

Supplementary Online Content

Ninan K, Liyanage SK, Murphy KE, Asztalos EV, McDonald SD. Evaluation of long-term outcomes associated with preterm exposure to antenatal corticosteroids: a systematic review and meta-analysis. *JAMA Pediatr*. Published online April 11, 2022. doi:10.1001/jamapediatrics.2022.0483

eTable 1. Inclusion and Exclusion Criteria for a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eTable 2. Individual Adjusted Neurodevelopmental/Psychological Outcomes of Included Studies on a Single Course of Antenatal Corticosteroids vs. Non-Exposure in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eTable 3. Individual Unadjusted Neurodevelopmental/Psychological Outcomes of Included Studies on a Single Course of Antenatal Corticosteroids vs. Non-Exposure in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eTable 4. Individual Adjusted Neurodevelopmental/Psychological Outcomes of Included Studies on an Unspecified Number of Courses of Antenatal Corticosteroids vs. Non-Exposure in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eTable 5. Individual Unadjusted Neurodevelopmental/Psychological Outcomes of Included Studies on an Unspecified Number of Courses of Antenatal Corticosteroids vs. Non-Exposure in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eTable 6. Summary of Findings Table of Secondary Meta-analyzed Outcomes in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eTable 7. Other Long-Term Outcomes of Included Studies in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eTable 8. Newcastle-Ottawa Scale Quality Assessment Scores for Non-Randomized Studies Included in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eFigure 1. Visual Representation of Available Individual Adjusted Neurodevelopmental/Psychological Outcomes in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eFigure 2. Forest Plots of Sensitivity Analyses and Meta-analyzed Unadjusted Neurodevelopmental/Psychological and Other Outcomes in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eFigure 3. Visual Representation of Available Individual Unadjusted Neurodevelopmental/Psychological Outcomes in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eFigure 4. Infographic Abstract of a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eAppendix 1. Electronic Search Strategies for a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eAppendix 2. Excluded Key Articles from a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eAppendix 3. Confounding Factors Addressed in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

eReferences

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

eTable 1. Inclusion and Exclusion Criteria for a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

Study (country) [Risk of bias assessment]	Inclusion criteria	Exclusion criteria
A single course of ACS versus those unexposed		
<i>Children born preterm</i>		
Chawla, 2013 (U.S.) ¹ ★★★★★★	<ul style="list-style-type: none"> • GA <28 weeks • BW 400-1000g • Included data on race/ethnicity of children at baseline [ACS group, n=80; unexposed group, n=28] <ul style="list-style-type: none"> ○ African American in ACS group (n=63) ○ African American in unexposed group (n=26) 	<ul style="list-style-type: none"> • Stillbirths • Congenital infections • Chromosomal or major congenital anomalies • Neonates not resuscitated at birth due to extreme prematurity
Gover, 2012 (Canada) ² ★★★★★★½	<ul style="list-style-type: none"> • GA ≤32 weeks 	<ul style="list-style-type: none"> • Major congenital anomalies • Maternal heroin or cocaine use during pregnancy • Major infant impairment • Infants exposed to a partial course or more than a single course of ACS • Infants on hydrocortisone post-discharge
Chawla, 2016 (U.S.) ³ ★★★★★★	<ul style="list-style-type: none"> • BW 401-1000 g/a GA of 22-27 weeks as determined by early ultrasonography or last menstrual period • Included data on race/ethnicity of mothers at baseline [ACS group, n=3630; unexposed group, n=833] <ul style="list-style-type: none"> ○ White in ACS group (n=1987) ○ African American in ACS group (n=1445) ○ Other in ACS group (n=198) ○ White in unexposed group (n=394) ○ African American in unexposed group (n=399) ○ Other in unexposed group (n=40) 	<ul style="list-style-type: none"> • Infants who died within 12h of birth without aggressive neonatal care
Lee, 2008 (U.S.) ⁴ ★★★★★★½	<ul style="list-style-type: none"> • BW 401-1000g • Born at NICHD Neonatal Research Network centers • Included data on race/ethnicity of children followed-up [betamethasone group, n=563; dexamethasone group, n=408; unexposed group, n=153] 	<ul style="list-style-type: none"> • Congenital or chromosomal anomaly • Inborn error of metabolism • Exposure to both dexamethasone and betamethasone • Outborn infants

