Supplementary Online Content

Abiramalatha T, Ramaswamy VV, Bandyopadhyay T, et al. Delivery room interventions for hypothermia in preterm neonates: a systematic review and network meta-analysis. *JAMA Pediatr*. Published online May 24, 2021. doi:10.1001/jamapediatrics.2021.0775

admission or within first 2 hours of life. **A.** Network plot; **B.** SUCRA plot; **C.** Forest plot depicting the network estimates [MD (95% CrI)] of the various interventions with "Routine Care" as the common comparator

e**Figure 15.** League plot depicting the network estimate for sensitivity analysis - drying versus no drying before wrapping in a plastic bag / wrap for the primary outcome: mean core body temperature (axillary or rectal) at admission or within first 2 hours of life

eFigure 16. League plot depicting the network estimate [RR (95% CrI)] for primary outcome moderate or severe hypothermia [defined as core body temperature (axillary or rectal) less than 36 degree Celsius] at admission or within 2 hours of life

eFigure 17. Direct evidence from the pair wise comparisons for the primary outcome moderate or severe hypothermia [defined as core body temperature (axillary or rectal) less than 36 degree Celsius] at admission or within 2 hours of life

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eFigure 19. Sensitivity analysis by evaluating any hypothermia (defined as core body temperature less than 36.5 degree Celsius at admission or within 1-2 hours of life). **A.** Network plot; **B.** SUCRA plot; **C.** Forest plot depicting the network estimates [MD (95% CrI)] of the various interventions with "Routine Care" as the common comparator.

eFigure 20. League plot depicting the network estimate [RR (95% CrI)] for sensitivity analysis - any hypothermia (defined as core body temperature less than 36.5 degree Celsius at admission or within 1-2 hours of life)

eFigure 21. Split between direct and indirect evidence for sensitivity analysis - any hypothermia (defined as core body temperature less than 36.5 degree Celsius at admission or within 1-2 hours of life)

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eFigure 25. Split between direct and indirect evidence for mortality before discharge

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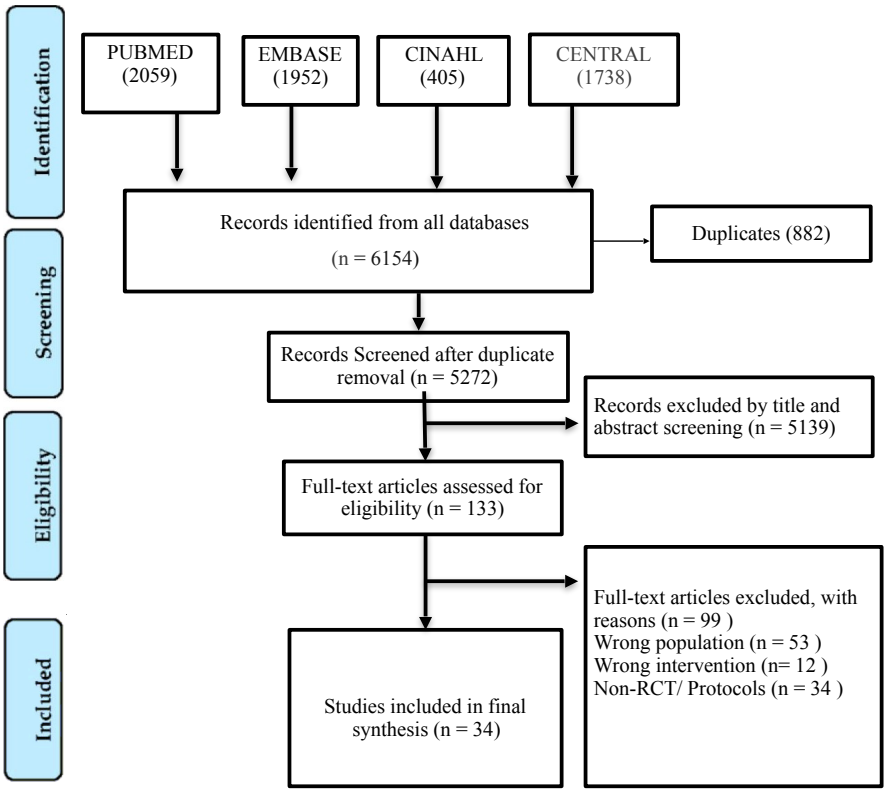
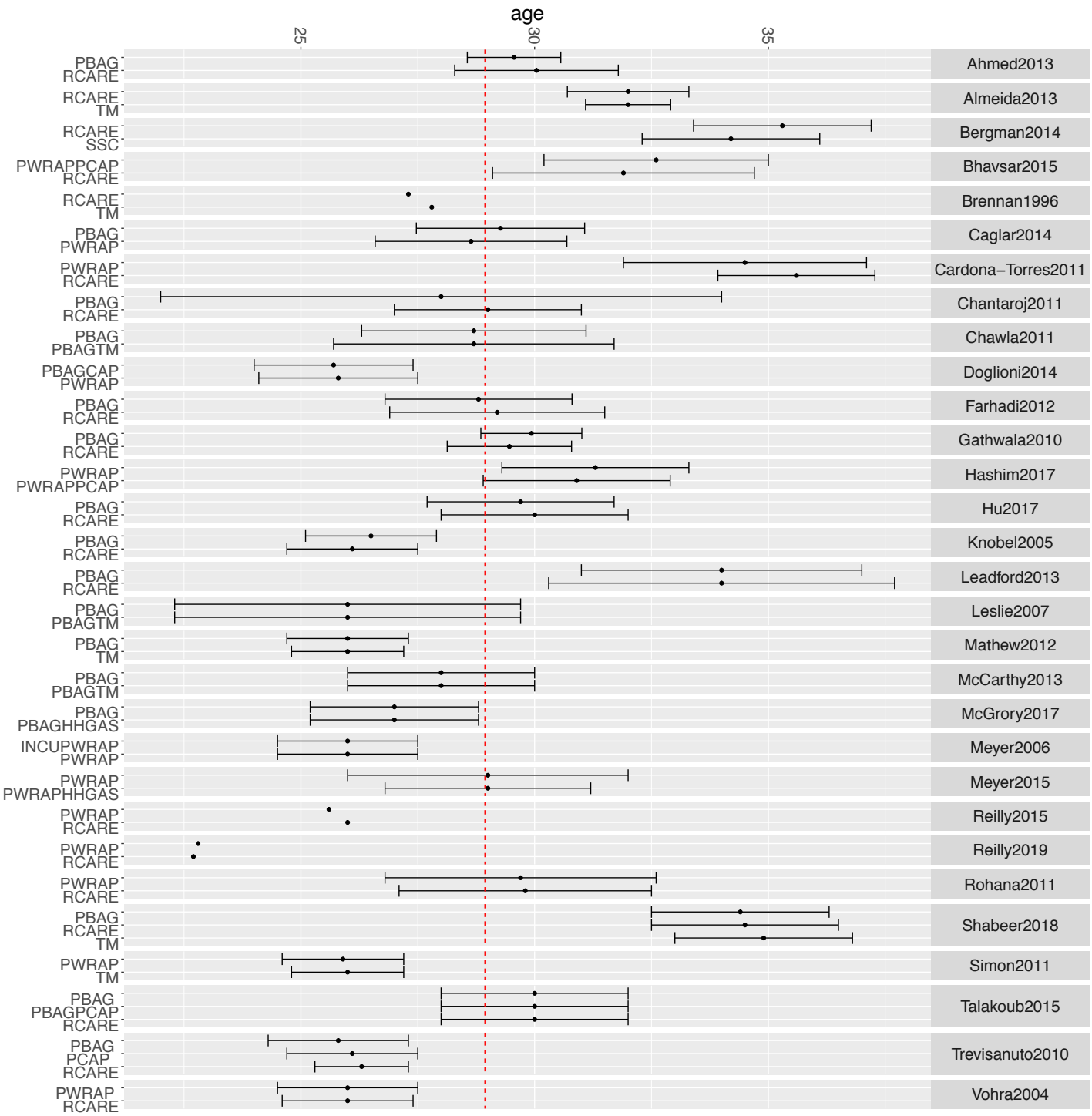
eFigure 27. Hyperthermia [defined as core body temperature (axillary or rectal) more than 37.5 degree Celsius] at admission or within 2 hours of life. **A.** Network plot; **B.** SUCRA plot; **C.** Forest plot depicting the network estimates [MD (95% CrI)] of the various interventions with "Routine Care" as the common comparator

eFigure 28. League plot depicting the network estimate [RR (95% CrI)] for hyperthermia [defined as core body temperature (axillary or rectal) more than 37.5 degree Celsius] at admission or within 2 hours of life

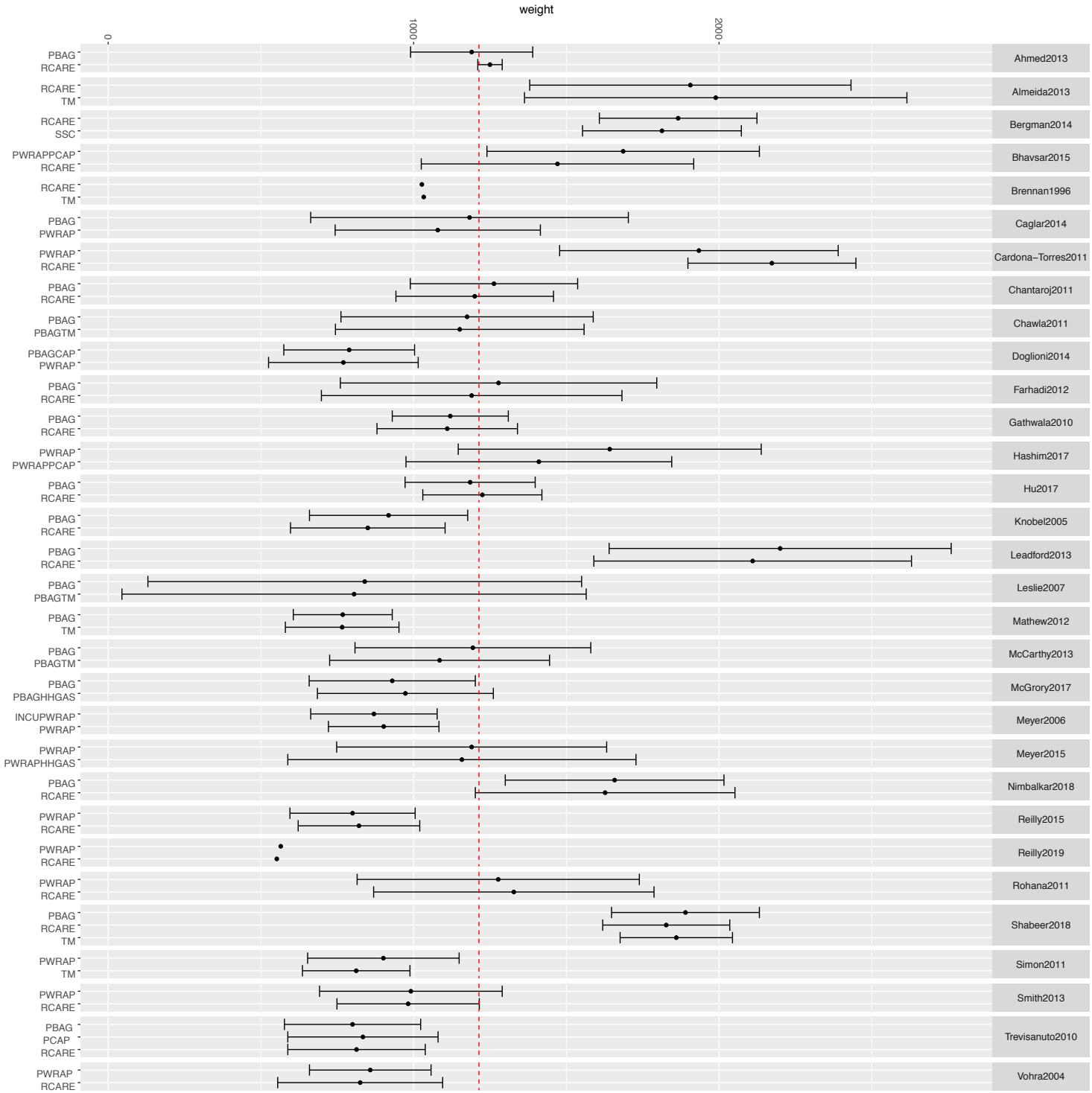
eFigure 1. PRISMA Flow



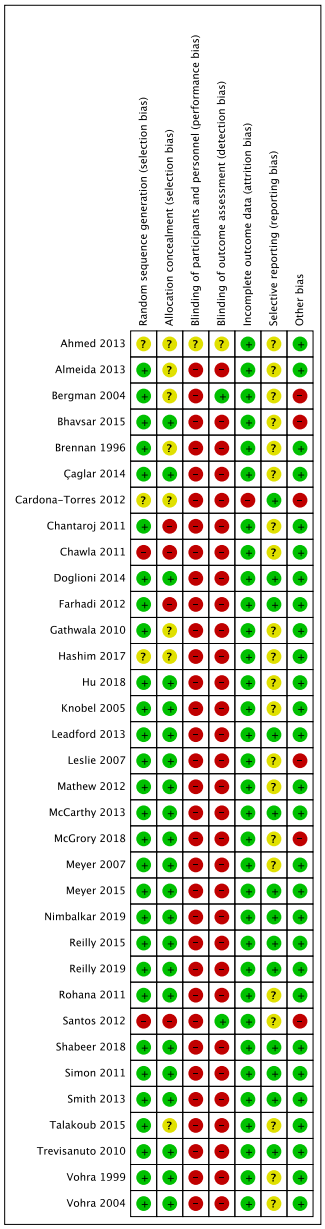
eFigure 2. Mean gestational age of the enrolled neonates

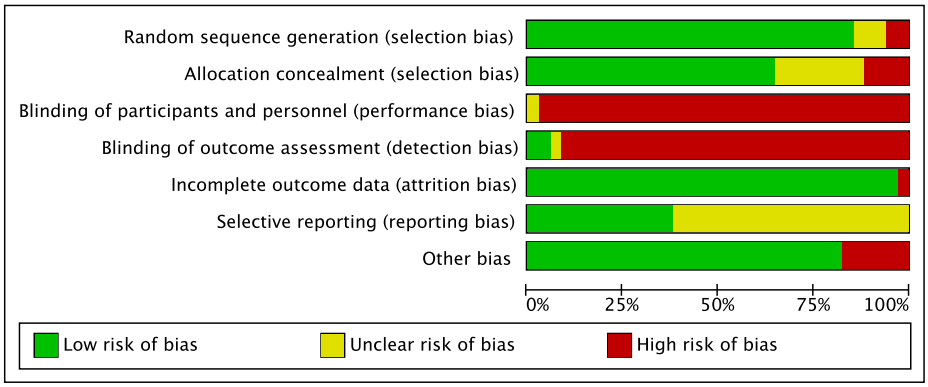


eFigure 3. Mean birth weight of the enrolled neonates

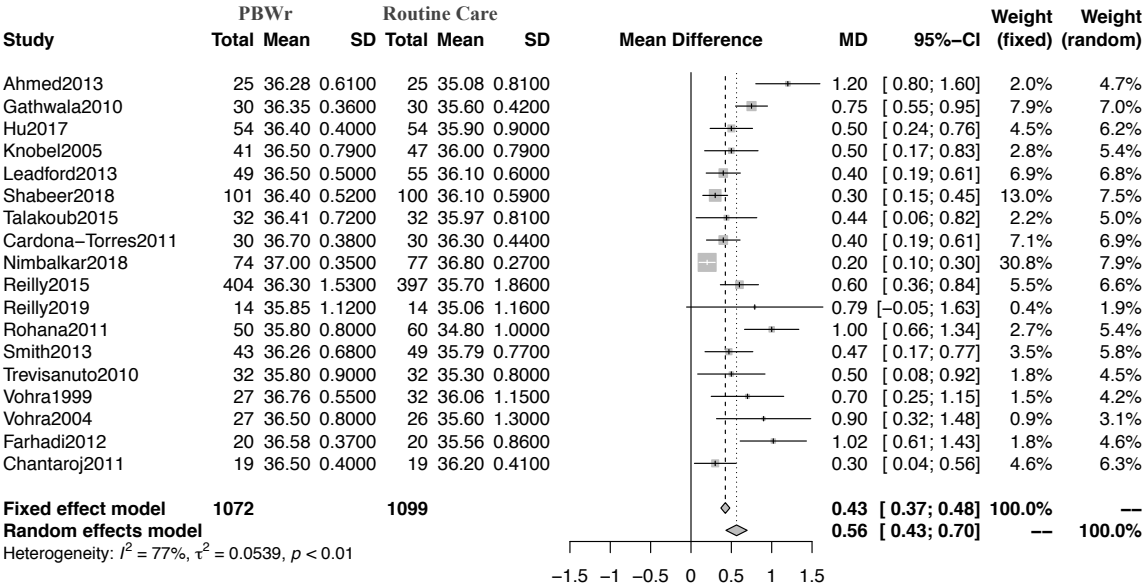


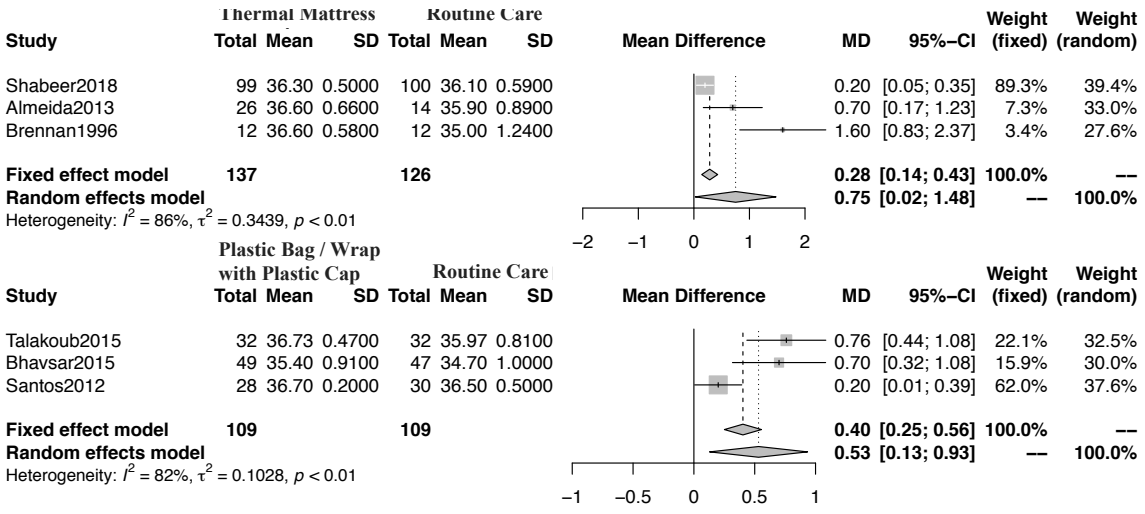
eFigure 4. Risk of bias summary and graph of the included trials [1-34]

