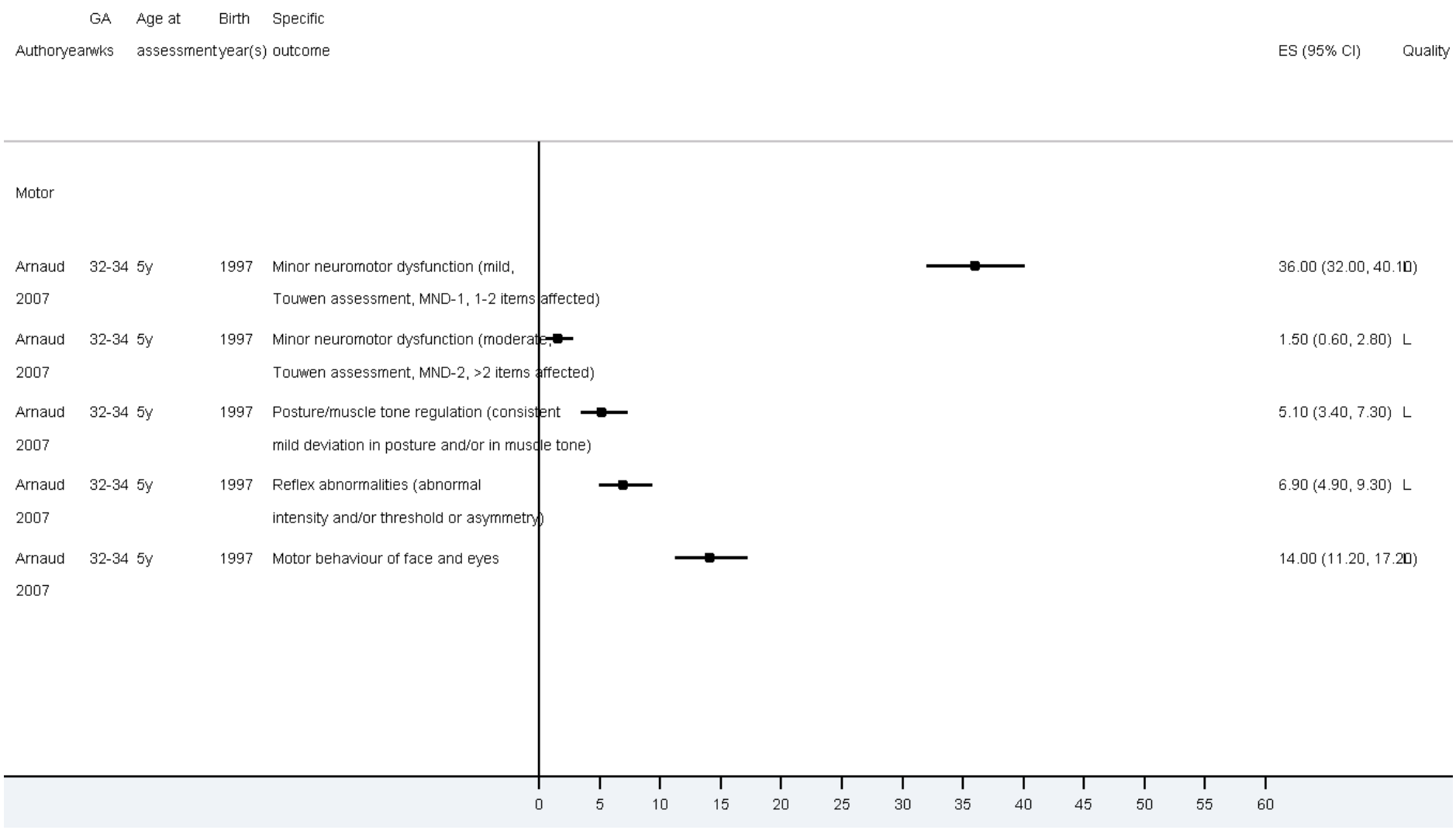


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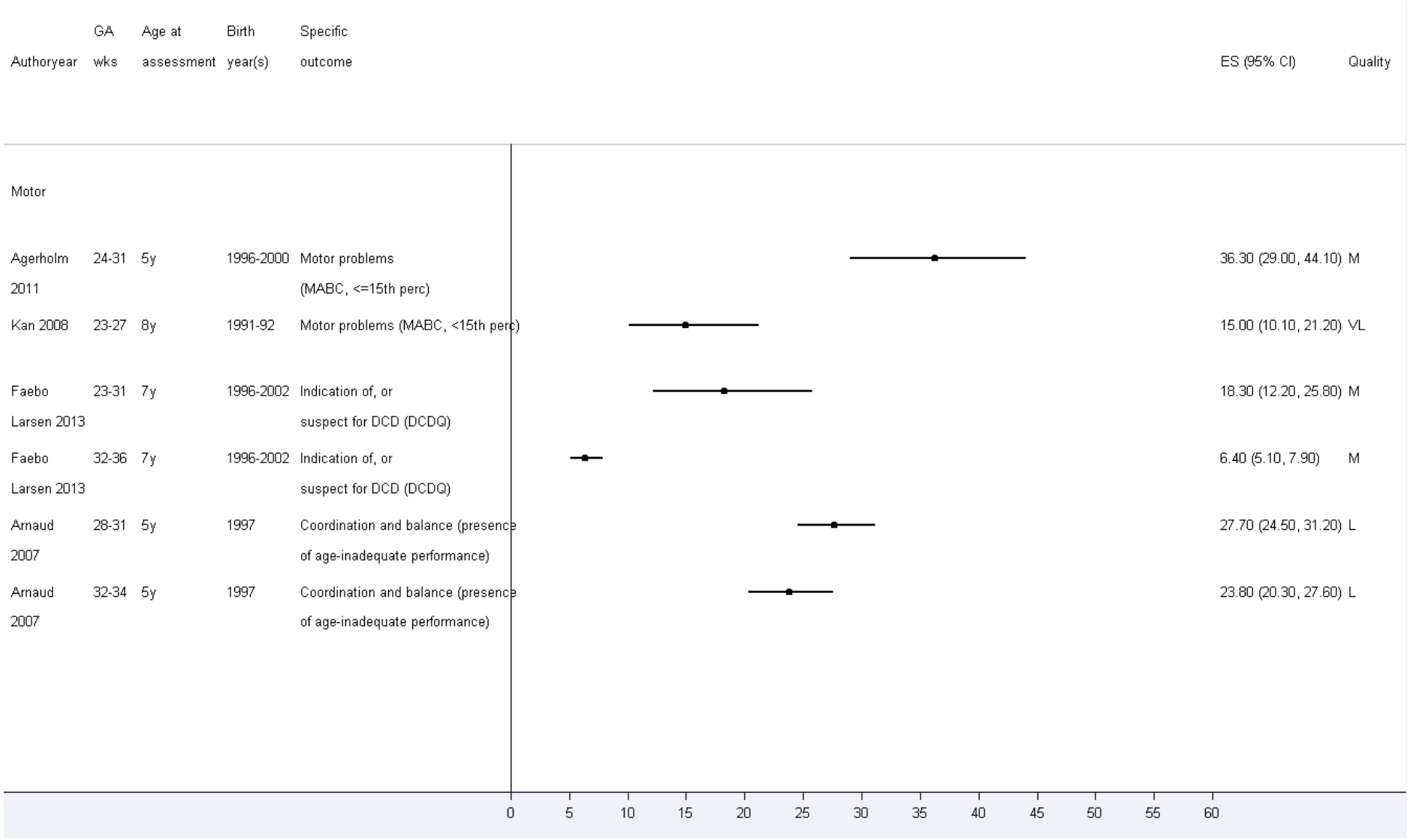
Figure 133: Prevalence estimates (% with 95% CI) of motor/coordination problems in children born preterm



1 **Figure 134: Prevalence estimates (% with 95% CI) of motor problems in children born preterm by week of gestation at birth**

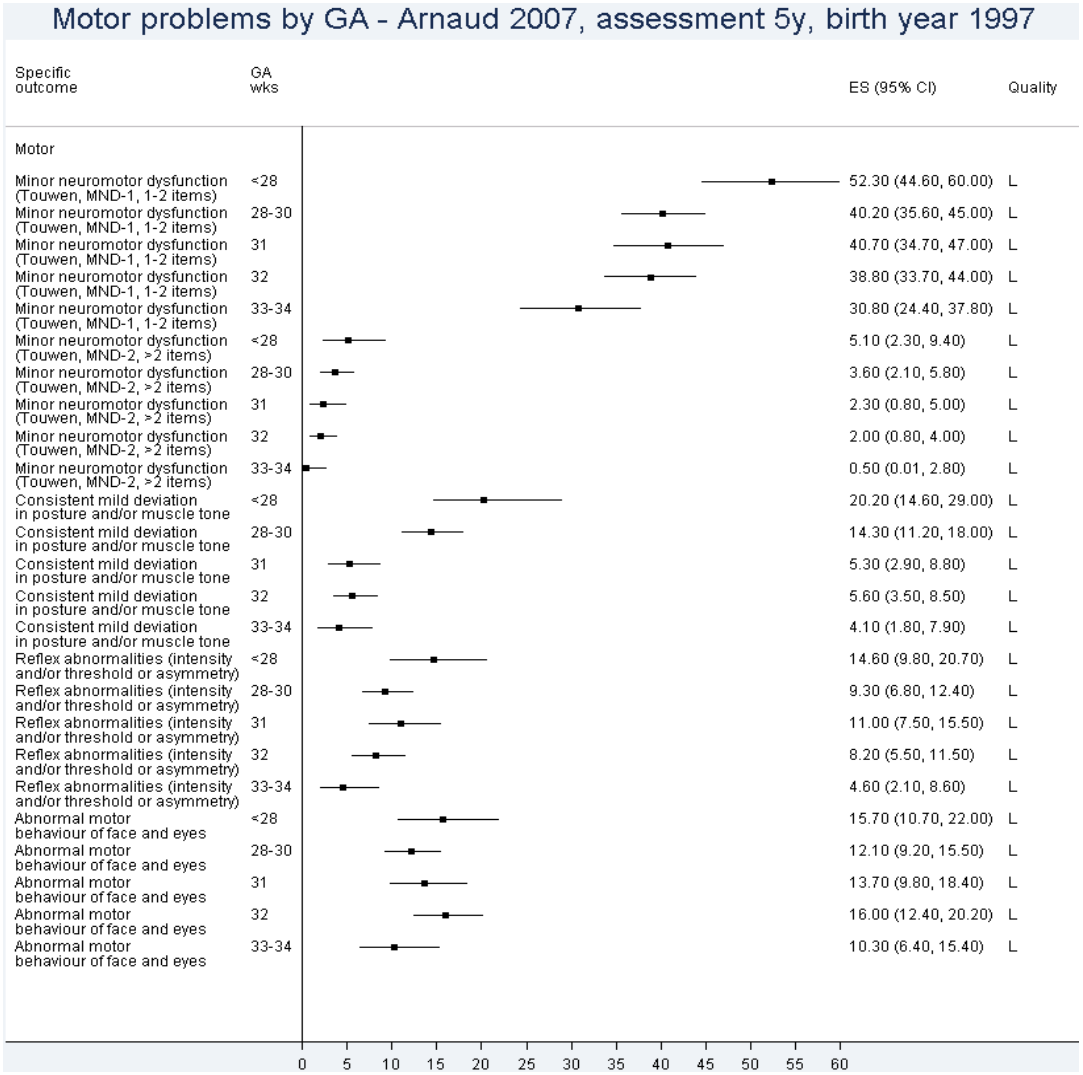


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Figure 135: Prevalence estimates (% with 95% CI) of motor/coordination problems in children born preterm by week of gestation at birth

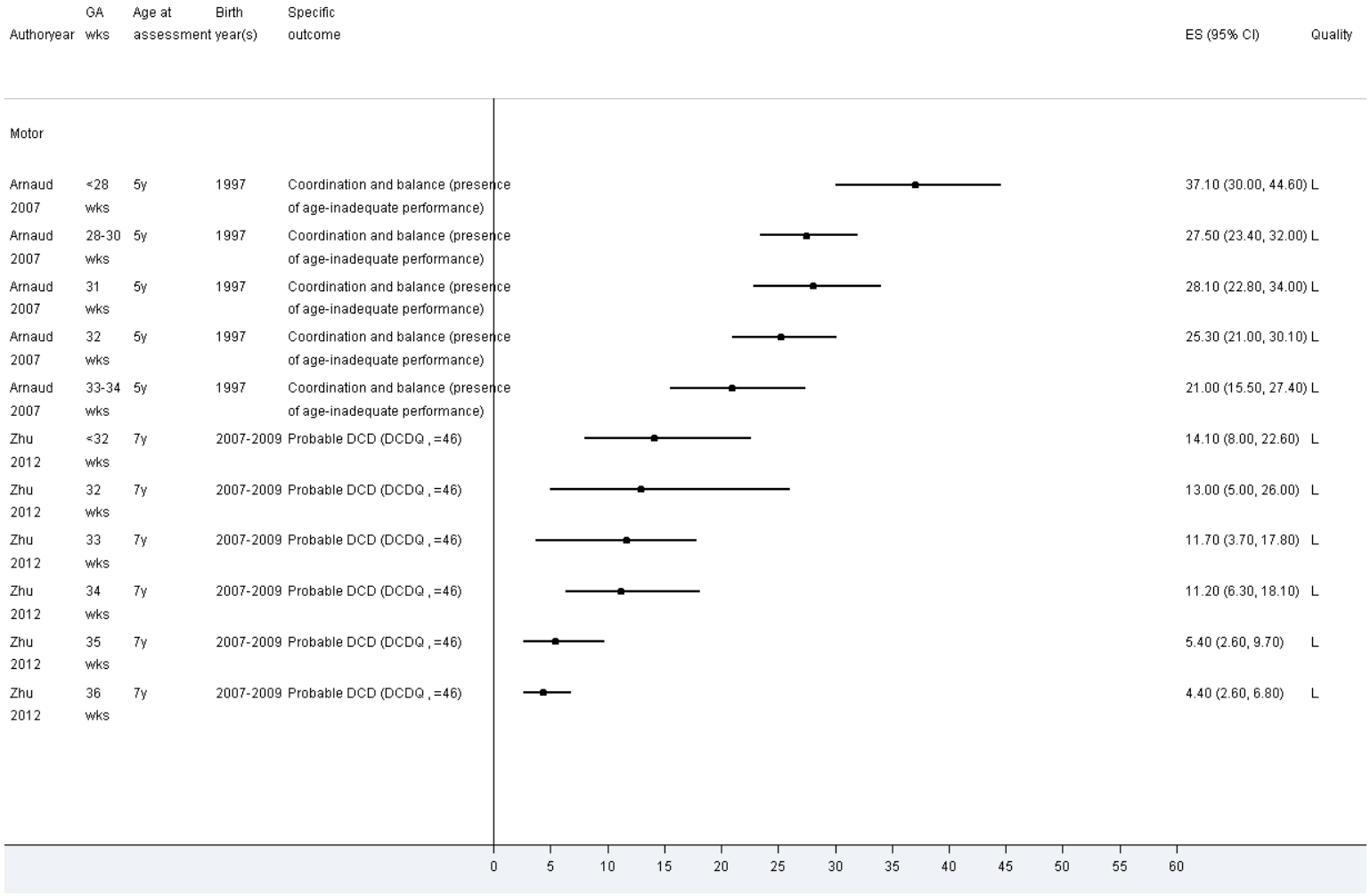


Figure 136: Prevalence estimates (% with 95% CI) of speech, language or communication problems in children born before 28 weeks' gestation

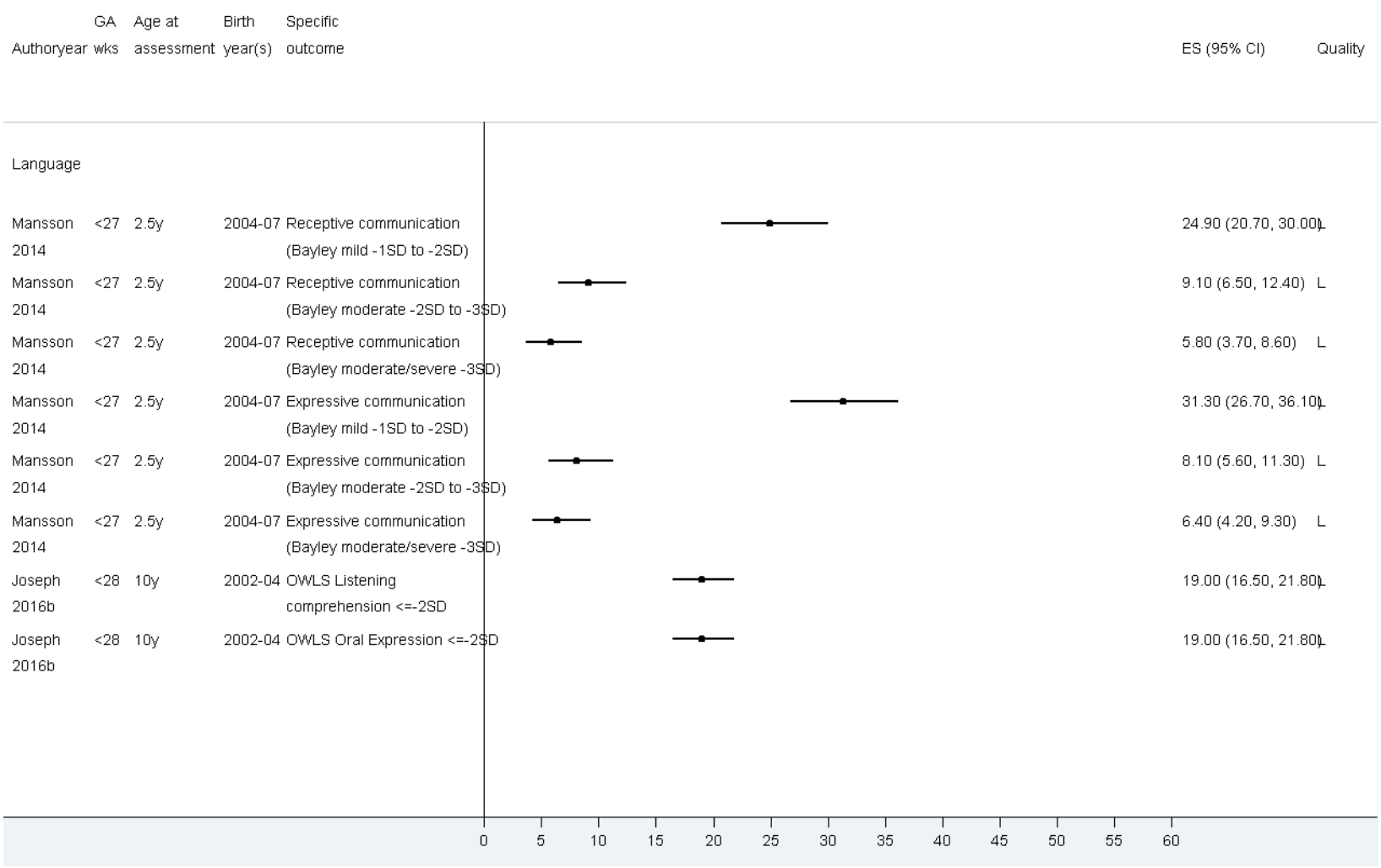


Figure 137: Prevalence estimates (% with 95% CI) of speech, language or communication problems in children born preterm

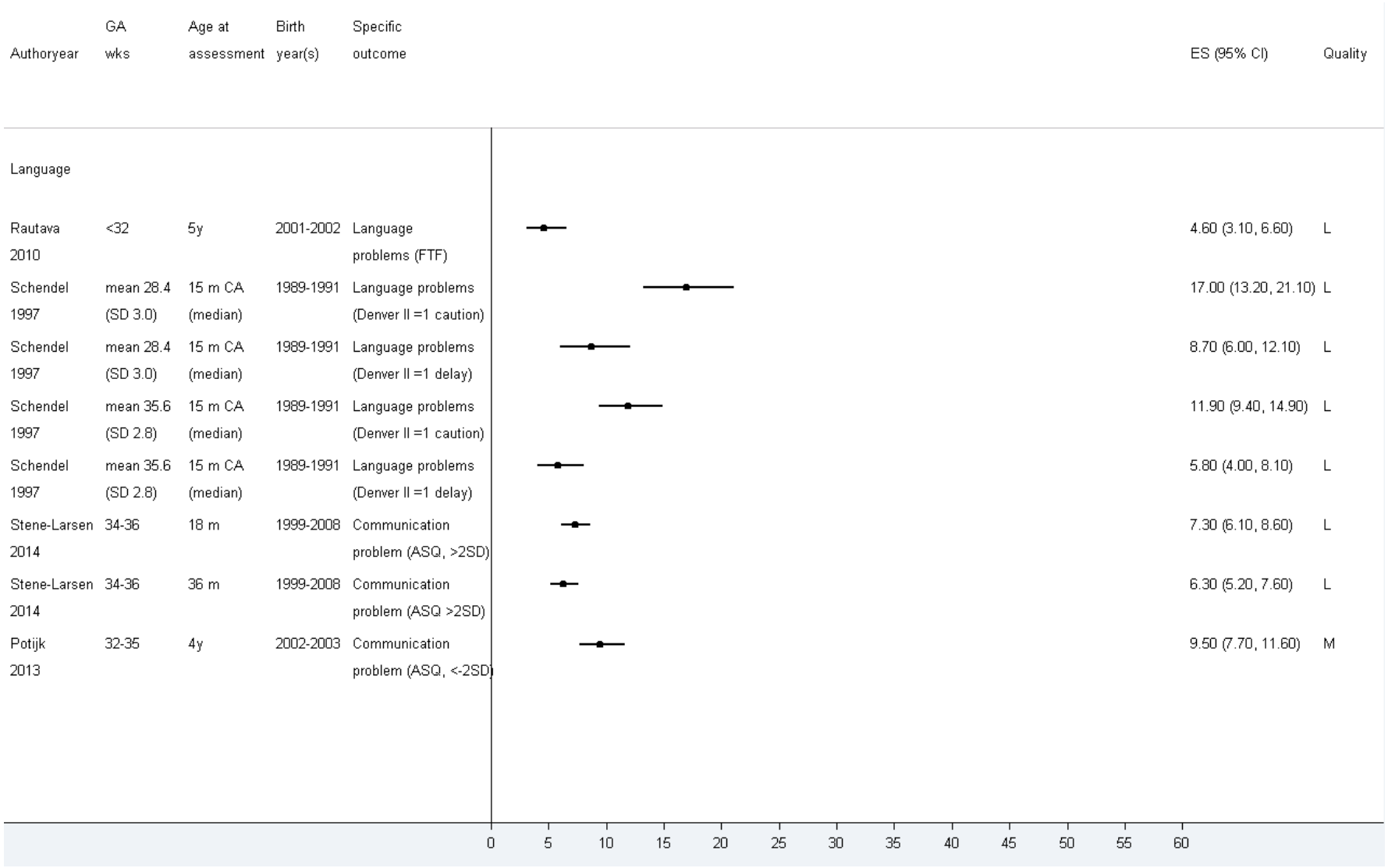
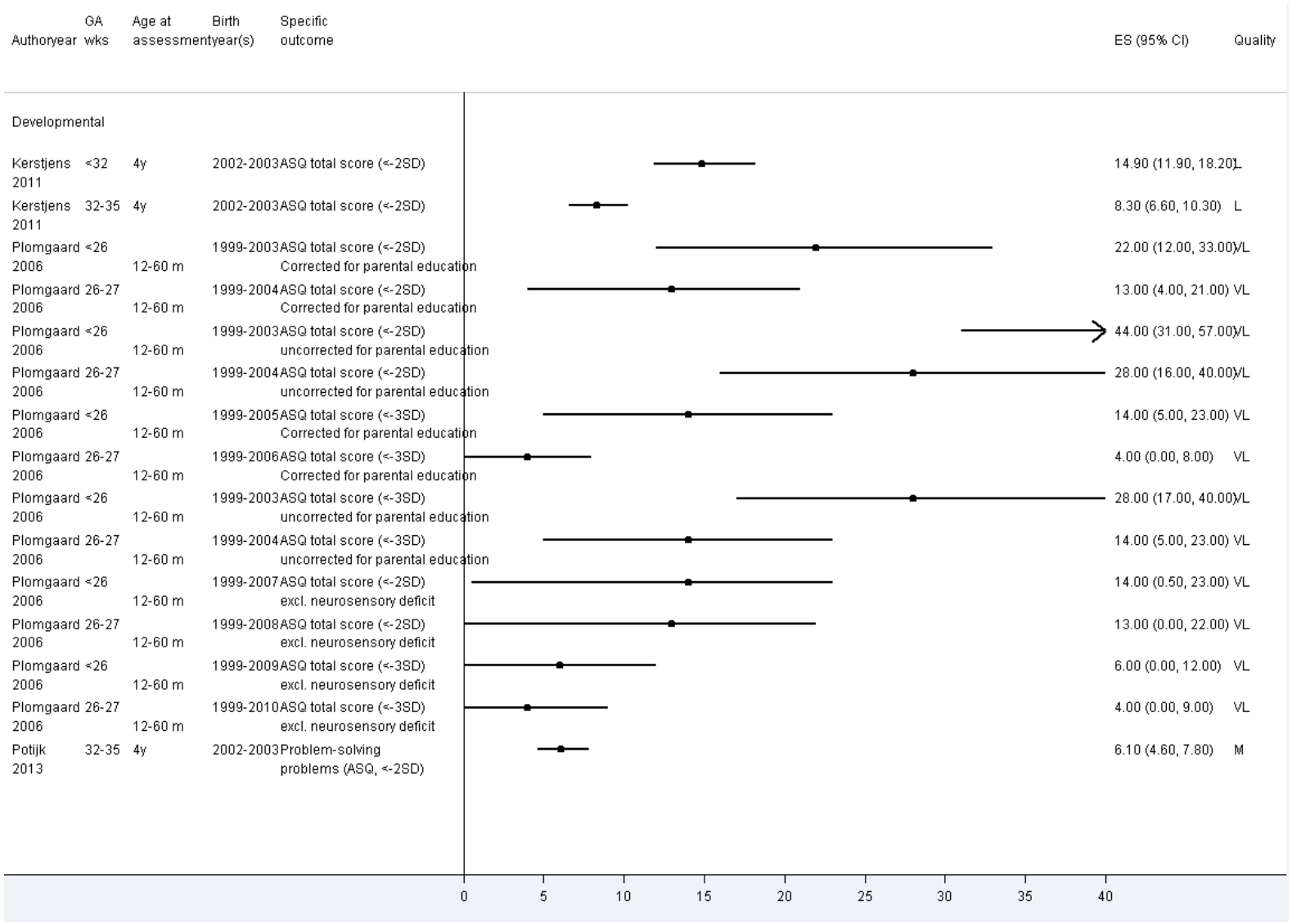


Figure 138: Prevalence estimates (% with 95% CI) of developmental delay in children born preterm assessed with ASQ



1 **Figure 139: Prevalence estimates (% with 95% CI) of developmental delay in children born preterm assessed with MAP**

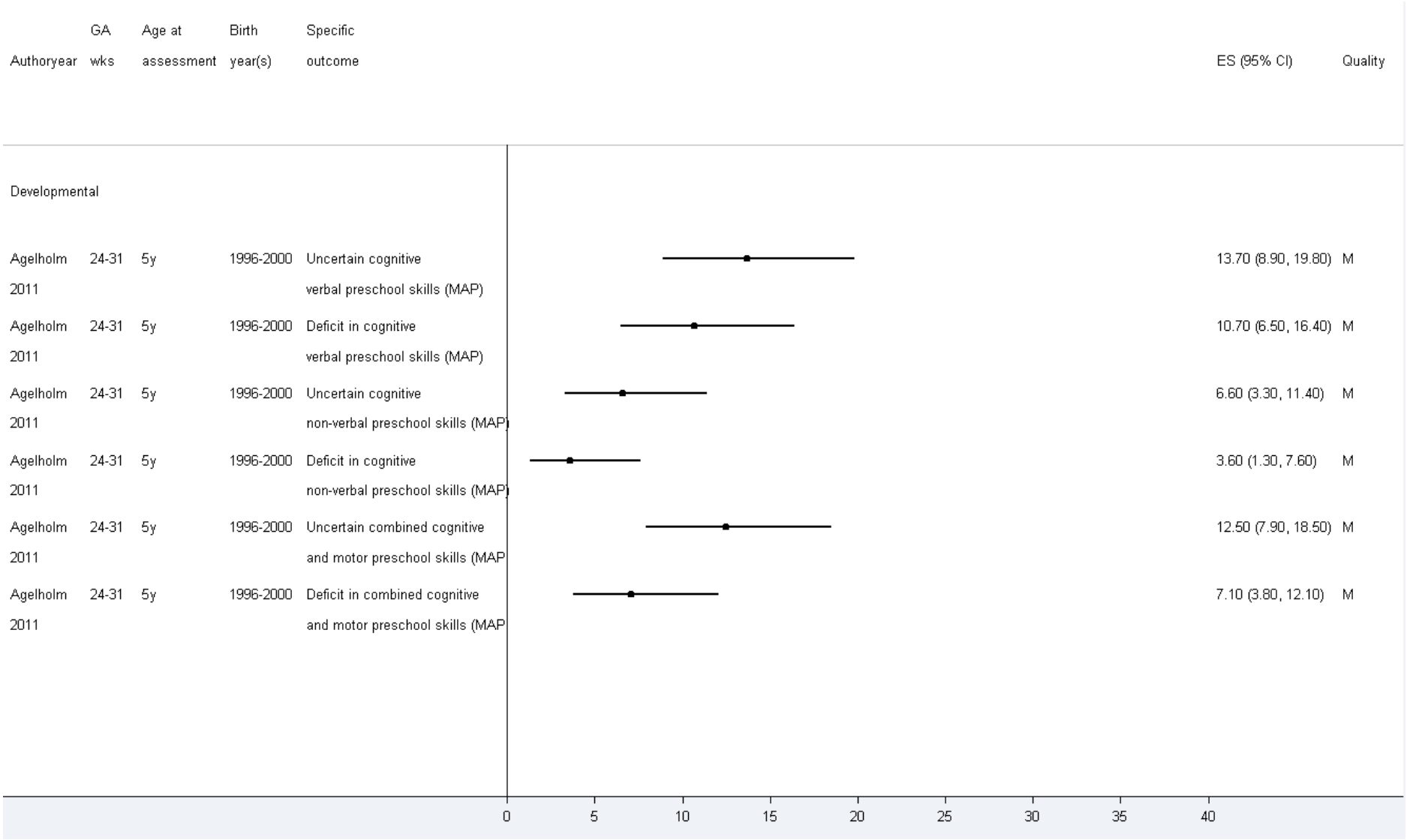


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Figure 140: Prevalence estimates (% with 95% CI) of developmental delay in children born preterm assessed with BLS, PARCA-R, and Denver

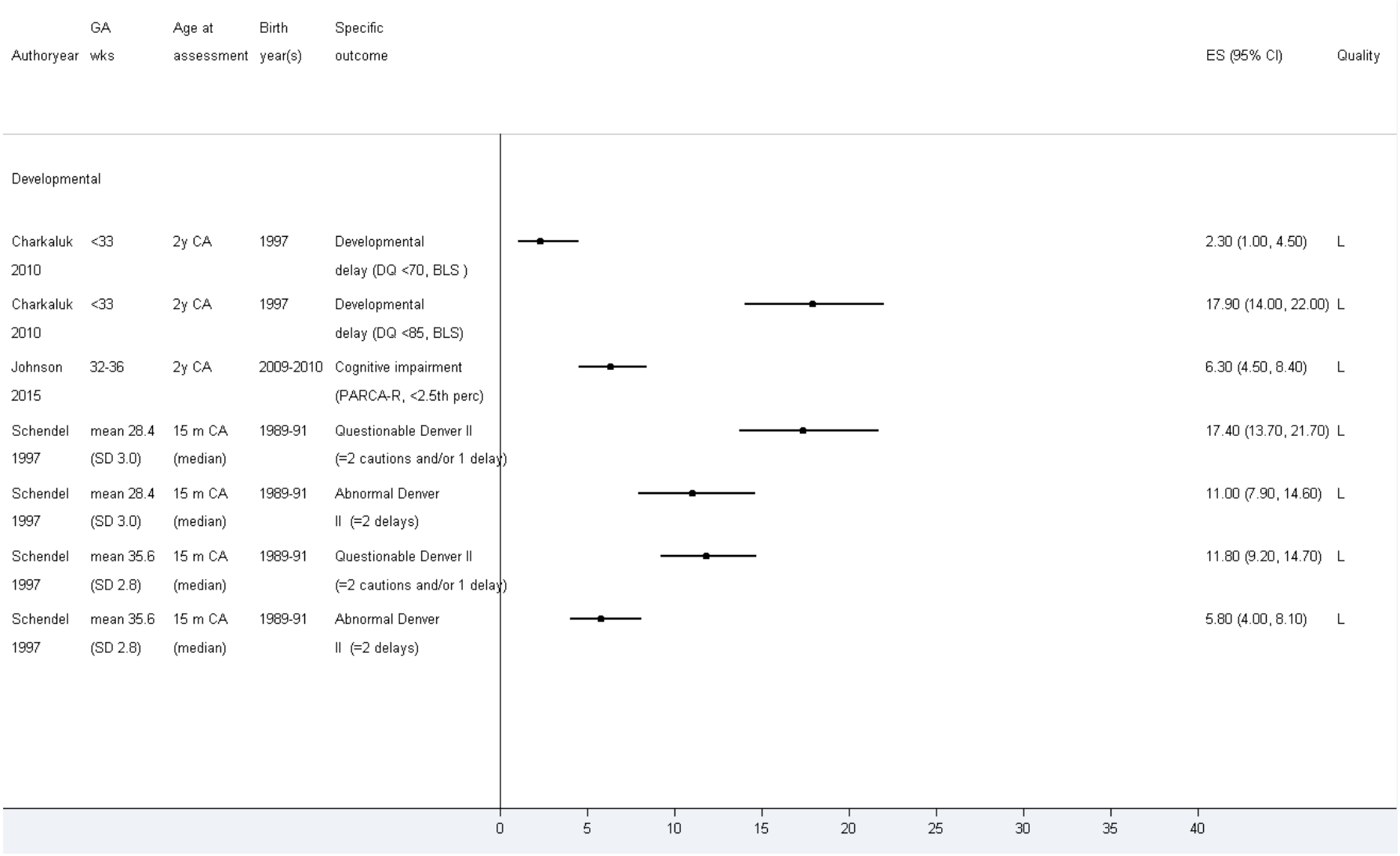


Figure 141: Prevalence estimates (% with 95% CI) of developmental delay in children born preterm by week of gestation at birth

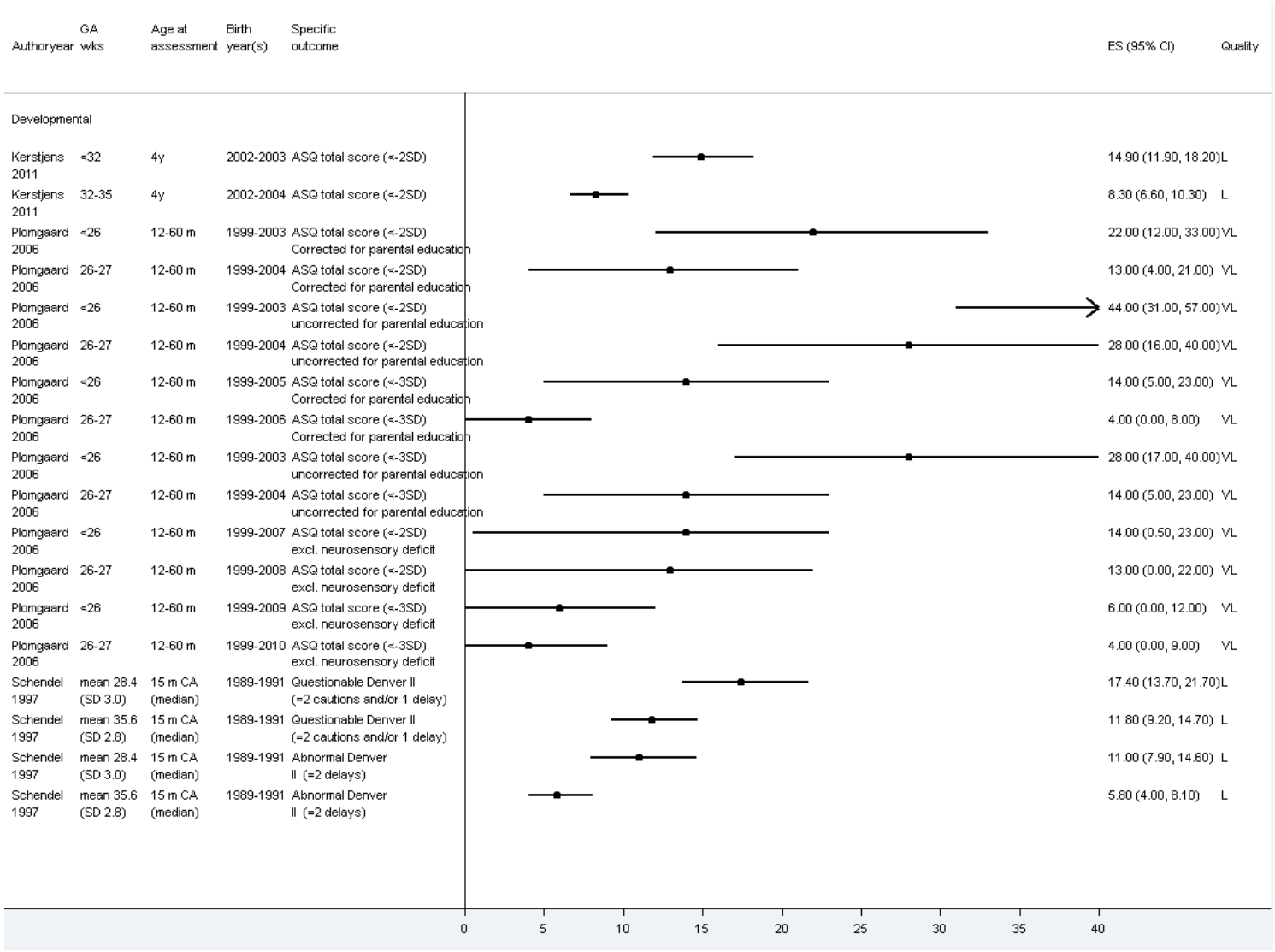
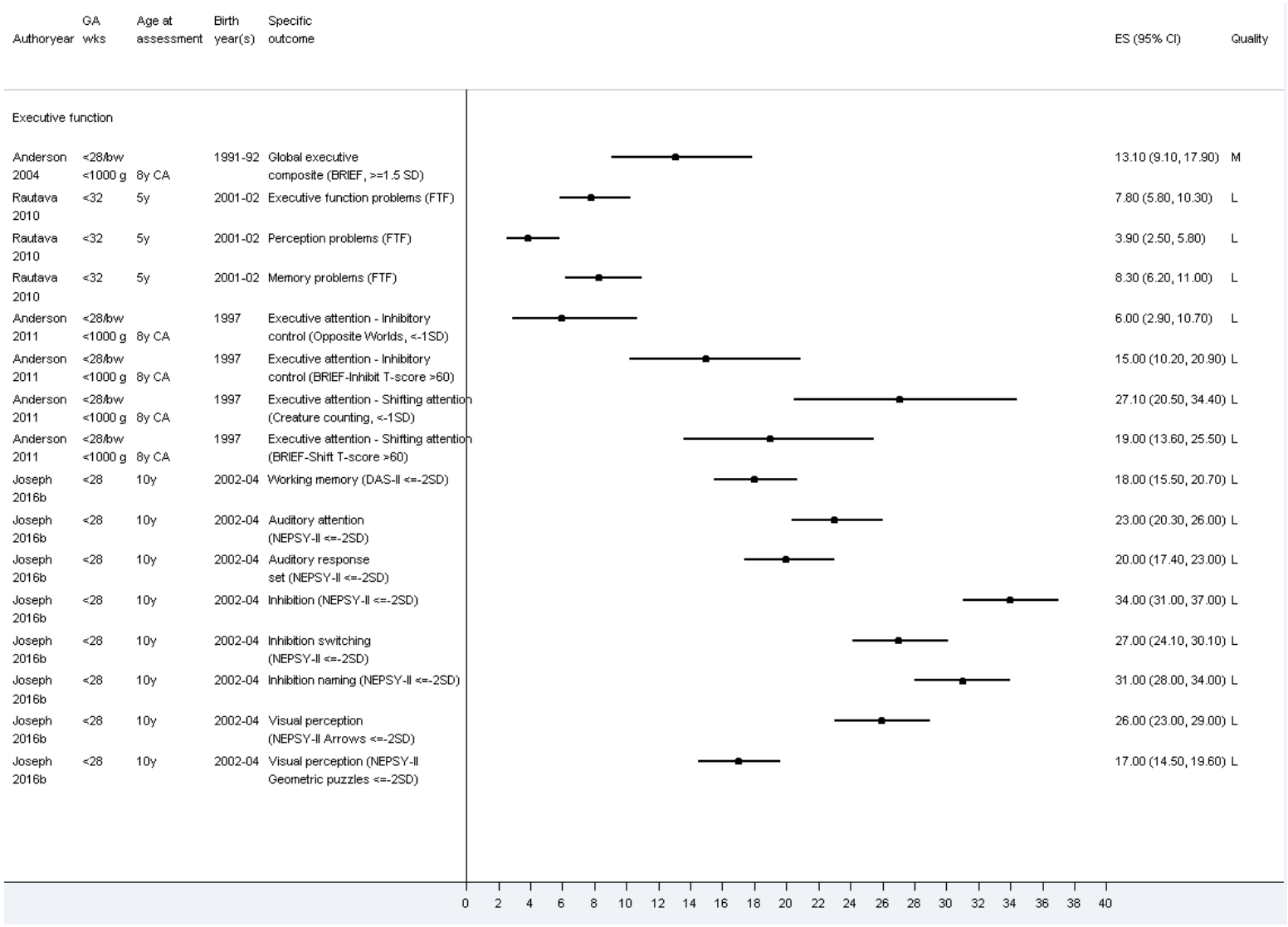


Figure 142: Prevalence estimates (% with 95% CI) of executive function problems in children born preterm



1 **Figure 143: Prevalence estimates (% with 95% CI) of behavioural problems in children born before 28 weeks' gestation**

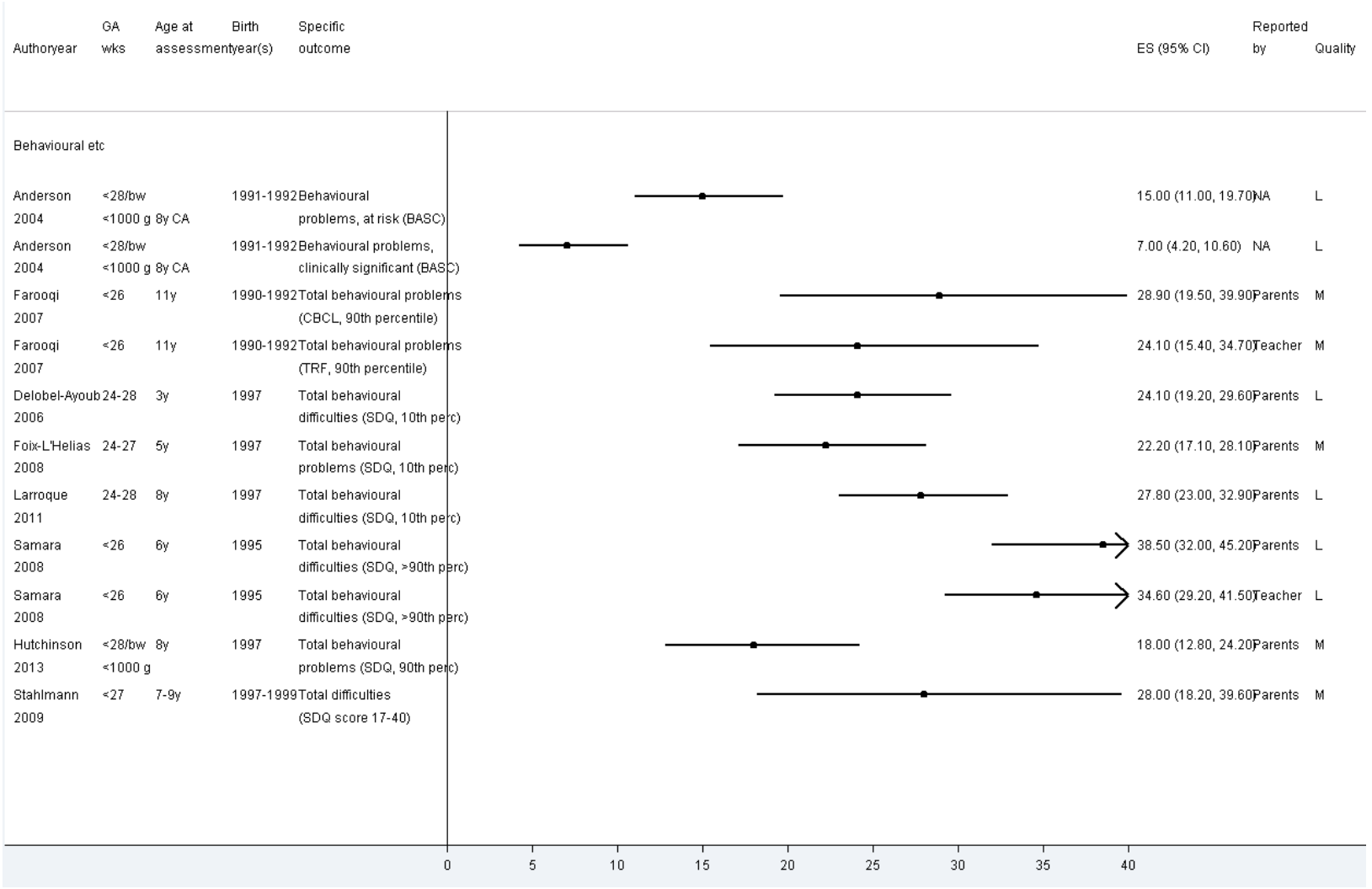


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Figure 144: Prevalence estimates (% with 95% CI) of behavioural problems in children born before 32 weeks' gestation

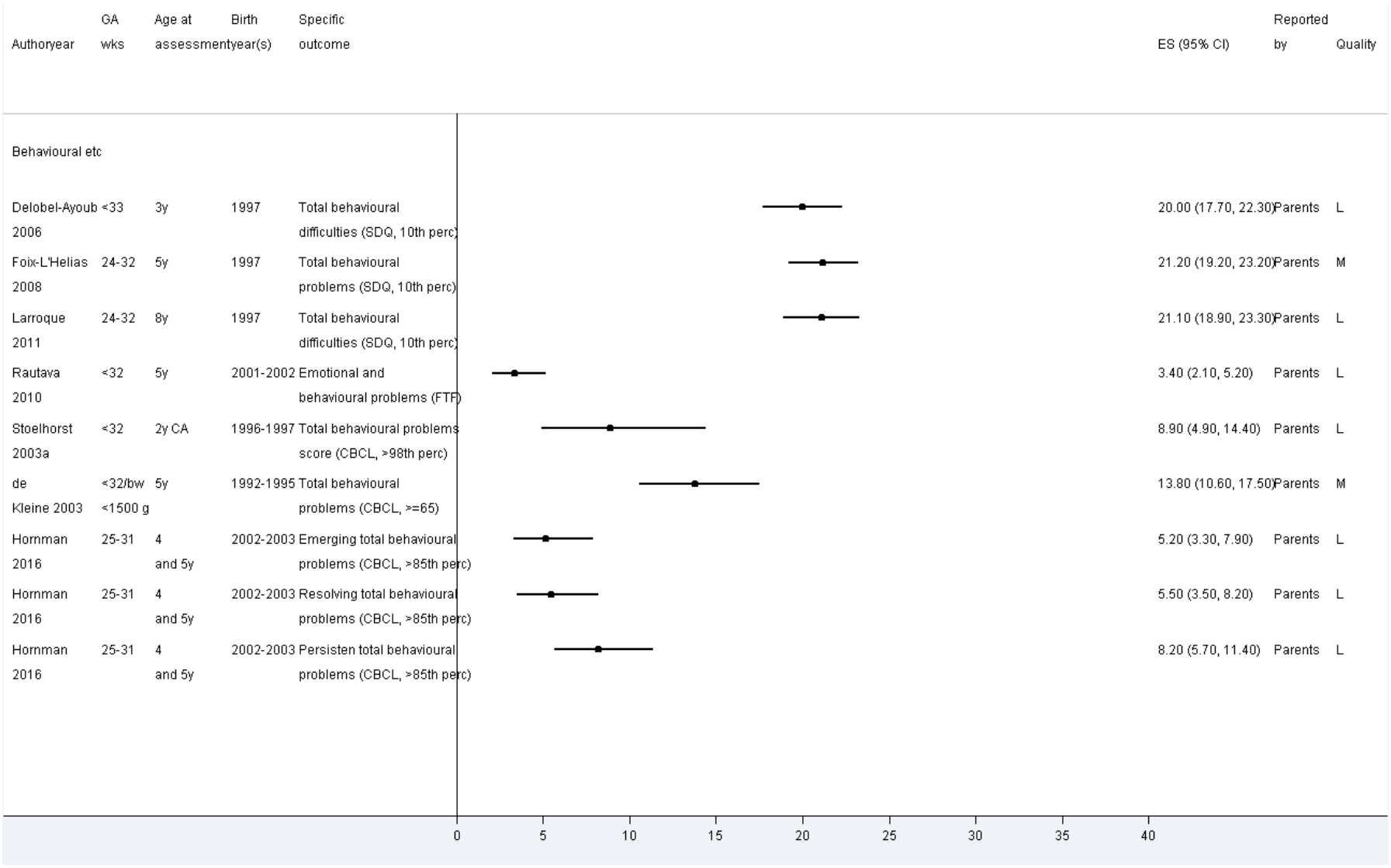


Figure 145: Prevalence estimates (% with 95% CI) of behavioural problems in children born between 28 and 32 weeks' gestation

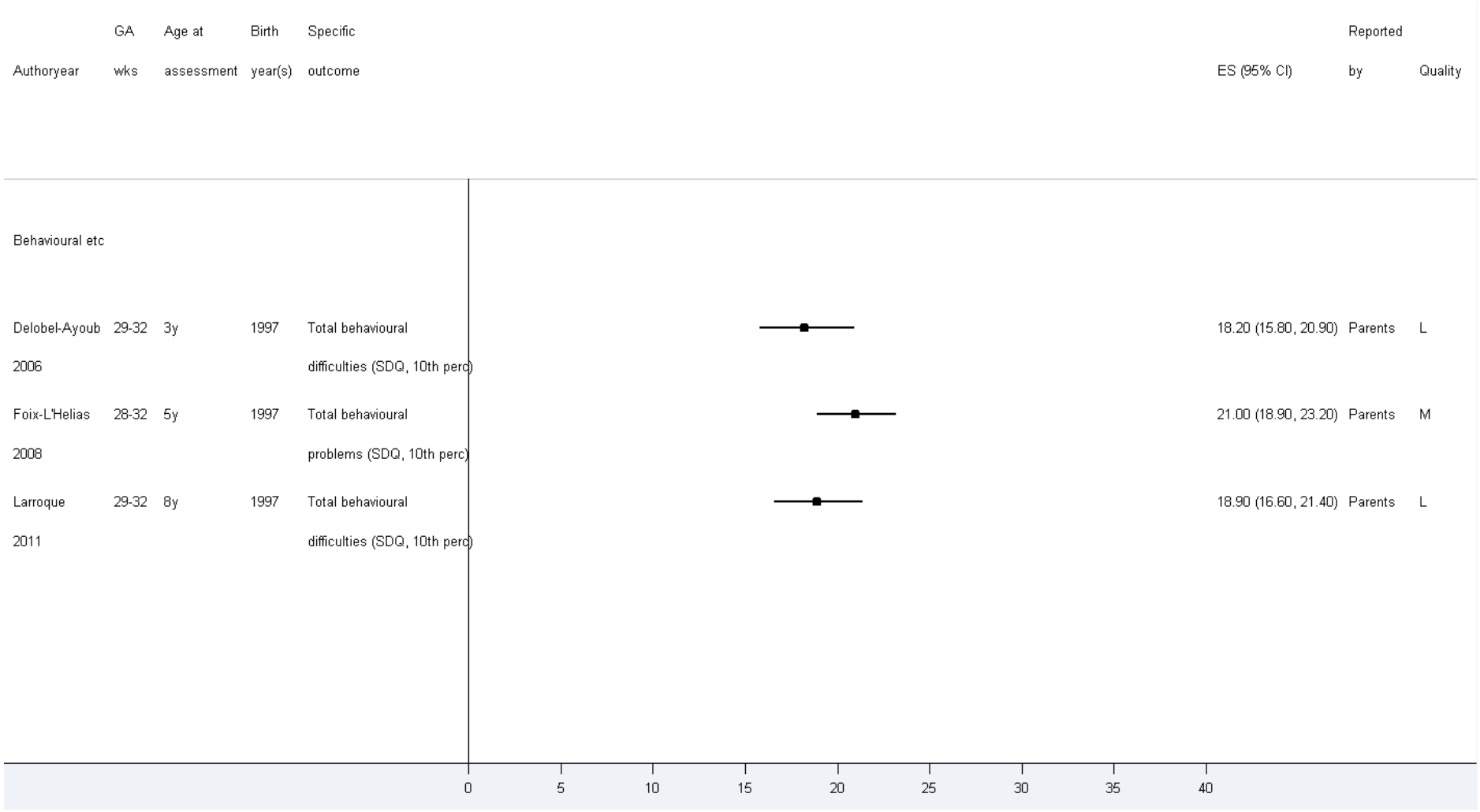


Figure 146: Prevalence estimates (% with 95% CI) of behavioural problems in children born between 32 and 36 weeks' gestation

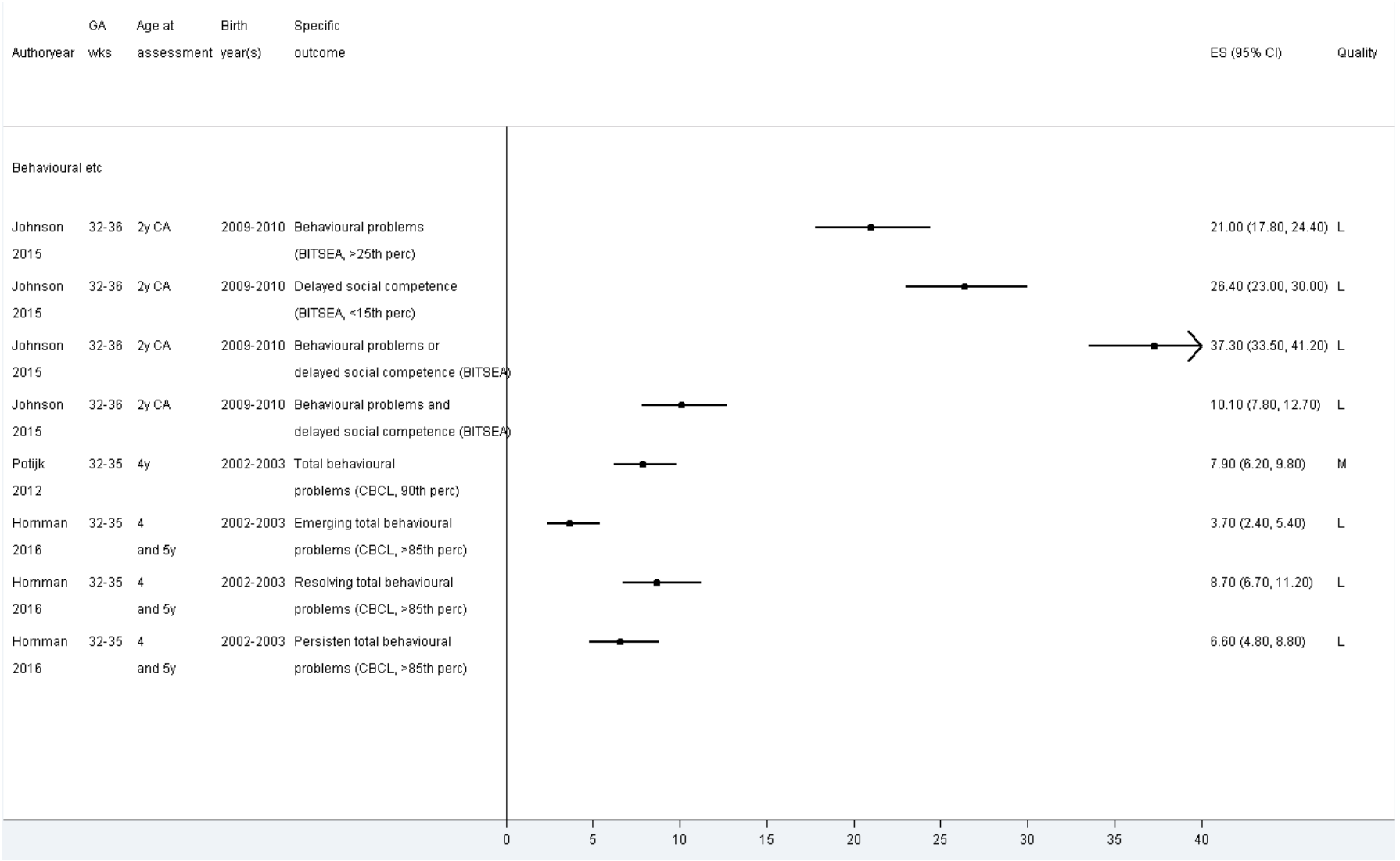
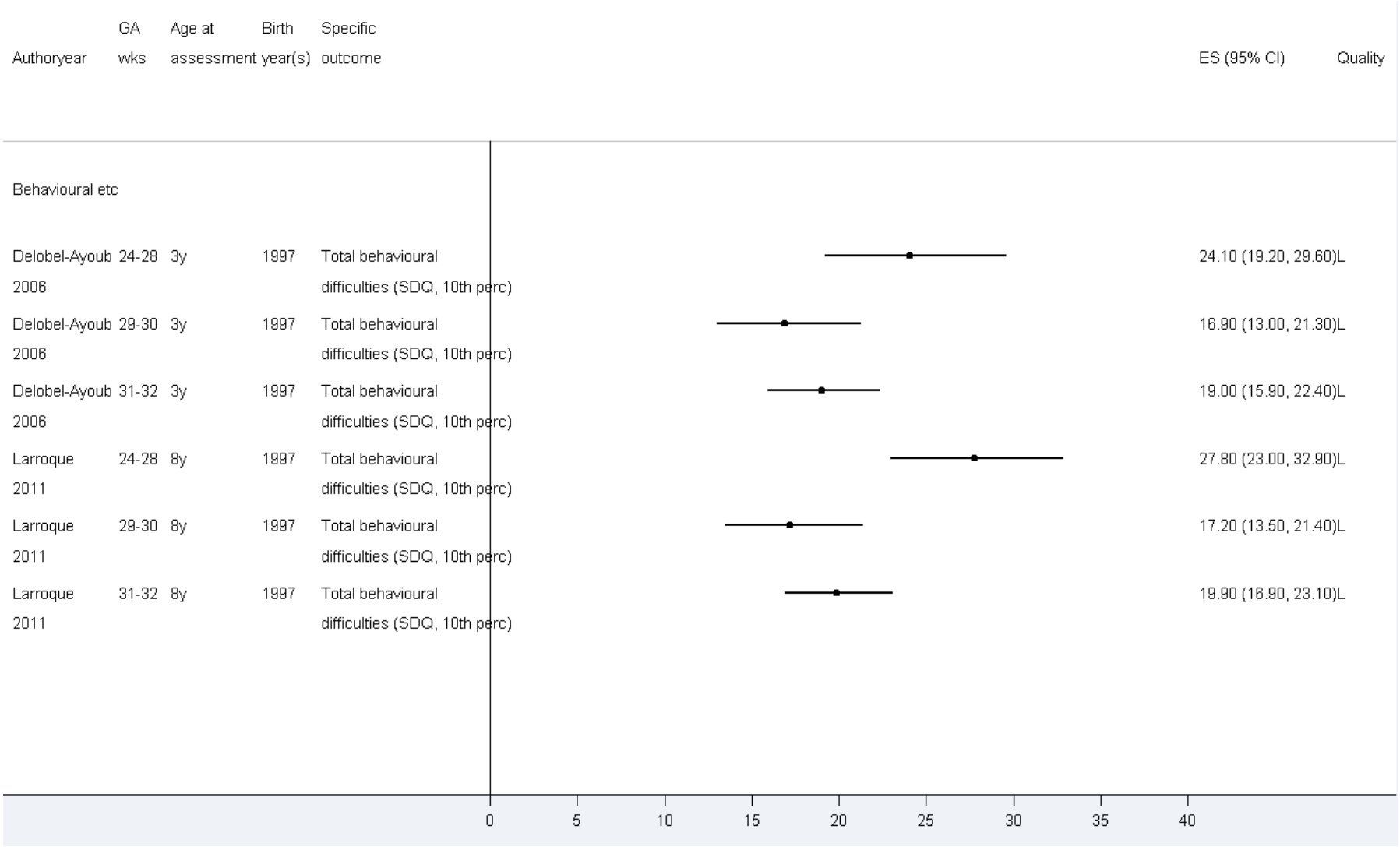