Study (country) [Risk of bias assessment]	Inclusion criteria	Exclusion criteria
	<ul style="list-style-type: none"> ○ “Non-white” in betamethasone group (56%) ○ “Non-white” in dexamethasone group (70%) ○ “Non-white” in unexposed group (79%) 	
Agarwal, 2018 (Singapore) ⁵ ★★★★★	<ul style="list-style-type: none"> • PTB/ VLBW (≤ 1250 g) • Born at the KK Women’s and Children’s Hospital (KKH) • Survived until follow-up • Included data on race/ethnicity of all children at baseline [n=165] <ul style="list-style-type: none"> ○ Chinese (53%) ○ Malay (27%) ○ Indian (15%) ○ “Other” (5%) 	<ul style="list-style-type: none"> • Major congenital malformations
Kim, 2018 (Korea) ⁶ ★★★★½	<ul style="list-style-type: none"> • 21-23 weeks GA (determined by the LMP or crown-rump length on 1st trimester ultrasonography) 	<ul style="list-style-type: none"> • Stillbirth • Voluntary termination of pregnancy or parental elective non-resuscitations • Delayed-interval delivery in twin pregnancies • Major congenital anomalies
Laughon, 2009 (U.S.) ⁷ ★★★★½	<ul style="list-style-type: none"> • GA <28 weeks • Children able to walk independently (Gross Motor Function Classification System) 	<ul style="list-style-type: none"> • NS
McElrath, 2009 (U.S.) ⁸ ★★★★½	<ul style="list-style-type: none"> • <28 weeks GA 	<ul style="list-style-type: none"> • Birth defects and/or aneuploidy
Lardon, 2017 (Spain) ⁹ ★★★★½	<ul style="list-style-type: none"> • Preterm infants • BW <1,500 g 	<ul style="list-style-type: none"> • Major malformation detectable in fetus or newborn • Genetic syndromes or metabolic disturbances
Tseng, 2016 (Taiwan) ¹⁰ ★★★★½	<ul style="list-style-type: none"> • GA <35 weeks • BW <1500g 	<ul style="list-style-type: none"> • NS

Study (country) [Risk of bias assessment]	Inclusion criteria	Exclusion criteria
Unspecified number of courses of ACS versus those unexposed		
<i>Children born preterm or at term</i>		
Lamminmaki 2021 (Finland) ¹¹ ★★★★★½	<ul style="list-style-type: none"> • Preterm & term • Matched controls for sex, GA ±6 days, and date of birth ±3 days 	<ul style="list-style-type: none"> • NS
Raikkonen, 2020 (Finland) ¹² ★★★★★½	<ul style="list-style-type: none"> • Singletons • Valid maternal and child personal identification codes for register data linkage • Available data on GA at birth • Survived until end of 1st year of life 	<ul style="list-style-type: none"> • NS
Wolford, 2020 (Finland) ¹³ ★★★★★	<ul style="list-style-type: none"> • Singleton live-born infants • Women with known risk factors for PE and IUGR • Women with no known risk factors 	<ul style="list-style-type: none"> • NS
<i>Children born preterm</i>		
Haslam, 2018 (Canada) ¹⁴ ★★★★★½	<ul style="list-style-type: none"> • Born at 23-28 weeks GA and admitted to a NICU • Included data on race/ethnicity of all children at baseline [n=2187] <ul style="list-style-type: none"> ○ First Nations (n=77) ○ East Asian (n=60) ○ South Asian (n=144) ○ White (n=1260) ○ “Other/unknown” (n=646) 	<ul style="list-style-type: none"> • Stillborn • Moribund • Major congenital anomalies, • Admitted to NICU >24h after birth
Aviram, 2021 (Canada) ¹⁵ ★★★★★	<ul style="list-style-type: none"> • Singletons • Live births • 34-36 weeks and 6 days GA 	<ul style="list-style-type: none"> • Multi-fetal gestations • Genetic or major structural abnormalities, • Deliveries complicated by intrapartum asphyxia • No data on exposure to ACS/other variables
Raikkonen, 2020 (Finland) ¹² ★★★★★½	<ul style="list-style-type: none"> • Singletons • Valid maternal and child personal identification codes for register data linkage • Available data on GA at birth • Survived until end of 1st year of life 	<ul style="list-style-type: none"> • NS