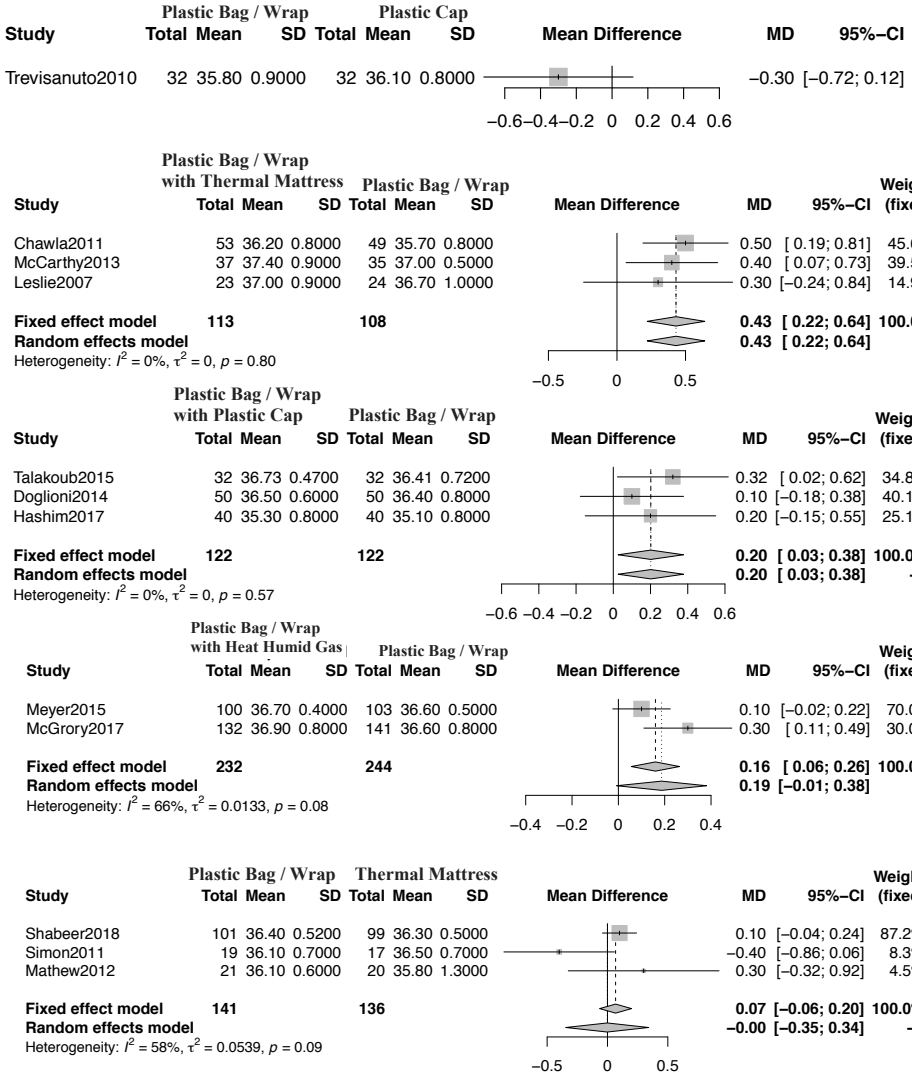




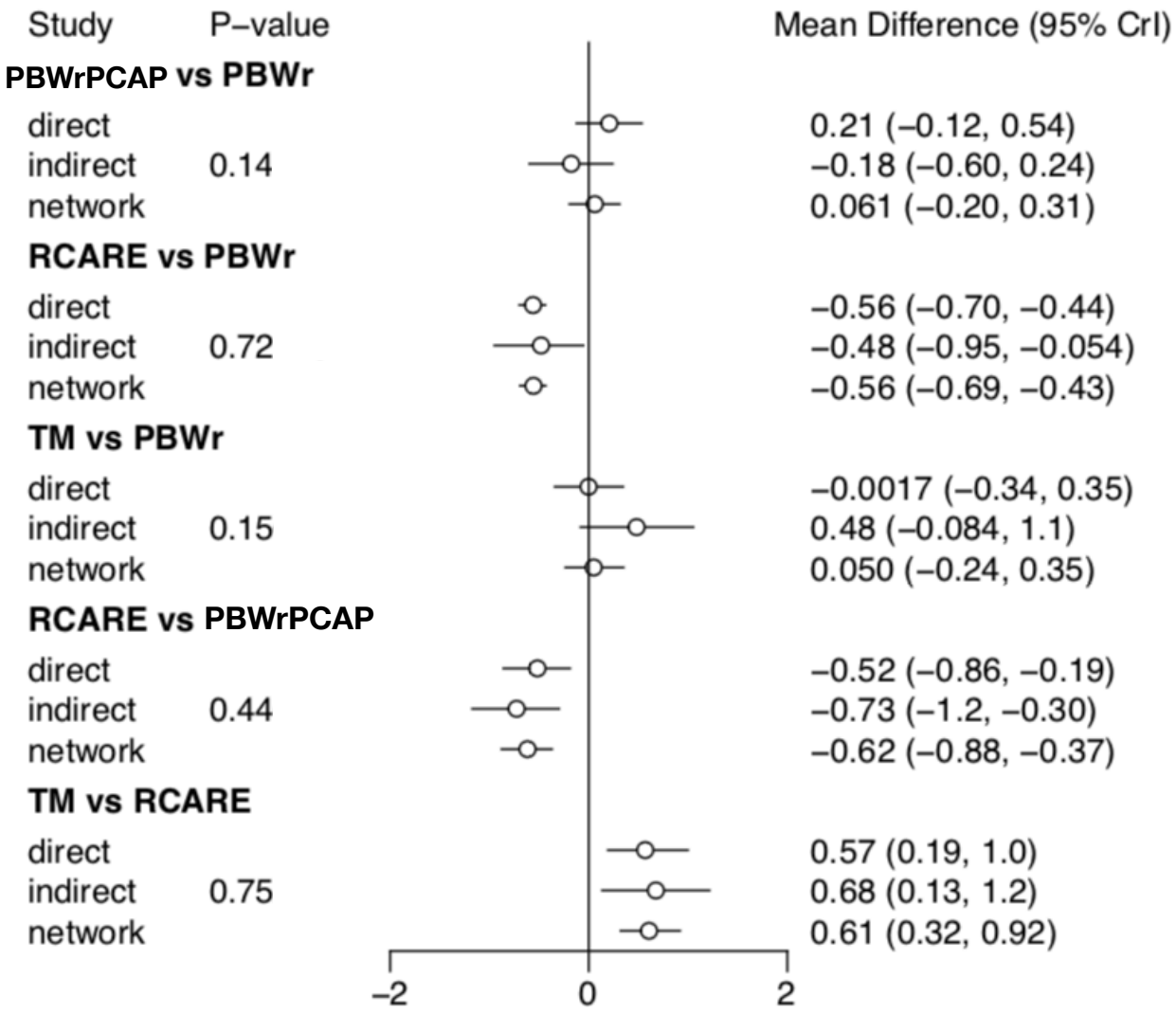
eFigure 5. Direct evidence from the pair wise comparisons for the primary outcome: Mean core body temperature (axillary or rectal) at admission or within first 2 hours of life



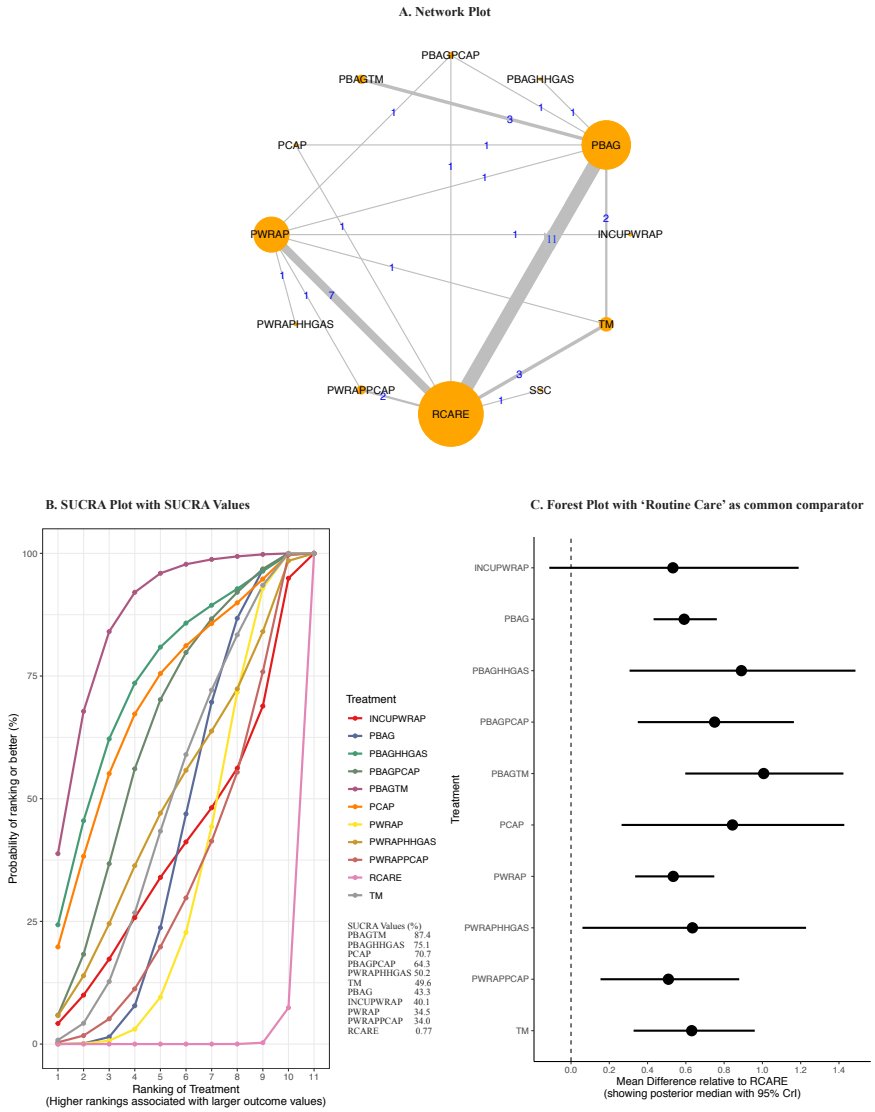




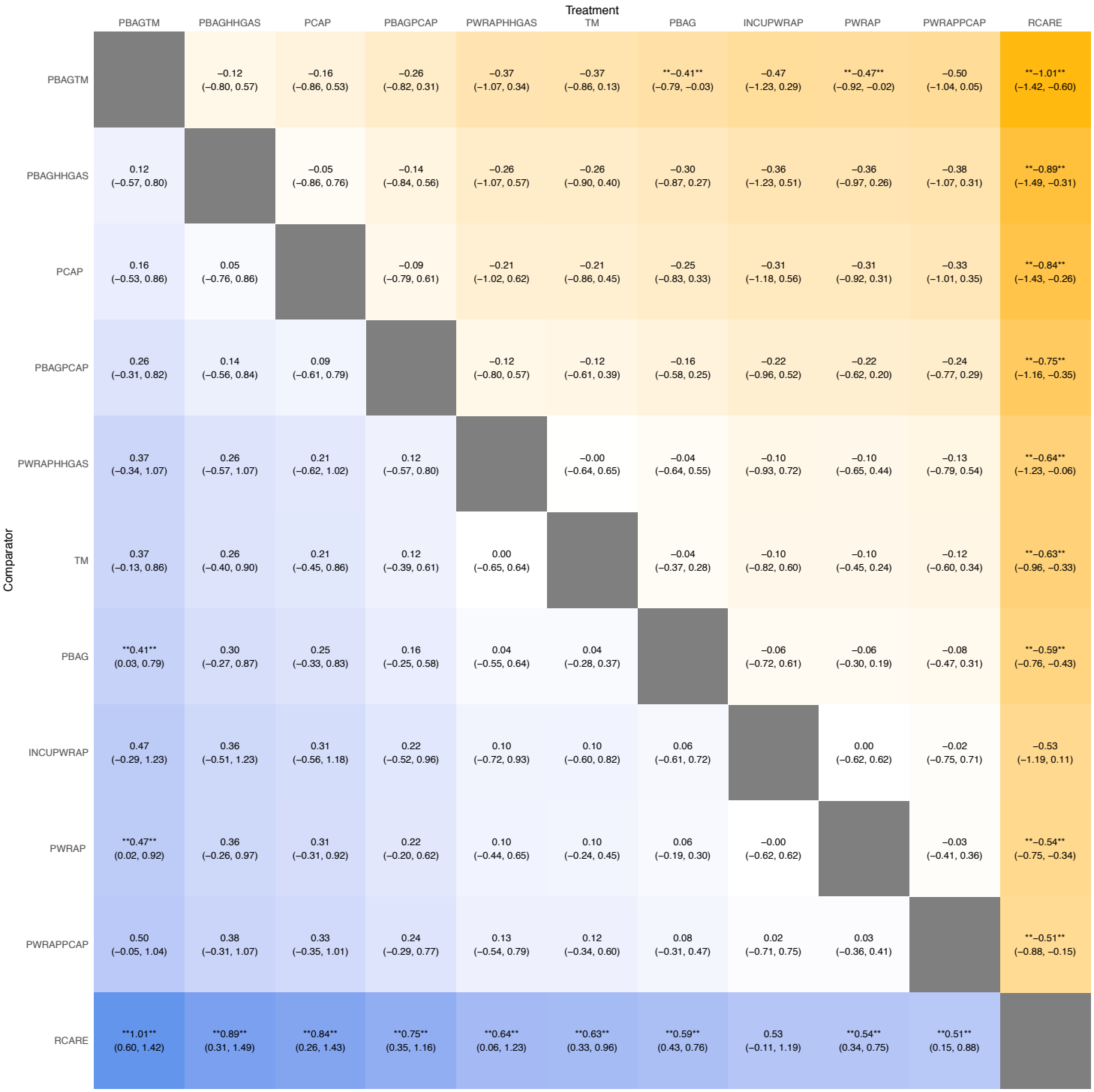
eFigure 6. Split between direct and indirect evidence for the primary outcome: Mean core body temperature (axillary or rectal) at admission or within first 2 hours of life



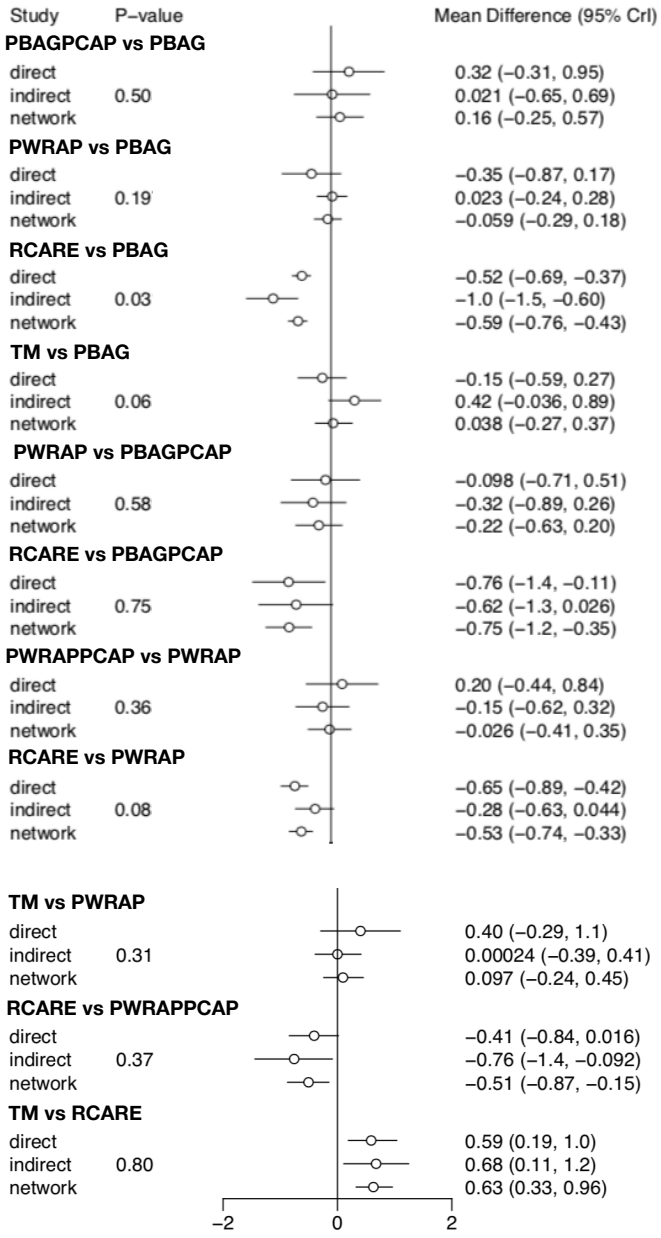
eFigure 7. Sensitivity analysis by evaluating plastic bag and plastic wrap as separate interventions for the primary outcome: Mean core body temperature (axillary or rectal) at admission or within first 2 hours of life. A. Network plot; B. SUCRA plot; C. Forest plot depicting the network estimates [MD (95% CrI)] of the various interventions with "Routine Care" as the common comparator



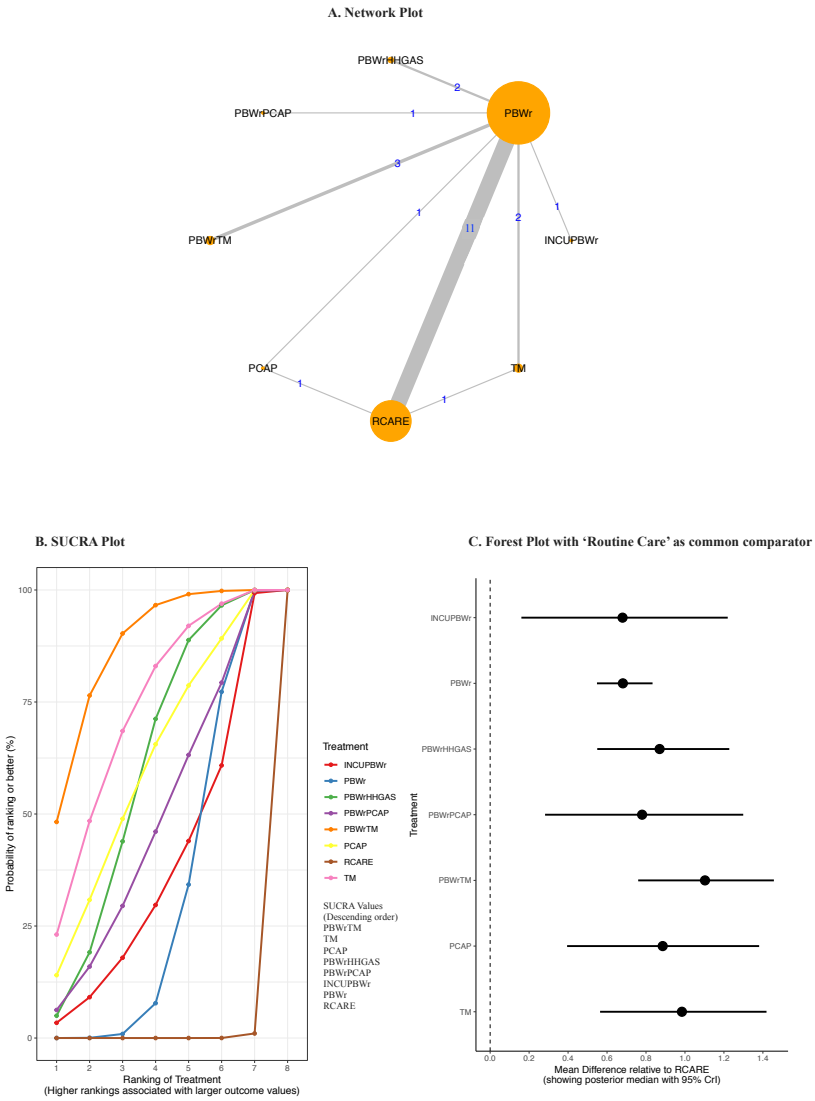
eFigure 8. League plot depicting the network estimate [MD (95% CrI)] for sensitivity analysis by evaluating plastic bag and plastic wrap as separate interventions for the primary outcome: Mean core body temperature (axillary or rectal) at admission or within first 2 hours of life



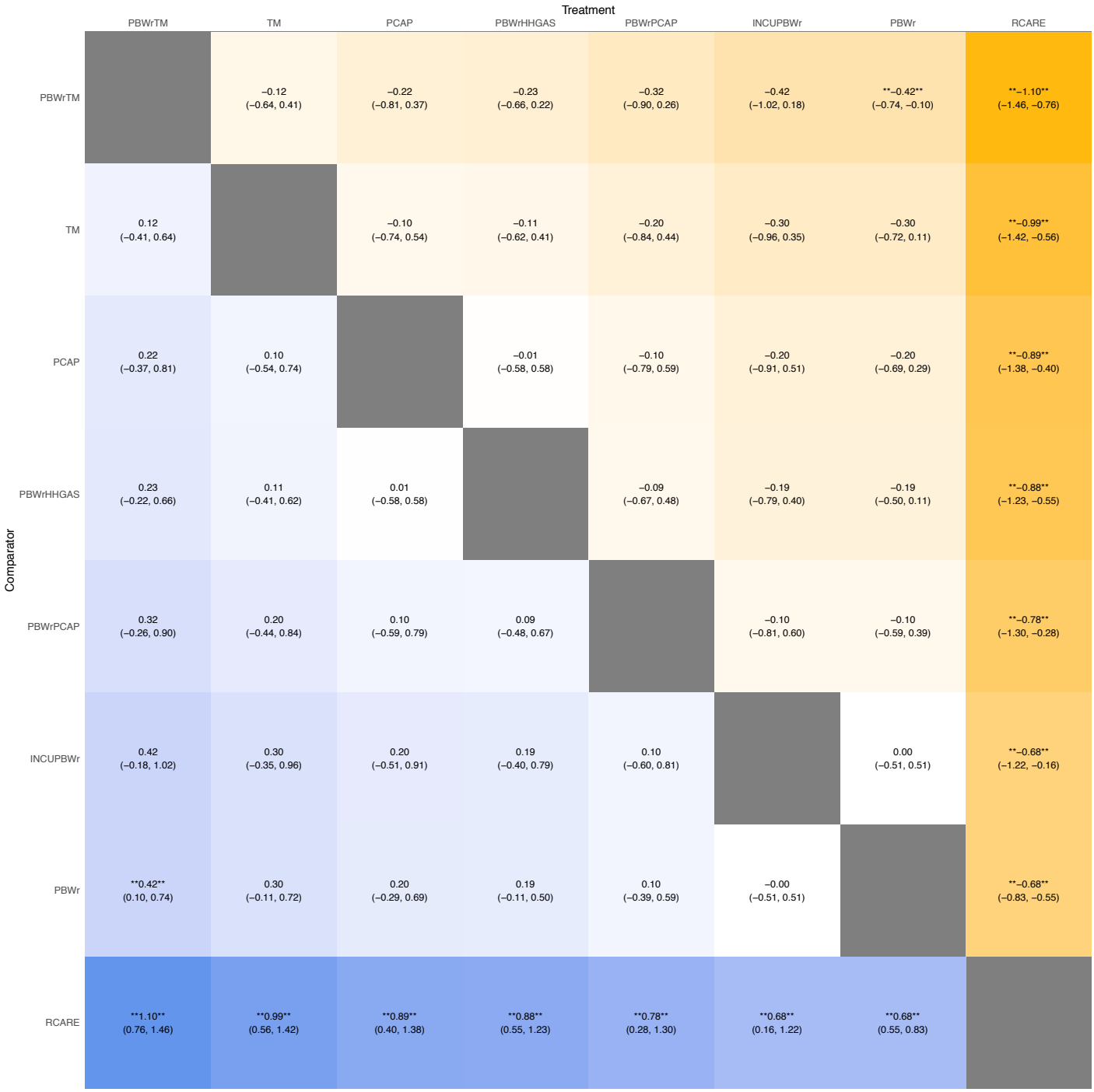
eFigure 9. Split between direct and indirect evidence for sensitivity analysis by evaluating plastic bag and plastic wrap as separate interventions for the primary outcome: Mean core body temperature (axillary or rectal) at admission or within first 2 hours of life



