Supplementary Online Content

Eves R, Mendonça M, Baumann N, et al. Association of very preterm birth or very low birth weight with intelligence in adulthood: an individual participant data meta-analysis. *JAMA Pediatr*. Published online May 28, 2021. doi:10.1001/jamapediatrics.2021.1058

eTable 1. Childhood Neurosensory Impairment in VPT/VLBW Participants from Each IPD Cohort

eTable 2. Newcastle Ottawa Criteria and Ratings for Each IPD Cohort

eTable 3. Linear Mixed Model Demonstrating Reducing Gestational Age by Birth Year Among VPT/VLBW Participants

eTable 4. Linear Mixed Model Demonstrating Reducing Birth Weight by Birth Year Among VPT/VLBW Participants

eTable 5. IQ and Demographic Information of All Participants from Each IPD Cohort

eTable 6. Neonatal and Demographic Data for VPT/VLBW Participants from Each IPD Cohort

eTable 7. Study Characteristics of VPT/VLBW Cohorts Not Included in the IPD Metaanalysis

eReferences

This supplementary material has been provided by the authors to give readers additional information about their work.

	AYLS	BLS	EPICURE	HESVA	NTNU	NZVLBW	UCLH	VICS	Overall
	VPT/	VPT/	VPT/	VPT/	VPT/	VPT/	VPT/	VPT/	VPT/
	VLBW	VLBW	VLBW	VLBW	VLBW	VLBW	VLBW	VLBW	VLBW
	(n=28)	(n=203)	(n=124)	(n=109)	(n=51)	(n=225)	(n=104)	(n=224)	(n=1068)
Evidence of Severe NSI									
Yes	3 (10.7%)	22 (10.8%)	14 (11.3%)	5 (4.6%)	4 (7.8%)	9 (4.0%)	3 (2.9%)	27 (12.1%)	87 (8.1%)
No	25	181	110	104	47	216	101	197	981
	(89.3%)	(89.2%)	(88.7%)	(95.4%)	(92.2%)	(96.0%)	(97.1%)	(87.9%)	(91.9%)
Visual Impairment									
No	26	200	117	107	37	218	0 (0%)	224	929
	(92.9%)	(98.5%)	(94.4%)	(98.2%)	(72.5%)	(96.9%)		(100%)	(87.0%)
Yes	0 (0%)	2 (1.0%)	0 (0%)	0 (0%)	0 (0%)	1 (0.4%)	0 (0%)	0 (0%)	3 (0.3%)
Missing	2 (7.1%)	1 (0.5%)	7 (5.6%)	2 (1.8%)	14	6 (2.7%)	104	0 (0%)	136
-					(27.5%)		(100%)		(12.7%)
Hearing Impairment									
No	26	201	116	107	37	217	0 (0%)	223	927
	(92.9%)	(99.0%)	(93.5%)	(98.2%)	(72.5%)	(96.4%)		(99.6%)	(86.8%)
Yes	0 (0%)	1 (0.5%)	1 (0.8%)	0 (0%)	0 (0%)	2 (0.9%)	0 (0%)	1 (0.4%)	5 (0.5%)
Missing	2 (7.1%)	1 (0.5%)	7 (5.6%)	2 (1.8%)	14	6 (2.7%)	104	0 (0%)	136
-			. ,	. ,	(27.5%)	. ,	(100%)	. ,	(12.7%)
Non-Ambulatory Cerebral Palsy									
No	28	195	115	101	49	219	0 (0%)	222	929
	(100%)	(96.1%)	(92.7%)	(92.7%)	(96.1%)	(97.3%)		(99.1%)	(87.0%)
Yes	0 (0%)	7 (3.4%)	2 (1.6%)	5 (4.6%)	2 (3.9%)	0 (0%)	0 (0%)	2 (0.9%)	18 (1.7%)
Missing	0 (0%)	1 (0.5%)	7 (5.6%)	3 (2.8%)	0 (0%)	6 (2.7%)	104	0 (0%)	121
5	~ /	· · · ·	· · · /	· · ·	· · · ·	· · · ·	(100%)	. ,	(11.3%)
Child IQ <70					1				, , ,
No	22	168	108	0 (0%)	39	212	99 (95.2%)	194	842
	(78.6%)	(82.8%)	(87.1%)		(76.5%)	(94.2%)	, ,	(86.6%)	(78.8%)
Yes	3 (10.7%)	18 (8.9%)	13 (10.5%)	0 (0%)	3 (5.9%)	7 (3.1%)	3 (2.9%)	25 (11.2%)	72 (6.7%)
Missing	3 (10.7%)	17 (8.4%)	3 (2.4%)	109	9 (17.6%)	6 (2.7%)	2 (1.9%)	5 (2.2%)	154
-	, ,	, ,	, ,	(100%)	, ,	. ,	, ,		(14.4%)