Study (country) [Risk of bias assessment]	Inclusion criteria	Exclusion criteria
Gentle, 2020 (U.S.) ¹⁶ ★★★★★★	<ul style="list-style-type: none"> • Born at 22-26 weeks GA • Included data on race/ethnicity of children at baseline [ACS group, n=2752; unexposed group, n=341] <ul style="list-style-type: none"> ○ “Non-white race” in ACS group (n=1343) ○ “Non-white race” in unexposed group (n=186) 	<ul style="list-style-type: none"> • Major congenital anomaly • Death occurred in first 12h after birth without receiving delivery room resuscitation (no ventilation, intubation or medications)
Hutcheon, 2020 (Canada) ¹⁷ ★★★★★★	<ul style="list-style-type: none"> • GA 31-36 weeks and 6 days 	<ul style="list-style-type: none"> • Children moved out of province before age 4 • Births with no ultrasound confirmed- or revised- estimate of GA in days •
Bulbul, 2020 (Turkey) ¹⁸ ★★★★★½	<ul style="list-style-type: none"> • ≤34 weeks GA from participating hospital 	<ul style="list-style-type: none"> • Babies born in other centers and referred to participating hospital • Congenital major anomaly or congenital metabolic disease
Miyazaki, 2015 (Japan) ¹⁹ ★★★★★½	<ul style="list-style-type: none"> • VLBW neonates born in tertiary perinatal centers • 	<ul style="list-style-type: none"> • Multiple pregnancies • GA >31 weeks • Major congenital malformations • Hospitalization following an out-of-hospital birth • No pathological examination of the placenta
Ushida, 2020a (Japan) ²⁰ ★★★★★½	<ul style="list-style-type: none"> • BW ≤1,500g and born at 24-31 weeks GA • Women with complete data about maternal and neonatal characteristics 	<ul style="list-style-type: none"> • <24 weeks GA • Children from higher order multiple births (triplets, quadruplets) • Major congenital abnormalities • Transfer from other facilities • Co-twin fetal death • Incomplete medical records
Ushida, 2020b (Japan) ²¹ ★★★★★½	<ul style="list-style-type: none"> • BW ≤1,500g and born at 24-31 weeks GA 	<ul style="list-style-type: none"> • <24 weeks GA • Multiple pregnancies • Major congenital abnormalities • Out of hospital births • Incomplete medical records

Study (country) [Risk of bias assessment]	Inclusion criteria	Exclusion criteria
Basset, 2018 (France) ²² ★★★★★	<ul style="list-style-type: none"> • Born at 24-33 weeks GA • Born in 1 of 24 maternity clinics and hospitalized in 1 of the 3 NICUs • Remaining alive until discharge and enrolled in follow-up program 	<ul style="list-style-type: none"> • Missing data regarding ACS or birth head circumference • Genetic abnormalities or malformations • Extreme birth weight/head circumference ($ZS \leq 3$ or >3)
Ishikawa, 2015 (Japan) ²³ ★★★★★½	<ul style="list-style-type: none"> • BW <1500g • SGA 	<ul style="list-style-type: none"> • Multiple pregnancies • >34 weeks GA or uncertain GA • Uncertain administration of ACS • Major congenital malformation • Hospitalization following an out-of-hospital birth
Li, 2019 (China) ²⁴ ★★★★★½	<ul style="list-style-type: none"> • Extremely preterm (<28 weeks GA) 	<ul style="list-style-type: none"> • NS
Ochiai, 2014 (Japan) ²⁵ ★★★★★½	<ul style="list-style-type: none"> • Born at 22-24 weeks GA 	<ul style="list-style-type: none"> • NS
Young, 2016 (Canada) ²⁶ ★★★★★½	<ul style="list-style-type: none"> • Born ≤ 32 weeks GA • From participating NICU 	<ul style="list-style-type: none"> • Known chromosomal or major congenital abnormality
Kallen, 2015 (Sweden) ²⁷ ★★★★★½	<ul style="list-style-type: none"> • Live-born infants (including multiple births and infants with malformations) 	<ul style="list-style-type: none"> • Stillborn • Infants born outside the country and transferred after birth for neonatal care
Kiechl-Kohlendorfer, 2009 (Austria) ²⁸ ★★★★★½	<ul style="list-style-type: none"> • Born <32 weeks GA • Born at included NICU 	<ul style="list-style-type: none"> • Died before or after discharge • Hospitalization following an out-of-hospital birth • Major congenital anomalies
Sun, 2015 (China) ²⁹ ★★★★★½	<ul style="list-style-type: none"> • Born <32 weeks GA/ birth weight <1,500 g • Respiratory distress syndrome requiring mechanical ventilation less than 24 hours of life 	<ul style="list-style-type: none"> • Genetic or metabolic diseases • Congenital abnormalities • Pneumothorax
<i>Children born at term</i>		
Melamed, 2019 (Canada) ³⁰ ★★★★★★★	<ul style="list-style-type: none"> • Singleton infants • Born term (≥ 37 weeks GA) in Ontario 	<ul style="list-style-type: none"> • Multiple gestations • Cases complicated by intrapartum asphyxia (umbilical artery pH<7.1) • Genetic or major structural abnormalities • Data on exposure to ACS or on other variables were unavailable