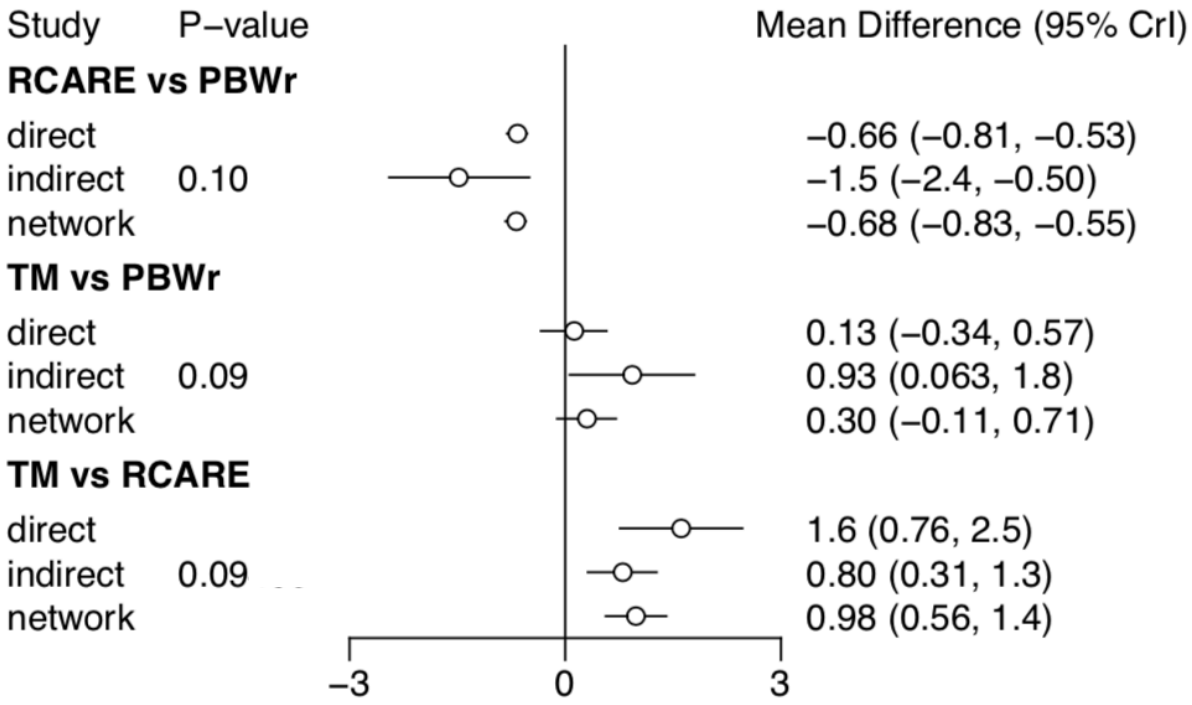
eFigure 10. Sensitivity analysis by evaluating studies in which the mean gestational age of the included neonates was </= 30 weeks for the primary outcome: Mean core body temperature (axillary or rectal) at admission or within first 2 hours of life. A. Network plot; B. SUCRA plot; C. Forest plot depicting the network estimates [MD (95% CrI)] of the various interventions with "Routine Care" as the common comparator



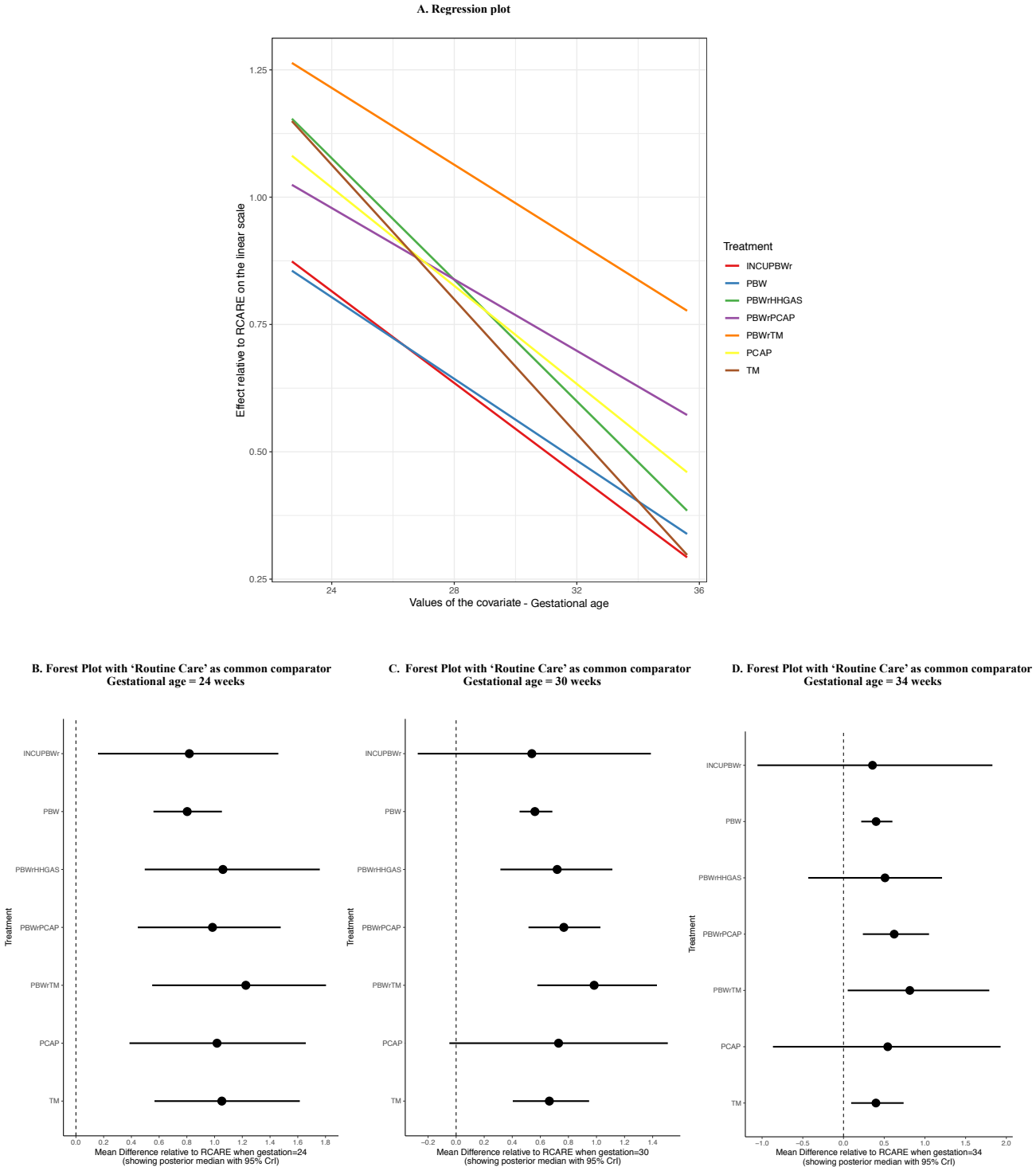
eFigure 11. League plot depicting the network estimates for sensitivity analysis by evaluating studies in which the mean gestational age of the included neonates was </= 30 weeks for the primary outcome: Mean core body temperature (axillary or rectal) at admission or within first 2 hours of life



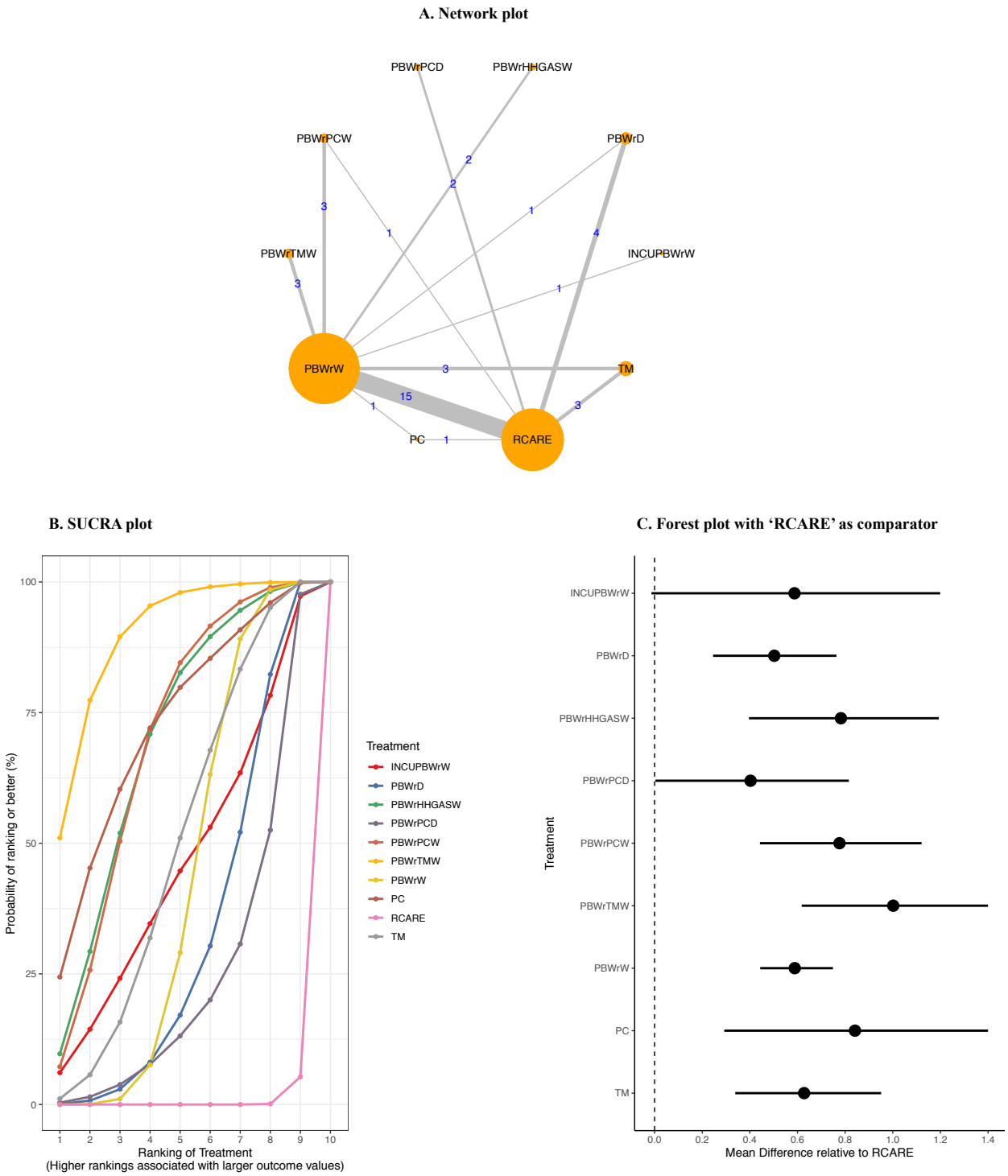
eFigure 12. Split between direct and indirect evidence for sensitivity analysis by evaluating studies in which the mean gestational age of the included neonates was </= 30 weeks for the primary outcome: Mean core body temperature (axillary or rectal) at admission or within first 2 hours of life



eFigure 13. Meta-regression with gestational age as covariate - A. Regression Plot, B. Forest Plots with 'Routine Care' as comparator for gestational age = 24 weeks, C. Forest Plots with 'Routine Care' as comparator for gestational age = 30 weeks, D. Forest Plots with 'Routine Care' as comparator for gestational age = 34 weeks,



eFigure 14. Sensitivity analysis by evaluating drying versus no drying before wrapping in a plastic bag / wrap for the primary outcome: Mean core body temperature (axillary or rectal) at admission or within first 2 hours of life. A. Network plot; B. SUCRA plot; C. Forest plot depicting the network estimates [MD (95% CrI)] of the various interventions with "Routine Care" as the common comparator



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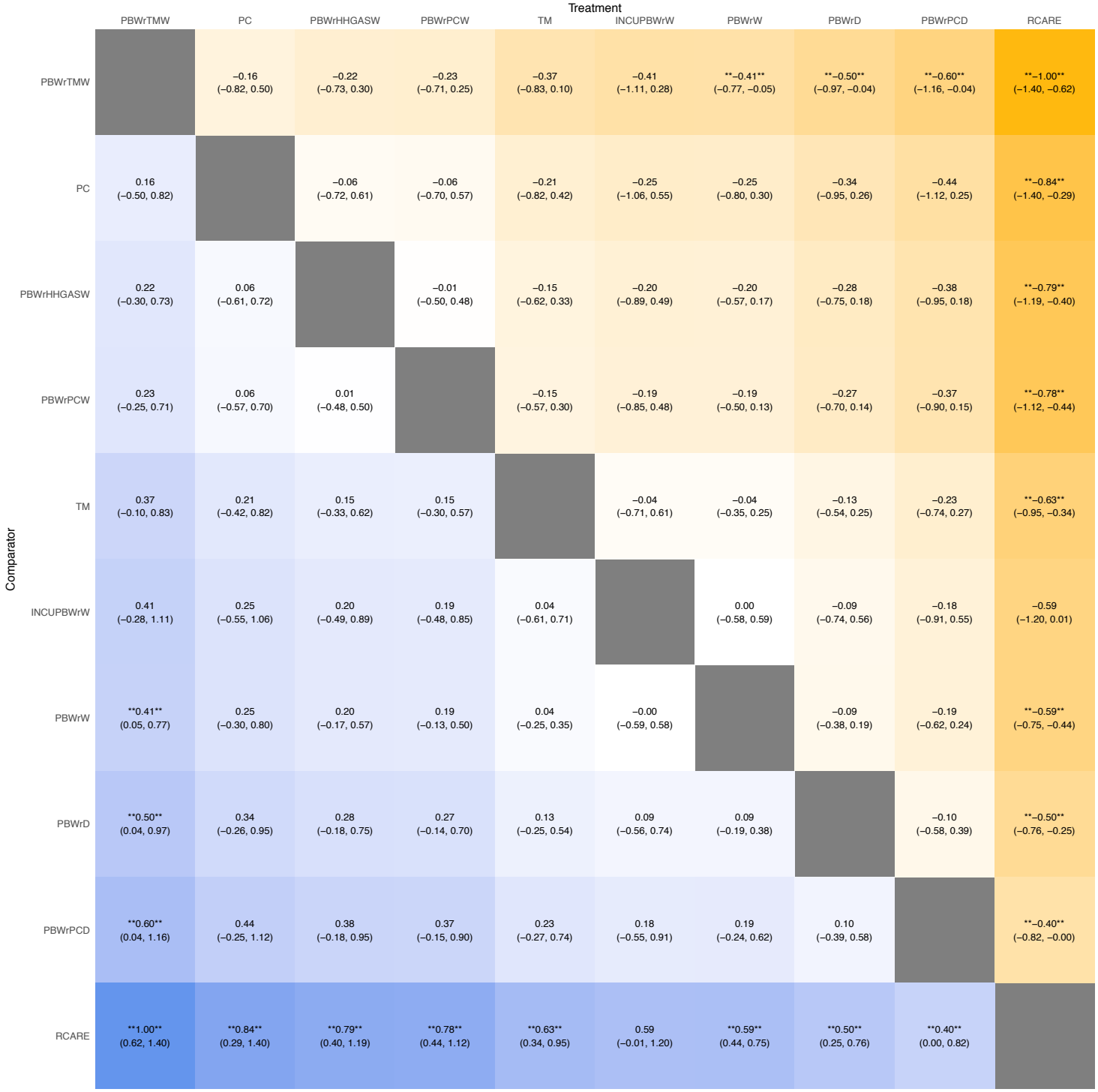
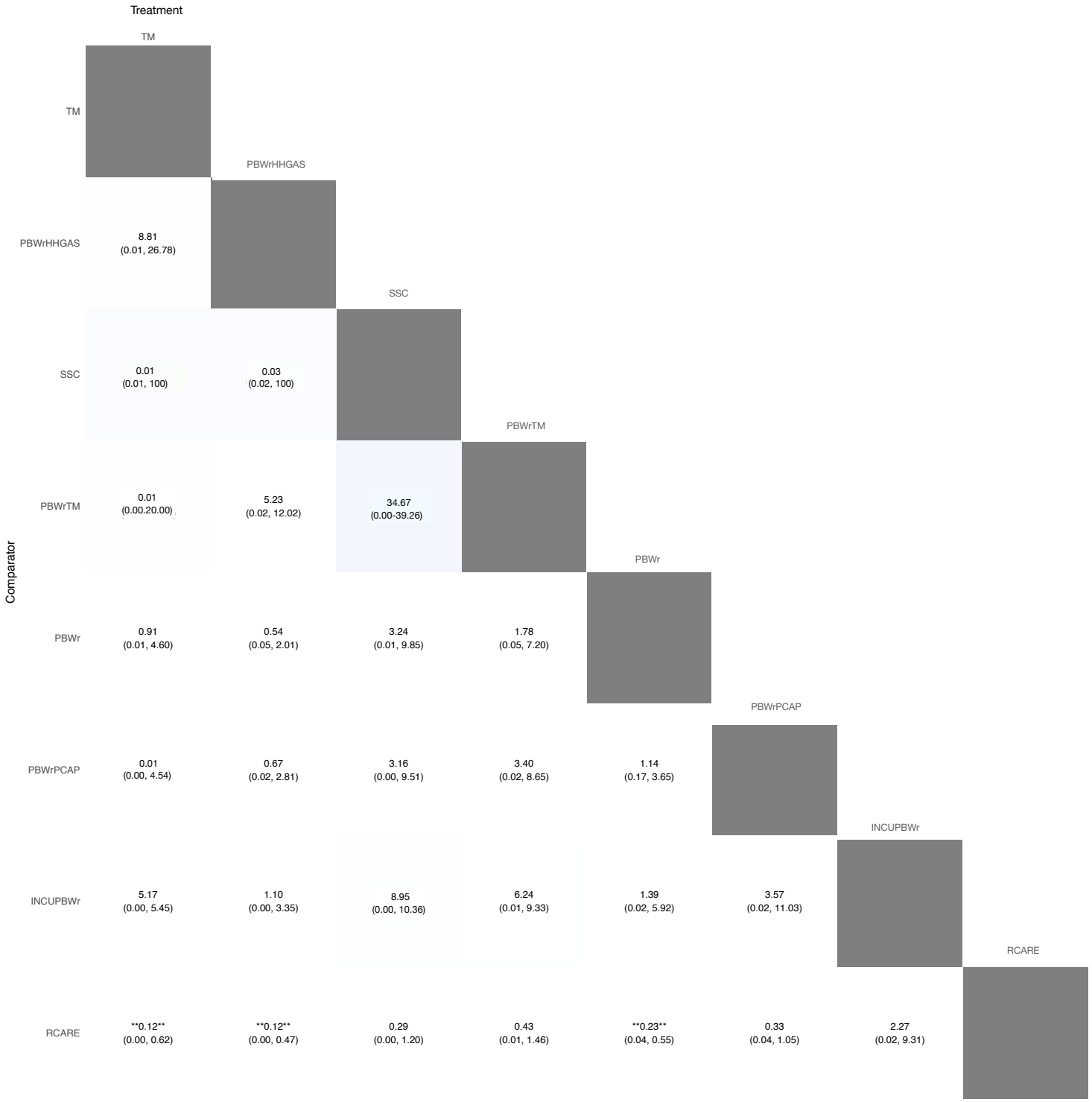
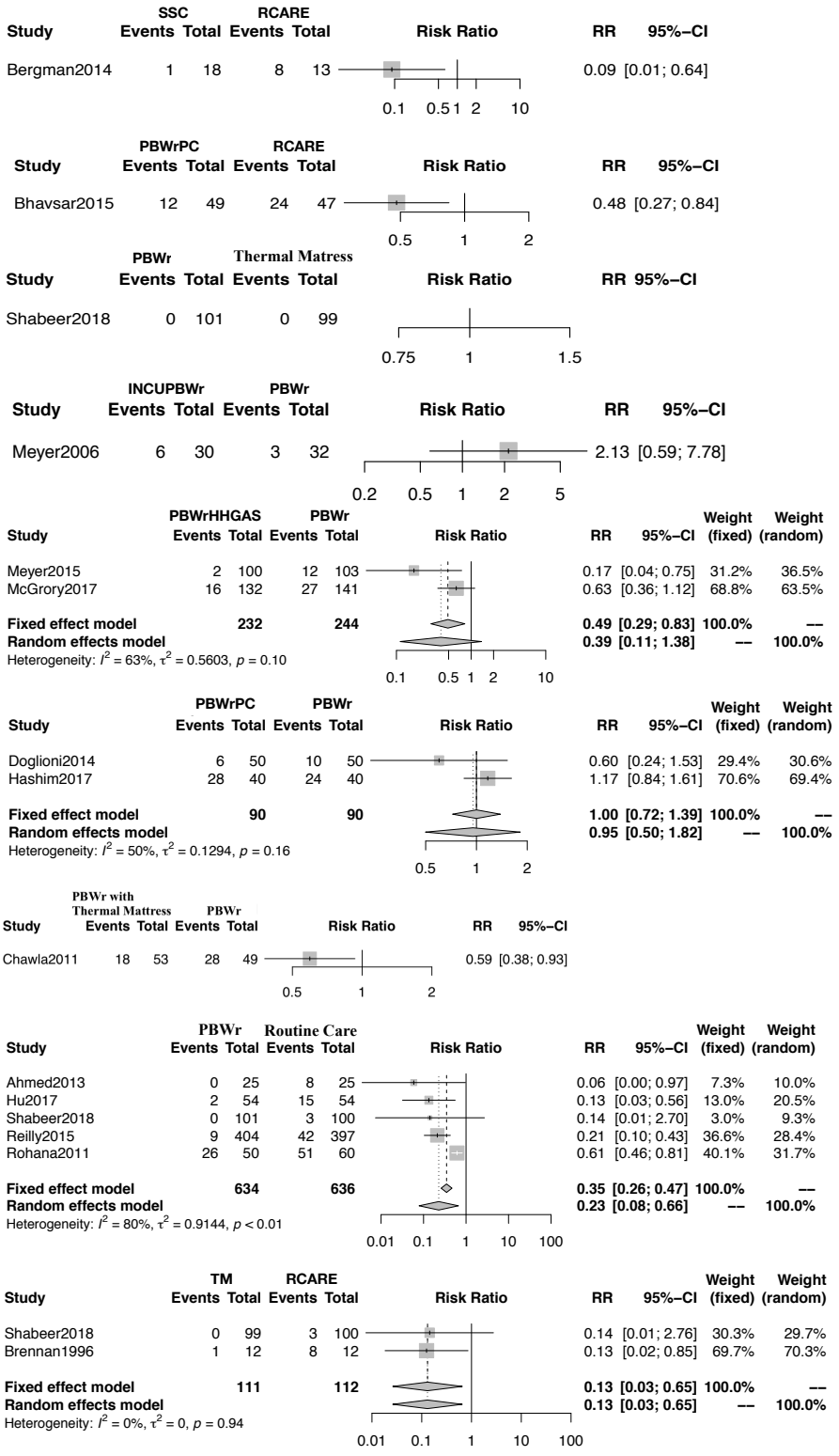


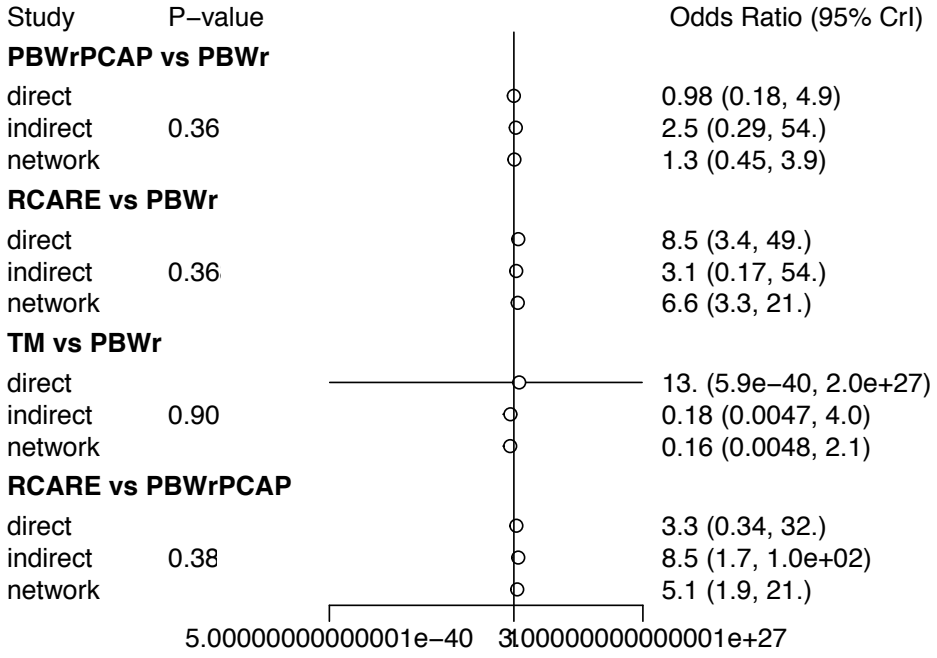
eFigure 16 - League plot depicting the network estimate [RR (95% CrI)] for primary outcome: Moderate or severe hypothermia [defined as core body temperature (axillary or rectal temperature) less than 36 degree Celsius] at admission or within 2 hours of life.



eFigure 17. Direct evidence from the pair wise comparisons for the primary outcome: Moderate or severe hypothermia [defined as core body temperature (axillary or rectal temperature) less than 36 degree Celsius] at admission or within 2 hours of life.



eFigure 18. Split between direct and indirect evidence for primary outcome: Moderate or severe hypothermia [defined as core body temperature (axillary or rectal temperature) less than 36 degree Celsius] at admission or within 2 hours of life.