Figure 147: Prevalence estimates (% with 95% CI) of behavioural problems in children born preterm by gestational age at birth assessed with SDQ



1 **Figure 148: Prevalence estimates (% with 95% CI) of attention problems in children born preterm assessed with SDQ.**

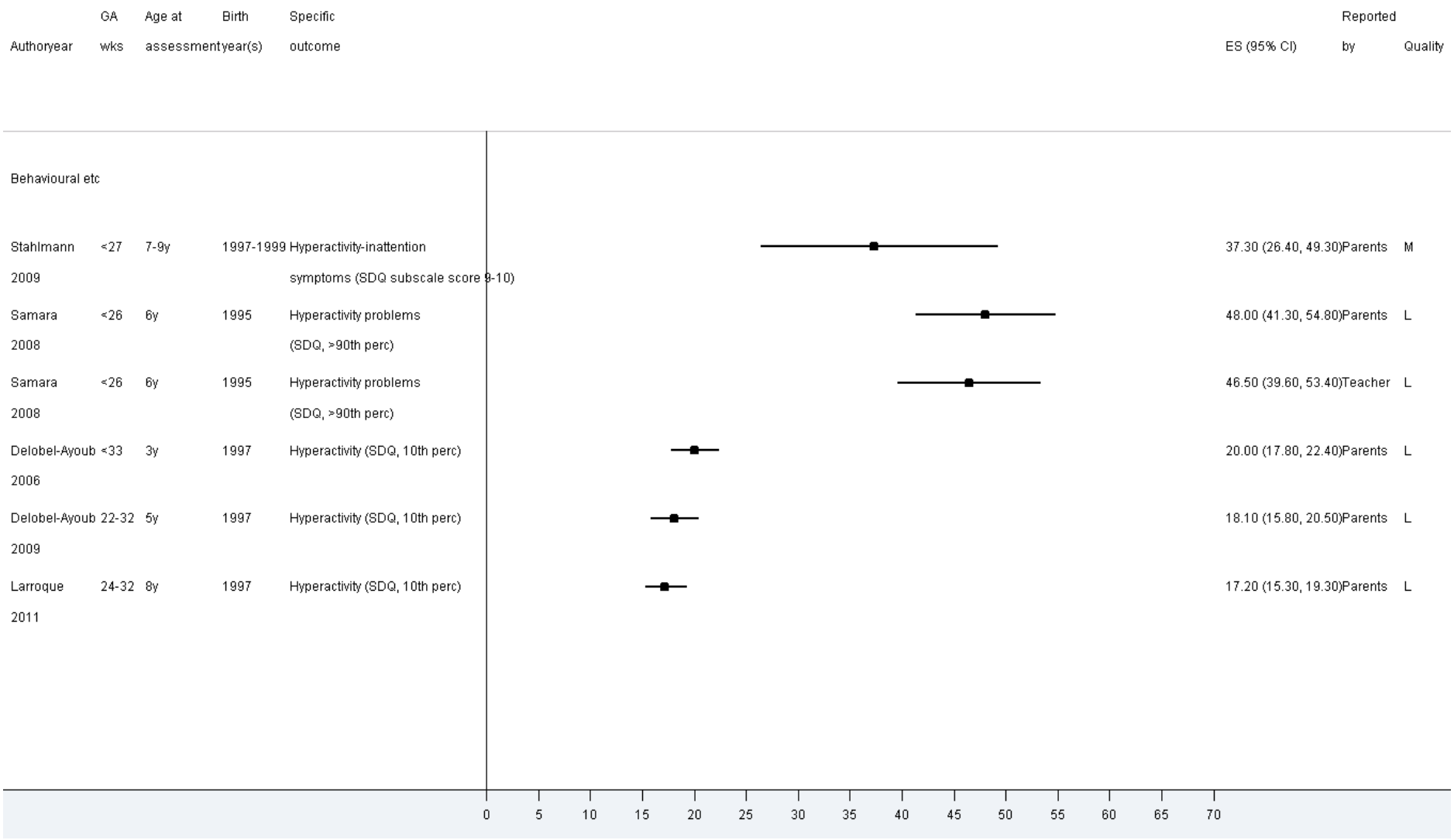


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Figure 149: Prevalence estimates (% with 95% CI) of attention problems in children born preterm assessed with CBCL

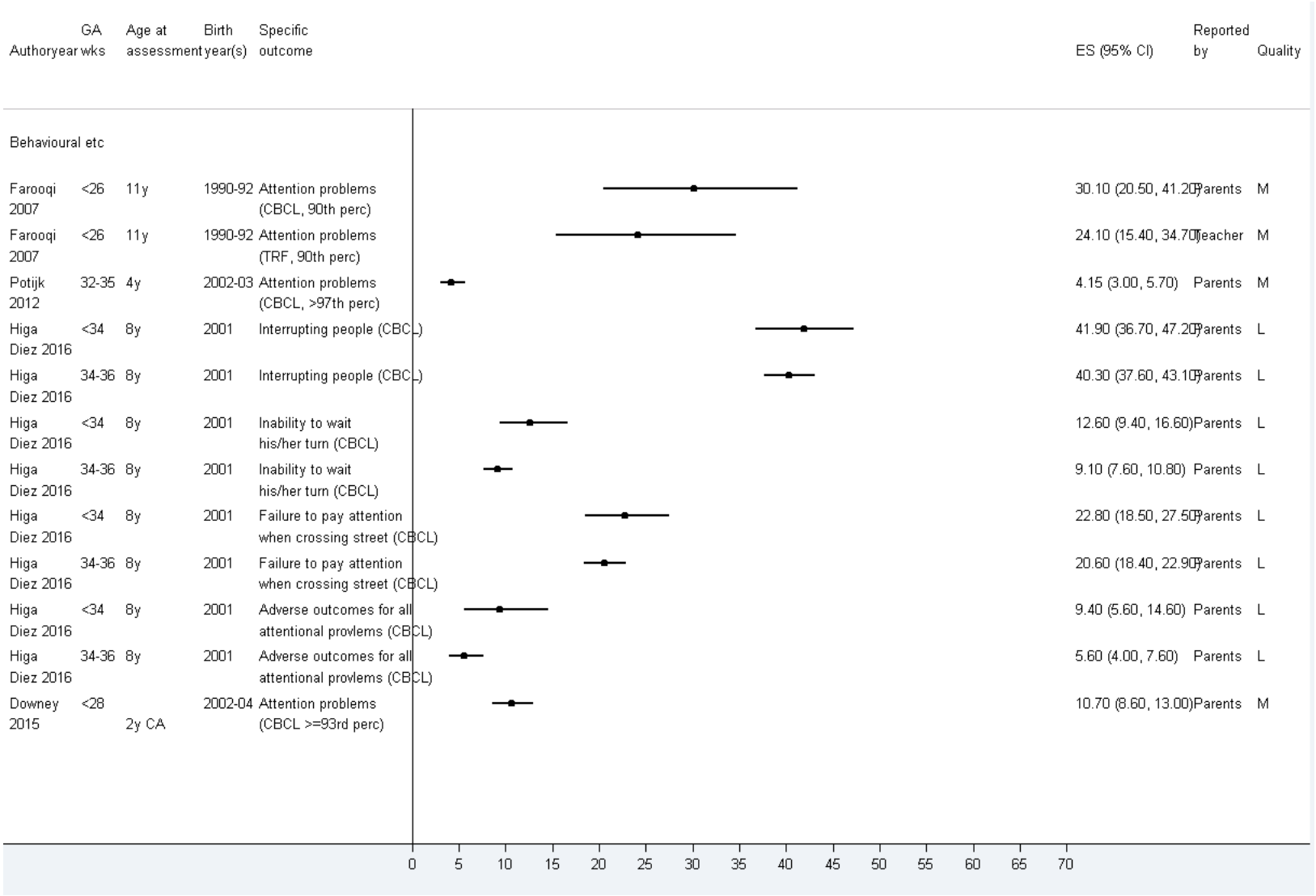


Figure 150: Prevalence estimates (% with 95% CI) of attention problems in children born preterm assessed with other screening tools

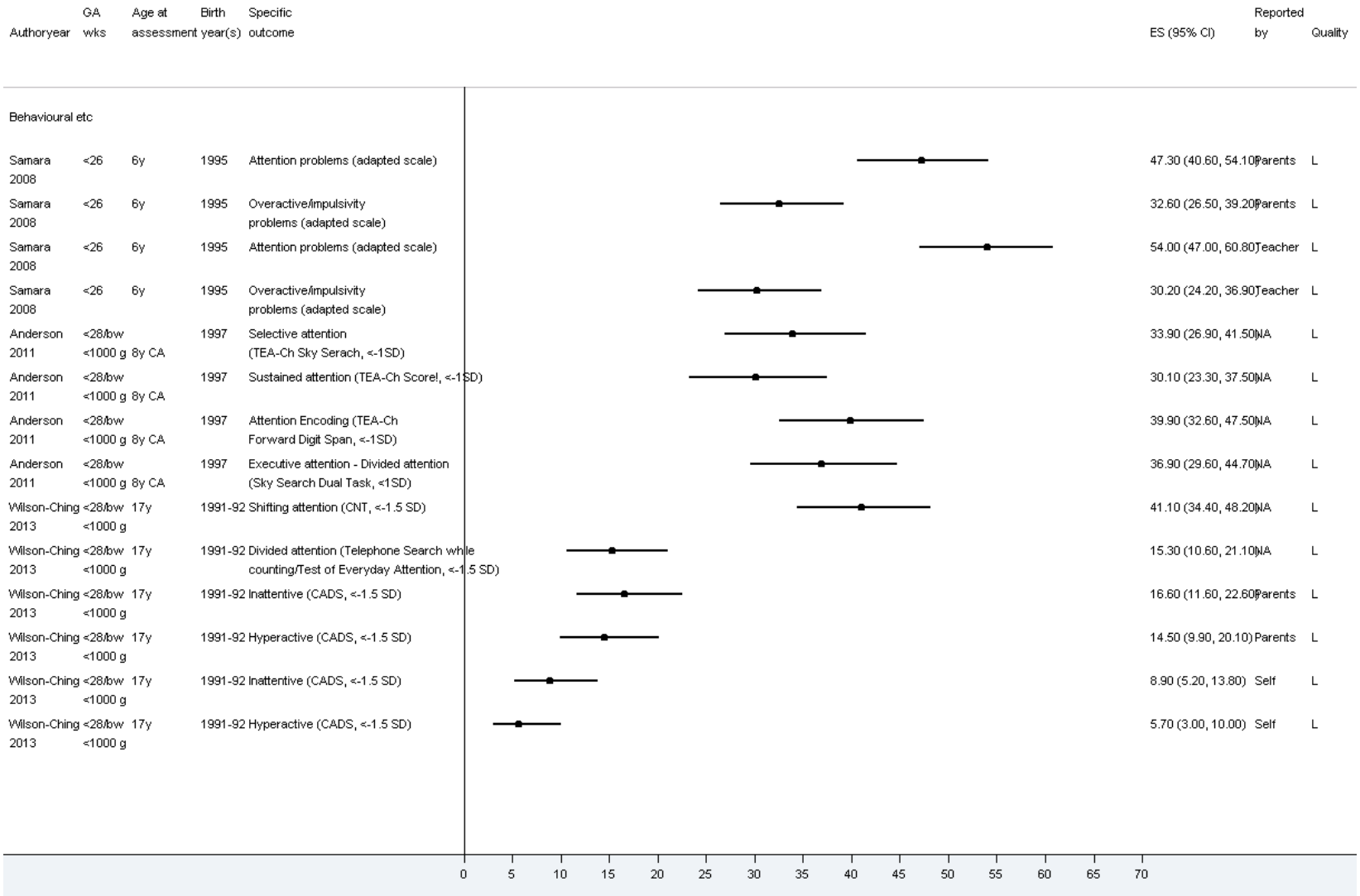


Figure 151: Prevalence estimates (% with 95% CI) of symptoms suggestive of attention deficit/hyperactivity disorder (ADHD) in children born preterm assessed with a screening tool

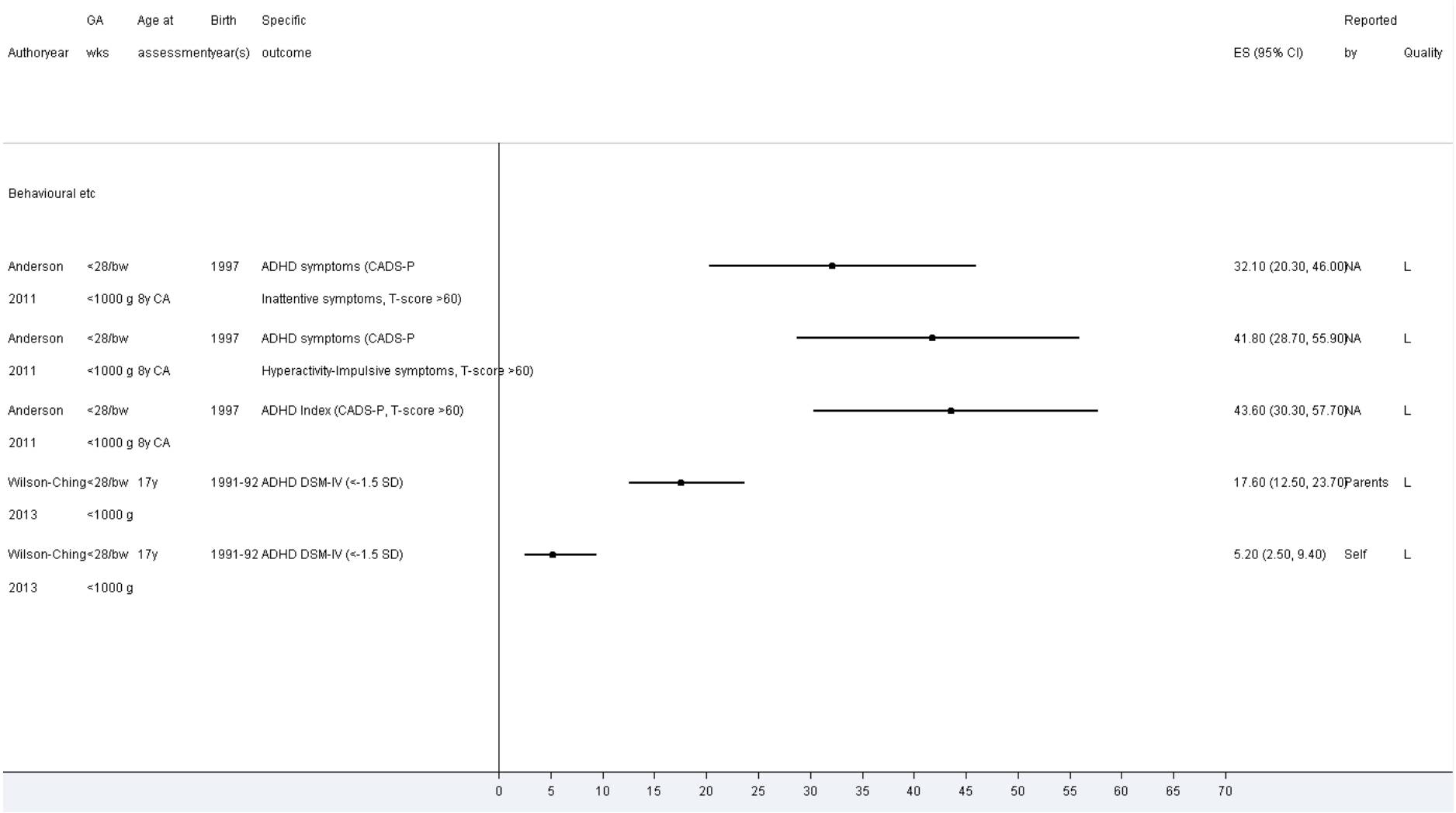


Figure 152: Prevalence estimates (% with 95% CI) of hyperactivity in children born preterm by gestational age at birth

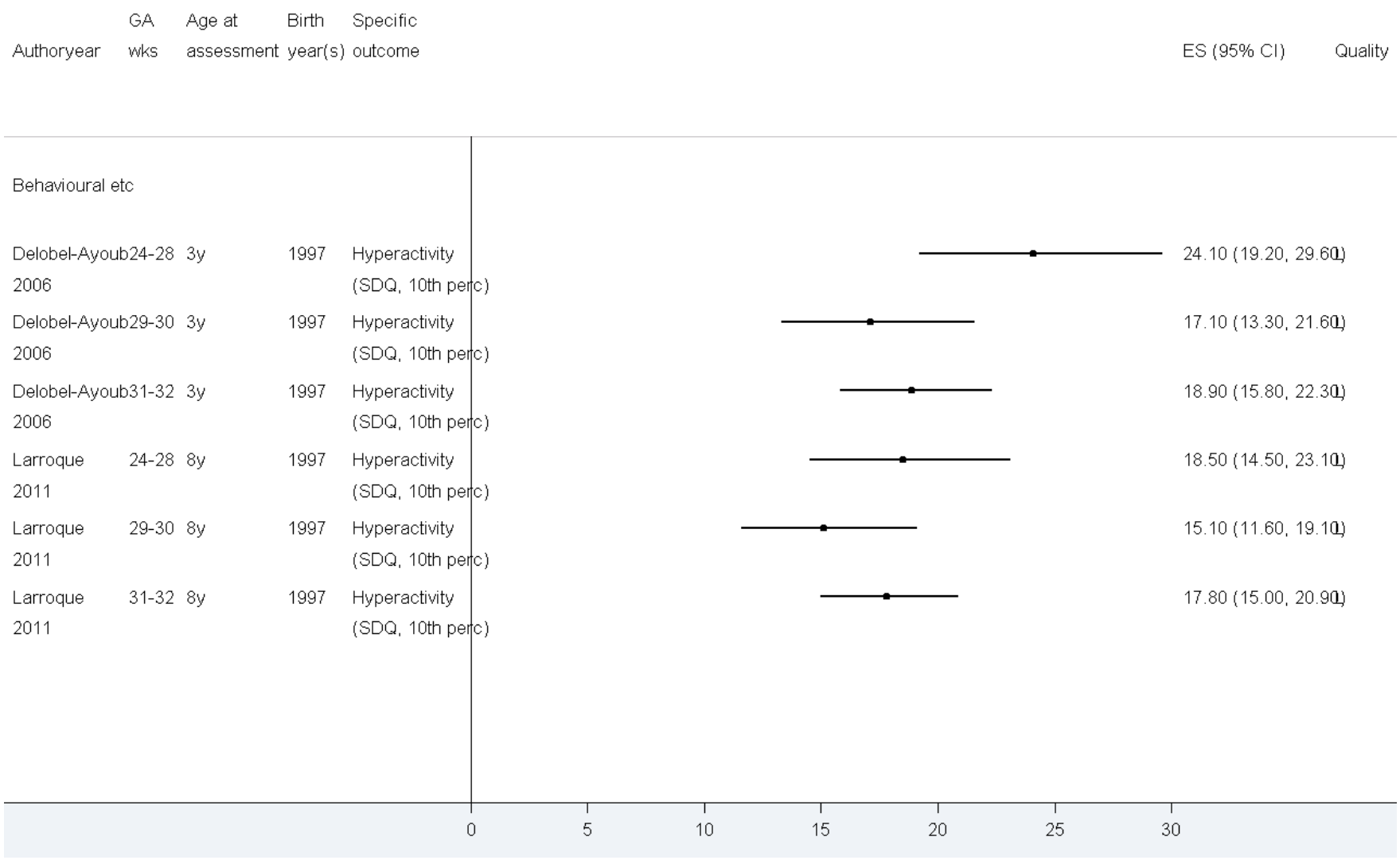


Figure 153: Prevalence estimates (% with 95% CI) of internalising behaviours in children born preterm

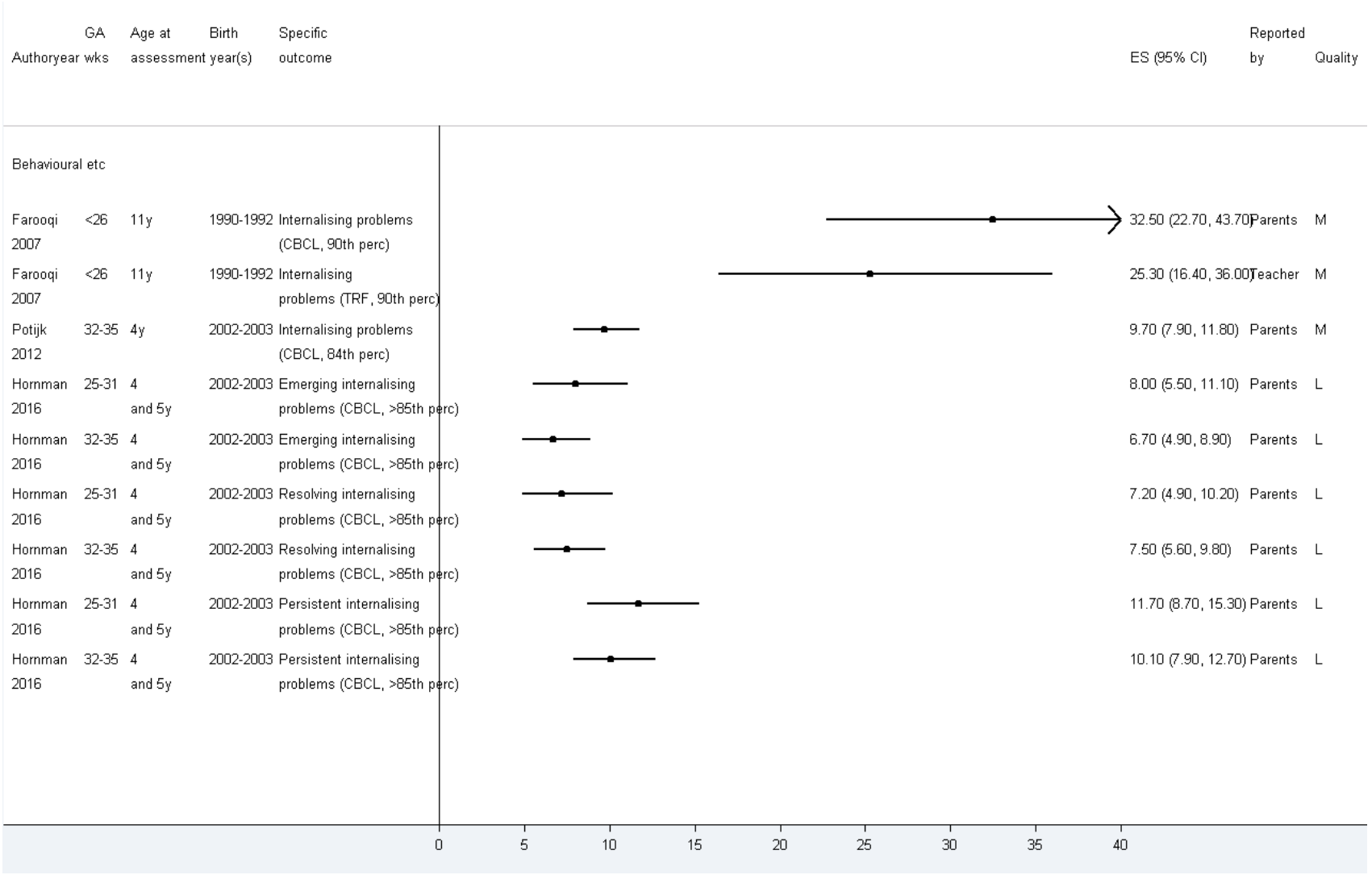


Figure 154: Prevalence estimates (% with 95% CI) of specific internalising behaviours in children born preterm

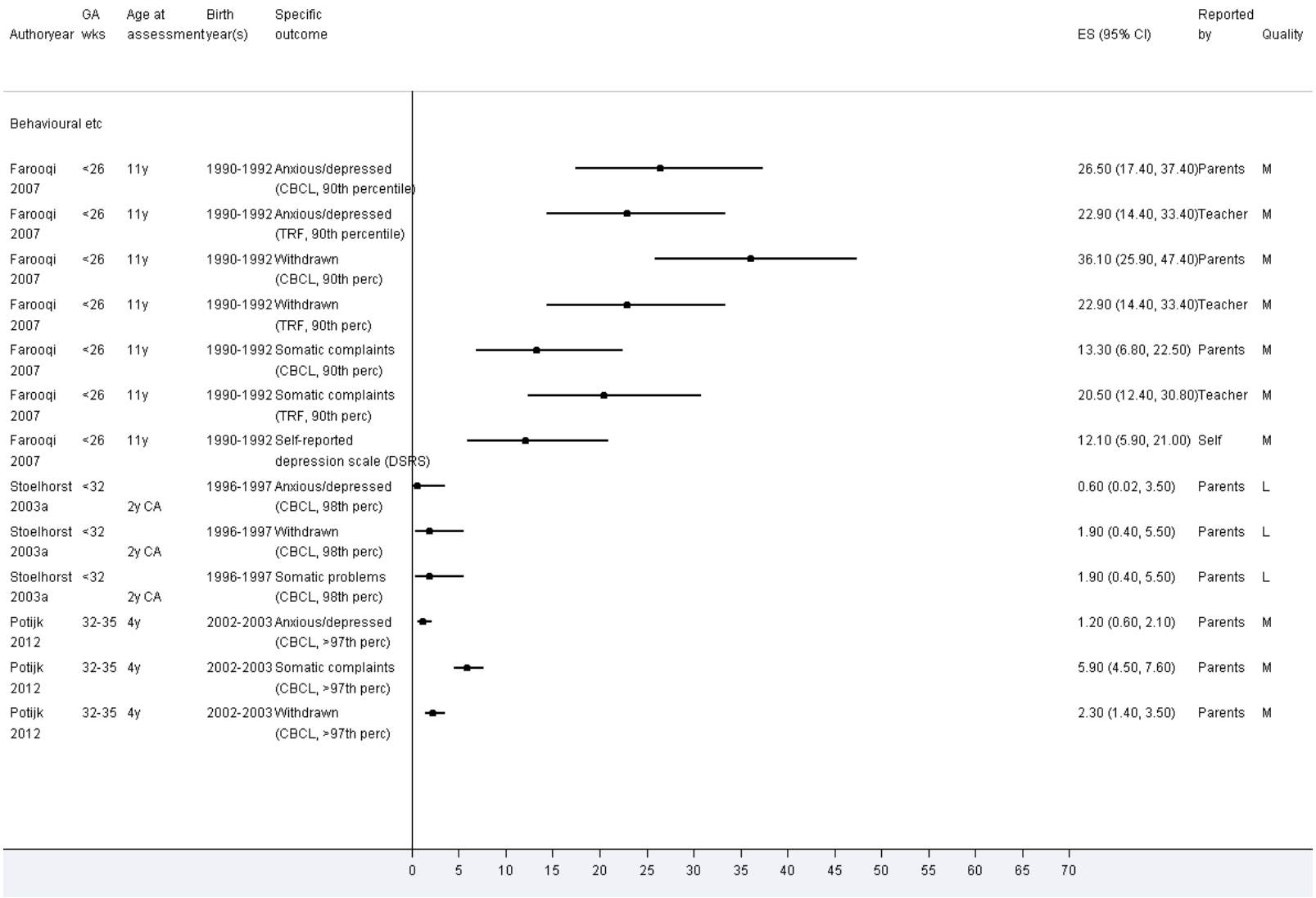


Figure 155: Prevalence estimates (% with 95% CI) of externalising behaviours in children born preterm

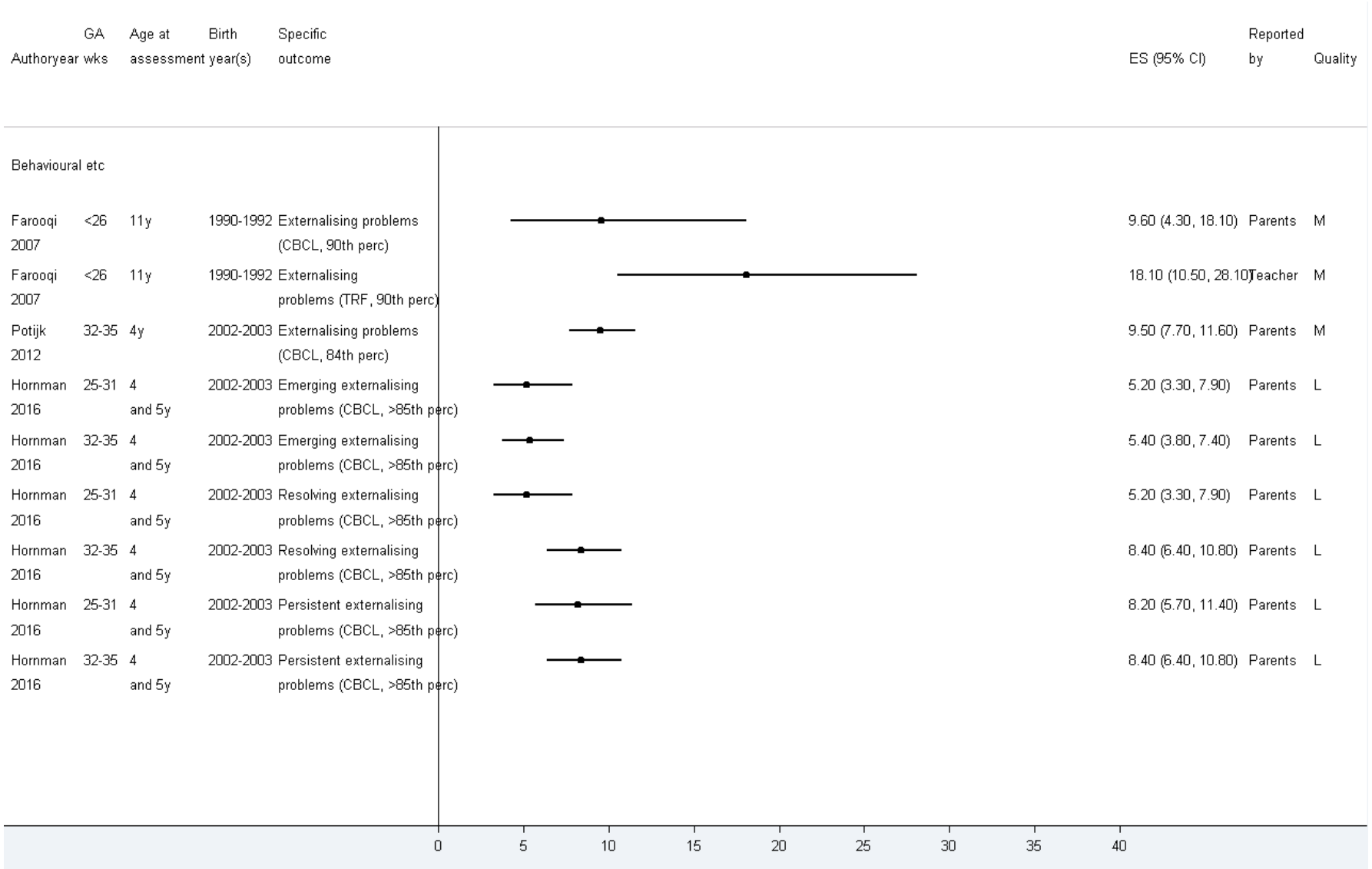


Figure 156: Prevalence estimates (% with 95% CI) of specific externalising behaviours in children born preterm

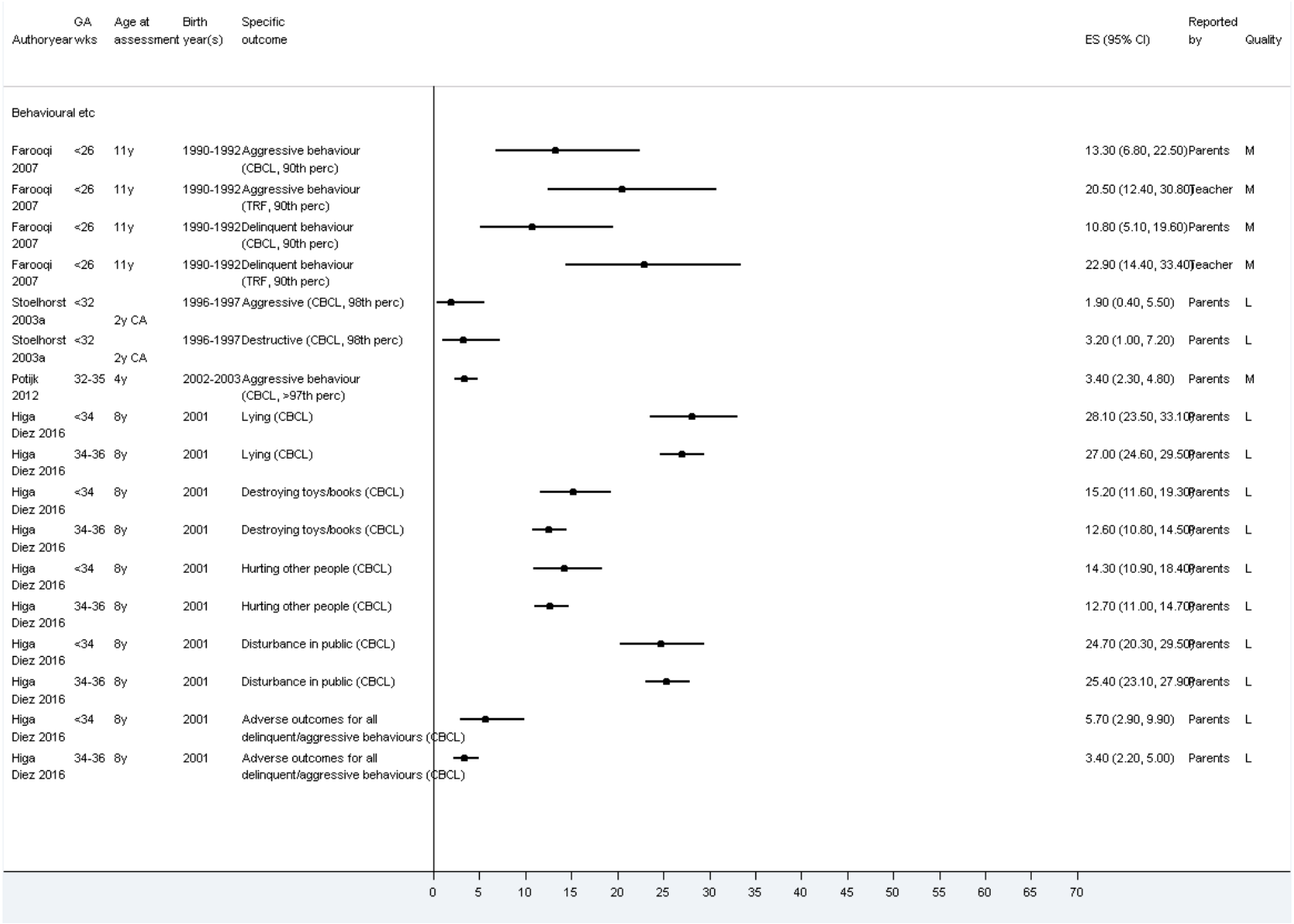


Figure 157: Prevalence estimates (% with 95% CI) of conduct problems in children born preterm

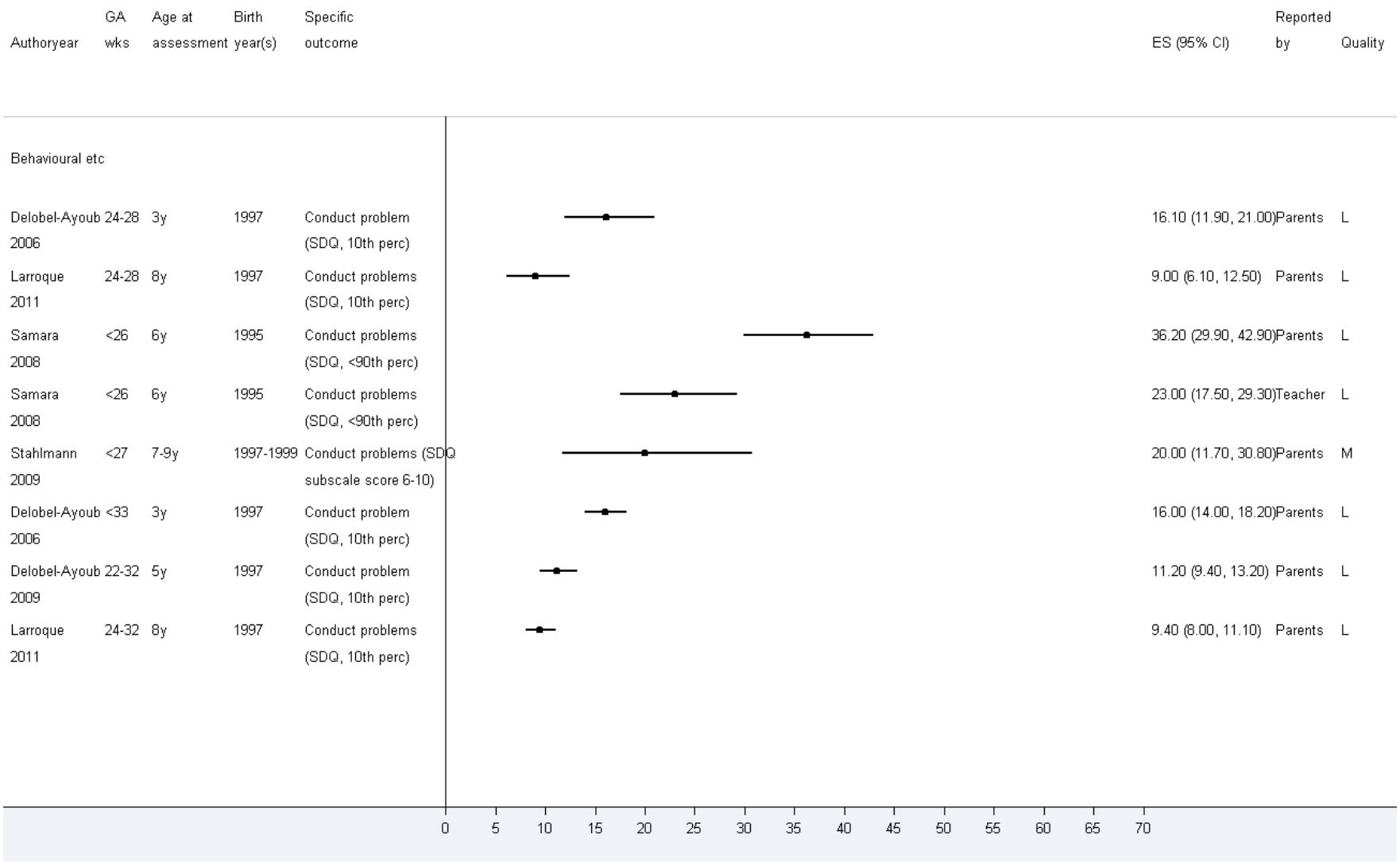


Figure 158: Prevalence estimates (% with 95% CI) of conduct problems in children born preterm by gestational age at birth

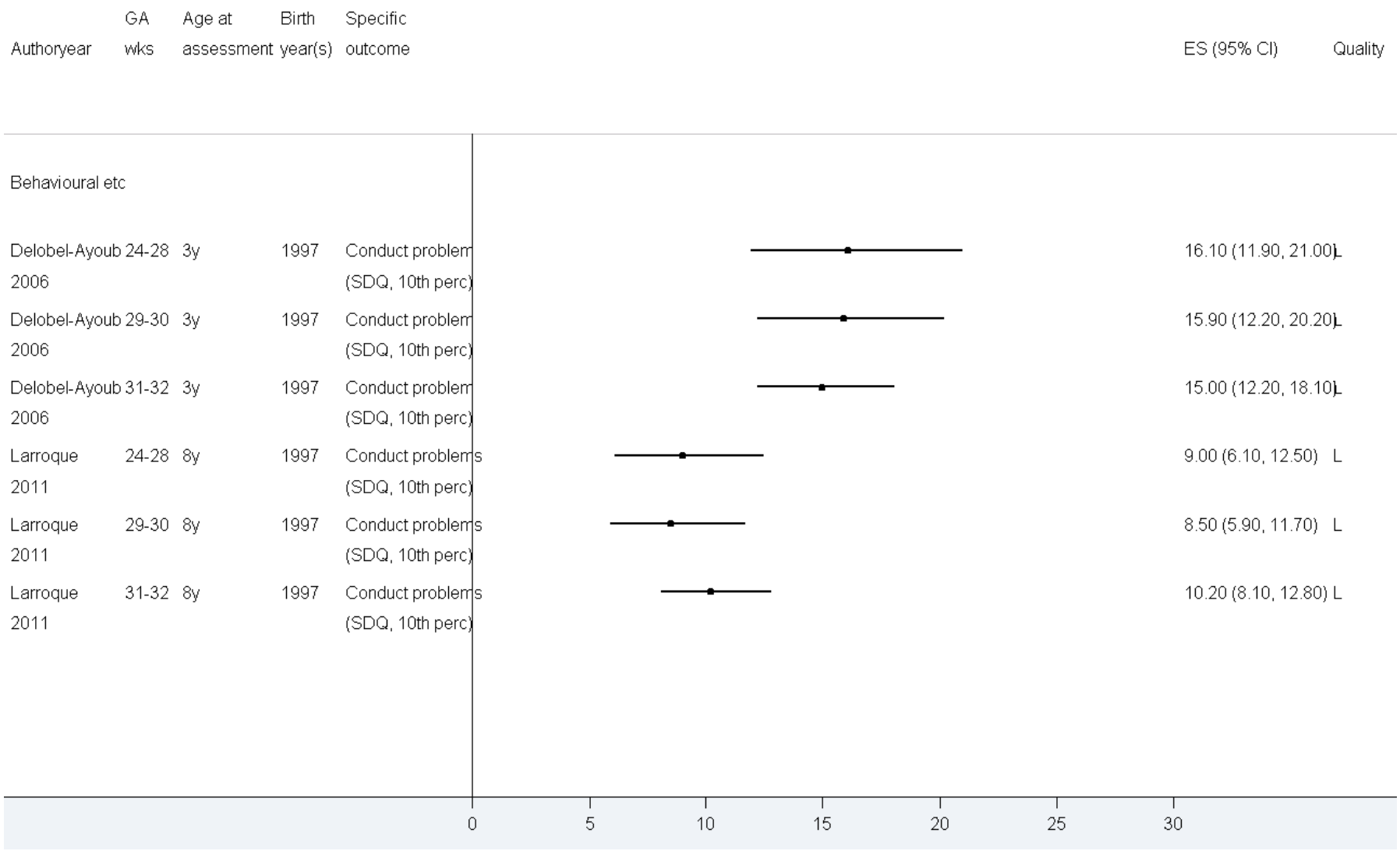
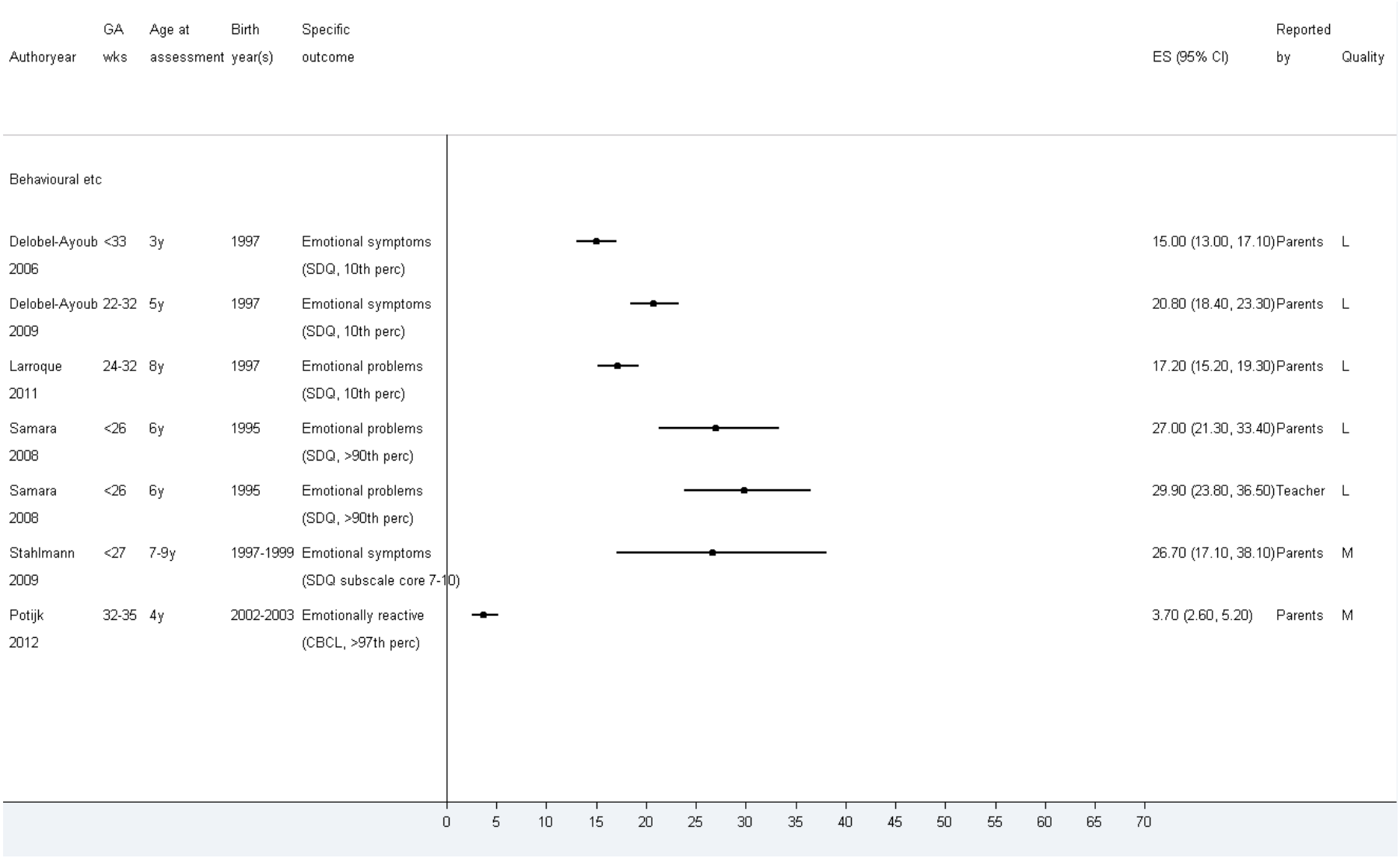
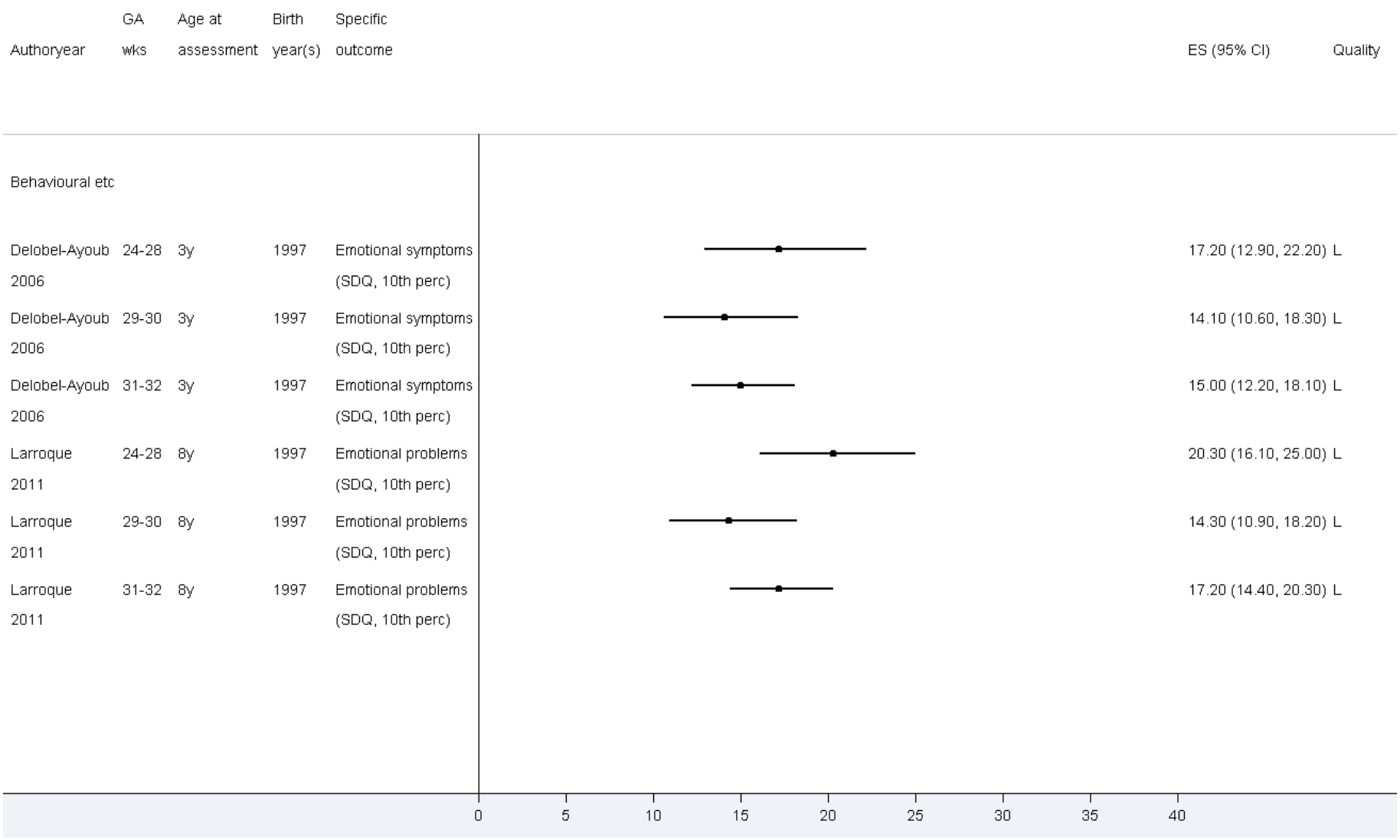


Figure 159: Prevalence estimates (% with 95% CI) of emotional problems in children born preterm



1 **Figure 160: Prevalence estimates (% with 95% CI) of emotional problems in children born preterm by gestational age at birth**



2

Figure 161: Prevalence estimates (% with 95% CI) of peer problems in children born preterm

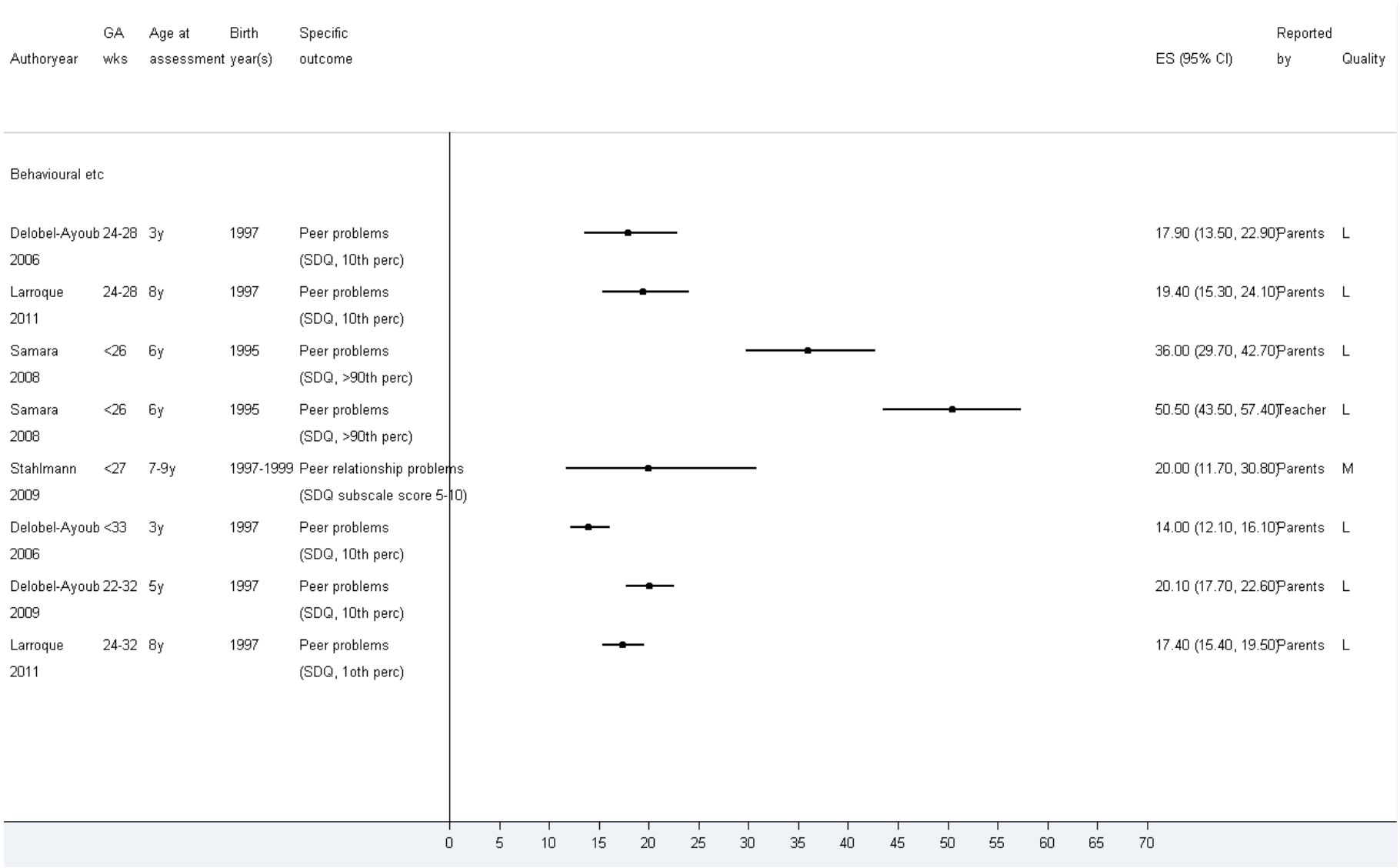


Figure 162: Prevalence estimates (% with 95% CI) of peer problems in children born preterm by gestational age at birth

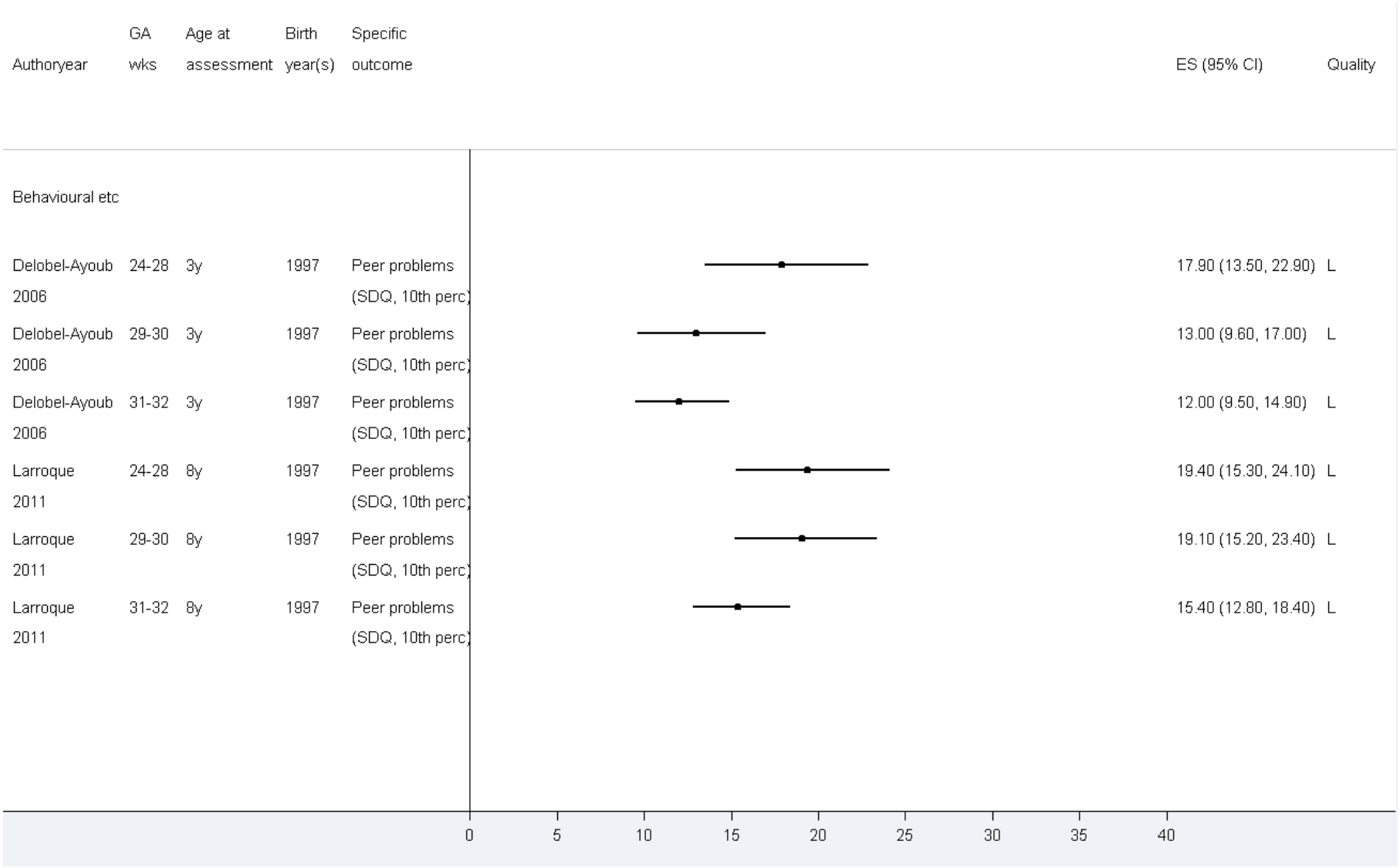


Figure 163: Prevalence estimates (% with 95% CI) of prosocial behaviour in children born preterm by gestational age at birth