eTable 1. Childhood Neurosensory Impairment in VPT/VLBW Participants from Each IPD Cohort

eTable 2. Newcastle Ottawa Criteria and Ratings for Each IPD Cohort

Criteria:

Newcastle Ottawa Rating Scale	http://www	.ohri.ca/prog	grams/clinical	l_epidemiolo	gy/oxford.as	<u>p</u>	
Selection							
1) <u>Representativeness of t</u>	he exposed c	ohort					
A) truly representative of only males)	the average _ in the comm	VPT/VI unity	LBW (not a s	sub-selection	such as jus	t those with	BPD or
B) somewhat representativ			PT/VLBW _	i	n the commu	nity [–]	
C) selected group of users	eg nurses, v	olunteers					
D) no description of the de	erivation of the	he cohort					
2) <u>Selection of the non exp</u>	posed cohort						<u> </u>
A) drawn from the same c	community as	the exposed	cohort _				1
B) drawn from a different	source						
C) no description of the de	erivation of th	ne non expos	ed cohort	1			
3) Ascertainment of expos	sure						
A) secure record (eg surgi	cal records)						
B) structured interview							
C) written self report							
D) no description							
4) Demonstration that out					Vas adult		
cognitive performance k	nown when t	the participa	<u>ants were re</u>	<u>cruited?)</u>	[
A) yes							
B) no							
Comparability							
1) Comparability of cohor			gn or analysi	<u>s</u>			
A) study controls for :			-				
B) study controls for any a	additional fac	tor: sex					
Outcome							

1) <u>Assessment of outcome</u> IQ assessment?)	e (Did the stu	ıdy use a sta	ndardised fu	ull-scale			
A) independent blind asse	ssment						
B) record linkage							
C) self report							
D) no description							
2) Was follow-up long end	ough for outc	omes to occu	ur (Did the co	ohort assess	adult IQ ou	tcomes?)	
A) yes (17 years or greater	r)						
B) no							
3) <u>Adequacy of follow up</u> over 50% of them assess		Of the poten	tial VPT/VI	BW partici	pants eligibl	e in adultho	od, were
A) complete follow up - a	ll subjects ac	counted for	_				
B) subjects lost to follow to description provided of the C) follow up rate < 50	ose lost)			mber lost - >	>50%	follow up, or	
D) no statement							

Criteria:

<u>Co</u> <u>hor</u> <u>t</u>	Representativ eness of the exposed cohort	Selection of the non exposed cohort	<u>Ascertai</u> <u>nment of</u> <u>exposur</u> <u>e</u>	Demonstration that outcome of interest was not present at start of study	Comparability of cohorts on the basis of the design or analysis	Assess ment of outcom e	Was follow-up long enough for outcomes to occur	Adequacy of follow up of cohorts (above or below 50%)	Overal <u>I</u> <u>Cohort</u> <u>Score</u>
<u>AY</u> <u>LS</u> ¹	<u>A (regional)</u>	A	A	A	A	A	A	<u>C</u>	8
<u>BL</u> <u>S</u> ^{2,3}	<u>A (regional)</u>	<u>A</u>	<u>A</u>	A	A	<u>A</u>	<u>A</u>	<u>C</u>	<u>8</u>
<u>EPI</u> <u>Cur</u> <u>e</u> ^{4,5}	<u>A (national)</u>	<u>B</u>	A	A	A	A	A	<u>C</u>	<u>7</u>
<u>HE</u> <u>SV</u> <u>A</u> ⁶	<u>A (regional)</u>	A	A	A	A	A	A	<u>C</u>	8
<u>NT</u> <u>NU</u> 7	<u>A (regional)</u>	<u>B</u>	A	A	A	<u>A</u>	A	B	7
<u>NZ</u> <u>V</u> <u>LB</u> <u>W</u> ⁸	<u>A (national)</u>	B	A	Ā	A	A	Ā	B	8
UC LH ⁹ ,10	<u>A (regional)</u>	B	A	A	A	A	A	B	8
<u>VIC</u> <u>S</u> ¹¹	<u>A (regional)</u>	A	<u>A</u>	A	A	<u>A</u>	A	B	9

eTable 3. Linear Mixed Model Demonstrating Reducing Gestational Age by Birth Year Among VPT/VLBW Participants