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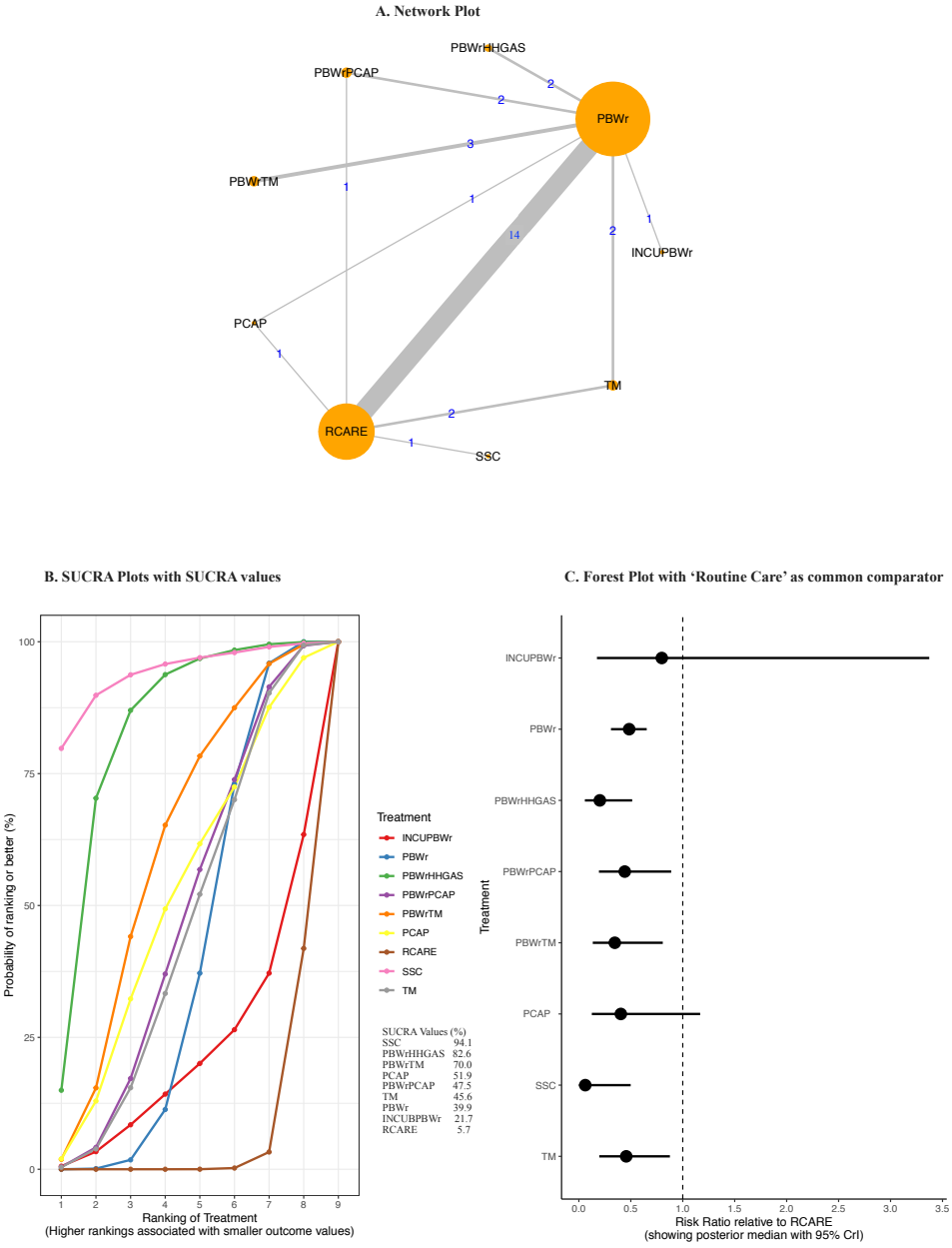
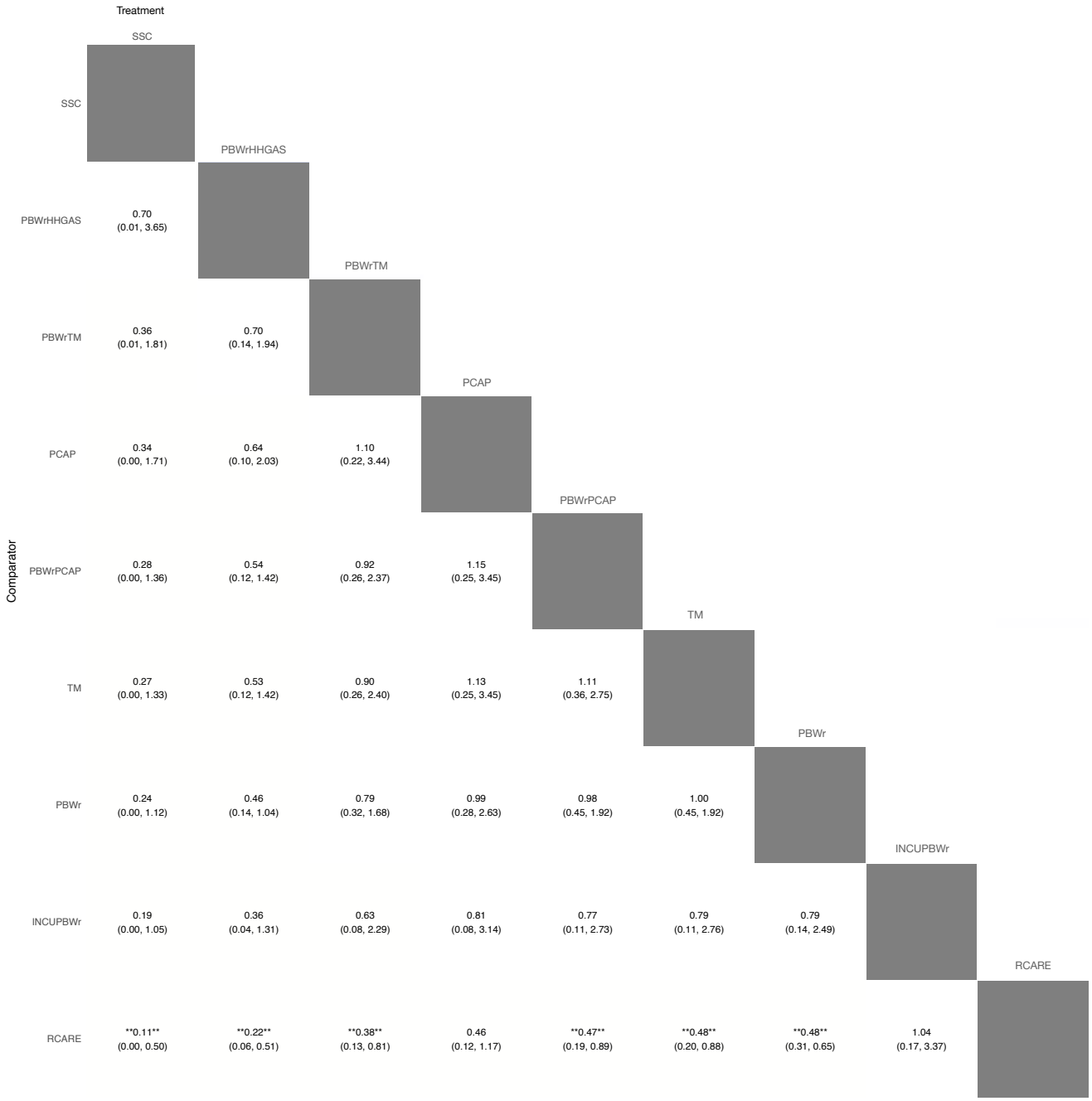
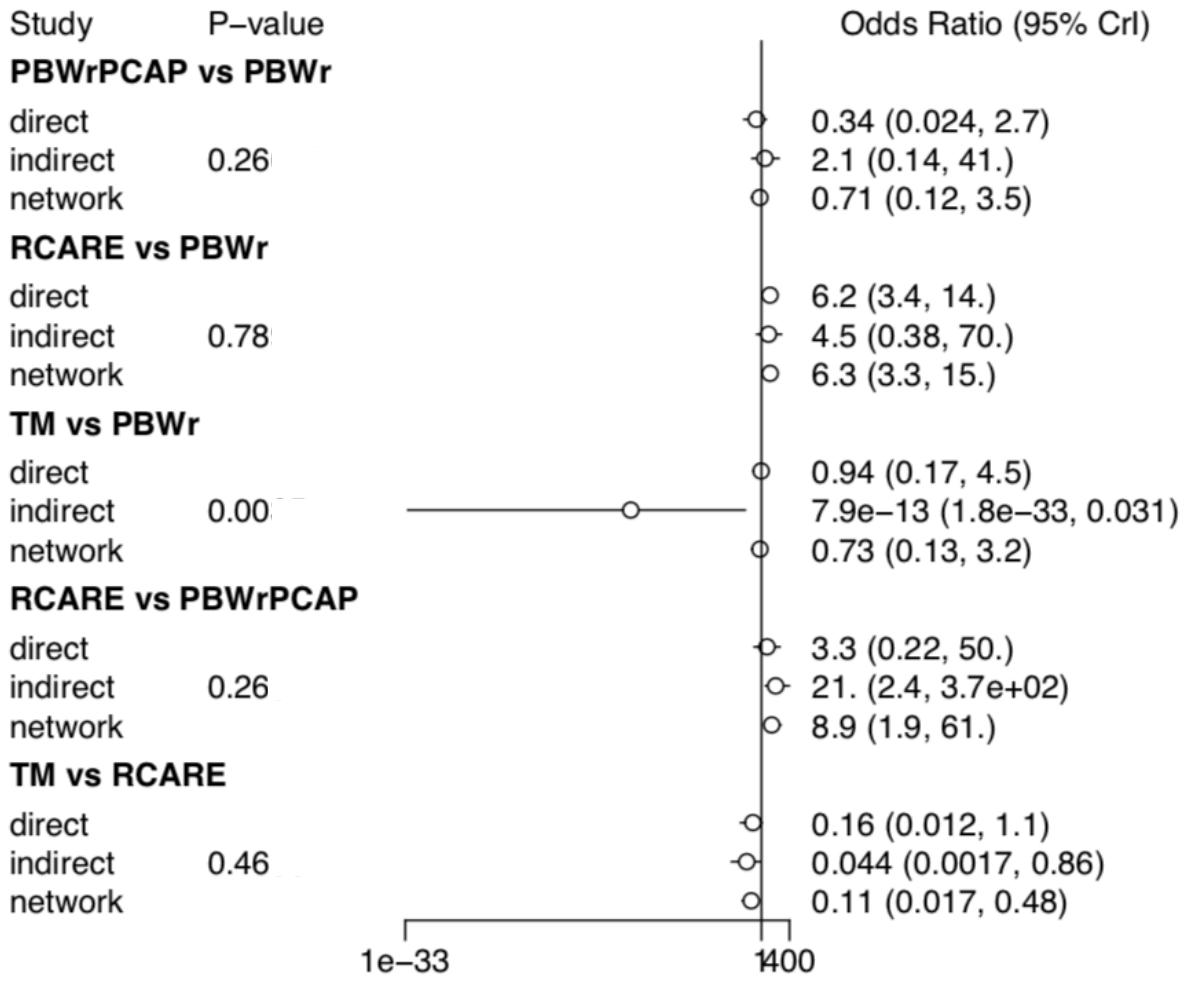


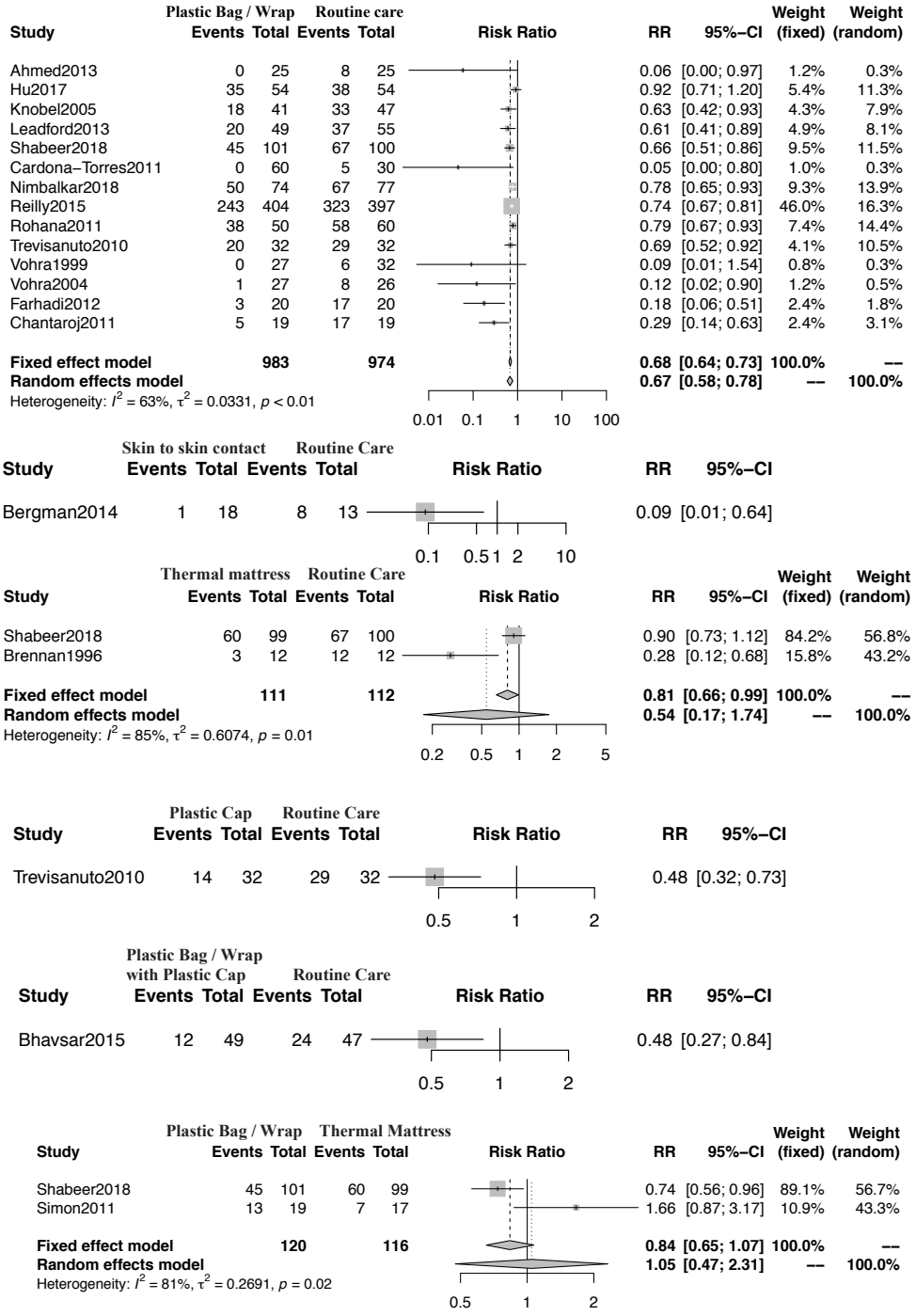
eFigure 20 - League plot depicting the network estimate [RR (95% CrI)] for sensitivity analysis - Any hypothermia (defined as core body temperature less than 36.5 degree Celsius at admission or within 1-2 hours of life)

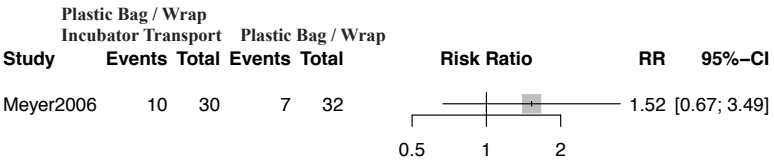


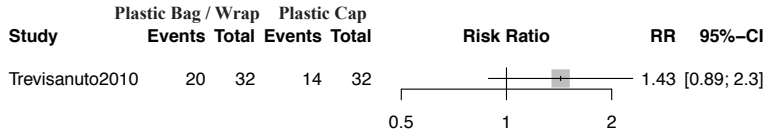
eFigure 21. Split between direct and indirect evidence for sensitivity analysis - Any hypothermia (defined as core body temperature less than 36.5 degree Celsius at admission or within 1-2 hours of life)

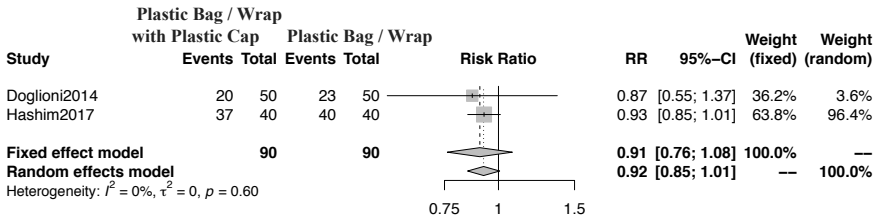


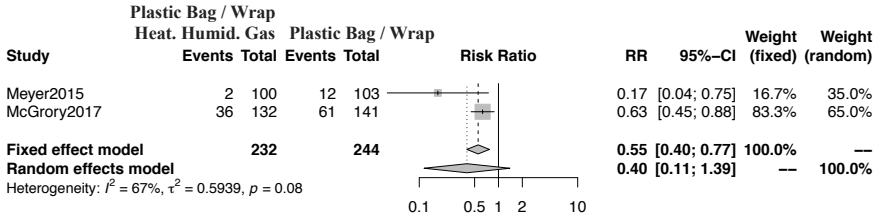
eFigure 22. Direct evidence from the pair wise comparisons for sensitivity analysis - Any hypothermia (defined as core body temperature less than 36.5 degree Celsius at admission or within 1-2 hours of life)

