Supplementary Table: Clinical and Imaging Data for Individual Cases: Masses and Micrognathia

					Mode of delivery (DIIT = ; LUSCS										is there subjective evidence of airway indentation (from mouth to			—
					Mode of delivery (DIIT + ;; LUSCS need for intubation within 1 hour of delivery + 2; LUSCS no need for intubation = 3; Vaginal delivery no need for immediate intubation = 40	e												
	Diagnosis stational age at MR (week	x) Gestational age at delivery	MR to delivery time elapsed (weeks)	Airway Difficulty (Yes = 1, No = 0)	no need for immediate intubation = 4)	Survival > 24 hours (Y = 1, N = 0)	0 - no notes on intubation. Agents	polyhdramnios defined as DVP > Bmm (Y = 1 N = 0)	Deepest vertical pocket of amniotic fluid (cm)	Mass = 1 Micrograthia = 2	Jaw Index	Ji <sth (ji="" <24)<br="" centile="">(Y = 1 N = 0)</sth>) if mass longest axial diameter mm	measure TEDA*	1 N = 0	location of mass : oral cavity = 1, pharynx = 2, paratracheal = 3, lip / mouth = 4	Notes on imaging	<u> </u>
	Epignathus / facial teratoma	27 DCDA Twins 30.5 weeks	15				0 - no notes on intubation, Apgan. 2, 6, 7. Anaesthenist not metaloned as present but Richard Barnes there for Q.5. Kasal Abe therefore Illuly easy 0. No comment but NVD, Aggand, 9. No notes from baby from 2009 0 - Finit pass. Not obvious that which lade used but stated uncomplicated.											
1				•	1	1	therefore likely easy 0 -No comment but NVD,	1	14		25		0	86	2 1		oral cavity mass producing glossoptosis	<u> </u>
2	Epignathus 2	29 41	12	0	4	1	Apgars6, 9. No notes from baby from 2009		6	1	ы		o	not measurable because absent chest 16 imaging				
3	LVM 2	13 37	4	0	1	1	0 - First pass. Not dovidus that which blade used but stated uncomplicated.		10		25		D	80	9 1	2,3	very large mass but no retrotracheal extension and bilateral so TEDI not much increased. Hypopharyngeal indentation	
	LVM 2	14 37	3				1- direct laryngoscopy challenging using bougie							not measurable because suboptimal plan 20 not perpendicular to axial plane of trache			indentation posterior pharyes and hypopharyes	
	rhabdold tumour 3	17 27					1 - needed Lopro glidascope and		,			,	43 (paratracheal mass) 0 28mm (oropharyngeal mass)			4, 8	нализион ралини разула на проракти	
				1	1	1	bougie	1	13	2	3		0 28mm (oropharyngeal mass)		11 1	2,3	oropharyngeal and paratracheal compression	-
							No intervention required at birth, Cystic structure floor of the mouth occupying 75% of oral cavity. Cyst 253/262/36mm on M81. Subsequent intubations easy.											
16	Ranula 2	12 40		0	4	1	25X26X16mm on MRI. Subsequent intubations easy.		7.5	1	2		D	8			oral cavity narrowed, simple unliccular cyst final de Ranula on histo	<u> </u>
							Tongue potruding from muth at bith, but no intervention required after delivery. Possible Beckeith - Wiedeman Syndrome. Subsequent Instabiliomns uneventful											
	Beckwith Wiedemann						Wedeman Syndrome. Subsequent intubatiomns										big tangue prutrudes out of mouth Beckwith Weidemann	
	Internation of Provide States				4		unevential Delivered vaginally, no attempt made to invabate. The child had large right anterior neck mass. Baby galladed with morphine. Died 12 hours after birth. No assessment obtained as to the difficulty of instantion.					,					and another over an excerning weighting the	
							large right anterior neck mass. Baby palliated with morphine.											