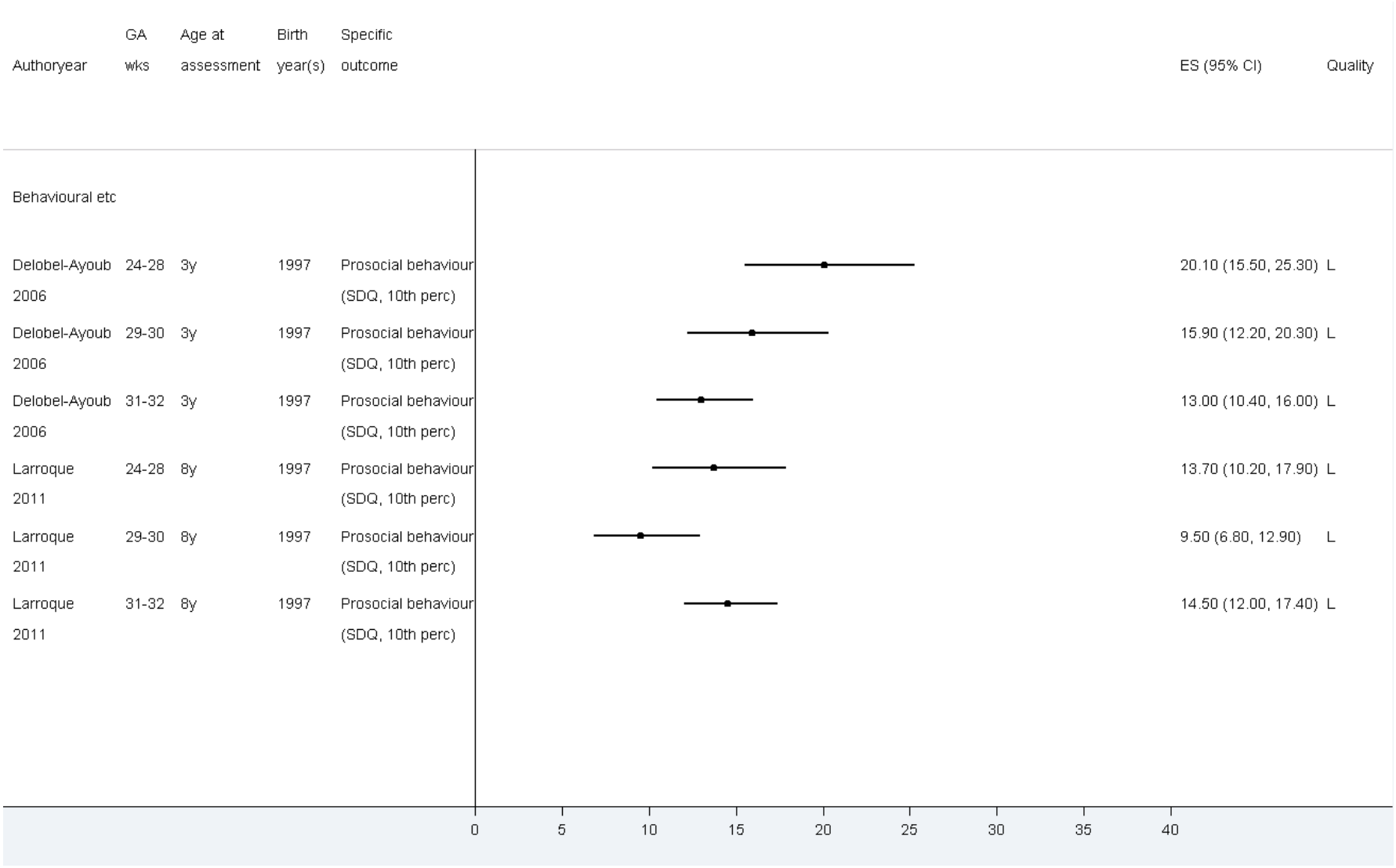


Figure 164: Prevalence estimates (% with 95% CI) of symptoms suggestive of autism spectrum disorder (ASD) in children born preterm assessed with a screening tool

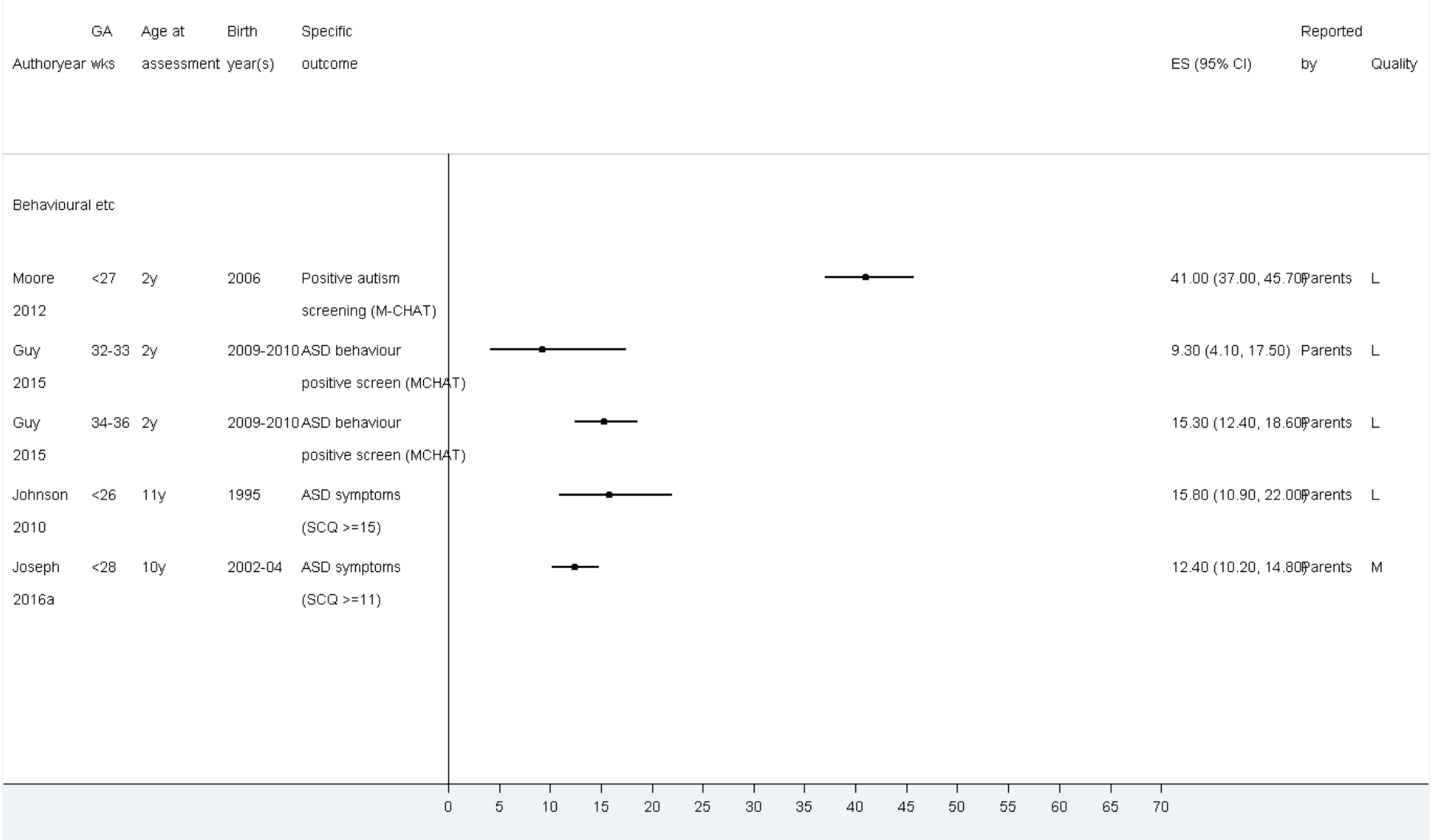


Figure 165: Prevalence estimates (% with 95% CI) of symptoms suggestive of autism spectrum disorder (ASD) in children born preterm by week of gestation at birth assessed with a screening tool

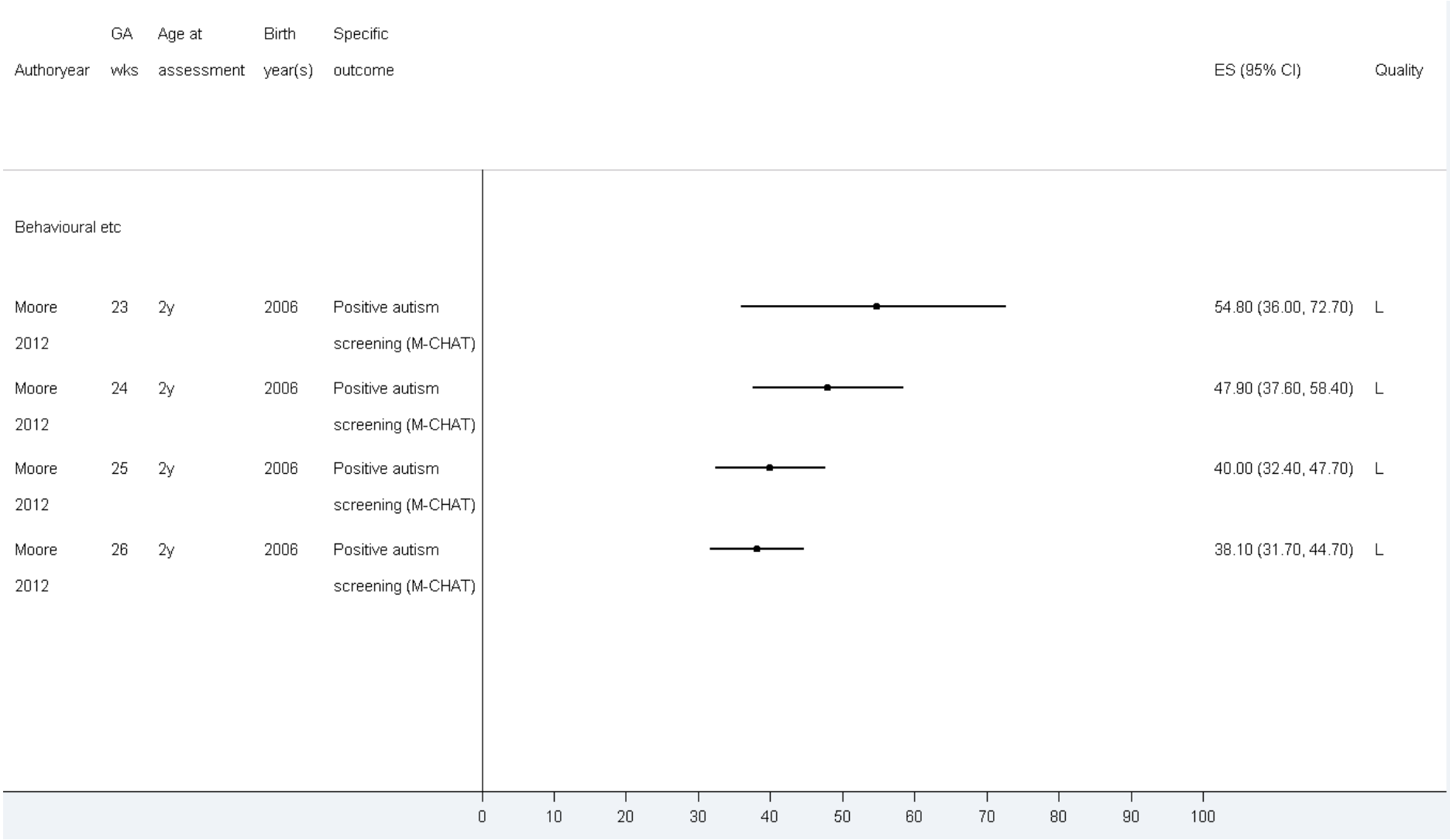


Figure 166: Prevalence estimates (% with 95% CI) of special educational needs (SEN) in children born preterm

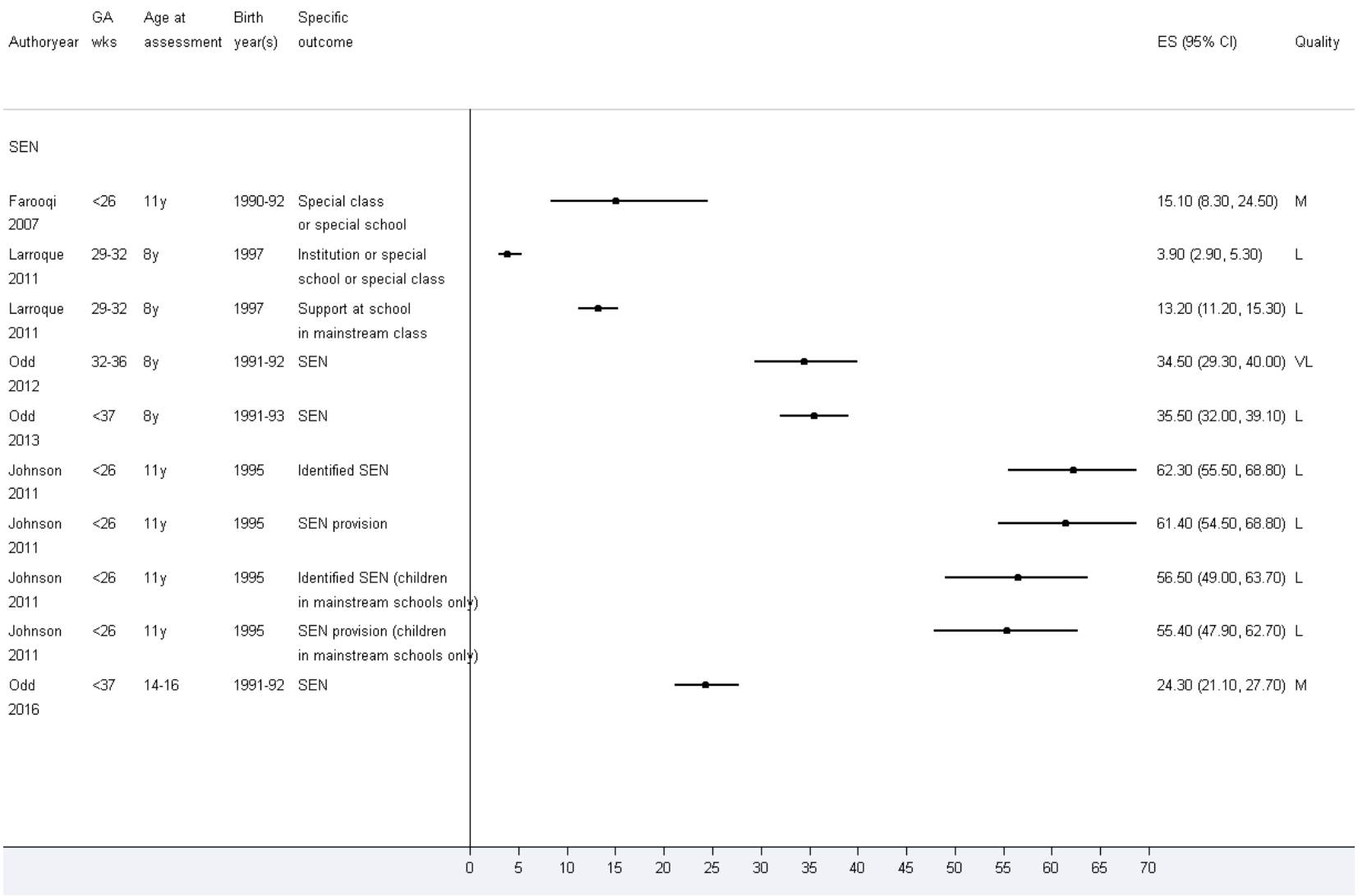


Figure 167: Prevalence estimates (% with 95% CI) of special educational needs (SEN) in children between 32 and 36 weeks' gestation in a US study (Chyi, 2008)

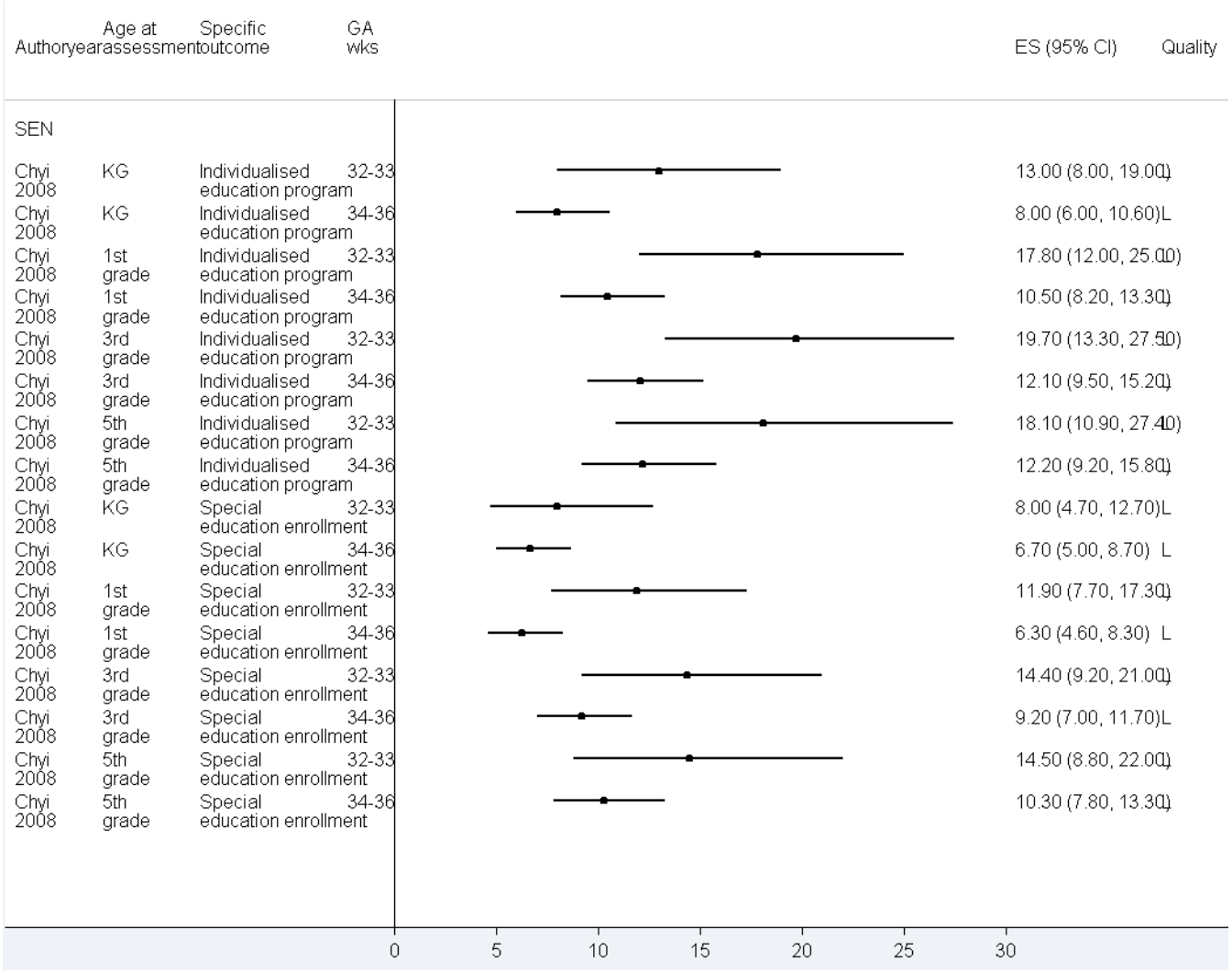


Figure 168: Prevalence estimates (% with 95% CI) of special educational needs (SEN) in children born preterm by gestational age at birth

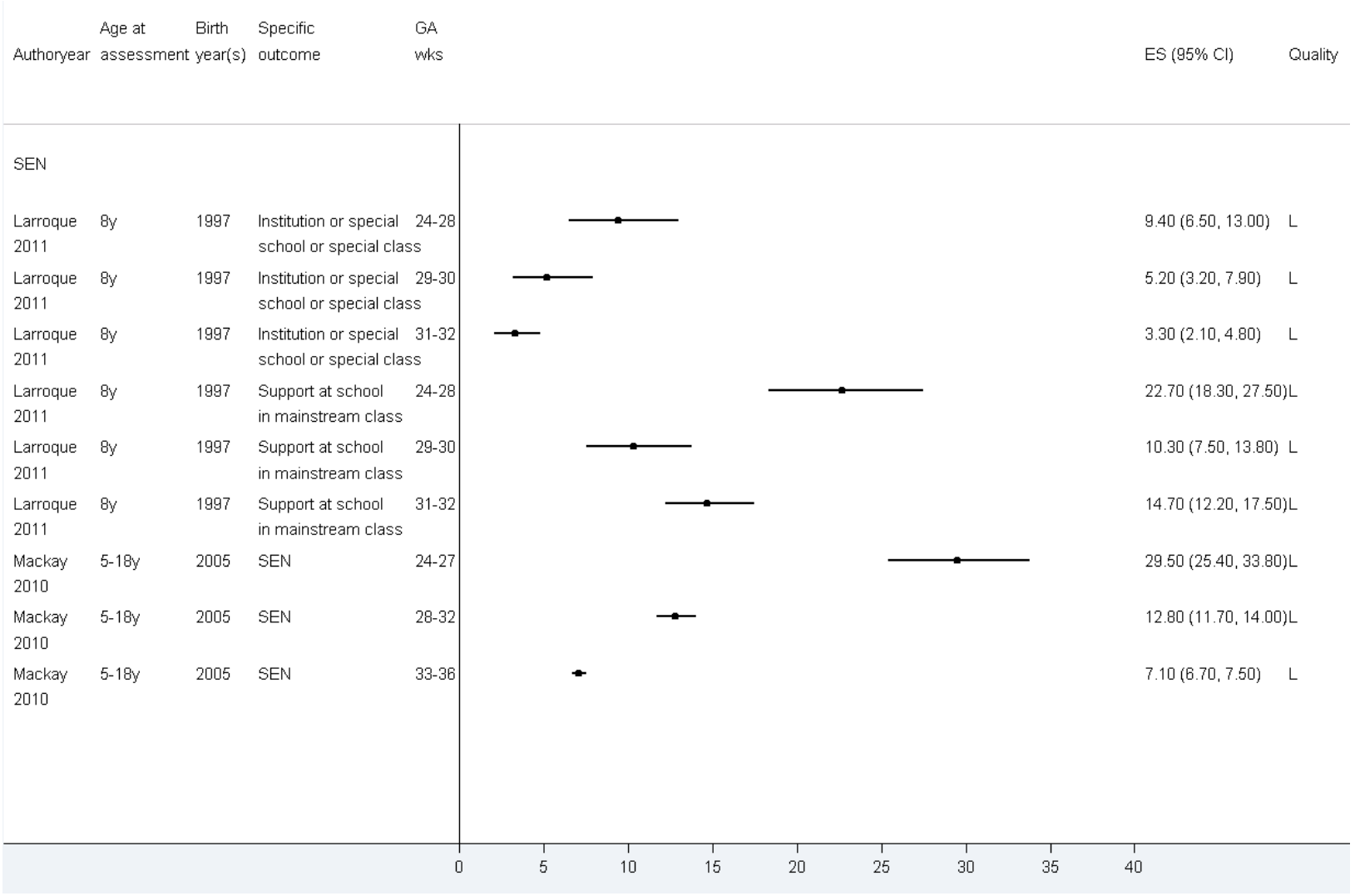


Figure 169: Prevalence estimates (% with 95% CI) of specific special educational needs (SEN) in children born preterm by gestational age at birth

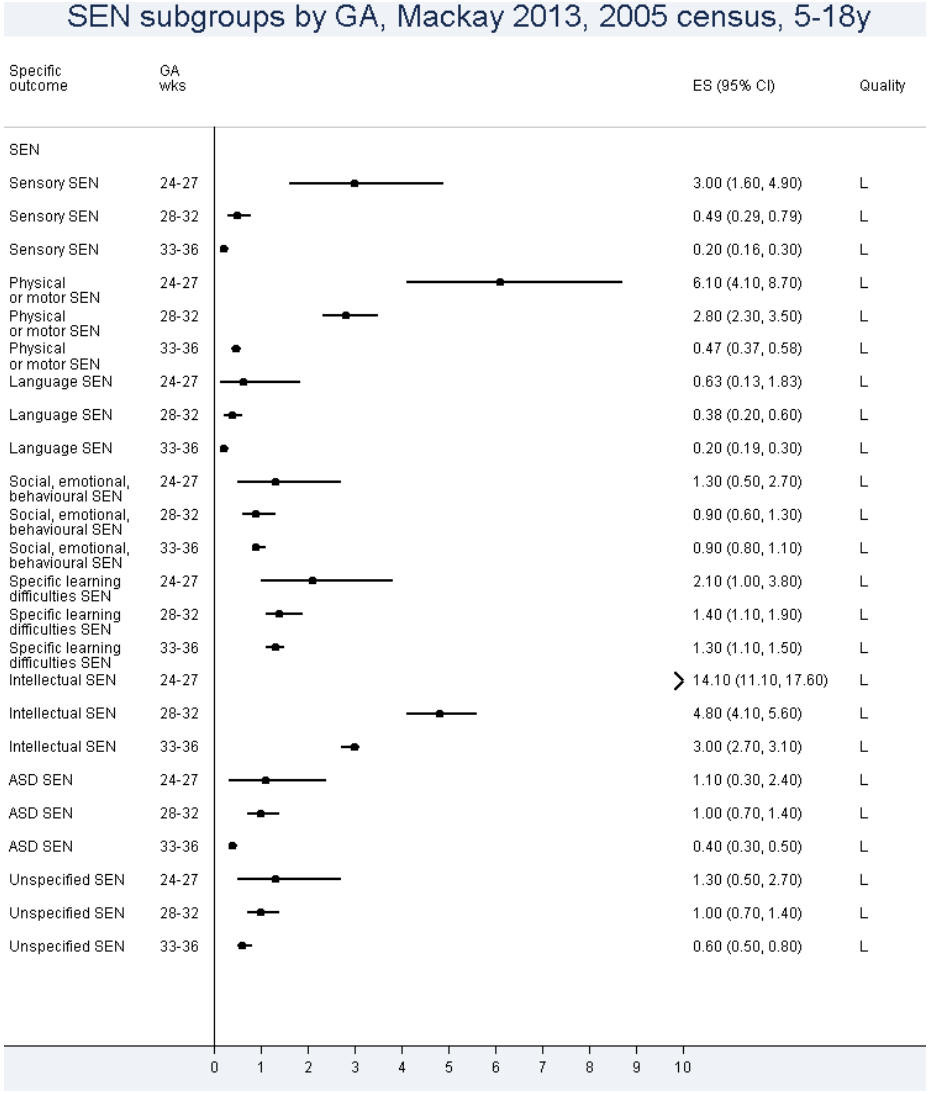


Figure 170: Prevalence estimates (% with 95% CI) of school difficulties in children born preterm

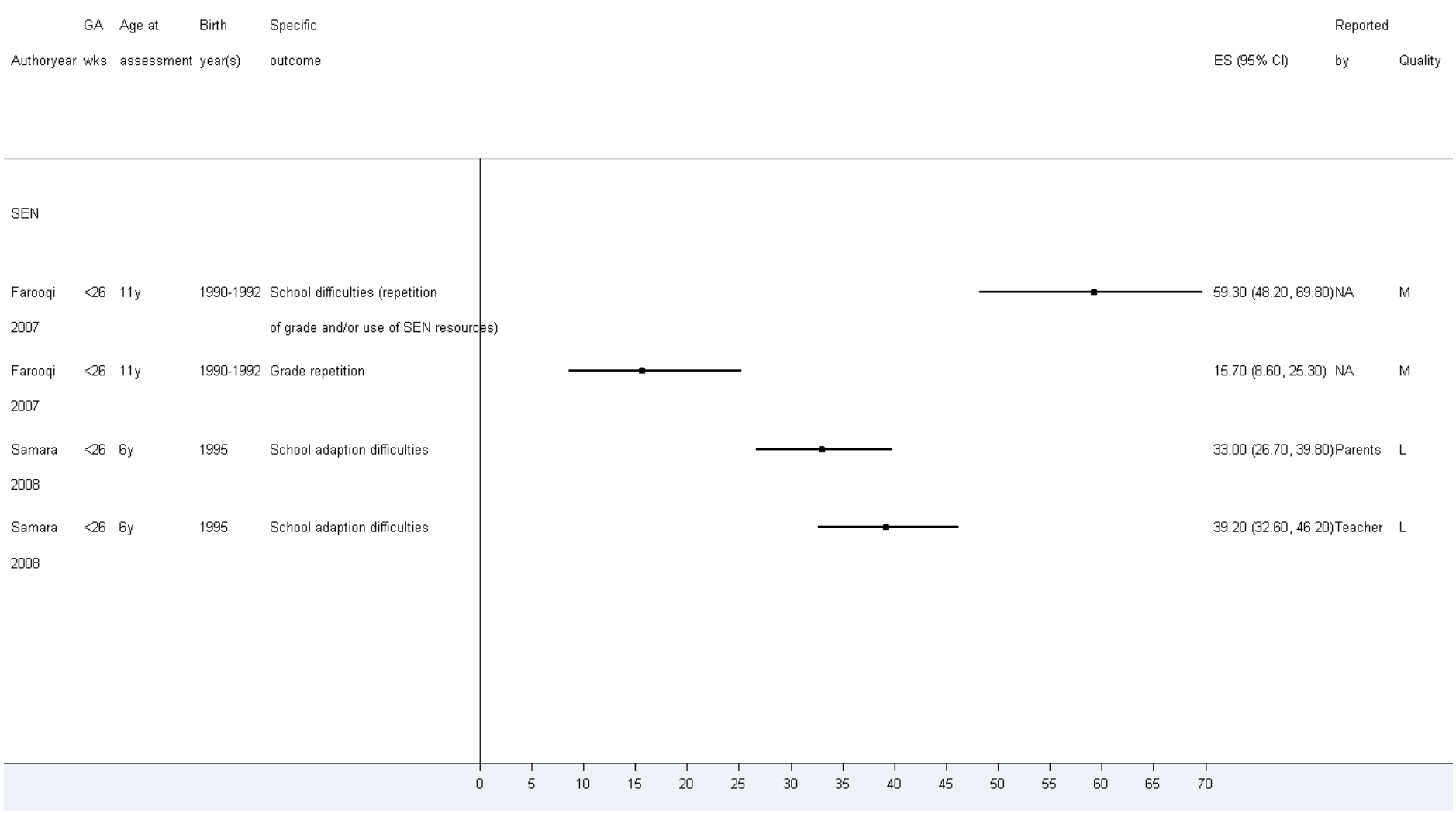


Figure 171: Prevalence estimates (% with 95% CI) of educational attainment in children born preterm in Key Stage (KS) 1-4

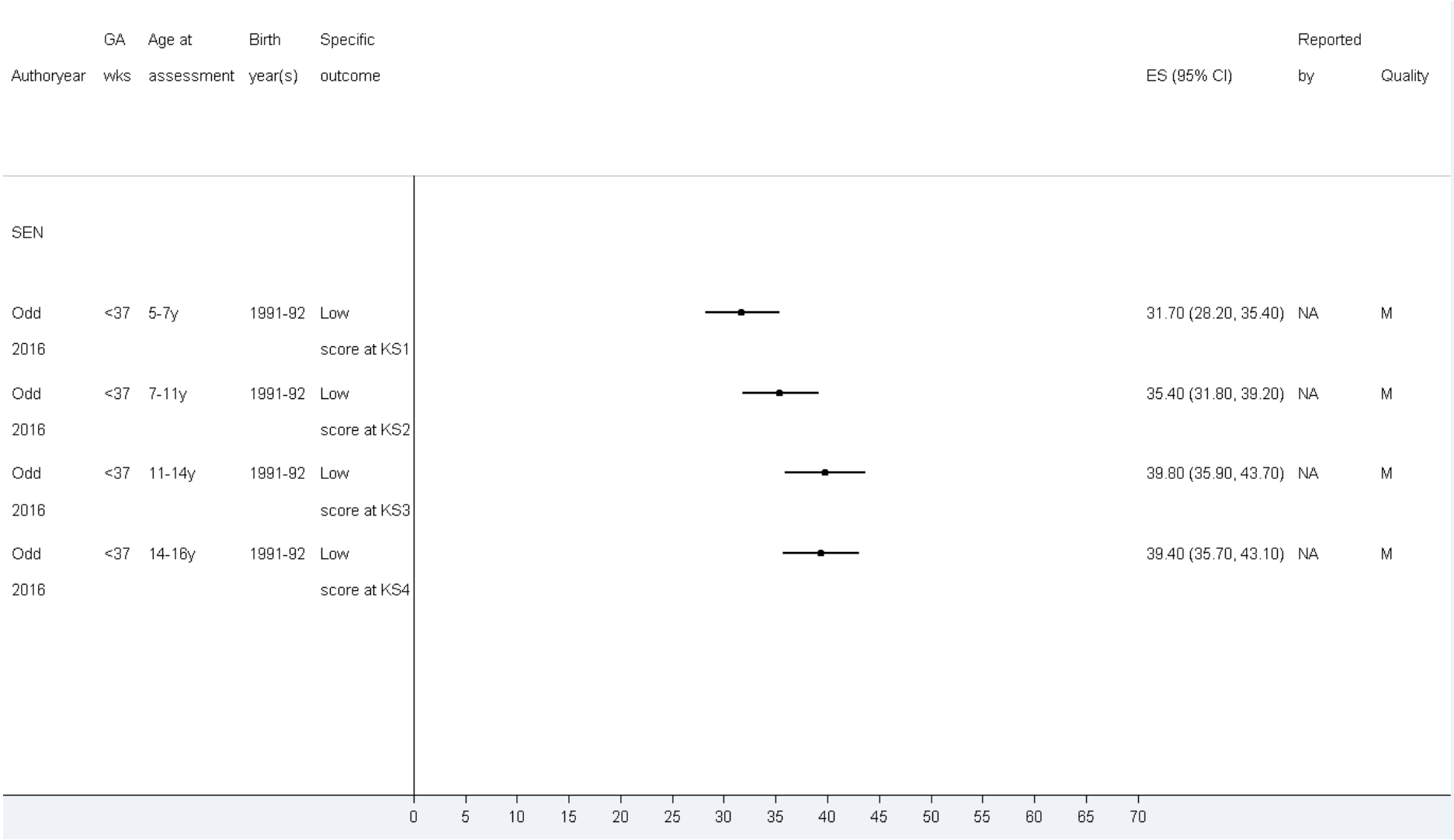


Figure 172: Prevalence estimates (% with 95% CI) of educational attainment in children born preterm in Key Stage (KS) 1 by gestational age at birth

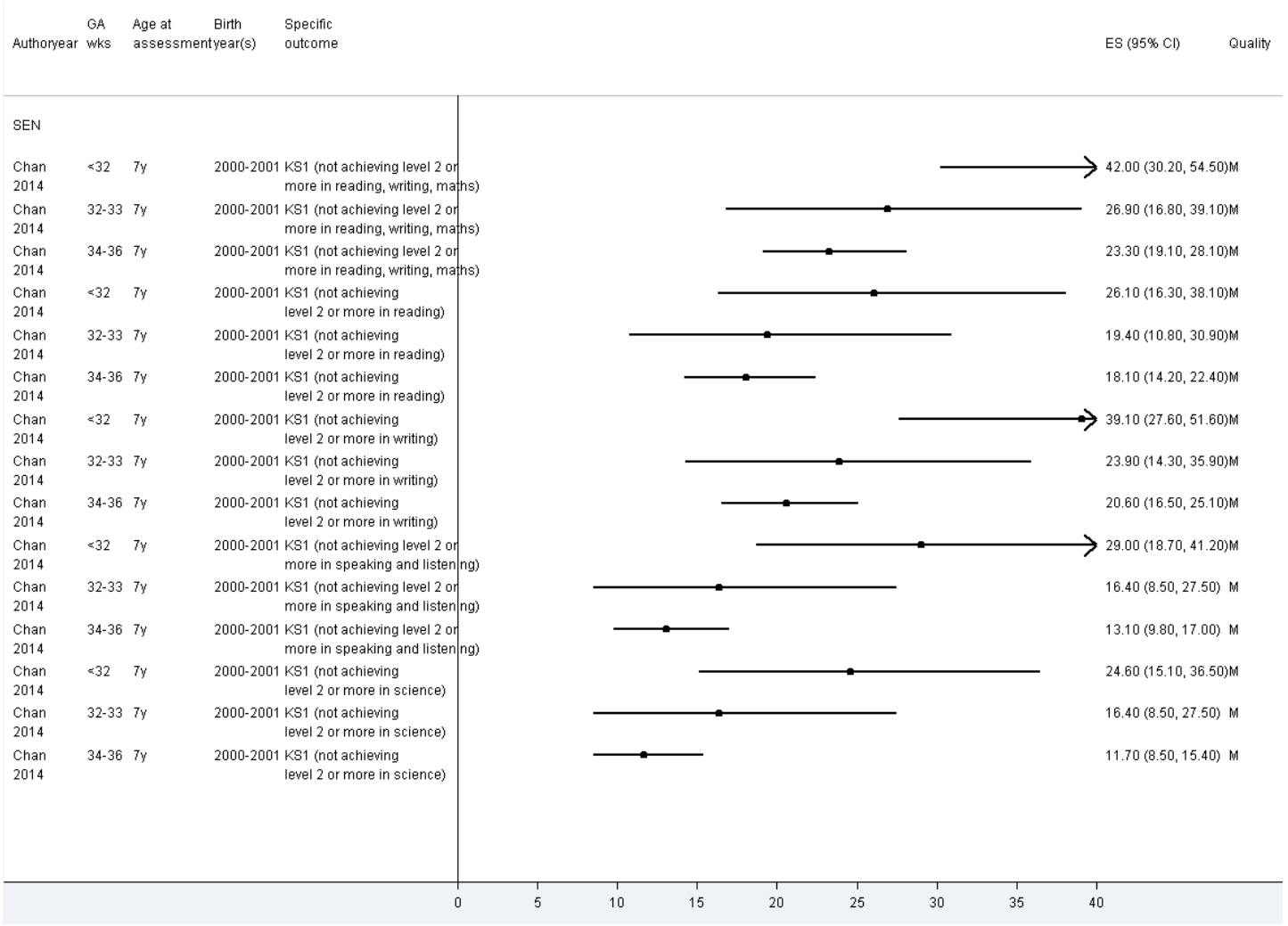
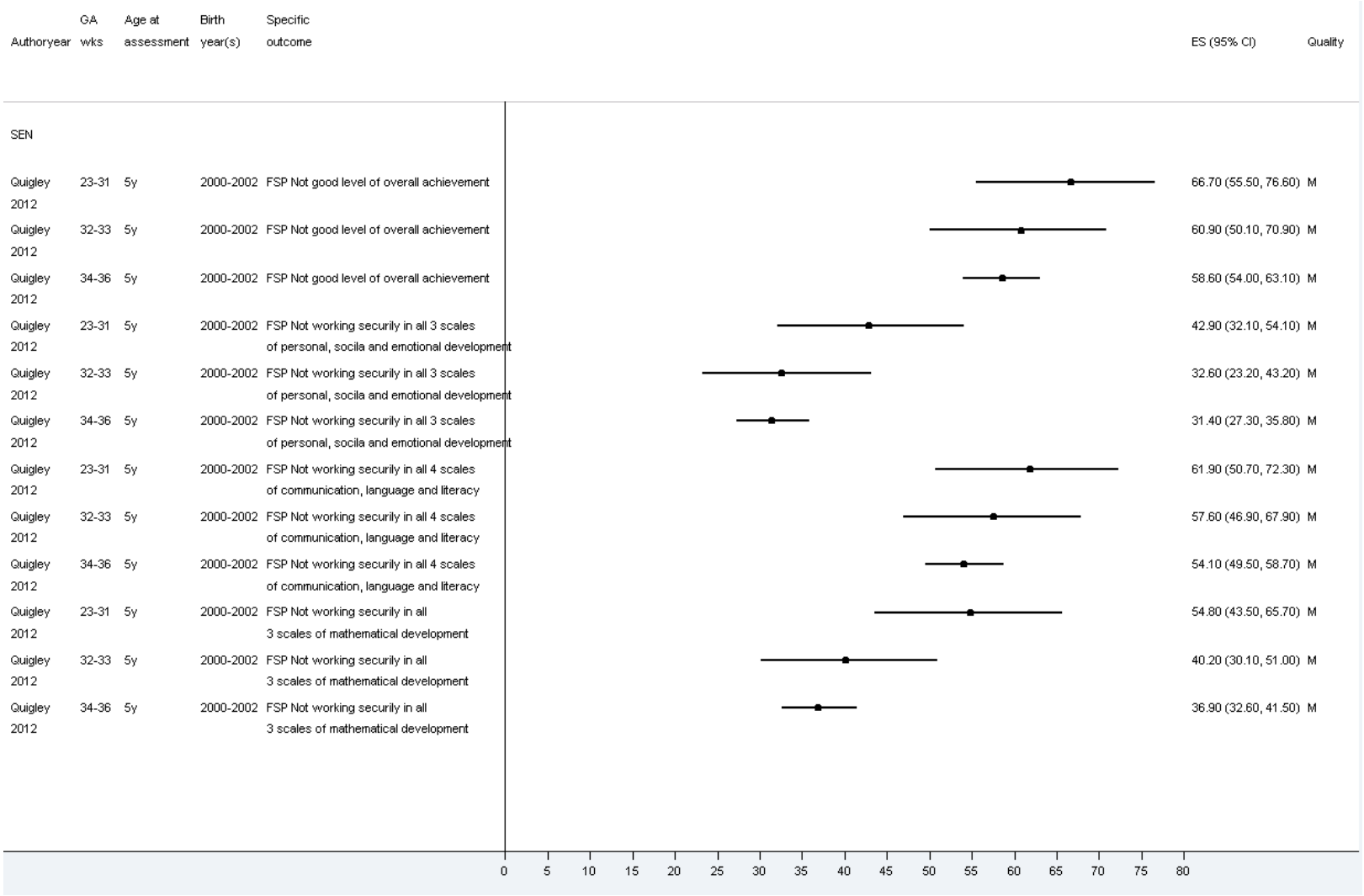


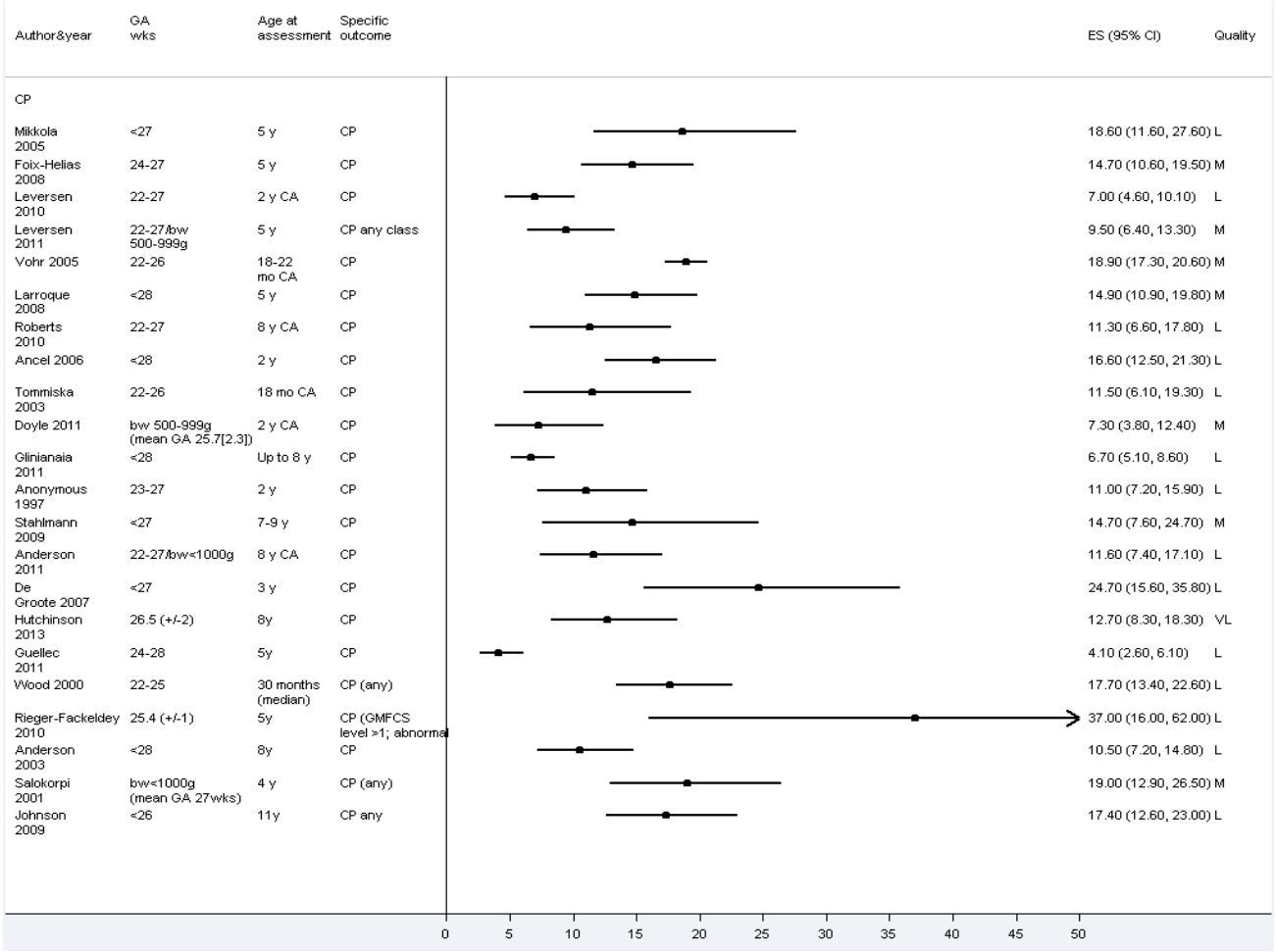
Figure 173: Prevalence estimates (% with 95% CI) of educational attainment in children born preterm in Foundation Stage Profile (FSP) by gestational age at birth



J.41 Prevalence of developmental disorders

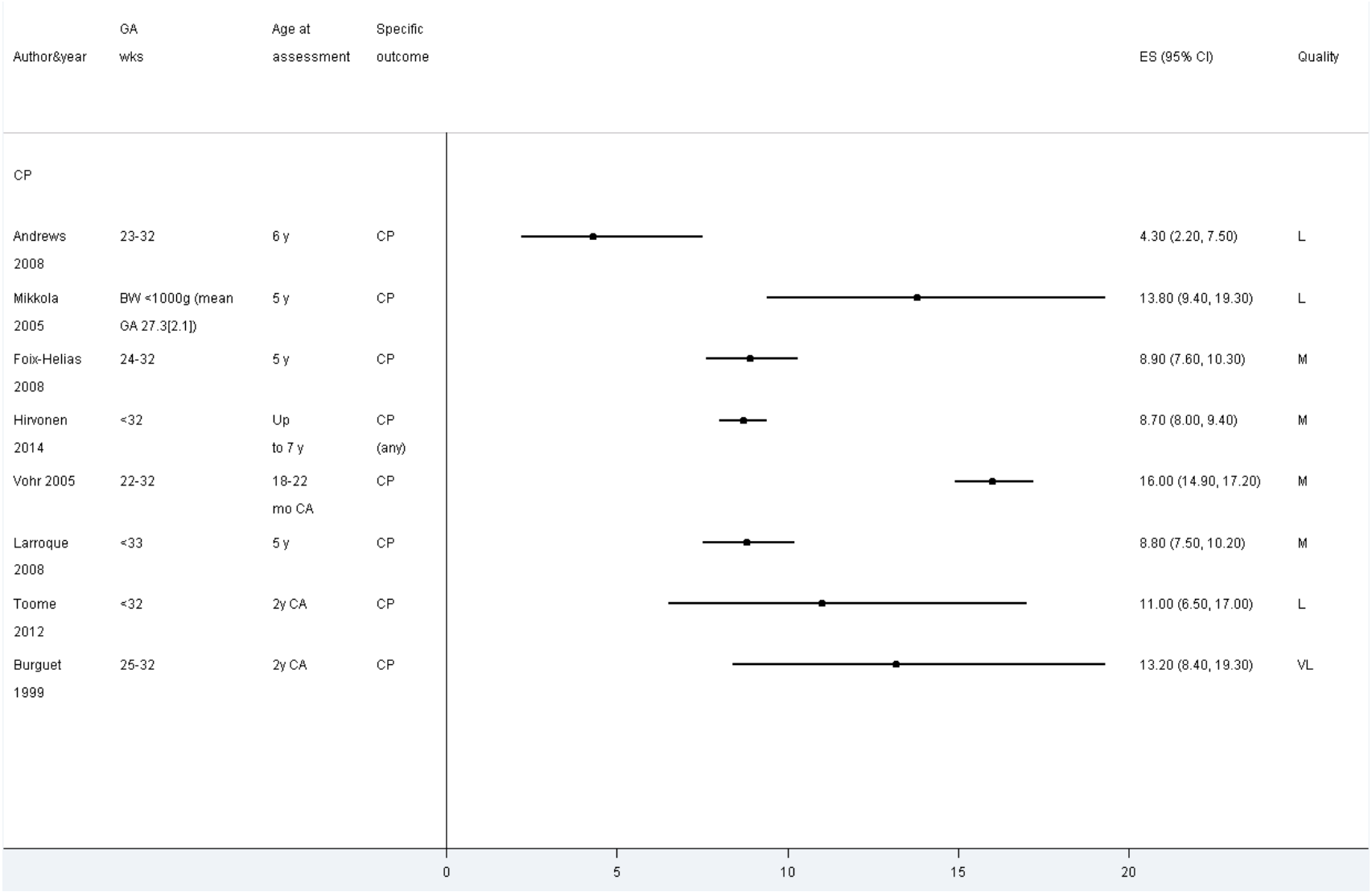
2 **What is the prevalence of developmental disorders in babies, children and young people born preterm?**

3 **Figure 174: Prevalence estimates (% with 95% CI) of cerebral palsy in children born before 28 weeks' gestation**



4

1 **Figure 175: Prevalence estimates (% with 95% CI) of cerebral palsy in children born before 32 weeks' gestation**



2

Figure 176: Prevalence estimates (% with 95% CI) of cerebral palsy in children born between 28 and 31 weeks' gestation

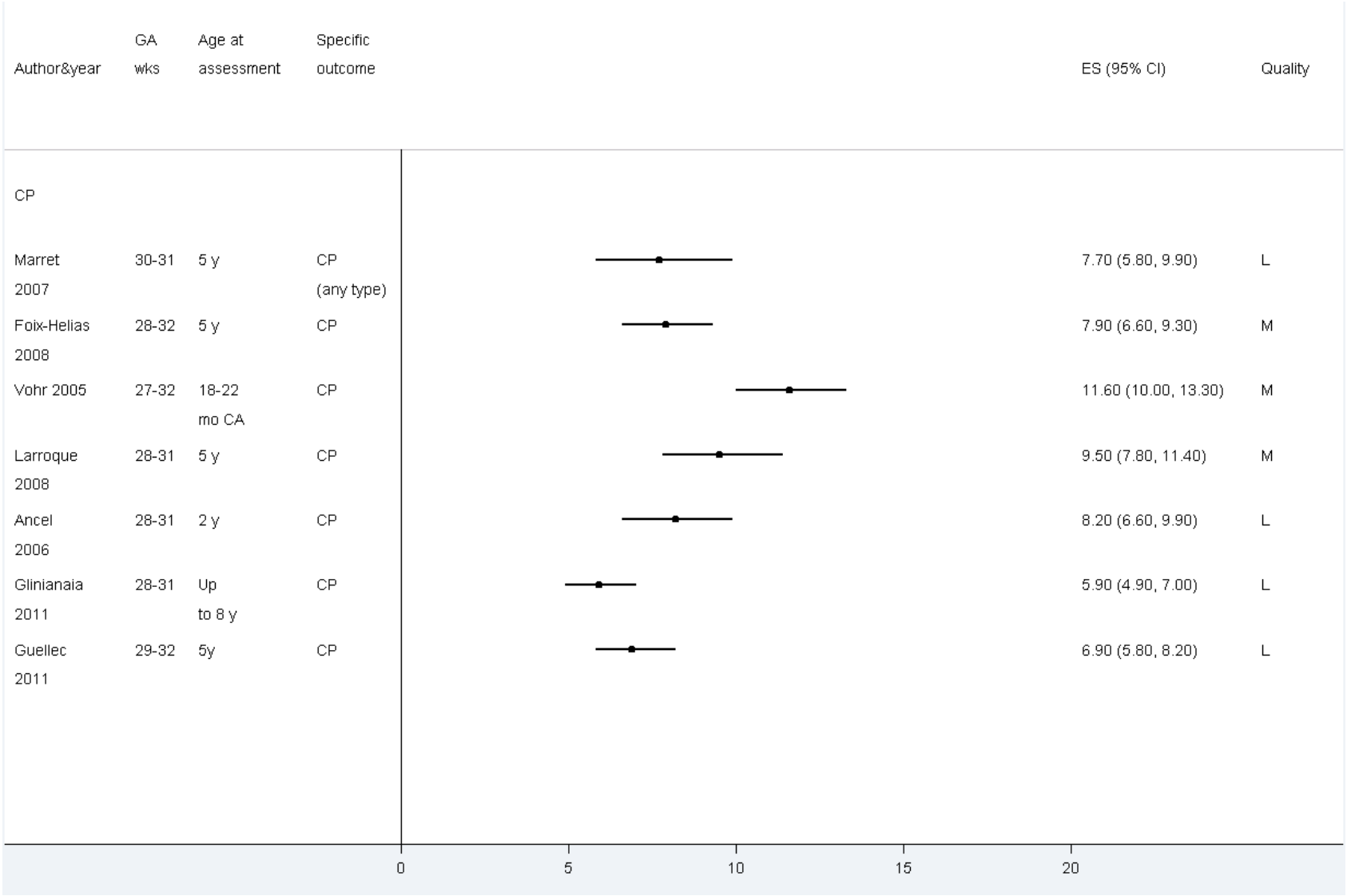


Figure 177: Prevalence estimates (% with 95% CI) of cerebral palsy in children born between 32 and 36 weeks' gestation

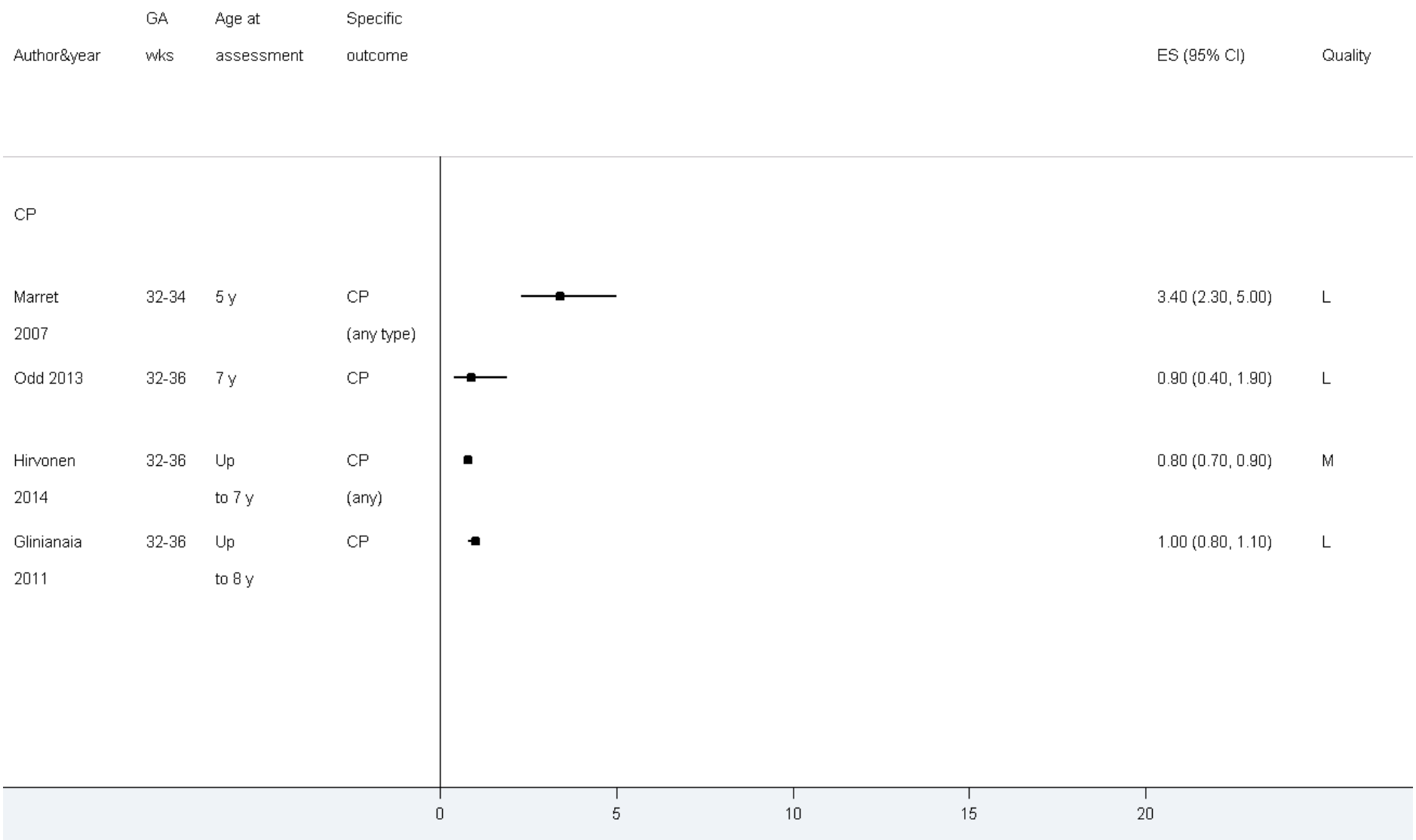
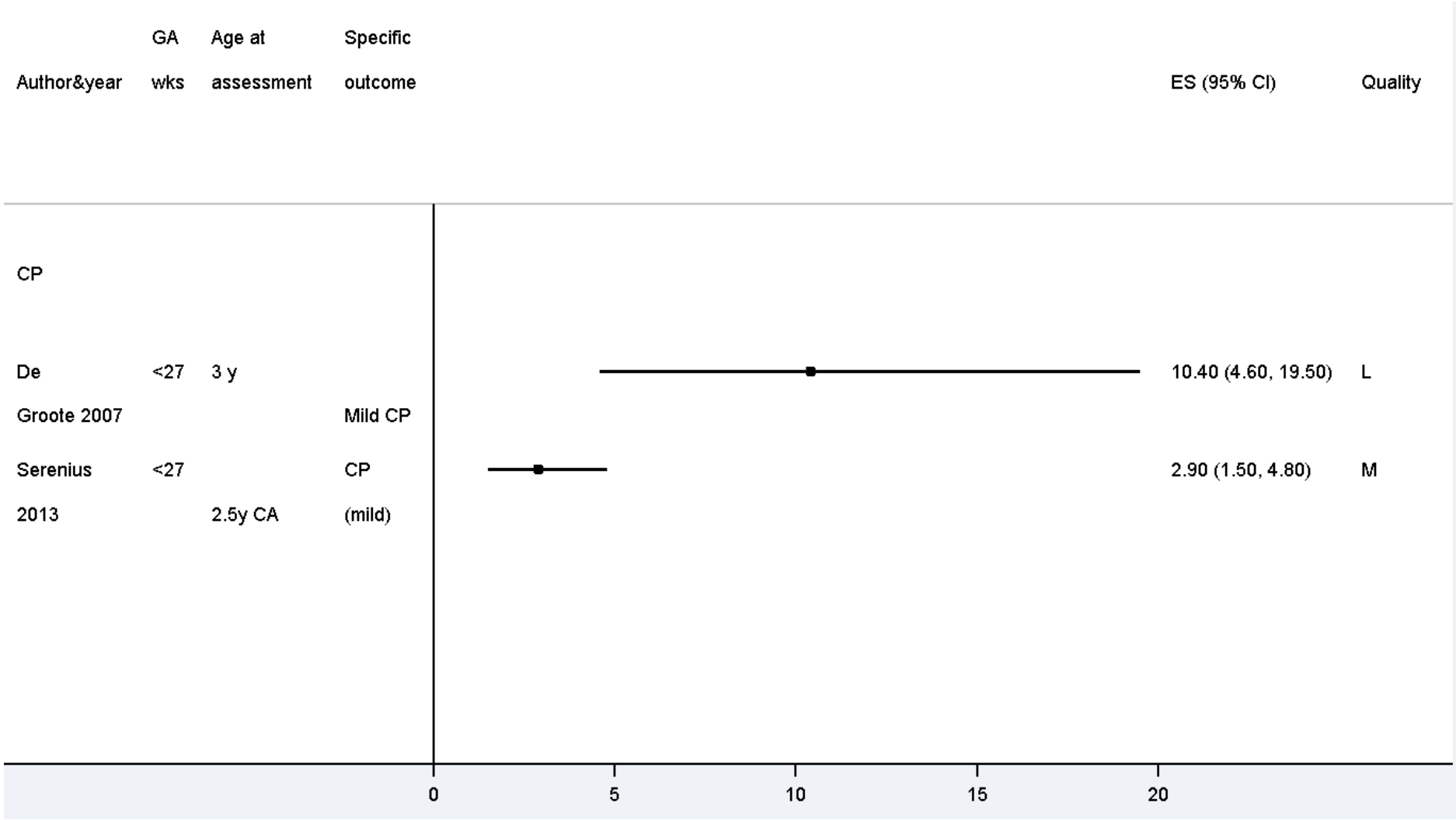