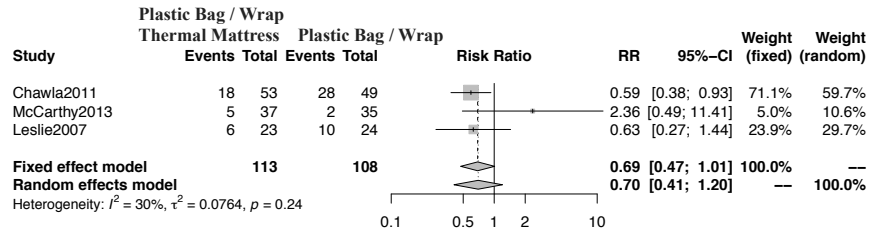




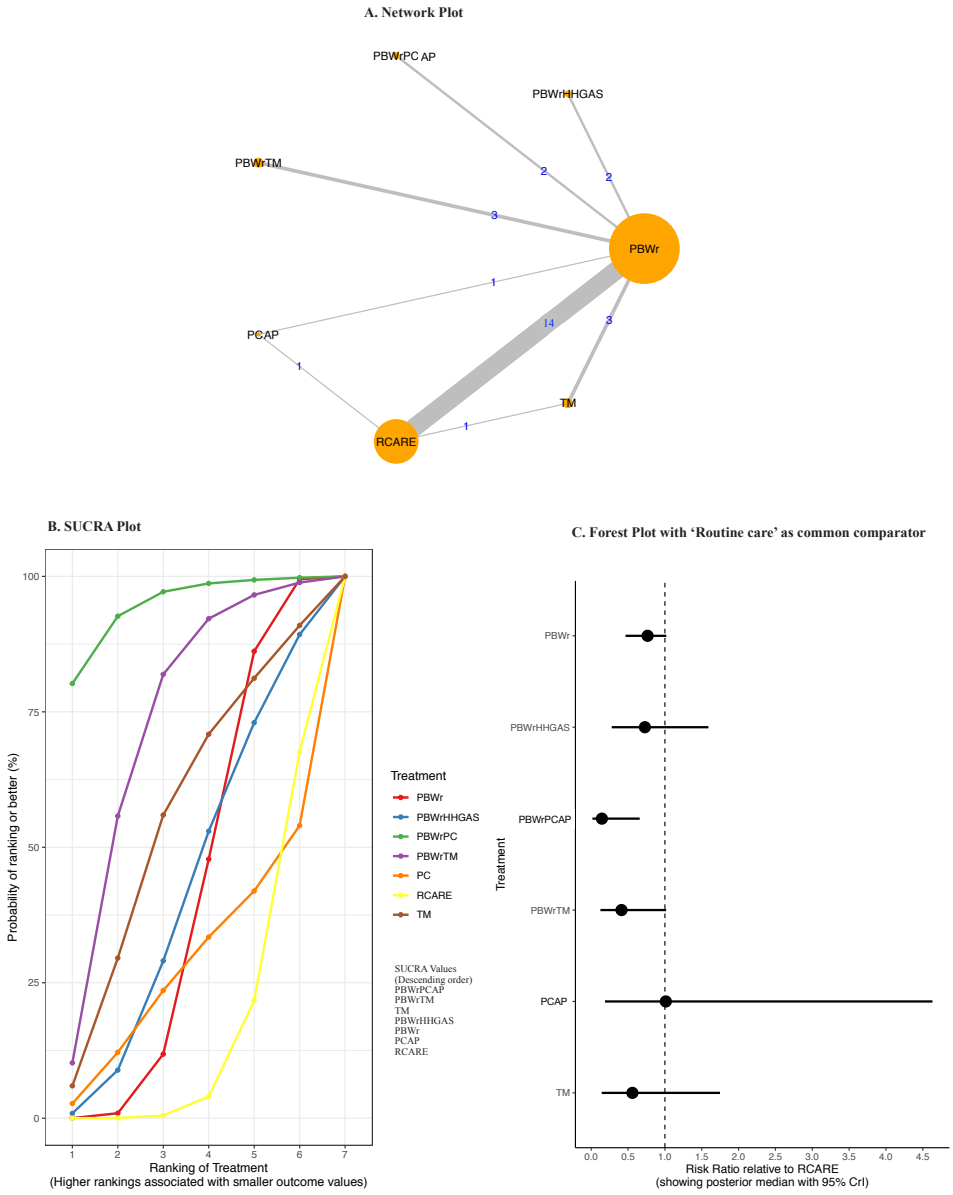




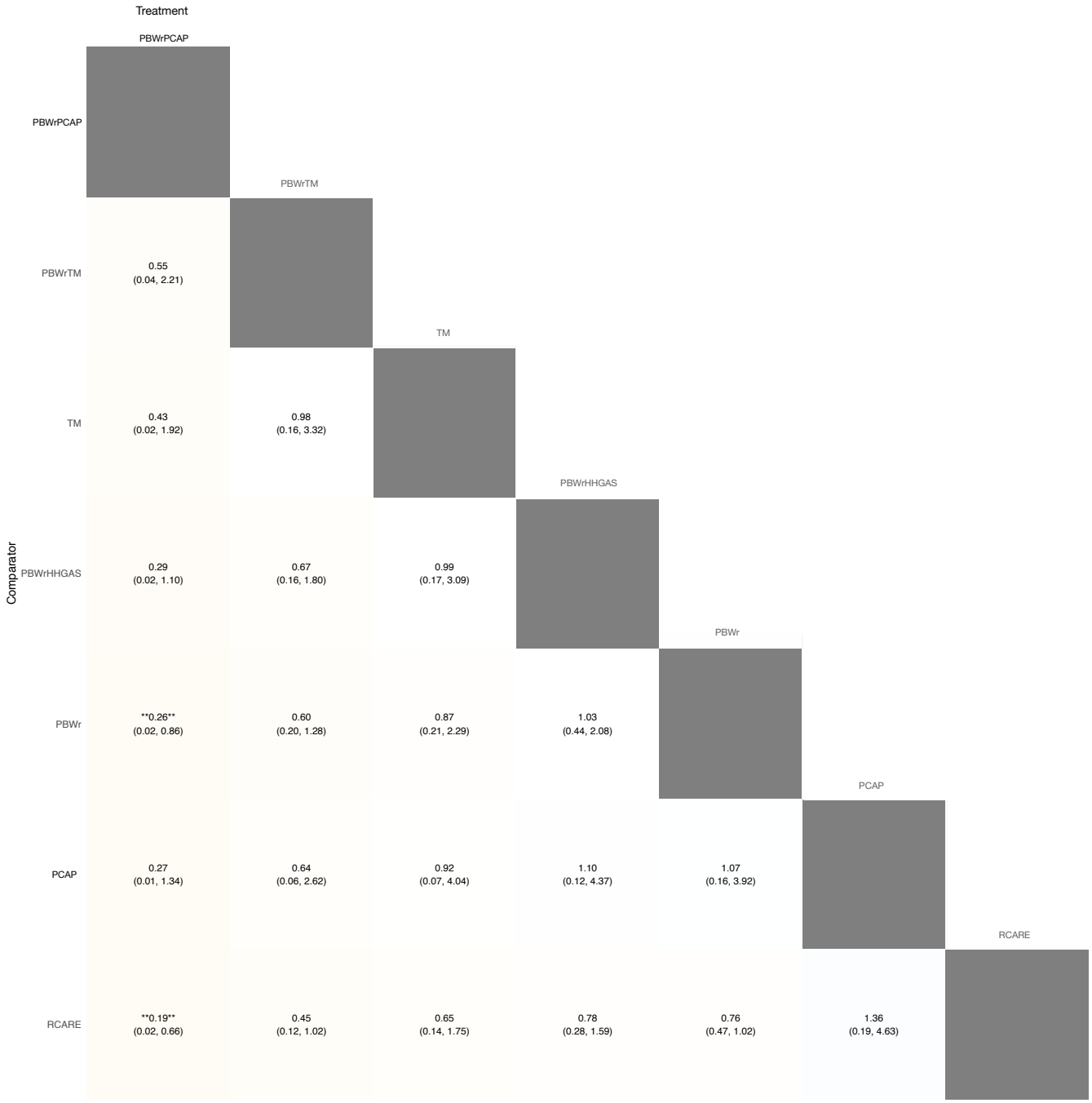




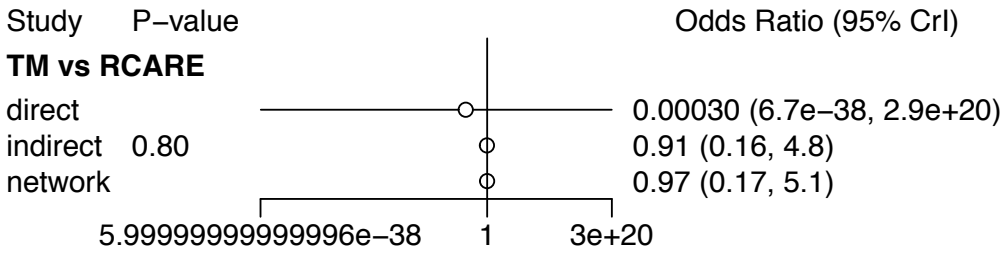
eFigure 23. Mortality before discharge. A. Network plot; B. SUCRA plot; C. Forest plot depicting the network estimates [MD (95% CrI)] of the various interventions with "Routine Care" as the common comparator



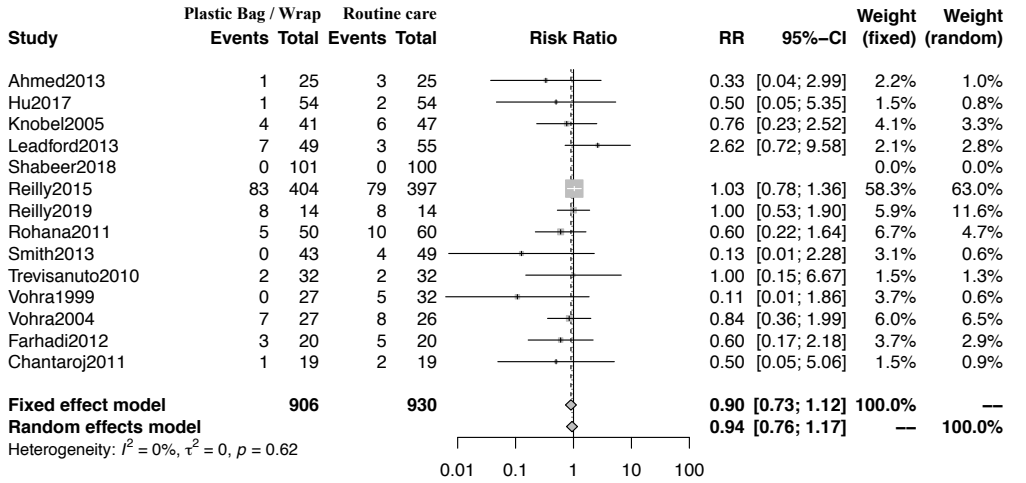
eFigure 24 - League plot depicting the network estimate [RR (95% CrI)] for mortality before discharge.

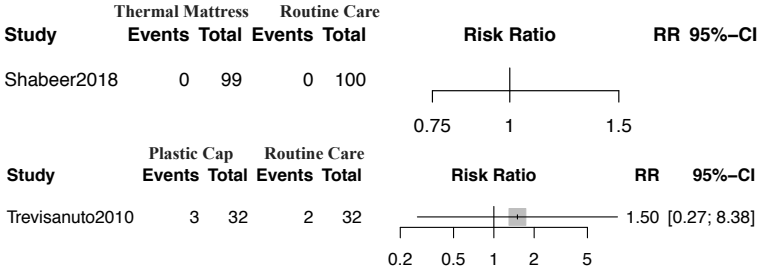


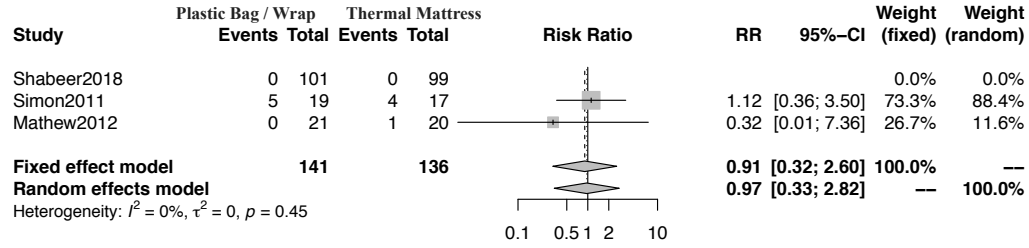
eFigure 25. Split between direct and indirect evidence for mortality before discharge.

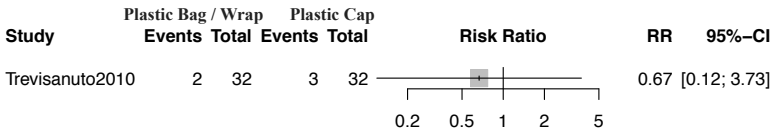


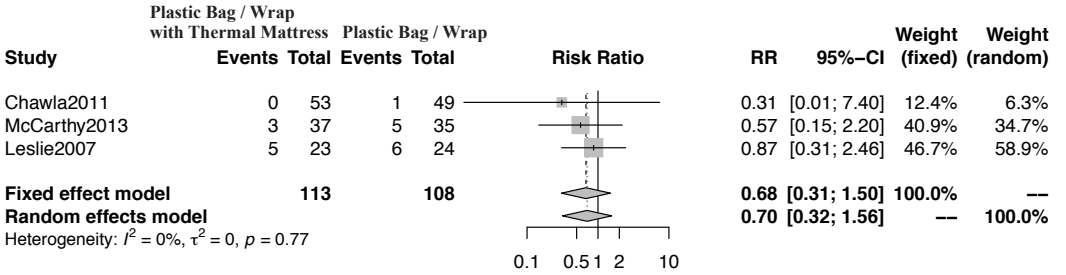
eFigure 26. Direct evidence from the pair wise comparisons for mortality before discharge.

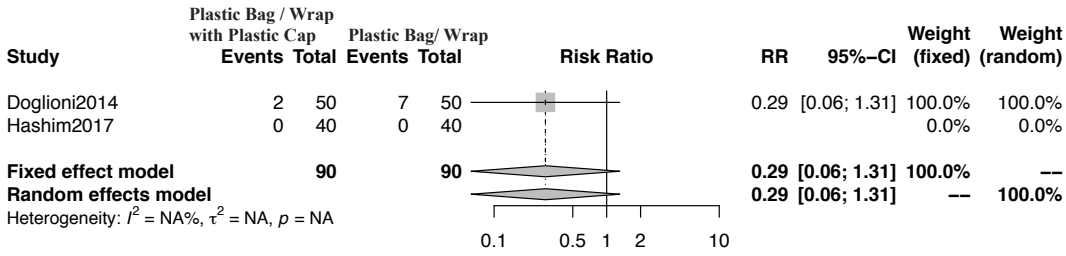


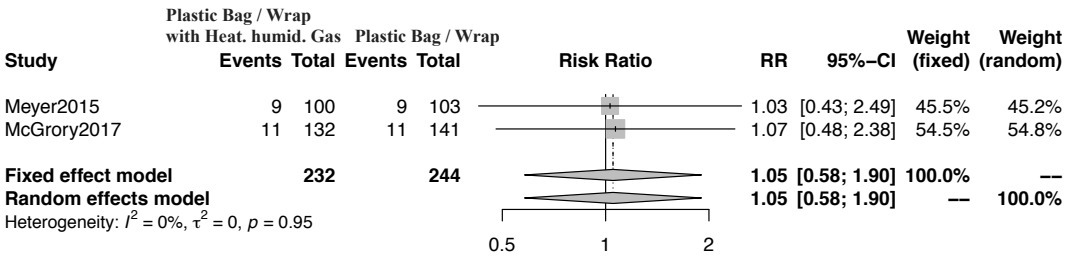












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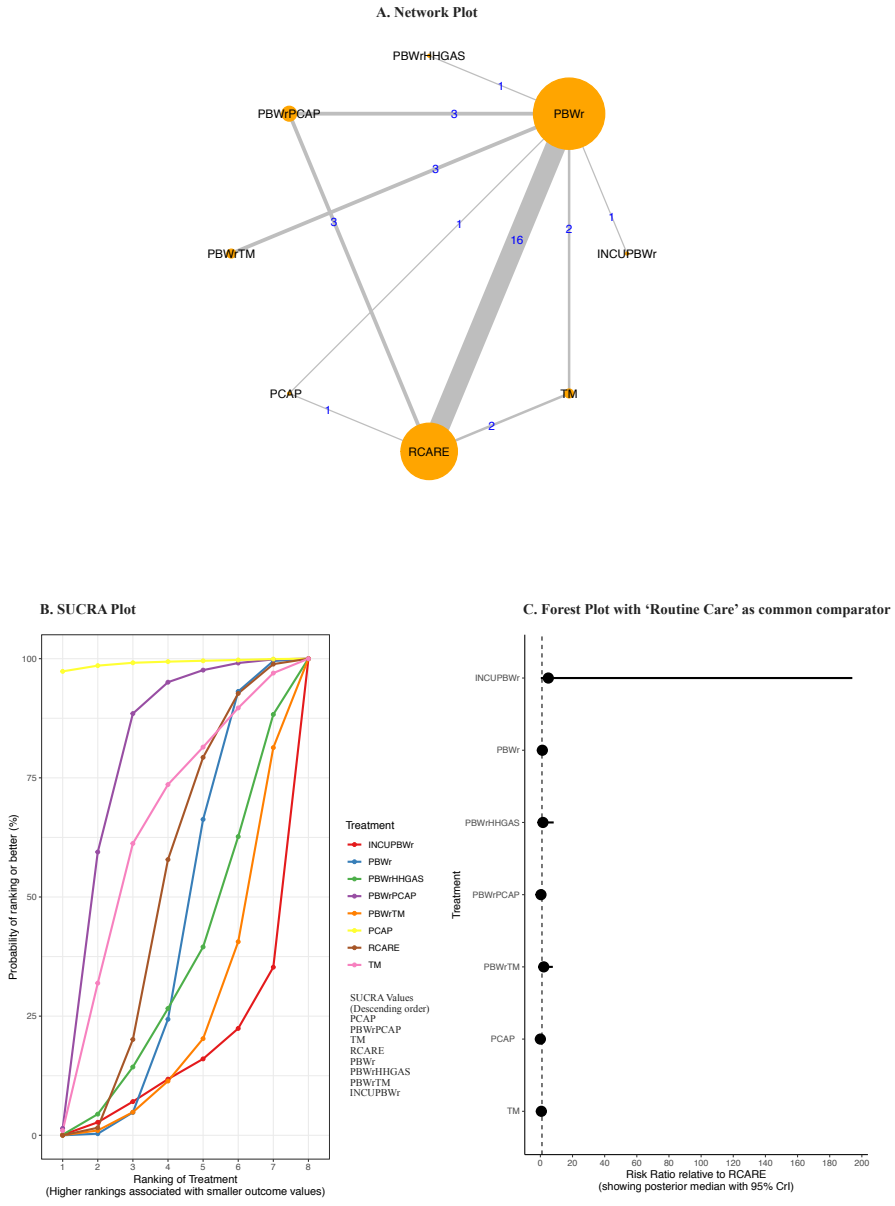
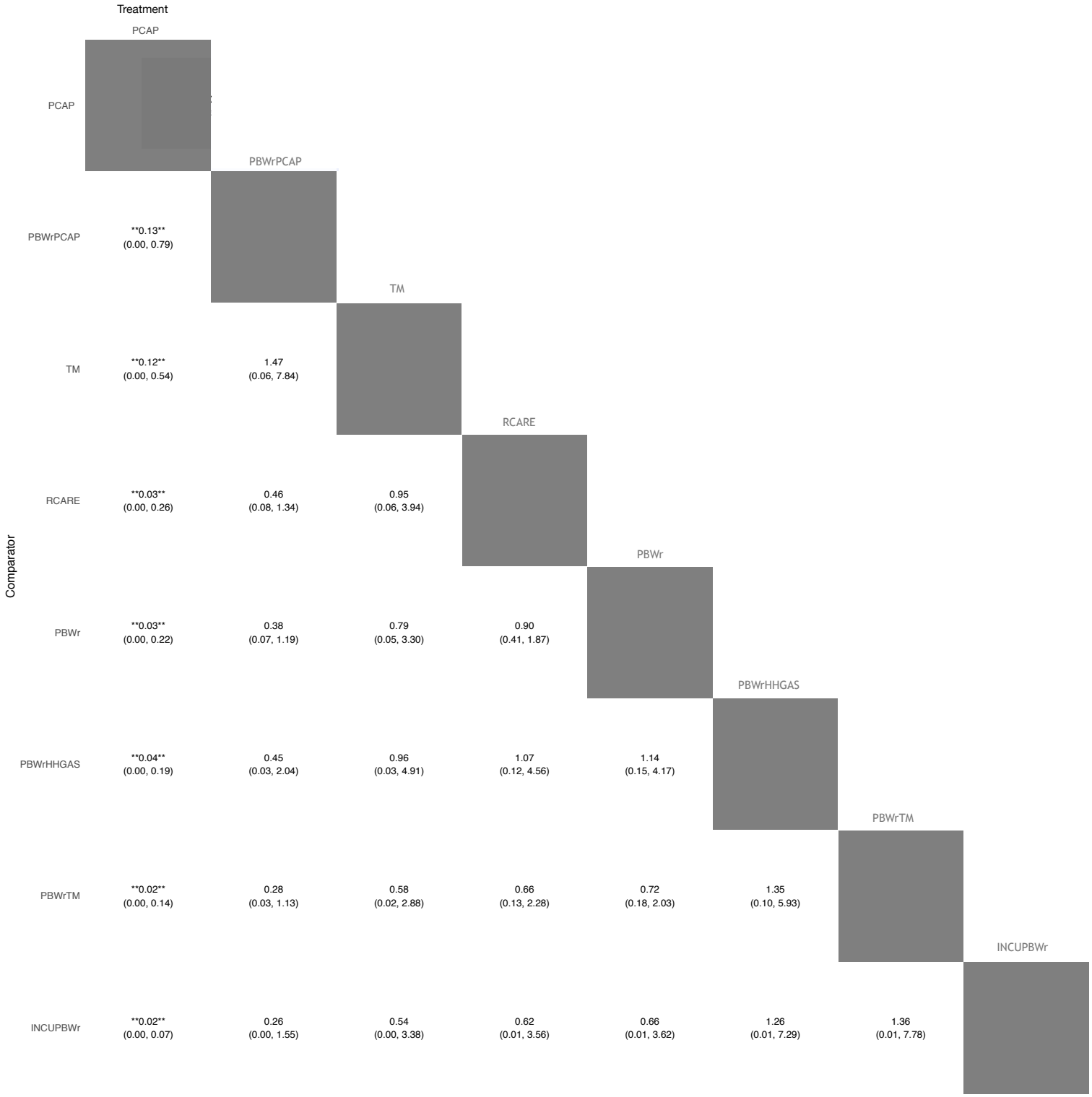
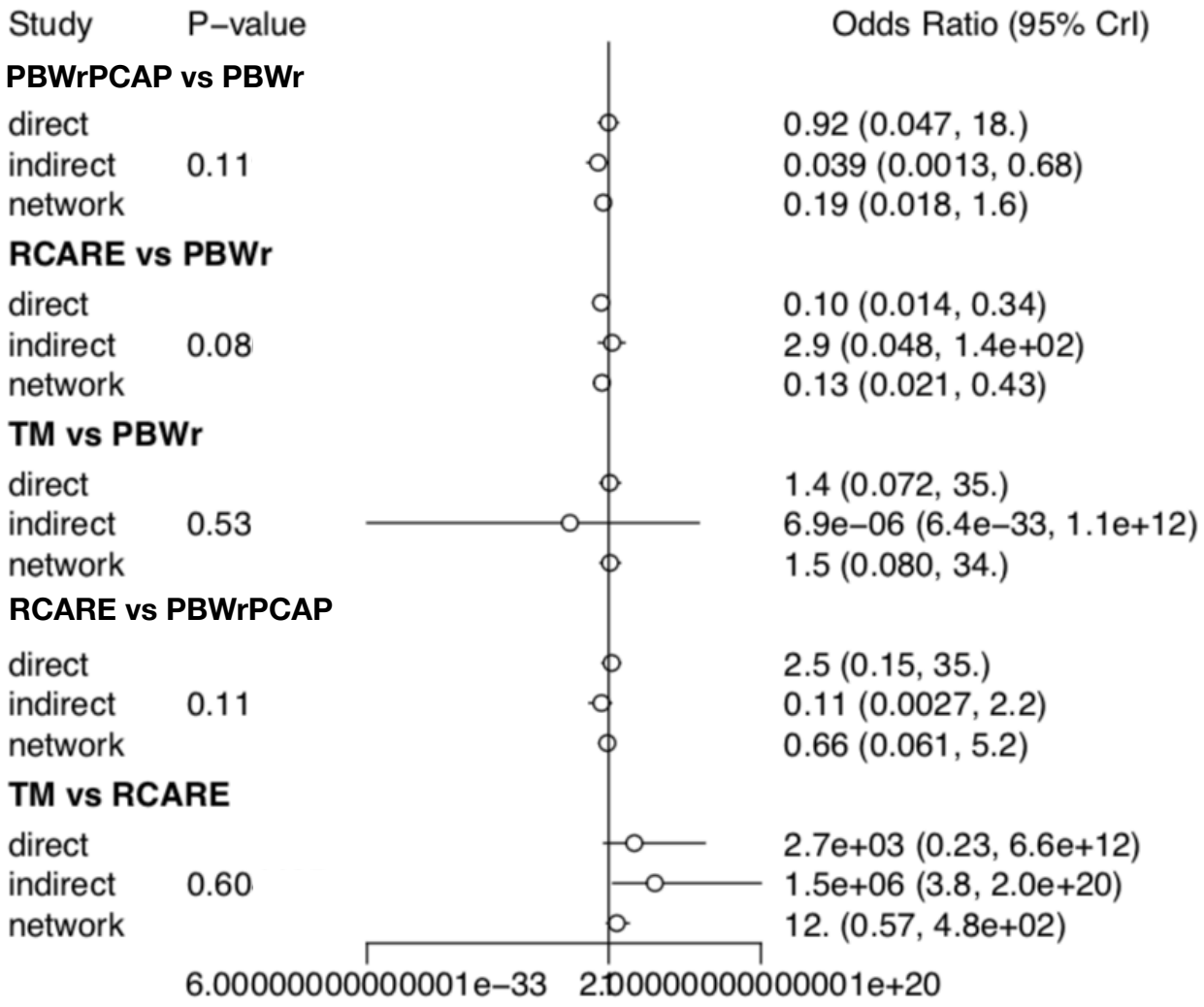