Study (country) [Risk of bias assessment]	Inclusion criteria	Exclusion criteria
Raikkonen, 2020 (Finland) ¹² ★★★★★½	<ul style="list-style-type: none"> • Singletons • Valid maternal and child personal identification codes for register data linkage • Available data on GA at birth • Survived until end of 1st year of life 	<ul style="list-style-type: none"> • NS

Legend:

ACS – antenatal corticosteroids; PTB – preterm birth; VLBW – very low birth weight; g – grams; GA – gestational age; LMP – last menstrual period; BW – birth weight; h – hours; NS – not stated/defined; mg – milligrams; NICHD – Eunice Kennedy Shriver National Institute of Child Health and Human Development; IQR – interquartile ratio; PE – preeclampsia; IUGR – intrauterine growth restriction; SD – standard deviation; NICU – neonatal intensive care unit; ZS – z-score; SGA – small for gestational age; RDS – respiratory distress syndrome; PAO₂ – partial pressure of oxygen ration; FIO₂ – fraction of inspired oxygen ration

Newcastle-Ottawa Scale: ★ – point awarded; ½ – half point awarded

eTable 2. Individual Adjusted Neurodevelopmental/Psychological Outcomes of Included Studies on a Single Course of Antenatal Corticosteroids vs. Non-Exposure in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Single course of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
<i>Children born preterm</i>						
Chawla, 2016 (U.S.) ³ ★★★★★★	Neurodevelopmental impairment <ul style="list-style-type: none"> • moderate to severe cerebral palsy based on the GMFCS levels 3-5, a cognitive score <85 on BSID-III, blindness, or deafness 	651/2405	166/419	Adj OR: 0.70 (0.55-0.89)	81 fewer per 1,000 (from 131 fewer to 28 fewer)	Meta-analyzed (Table 2)
	Blindness <ul style="list-style-type: none"> • bilateral visual acuity of 20/200 or less 	12/2402	1/417	Adj OR: 2.73 (0.34-21.76)	4 more per 1,000 (from 2 fewer to 47 more)	Meta-analyzed (eTable 6)
	Deafness <ul style="list-style-type: none"> • hearing impairment despite amplification or cochlear implants 	31/2405	10/418	Adj OR: 0.58 (0.28-1.23)	10 fewer per 1,000 (from 17 fewer to 5 more)	Meta-analyzed (eTable 6)
	Any cerebral palsy	252/2404	73/418	Adj OR: 0.51 (0.38-0.70)	77 fewer per 1,000 (from 100 fewer to 46 fewer)	Meta-analyzed (eTable 6)
	Moderate to severe cerebral palsy <ul style="list-style-type: none"> • GMFCS levels 3-5 	126/2404	26/418	Adj OR: 0.87 (0.55-1.37)	8 fewer per 1,000 (from 27 fewer to 21 more)	Meta-analyzed (eTable 6)