Figure 178: Prevalence estimates (% with 95% CI) of mild cerebral palsy in children born preterm



1 **Figure 179: Prevalence estimates (% with 95% CI) of cerebral palsy of moderate severity in children born preterm**

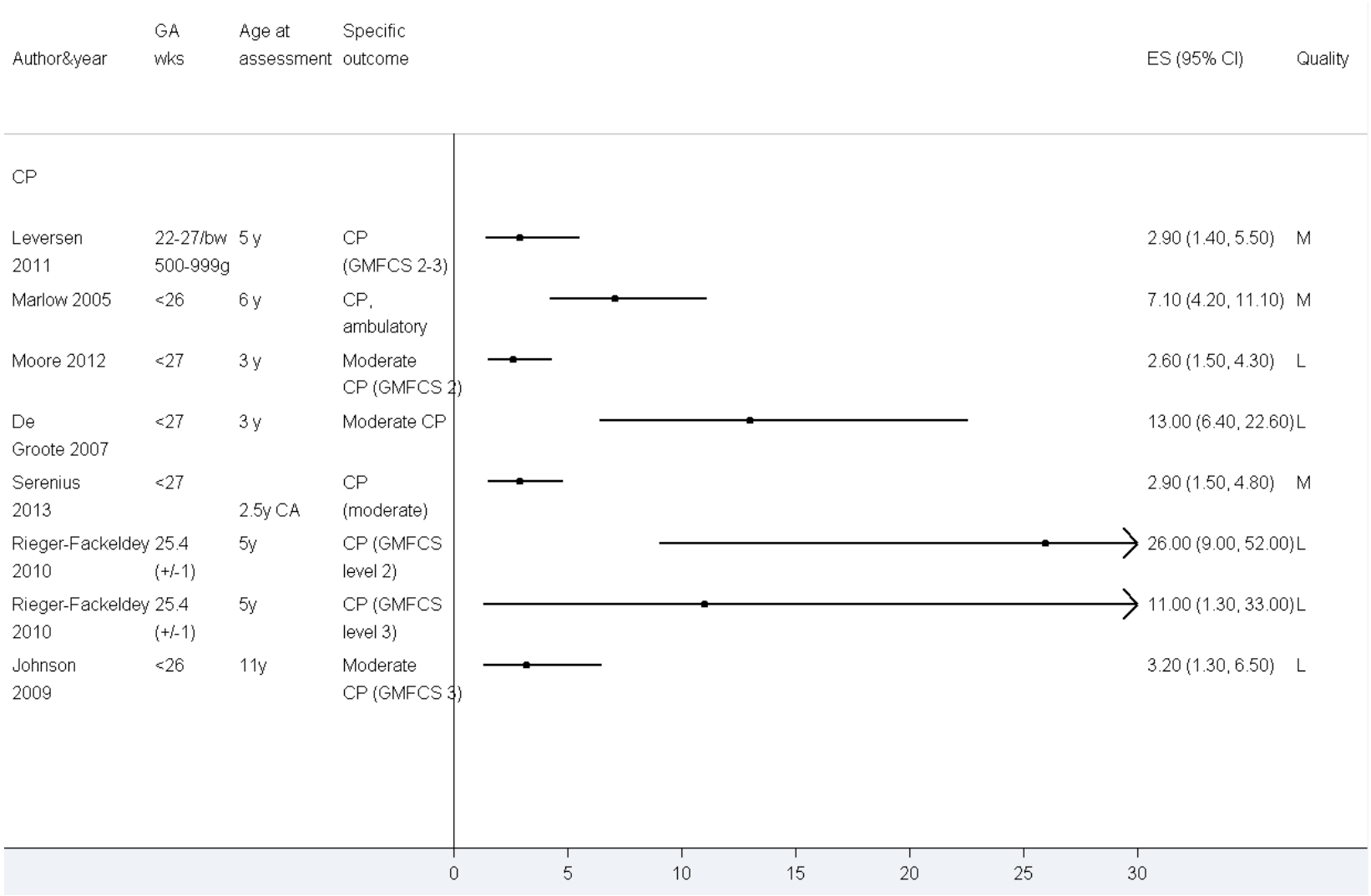


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Figure 180: Prevalence estimates (% with 95% CI) of moderate and severe cerebral palsy in children born before 28 weeks' gestation

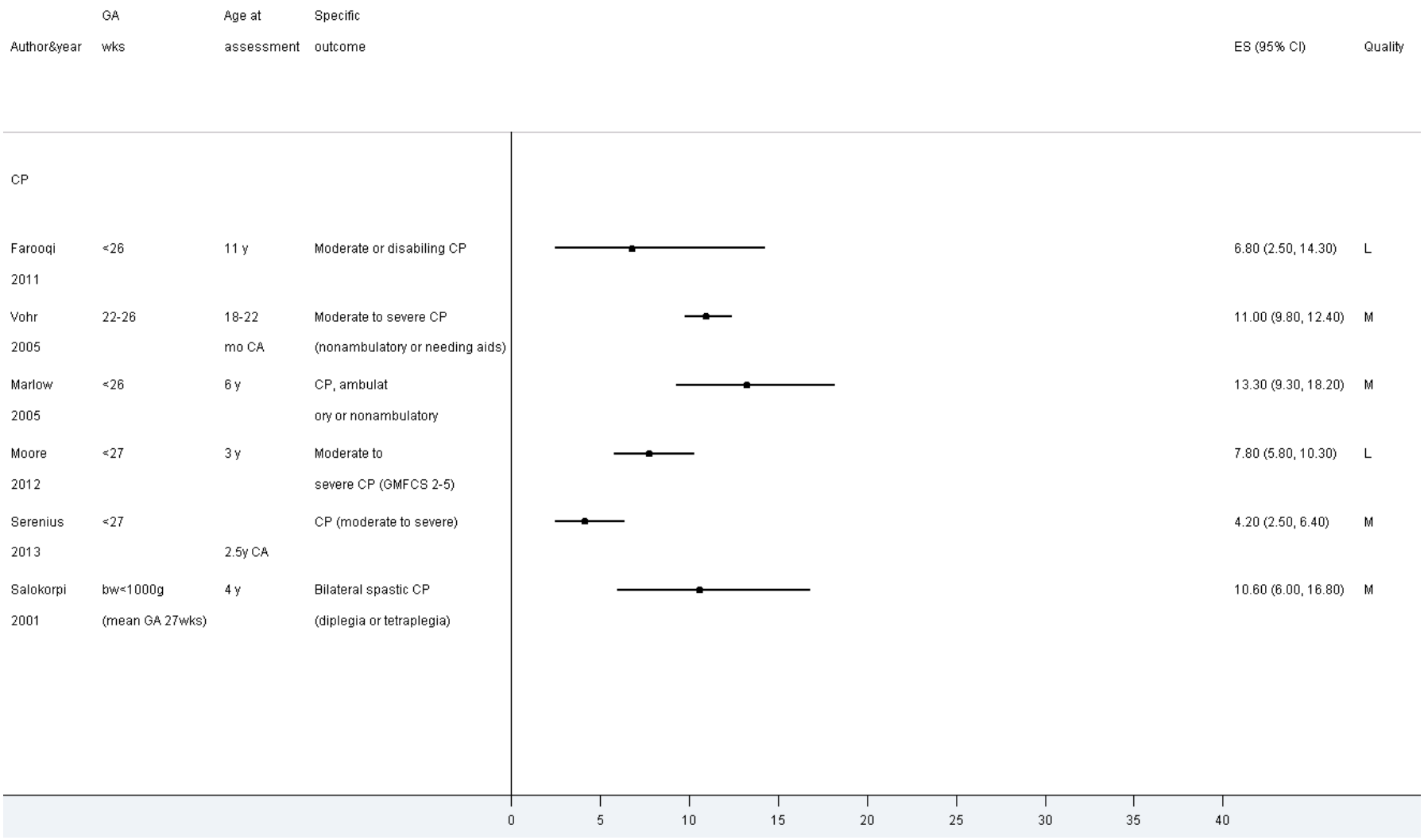


Figure 181: Prevalence estimates (% with 95% CI) of moderate and severe cerebral palsy in children born before 32 weeks' gestation

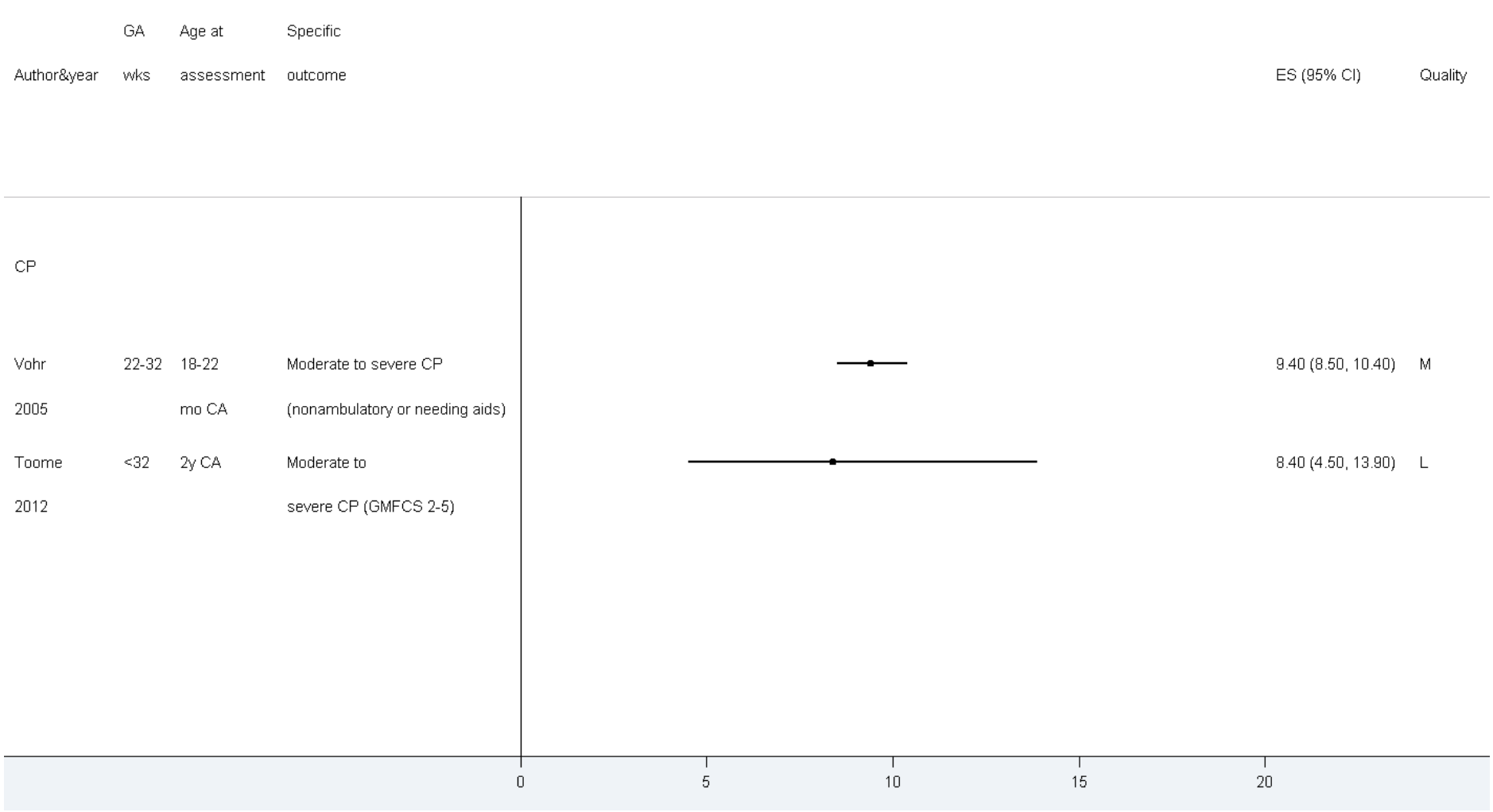


Figure 182: Prevalence estimates (% with 95% CI) of moderate and severe cerebral palsy in children born before 37 weeks' gestation

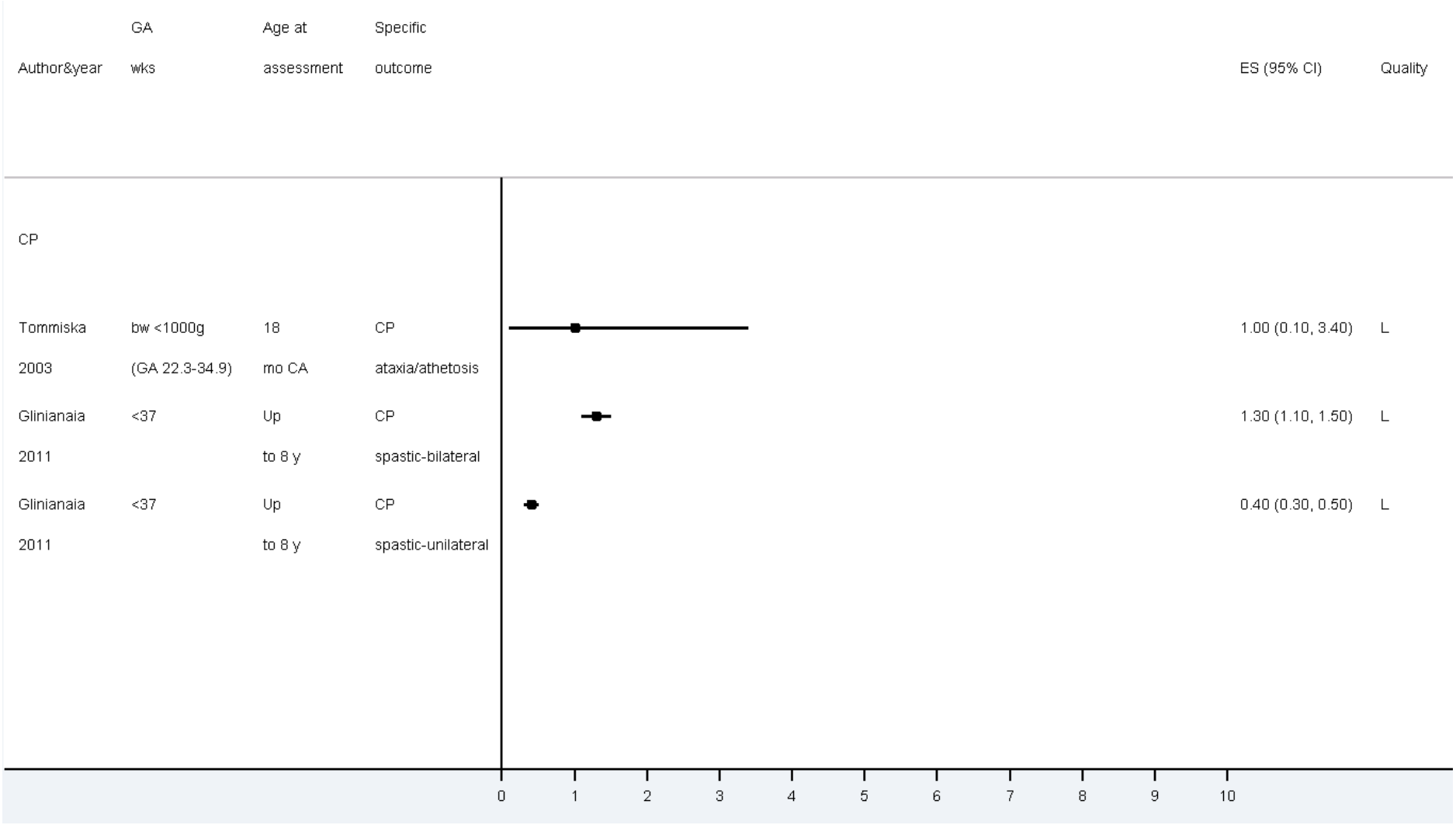


Figure 183: Prevalence estimates (% with 95% CI) of moderate and severe cerebral palsy in children born between 28 and 31 weeks' gestation

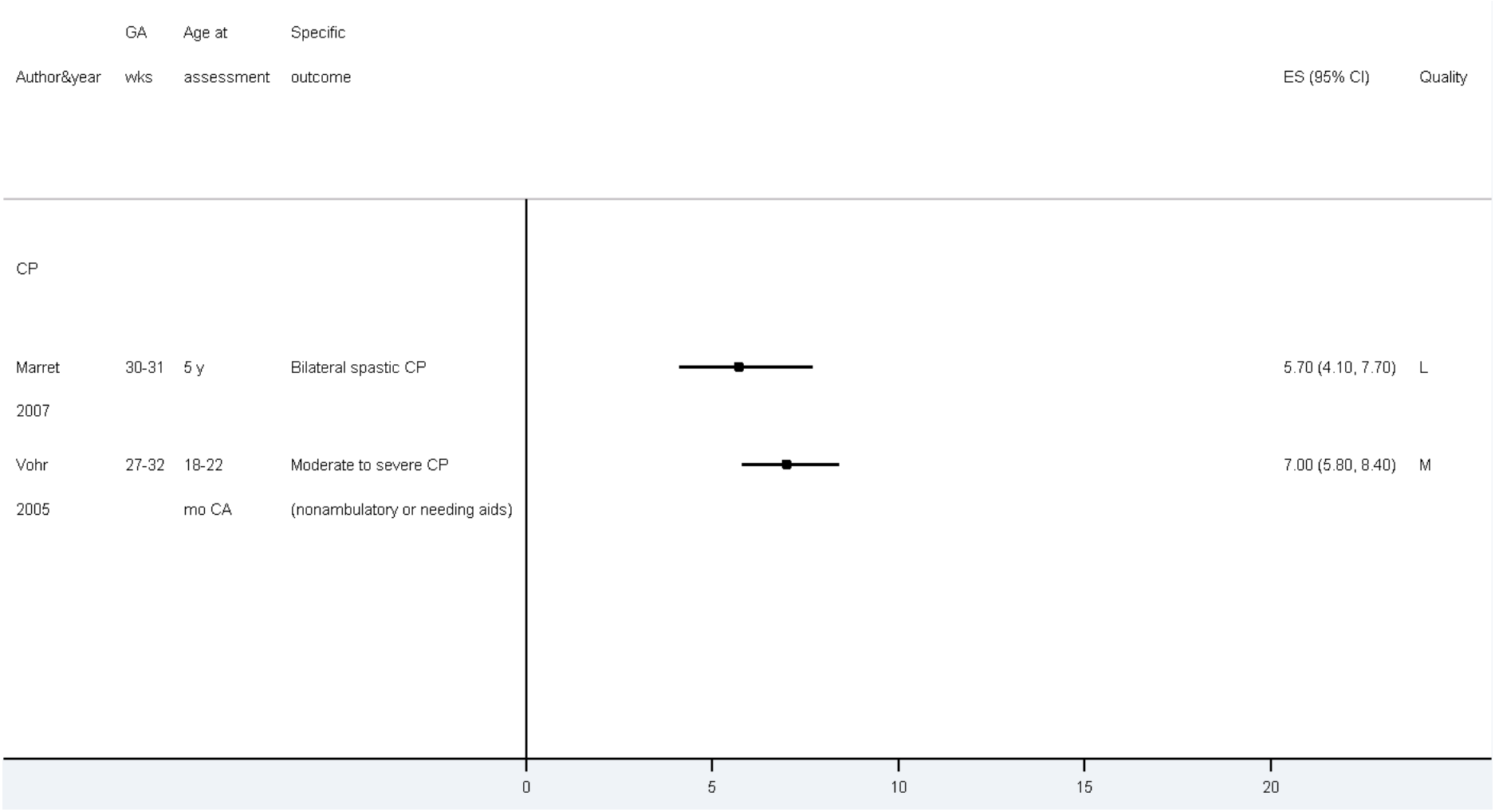


Figure 184: Prevalence estimates (% with 95% CI) of moderate and severe cerebral palsy in children born between 32 and 36 weeks' gestation

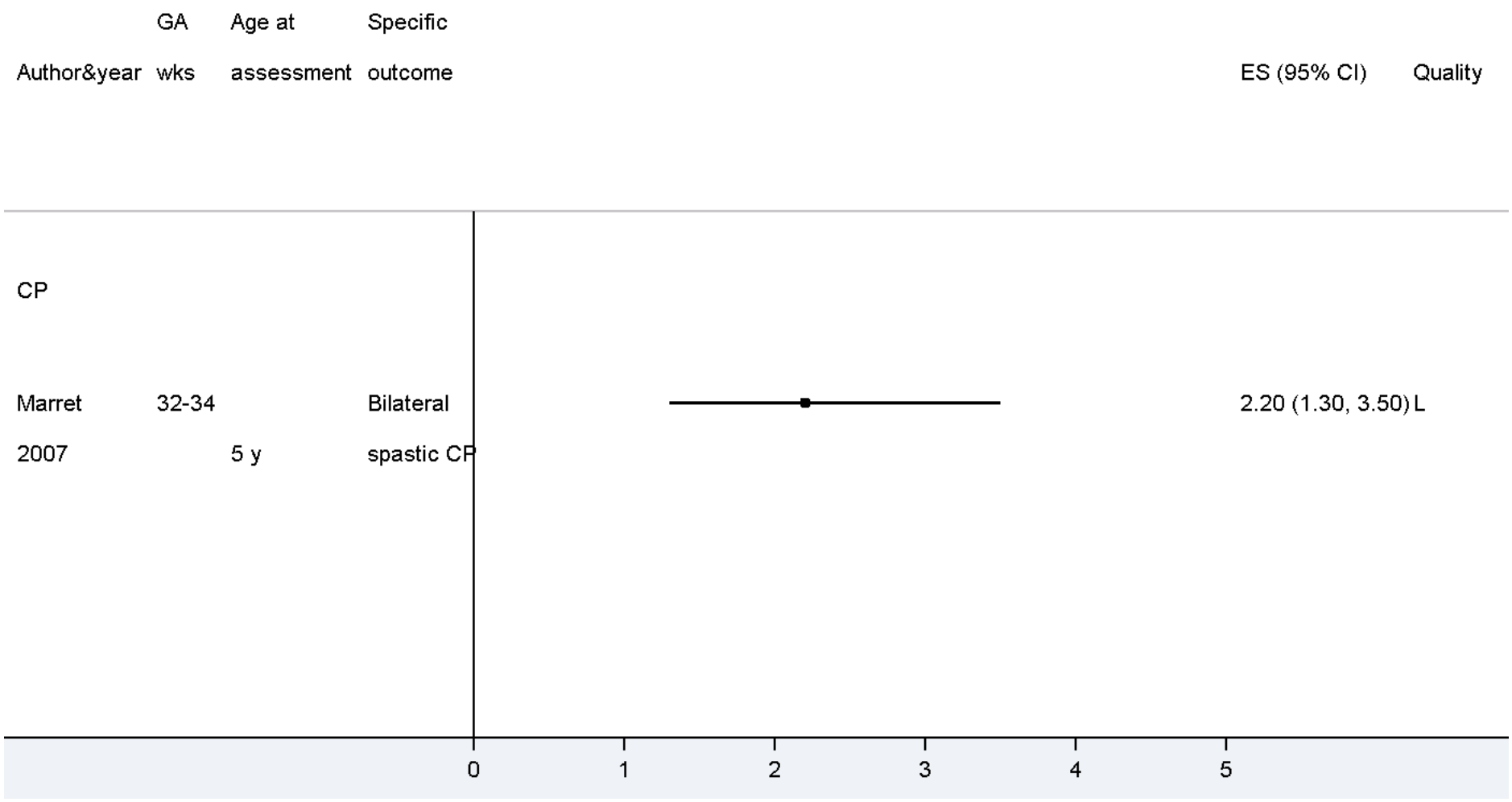


Figure 185: Prevalence estimates (% with 95% CI) of severe cerebral palsy in children born before 28 weeks' gestation

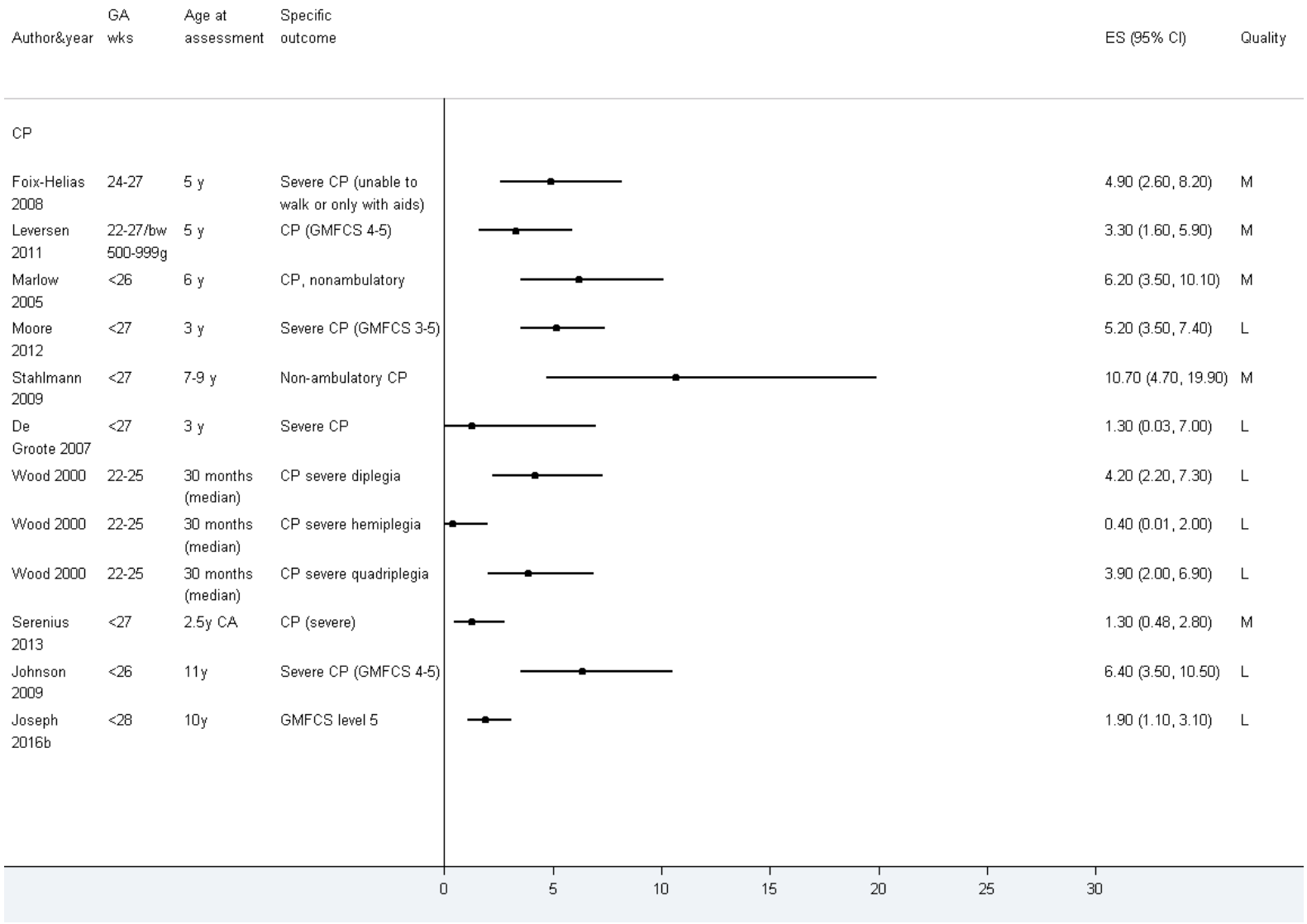


Figure 186: Prevalence estimates (% with 95% CI) of severe cerebral palsy in children born before 32 weeks' gestation

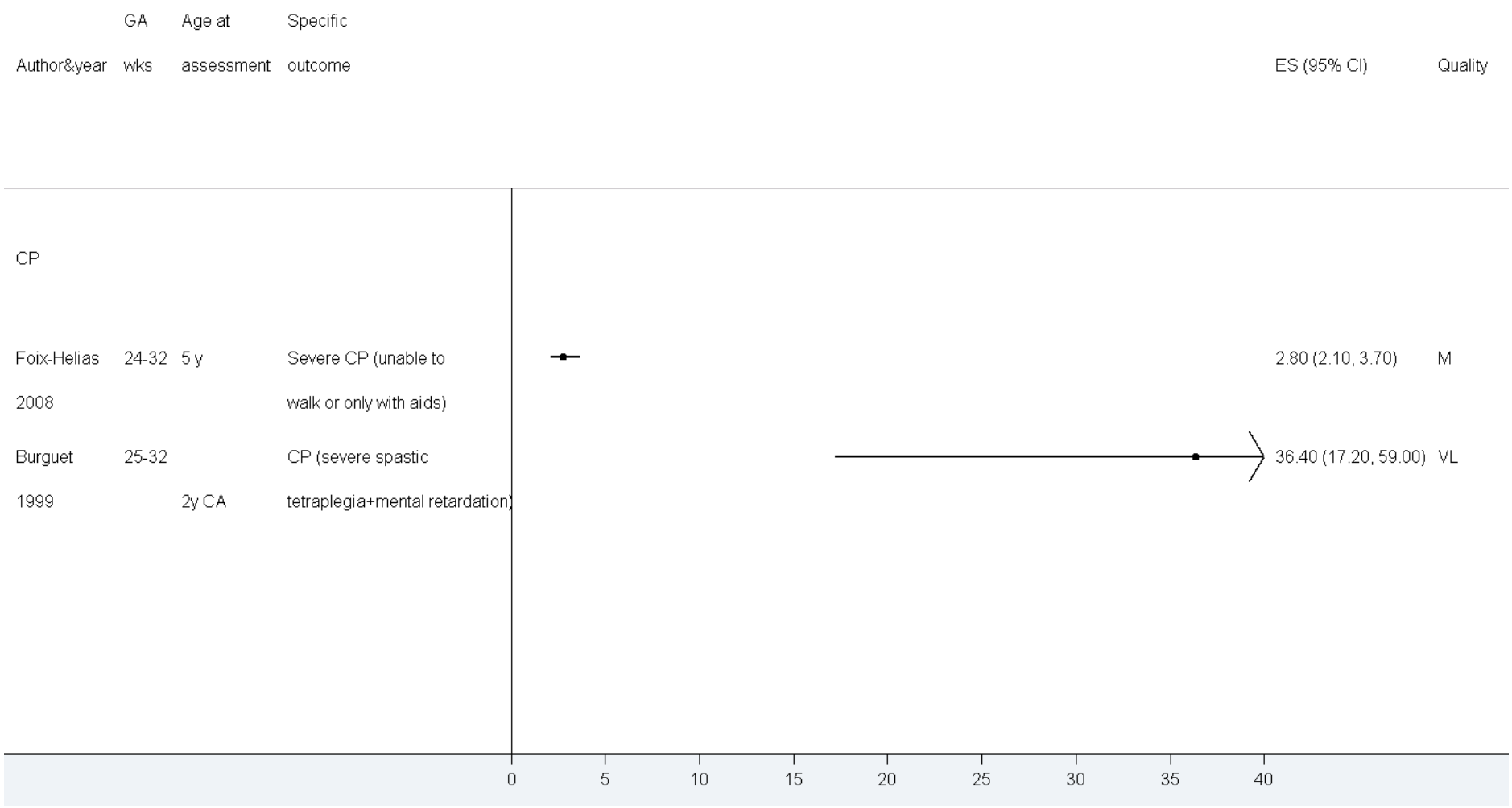
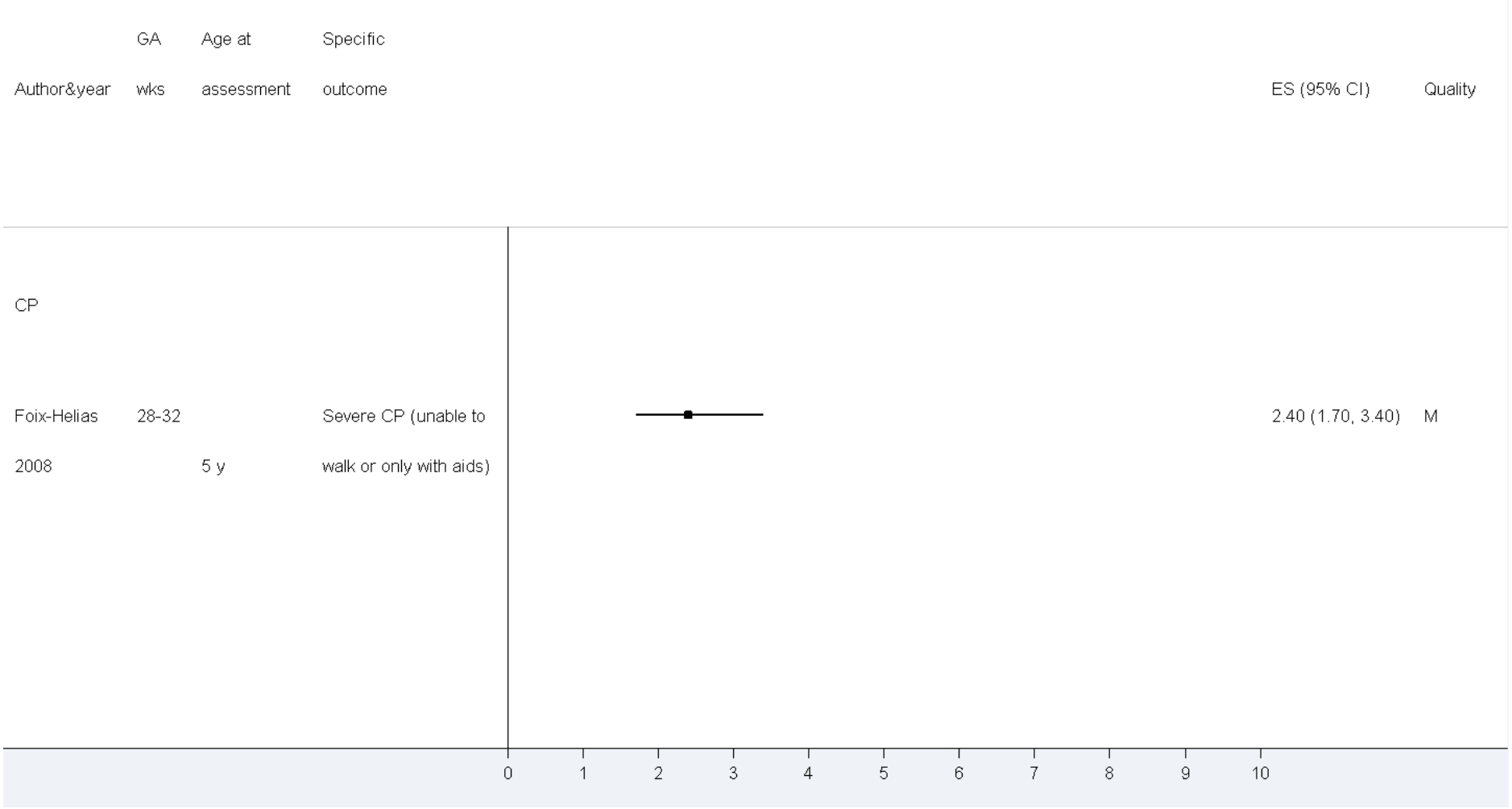
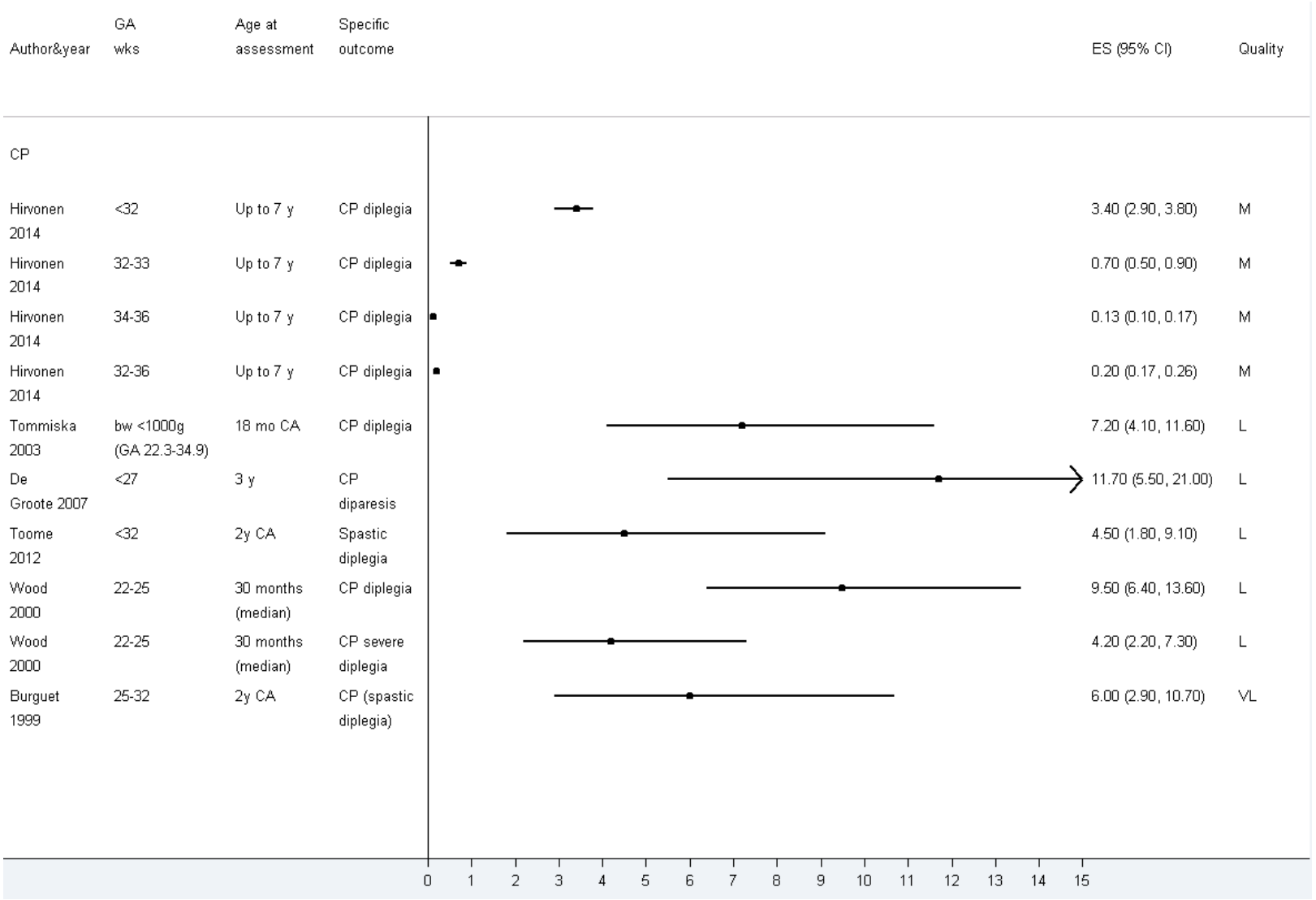


Figure 187: Prevalence estimates (% with 95% CI) of severe cerebral palsy in children born between 28 and 32 weeks' gestation



1 **Figure 188: Prevalence estimates (% with 95% CI) of diplegic cerebral palsy in children born preterm**



2

Figure 189: Prevalence estimates (% with 95% CI) of hemiplegic cerebral palsy in children born preterm

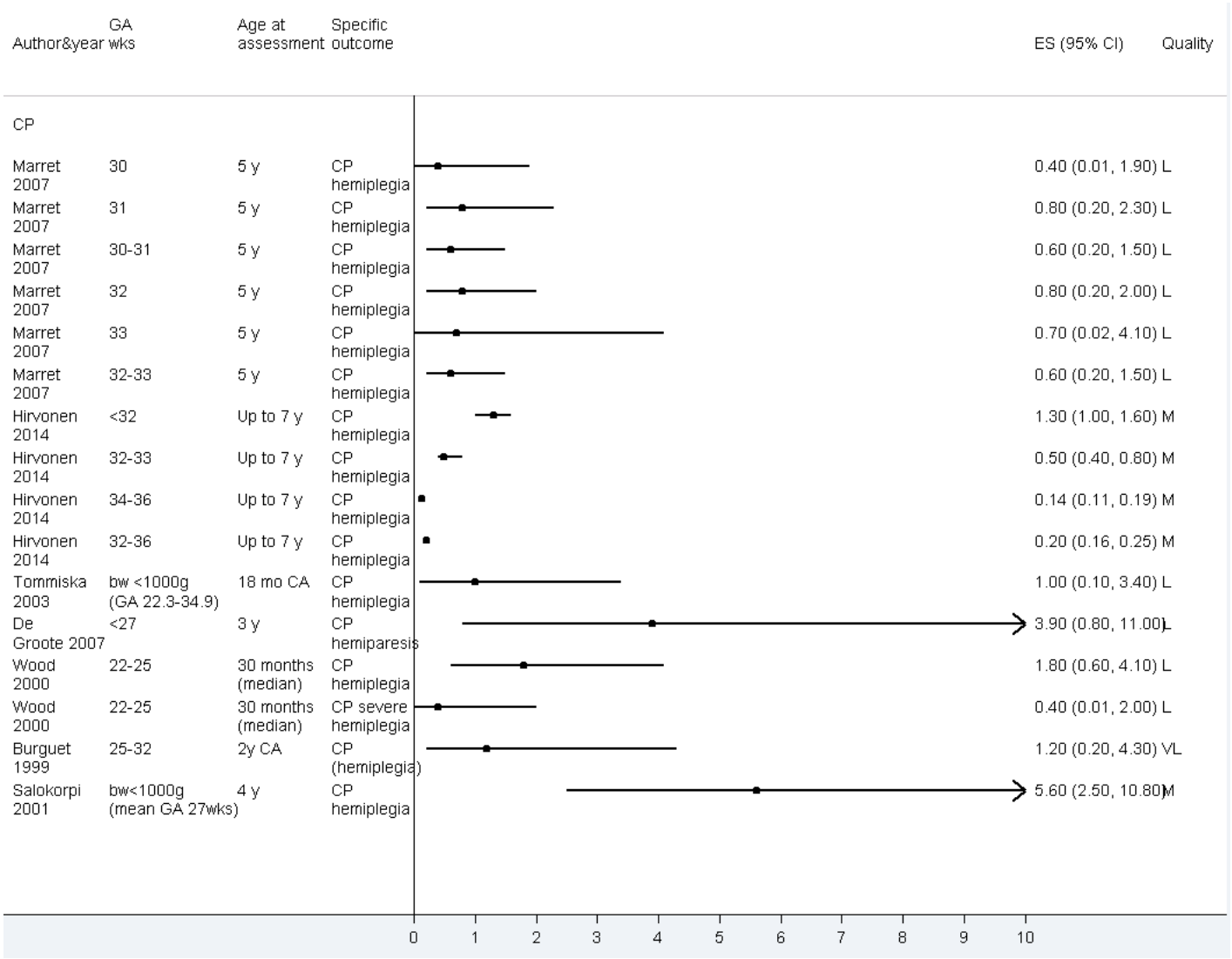


Figure 190: Prevalence estimates (% with 95% CI) of triplegic cerebral palsy in children born preterm

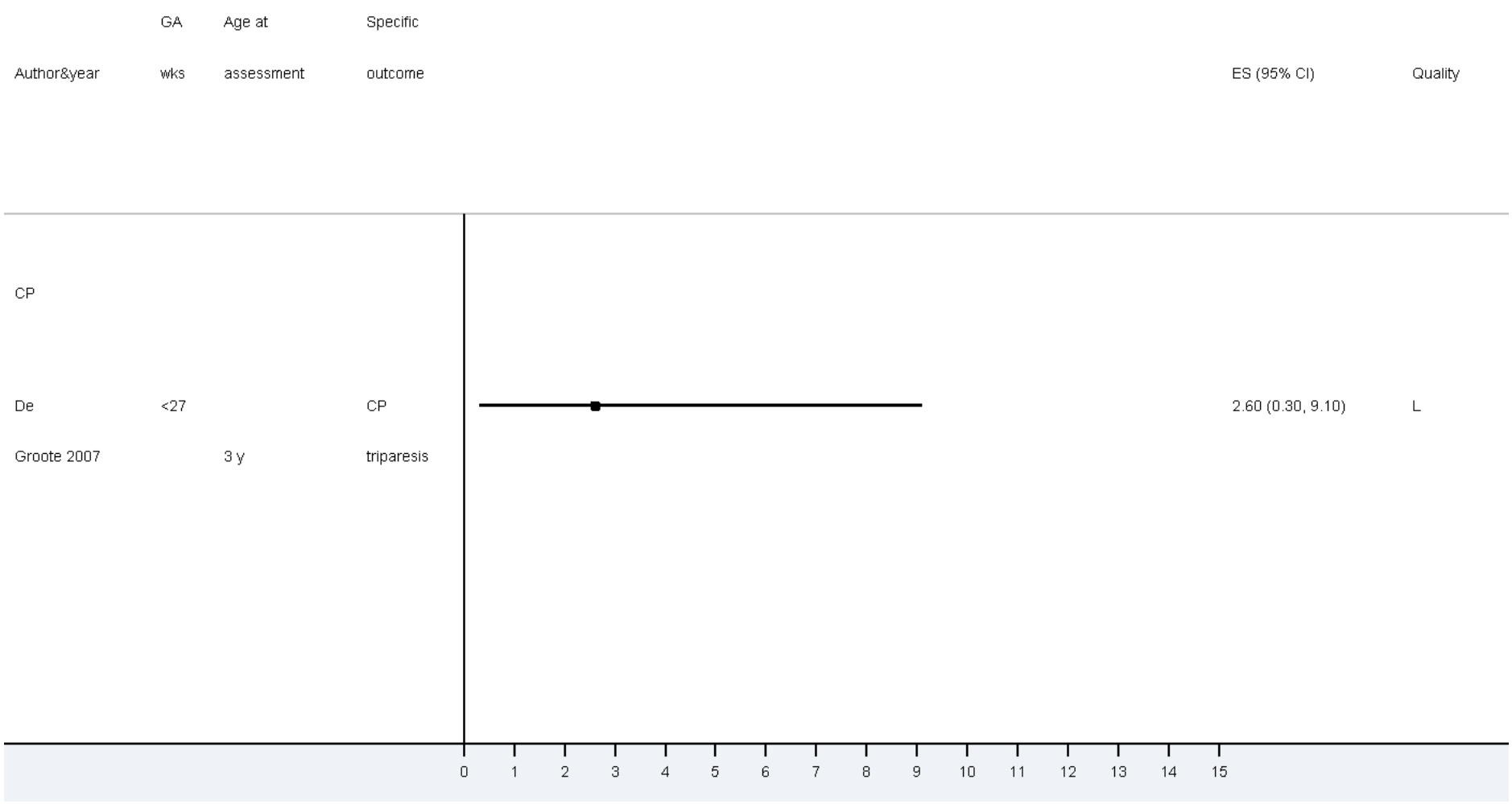
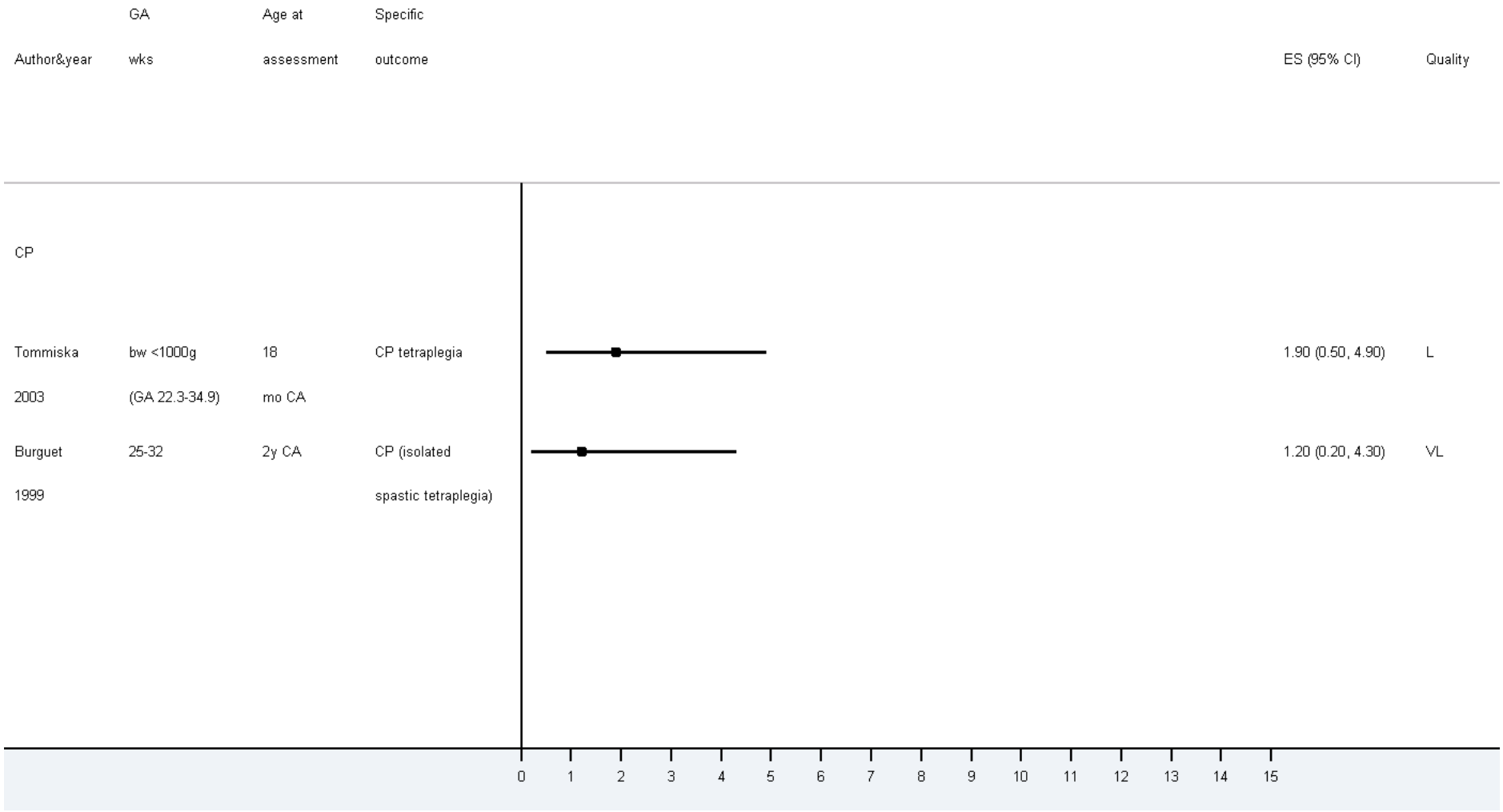
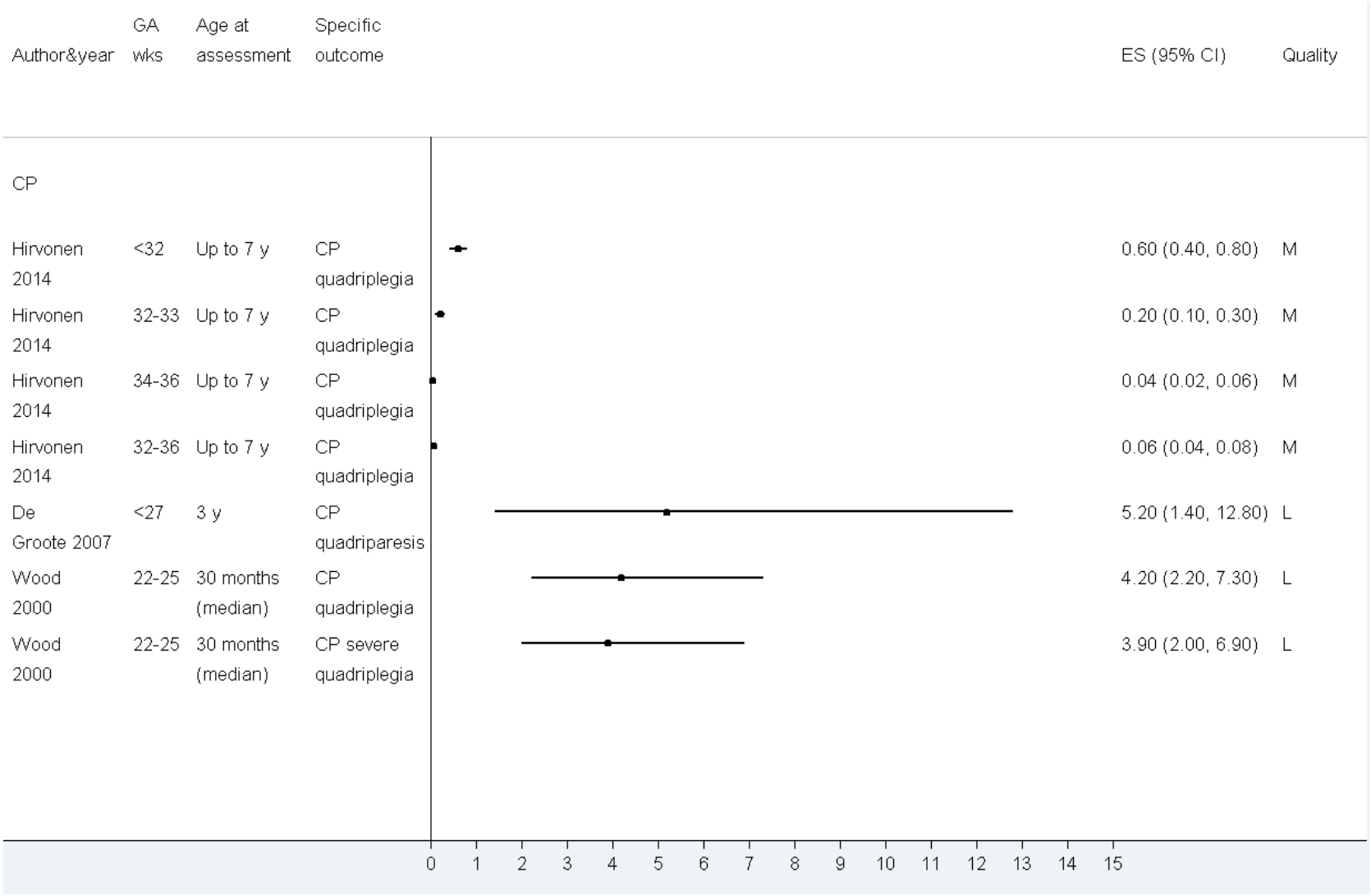


Figure 191: Prevalence estimates (% with 95% CI) of tetraplegic cerebral palsy in children born preterm



1 **Figure 192: Prevalence estimates (% with 95% CI) of quadriplegic cerebral palsy in children born preterm**



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1 **Figure 193: Prevalence estimates (% with 95% CI) of any cerebral palsy in children born preterm by week of gestation at birth**