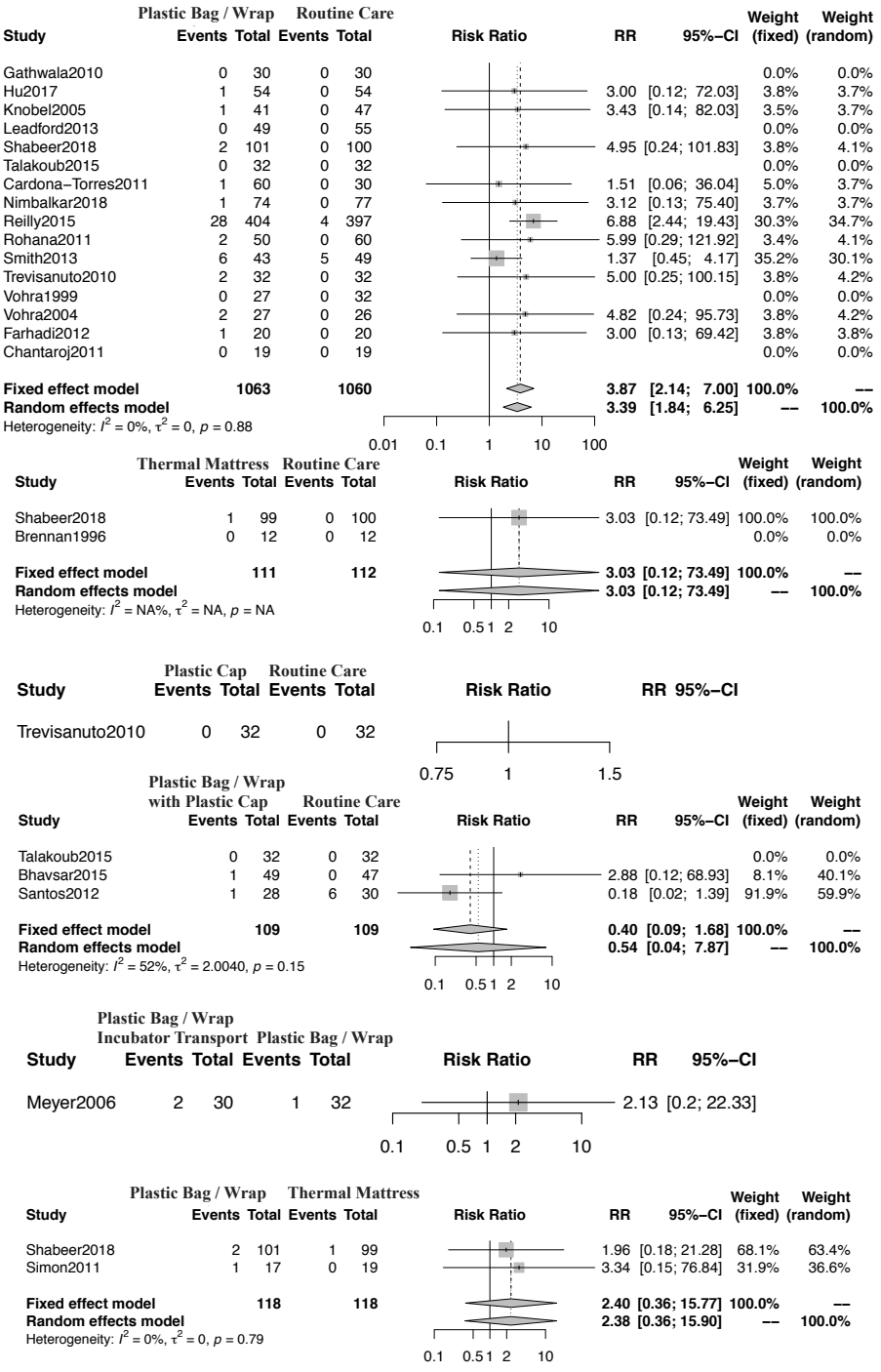
eFigure 28 - League plot depicting the network estimate [RR (95% CrI)] for hyperthermia [defined as core body temperature (axillary or rectal) more than 37.5 degree Celsius] at admission or within 2 hours of life.

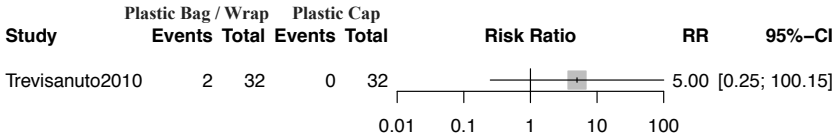


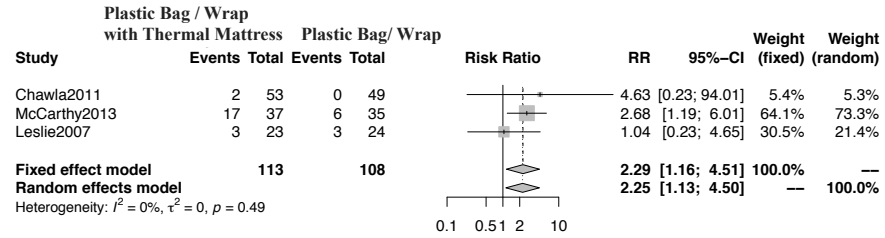
eFigure 29. Split between direct and indirect evidence for hyperthermia [defined as core body temperature (axillary or rectal) more than 37.5 degree Celsius] at admission or within 2 hours of life.

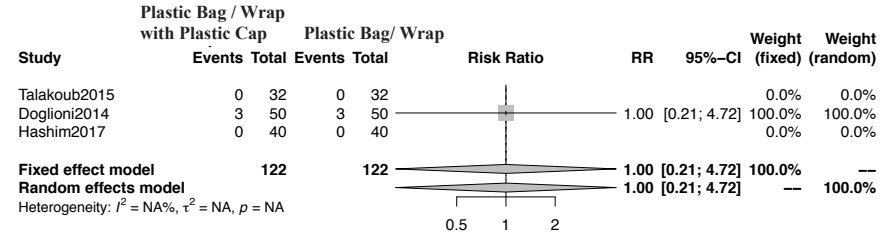


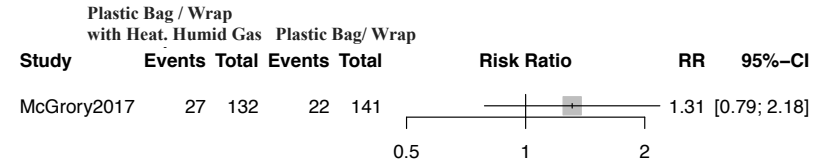
eFigure 30. Direct evidence from the pair wise comparisons for hyperthermia [defined as core body temperature (axillary or rectal) more than 37.5 degree Celsius] at admission or within 2 hours of life.



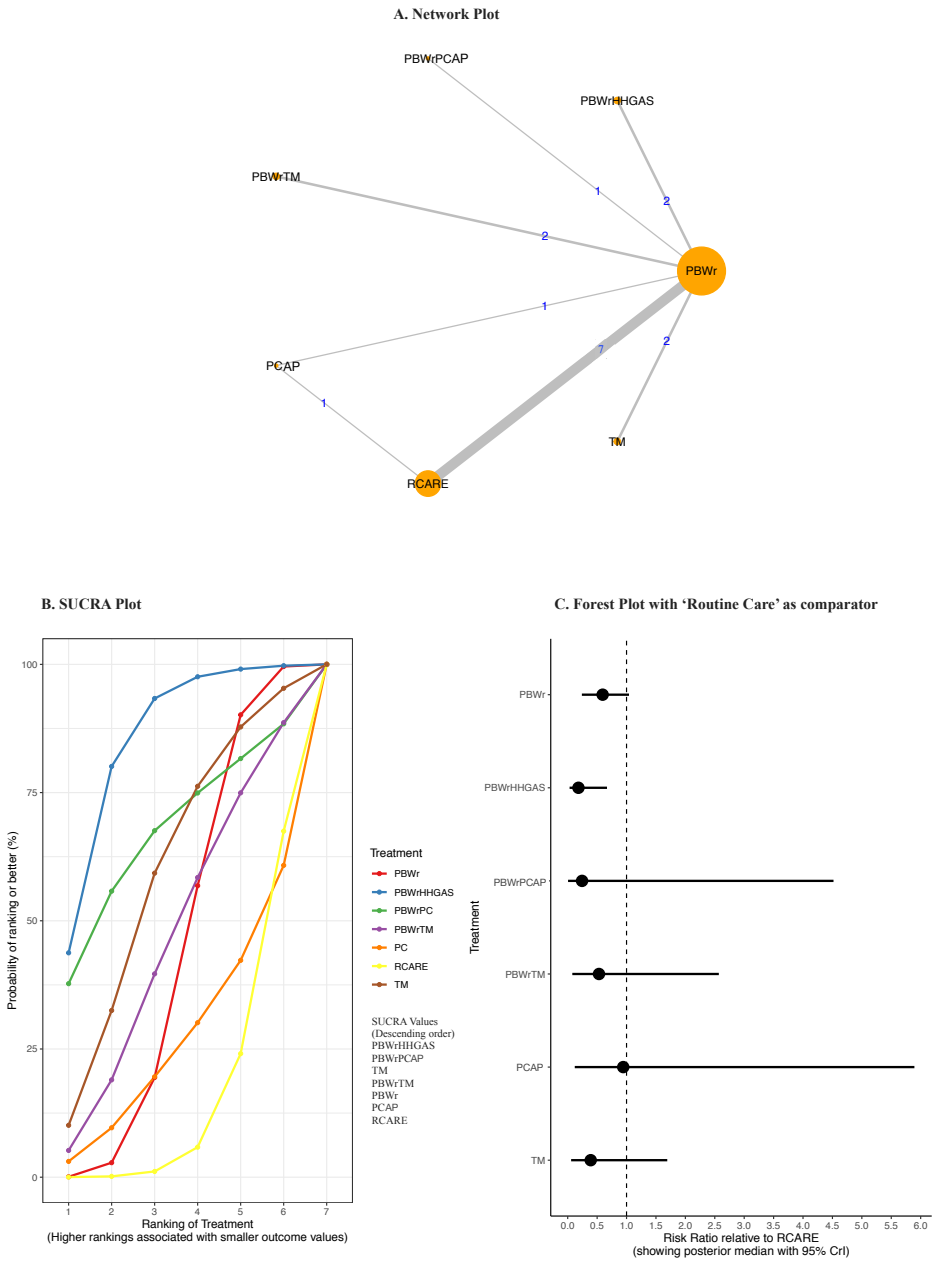




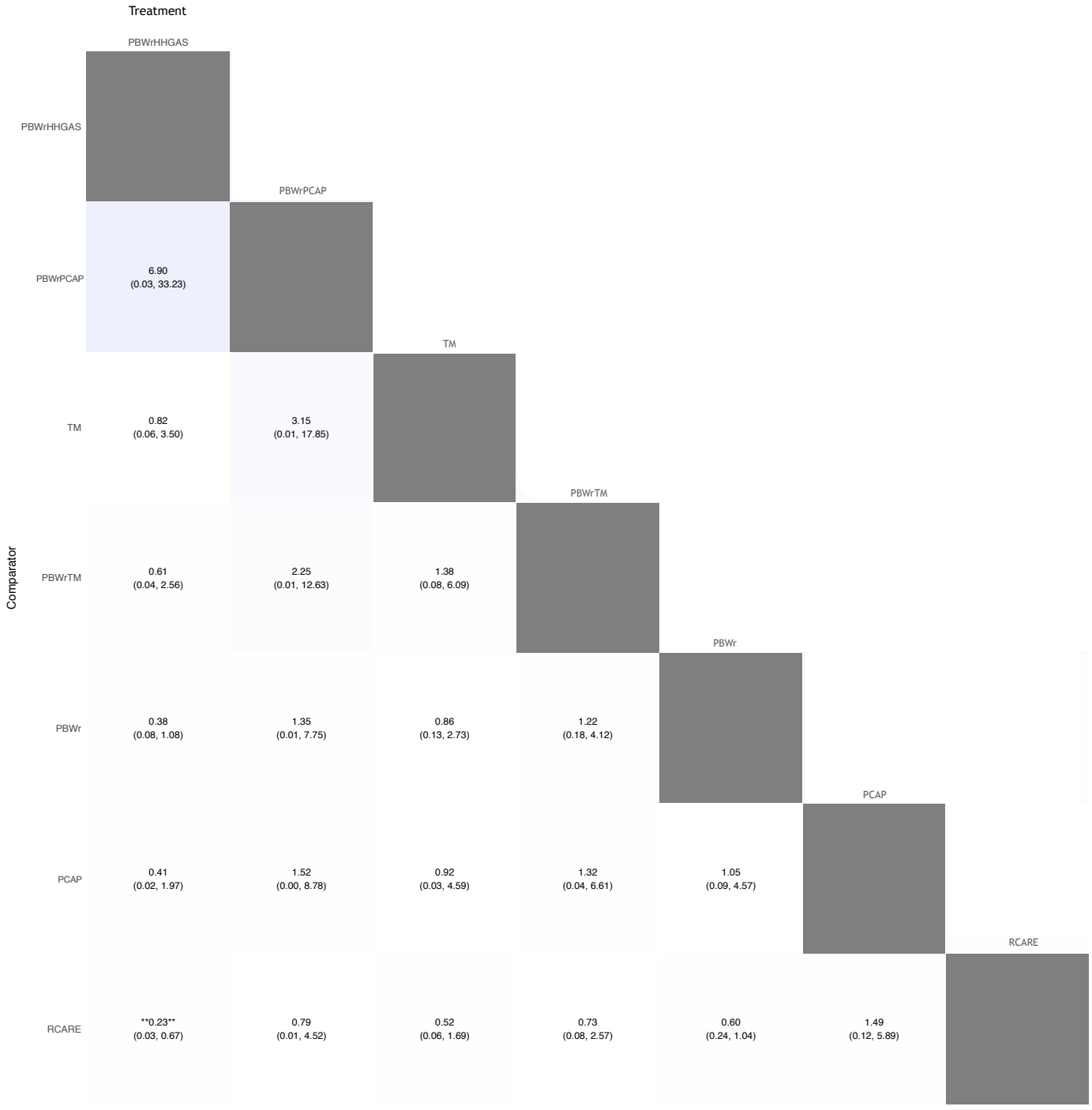




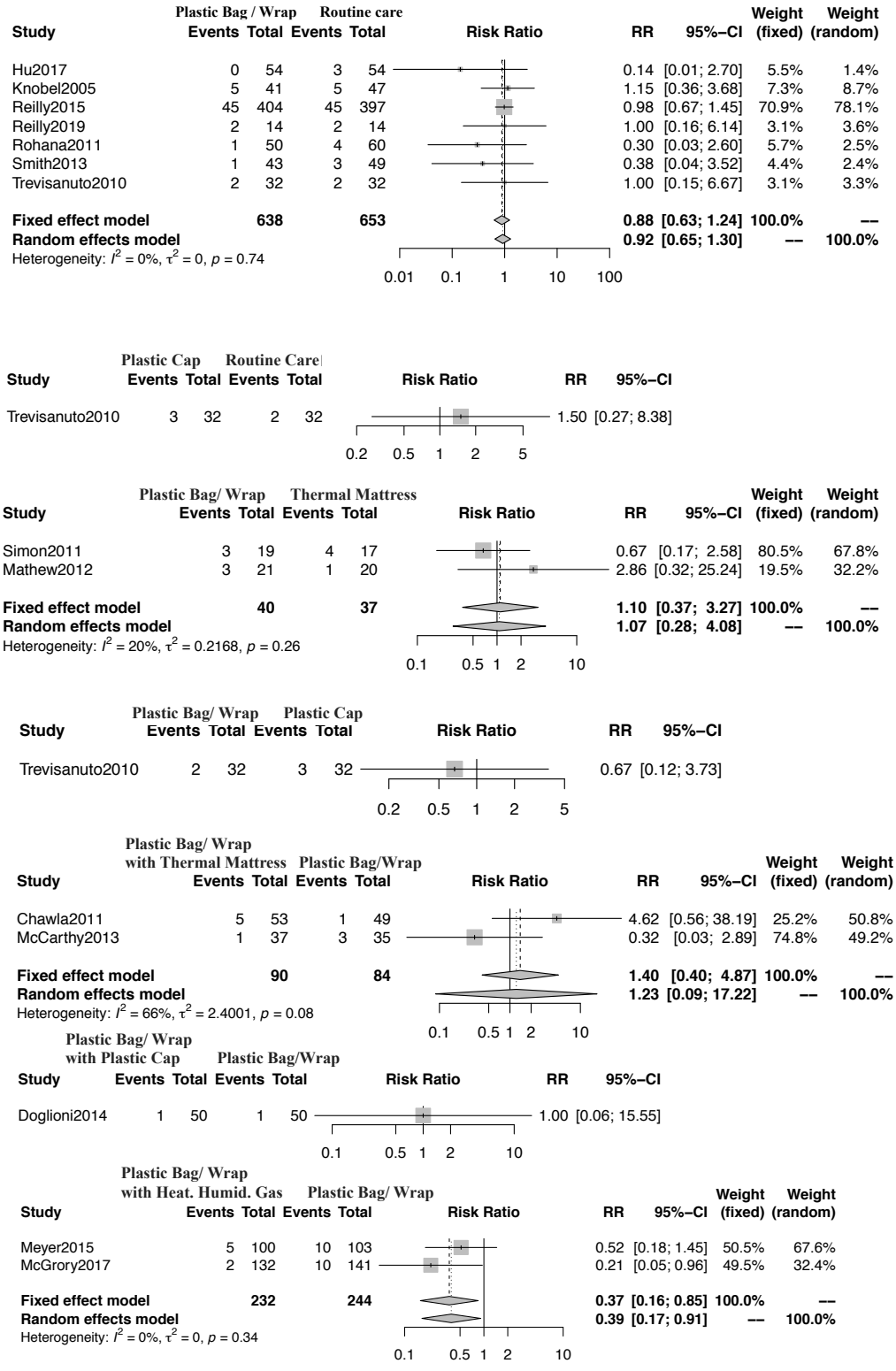
eFigure 31. Major brain injury (MBI) defined as grade III-IV intraventricular hemorrhage or periventricular leukomalacia. A. Network plot; B. SUCRA plot; C. Forest plot depicting the network estimates [MD (95% CrI)] of the various interventions with "Routine Care" as the common comparator.



eFigure 32- League plot depicting the network estimate [RR (95% CrI)] for MBI [defined as grade III-IV intraventricular hemorrhage (IVH) or cystic periventricular leukomalacia (PVL)]

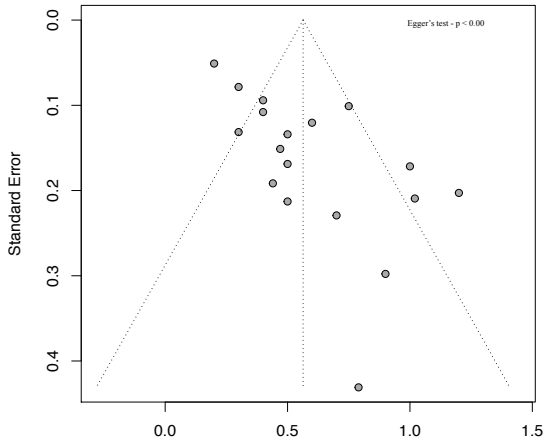


eFigure 33. Direct Evidence from the pair wise comparisons for MBI defined as grade III-IV intraventricular hemorrhage or periventricular leukomalacia