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Single course of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
	BSID-III cognitive score <70	192/2396	53/419	Adj OR: 0.72 (0.51-1.01)	32 fewer per 1,000 (from 58 fewer to 1 more)	⊕○○○ Very low ^a
	BSID-III cognitive score 70-84	423/2396	109/419	Adj OR: 0.76 (0.59-0.99)	49 fewer per 1,000 (from 88 fewer to 2 fewer)	⊕⊕○○ Low
	BSID-III cognitive score <85	615/2396	162/419	Adj OR: 0.69 (0.54-0.87)	84 fewer per 1,000 (from 133 fewer to 32 fewer)	Meta-analyzed (eTable 6)
Lee, 2008 (U.S.) ⁴ ★★★★★½	Neurodevelopmental impairment <ul style="list-style-type: none"> cerebral palsy, MDI <70, PDI <70, deafness, or blindness 	<ul style="list-style-type: none"> <i>Dex</i>: 167/408 <i>Beta</i>: 191/563 	69/153	<ul style="list-style-type: none"> <i>Dex v none</i>; Adj OR: 0.74 (0.48-1.15) <i>Beta v none</i>; Adj OR: 0.63 (0.41-0.97) 	<ul style="list-style-type: none"> 73 fewer per 1,000 (from 168 fewer to 35 more) 110 fewer per 1,000 (from 199 fewer to 8 fewer) 	Meta-analyzed (Table 2)

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Single course of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
	Blindness <ul style="list-style-type: none"> 20/200 visual acuity or less 	<ul style="list-style-type: none"> <i>Dex</i>: 4/408 <i>Beta</i>: 5/563 	1/153	<ul style="list-style-type: none"> <i>Dex v none</i>; Adj OR: 1.51 (0.17-13.61) <i>Beta v none</i>; Adj OR: 1.36 (0.16-11.77) 	<ul style="list-style-type: none"> 110 fewer per 1,000 (from 199 fewer to 8 fewer) 2 more per 1,000 (from 5 fewer to 65 more) 	Meta-analyzed (eTable 6)
	Deafness <ul style="list-style-type: none"> use of hearing aids in both ears 	<ul style="list-style-type: none"> <i>Dex</i>: 13/408 <i>Beta</i>: 5/563 	5/153	<ul style="list-style-type: none"> <i>Dex v none</i>; Adj OR: 0.85 (0.28-2.59) <i>Beta v none</i>; Adj OR: 0.22 (0.06-0.82) 	<ul style="list-style-type: none"> 5 fewer per 1,000 (from 23 fewer to 48 more) 25 fewer per 1,000 (from 31 fewer to 6 fewer) 	Meta-analyzed (eTable 6)
	Cerebral palsy	<ul style="list-style-type: none"> <i>Dex</i>: 55/408 <i>Beta</i>: 56/563 	20/153	<ul style="list-style-type: none"> <i>Dex v none</i>; Adj OR: 0.91 (0.46-1.80) <i>Beta v none</i>; Adj OR: 0.67 (0.34-1.33) 	<ul style="list-style-type: none"> 10 fewer per 1,000 (from 66 fewer to 82 more) 39 fewer per 1,000 (from 82 fewer to 36 more) 	Meta-analyzed (eTable 6)

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Single course of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
	Moderate or severe cerebral palsy	<ul style="list-style-type: none"> • <i>Dex</i>: 29/408 • <i>Beta</i>: 30/563 	10/153	<ul style="list-style-type: none"> • <i>Dex v none</i>; Adj OR: 0.86 (0.34-2.15) • <i>Beta v none</i>; Adj OR: 0.61 (0.25-1.51) 	<ul style="list-style-type: none"> • 9 fewer per 1,000 (from 42 fewer to 65 more) • 24 fewer per 1,000 (from 48 fewer to 30 more) 	Meta-analyzed (eTable 6)
	BSID-II MDI <70	<ul style="list-style-type: none"> • <i>Dex</i>: 135/408 • <i>Beta</i>: 163/563 	58/153	<ul style="list-style-type: none"> • <i>Dex v none</i>; Adj OR: 0.73 (0.46-1.15) • <i>Beta v none</i>; Adj OR: 0.70 (0.45-1.09) 	<ul style="list-style-type: none"> • 71 fewer per 1,000 (from 160 fewer to 33 more) • 80 fewer per 1,000 (from 164 fewer to 20 more) 	<p>⊕○○○ Very low^a</p> <p>⊕○○○ Very low^a</p>
	BSID-II PDI <70	<ul style="list-style-type: none"> • <i>Dex</i>: 98/408 • <i>Beta</i>: 107/563 	31/153	<ul style="list-style-type: none"> • <i>Dex v none</i>; Adj OR: 1.25 (0.71-2.18) • <i>Beta v none</i>; Adj OR: 0.89 (0.51-1.55) 	<ul style="list-style-type: none"> • 38 more per 1,000 (from 50 fewer to 154 more) • 18 fewer per 1,000 (from 88 fewer to 80 more) 	<p>⊕○○○ Very low^a</p> <p>⊕○○○ Very low^a</p>