24	Cervical teratoma 3	29 31	2	Unknown	4	0	assessment obtained as to the difficulty of intubation.	1	110		not measuarable		1		4 1	1,2,3	palliative care at delivery	
							Lengthy laryngoscopy - almost 90 seconds looking at the video.											
							Bougie into traches and railroaded ETT. Chest rise confirmed with RVM wire to read											1
							crossclamp. Times: Uterine incision 1443, Head delivered											1
26	LVM 3	и 28	4	1	1	1	awww, K11 placed 1450, Cord damped 1451 Sublimenal cvst, 37973912 ar -	1	11	1	21	3	1	70	11 1	2,3	EVM	1
							Intracting of influences, Integrafy languages copy, almost 80 seconds looking at the video. Bougle instructiones and railroaded ETT. Chest this confirmed with NUV prior to copy confirmed with NUV prior to copy confirmed with NUV prior to construction. 143, 1990. Can damped 1451 Sublement integrated ambienty, no selective entition not difficult.											
18	Duplication cyst 1	12 29	7		3	1	Subsequent intubations not difficult. 0 - apears 9, 10, Spont vent.				2			15	9 1		Unifection cyst Histo = duplication cyst (JAMES: A DUPUCATION CYST IN ORAL CAVITY OR IS	CODE FOR
5	Micrograthia PRS 1p36.1 I	и 38 И 14	3 r	0	1	1	0 - apgars 9, 10. Sport vent, some mask CPAP		6	2	21	-	D na	+	3 3	na	eral cavity obstruction, no tracheal obstruction	\vdash
6	cereorocostomanosouse synonome		-	1	1	1	1 - multiple attempts, Lopro 1 - failed intubation in delivery suite, multiple attempts at		10	2	10		1 2700	1	4 1	na	oropharyngeal and oral cavity indentation	\vdash
	Micrographia and type 2 smooth muscle deficiency 2	24 35	1 12				failed intubation in delivery suite, multiple attempts at intubation during nicu resuscitation eventually succeeded. Anaesthetics not											1
7				1	4		encoved.	1	16	2	21		0 ma		2 0	na	I	L
	Micrograthia and PRS 2						D- laryngeal mask used and baby turned on side. Immediate desaturation when on back but intubation not required so degree of difficulty not assessable											
			-				desaturation when on back but intubation not required so degree											
				0	4	1	These effective as a second as										baby nursed on side and nasophanyngeal airway used but no intubation needed	Γ
							during EXIT, eventual tracheostomy on mother during											
							EXIT by ENT. Gerebrocostomandibular syndrome. Mechanical ventilation											
10	Cerebrocostomandibular syndrome 29 and 2	13 35		1	1	1	for three weeks post delivery. Child now 6yo.		13.7	2	16		1		15 1		marked upper alrway narrowing, big posterior cleft	_
							d diffusion assessed and diffusion assessed to the set assessed as the set of the dark of RCS entrands the set of the set of the set of the dark of RCS entrands the set of the set of the set of the dark of the set of the set of the set of the dark of the set of the set of the set of the dark of the set of the set of the set of the dark of the set of the set of the set of the set of the dark of the set of the dark of the set of the dark of the set of the se							trachea not clearly identified on acquired axial images due to motion				
11	PR5 32 and 3	16 17	1	0	1	1	palate,mandibular distractions. Vigorous at birth, not requiring	1	11.2	2	21	3	1	axial images due to motion			oral compression cleft palate final die Stickler syndrome	+
12	Micrograthia 3	10 40	30		3	1	subsequent intubations not difficult.	0	6.8	2	24		0		4 2		Gleft + micrognathis final da Pierre Robin	
					4 R RVaginal delivery, needed to be intubated immediately, however easy intubation.		Diaphragmatic hernia and mild micrograthia, subsequently easy introduction										CDH mild microenathia possible cieft on MBI	
	Lon integration and a second sec				4 Vaginal delivery, no need for		Hypotonia, miocrograthia, subsequent intubations not		18.7				4					