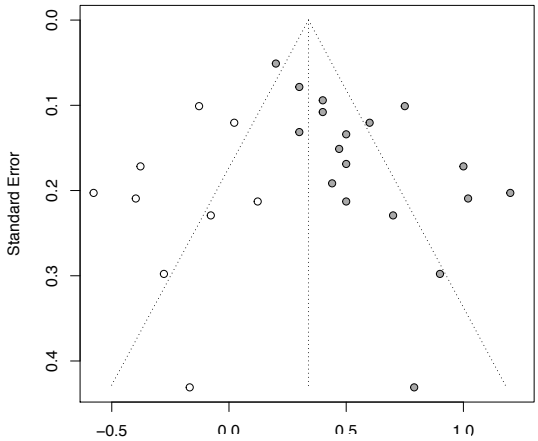


eFigure 34. Funnel plots and Trim-fill plots for pairwise comparisons - 'PBWr' versus 'Routine Care' for outcomes - Mean core body temperature, Mortality before discharge, Hyperthermia

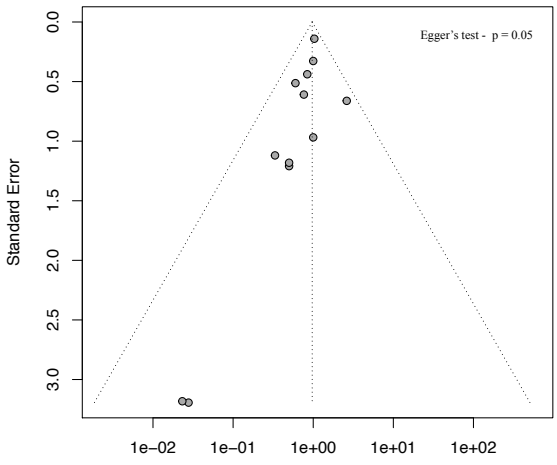
A. Funnel plot for 'Mean core body temperature'



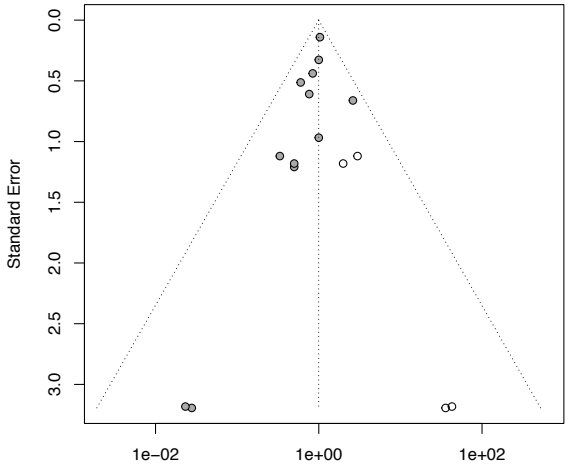
B. Trim-fill plot for 'Mean core body temperature' indicating missing studies



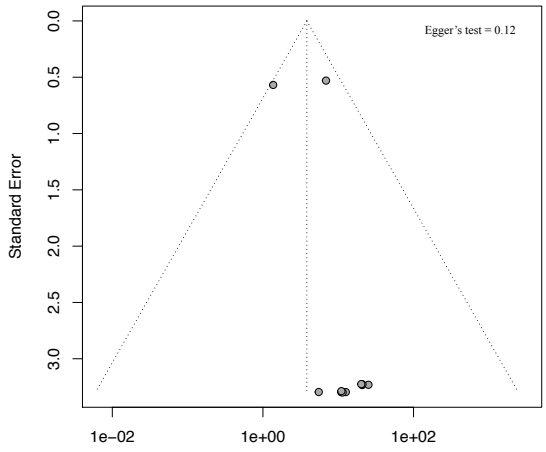
C. Funnel plot for 'Mortality before discharge'



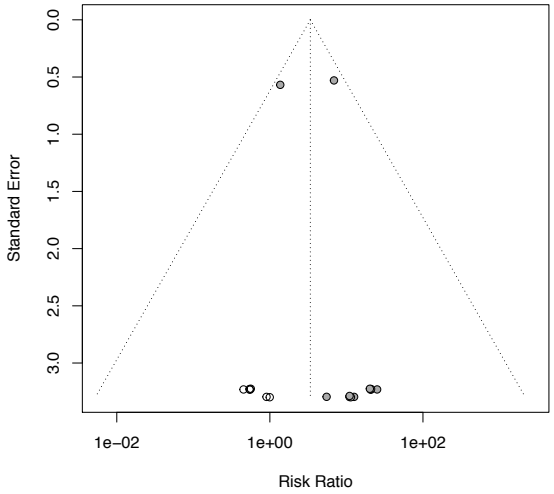
D. Trim-fill plot for 'Mortality before discharge' indicating missing studies



E. Funnel plot for 'Hyperthermia'



F. Trim-fill plot for 'Hyperthermia' indicating missing studies



eTable 1. Literature search strategy

MEDLINE

1	Infant, Newborn	608986
2	Infant, Premature	54313
3	Infant, Small for Gestational Age	7486
4	Infant, Low Birth Weight	18623
5	Infant, Extremely Premature	2637
6	Infant, Very Low Birth Weight	8584
7	1 or 2 or 3 or 4 or 5 or 6	612617
8	(Neonate* or Newborn* or Preterm* or term or premature or "Low birth weight" or lbw or vlbw or elbw or "Low birth weights" or "Low birthweight" or "Low birthweights" or Infant* or "pre-terms" or "Pre-term" or "Small gestational age" or SGA or "Extremely premature").ab,ti.	1748517
9	7 or 8	2063299
10	Hypothermia or hypotherm*.mp.	52137
11	therm*.mp. (505154)	
12	Body Temperature Regulation or Temperature or Body Temperature or temperature*.mp.13 "heat loss".mp.	888877 3246
14	"cold stress".mp.	4966
15	10 or 11 or 12 or 13 or 14	1221935
16	8 and 15	50805
17	limit 16 to clinical trial, all	2059

EMBASE

1	Infant, Newborn	478706
2	Infant, Premature	99411
3	Infant, Small for Gestational Age	14848
4	Infant, Low Birth Weight	32783
5	Infant, Extremely Premature	104449
6	Infant, Very Low Birth Weight	12541
7	1 or 2 or 3 or 4 or 5 or 6	567365
8	(Neonate* or Newborn* or Preterm* or term or premature or "Low birth weight" or lbw or vlbw or elbw or "Low birth weights" or "Low birthweight" or "Low birthweights" or Infant* or "pre-terms" or "Pre-term" or "Small gestational age" or SGA or "Extremely premature").ab,ti.	2281653
9	7 or 8	2531580
10	Hypothermia or hypotherm*.mp.	65308
11	therm*.mp.	573385
12	Body Temperature Regulation or Temperature or Body Temperature or temperature*.mp.	846692
13	"heat loss".mp.	4973
14	"cold stress".mp.	18049
15	10 or 11 or 12 or 13 or 14	1267043
16	8 and 15	64537
17	limit 16 to clinical trial	1952

CENTRAL

ID		Search Hits
#1	MeSH descriptor: [Infant, Newborn] explode all trees	15916
#2	(Neonate* or Newborn* or Preterm* or term or premature or "Low birth weight" or lbw or vlbw or elbw or "Low birth weights" or "Low birthweight" or "Low birthweights" or Infant* or "pre-terms" or "Pre-term" or "Small gestational age" or SGA or "Extremely premature"):ti,ab,kw (Word variations have been searched)	269690
#3	#1 or #2	269690
#4	MeSH descriptor: [Hypothermia] explode all trees	704
#5	MeSH descriptor: [Temperature] explode all trees	4400
#6	MeSH descriptor: [Body Temperature] explode all trees	4036
#7	MeSH descriptor: [Cold-Shock Response] explode all trees	6
#8	(hypotherm* OR therm* OR temperatur* OR "Cold stress" OR "cold-stress" or "heat loss") (Word variations have been searched)	32823
#9	{OR #4-#8}	33224
#10	#3 AND #9	6620
#11	Medline and Embase hits removed	1738

CINAHL

#	Query	Results
S10	S3 AND S8	405
S9	S3 AND S8	11,567
S8	S4 OR S5 OR S6 OR S7	73,053
S7	TI ((hypotherm* OR therm* OR temperatur* OR "Cold stress" OR "cold-stress" or "heat loss")) OR AB ((hypotherm* OR therm* OR temperatur* OR "Cold stress" OR "cold-stress" or "heat loss"))	47,413
S6	(MH "Heat Loss+")	3,789
S5	(MH "Temperature+") OR (MH "Altered Body Temperature (NANDA)+") OR (MH "Body Temperature+") OR (MH "Body Temperature Changes+") OR (MH "Body Temperature Regulation+")	41,315
S4	(MH "Hypothermia") OR (MH "Hypothermia, Induced")	7,814
S3	S1 OR S2	6,66,358
S2	TI ((Neonate* or Newborn* or Preterm* or term or premature or "Low birth weight" or lbw or vlbw or elbw or "Low birth weights" or "Low birthweight" or "Low birthweights" or Infant* or "pre-terms" or "Pre-term" or "Small gestational age" or SGA or "Extremely premature")) OR AB ((Neonate* or Newborn* or Preterm* or term or premature or "Low birth weight" or lbw or vlbw or elbw or "Low birth weights" or "Low birthweight" or "Low birthweights" or Infant* or "pre-terms" or "Pre-term" or "Small gestational age" or SGA or "Extremely premature"))	5,03,272
S1	(MH "Infant+") OR (MH "Infant, Premature") OR (MH "Infant, Postmature") OR (MH "Infant, High Risk") OR (MH "Infant, Very Low Birth Weight") OR (MH "Infant, Small for Gestational Age") OR (MH "Infant, Large for Gestational Age") OR (MH "Infant, Newborn, Diseases+")	2,73,119

eTable 2. Some of the studies that were excluded for valid reasons[35-44]

Study	Reason for exclusion
Agarwal 2001	This RCT evaluated 'paper sandwiched between blankets' versus 'blankets' alone was excluded as participants included term neonates and median birth weight of the study population was 2800-2900 g.
Baum 1968	The study evaluating silver foil wrap was conducted in 1968 when care practices and survival of preterm neonates were not comparable to recent years. Also, term neonates were included in the study.
Castro 2007	This study comparing plastic bag versus routine care was excluded as it was a prospective descriptive study
Duman 2006	This study evaluating plastic wrap versus routine care in VLBW neonates was excluded as it was not a RCT
Jia 2013	This study evaluating the effect of two different delivery room temperatures in preterm infants was excluded as one of the interventions was delivery room temperature of 20-23oC, which is lower than the standard delivery room temperature prescribed by ILCOR as a part of routine care.
Linner 2019	This study evaluating the effect of skin-to-skin care in preterm infants was excluded since it included infants with birth weight up to 2800 g
Meyer 2001	This study evaluating radiant warmer versus incubator for preterm neonates was excluded as the intervention was applied on NICU admission and not in the delivery room
Nuntnarumit 2004	Study was published in abstract form and full text was not available
Punnahitananda 2008	Methodological quality could not be assessed and outcome data not available
Roberts 1981	The study evaluating stockinette cap was conducted in 1981 when care practices and survival of preterm neonates were not comparable.

eTable 3. Network characteristics for all the outcomes and sensitivity analysis

Primary outcome - Mean core body temperature (axillary or rectal) at admission or within first 2 hours of life				
Comparison	**Number of studies**	**Number of subjects**		
INCUPBWr vs. PBWr	1	62	-	-
PBWr vs. PBWrHHGAS	2	476	-	-
PBWr vs. PBWrPCAP	3	244	-	-
PBWr vs. PBWrTM	3	221	-	-
PBWr vs. PCAP	1	64	-	-
PBWr vs. RCARE	18	2171	-	-
PBWr vs. TM	3	277	-	-
PBWrPC vs. RCARE	3	218	-	-
PCAP vs. RCARE	1	64	-	-
RCARE vs. TM	3	263	-	-
Sensitivity analysis by evaluating plastic bag and plastic wrap as separate interventions for the primary outcome : Mean core body temperature (axillary or rectal) at admission or within first 2 hours of life				
Comparison	**Number of studies**	**Number of subjects**		
INCUPWRAP vs. PWRAP	1	62	-	-
PBAG vs. PBAGHHGAS	1	273	-	-
PBAG vs. PBAGPCAP	1	64	-	-
PBAG vs. PBAGTM	3	221	-	-
PBAG vs. PCAP	1	64	-	-
PBAG vs. PWRAP	1	59	-	-
PBAG vs. RCARE	11	968	-	-
PBAG vs. TM	2	241	-	-
PBAGPCAP vs. PWRAP	1	100	-	-
PBAGPCAP vs. RCARE	1	64	-	-
PCAP vs. RCARE	1	64	-	-
PWRAP vs. PWRAPHHGAS	1	203	-	-
PWRAP vs. PWRAPPCAP	1	80	-	-

PWRAP vs. RCARE	7	1233	-	-
PWRAP vs. TM	1	36	-	-
PWRAPPCAP vs. RCARE	2	154	-	-
RCARE vs. TM	3	263	-	-
Sensitivity analysis by evaluating studies in which the mean gestational age of the included neonates was </= 30 weeks for the primary outcome: Mean core body temperature (axillary or rectal) at admission or within first 2 hours of life				
Comparison	**Number of studies**	**Number of subjects**		
INCUPBWr vs. PBWr	1	62	-	-
PBWr vs. PBWrHHGAS	2	476	-	-
PBWr vs. PBWrPCAP	1	100	-	-
PBWr vs. PBWrTM	3	221	-	-
PBWr vs. PCAP	1	64	-	-
PBWr vs. RCARE	13	1591	-	-
PBWr vs. TM	2	77	-	-
PCAP vs. RCARE	1	64	-	-
RCARE vs. TM	1	24	-	-
Sensitivity analysis by evaluating drying versus no drying before wrapping in a plastic bag / wrap for the primary outcome: Mean core body temperature (axillary or rectal) at admission or within first 2 hours of life				
Comparison	**Number of studies**	**Number of subjects**		
INCUPBWrW vs. PBWrW	1	62	-	-
PBWrD vs. PBWrW	1	60	-	-
PBWrD vs. RCARE	4	332	-	-
PBWrHHGASW vs. PBWrW	2	476	-	-
PBWrPCAPD vs. RCARE	2	154	-	-
PBWrPCAPW vs. PBWrW	3	244	-	-
PBWrPCAPW vs. RCARE	1	64	-	-
PBWrTMW vs. PBWrW	3	221	-	-
PBWrW vs. PCAP	1	64	-	-
PBWrW vs. RCARE	15	1899	-	-
PBWrW vs. TM	3	277	-	-

PCAP vs. RCARE	1	64	-	-
RCARE vs. TM	3	263	-	-
Primary outcome - Moderate or severe hypothermia [defined as core body temperature (axillary or rectal temperature) less than 36 degree Celsius] at admission or within 2 hours of life.				
Comparison	**Number of studies**	**Number of subjects**	**Number of outcomes**	**Event rate (%)**
INCUPBWr vs. PBWr	1	62	9	14.5
PBWr vs. PBWrHHGAS	2	476	57	12
PBWr vs. PBWrPCAP	2	180	68	37.8
PBWr vs. PBWrTM	1	102	46	8.8
PBWr vs. RCARE	5	1270	156	12.3
PBWr vs. TM	1	200	0	0
PBWrPCAP vs. RCARE	1	96	36	37.5
RCARE vs. SSC	1	31	9	29
RCARE vs. TM	2	223	12	5.4
Sensitivity analysis - Any hypothermia (defined as core body temperature less than 36.5 degree Celsius at admission or within 1-2 hours of life)				
Comparison	**Number of studies**	**Number of subjects**	**Number of outcomes**	**Event rate (%)**
INCUPBWr vs. PBWr	1	62	17	27.4
PBWr vs. PBWrHHGAS	2	476	111	23.3
PBWr vs. PBWrPCAP	2	180	120	66.7
PBWr vs. PBWrTM	3	221	69	31.2
PBWr vs. PCAP	1	64	34	53.1
PBWr vs. RCARE	14	1957	1191	60.8
PBWr vs. TM	2	236	125	53
PBWrPCAP vs. RCARE	1	96	36	37.5
PCAP vs. RCARE	1	64	43	67.2
RCARE vs. SSC	1	31	9	29
RCARE vs. TM	2	223	142	63.7
Hyperthermia [defined as core body temperature (axillary or rectal) more than 37.5 degree Celsius] at admission or within 2 hours of life.				
Comparison	**Number of studies**	**Number of subjects**	**Number of outcomes**	**Event rate (%)**

INCUPBWr vs. PBWr	1	62	3	4.8
PBWr vs. PBWrHHGAS	1	273	49	17.9
PBWr vs. PBWrPCAP	3	244	6	2.4
PBWr vs. PBWrTM	3	221	31	14
PBWr vs. PCAP	1	64	2	3.1
PBWr vs. RCARE	16	2123	56	2.6
PBWr vs. TM	2	236	4	1.7
PBWrPCAP vs. RCARE	3	218	8	3.7
PCAP vs. RCARE	1	64	0	0
RCARE vs. TM	2	223	1	0
Mortality before discharge				
Comparison	**Number of studies**	**Number of subjects**	**Number of outcomes**	**Event rate(%)**
PBWr vs. PBWrHHGAS	2	476	40	8.4
PBWr vs. PBWrPCAP	2	180	9	5
PBWr vs. PBWrTM	3	221	20	9
PBWr vs. PCAP	1	64	5	7.8
PBWr vs. RCARE	14	1836	259	14.1
PBWr vs. TM	3	277	10	3.6
PCAP vs. RCARE	1	64	5	7.8
RCARE vs. TM	1	199	0	0
MBI [defined as grade III-IV intraventricular hemorrhage (IVH) or cystic periventricular leukomalacia (PVL)]				
Comparison	**Number of studies**	**Number of subjects**	**Number of outcomes**	**Event rate (%)**
PBWr vs. PBWrHHGAS	2	476	27	5.7
PBWr vs. PBWrPCAP	1	100	2	2
PBWr vs. PBWrTM	2	174	10	5.7
PBWr vs. PCAP	1	64	5	7.8
PBWr vs. RCARE	7	1291	120	9.3
PBWr vs. TM	2	77	11	14.3
PC AP vs. RCARE	1	64	5	7.8

eTable 4. Certainty of evidence for different comparisons for the sensitivity analyses and secondary outcomes

Sensitivity analysis on body temperature - Plastic bag and plastic wrap as separate interventions				
	Indirect Evidence	**Direct Evidence**	**Network Meta-analysis**	
Comparison	**Certainty of evidence**	**Certainty of evidence**	**Risk Ratio (95% Credible Interval)**	**Certainty of evidence**
PBAG: PWRAP	LOW[2,3,*, #]	MODERATE[1]	0.06 (-0.19, 0.30)	MODERATE
[1]Downgraded by one level for serious imprecision due to small sample size [2]Downgraded by one level for risk of bias, as the studies with high or unclear risk of selection bias constitute 47.8% weightage to the effect estimate in PWRAP:RCARE (Cardona-Torres 2011 and Santos 2012) [3]Downgraded for publication bias in PBAG:RCARE (Egger test, p value 0.01) *Not downgraded for downgraded for inconsistency, since the heterogeneity is due to differences between small and large beneficial effects. #From first-order loop of PBAG:RCARE and PWRAP:RCARE				
Sensitivity analysis on body temperature - Drying versus no drying before applying PBWr				
	Indirect Evidence	**Direct Evidence**	**Network Meta-analysis**	
Comparison	**Certainty of evidence**	**Certainty of evidence**	**Risk Ratio (95% Credible Interval)**	**Certainty of evidence**
PBWrD:PBWrW	MODERATE[3,*,#]	VERY LOW[1, 2]	-0.09 (-0.38, 0.19)	MODERATE
PBWrPCAPD: PBWrPCAPW	VERY LOW[5,6,$]	-	-0.37 (-0.90, 0.15)	VERY LOW

[1]Downgraded by one level for serious risk of bias due to unclear selection bias in the included study (Cardona-Torres 2011)
[2]Downgraded by two levels for very serious imprecision due to small sample size and confidence interval including 'no difference'.
[3]Downgraded for publication bias (Egger test, p value <0.001)
*Not downgraded for serious risk of bias since the studies with high or unclear risk of bias constitute only 20% weightage to the effect estimate (Ahmed 2013, Cardona-Torres 2011, Chantaroj 2012, Farhadi 2012, Talakoub 2015)
[4]Downgraded by one level for serious risk of bias due to high risk of selection bias in one study that constitute 55.7% weightage to the effect estimate (Santos 2012)
[5]Downgraded by two levels for very serious imprecision due to confidence interval including 'no difference'
#From first-order loop of PBWrW:RCARE and PBWrD:RCARE
$From first-order loop of PBWrPCAPD:RCARE and PBWrPCAPW:RCARE

Secondary outcome - Hyperthermia [defined as core body temperature (axillary or rectal) more than 37.5 degree Celsius] at admission or within 2 hours of life.

