Survey MONitoR trial

for research pu	•	nich consist out of 13 que	estions. The results will only be used	
1. I'm a				
□ Resident	☐ Physician assistant	□ Neonatology fellow	□ Neonatologist	
Location:				
□ LUMC				
□ Department o	of Newborn Research of	f the Royal Women's Hos	pital in Melbourne-Australia	
□ Maternal & C	hildren's University Hos	pital La Fe in Valencia-Sp	pain	
□ Neonatal Intensive Care Unit of V. Buzzi Children's Hospital in Milan-Italy				
□ Universitätme	edizin Göttingen in Gött	ingen-Germany		
□ Universitätsk	linikum Köln in Köln-Gei	rmany		
□ Children's Ho	spital Philadelphia in Pe	ennsylvania-United States	S	
□ Other:				
2. What do you	expect to be the main	conclusion from the MC	ONITOR trial:	
☐ More adequa	te ventilation is given w	when the RFM is visible co	ompared to blinded.	
☐ There is no difference in ventilation when the RFM is visible compared to blinded.				
□ Less adequate	e ventilation is given wh	nen the RFM is visible cor	mpared to blinded.	
•	elivery room resuscitat y involved in per year?	ions in which a RFM (res	piratory function monitor) is used,	

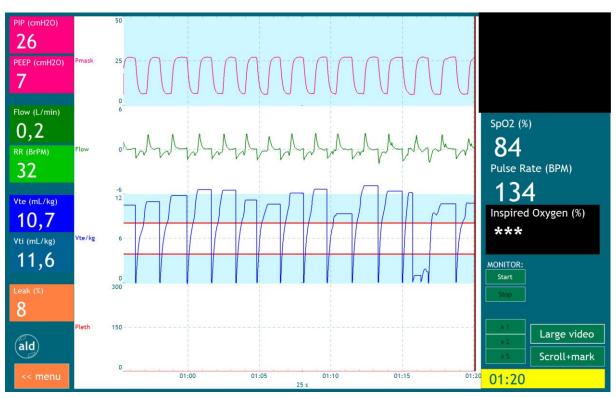
□ <10 □ 10-20 □ 20-30 □ >30

4. Do you look at the RFM during delivery room resuscitations?				
□ Yes	□ No	□ Unsure		
If yes, v	where do you look at wh	en using the RF	M ?	
1. Pres	sure			
Numbers		□ Yes	□ No	□ Unsure
	Pressure curve	□ Yes	□ No	□ Unsure
2. Tidal	volumes			
Numbers		□ Yes	□ No	□ Unsure
	Graph	□ Yes	□ No	□ Unsure
3. Leak				
	Numbers	□ Yes	□ No	□ Unsure
	Flow curve	□ Yes	□ No	□ Unsure
4. Pleth	nysmogram	□ Yes	□ No	□ Unsure
5. Hear	t rate	□ Yes	□ No	□ Unsure
6. SpO	2	□ Yes	□ No	□ Unsure
7. FiO2		□ Yes	□ No	□ Unsure
8. Spor	taneous breathing			
Flow curve		□ Yes	□ No	□ Unsure
	Pressure curve	□ Yes	□ No	□ Unsure
	Tidal volume graph	□ Yes	□ No	□ Unsure
	Pressure			
	PIP (cmHZO) 7 PEEP (cmHZO) Pmask 25 Flow			
Leak —	Flow (L/min) 0,0 RR (Br/M) 32 Vic (mL/kg) 4,4 Vit (mL/kg) 1,7 Leak (%) 26 Pleth 150 Plethysmogram	13:10	13:20 13:25	Sp02 (%) 96 Pulse Rate (BPM) 160 Inspired Oxygen (%) 33,5 MONITOR: Start

5. Do you think the RFM influences your decisions and/or actions during the delivery room resuscitation?					
□ Yes	□ No	□ Unsure			
6. Do you have	the opportunit	y to review the	resuscitations yo	ou performed?	
□ Yes	□ No				
If yes, with who	om do you revie	w the resuscitati	on and how ofte	en do you have t	his opportunity?
☐ Alone/with s	upervisor:	□ 1x/month	□ 1x/ 2 weeks	□ 1x/week	□ Every day
□ Medical team	ո:	□ 1x/month	□ 1x/ 2 weeks	□ 1x/week	□ Every day
□ Other:					
7. Do you think	c you are sufficie	ently trained in (using and interp	reting the RFM?	•
□ Yes	□ No	□ Unsure			
8. Would you li	ike to have more	e training in usir	ng and interpret	ing the RFM?	
□ Yes	□ No	□ Unsure			
If yes, what would this training ideally look like and how often should it be given (be as concrete as possible)?					
9. Who interpreters the RFM during a resuscitation					
□ Resuscitator/ Airway provider					
□ Supervisor					
□ Both					
□ Other					
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10. What would you do when you see the following RFM screens during the resuscitation of a preterm infant (multiple answers possible)?

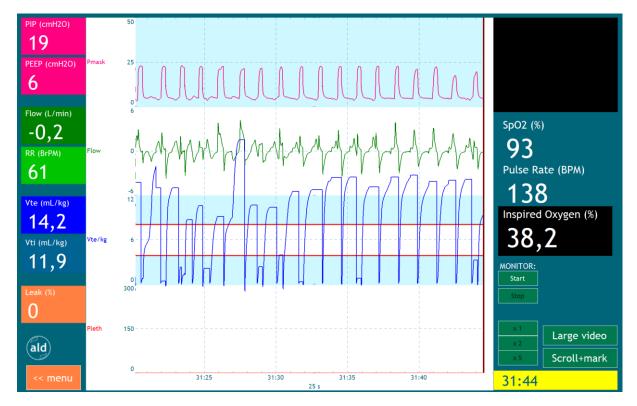
A)



- ☐ Mask reposition/ Change mask size
- ☐ Adjust PEEP
- ☐ Adjust PIP
- □ Suctioning
- $\hfill\Box$ Stop PPV and evaluate on CPAP
- ☐ Continue resuscitation without any adjustments
- Other:

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B)



- ☐ Mask reposition/ Change mask size
- □ Adjust PEEP
- ☐ Adjust PIP
- □ Suctioning
- $\hfill\Box$ Stop PPV and evaluate on CPAP
- □ Continue resuscitation without any adjustments
- □ Other:

C)



- ☐ Mask reposition/ Change mask size
- ☐ Adjust PEEP
- ☐ Adjust PIP
- □ Suctioning
- $\hfill\Box$ Stop PPV and evaluate on CPAP
- ☐ Continue resuscitation without any adjustments
- □ Other:

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D)



- ☐ Mask reposition/ Change mask size
- □ Adjust PEEP
- ☐ Adjust PIP
- □ Suctioning
- $\hfill\Box$ Stop PPV and evaluate on CPAP
- □ Continue resuscitation without any adjustments
- □ Other:

11. Do you think the direct feedback provided by the RFM is an useful tool during delivery room resuscitation?			
□ Yes	□ No		
Explanation:			
provided by th	ne RFM has influ		resuscitation) and indirect feedback (auditing) ns and/or actions during delivery room w?
□ Yes	□ No	□ Unsure	
Explanation:			
13. Would you	ı like to change	anything about the	RFM?
□ Yes	□ No	□ Unsure	
screen, design suggestions/sc	of the content plutions if possil	of the screen)? Be a ble!	FM (e.g. position of the screen, content of the sconcrete as possible and provide
Other feedbac	k regarding the	e RFM:	