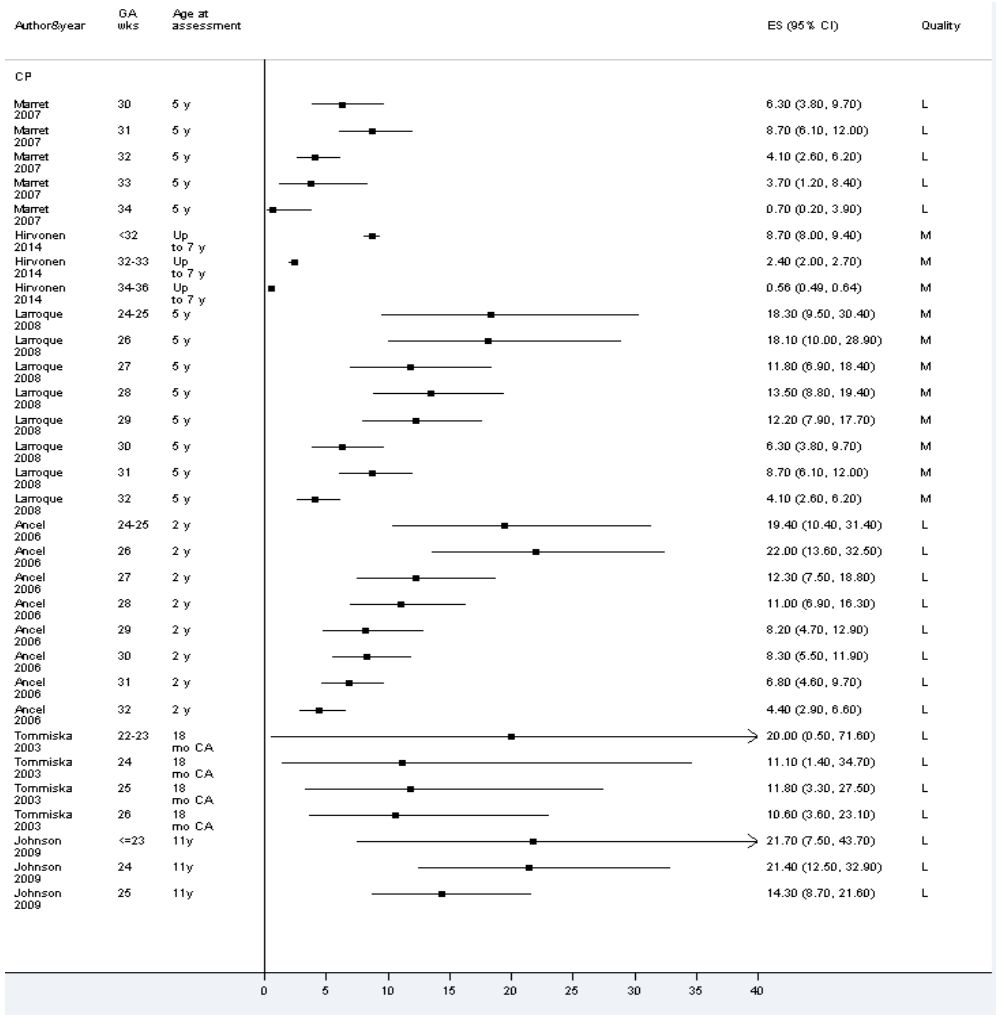

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Figure 194: Prevalence estimates (% with 95% CI) of cerebral palsy of moderate severity in children born preterm by week of gestation at birth

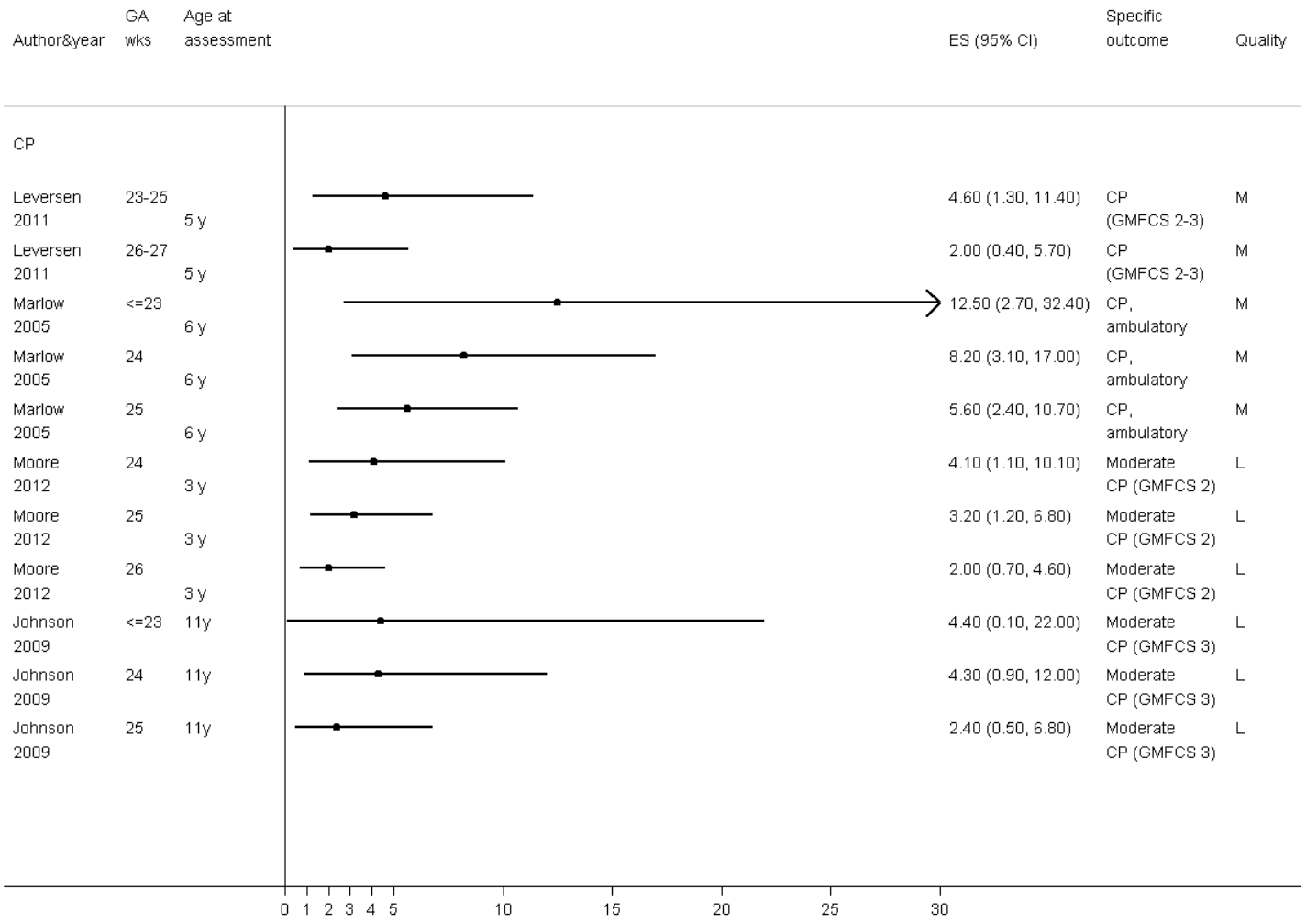
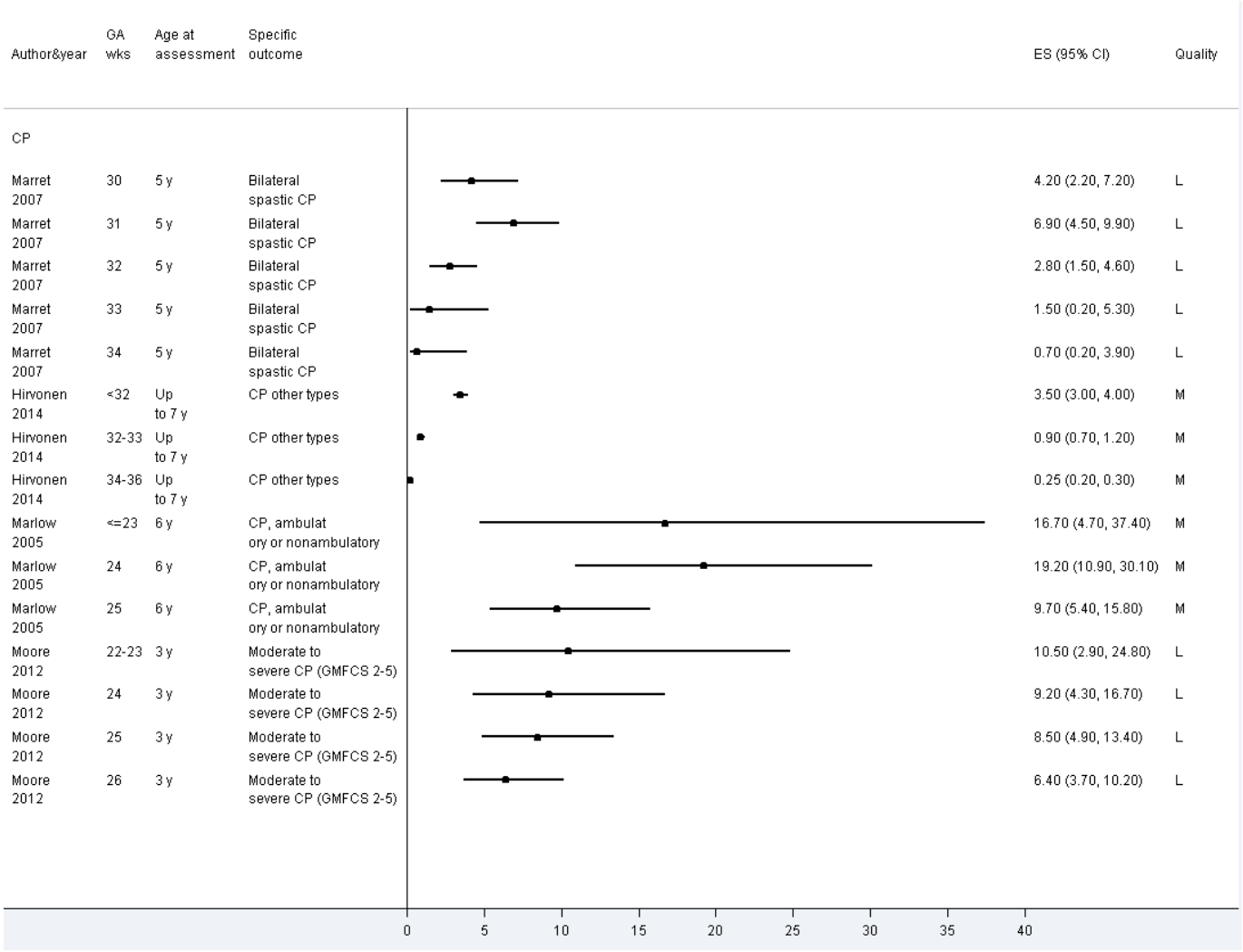
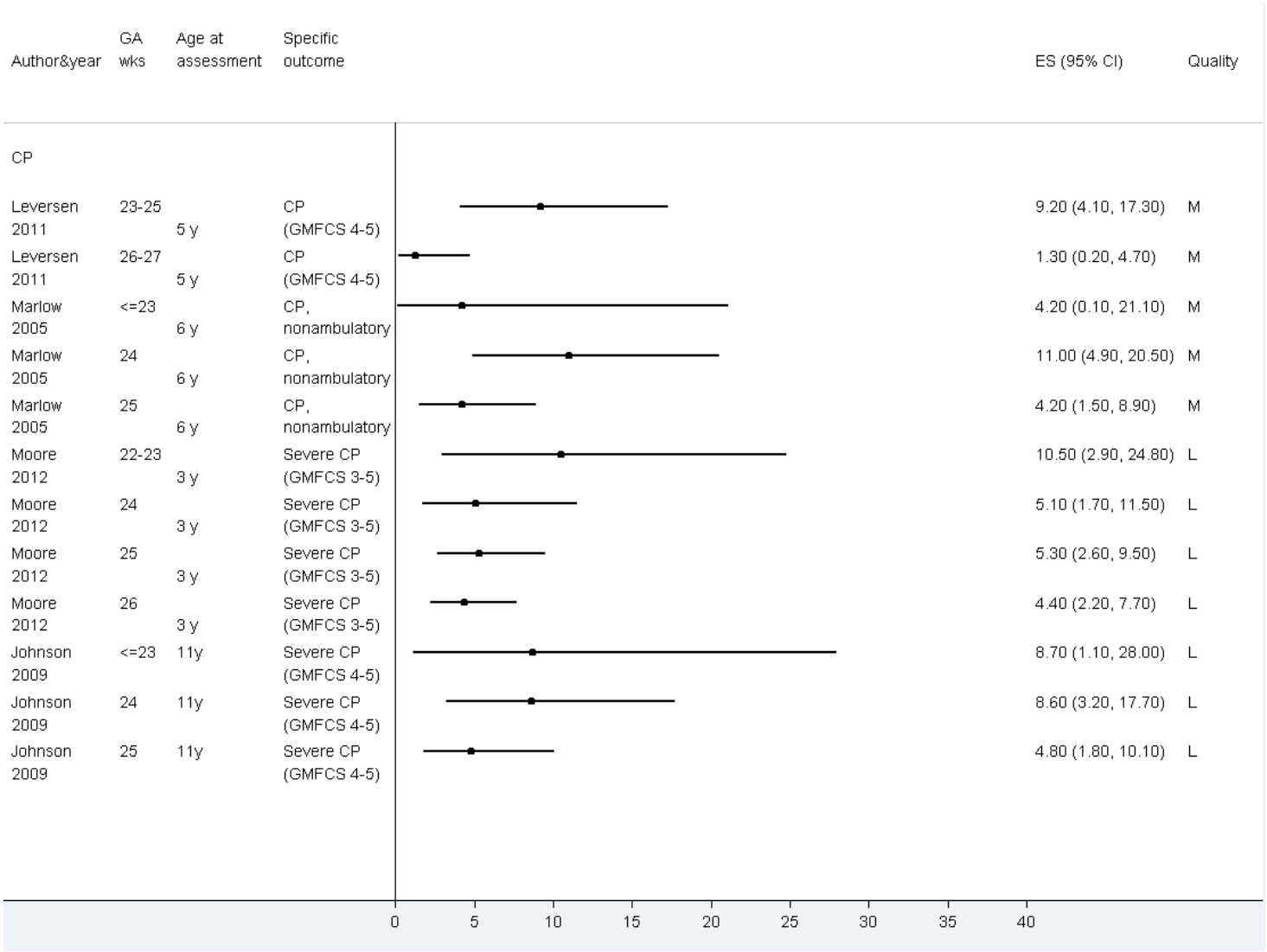


Figure 195: Prevalence estimates (% with 95% CI) of moderate and severe cerebral palsy in children born preterm by week of gestation at birth

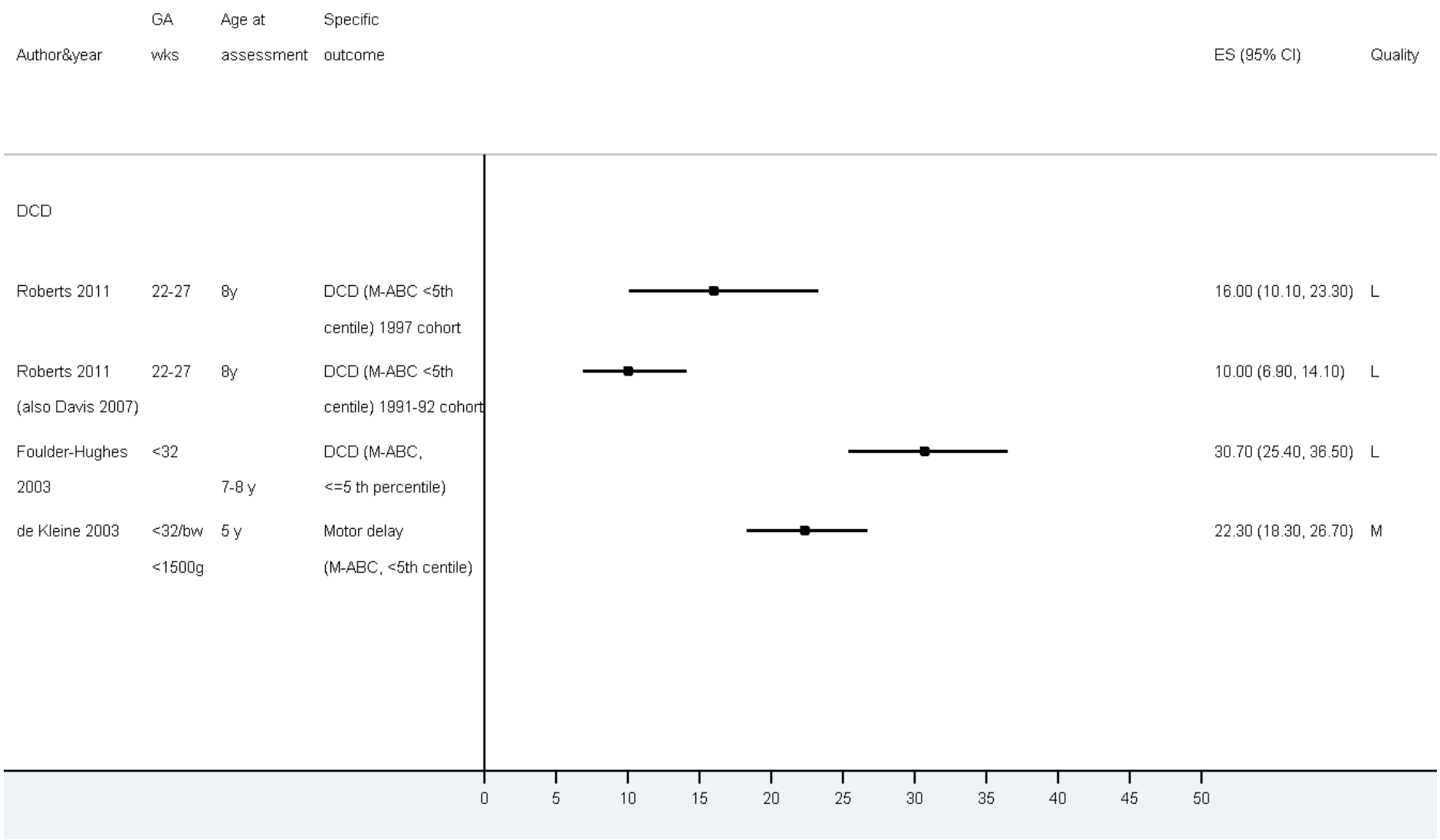


1 **Figure 196: Prevalence estimates (% with 95% CI) of severe cerebral palsy in children born preterm by week of gestation at birth**



2

Figure 197: Prevalence estimates (% with 95% CI) of developmental coordination disorder in children born preterm



1 **Figure 198: Prevalence estimates (% with 95% CI) of moderate intellectual disability in children born before 28 weeks' gestation**

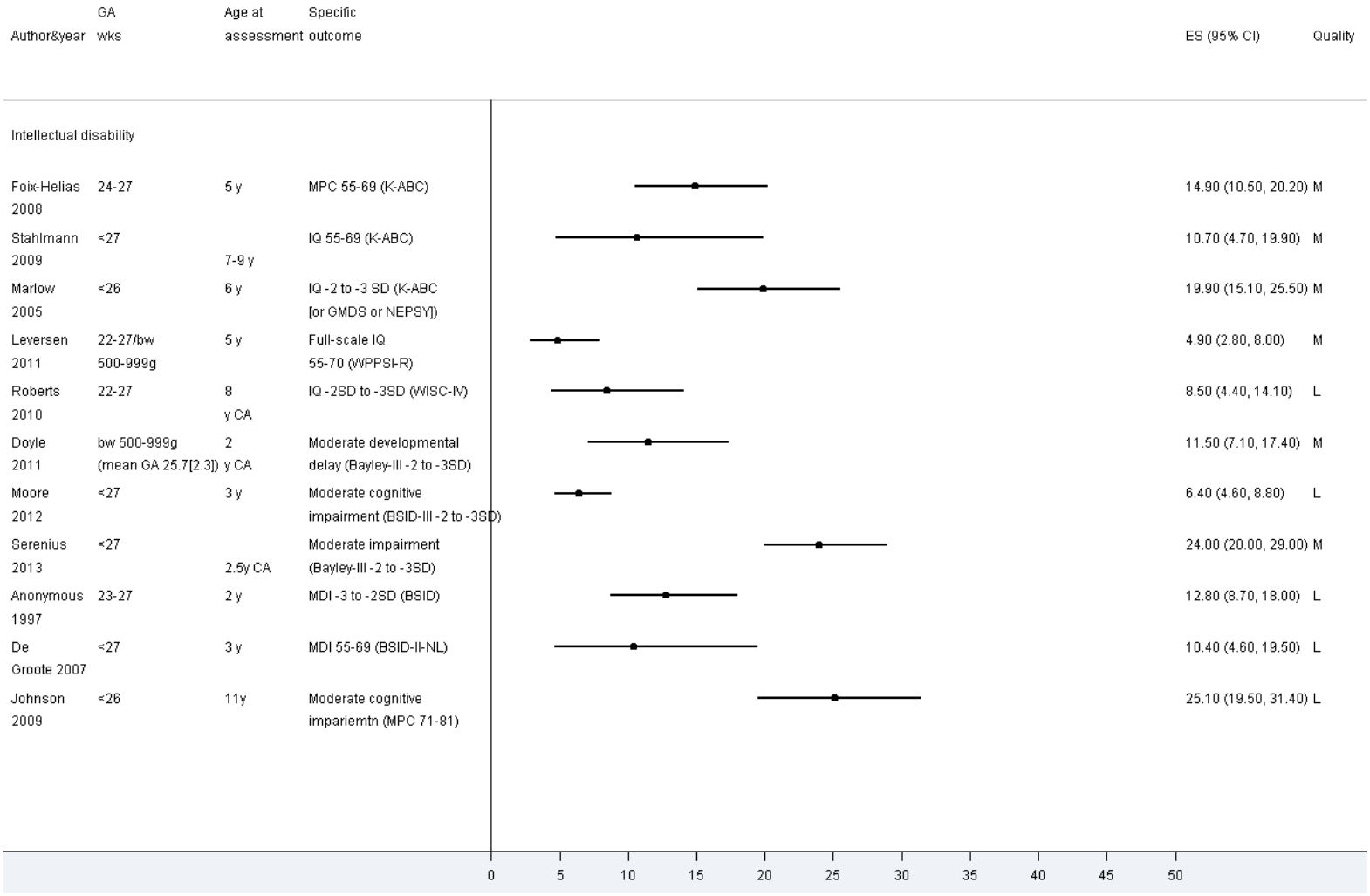


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Figure 199: Prevalence estimates (% with 95% CI) of moderate intellectual disability in children born before 32 weeks' gestation

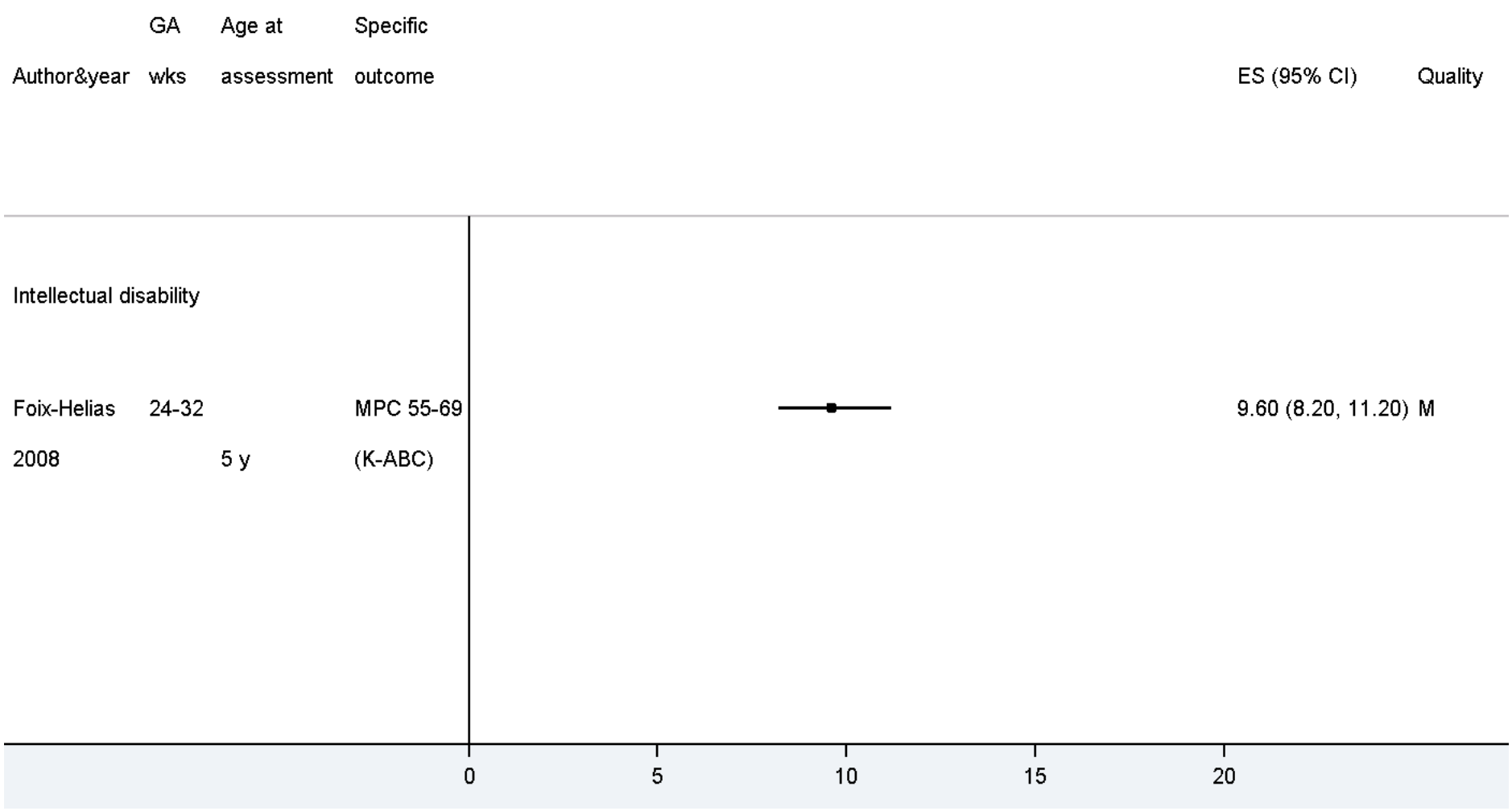


Figure 200: Prevalence estimates (% with 95% CI) of moderate intellectual disability in children born between 28 and 32 weeks' gestation

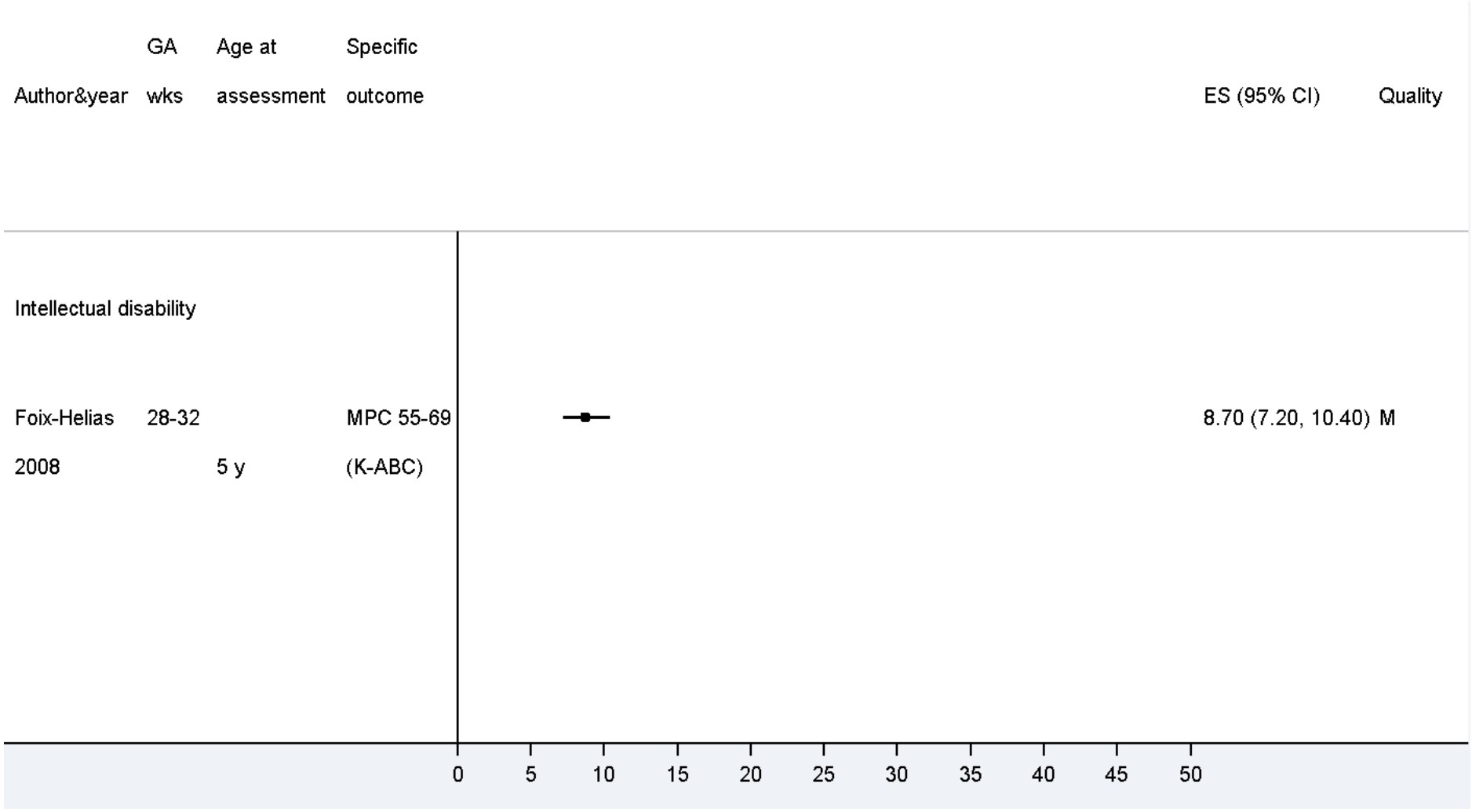


Figure 201: Prevalence estimates (% with 95% CI) of moderate intellectual disability in children born preterm by week of gestation at birth

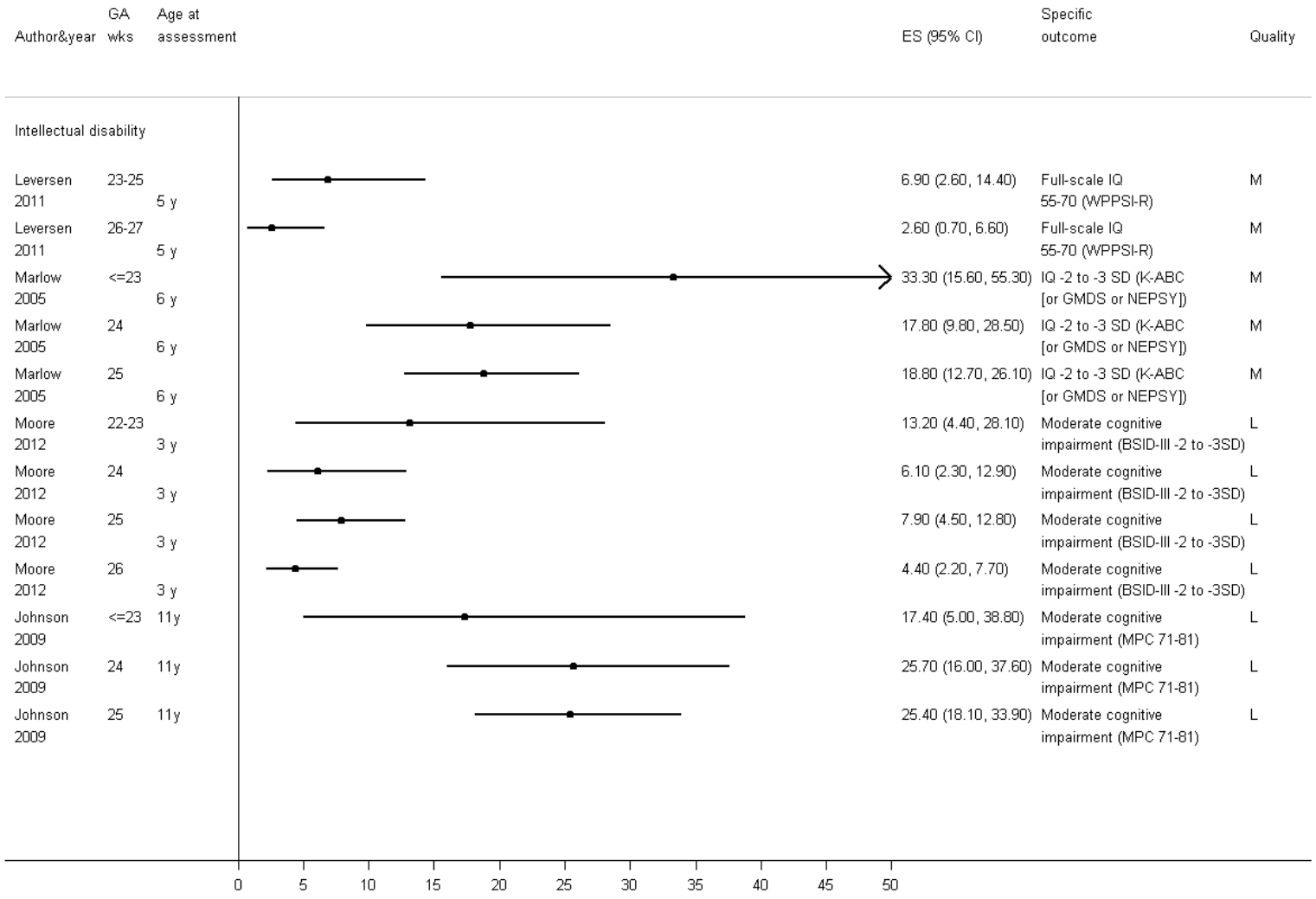


Figure 202: Prevalence estimates (% with 95% CI) of moderate and severe intellectual disability in children born before 28 weeks' gestation

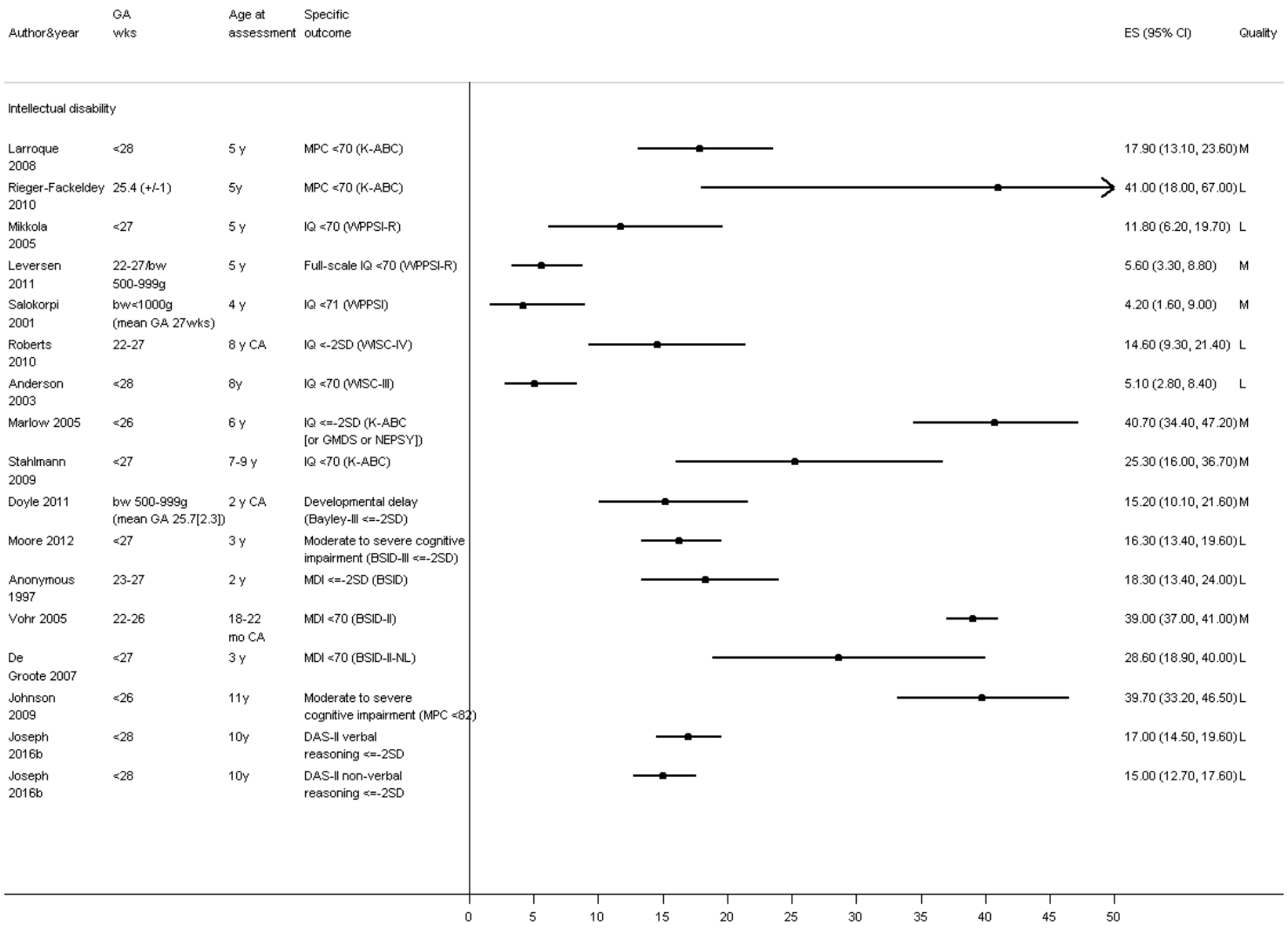


Figure 203: Prevalence estimates (% with 95% CI) of moderate and severe intellectual disability in children born before 32 weeks' gestation

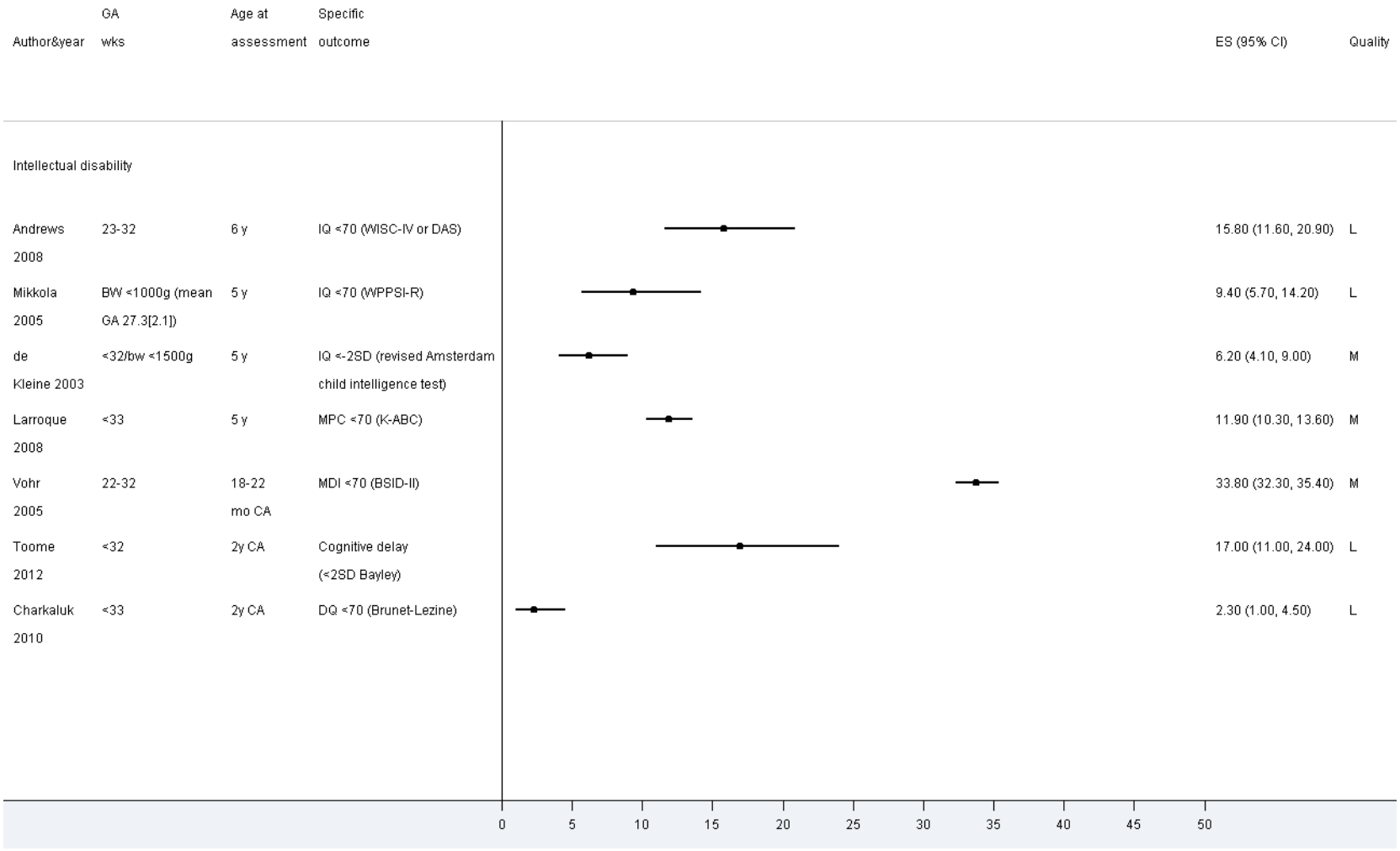


Figure 204: Prevalence estimates (% with 95% CI) of moderate and severe intellectual disability in children born between 28 and 31 weeks' gestation

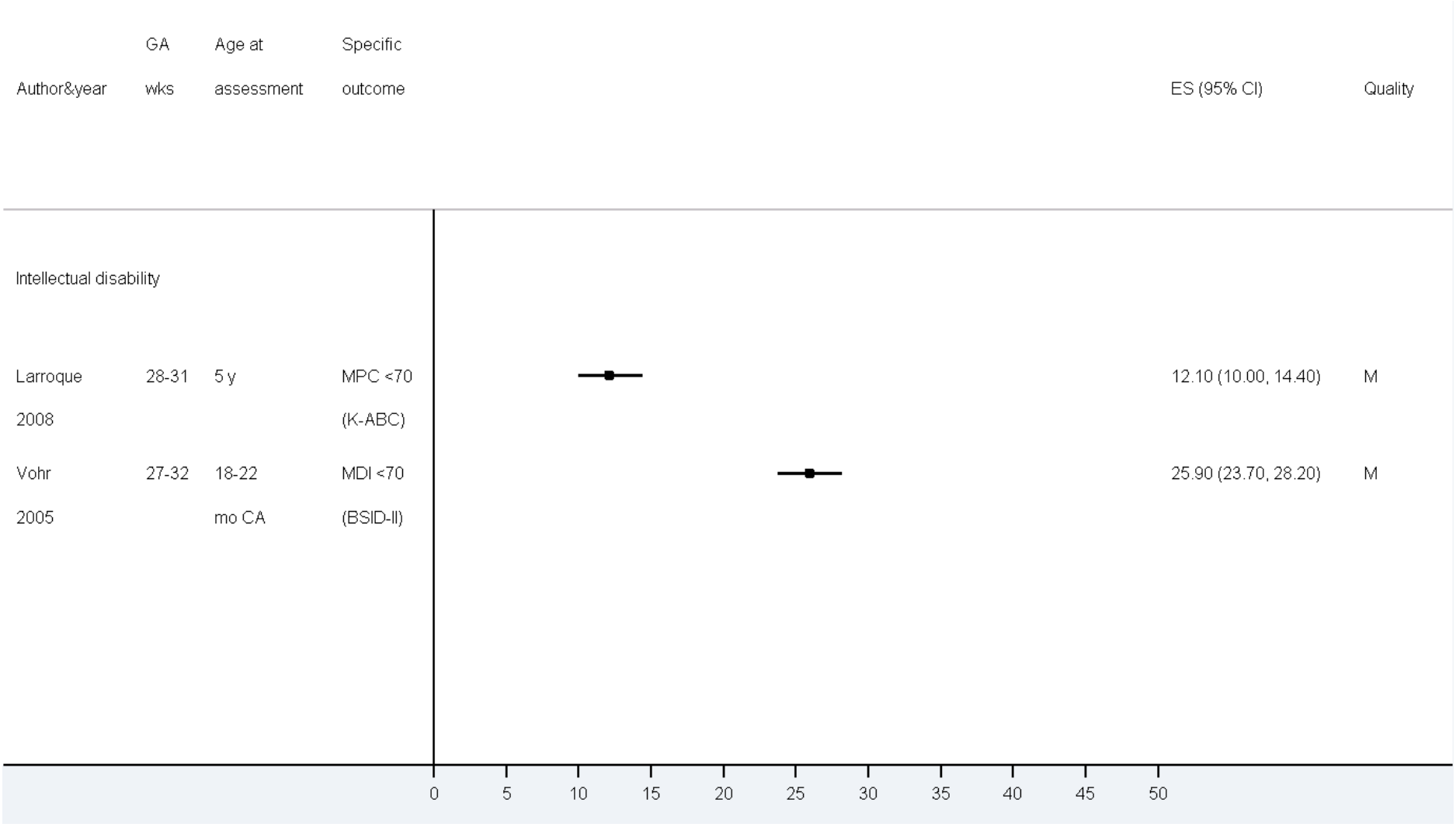


Figure 205: Prevalence estimates (% with 95% CI) of moderate and severe intellectual disability in children born between 32 and 34 weeks' gestation

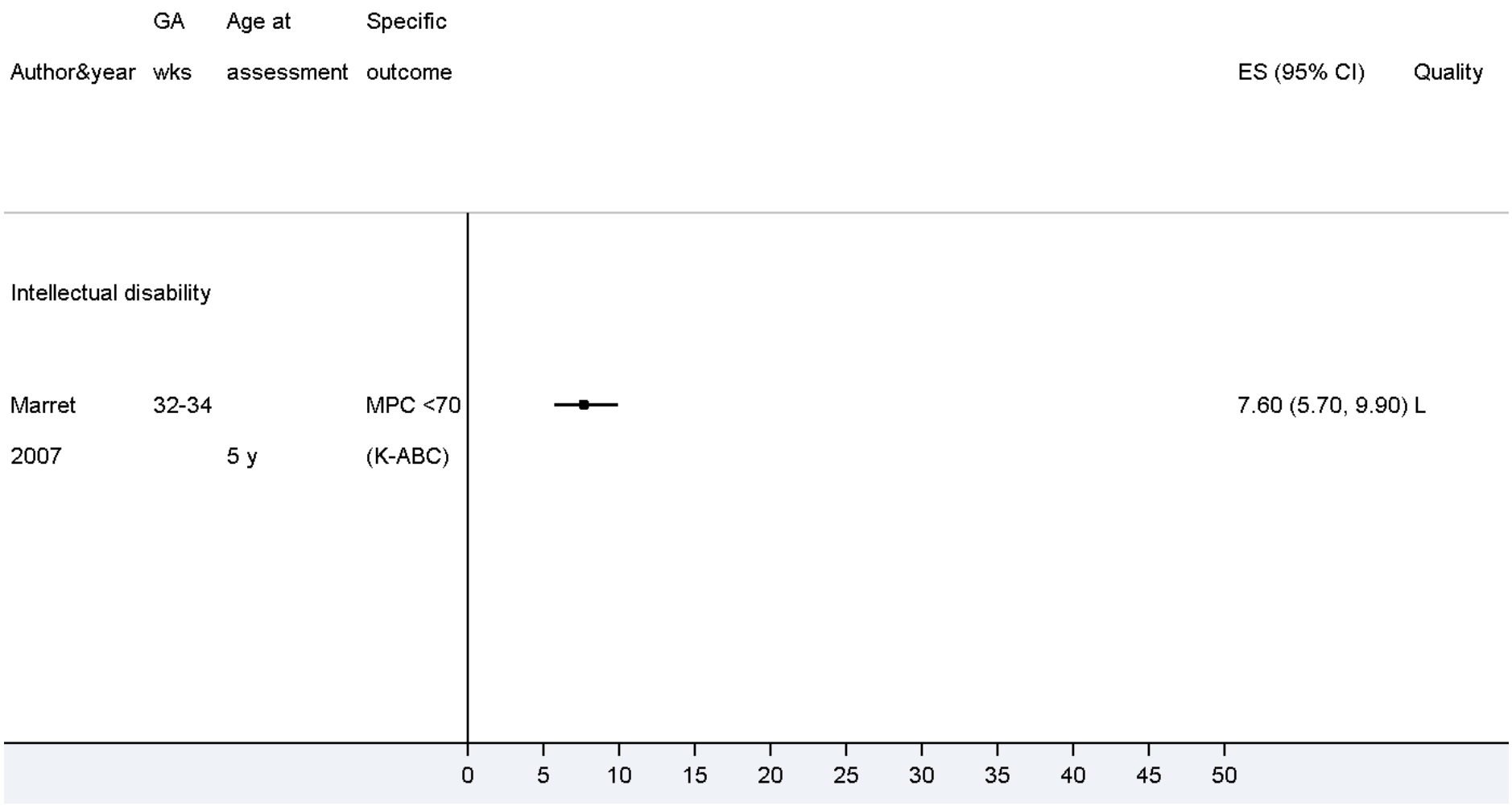


Figure 206: Prevalence estimates (% with 95% CI) of moderate and severe intellectual disability in children born preterm by week of gestation at birth

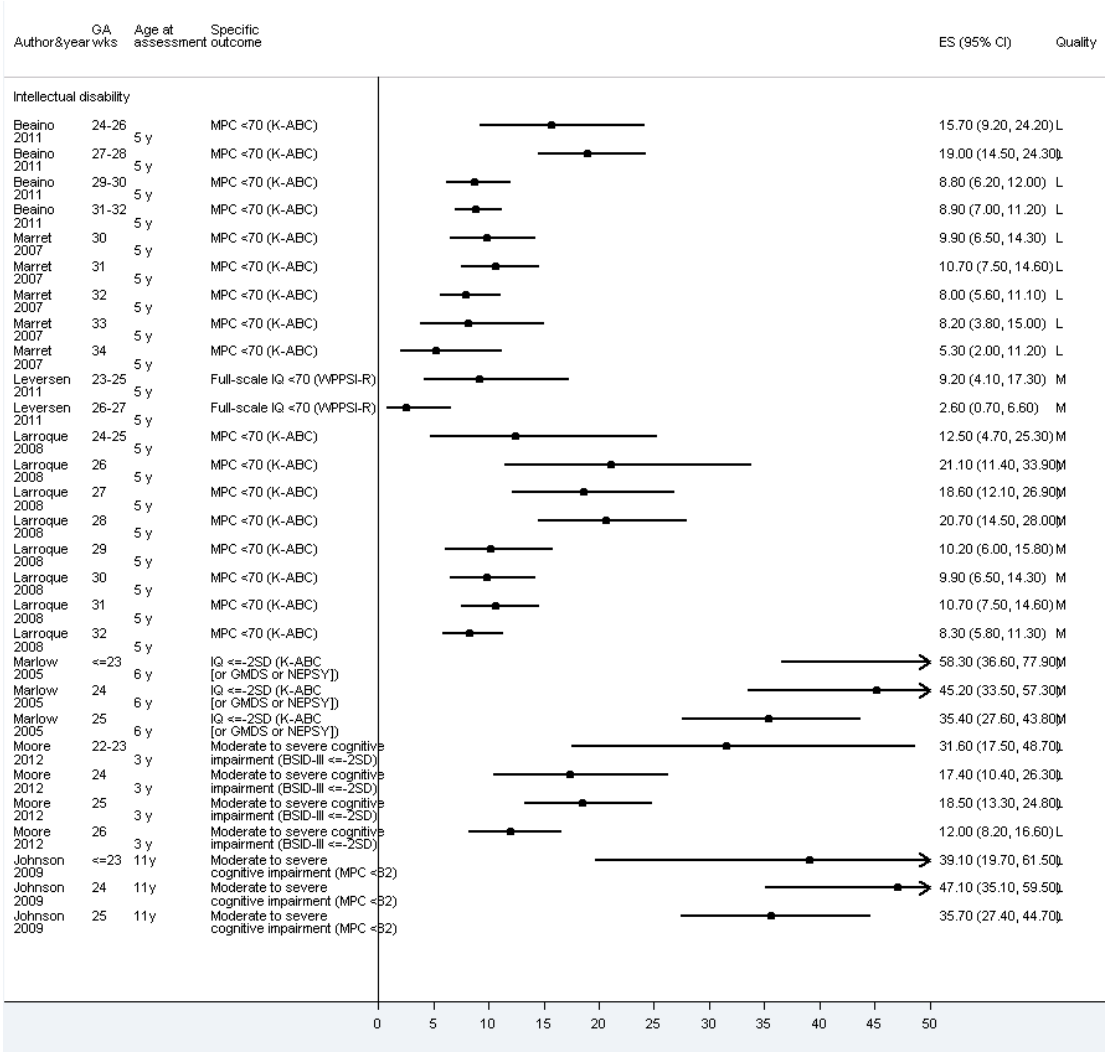
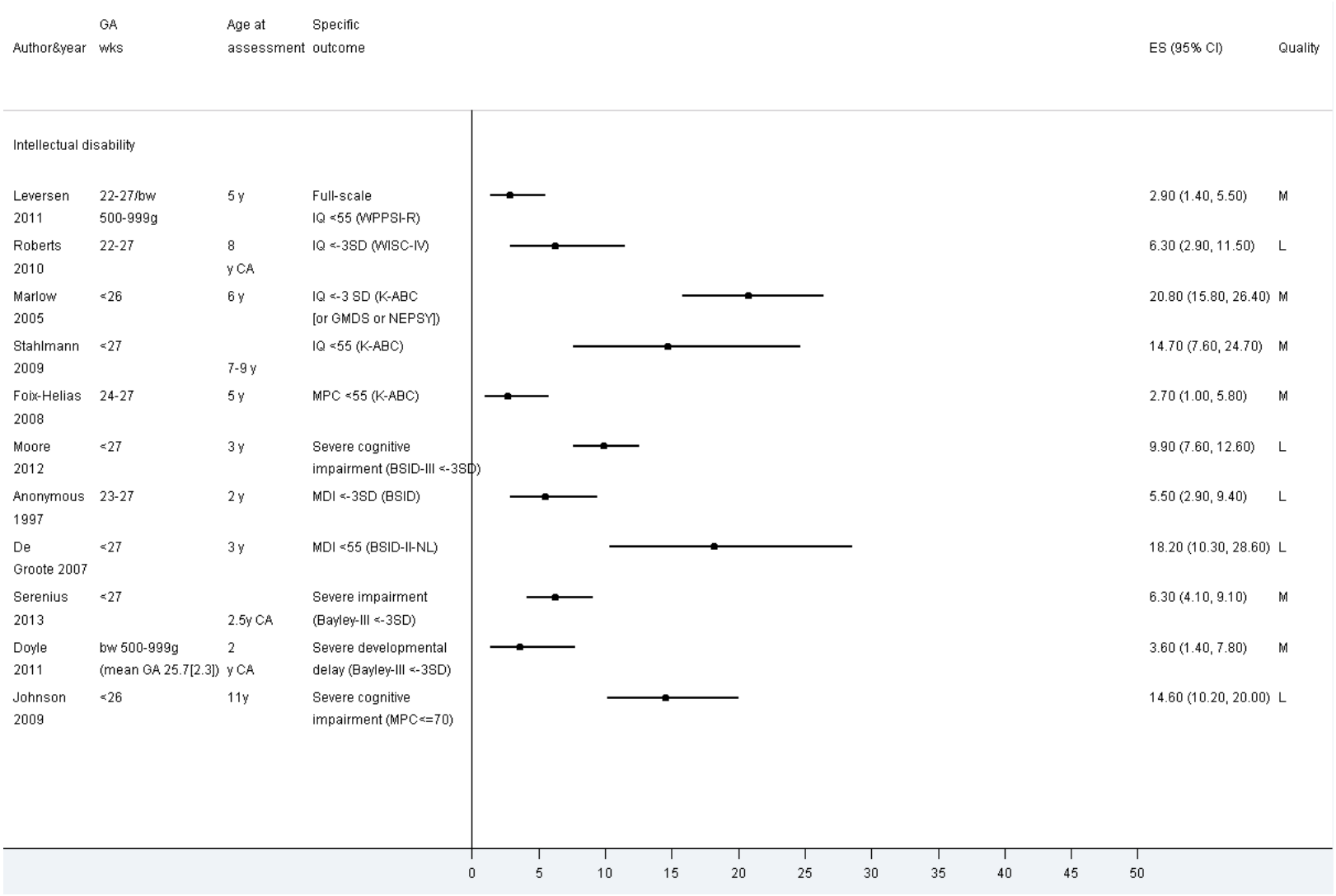


Figure 207: Prevalence estimates (% with 95% CI) of severe intellectual disability in children born before 28 weeks' gestation



1 **Figure 208: Prevalence estimates (% with 95% CI) of severe intellectual disability in children born before 33 weeks' gestation**

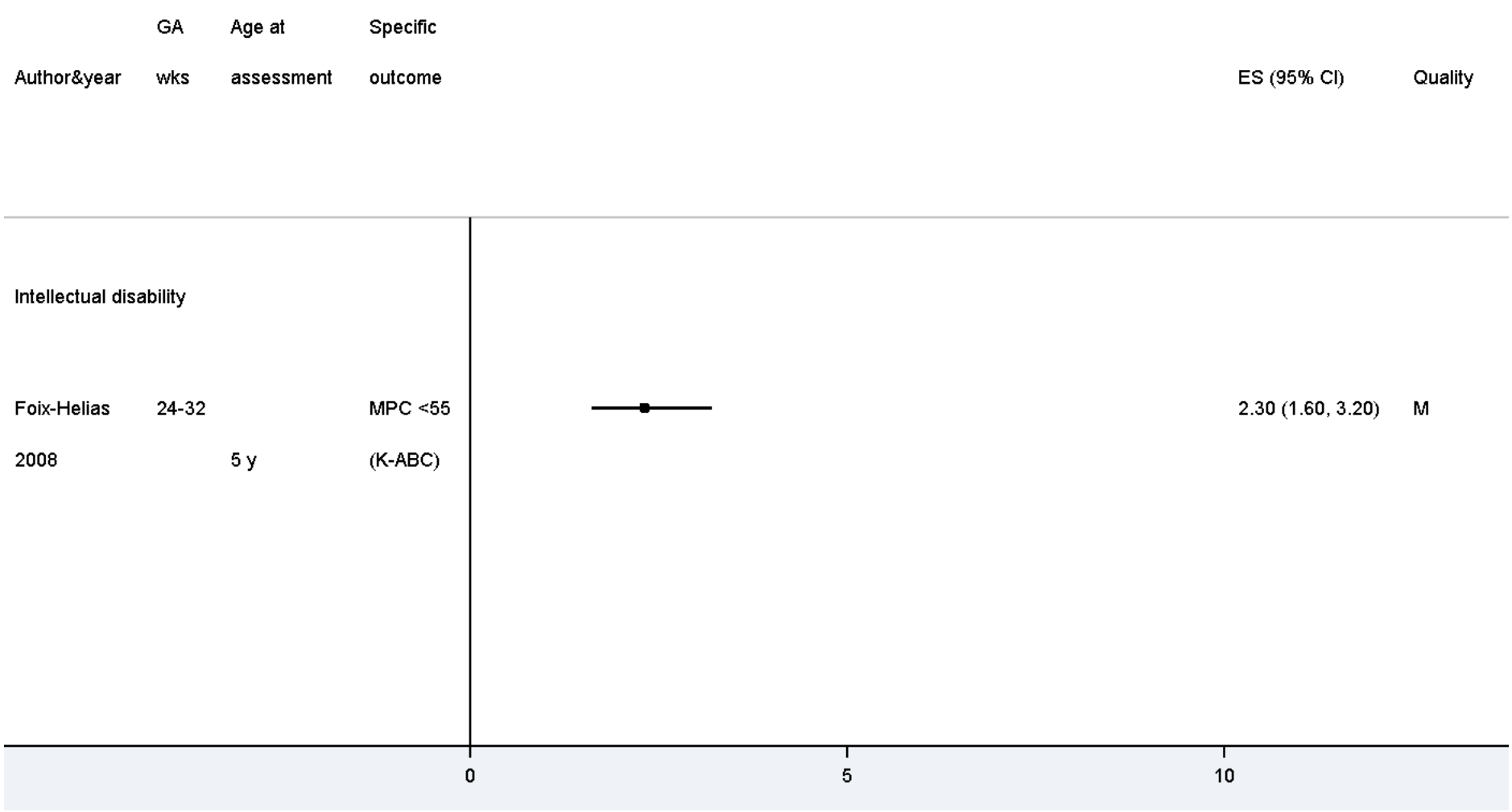


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Figure 209: Prevalence estimates (% with 95% CI) of severe intellectual disability in children born between 28 and 32 weeks' gestation