14	PRS also deletion 7p14.3 to 7p14.1	4 21	4	0	intubation initially.	1	difficult. Micromelia, micrognathia,	1	13	2	21		0		6 I		moderate narrowing bilateral cleft PR sequence	+
15	micromelia micrognathia, bilateral cleft (PRS7) 2	35 37	1	0	1	1	intubations not difficult.	٥	7.5	2	21	,	1		7 1		moderate to marked oral cavity narrowing Bilateral cleft	+
							Diastrophic dysplasia, Put on side with nasopharyngeal airway and											
							managed with CPAP. Not inubated at birth but expectation was that intubation would liter-											1
							be difficult. Susequent intubations for LBO's extremely difficult											1
							Dastophic dyplasis, Put on side with nasopharyogeal airway and maraged with CPAP. Not insbased a birth bet expectation was that insbations would likely be difficult. Sequent insbation for LEOP waterenely difficult (Erade V) requiring EVT assistance. Scenewhat easier insbation with videolaryogescop bat still and on CED bet remotive											1
19	Diastrophic dysplasia and PRS 1	12	5	0	2	1	but still very difficult. Initial put on CPAP but requiring		6	2	21	1	1				tongue elevated, cleft palate PRS	+
							Initial put on CPAP but requiring intubation 47 minutes after delvery. Officult airway - intubated after 4th attempt. Grade N airway, then remained difficult to intubate with ubasqueri inubations despite mandibular distraction. Nager syndrome.											1
							Grade IV airway, then remained difficult to intubate with											1
20	Nager syndrome and PRS 2	11 41	10 10	1	2	1	subsequent intubations despite mandibular distractions. Nager syndrome.	1	146	2	10		1		7 1		big central cleft tongua up tongue elevated, cleft palate PR sequence	1
21	PR5 1	40	7	0	4	î	manufacture destinations regin synchrone. not requiring intubation at birth. bittlal mask ventilation, but needed inhubation after 15 mins. Not noted as difficult inhubiton. 42.5 ETT required, unable to place 63.0. Subsequent inhubitions not noted as difficult.	ő	8	2	2		0		5 1		tongue elevated, cleft palate PR sequence	—
							needed intubation after 15 mins. Not noted as difficult intbation. #2.5 ETT required, unable to place											1
22	PR5 J	11 35	5		4 (but needed intubation 15 mins	1	#3.0. Subseugent intubations not noted as difficult.		15	2	26		0		6 1		cleft, tongue up PR sequence	
							Inhabited after 6 mins via utdeclaryrgoscope during EXIT procedure. Baby required atropine and adrenaline for foetal bradycarda. Subsequent inhubations not difficult for other manufacture.											1
							and adrenaline for foetal bradycardia. Subsequent											1
23	16p 11.2 deletion and PR5 1	14 28	4		1	1	insubations not difficult for other anaesthetics. EXT. Two anaesthetists used for		105	2			1	+	s		cleft + ? Choanal atresia PR sequence	-
							Industries not difficult for other praesthetics. EXT - Not Statements used to: Industrion Initially used CAAC HO Macintonh blade, view difficult, torgue in the way. Then used HO Miller blade view of base of cords with difficulty. Cricial used. Then 2.8 flexible branchoscope through right notifi and laryns located and branchoscope through											1
							Miler blade view of base of cords with difficulty. Oricoid utilsed.											
	PRS and multiple hernivertebrae, no syndromal diagnosis yet 2	9 27					Then 2.8 flexible branchascope through right nostril and laryna located and branchascope through											
		- 3/							11		21			1	1			\mathbf{T}
																		1
																		1
Legend lymphovascular malform	tion													+				+
Legend lymphovascular malform lower uterine caesarean not applicable Pieme Robin sequence	ection																	F
Contraction and a second s		1								1	1		1	1		1	1	+