VPT/VLBW only analysis										
	Gestational Age (weeks)									
Predictors	Estimates	CI	р							
(Intercept – Estimate for 1978)	32.07	29.66 - 34.49	<0.001							
Birth year – per year post 1978	-0.32	-0.60 – -0.04	0.025							
Observations	1068									
Marginal R ² / Conditional R ²	0.222 / 0.48	88								

eTable 4. Linear Mixed Model Demonstrating Reducing Birth Weight by Birth Year Among VPT/VLBW Participants

VPT/VLBW only analysis									
	Birthweight (g)								
Predictors	Estimates	CI	р						
(Intercept – Estimate for 1978)	1464.87	1211.59 – 1718.14	<0.001						
Birth year – per year post 1978	-29.85	-58.78 – -0.91	0.043						
Observations	1068								
Marginal R ² / Conditional R ²	0.164 / 0.4	11							

<u>Cohort</u>	AY	<u>'LS</u>	B	L <u>S</u>	<u>EPIC</u>	CURE	HE	<u>SVA</u>	<u>NT</u>	<u>'NU</u>	NZV	LBW	UC	<u>CLH</u>	V	I <u>CS</u>
																-
<u>Group</u>	$\frac{\text{Cons}}{n=303}$	<u>VPT/</u> <u>VLBW</u> <u>n=28</u>	<u>Cons</u> <u>n= 192</u>	$\frac{VPT/}{VLBW}$ <u>n=203</u>	<u>Cons</u> <u>n=64</u>	<u>VPT/</u> <u>VLB</u> <u>W</u> n=124	<u>Cons</u> <u>n=98</u>	$\frac{\underline{VPT}}{\underline{VLB}}$ \underline{W} $\underline{n=109}$	<u>Cons</u> <u>n=75</u>	VPT/ VLB W n=51	<u>Cons</u> <u>n=</u> <u>100</u>	<u>VPT/</u> <u>VLBW</u> <u>n= 225</u>	<u>Cons</u> <u>n= 89</u>	<u>VPT</u> /VLB <u>W</u> n=104	<u>Cons</u> <u>n=</u> <u>146</u>	$\frac{VPT/}{VLBW}$ <u>n=224</u>
IQ Z Score																
Mean (SD)	$\frac{\underline{0.00}}{(0.94)}$	$\frac{-0.95}{(1.21)}$	$\frac{0.00}{(0.75)}$	$\frac{-0.83}{(1.04)}$	$\frac{\underline{0.00}}{(0.64)}$	$\frac{-1.06}{(0.96)}$	$\frac{0.00}{(0.84)}$	$\frac{-0.57}{(1.06)}$	$\frac{0.00}{(0.70)}$	$\frac{-0.86}{(1.15)}$	$\frac{0.00}{(0.78)}$	$\frac{-0.78}{(1.00)}$	<u>0.00</u> (0.89)	$\frac{-0.64}{(1.00)}$	$\frac{0.00}{(0.84)}$	$\frac{-0.67}{(1.01)}$
Sex																
Male	<u>134</u> (44.2%))	<u>16</u> (57.1%))	<u>92</u> (47.9%))	<u>108</u> (53.2%)	<u>25</u> (39.1 %)	<u>56</u> (45.2%))	<u>42</u> (42.9 <u>%)</u>	<u>47</u> (43.1%)	<u>33</u> (44.0 %)	<u>25</u> (49.0%))	<u>37</u> (37.0 %)	<u>100</u> (44.4%))	<u>42</u> (47.2 <u>%)</u>	<u>63</u> (60.6%))	<u>56</u> (38.4 %)	96 (42.9%)
Female	<u>169</u> (55.8%))	<u>12</u> (42.9%))	$\frac{100}{(52.1\%)}$	<u>95</u> (46.8%))	<u>39</u> (60.9 <u>%</u>)	<u>68</u> (54.8%))	<u>56</u> (57.1 <u>%</u>)	<u>62</u> (56.9%))	<u>42</u> (56.0 <u>%)</u>	<u>26</u> (51.0%))	<u>63</u> (63.0 <u>%)</u>	<u>125</u> (55.6%)	<u>47</u> (52.8 <u>%</u>)	<u>41</u> (39.4%)	<u>90</u> (61.6 <u>%)</u>	<u>128</u> (57.1%))
Maternal Education	1 Level															
Low	$\frac{52}{(17.2\%)}$	<u>7</u> (25.0%)	87 (45.3%)	$\frac{61}{(30.0\%)}$	<u>4</u> (6.2%)	<u>23</u> (18.5%)	<u>13</u> (13.3 <u>%</u>)	<u>17</u> (15.6%)	<u>2</u> (2.7%)	<u>2</u> (3.9%)	<u>4</u> (4.0%)	<u>85</u> (37.8%)	<u>3</u> (3.4%)	<u>3</u> (2.9%)	<u>9</u> (6.2%)	$\frac{47}{(21.0\%)}$
Medium	<u>101</u> (33.3%))	<u>9</u> (32.1%))	<u>72</u> (37.5%)	<u>112</u> (55.2%)	<u>48</u> <u>(75.0</u> <u>%)</u>	90 (72.6%)	<u>56</u> (57.1 <u>%)</u>	<u>64</u> (58.7%))	$\frac{31}{(41.3)}$	<u>22</u> (43.1%)	<u>33</u> (33.0 %)	<u>68</u> (30.2%)	<u>23</u> (25.8 <u>%)</u>	$\frac{40}{(38.5\%)}$	<u>34</u> (23.3 <u>%</u>)	<u>57</u> (25.4%)