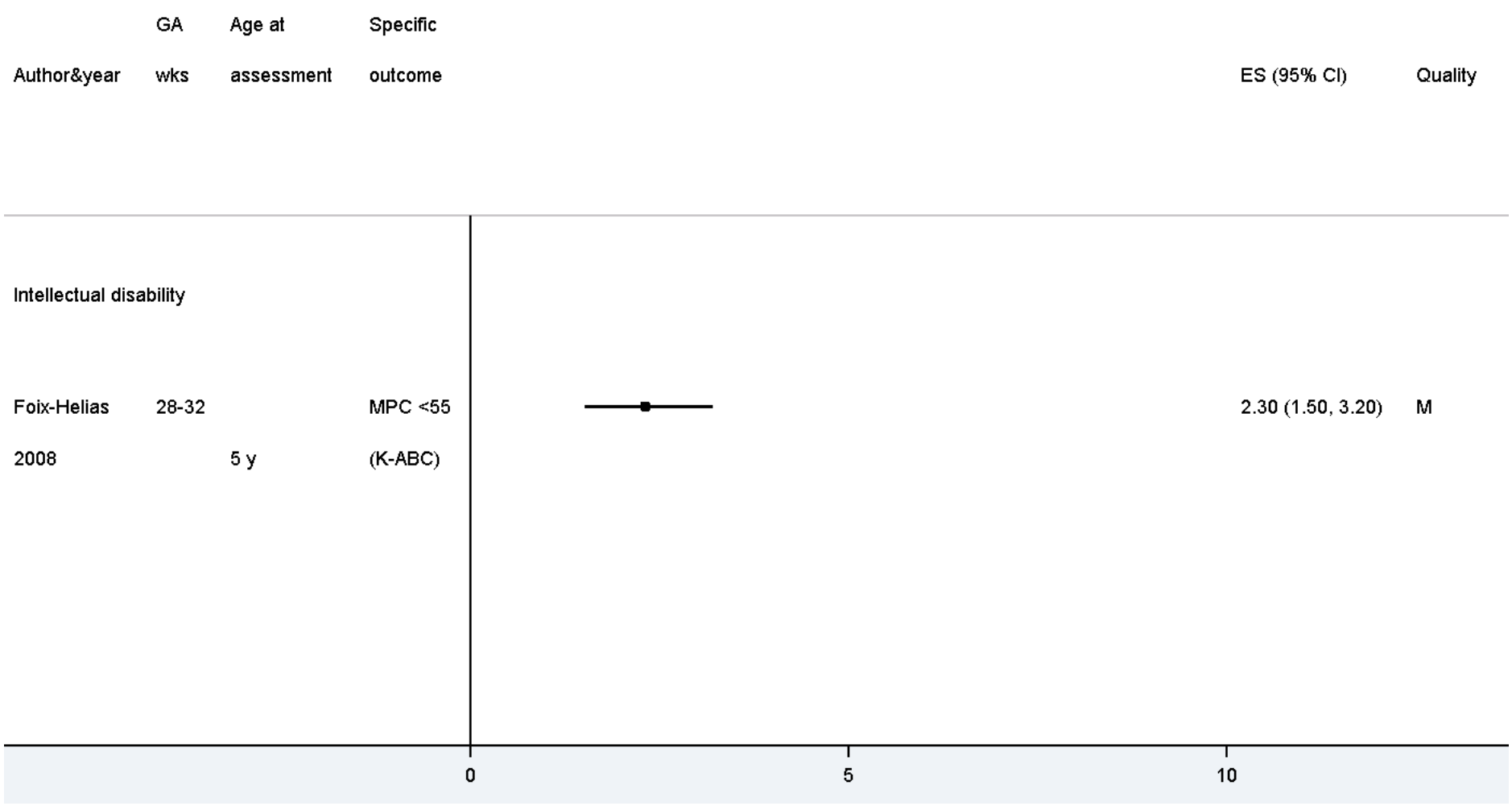


Figure 210: Prevalence estimates (% with 95% CI) of severe intellectual disability in children born preterm by week of gestation at birth

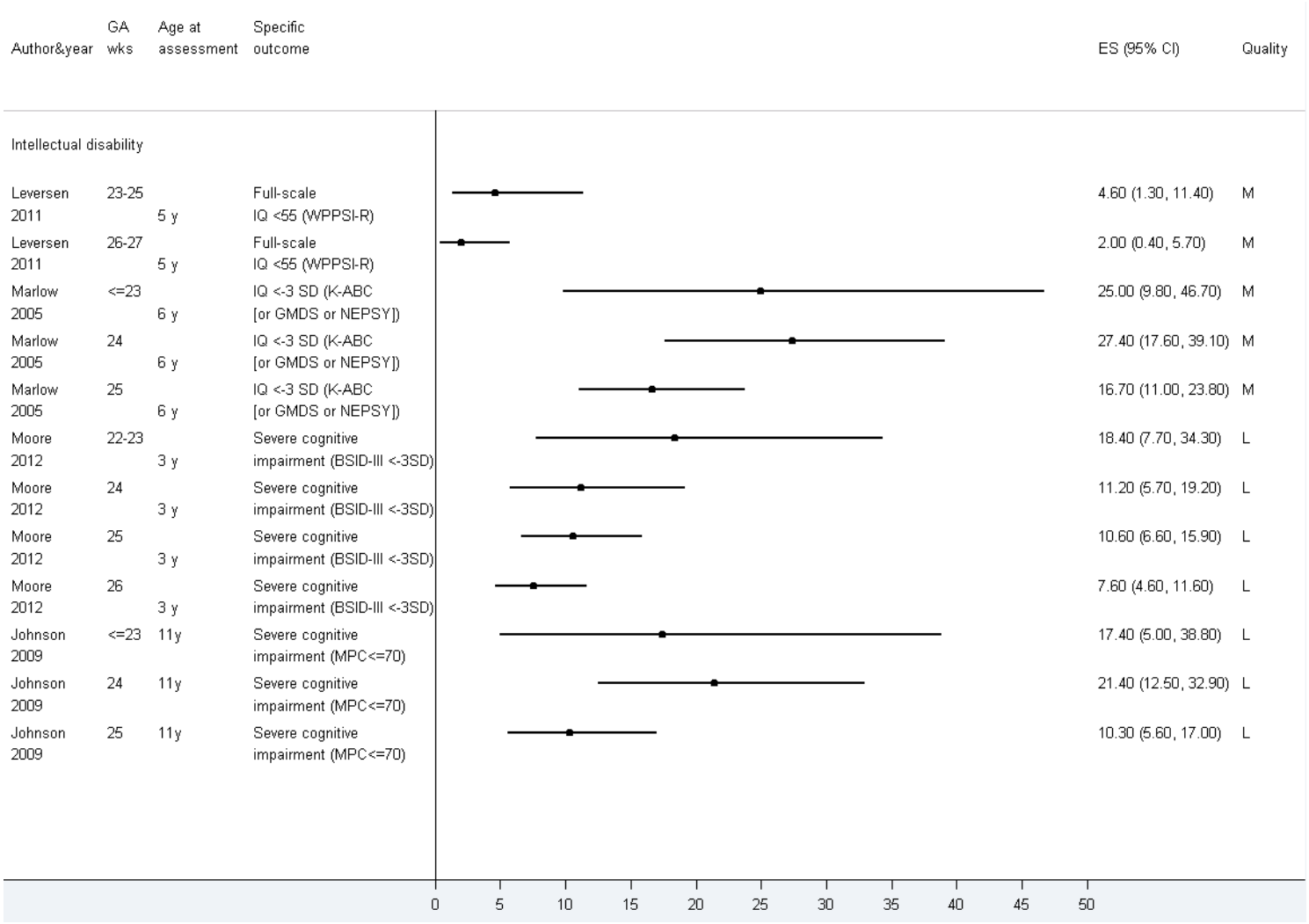


Figure 211: Prevalence estimates (% with 95% CI) of specific learning problems in children born preterm

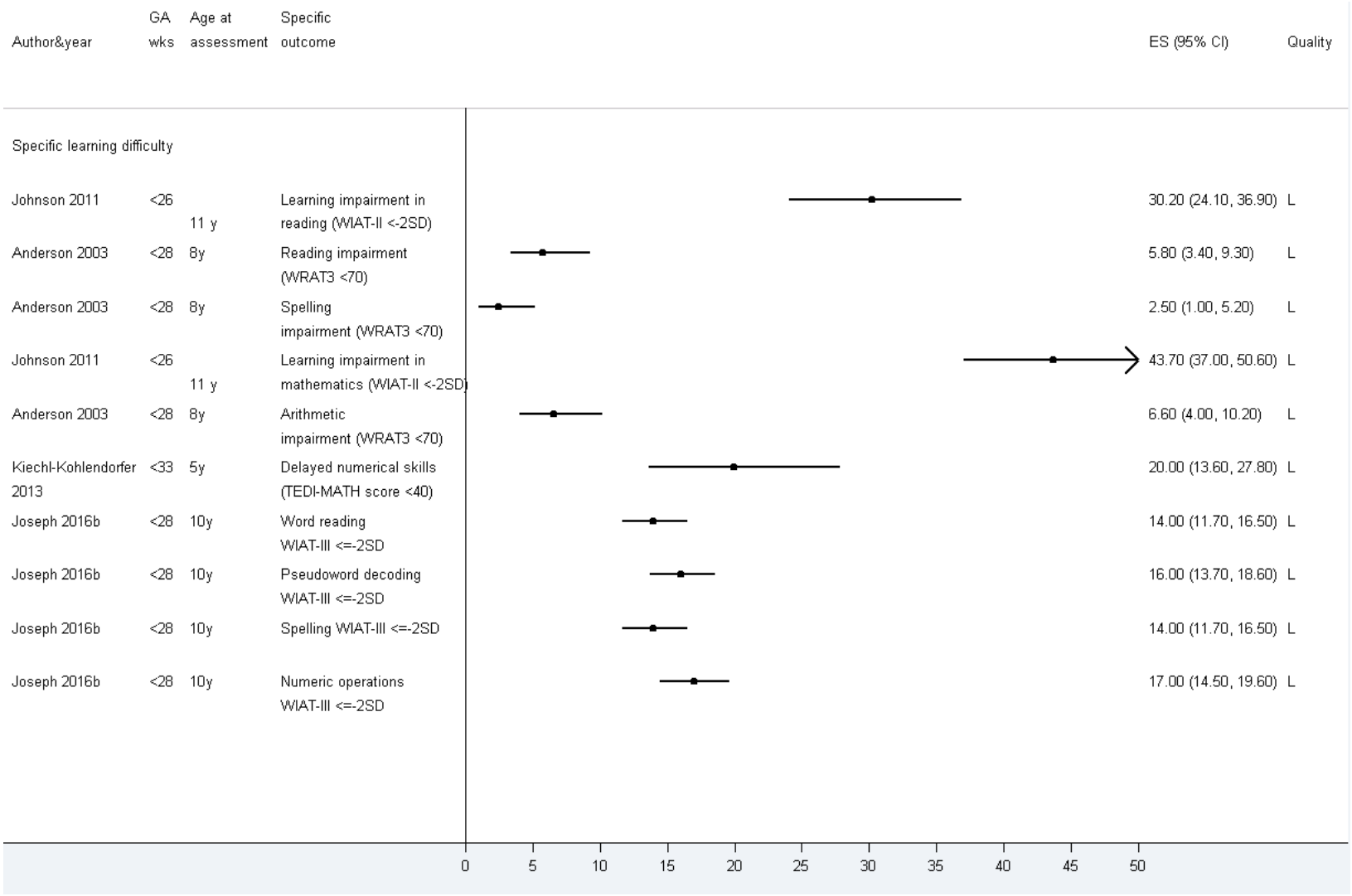


Figure 212: Prevalence estimates (% with 95% CI) of moderate speech, language or communication disorder in children born preterm

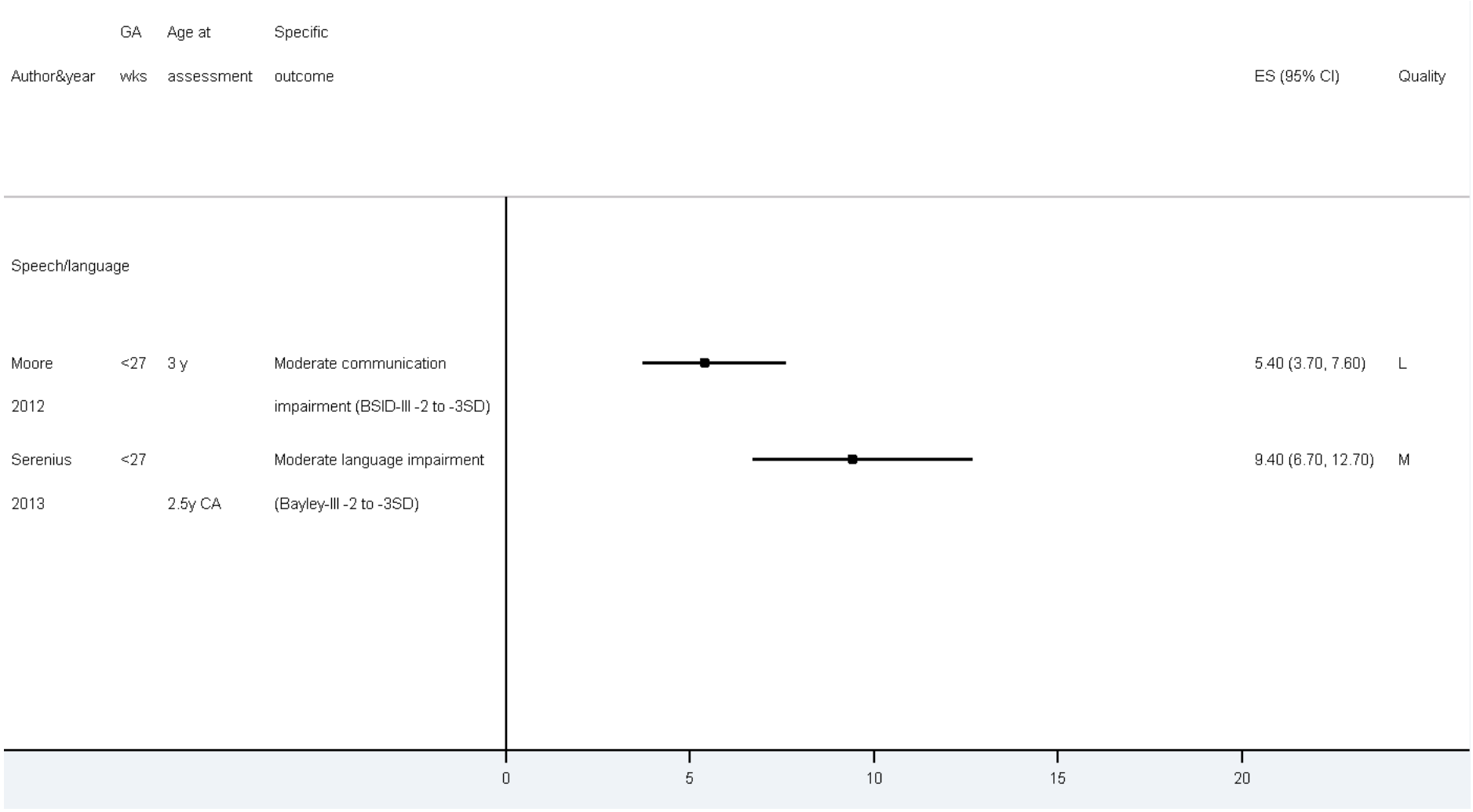
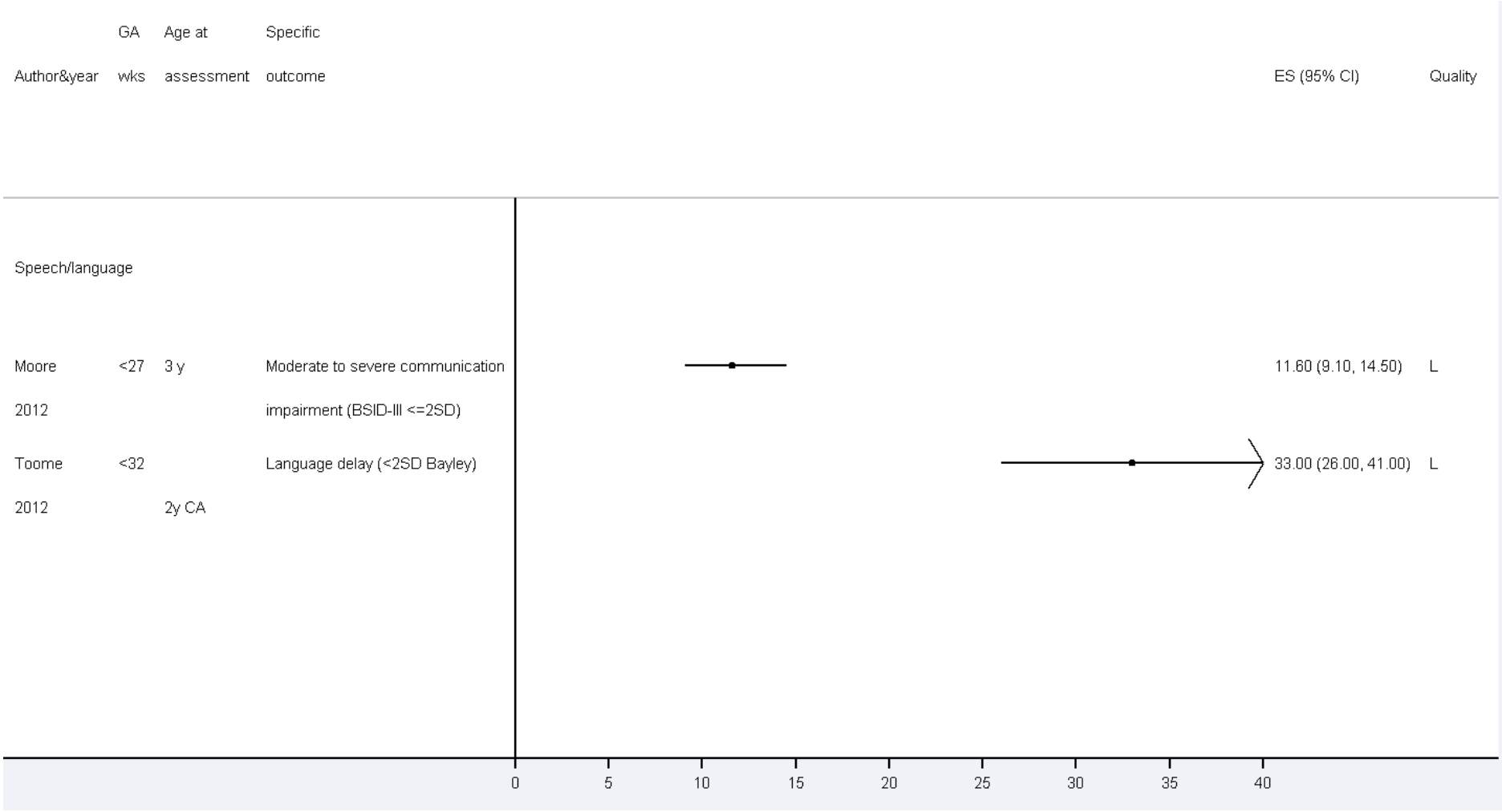


Figure 213: Prevalence estimates (% with 95% CI) of moderate and severe speech, language or communication disorder in children born preterm



1 **Figure 214: Prevalence estimates (% with 95% CI) of severe speech, language or communication disorder in children born preterm**

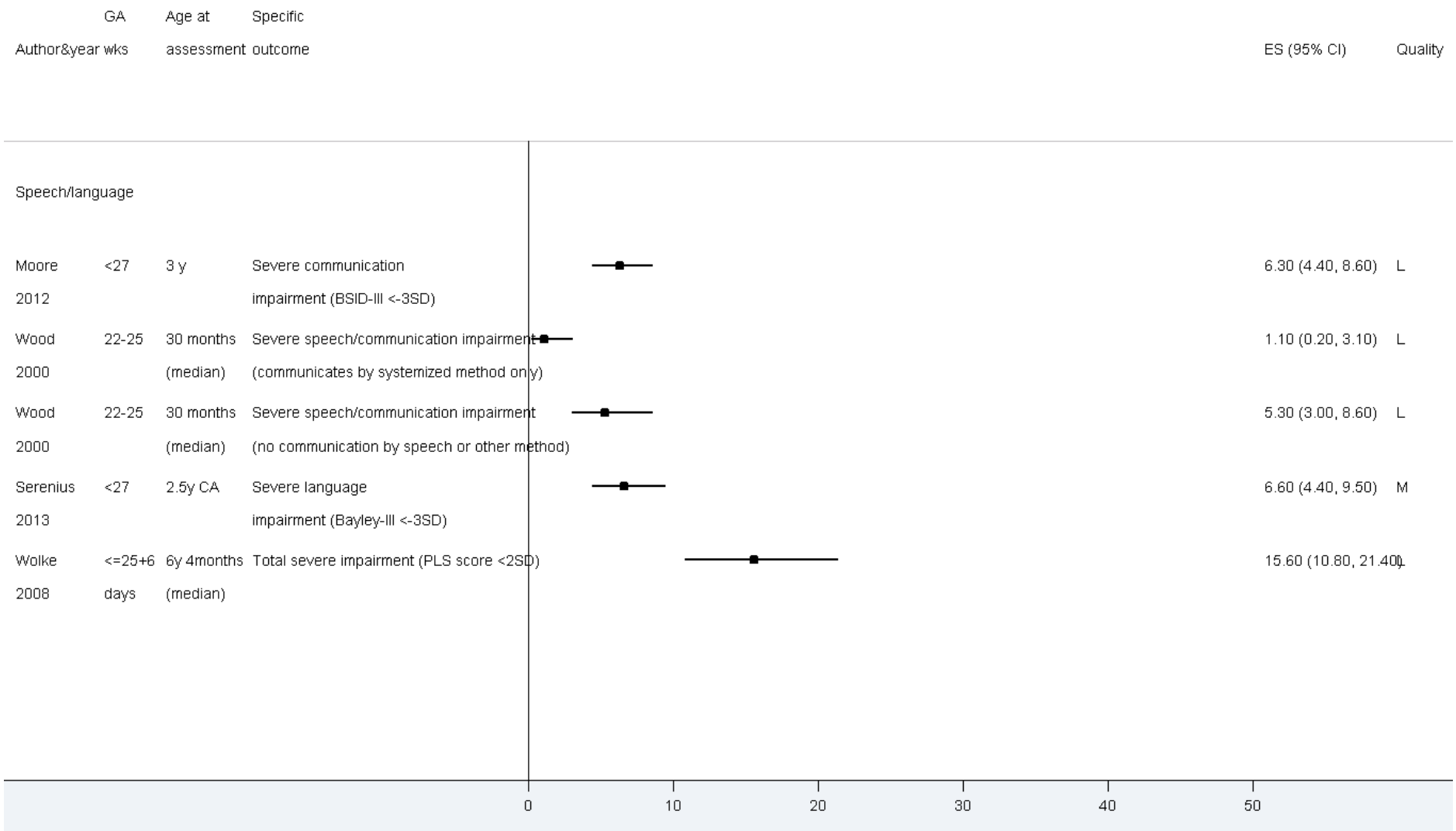


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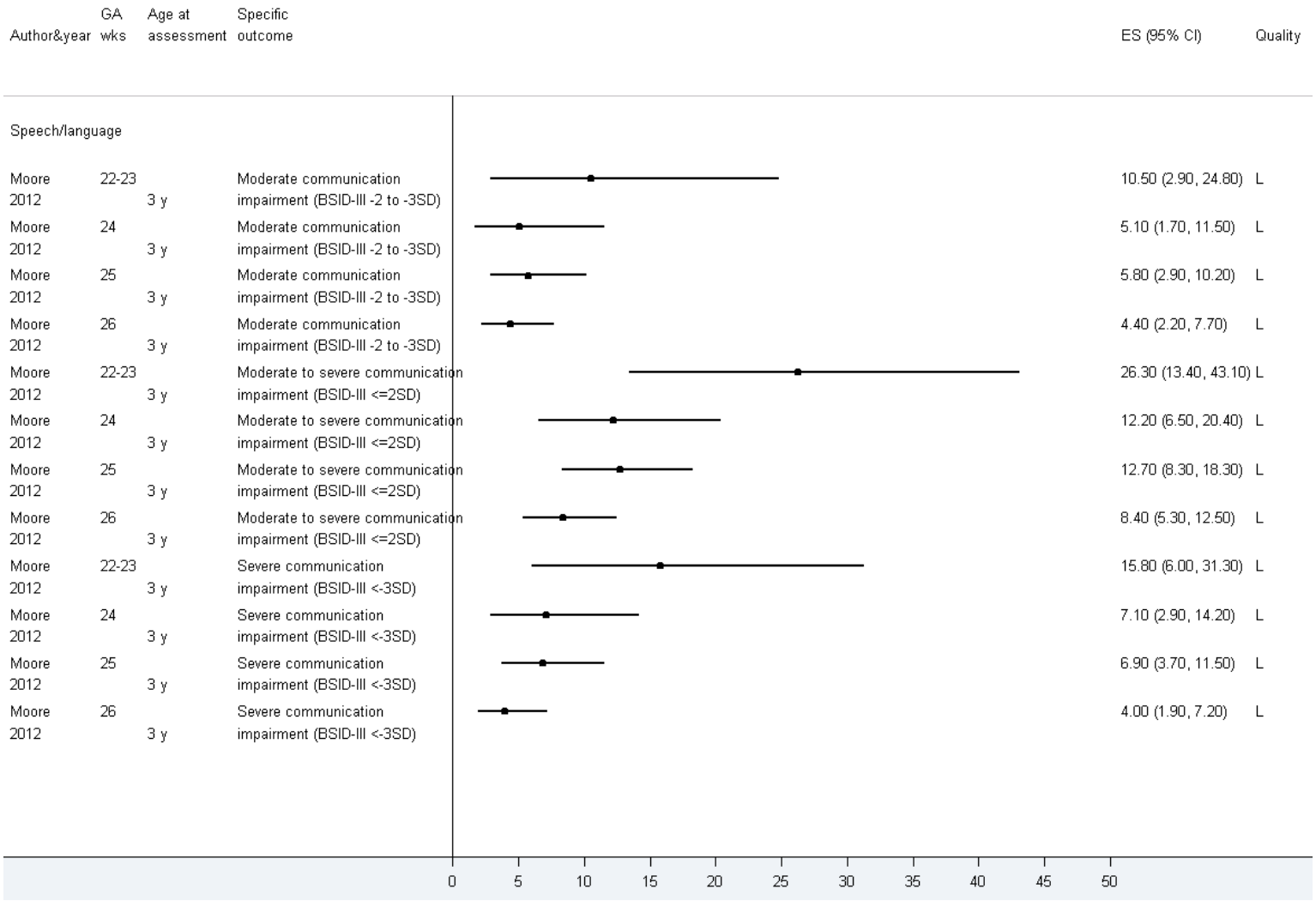
Figure 215: Prevalence estimates (% with 95% CI) of speech, language or communication disorder in children born preterm by week of gestation at birth



1 **Figure 216: Prevalence estimates (% with 95% CI) of mental and behavioural disorder in children born preterm**

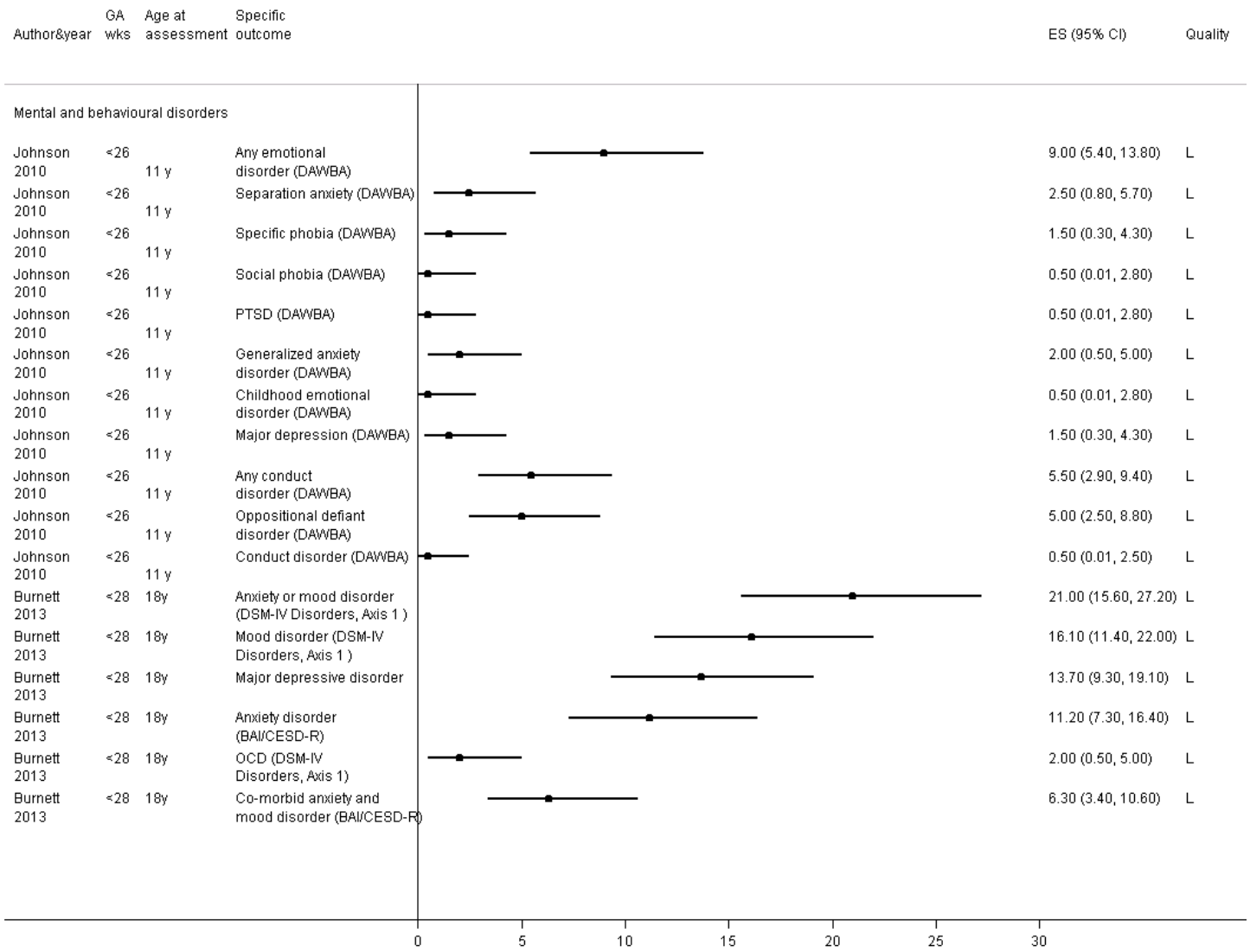


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Figure 217: Prevalence estimates (% with 95% CI) of autism spectrum disorder (ASD) in children born preterm

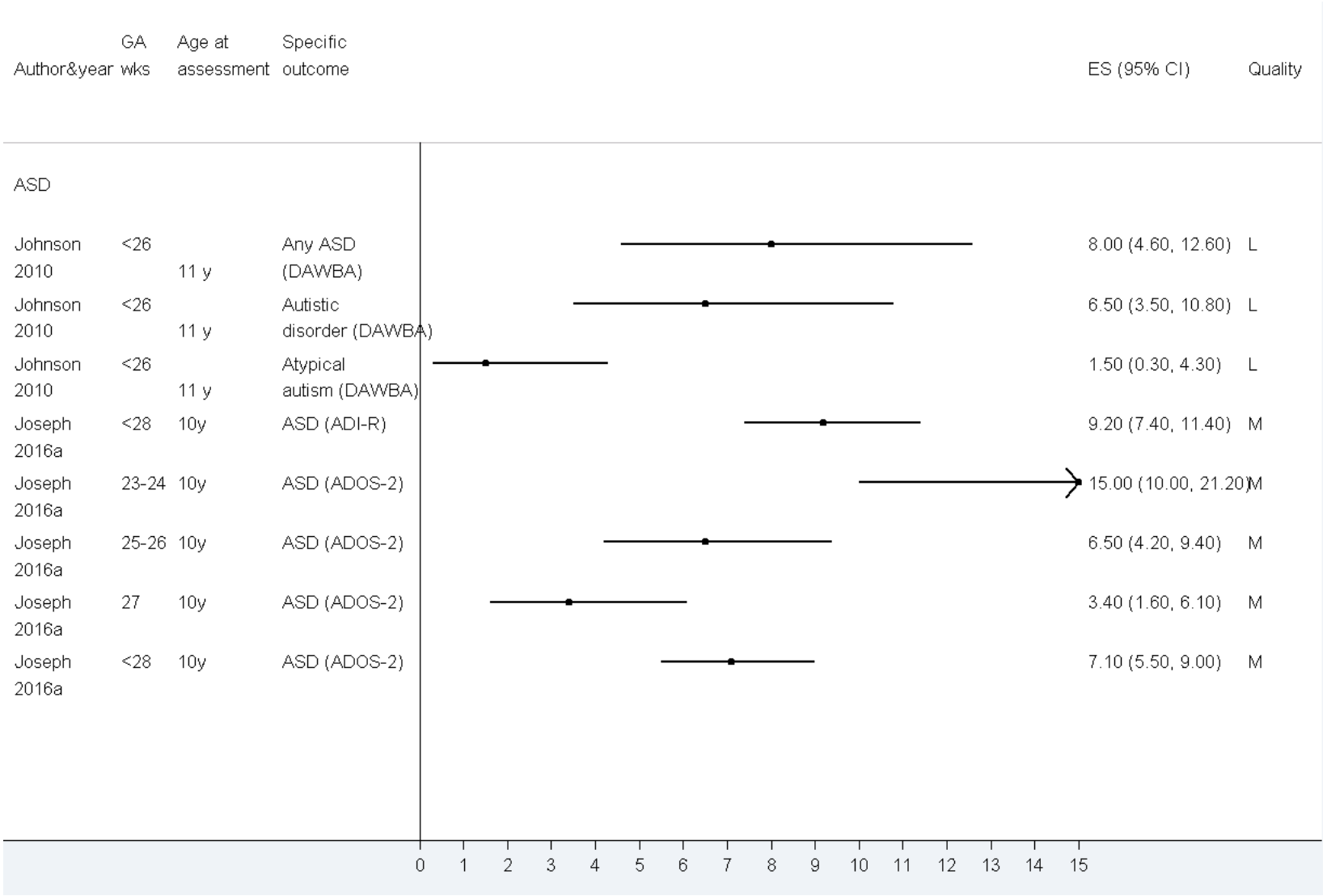


Figure 218: Prevalence estimates (% with 95% CI) of attention deficit/hyperactivity disorder (ADHD) in children born preterm

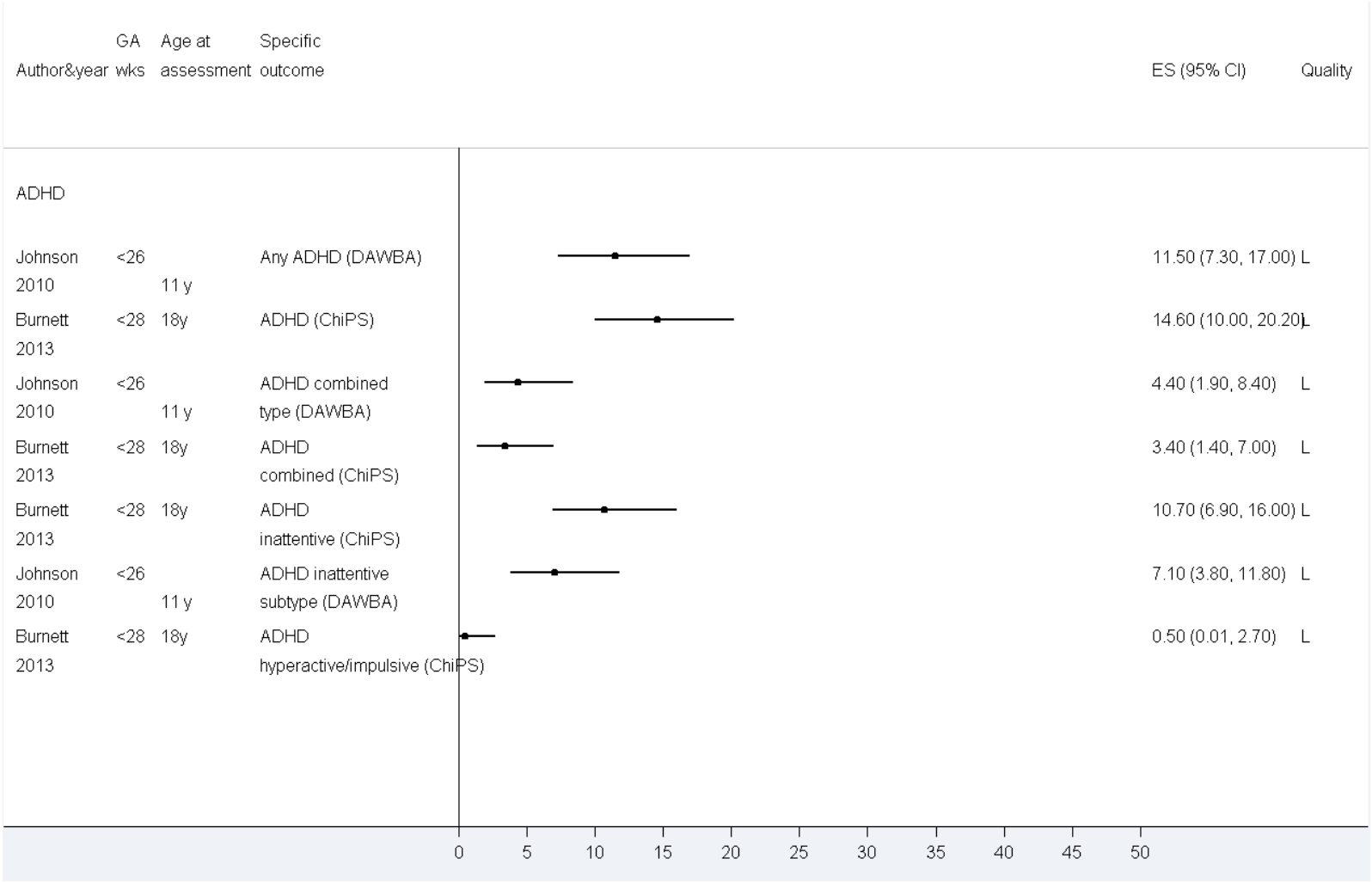


Figure 219: Prevalence estimates (% with 95% CI) of any visual impairment in children born before 28 weeks' gestation

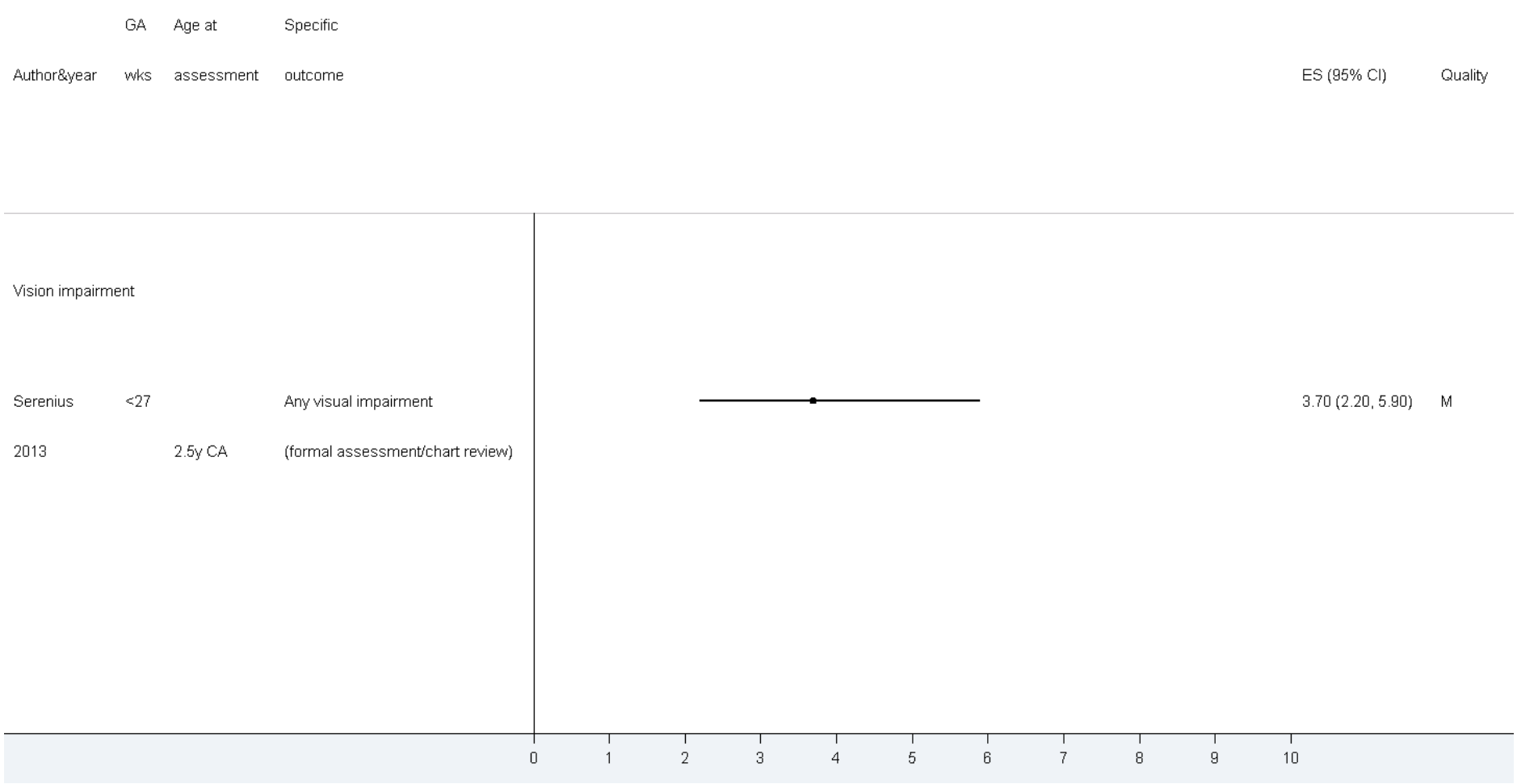


Figure 220: Prevalence estimates (% with 95% CI) of moderate visual impairment in children born before 28 weeks' gestation.

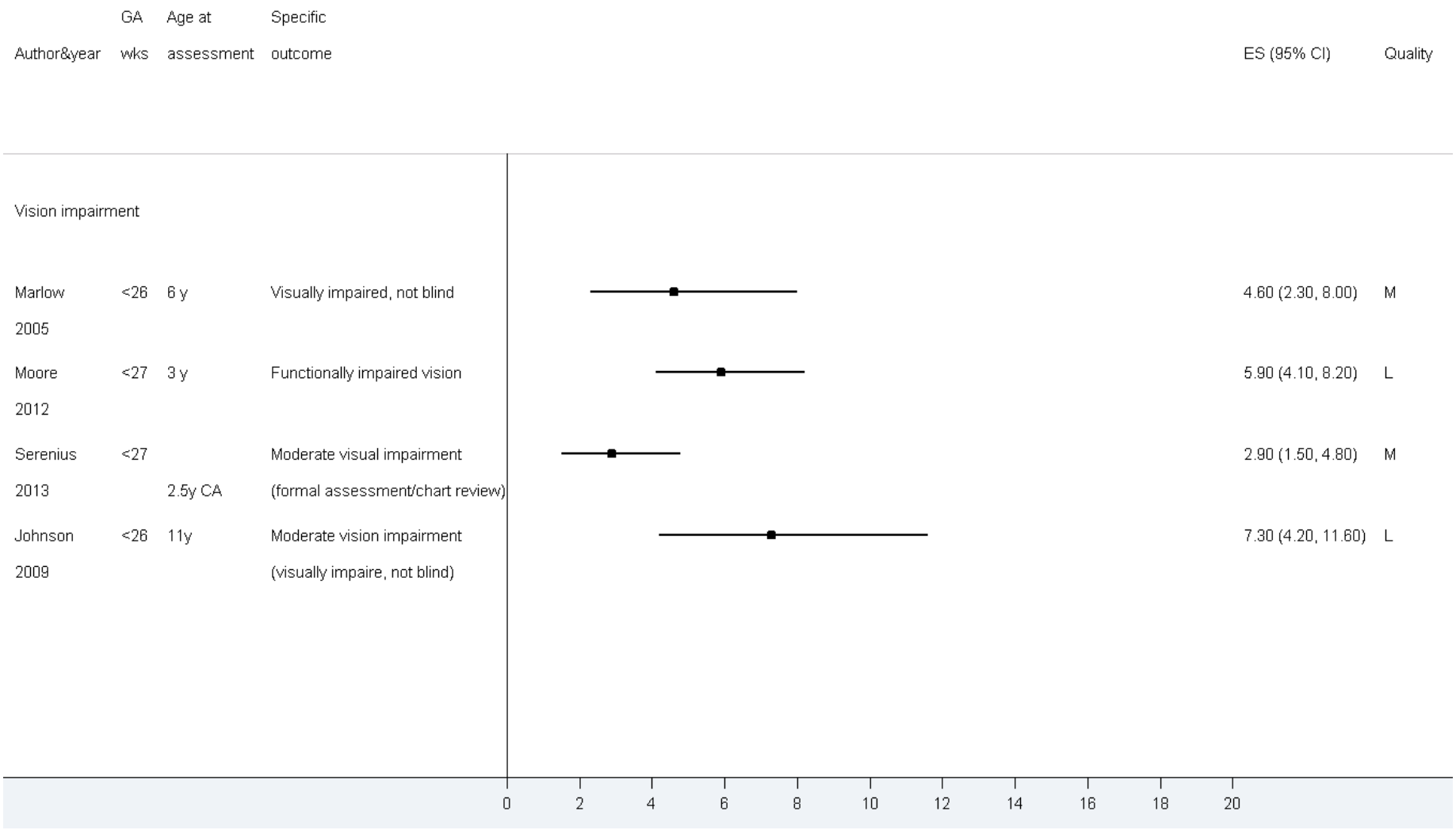


Figure 221: Prevalence estimates (% with 95% CI) of moderate visual impairment in children born preterm by week of gestation at birth.

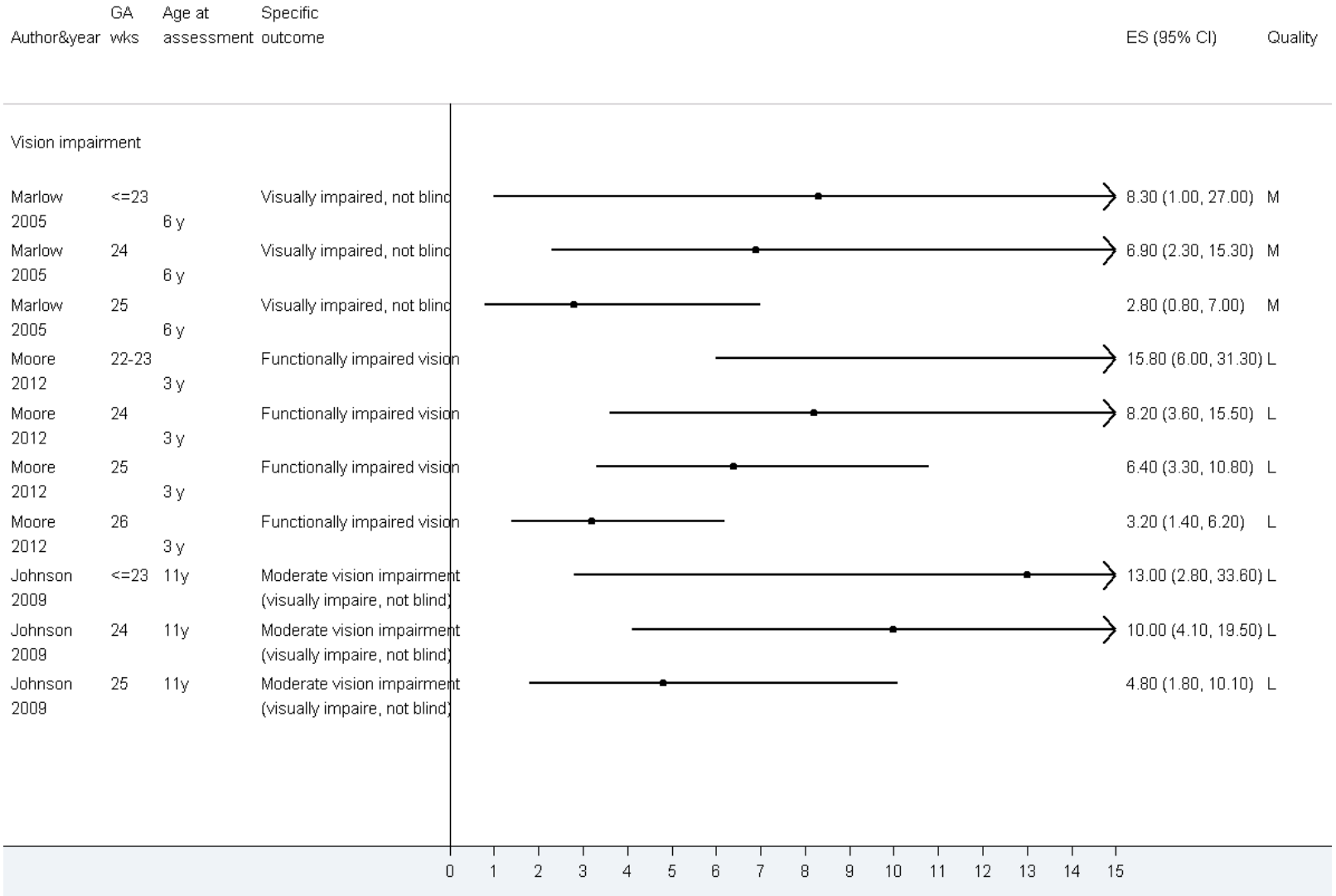


Figure 222: Prevalence estimates (% with 95% CI) of moderate and severe visual impairment in children born before 28 weeks' gestation.

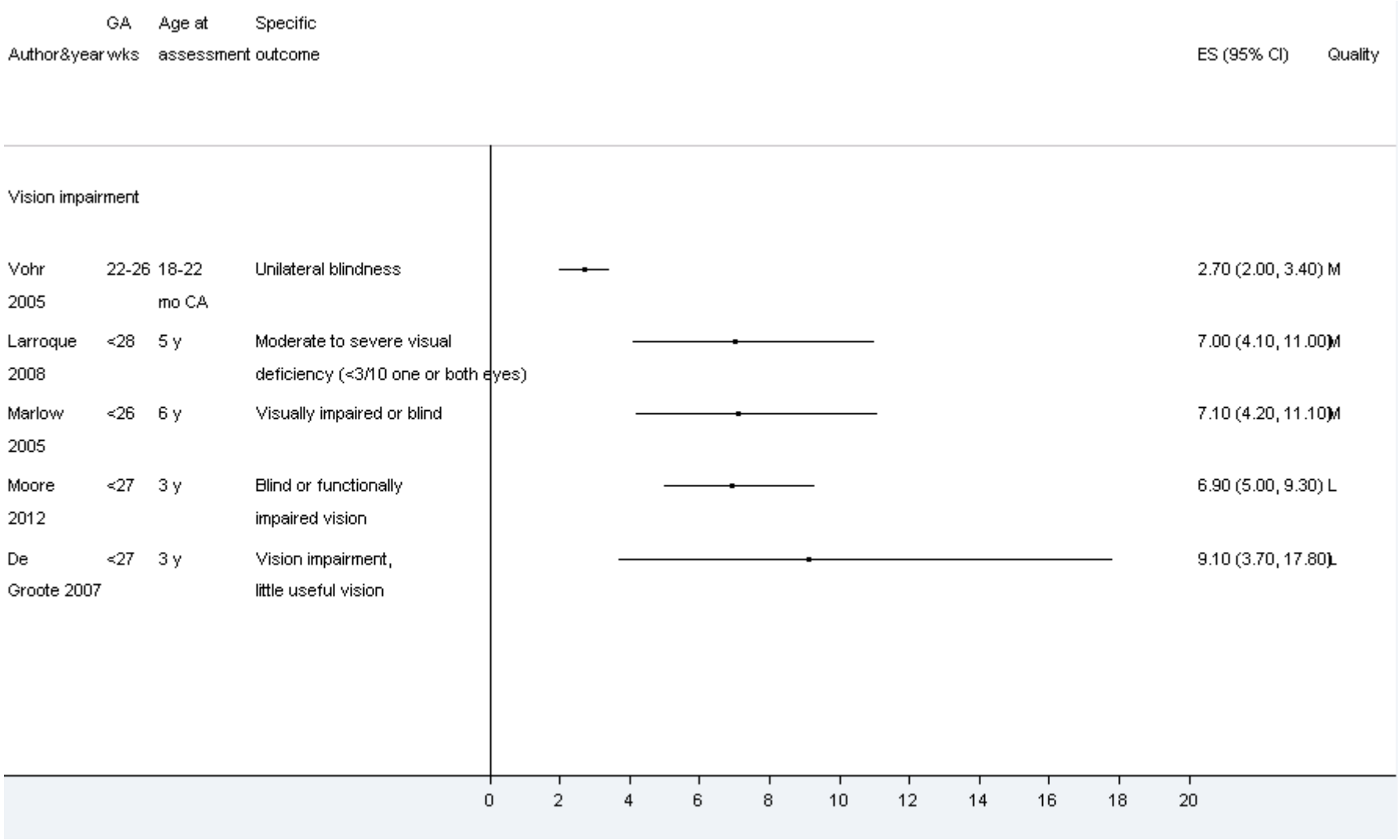


Figure 223: Prevalence estimates (% with 95% CI) of moderate and severe visual impairment in children born before 32 weeks' gestation.

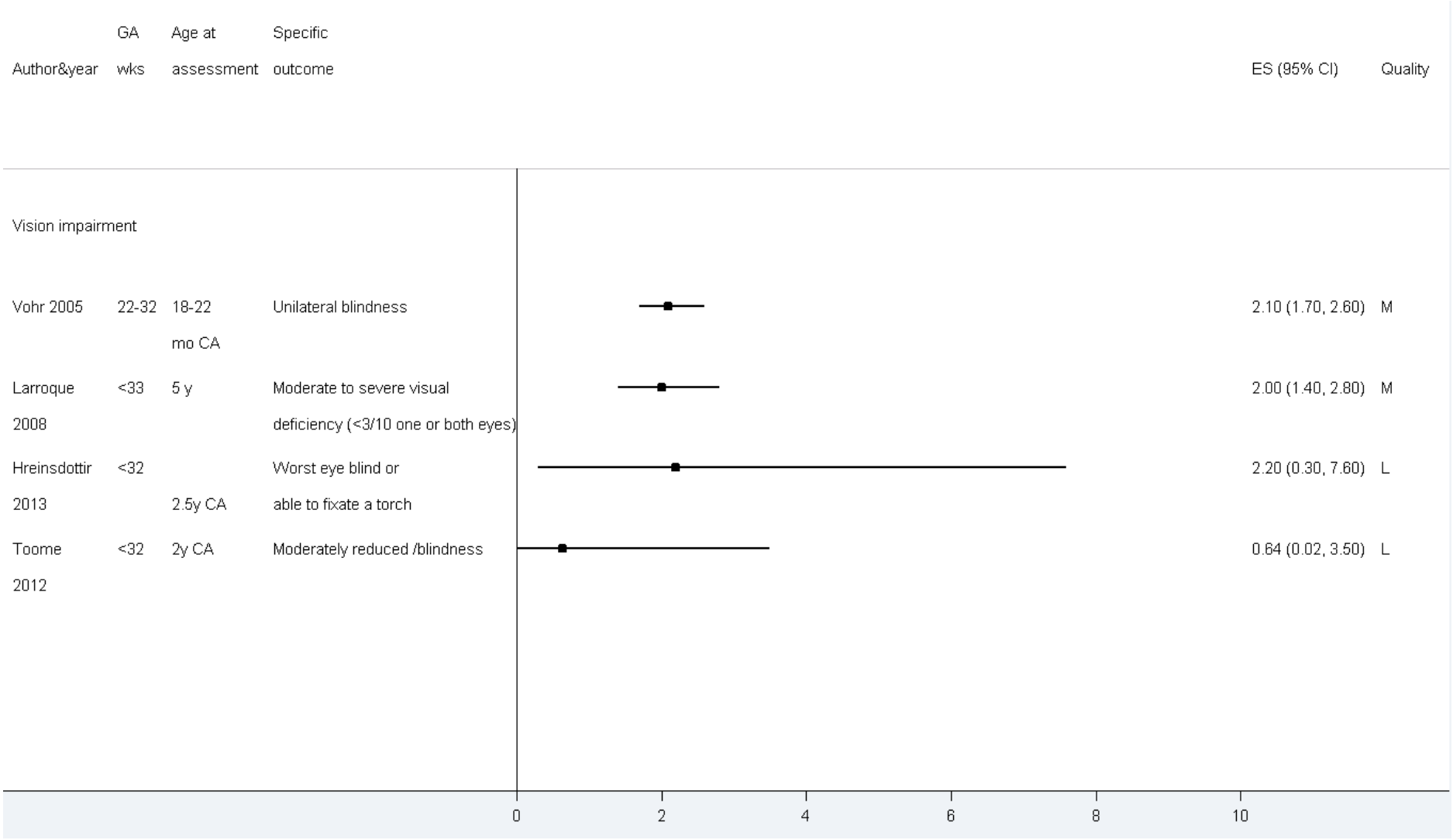


Figure 224: Prevalence estimates (% with 95% CI) of moderate and severe visual impairment in children born between 28 and 31 weeks' gestation.