	Indirect Evidence	Direct Evidence	Network Meta-analysis	
Comparison	**Certainty of evidence**	**Certainty of evidence**	**Risk Ratio (95% Credible Interval)**	**Certainty of evidence**
PCAP:PBWrPCAP	VERY LOW[1, 3]	-	**0.13 (0.00, 0.79)**	VERY LOW
PCAP:TM	LOW[1]	-	**0.12 (0.00, 0.54)**	LOW
PCAP:RCARE	LOW[1]	LOW[1]	**0.03 (0.00, 0.26)**	LOW
PCAP:PBWr	LOW[1]	LOW[1]	**0.03 (0.00, 0.22)**	LOW
PCAP:PBWrHHGAS	LOW[1]	-	**0.04 (0.00, 0.19)**	LOW
PCAP:PBWrTM	LOW[1]	-	**0.02 (0.00, 0.14)**	LOW
PCAP:INCUPBWr	LOW[1]	-	**0.02 (0.00, 0.07)**	LOW
PBWrCAP:TM	VERY LOW[1, 3]	-	1.47 (0.06, 7.84)	VERY LOW
PBWrCAP:RCARE	VERY LOW[1, 3]	VERY LOW[1, 2]	0.46 (0.08, 1.34)	VERY LOW
PBWrCAP:PBWr	VERY LOW[1, 2]	VERY LOW[1, 3]	0.38 (0.07, 1.19)	VERY LOW
PBWrCAP:PBWrHHGAS	VERY LOW[1, 3]	-	0.45 (0.03, 2.04)	VERY LOW
PBWrCAP:PBWrTM	VERY LOW[1, 3]	-	0.28 (0.03, 1.13)	VERY LOW
PBWrCAP:INCUPBWr	VERY LOW[1, 3]	-	0.26 (0.00, 1.55)	VERY LOW
TM:RCARE	LOW[1]	LOW[1]	0.95 (0.06, 3.94)	LOW
TM: PBWr	LOW[1]	LOW[1]	0.79 (0.05, 3.30)	LOW
TM:PBWrHHGAS	LOW[1]	-	0.96 (0.03, 4.91)	LOW
TM:PBWrTM	LOW[1]	-	0.58 (0.02, 2.88)	LOW
TM:INCUPBWr	LOW[1]	-	0.54 (0.00, 3.38)	LOW

RCARE: PBWr	LOW[1]	MODERATE[4]	0.90 (0.41, 1.87)	MODERATE
RCARE:PBWrHHGAS	LOW[1]	-	1.07 (0.12, 4.56)	LOW
RCARE:PBWrTM	MODERATE[4]	-	0.66 (0.13, 2.28)	MODERATE
RCARE:INCUPBWr	LOW[1]	-	0.62 (0.01, 3.56)	LOW
PBWr:PBWrHHGAS	-	LOW[1]	1.14 (0.15, 4.17)	LOW
PBWr:PBWrTM	-	MODERATE[#, 4]	0.72 (0.18, 2.03)	MODERATE
PBWr:INCUPBWr	-	LOW[1]	0.66 (0.01, 3.62)	LOW
PBWrHHGAS:PBWrTM	LOW[1]	-	1.35 (0.10, 5.93)	LOW
PBWrHHGAS:INCUPBWr	LOW[1]	-	1.26 (0.01, 7.29)	LOW
PBWrTM: INCUPBWr	LOW[1]	-	1.36 (0.01, 7.78)	LOW

[1]Downgraded by two levels for very serious imprecision due to small sample size, event rates and risk-benefit could not be decided.
[2]Downgraded by one level for serious risk of bias due to possible selection bias in two studies (Santos 2012; Talakoub 2015).
[3]Downgraded by one level for serious risk of bias due to possible selection bias in two studies (Hashim 2017; Talakoub 2015).
[4]Downgraded by one level for serious imprecision due to OIS criterion not met.
[#]Not downgraded for serious risk of bias, since the study with high risk of selection bias (Chawla 2011) as only 5.3% weightage.
Note: The outcome is not downgraded for lack of blinding in any comparison, since it is an objective outcome and blinding is difficult for these interventions.

Secondary outcome - Mortality before discharge

	Indirect Evidence	**Direct Evidence**	**Network Meta-analysis**	
Comparison	**Certainty of evidence**	**Certainty of evidence**	**Risk Ratio (95% Credible Interval)**	**Certainty of evidence**
PBWrPCAP:PBWrTM	LOW[1]	-	0.55 (0.04, 2.21)	LOW
PBWrPCAP:TM	LOW[1]	-	0.43 (0.02, 1.92)	LOW
PBWrPCAP:PBWrHHGAS	LOW[1]	-	0.29 (0.02, 1.10)	LOW
PBWrPCAP:PBWr	-	LOW[1]	**0.26 (0.02, 0.86)**	LOW
PBWrPCAP:PCAP	LOW[1]	-	0.27 (0.01, 1.34)	LOW
PBWrPCAP:RCARE	LOW[1]	-	**0.19 (0.02, 0.66)**	LOW
PBWrTM:TM	LOW[1]	-	0.98 (0.16, 3.32)	LOW
PBWrTM:PBWrHHGAS	LOW[1]	-	0.67 (0.16, 1.80)	LOW
PBWrTM:PBWr	-	LOW[1, #]	0.60 (0.20, 1.28)	LOW

PBWrTM:PCAP	LOW[2]	-	0.64 (0.06, 2.62)	LOW
PBWrTM:RCARE	LOW[1, #]	-	0.45 (0.12, 1.02)	LOW
TM:PBWrHHGAS	LOW[1]	-	0.99 (0.17, 3.09)	LOW
TM:PBWr	LOW[1]	LOW[1]	0.87 (0.21, 2.29)	LOW
TM:PCAP	LOW[1]	-	0.92 (0.07, 4.04)	LOW
TM:RCARE	LOW[1]	LOW[1]	0.65 (0.14, 1.75)	LOW
PBWrHHGAS:PBWr	-	LOW[1]	1.03 (0.44, 2.08)	LOW
PBWrHHGAS:PCAP	LOW[1]	-	1.10 (0.12, 4.37)	LOW
PBWrHHGAS:RCARE	LOW[1]	-	0.78 (0.28, 1.59)	LOW
PBWr:PCAP	LOW[2, 3, *]	LOW[2]	1.07 (0.16, 3.92)	LOW
PBWr:RCARE	LOW[1]	LOW[2, 3, *]	0.76 (0.47, 1.02)	LOW
PCAP:RCARE	LOW[2, 3, *]	LOW[2]	1.36 (0.19, 4.63)	LOW

[1]Downgraded by two levels for very serious imprecision due to small sample size and confidence interval crossing 'no difference', showing appreciable risk as well as benefit.
[2]Downgraded by one level for serious imprecision, since OIS criteria is not met.
[3]Downgraded by one level for publication bias.
[#]Not downgraded for serious risk of bias, since the study with possible selection bias (Chawla 2011) has only 6.3% weightage.
[*]Not downgraded for risk of bias, Since the studies with possible risk of bias (Ahmed 2013; Chantaroj 2011, Farhadi 2012) contribute only 7.4% weightage.
Note: The outcome is not downgraded for lack of blinding in any comparison, since it is an objective outcome and blinding is difficult for these interventions.

Secondary outcome - Major brain injury [defined as grade 3-4 intraventricular hemorrhage or periventricular leukomalacia]

	Indirect Evidence	**Direct Evidence**	**Network Meta-analysis**	
Comparison	**Certainty of evidence**	**Certainty of evidence**	**Risk Ratio (95% Credible Interval)**	**Certainty of evidence**
PBWrHHGAS:PBWrPCAP	LOW[2]	-	6.90 (0.03, 33.23)	LOW
PBWrHHGAS:TM	LOW[2]	-	0.82 (0.06, 3.50)	LOW
PBWrHHGAS:PBWrTM	VERY LOW[2, 3, 4]	-	0.61 (0.04, 2.56)	VERY LOW
PBWrHHGAS:PBWr	-	MODERATE[1]	0.38 (0.08, 1.08)	MODERATE
PBWrHHGAS:PCAP	LOW[2]	-	0.41 (0.02, 1.97)	LOW
PBWrHHGAS:RCARE	LOW[2]	-	**0.23 (0.03, 0.67)**	MODERATE[$]
PBWrPCAP:TM	LOW[2]	-	3.15 (0.01, 17.85)	LOW
PBWrPCAP:PBWrTM	VERY LOW[2, 3, 4]	-	2.25 (0.01, 12.63)	VERY LOW

PBWrPCAP:PBWr	-	LOW[2]	1.35 (0.01, 7.75)	LOW
PBWrPCAP:PCAP	LOW[2]	-	1.52 (0.00, 8.78)	LOW
PBWrPCAP:RCARE	LOW[2]	-	0.79 (0.01, 4.52)	LOW
TM:PBWrTM	VERY LOW[2, 3, 4]	-	1.38 (0.08, 6.09)	VERY LOW
TM:PBWr	-	LOW[2]	0.86 (0.13, 2.73)	LOW
TM:PCAP	LOW[2]	-	0.92 (0.03, 4.59)	LOW
TM:RCARE	LOW[2]	-	0.52 (0.06, 1.69)	LOW
PBWrTM:PBWr	-	VERY LOW[2, 3, 4]	1.22 (0.18, 4.12)	VERY LOW
PBWrTM:PCAP	VERY LOW[2, 3, 4]	-	1.32 (0.04, 6.61)	VERY LOW
PBWrTM:RCARE	VERY LOW[2, 3, 4]	-	0.73 (0.08, 2.57)	VERY LOW
PBWr:PCAP	LOW[2]	LOW[2]	1.05 (0.09, 4.57)	LOW
PBWr:RCARE	LOW[2]	LOW[2]	0.60 (0.24, 1.04)	LOW
PCAP:RCARE	LOW[2]	LOW[2]	1.49 (0.12, 5.89)	LOW

[1]Downgraded by one level for serious imprecision due to OIS criterion not met.
[2]Downgraded by two levels for very serious imprecision due to small sample size and confidence interval crossing ‘no difference’, showing appreciable risk as well as benefit.
[3]Downgraded by one level for serious risk of bias due to possible selection bias in one study (Chawla 2011).
[4]Downgraded by one level for serious inconsistency due to heterogeneity.
[$]Upgraded by one level as the upper limit of confidence interval for the network estimate shows an absolute risk reduction of more than 25%.

^ Values in bold are statistically significant
GRADE Ranking the Quality of Evidence
High quality - Very confident that the true effect lies close to that of the estimate of the effect
Moderate quality - Moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
Low quality - Confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect
Very low quality - Very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect

eTable 5. Summary of relevant results of the network meta-analysis*

	Mean temperature	Mean temperature (Bag / Wrap split)	Mean temperature (</=30 weeks)	Moderate to severe hypothermia	Hypothermia (any)	Hyperthermia	Mortality	MBI
PBAGWr	+	+	+	+	+	- (Direct evidence)	= (Trend towards decreased risk)	= (Trend towards decreased risk)
PBAGWrPCAP	+	+	+	= (Trend towards decreased risk)	+	=	+ (Compared to RCARE and PBWr)	=
PBAGWrTM	+ (Compared to both RCARE and PBWr)	+ (Compared to RCARE, PWRAP and PBAG)	+ (Compared to both RCARE and PBWr)	=	+	- (Direct evidence when compared to PBWr only)	= (Trend towards decreased risk)	=
PCAP	+	+	+	?	= (Trend towards decreased risk)	+ (compared to all interventions including RCARE)	=	=
TM	+	+	+	+	+	=	=	=
PBWrHHGAS	+	+	+	+	+	=	=	+ (Compared to RCARE and trend compared to PBWr)
INCUPBWr	=	=	+	=	=	=	=	=
SSC	?	?	?	=	+	?	?	?

* Interventions are compared to 'routine care' by default. If an intervention had resulted in better or worser outcomes when compared to another intervention, they are mentioned in brackets.
+Better outcome compared to routine care
=Similar efficacy compared to routine care. If a trend towards better or worser outcome is present, it is mentioned as 'Trend"
-Worser outcome when compared to routine care
? Not evaluated by any of the included studies

eReferences

1. Ahmed BT, Hussein M, Monir H. Effect of Plastic Bag (Vinyl Bags) on Prevention of Hypothermia in Preterm Infants. *Med. J. Cairo Univ.* 2013.81(1):169-73.
2. Almeida PG. Transwarmer mattress project (TeMP) at delivery. A prospective randomized control trial of the transwarmer mattress to reduce admission hypothermia of low birth weight infants [dissertation]. Manoa: University of Hawai, 2013.
3. Bergman NJ, Linley LL, Fawcus SR. Randomized controlled trial of skin-to-skin contact from birth versus conventional incubator for physiological stabilization in 1200- to 2199-gram newborns. *Acta Paediatrica* 2004;93(6):779–85.
4. Bhavsar SR, Kabra NS, Avasthi BS, Sharma RS, Dash SW, Tali SH, et al. Efficacy and safety of polyethylene wrap in preventing hypothermia in preterm and low birth weight neonates during transport: a randomised controlled trial. *Perinatology* 2015;16(1):23–30.
5. Brennan AB. Effect of sodium acetate transport mattresses on admission temperatures of infants <= 1500 grams [dissertation]. Gainesville (FL): University of Florida, 1996.
6. Çağlar S, Gözen D, Ince Z. Heat loss prevention (help) after birth in preterm infants using vinyl isolation bag or polyethylene wrap. *J Obstet Gynecol Neonatal Nurs.* 2014;43(2):216-23.
7. Cardona Torres LM, Amador Licona N, Garcia Campos ML, Guizar-Mendoza JM. Polyethylene wrap for thermoregulation in the preterm infant: a randomised trial. *Indian Pediatrics* 2012;49(2):129–32.
8. Chantaroj S, Techasatid W. Effect of polyethylene bag to prevent heat loss in preterm infants at birth: a randomized controlled trial. *J Med Assoc Thai.* 2011;94 Suppl 7:S32-7.
9. Chawla S, Amaram A, Gopal SP, Natarajan G. Safety and efficacy of Trans-warmer mattress for preterm neonates: results of a randomized controlled trial. *J Perinatol.* 2011;31(12):780-4.
10. Doglioni N, Cavallin F, Mardegan V, Palatron S, Filippone M, Vecchiato L, Bellettato M, Chiandetti L, Trevisanuto D. Total body polyethylene wraps for preventing hypothermia in preterm infants: a randomized trial. *J Pediatr.* 2014;165(2):261-266.
11. Farhadi R, Naderi M, Rahmani Z, Ghafari V, Khalilian A. Effect of "ZIPKIF" plastic bag on prevention of hypothermia in preterm infants: a randomised controlled trial. *Journal of Mazandaran University of Medical Sciences* 2012;22(93):19–26.
12. Gathwala G, Singh G, Kunal, Agrawal N. Safety and efficacy of vinyl bags in prevention of hypothermia of preterm neonates at birth. *Indian J of Public Health* 2010;54(1):24–6.
13. Shafie H, Syed Zakaria SZ, Adli A, Shareena I, Rohana J. Polyethylene versus cotton cap as an adjunct to body wrap in preterm infants. *Pediatr Int.* 2017;59(7):776-780.
14. Hu XJ, Wang L, Zheng RY, Lv TC, Zhang YX, Cao Y, Huang GY. Using polyethylene plastic bag to prevent moderate hypothermia during transport in very low birth weight infants: a randomized trial. *J Perinatol.* 2018;38(4):332-336.
15. Knobel RB, Wimmer JE Jr, Holbert D. Heat loss prevention for preterm infants in the delivery room. *J Perinatol.* 2005;25(5):304-8.
16. Leadford AE, Warren JB, Manasyan A, Chomba E, Salas AA, Schelonka R, Carlo WA. Plastic bags for prevention of hypothermia in preterm and low birth weight infants. *Pediatrics.* 2013;132(1):e128-34.
17. Leslie A, Wardle SP, Budge H, Marlow N, Brocklehurst P. [Randomised controlled trial of gel warming mattresses to prevent hypothermia during resuscitation at birth of premature infants]. Neonatal Society 2007 Autumn Meeting. London: Neonatal Society, 2007.

18. Mathew B, Lakshminrusimha S, Sengupta S, Carrion V. Randomized controlled trial of vinyl bags versus thermal mattress to prevent hypothermia in extremely low-gestational-age infants. *Am J Perinatol.* 2013;30(4):317-22.
19. McCarthy LK, Molloy EJ, Twomey AR, Murphy JF, O'Donnell CP. A randomised trial of exothermic mattresses for preterm newborns in polyethylene bags. *Pediatrics* 2013;132(1):e135–41.
20. McGrory L, Owen LS, Thio M, Dawson JA, Rafferty AR, Malhotra A, Davis PG, Kamlin COF. A Randomized Trial of Conditioned or Unconditioned Gases for Stabilizing Preterm Infants at Birth. *J Pediatr.* 2018;193:47-53.
21. Meyer MP, Bold GT. Admission temperatures following radiant warmer or incubator transport for preterm infants <28 weeks: a randomised study. *Arch Dis Child Fetal Neonatal Ed.* 2007;92(4):F295-7.
22. Meyer MP, Hou D, Ishrar NN, Dito I, te Pas AB. Initial respiratory support with cold, dry gas versus heated humidified gas and admission temperature of preterm infants. *J Pediatr.* 2015;166(2):245-50.
23. Nimbalkar SM, Khanna AK, Patel DV, Nimbalkar AS, Phatak AG. Efficacy of Polyethylene Skin Wrapping in Preventing Hypothermia in Preterm Neonates (<34 Weeks): A Parallel Group Non-blinded Randomized Control Trial. *J Trop Pediatr.* 2019;65(2):122-9.
24. Reilly MC, Vohra S, Rac VE, Dunn M, Ferrelli K, Kiss A, Vincer M, Wimmer J, Zayack D, Soll RF; Vermont Oxford Network Heat Loss Prevention (HeLP) Trial Study Group. Randomized trial of occlusive wrap for heat loss prevention in preterm infants. *J Pediatr.* 2015;166(2):262-8.e2.
25. Reilly MC, Vohra S, Rac VE, Zayack D, Wimmer J, Vincer M, Ferrelli K, Kiss A, Soll RF, Dunn M. Parallel Exploratory RCT of Polyethylene Wrap for Heat Loss Prevention in Infants Born at Less than 24 Weeks' Gestation. *Neonatology.* 2019;116(1):37-41.
26. Rohana J, Khairina W, Boo NY, Shareena I. Reducing hypothermia in preterm infants with polyethylene wrap. *Pediatr Int.* 2011;53(4):468-74.
27. Tecson-delos Santos CM, Uy ME, Uy H, Sto Nino OV. [Polyethylene plastic wrap and cap for thermoregulation of preterm infants 28 to 36 weeks old admitted to the neonatal intensive care unit: a randomised controlled trial]. *J Paediatr Child Health*. 2012; Vol. 48 (Suppl 1):154.
28. Shabeer MP, Abiramalatha T, Devakirubai D, Rebekah G, Thomas N. Standard care with plastic bag or portable thermal nest to prevent hypothermia at birth: a three-armed randomized controlled trial. *J Perinatol.* 2018;38(10):1324-1330.
29. Simon P, Dannaway D, Bright B, Krous L, Wlodaver A, Burks B, Thi C, Milam J, Escobedo M. Thermal defense of extremely low gestational age newborns during resuscitation: exothermic mattresses vs polyethylene wrap. *J Perinatol.* 2011;31(1):33-7.
30. Smith J, Usher K, Alcock G, Buettner P. Application of plastic wrap to improve temperatures in infants born less than 30 weeks gestation: a randomized controlled trial. *Neonatal Netw.* 2013;32(4):235-45.
31. Talakoub S, Shahbazifard Z, Armanian AM, Ghazavi Z. Effect of two polyethylene covers in prevention of hypothermia among premature neonates. *Iran J Nurs Midwifery* Res. 2015;20(3):322-6.
32. Trevisanuto D, Doglioni N, Cavallin F, Parotto M, Micaglio M, Zanardo V. Heat loss prevention in very preterm infants in delivery rooms: a prospective, randomized, controlled trial of polyethylene caps. *J Pediatr.* 2010;156(6):914-917.e1.

33. Vohra S, Frent G, Campbell V, Abbott M, Whyte R. Effect of polyethylene occlusive skin wrapping on heat loss in very low birth weight infants at delivery: a randomized trial. *J Pediatr.* 1999;134(5):547-51.
34. Vohra S, Roberts RS, Zhang B, Janes M, Schmidt B. Heat Loss Prevention (HeLP) in the delivery room: A randomized controlled trial of polyethylene occlusive skin wrapping in very preterm infants. *J Pediatr.* 2004;145(6):750-3.
35. Agrawal N, Das K, Patwal P, Pandita N, Gupta A. Wrapping newborn infants in cloth and newspaper after delivery led to higher temperatures on arrival at the neonatal intensive care unit. *Acta Paediatr.* 2018;107(8):1335-8.
36. Baum JD, Scopes JW. The silver swaddler. Device for preventing hypothermia in the newborn. *Lancet.* 1968;1(7544):672-3.
37. Castro MM, Repeto M, Cancela MJ, Latof M, Hernandez C, Bustos R. Clinical experience in the use of polyethylene bags to reduce hypothermia in newborns less than 1000g [Experiencia clinica en la utilizacion de bolsa de polietileno para disminuir la hipotermia en el recien nacido menor de 1000 gramos]. *Archivos de Pediatria del* Uruguay 2007;78(2):110–4.
38. Duman N, Utkutan S, Kumral A, Koroglu TF, Ozkan H. Polyethylene skin wrapping accelerates recov- ery from hypothermia in very low-birthweight infants. *Pediatr Int.* 2006; 48: 29–32.
39. Meyer MP, Payton MJ, Salmon A, Hutchinson C, de Klerk A. A clinical comparison of radiant warmer and incubator care for preterm infants from birth to 1800 grams. *Pediatrics.* 2001;108(2):395-401.
40. Nuntnarumit P, Deesomchok A. Efficacy of polyethylene occlusive skin wrapping with plastic bag in preventing hypothermia in infants less than 32 weeks' gestational age at delivery. Proceedings of the Pediatric Academic Societies' Annual Meeting; 2004 May 1-4; San Francisco, (CA). The Woodlands (TX): Pediatric Academic Societies, 2004.
41. Punnahitananda S, Thaithumyanon P. Efficacy of polyethylene plastic wrap for the prevention of hypothermia during immediate postnatal period in preterm infants: a randomised controlled trial. Proceedings of the Pediatric Academic Societies' Meeting; 2008 May 2-6, 2008; Honolulu (Hawaii). The Woodlands (TX): Pediatric Academic Societies, 2008:E- PAS2008:634458.10.
42. Roberts JR. Use of a stockinette cap on premature infants after delivery [dissertation]. Denton (TX): Texas Women's University, 1981.
43. Linnér A, Klemming S, Sundberg B, Lilliesköld S, Westrup B, Jonas W, Skiöld B. Immediate skin-to-skin contact is feasible for very preterm infants but thermal control remains a challenge. Acta Paediatr. 2020 Apr;109(4):697-704.
44. Jia YS, Lin ZL, Lv H, Li YM, Green R, Lin J. Effect of delivery room temperature on the admission temperature of premature infants: a randomized controlled trial. J Perinatol. 2013;33(4):264-7.