eTable 5. IQ and Demographic Information of All Participants From Each IPD Cohort

High	$\frac{148}{(48.8\%)}$	<u>12</u> (42.9%)	<u>32</u> (16.7%)	<u>27</u> (13.3%)	<u>12</u> (18.8 <u>%)</u>	<u>4</u> (3.2%)	<u>29</u> (29.6 <u>%)</u>	<u>26</u> (23.9%))	<u>28</u> (<u>37.3</u> <u>%</u>)	$\frac{16}{(31.4\%)}$	<u>63</u> (63.0 <u>%)</u>	<u>64</u> (28.4%)	<u>39</u> (43.8 %)	<u>20</u> (19.2%)	<u>26</u> (17.8 <u>%)</u>	$\frac{24}{(10.7\%)}$
Missing	<u>2</u> (0.7%)	<u>0 (0%)</u>	<u>1</u> (0.5%)	<u>3</u> (1.5%)	<u>0 (0%)</u>	<u>7</u> (5.6%)	<u>0 (0%)</u>	<u>2</u> (1.8%)	<u>14</u> (18.7 <u>%</u>)	<u>11</u> (21.6%))	<u>0 (0%)</u>	<u>8</u> (3.6%)	<u>24</u> (27.0 %)	<u>41</u> (39.4%))	77 (52.7 %)	96 (42.9%)