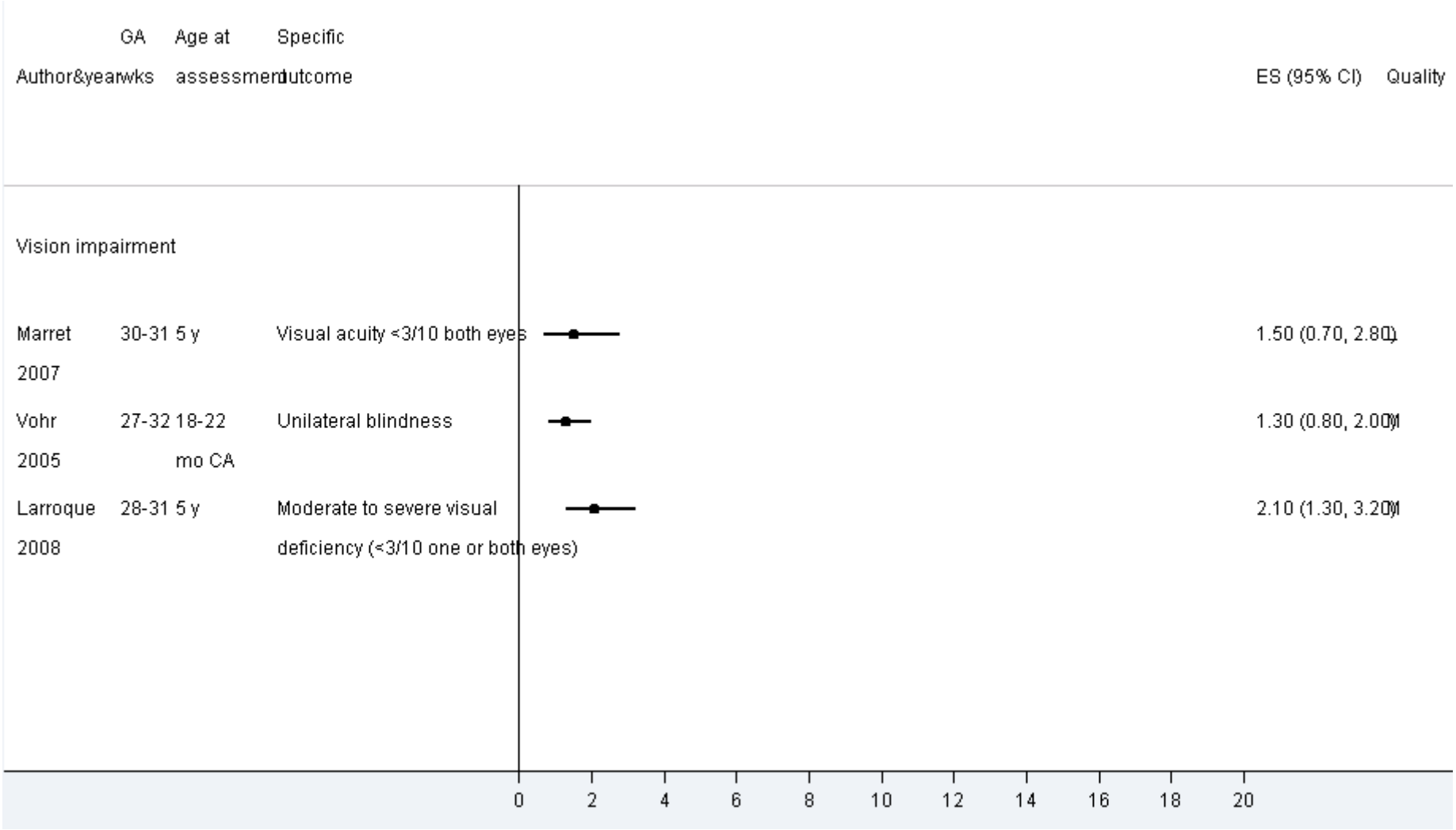


Figure 225: Prevalence estimates (% with 95% CI) of moderate and severe visual impairment in children born between 32 and 36 weeks' gestation.

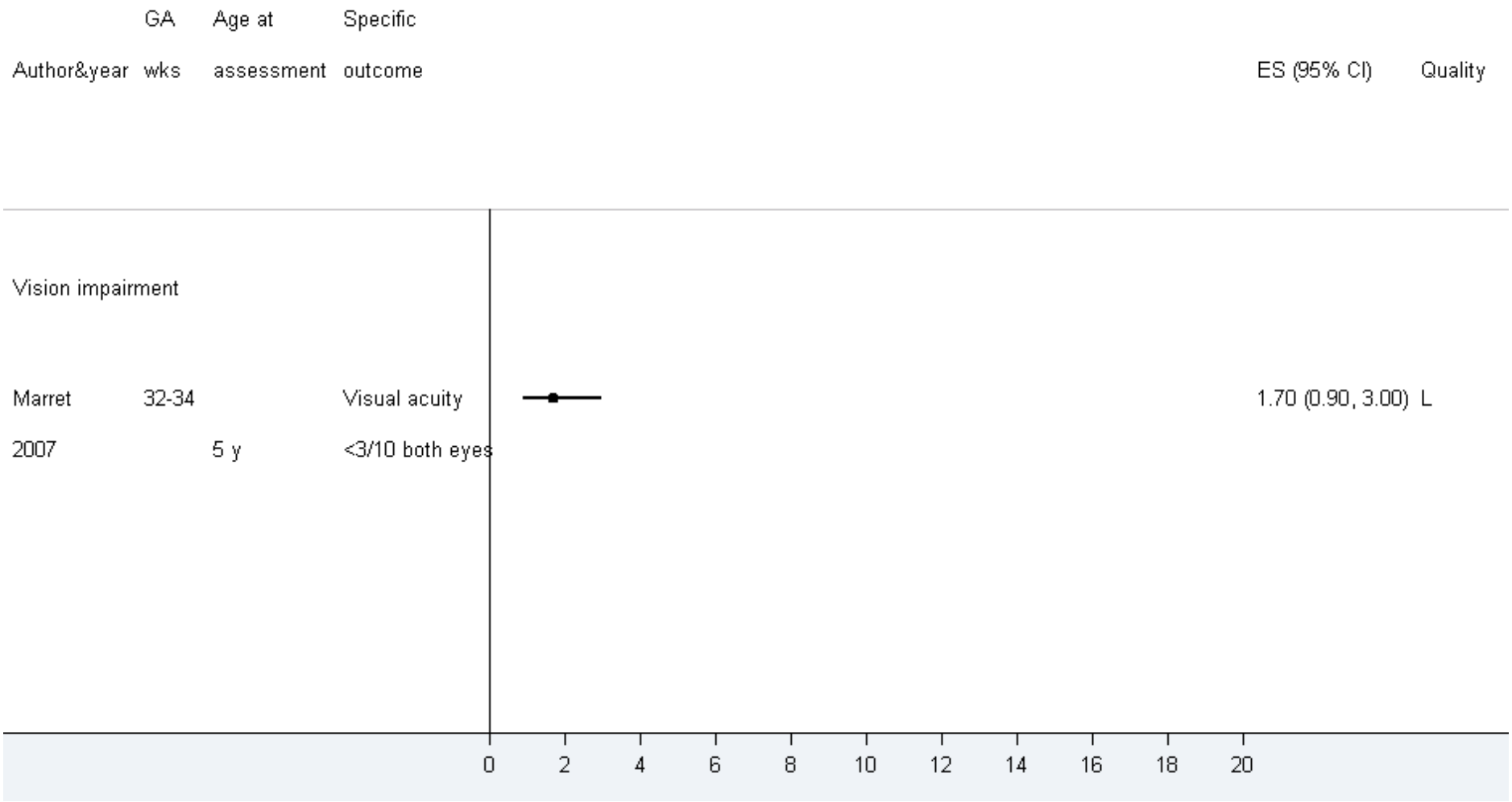
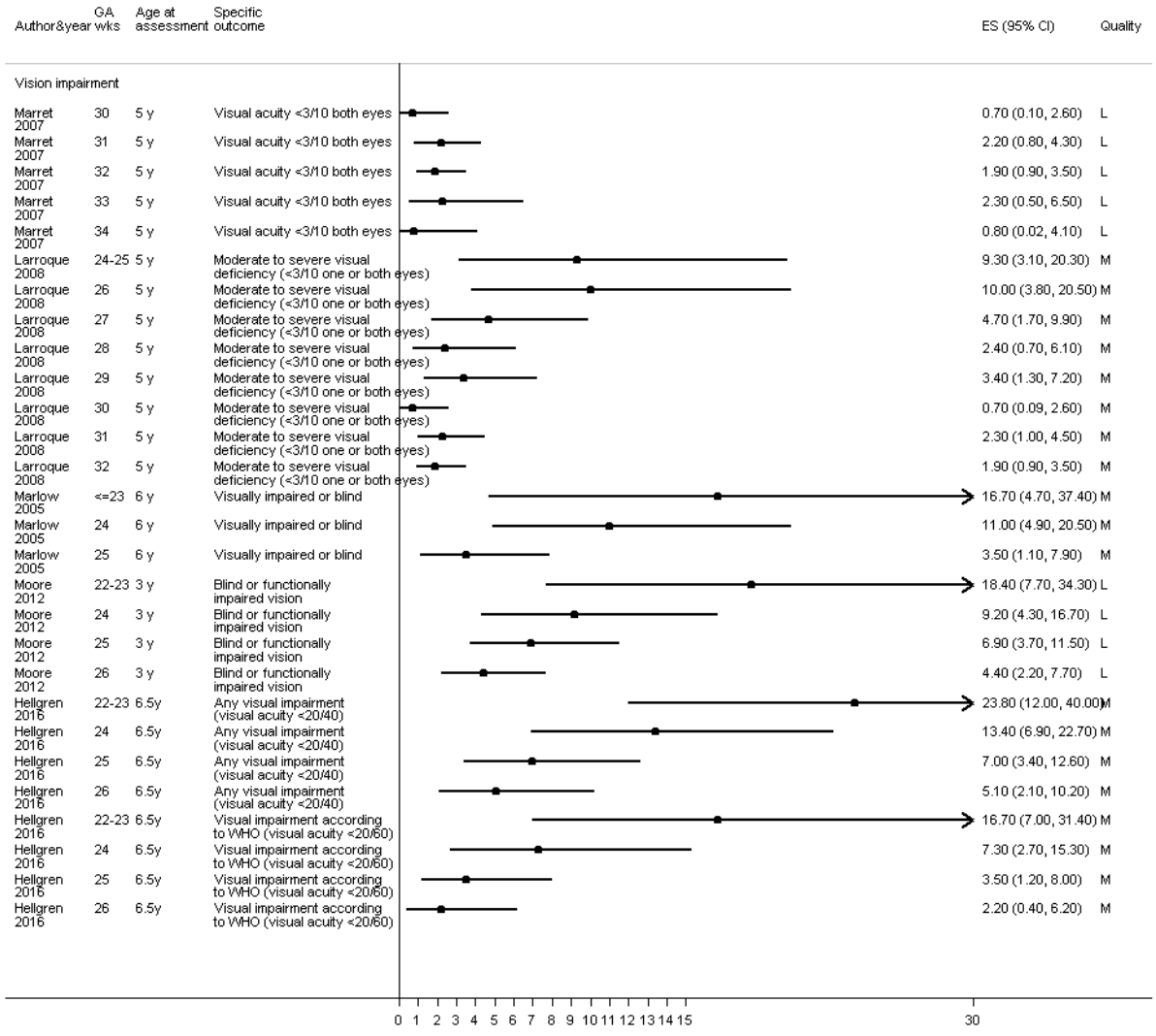
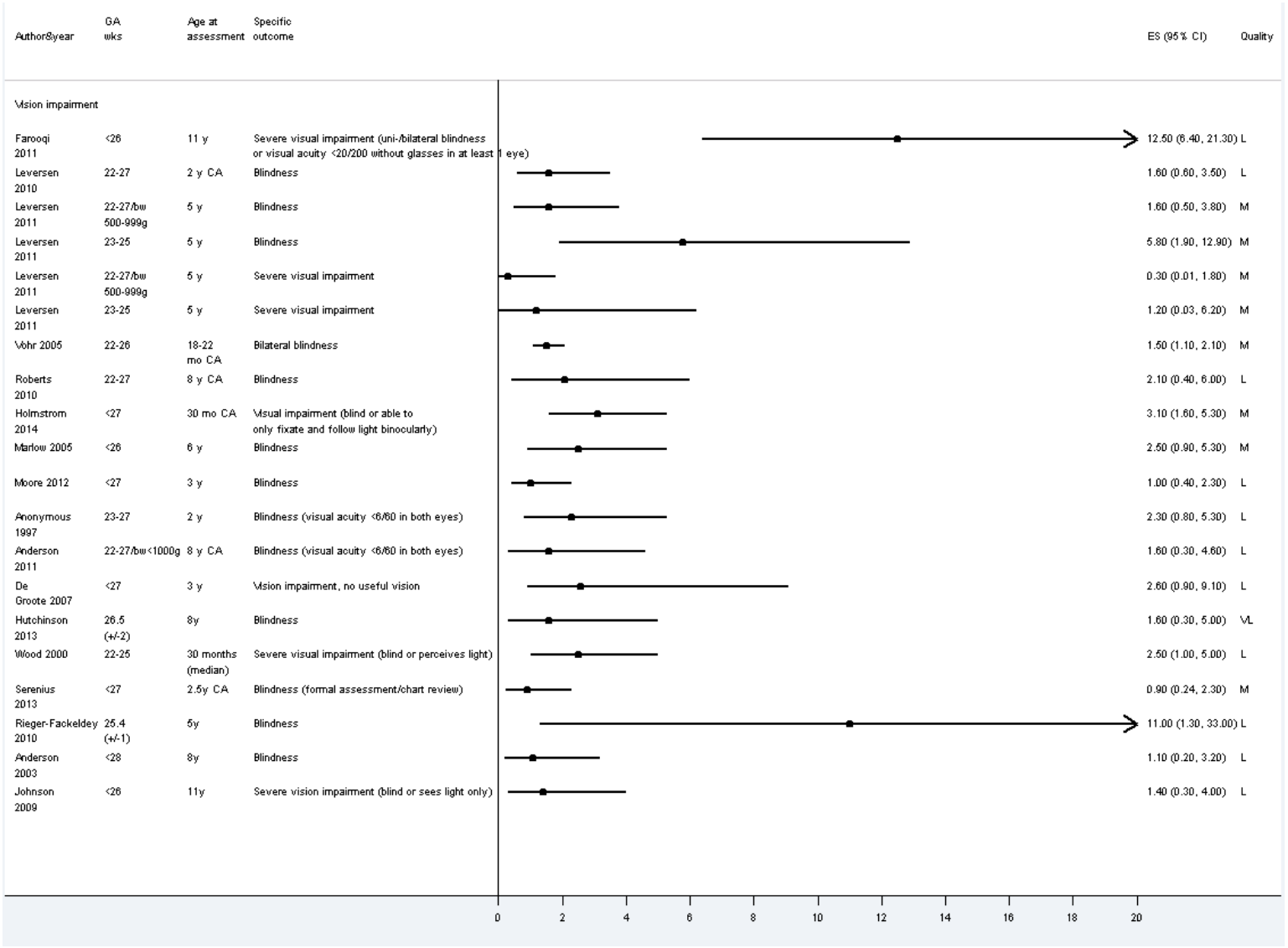


Figure 226: Prevalence estimates (% with 95% CI) of moderate and severe visual impairment in children born preterm by week of gestation at birth.



1 **Figure 227: Prevalence estimates (% with 95% CI) of severe visual impairment in children born before 28 weeks' gestation**



2

1 **Figure 228: Prevalence estimates (% with 95% CI) of severe visual impairment in children born before 32 weeks' gestation**

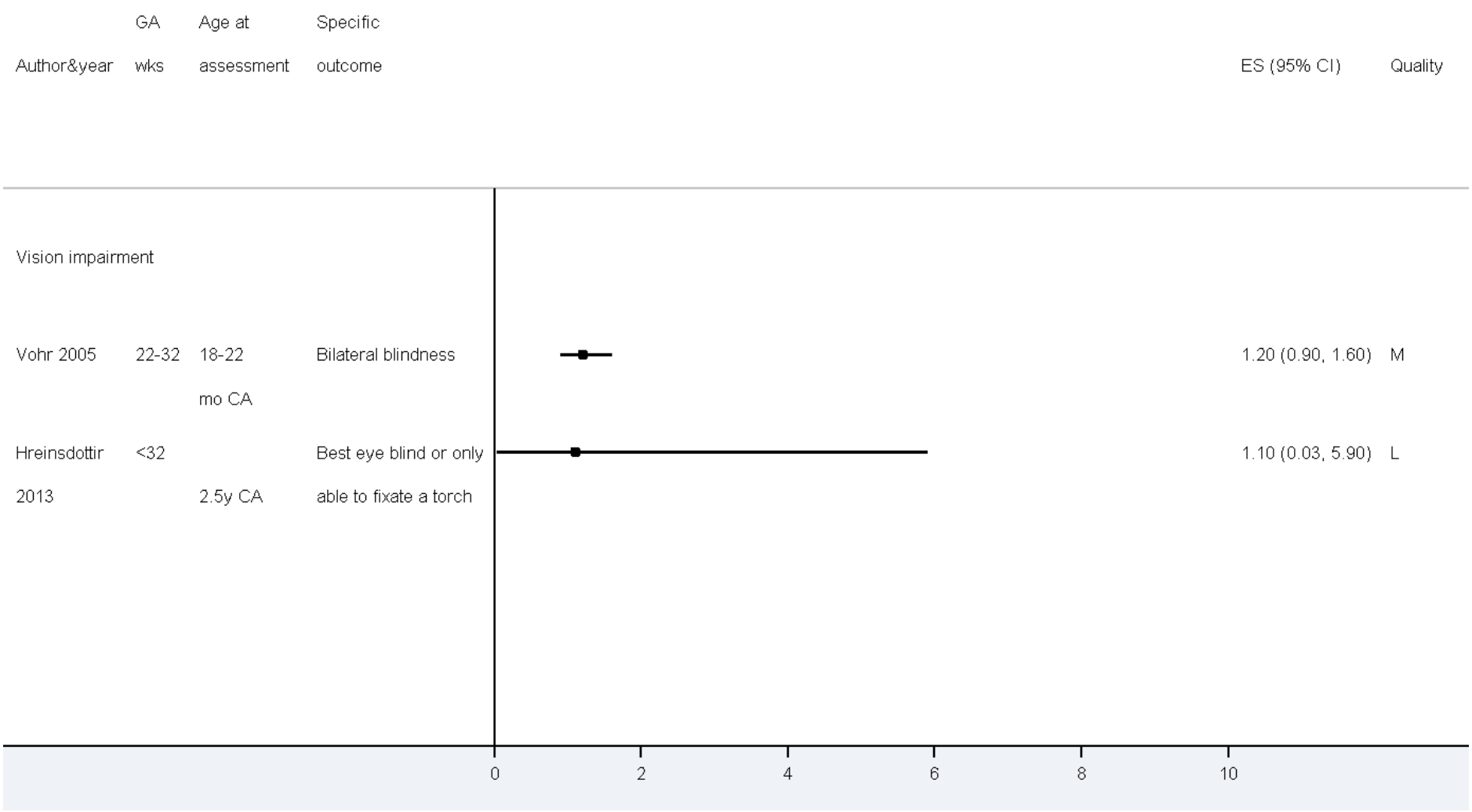


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Figure 229: Prevalence estimates (% with 95% CI) of severe visual impairment in children born between 27 and 32 weeks' gestation

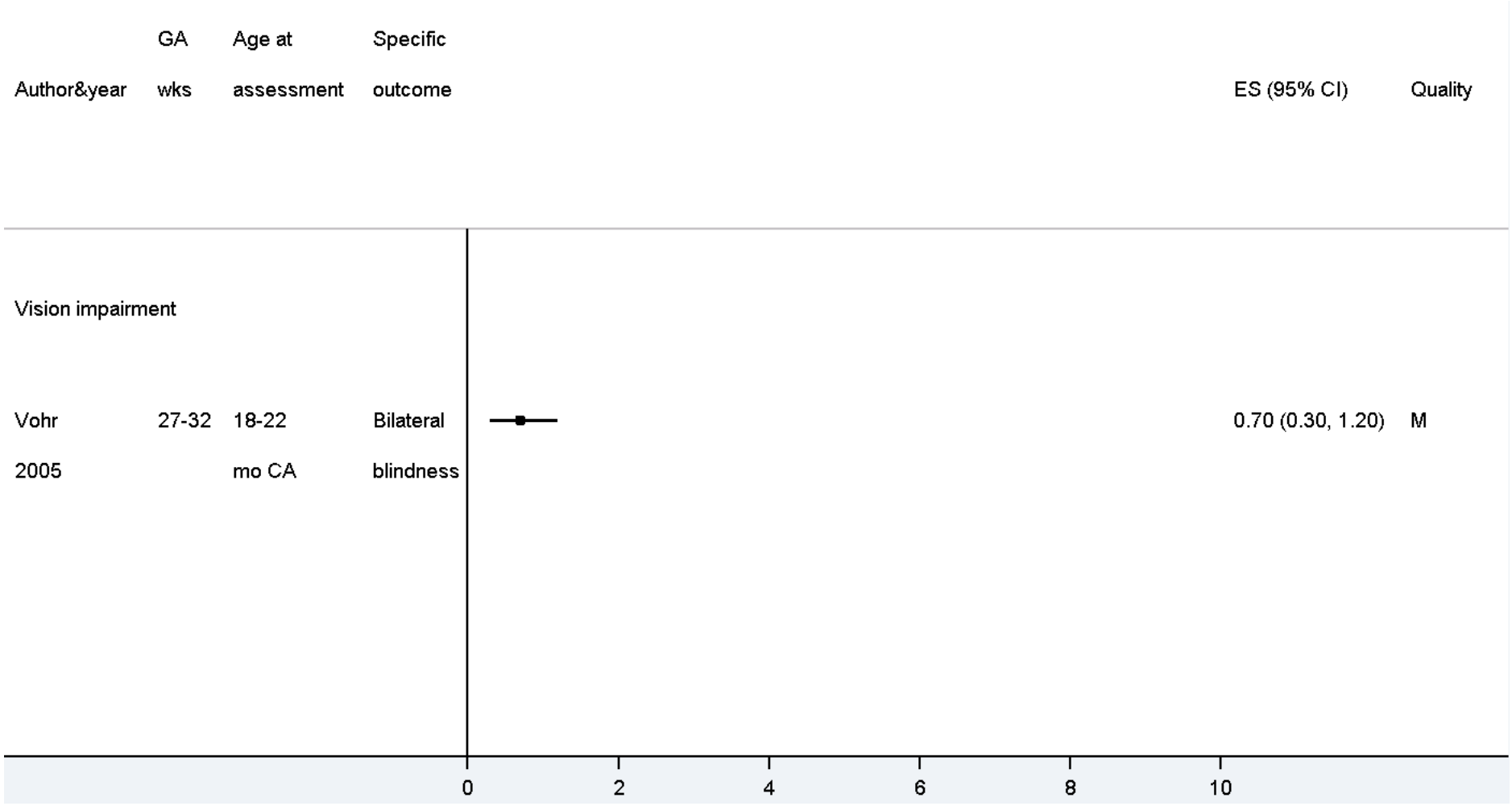


Figure 230: Prevalence estimates (% with 95% CI) of severe visual impairment in children born preterm by week of gestation at birth

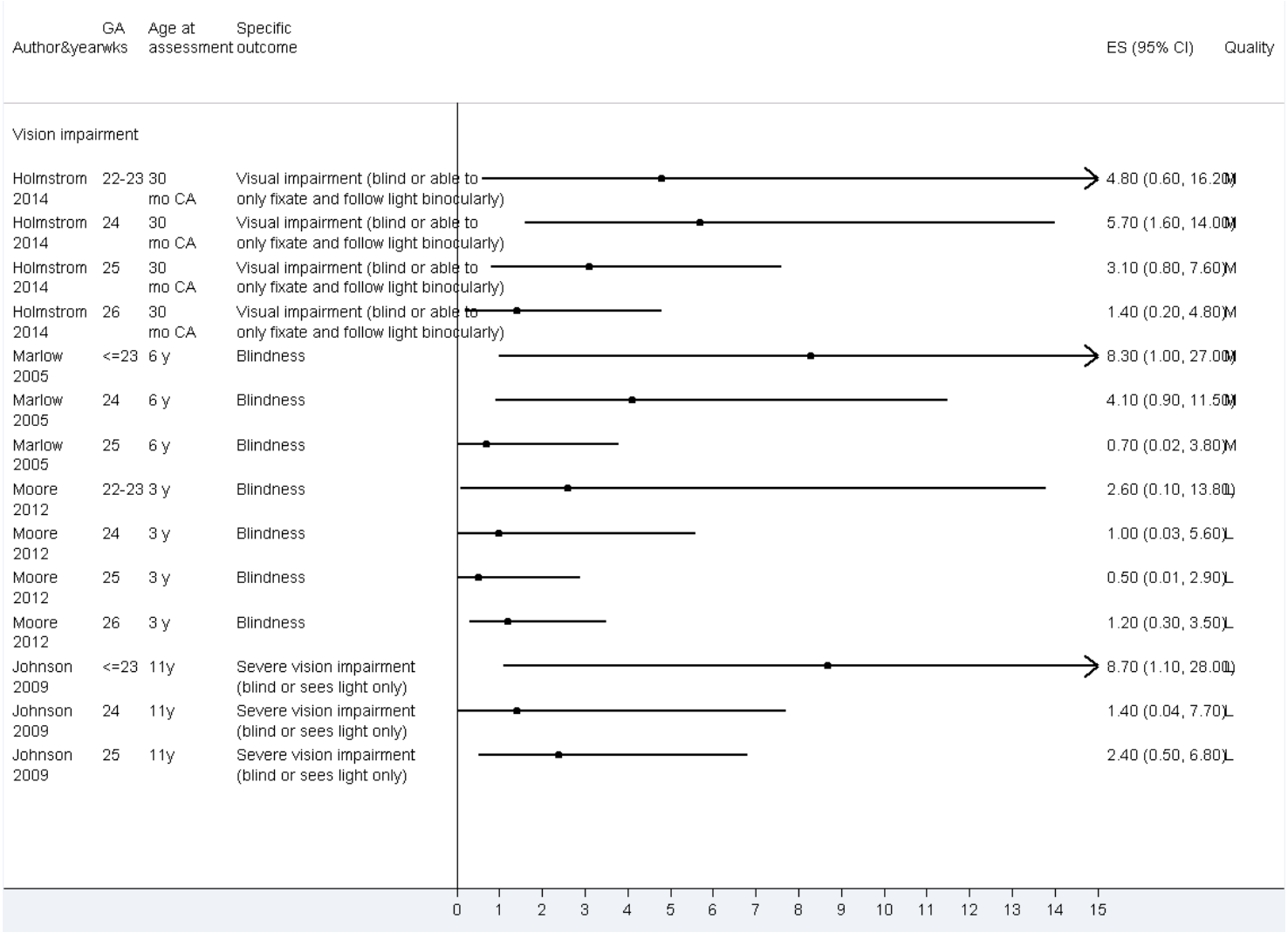


Figure 231: Prevalence estimates (% with 95% CI) of moderate hearing impairment in children born preterm

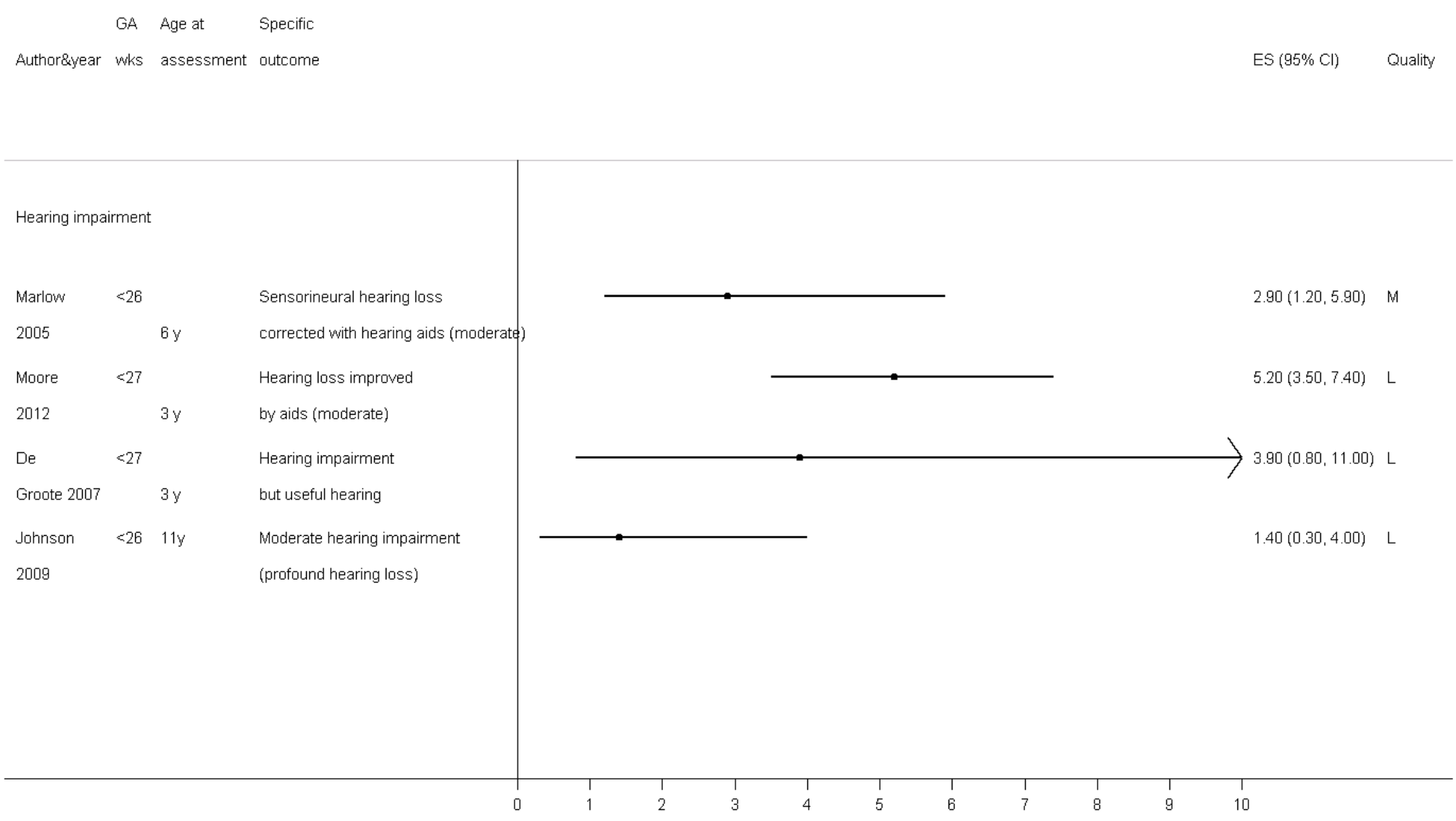


Figure 232: Prevalence estimates (% with 95% CI) of moderate hearing impairment in children born preterm by week of gestation at birth

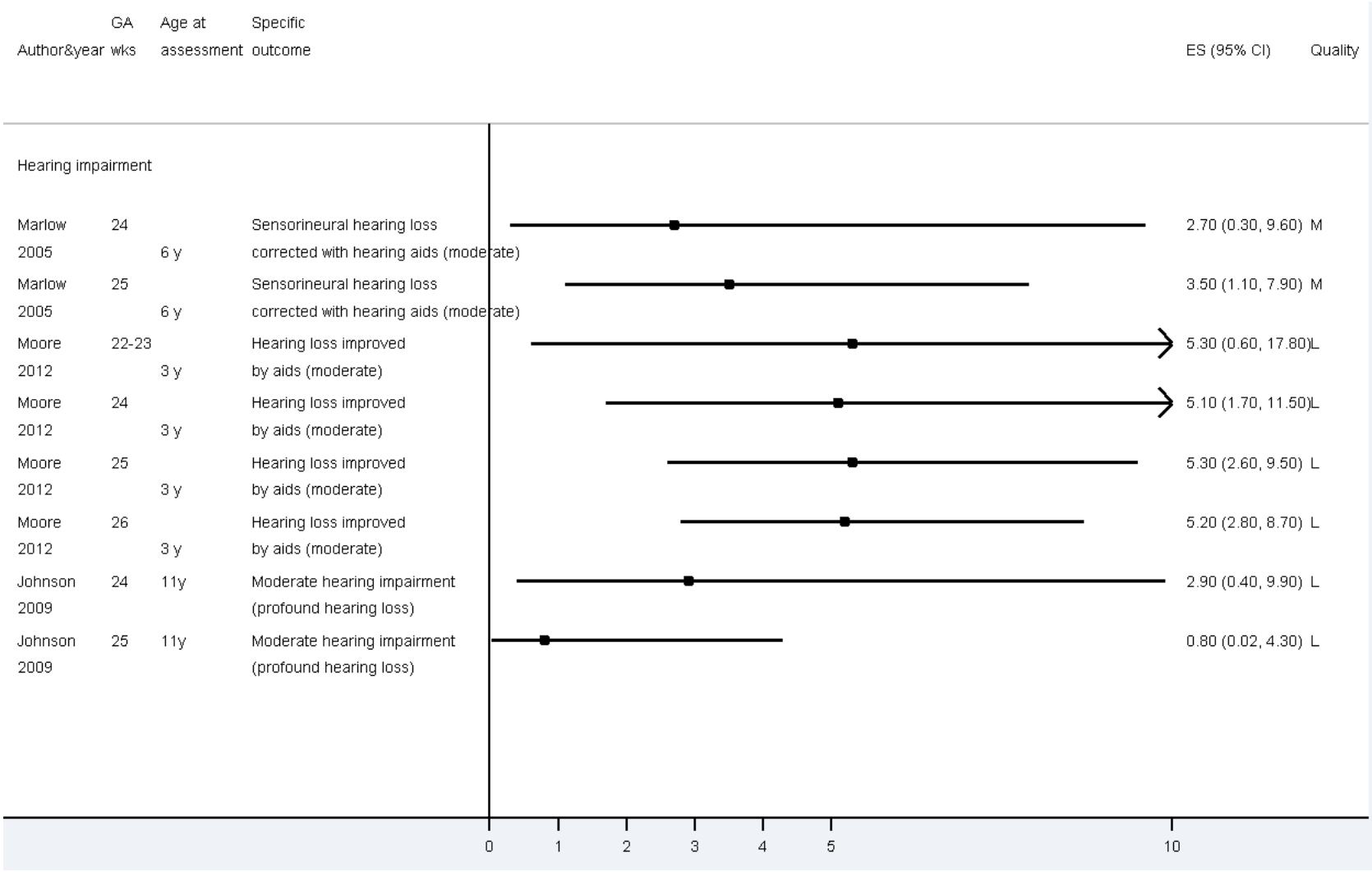


Figure 233: Prevalence estimates (% with 95% CI) of moderate and severe hearing impairment in children born before 28 weeks' gestation

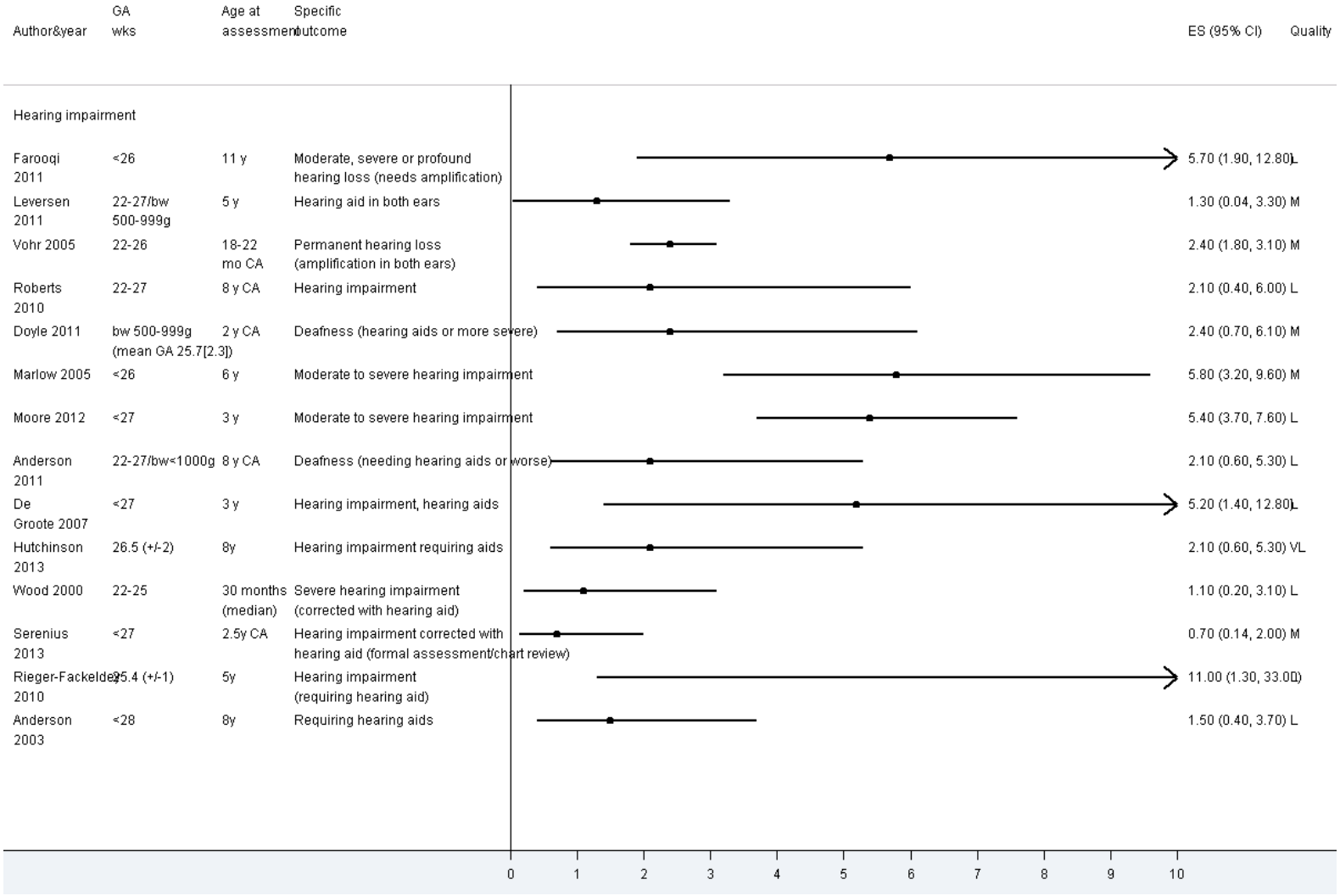


Figure 234: Prevalence estimates (% with 95% CI) of moderate and severe hearing impairment in children born between 27 and 32 weeks' gestation

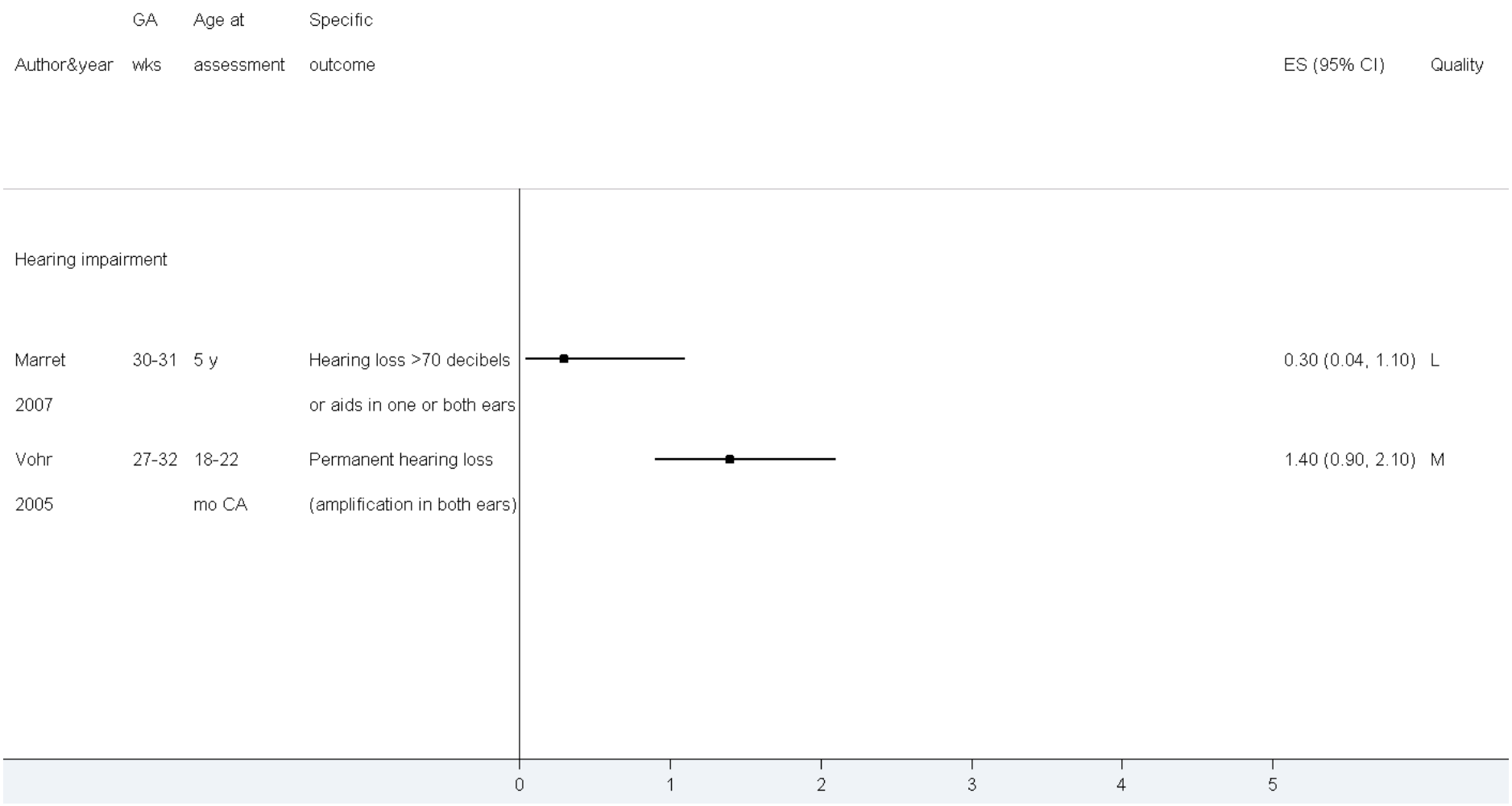


Figure 235: Prevalence estimates (% with 95% CI) of moderate and severe hearing impairment in children born preterm by week of gestation at birth

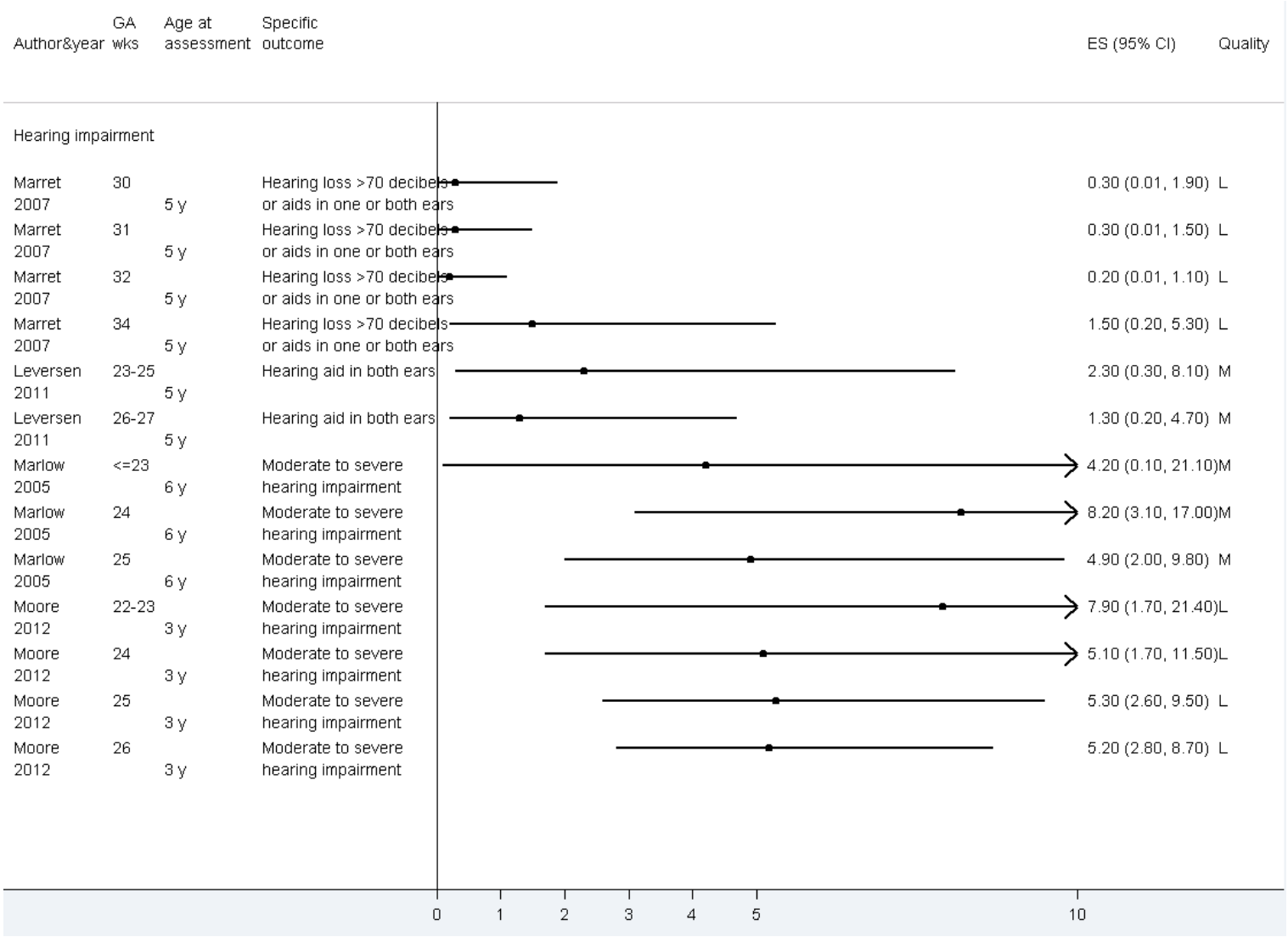


Figure 236: Prevalence estimates (% with 95% CI) of severe hearing impairment in children born before 28 weeks' gestation

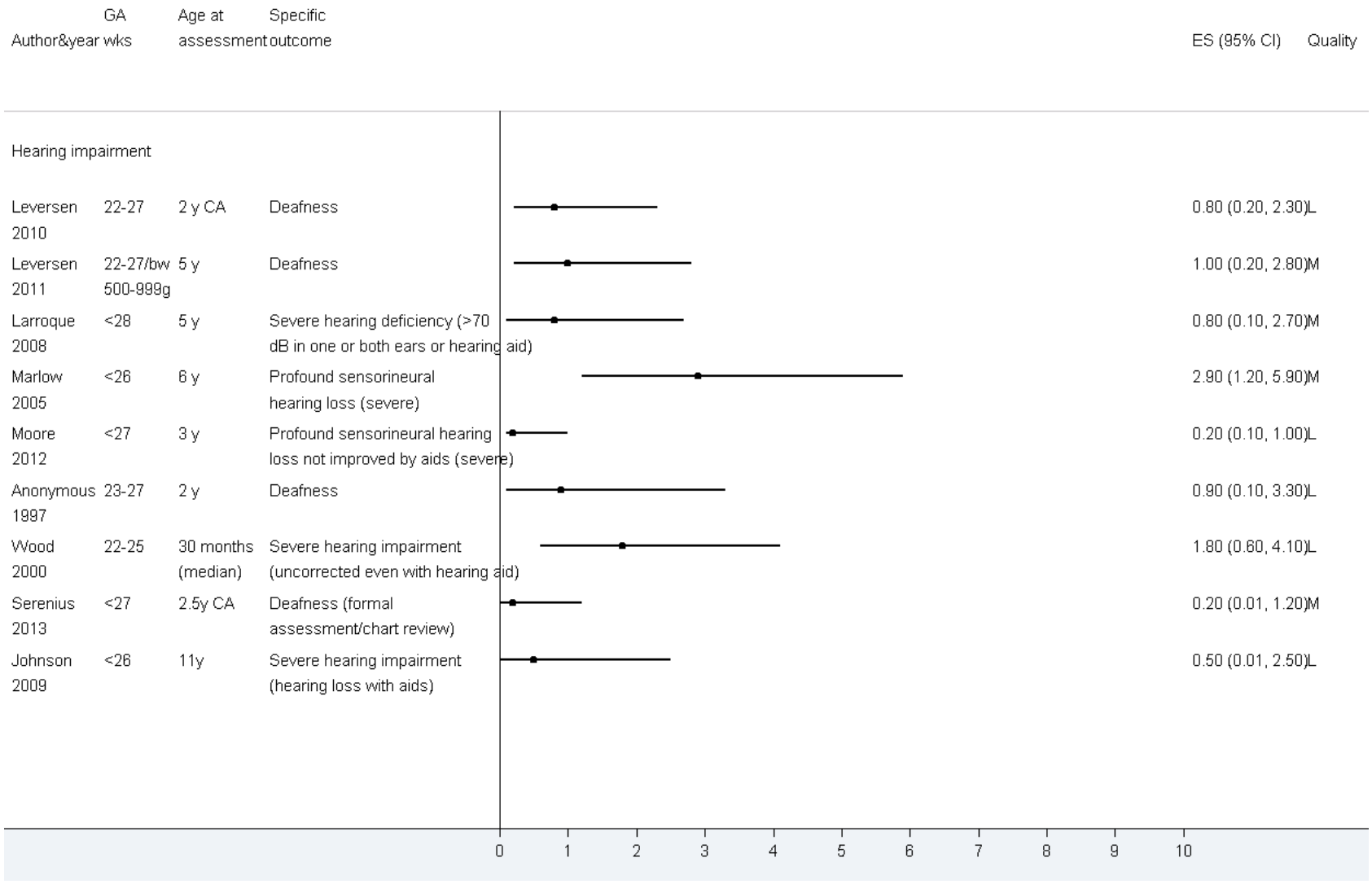


Figure 237: Prevalence estimates (% with 95% CI) of severe hearing impairment in children born between 28 and 31 weeks' gestation

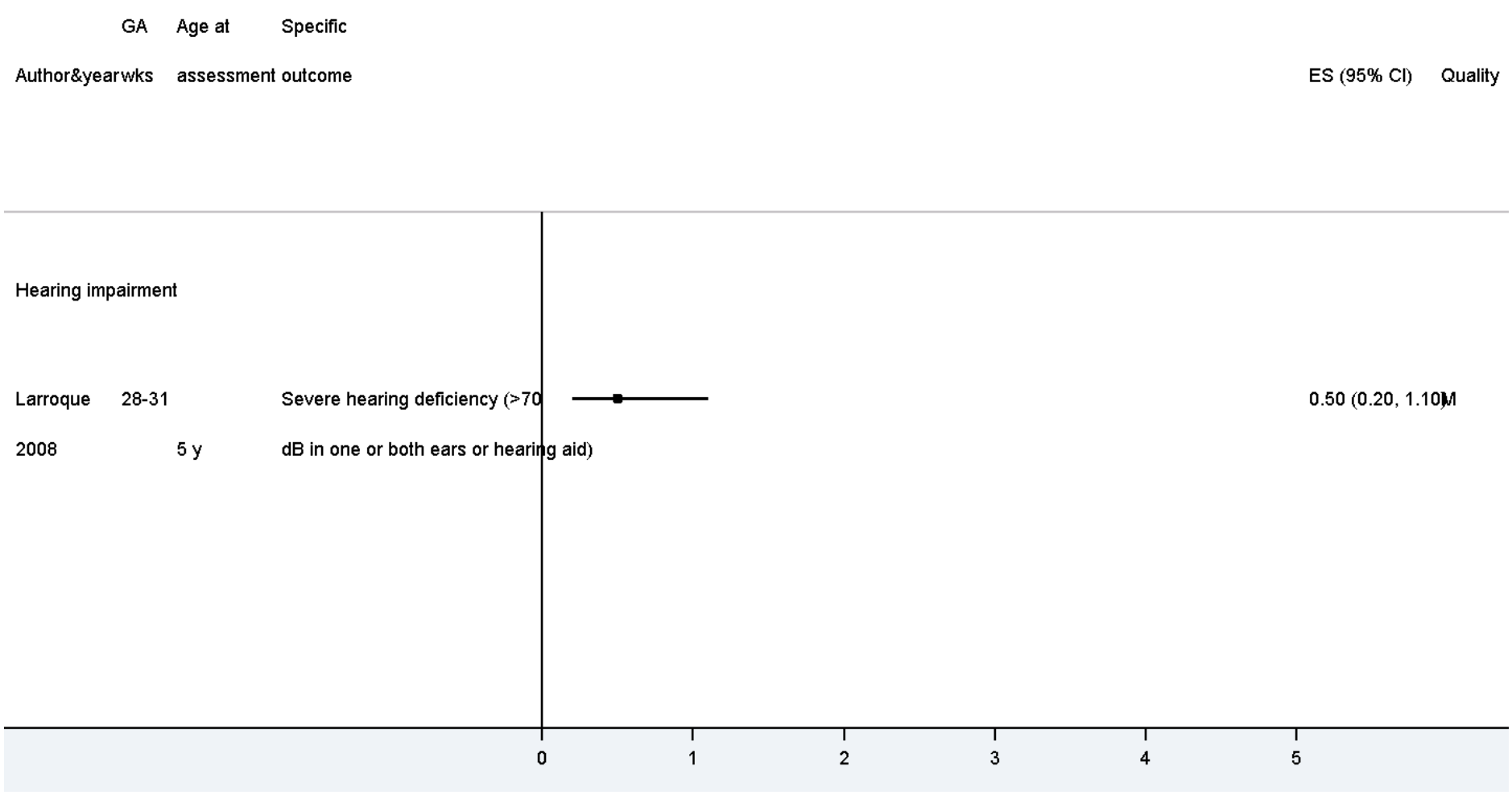
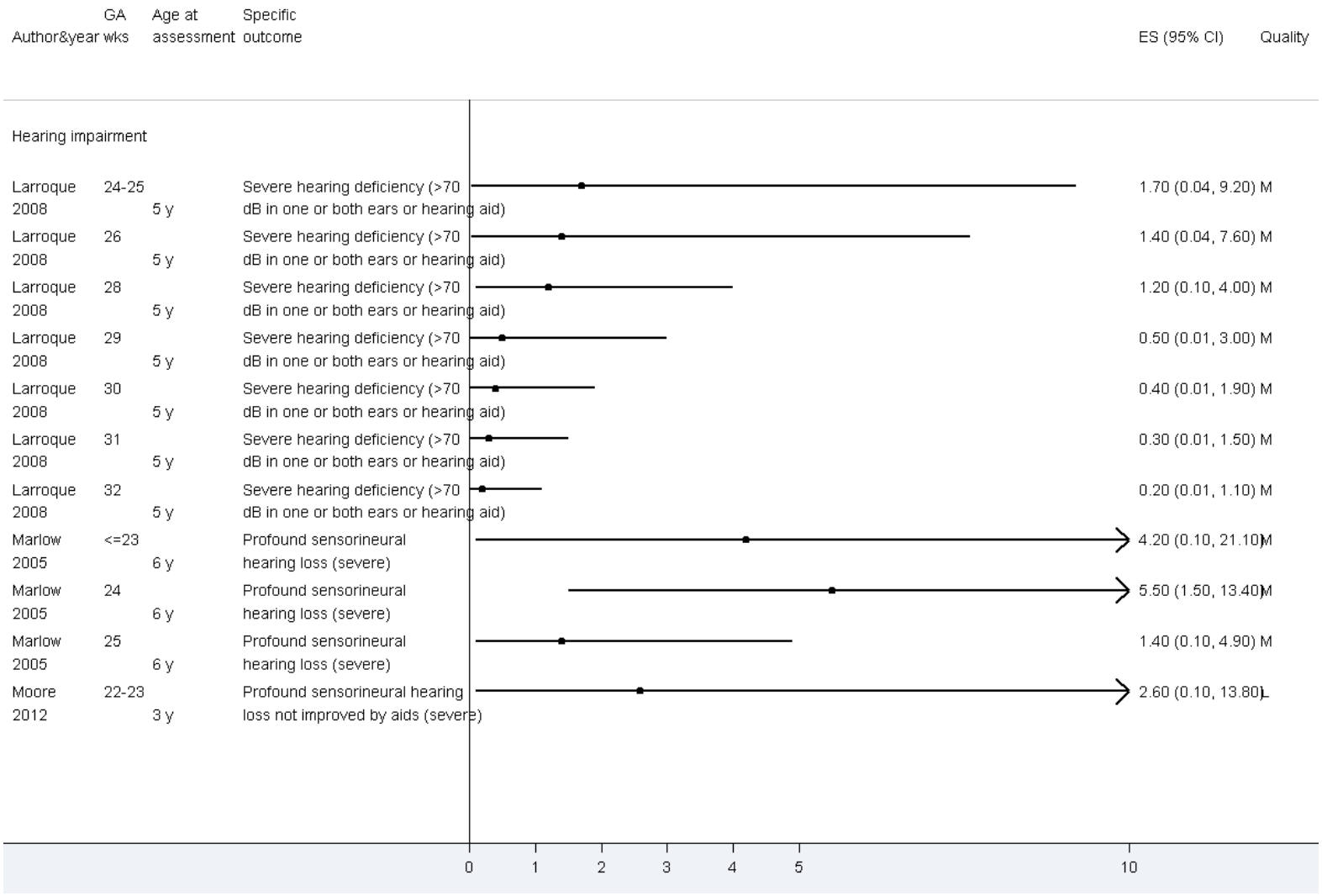


Figure 238: Prevalence estimates (% with 95% CI) of severe hearing impairment in children born preterm by week of gestation at birth



J.5 Identification of developmental problems and disorders

What is the usefulness of the following screening strategies in the identification of children and young people born preterm with intellectual disability, speech and language disorder, specific learning difficulty, social, emotional and mental health, and developmental co-ordination disorder: Healthy Child Programme (including plus/enhanced); parental observation/concern, teachers observation/concern, formal screening tests?

