Supplemental Table 2. Definitions of outcome measures

Outcome measures	**Definitions**	**Minimum follow-up**
IVH	The presence of blood inside the ventricles on CT or cranial ultrasonography Grading of IVH (as described by J. Volpe): **Grade I**: bleeding confined to the periventricular area (germinal matrix) **Grade II**: intraventricular bleeding (10-50% of the ventricular area on a sagittal view) **Grade III**: intraventricular bleeding (>50% of the ventricular area or distends the ventricle) **Grade IV**: intra-parenchymal echodensity (IPE) represents periventricular haemorrhagic infarction and is often referred to as Grade IV IVH	3 d
ICH	The presence of blood within the skull on CT or cranial ultrasonography	3 d
PH	The presence of frank tracheal blood and multi-lobular opacity on chest X-ray	3 d
Frank rectal bleeding	Macroscopic faecal bleed	3 d
PDA	PDA: open ductus arteriosus on echocardiography or associated Doppler studies after 15 postnatal hours C**linically significant PDA was suspected** in the presence of 2 or more of the following: (1) heart murmur, (2) hyperdynamic precordium, (3) bounding pulses, (4) persistent tachycardia (>160 beats per minute), (5) wide pulse pressure, (6) new-onset or increase in ventilator requirements, (7) systemic hypoperfusion (poor pulses, prolonged capillary refill time, decreased urine output, or	3 d

	hypotension), (8) chest radiographic evidence, i.e., pulmonary congestion or cardiomegaly (a cardiothoracic ratio >60%) with increased pulmonary flow. **Echocardiographic hs-PDA** was defined as the presence of transductal diameter ≥1.5 mm at the pulmonary end plus 1 of the following: (1) left-atrium/aorta ratio ≥1.4, (2) ductal velocity <2 metres per second, (3) antegrade left pulmonary artery diastolic flow >30 centimetres per second, (4) E-wave/A-wave ratio >1, (5) isovolaemic relaxation time ≤45 milliseconds, (6) absent or reversed diastolic blood flow pattern in the descending thoracic aorta.	
BPD	Treated with more than 21% oxygen for at least 28 days; Diagnostic criteria for bronchopulmonary dysplasia (as described by National Institutes of Health): **Mild** BPD: (1) breathing room air at 36 weeks post-menstrual age or discharge (for those with GA <32 weeks) (2) breathing room air by 56 days postnatal age or discharge (for those with GA ⩾32 weeks) **Moderate** BPD: (1) need for <30% O_2 at 36 weeks post-menstrual age, or discharge (for those with GA <32 weeks) (2) need for <30% O2 to 56 days postnatal age, or discharge (for those with GA ⩾32 weeks) **Severe** BPD: (1) need for >30% O2, with or without positive pressure ventilation or continuous positive pressure at 36 weeks post-menstrual age, or discharge (for those with GA <32 weeks) (for those with GA ≥32 weeks)	28 d

	(2) need for >30% O_2 with or without positive pressure ventilation or continuous positive pressure at 56 days postnatal age, or discharge (for those with GA ≥32 weeks)	
Sepsis	A bacterial bloodstream infection (blood culture-proven infection)	7 d
NEC	At least one clinical finding (bilious gastric aspirate or emesis, abdominal distension, or occult or gross blood in the stool in the absence of anal fissures) and at least one radiographic finding (pneumatosis intestinalis, hepatobiliary gas, or pneumoperitoneum) are required to secure the diagnosis. Bell's stages of necrotizing enterocolitis: **I.** Suspected disease (1) Mild systemic signs (apnoea, bradycardia, temperature instability) (2) Mild intestinal signs (abdominal distention, gastric residuals, bloody stools) (3) Non-specific or normal radiological signs **II. Definite disease** (1) Mild to moderate systemic signs (2) Additional intestinal signs (absent bowel sounds, abdominal tenderness) (3) Specific radiologic signs (pneumatosis intestinalis or portal venous air) (4) Laboratory changes (metabolic acidosis, thrombocytopaenia) **III. Advanced disease** (1) Severe systemic illness (hypotension) (2) Additional intestinal signs (striking abdominal distention, peritonitis) (3) Severe radiological signs (pneumoperitoneum) (4) Additional laboratory changes (metabolic and respiratory acidosis, disseminated intravascular	7 d

	coagulopathy)	
ROP	Diagnosed by the ophthalmologist according to the International Classification of Retinopathy of Prematurity, first published in 1985 and revised in 2005.	28 d

IVH: intraventricular haemorrhage; CT: computed tomography; ICH: intracranial haemorrhage; PH: pulmonary haemorrhage; PDA: patent ductus arteriosus; hs-PDA: haemodynamically significant patent ductus arteriosus; BPD: bronchopulmonary dysplasia; GA: gestational age; NEC: necrotizing enterocolitis; ROP: retinopathy of prematurity