	AYLS	BLS	EPICURE	HESVA	NTNU	NZVLBW	UCLH	VICS	Overall
	VPT/ VLBW (n=28)	VPT/ VLBW (n=203)	VPT/ VLBW (n=124)	VPT/ VLBW (n=109)	VPT/ VLBW (n=51)	VPT/ VLBW (n=225)	VPT/ VLBW (n=104)	VPT/ VLBW (n=224)	VPT/ VLBW (n=1068)
Gestational Age (weeks)									
Mean (SD)	29.6 (2.09)	30.4 (2.05)	24.5 (0.748)	29.3 (2.33)	29.0 (2.49)	29.3 (2.50)	28.8 (2.00)	26.6 (1.99)	28.3 (2.81)
Birthweight Z Score									
Mean (SD)	-0.00903 (1.08)	-0.603 (1.20)	0.230 (0.822)	-0.421 (1.00)	-0.182 (1.08)	-0.607 (1.07)	-0.0826 (0.930)	-0.167 (1.07)	-0.311 (1.09)
Multiple Birth	, ,			````	, <i>i</i>	, <i>i</i>	· · ·		
Singleton	25 (89.3%)	149 (73.4%)	83 (66.9%)	92 (84.4%)	41 (80.4%)	169 (75.1%)	81 (77.9%)	150 (67.0%)	790 (74.0%)
Multiple	3 (10.7%)	54 (26.6%)	40 (32.3%)	17 (15.6%)	10 (19.6%)	56 (24.9%)	19 (18.3%)	74 (33.0%)	273 (25.6%)
Missing	0 (0%)	0 (0%)	1 (0.8%)	0 (0%)	0 (0%)	0 (0%)	4 (3.8%)	0 (0%)	5 (0.5%)
Intraventricular Haemorrhage									
No Grade	23 (82.1%)	161 (79.3%)	44 (35.5%)	69 (63.3%)	38 (74.5%)	158 (70.2%)	48 (46.2%)	152 (67.9%)	693 (64.9%)
Any Grade	5 (17.9%)	41 (20.2%)	79 (63.7%)	14 (12.8%)	5 (9.8%)	52 (23.1%)	55 (52.9%)	72 (32.1%)	323 (30.2%)
Missing	0 (0%)	1 (0.5%)	1 (0.8%)	26 (23.9%)	8 (15.7%)	15 (6.7%)	1 (1.0%)	0 (0%)	52 (4.9%)
Bronchopulmonary Dysplasia Diagnosed									
No	27 (96.4%)	101 (49.8%)	35 (28.2%)	80 (73.4%)	39 (76.5%)	181 (80.4%)	0 (0%)	138 (61.6%)	601 (56.3%)
Yes	1 (3.6%)	102 (50.2%)	89 (71.8%)	25 (22.9%)	10 (19.6%)	44 (19.6%)	0 (0%)	86 (38.4%)	357 (33.4%)
Missing	0 (0%)	0 (0%)	0 (0%)	4 (3.7%)	2 (3.9%)	0 (0%)	104 (100%)	0 (0%)	110 (10.3%)
ISCED Maternal Education									
Low	7 (25.0%)	61 (30.0%)	23 (18.5%)	17 (15.6%)	2 (3.9%)	85 (37.8%)	3 (2.9%)	47 (21.0%)	245 (22.9%)
Medium	9 (32.1%)	112 (55.2%)	90 (72.6%)	64 (58.7%)	22 (43.1%)	68 (30.2%)	40 (38.5%)	57 (25.4%)	462 (43.3%)

eTable 6. Neonatal and Demographic Data for VPT/VLBW Participants from Each IPD Cohort

High	12 (42.9%)	27	4 (3.2%)	26	16	64	20 (19.2%)	24	193
		(13.3%)		(23.9%)	(31.4%)	(28.4%)		(10.7%)	(18.1%)
Missing	0 (0%)	3 (1.5%)	7 (5.6%)	2 (1.8%)	11	8 (3.6%)	41 (39.4%)	96	168
					(21.6%)			(42.9%)	(15.7%)
Birth Year									
Mean (SD)	1985.3	1985.2	1995.0	1982.4	1987.2	1986.0	1982.1	1991.6	1987.4
	(0.46)	(0.41)	(0.00)	(2.10)	(0.74)	(0.00)	(1.83)	(0.50)	(4.24)
Age Assessed									
Mean (SD)	25.8	26.2	19.3	24.5	26.3	28.4	30.5	17.9	24.4
	(0.49)	(0.59)	(0.55)	(2.08)	(0.67)	(1.09)	(2.42)	(0.79)	(4.55)

eTable 7. Study Characteristics of VPT/VLBW Cohorts Not Included in the IPD Metaanalysis

			VPT/VLBW		<u>Controls</u>		
<u>Cohort</u>	<u>Birth</u> <u>year</u>	<u>IQ Test</u>	<u>IQ.</u> <u>M (SD)</u>	<u>n</u>	<u>IQ,</u> <u>M (SD)</u>	<u>n</u>	<u>Age at</u> <u>assessment,</u> <u>M (SD)</u>
<u>Constable</u> (2013) ¹²	<u>1990</u>	<u>WISC</u> TIQ	<u>91.7 (12.4)</u>	<u>19</u>	<u>100.4</u> (18.7)	<u>19</u>	<u>20.1 (0.9)</u>
Hack (2002) ¹³	<u>1977</u>	WAIS-R	86.87(14.23) ^A	<u>236</u>	<u>92(14.4)</u>	<u>231</u>	<u>20</u>
Hallin 2010) ¹⁴	<u>1985</u>	<u>WAIS-III</u>	<u>93 (15.4)</u>	<u>52</u>	<u>106</u> (12.5)	<u>54</u>	<u>18.4(0.2)</u>
Lefebvre (2005) ¹⁵	<u>1976</u>	WAIS-R	<u>94(12)</u>	<u>59</u>	<u>108(14)</u>	<u>44</u>	<u>18.1(1.8)</u>
Stålnacke (2015) ¹⁶	<u>1988</u>	WISC-III	<u>-0.315(1.165)^B</u>	<u>118</u>	<u>0(1)</u>	<u>91</u>	<u>18</u>

A = Derived from weighted average of the male and female reported scores. Age at assessment SD not stated.