Figure 239: Sensitivity and specificity of ASQ compared to BSID-II at 18-22 months' corrected age among children born between 23 and 31 weeks' gestation

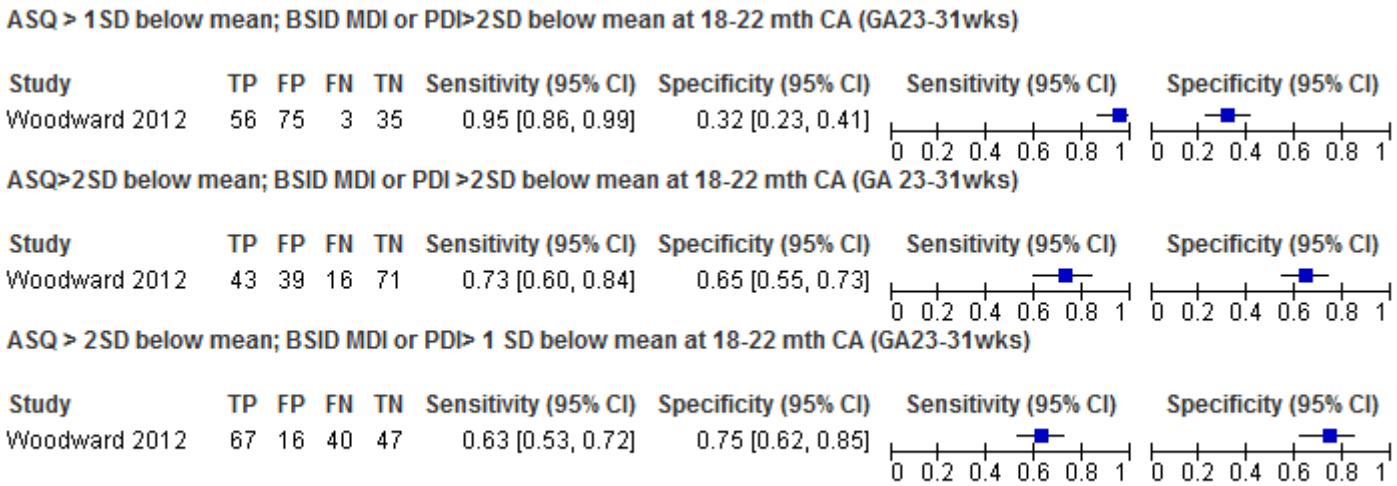


Figure 240: SROC plot of sensitivity and specificity of ASQ compared to BSID-II at 18-22 months' corrected age among children born between 23 and 31 weeks' gestation

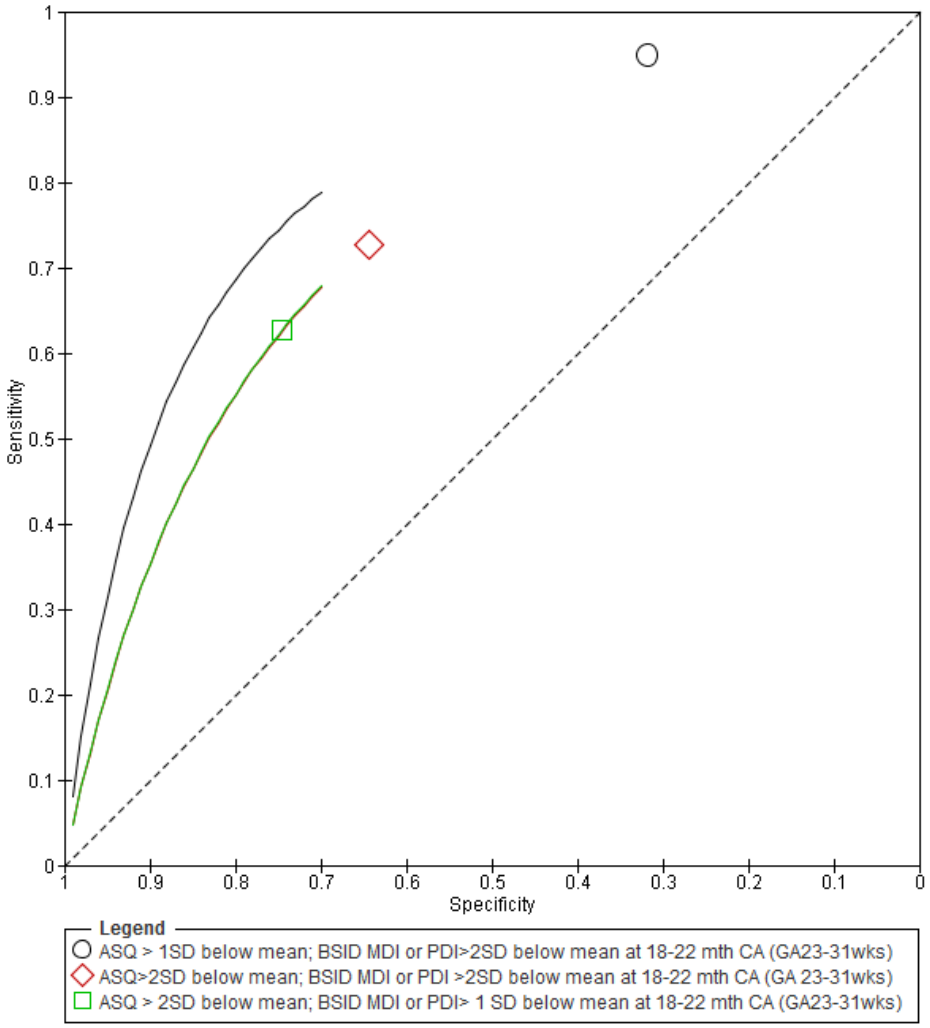


Figure 241: Sensitivity and specificity of ASQ compared to Bayley MDI at 18 months' corrected age among children born before 31 weeks' gestation

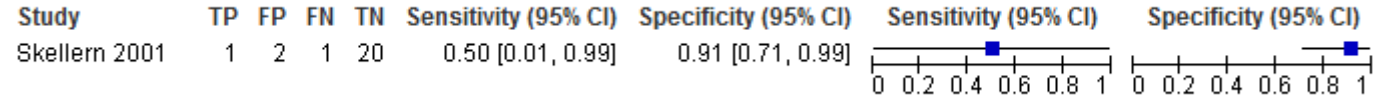


Figure 242: SROC plot of sensitivity and specificity of ASQ compared to Bayley MDI at 18 months' corrected age among children born before 31 weeks' gestation

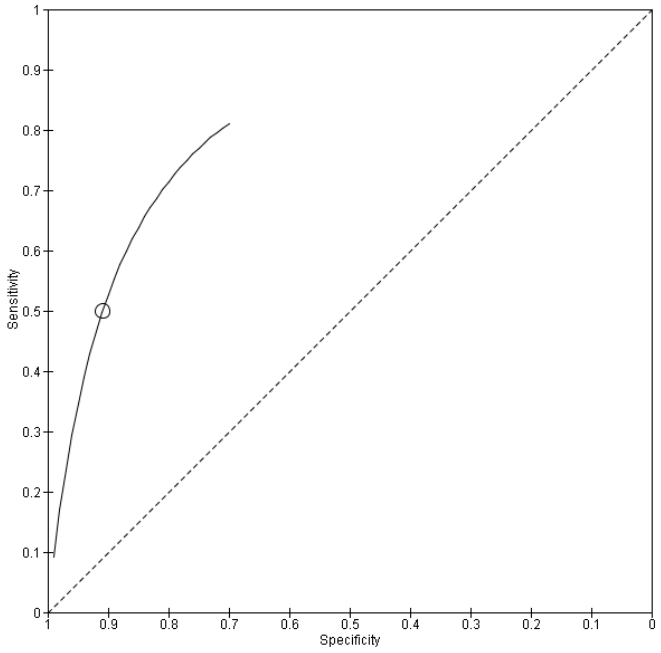


Figure 243: Sensitivity and specificity of ASQ compared to BSID-II MDI at 12 months' corrected age among children born between 29 and 36 weeks' gestation

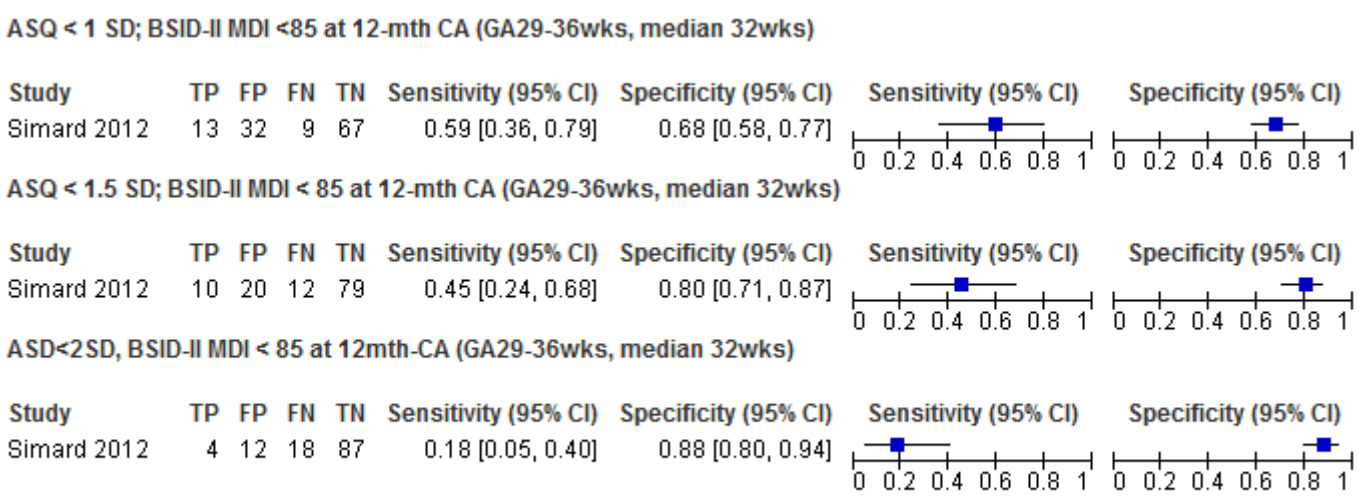


Figure 244: SROC plot for sensitivity and specificity of ASQ compared to BSID-II MDI at 12 months' corrected age among children born between 29 and 36 weeks' gestation

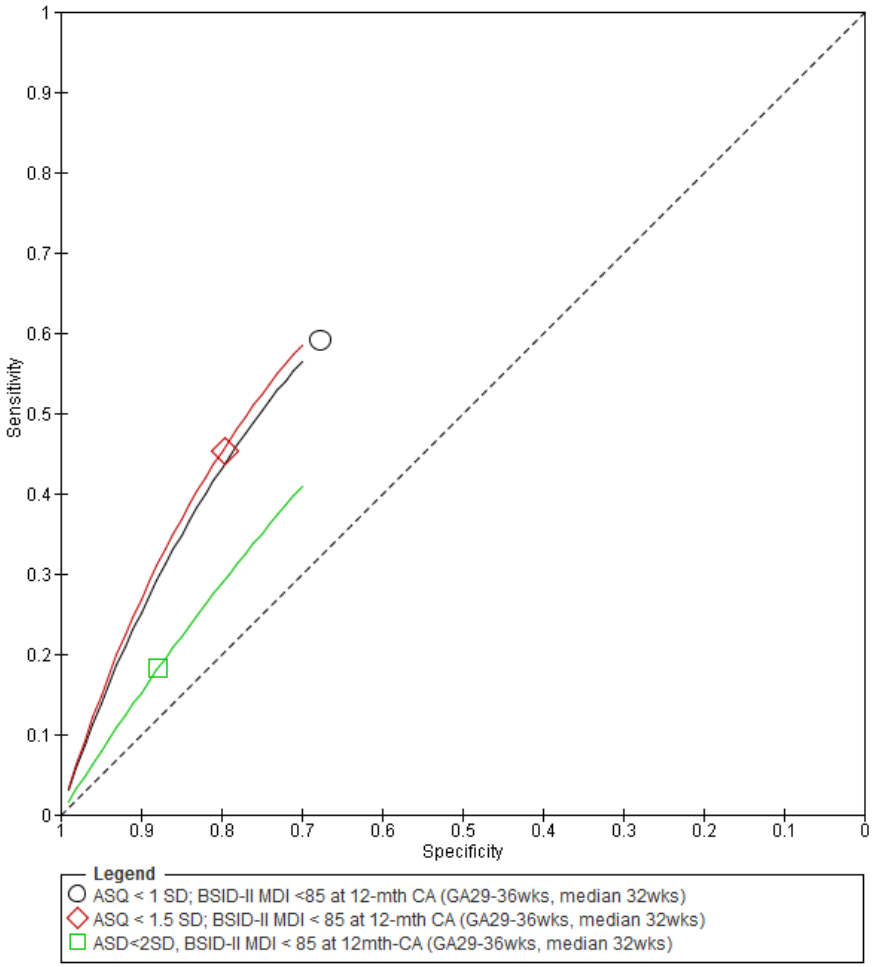


Figure 245: Sensitivity and specificity of ASQ compared to BSID-II PDI at 12 months' corrected age among children born between 29 and 36 weeks' gestation

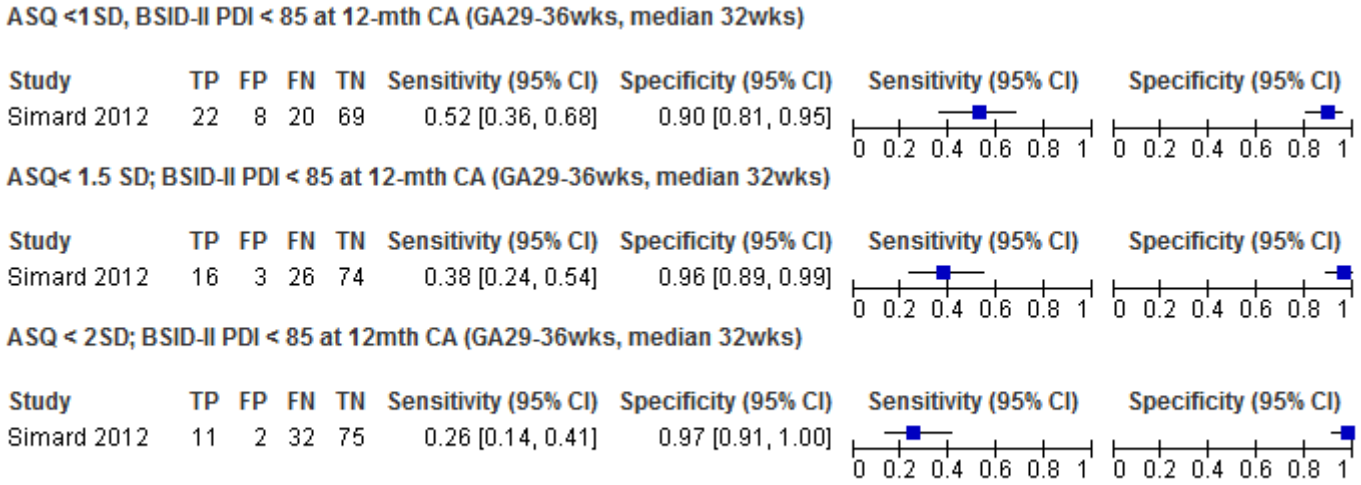


Figure 246: SROC plot for sensitivity and specificity of ASQ compared to BSID-II PDI at 12 months' corrected age among children born between 29 and 36 weeks' gestation

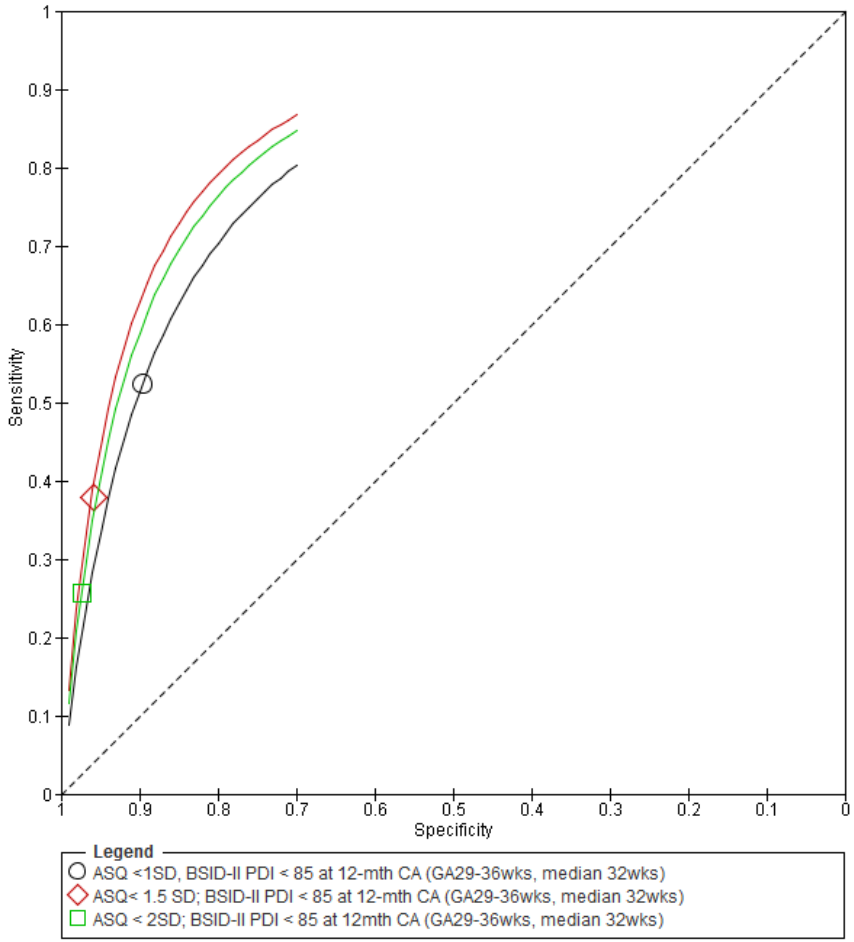


Figure 247: Sensitivity and specificity of ASQ compared to BSID-II MDI at 24 months' corrected age among children born between 29 and 36 weeks' gestation

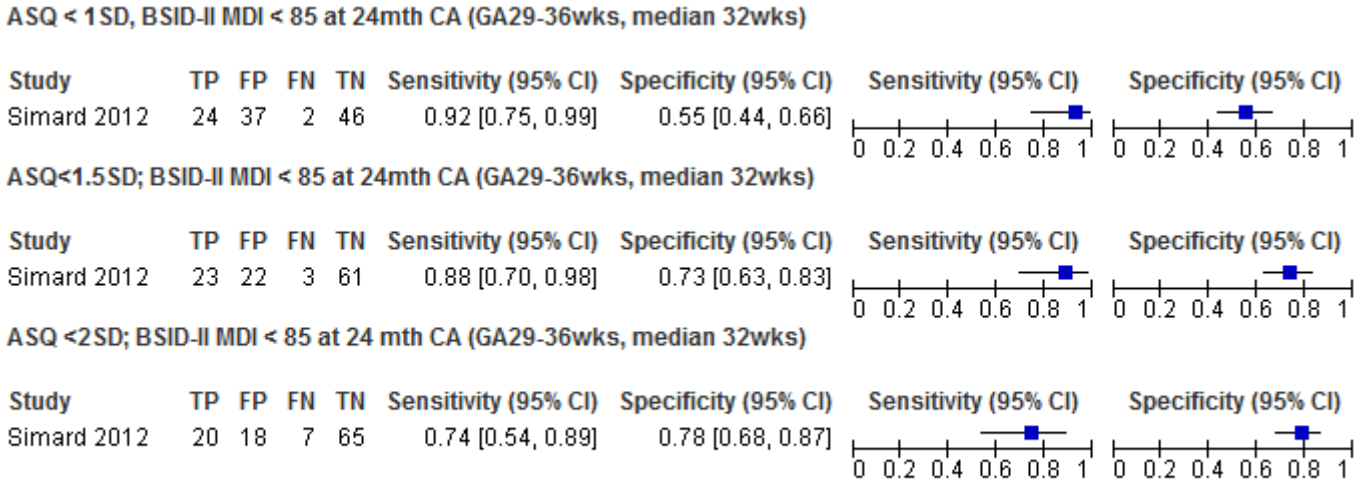


Figure 248: SROC plot for sensitivity and specificity of ASQ compared to BSID-II MDI at 24 months' corrected age among children born between 29 and 36 weeks' gestation

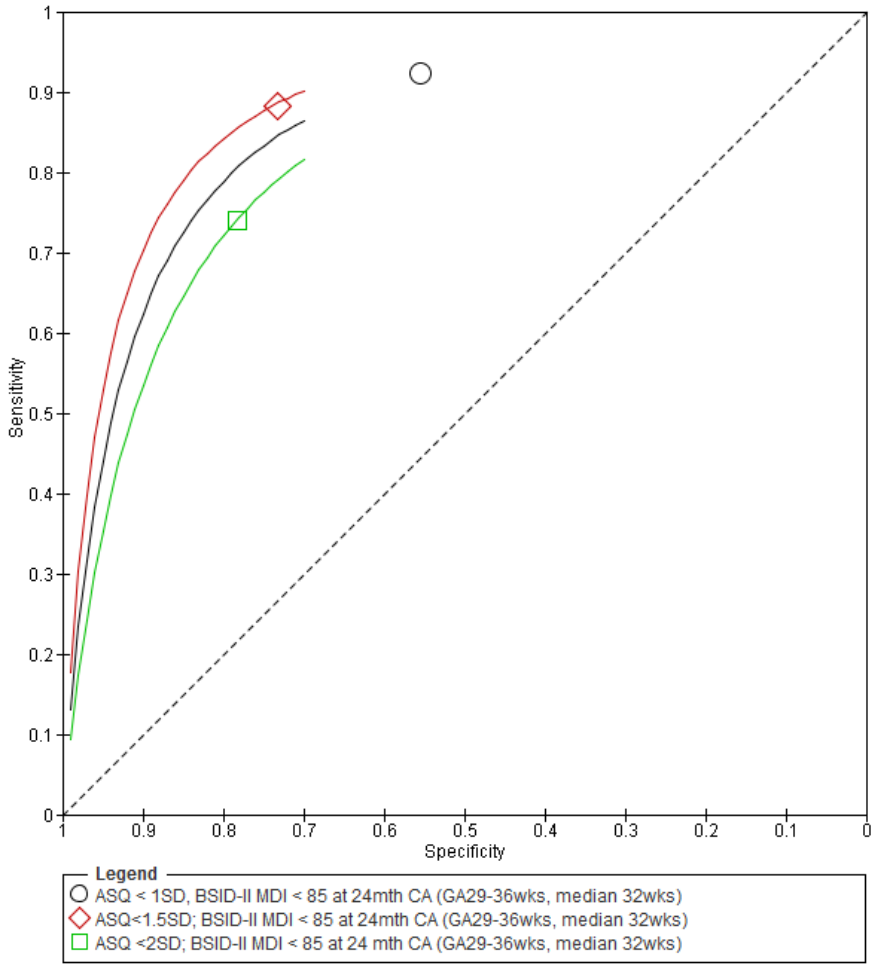


Figure 249: Sensitivity and specificity of ASQ compared to BSID-II PDI at 24 months' corrected age among children born between 29 and 36 weeks' gestation

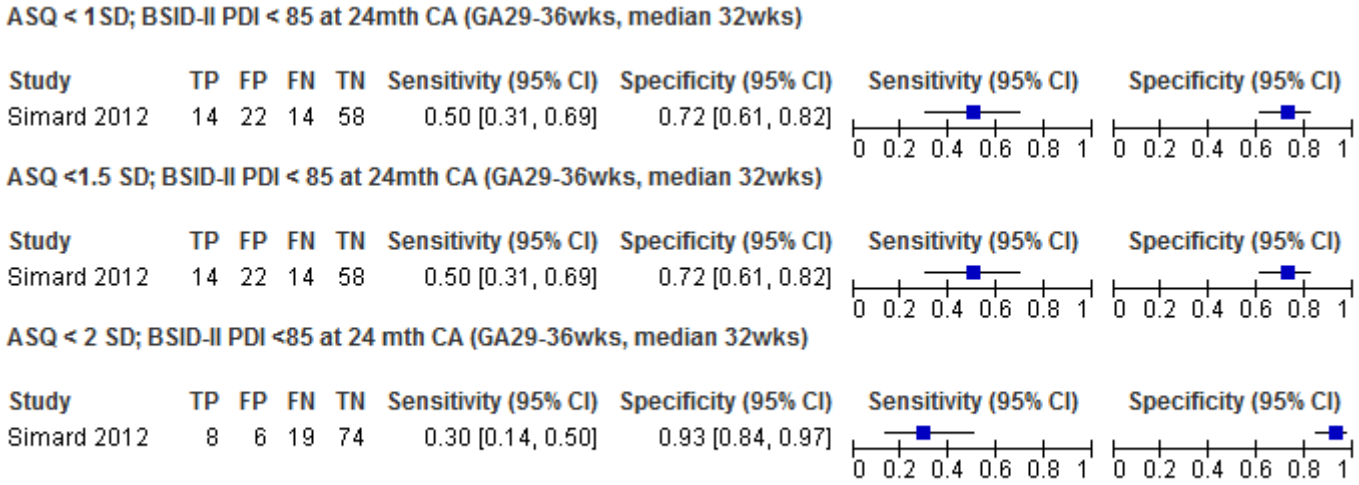


Figure 250: SROC plot for sensitivity and specificity of ASQ compared to BSID-II PDI at 24 months' corrected age among children born between 29 and 36 weeks' gestation

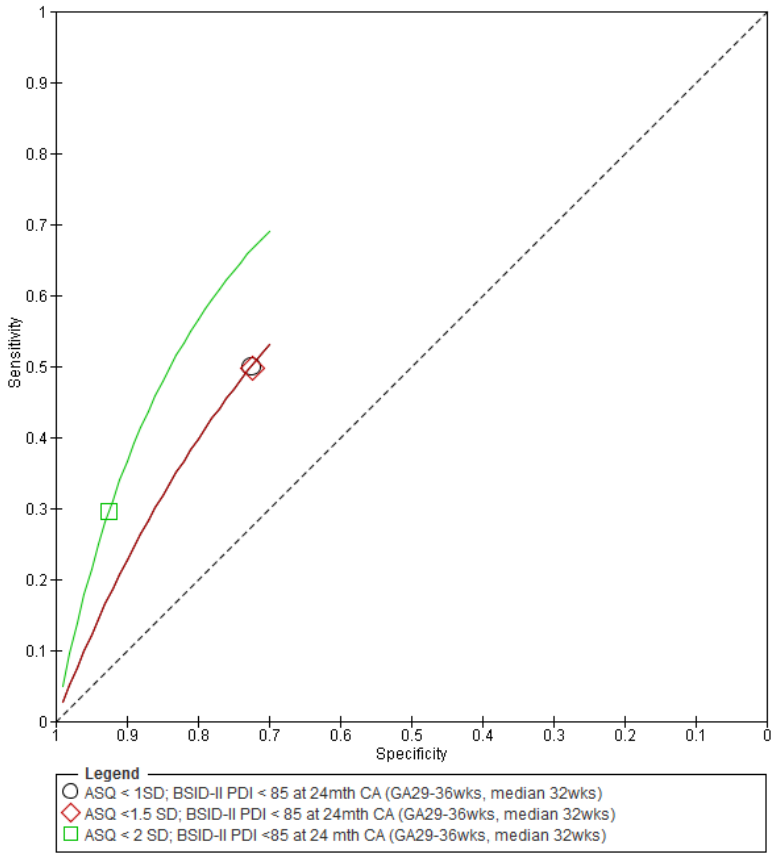


Figure 251: Sensitivity and specificity of ASQ compared to WPPSI-III at 5 years of age among children born before 36 weeks' gestation

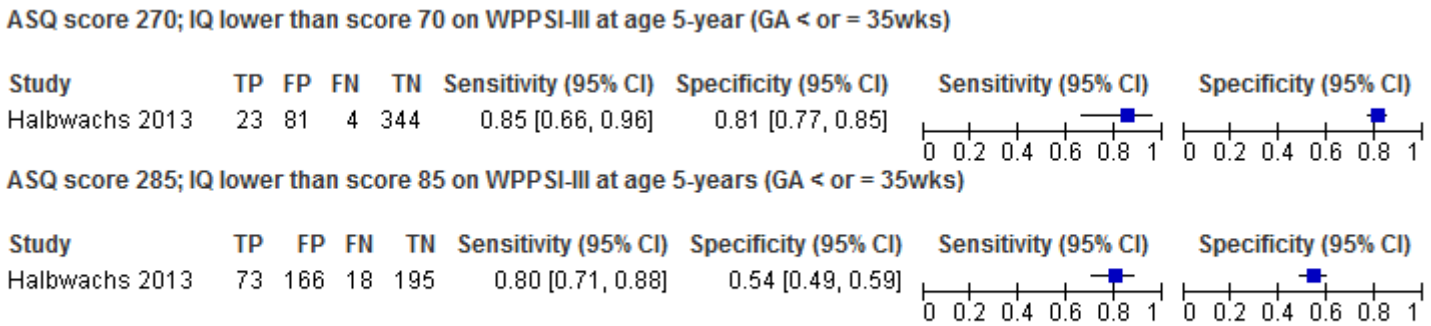


Figure 252: SROC plot for sensitivity and specificity of ASQ compared to WPPSI-III at 5 years of age among children born before 36 weeks' gestation

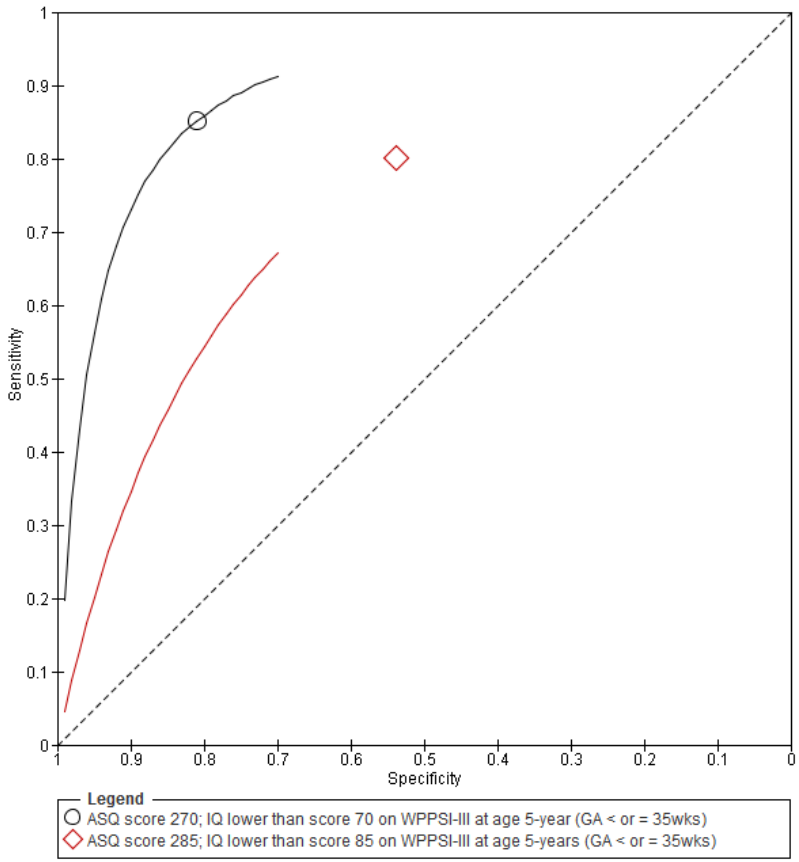


Figure 253: Sensitivity and specificity of PARCA-R compared to BSID-III MDI at 2 years' corrected of age among children born between 22 and 31 weeks' gestation

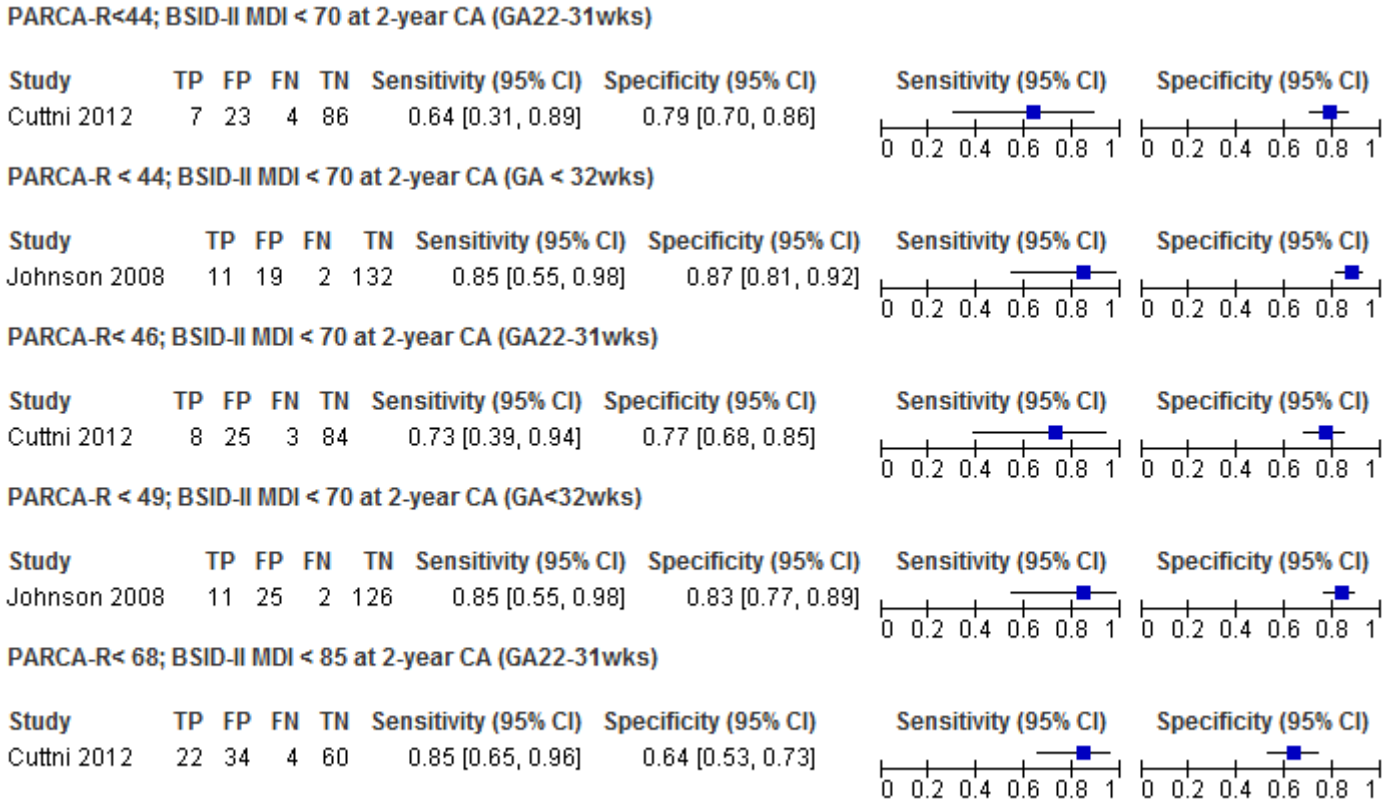


Figure 254: SROC plot for sensitivity and specificity of PARCA-R compared to BSID-III MDI at 2 years' corrected of age among children born between 22 and 31 weeks' gestation

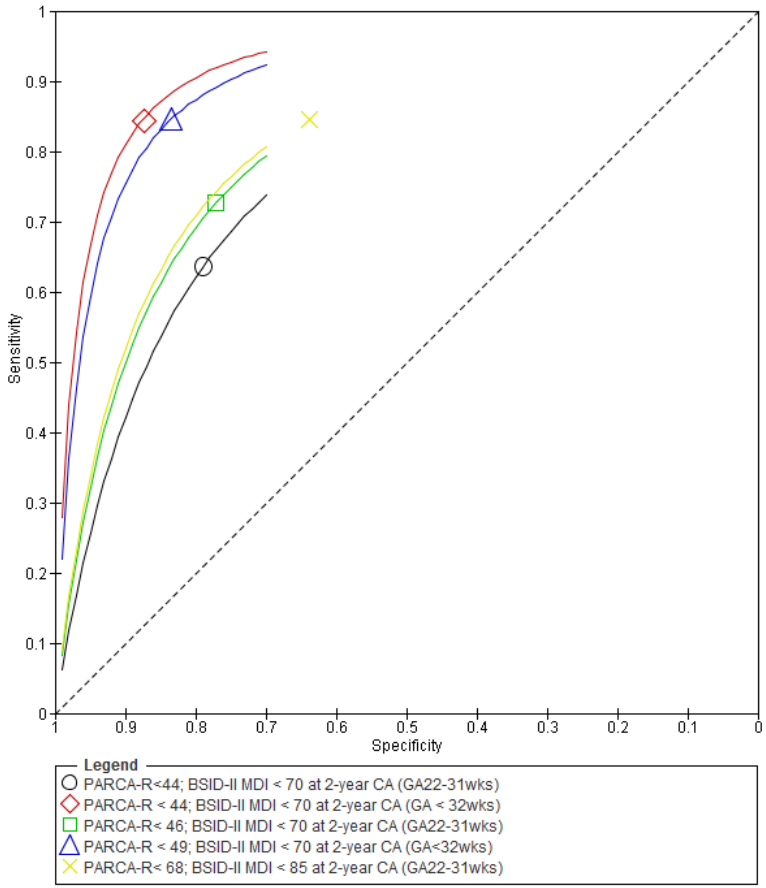


Figure 255: Sensitivity and specificity of PARCA-R compared to BSID-III MDI at 25 months' corrected of age among children born between 32 and 36 weeks' gestation

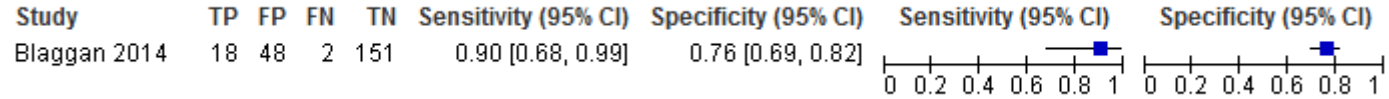


Figure 256: SROC plot for sensitivity and specificity of PARCA-R compared to BSID-III MDI at 25 months' corrected of age among children born between 32 and 36 weeks' gestation

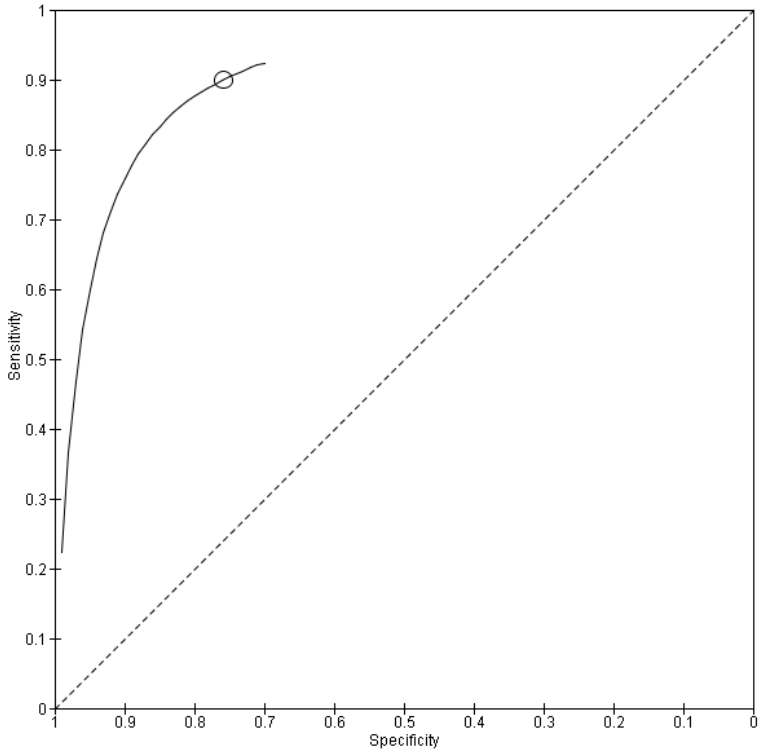


Figure 257: Sensitivity and specificity of PARCA-R compared to BSID-II Cognition score at 24 months' corrected of age among children born at median 27 weeks' gestation

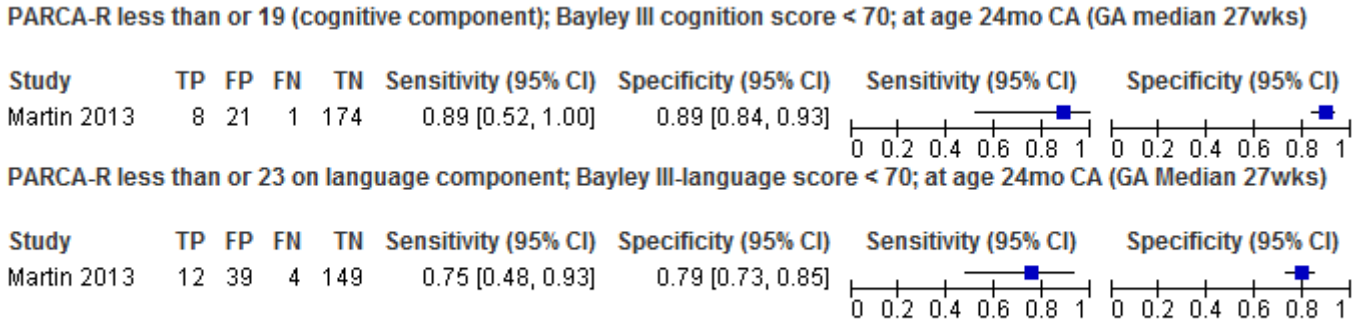


Figure 258: SROC plot for sensitivity and specificity of PARCA-R compared to BSID-II Cognition score at 24 months' corrected of age among children born at median 27 weeks' gestation

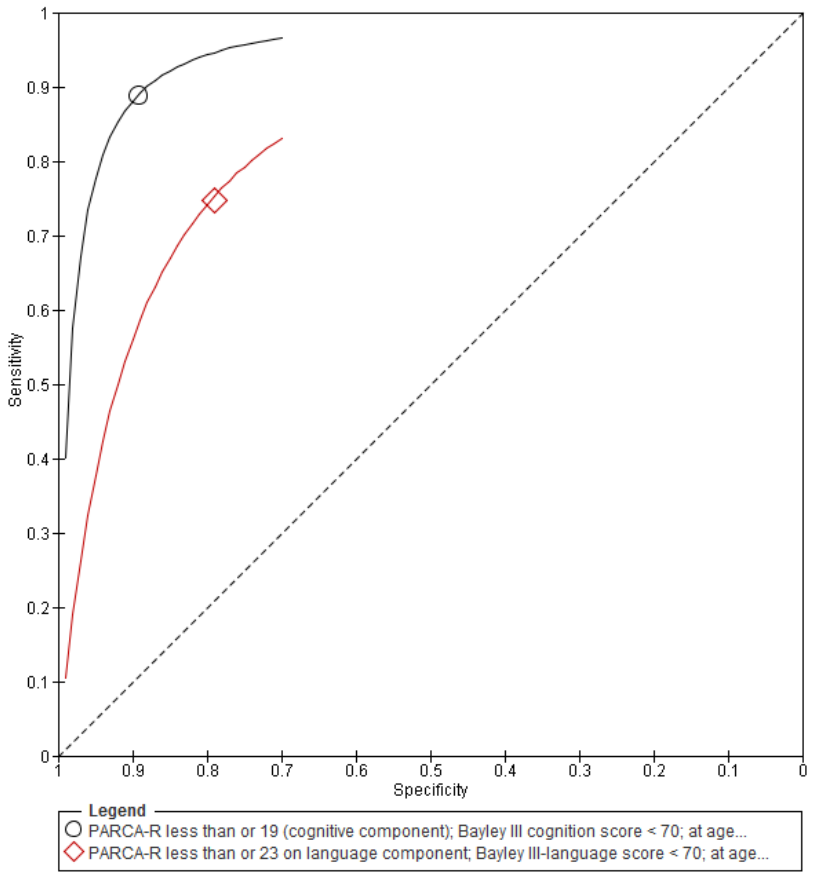


Figure 259: Sensitivity and specificity of SDQ compared to clinical diagnosis of a psychiatric disorder at 14 years of age among children born between 24 and 36 weeks' gestation

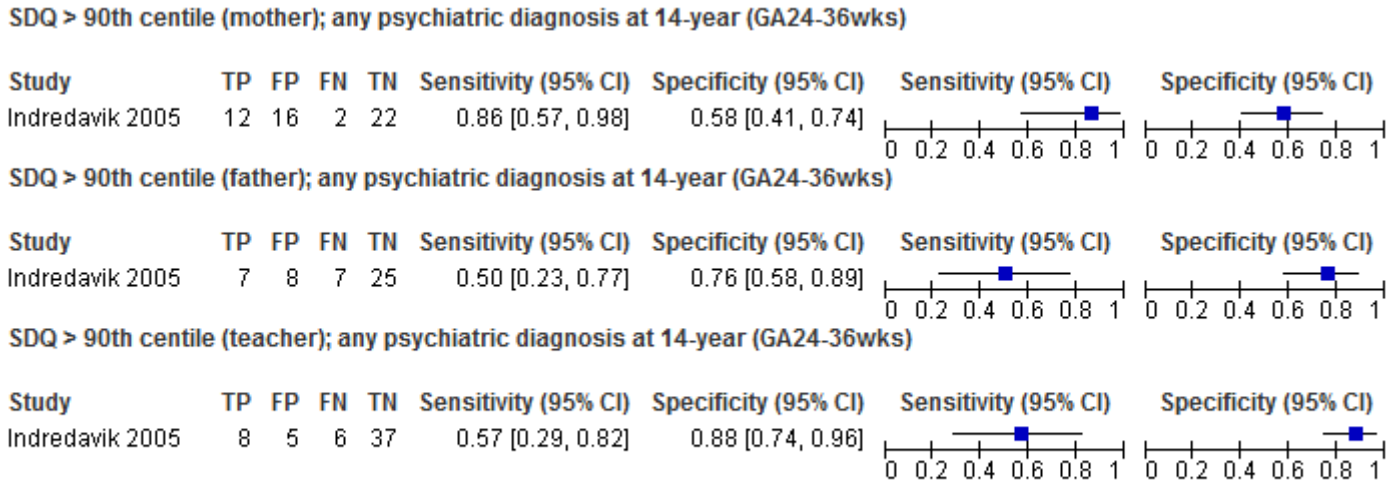


Figure 260: SROC plot for sensitivity and specificity of SDQ compared to clinical diagnosis of a psychiatric disorder at 14 years of age among children born between 24 and 36 weeks' gestation

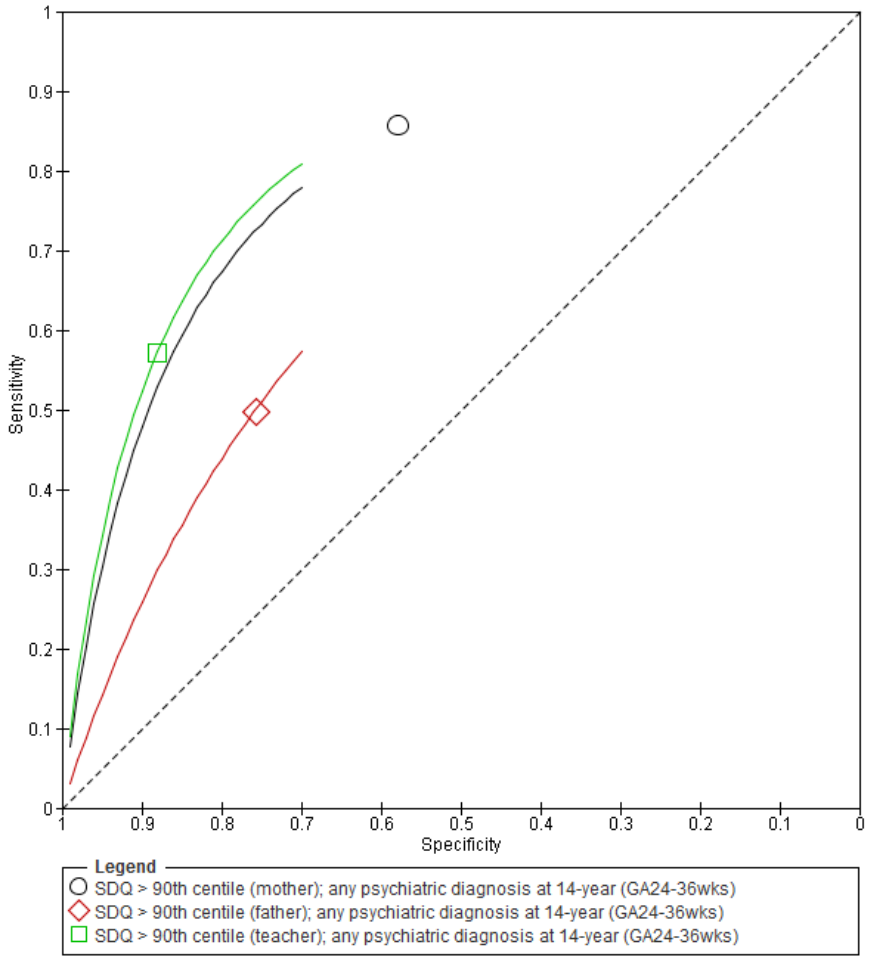


Figure 261: Sensitivity and specificity of SDQ compared to DAWBA for identifying emotional disorder at 11 years of age among children born before 26 weeks' gestation

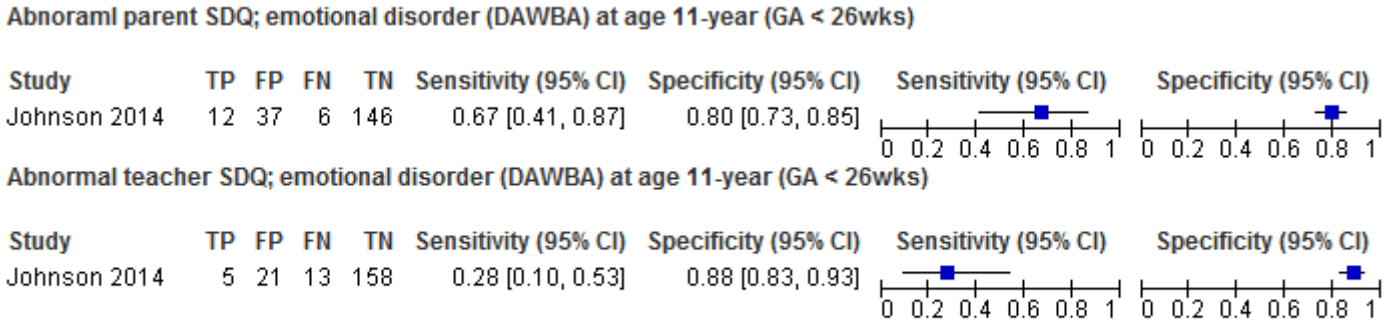


Figure 262: SROC plot for sensitivity and specificity of SDQ compared to DAWBA for identifying emotional disorder at 11 years of age among children born before 26 weeks' gestation

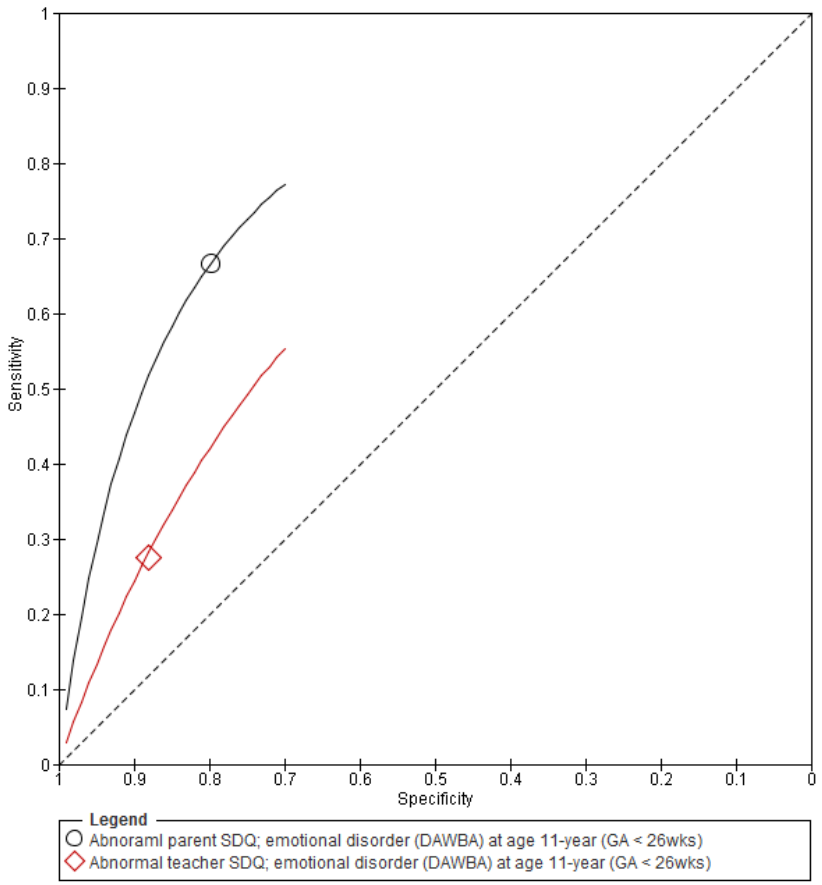


Figure 263: Sensitivity and specificity of SDQ compared to DAWBA for identifying conduct disorder at 11 years of age among children born before 26 weeks' gestation

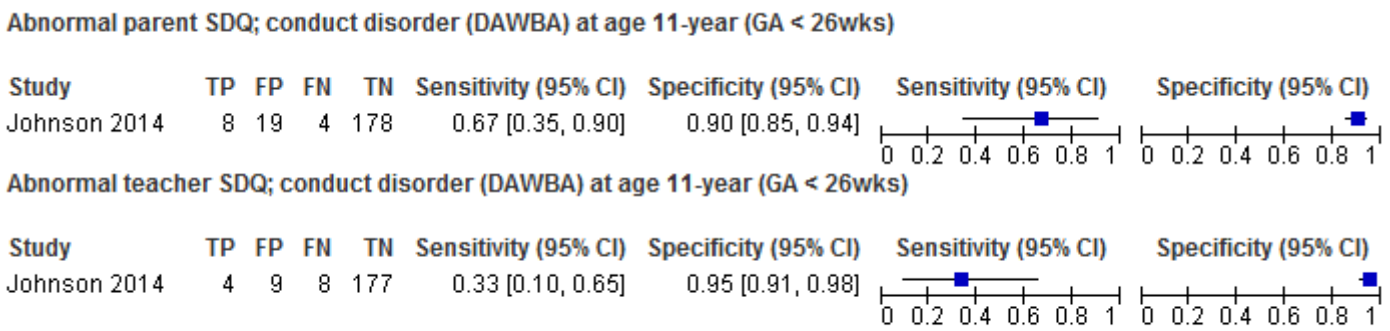


Figure 264: SROC plot for sensitivity and specificity of SDQ compared to DAWBA for identifying conduct disorder at 11 years of age among children born before 26 weeks' gestation

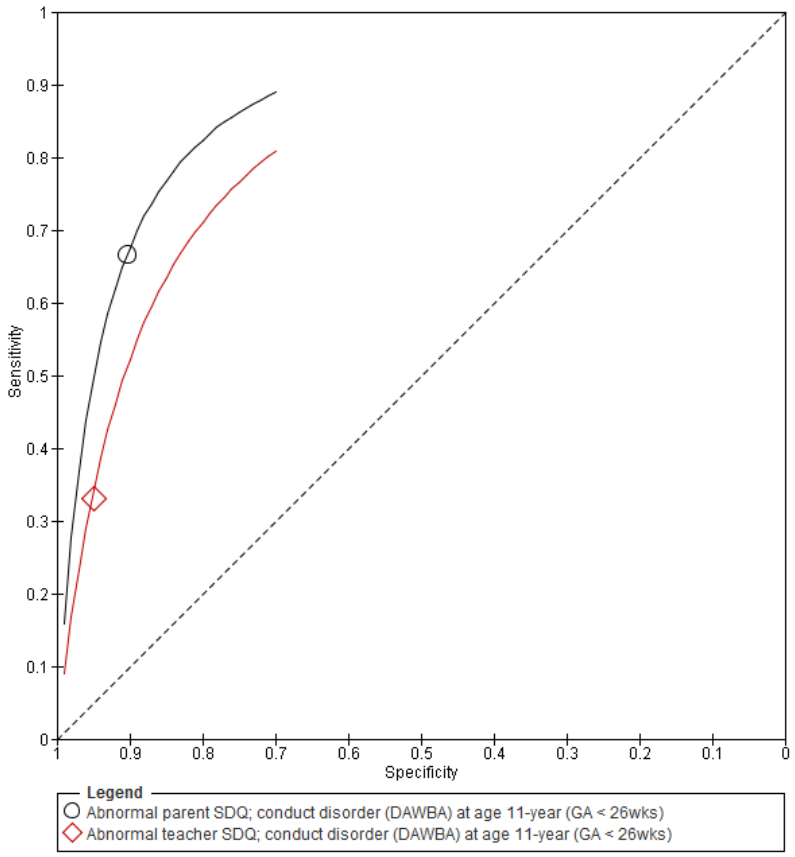


Figure 265: Sensitivity and specificity of DCDQ compared to Movement ABC at 5 years of age among children born between 24 and 35 weeks' gestation

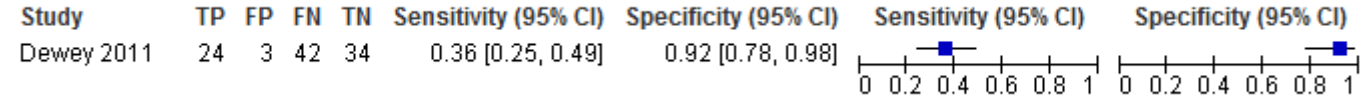
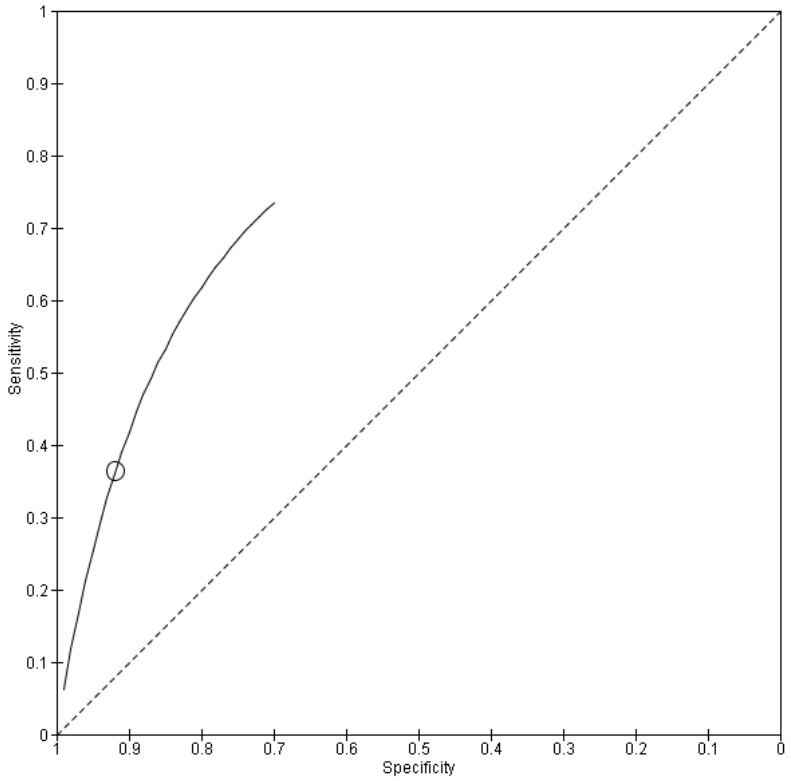


Figure 266: SROC plot for sensitivity and specificity of DCDQ compared to Movement ABC at 5 years of age among children born between 24 and 35 weeks' gestation



Appendix K: Evidence tables

See separate file.

Appendix L: Supplementary tables

See separate file.