B = Derived from the combined Z score for verbal and non-verbal ability. Age at assessment SD not stated.

eReferences

- 1. Matinolli HM, Hovi P, Levalahti E, et al. Neonatal nutrition predicts energy balance in young adults born preterm at very low birth weight. *Nutrients*. 2017;9 (12) (no pagination)(1282). doi:10.3390/nu9121282
- 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 and Psychiatry*. 2015;56(8):857-864. doi:10.1111/jcpp.12358
- 3. 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 and Child Neurology*. 1999;41(2):94-109.
- 4. Costeloe K, Hennessy E, Gibson AT, Marlow N, Wilkinson AR. The EPICure study: outcomes to discharge from hospital for infants born at the threshold of viability. *Pediatrics*. 2000;106(4):659-671.
- 5. Linsell L, Johnson S, Wolke D, et al. Cognitive trajectories from infancy to early adulthood following birth before 26 weeks of gestation: a prospective, population-based cohort study. *Archives of Disease in Childhood*. 2018;103(4):363-370. doi:10.1136/archdischild-2017-313414
- 6. Pyhälä R. Psychological and psychophysiological functioning of young adults born preterm: The Helsinki Study of Very Low Birth Weight Adults. Published online 2012.
- Lærum AMW, Reitan SK, Evensen KAI, et al. Psychiatric symptoms and risk factors in adults born preterm with very low birthweight or born small for gestational age at term. *BMC Psychiatry*. 2019;19(1):223. doi:10.1186/s12888-019-2202-8
- 8. Darlow BA, Horwood LJ, Woodward LJ, et al. The New Zealand 1986 very low birth weight cohort as young adults: mapping the road ahead. *BMC Pediatr*. 2015;15:90. doi:10.1186/s12887-015-0413-9
- 9. Stewart AL, Reynolds EOR, Hope PL, et al. Probabilité of Neurodevelopmental Disorders Estimated from Ultrasound Appearance of Brains of Very Preterm Infants. *Developmental Medicine & Child Neurology*. 1987;29(1):3-11. doi:10.1111/j.1469-8749.1987.tb02101.x
- Kroll J, Karolis V, Brittain PJ, et al. Real-Life Impact of Executive Function Impairments in Adults Who Were Born Very Preterm. *Journal of the International Neuropsychological Society*. 2017;23(5):381-389. doi:10.1017/S1355617717000169
- 11. Victorian Infant Collaborative Study Group. Outcome at 2 years of children 23–27 weeks' gestation born in Victoria in 1991–92. *Journal of Paediatrics and Child Health*. 1997;33(2):161-165.
- 12. Constable RT, Vohr BR, Scheinost D, et al. A left cerebellar pathway mediates language in prematurelyborn young adults. *Neuroimage*. 2013;64:371-378.
- 13. Hack M, Flannery DJ, Schluchter M, Cartar L, Borawski E, Klein N. Outcomes in young adulthood for very-low-birth-weight infants. *N Engl J Med.* 2002;346(3):149-157. doi:10.1056/NEJMoa010856
- Hallin A-L, Hellström-Westas L, Stjernqvist K. Follow-up of adolescents born extremely preterm: cognitive function and health at 18 years of age. *Acta Paediatr*. 2010;99(9):1401-1406. doi:10.1111/j.1651-2227.2010.01850.x
- Lefebvre F, Mazurier E, Tessier R. Cognitive and educational outcomes in early adulthood for infants weighing 1000 grams or less at birth. *Acta Paediatr*. 2005;94(6):733-740. doi:10.1111/j.1651-2227.2005.tb01973.x
- Stålnacke J, Lundequist A, Böhm B, Forssberg H, Smedler A-C. Individual cognitive patterns and developmental trajectories after preterm birth. *Child Neuropsychol*. 2015;21(5):648-667. doi:10.1080/09297049.2014.958071

 $\ensuremath{\textcircled{\sc c}}$ 2021 American Medical Association. All rights reserved.