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Single course of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
	Unimpaired <ul style="list-style-type: none"> the absence of the following: cerebral palsy, blindness, deafness, MDI \geq85, PDI \geq85 	<ul style="list-style-type: none"> <i>Dex</i>: 106/408 <i>Beta</i>: 225/563 	32/153	<ul style="list-style-type: none"> <i>Dex v none</i>; Adj OR: 1.50 (0.91-2.48) <i>Beta v none</i>; Adj OR: 2.42 (1.49-3.91) 	<ul style="list-style-type: none"> 75 more per 1,000 (from 15 fewer to 187 more) 181 more per 1,000 (from 74 more to 299 more) 	<p>⊕○○○ Very low^a</p> <p>⊕⊕○○ Low</p>
Laughon, 2007 (Unspecified) ⁷ ★★★★★½	BSID-II PDI score <55	71/588	4/93	Adj OR: 2.3 (1.5-3.5)	51 more per 1,000 (from 20 more to 93 more)	⊕○○○ Very low ^{a,b}
Lardon, 2017 (Spain) ⁹ ★★★★★½	Visual sensory disorder <ul style="list-style-type: none"> myopia, loss of vision or strabismus 	17/134	4/37	Adj OR: 1.08 (0.28-4.17)	8 more per 1,000 (from 75 fewer to 228 more)	Meta-analyzed (eTable 6)
	Auditory sensory disorder <ul style="list-style-type: none"> sensorineural deafness 	10/134	2/37	Adj OR: 1.19 (0.22-6.26)	10 more per 1,000 (from 42 fewer to 209 more)	Meta-analyzed (eTable 6)
	Behavioral/conduct disorder <ul style="list-style-type: none"> autism spectrum disorder 	6/134	2/37	Adj OR: 0.72 (0.13-4.01)	15 fewer per 1,000 (from 47 fewer to 132 more)	⊕○○○ Very low ^{a,b}

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Single course of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
	Motor disorder <ul style="list-style-type: none"> mild neuromotor disorder, diparesis, hemiparesis or tetraparesis 	25/134	7/37	Adj OR: 0.59 (0.25-1.38)	68 fewer per 1,000 (from 134 fewer to 54 more)	⊕○○○ Very low ^{a,b}
	Cognitive delay	62/134	18/37	Adj OR: 0.84(0.28-2.46)	43 fewer per 1,000 (from 277 fewer to 213 more)	⊕○○○ Very low ^{a,b}
	Multiple deficiency <ul style="list-style-type: none"> profound intellectual deficiency associated with more or less severe motor disturbances or sensory or behavioral disturbances 	5/134	1/37	Adj OR 1.60 (0.14-18.3)	16 more per 1,000 (from 23 fewer to 310 more)	⊕○○○ Very low ^{a,b}

Legend:

ACS – antenatal corticosteroids; SD – standard deviation; CI – confidence interval; BSID – Bayley Scales of Infant and Toddler Development; NS – not stated/defined; adj – adjusted; OR – odds ratio; GMFCS – Gross Motor Function Classification System; MDI – mental development index; PDI – psychomotor development index; Dex – dexamethasone; Beta – betamethasone; v – versus

Newcastle-Ottawa Scale: ★ – point awarded, ½ – half point awarded

GRADE Assessment: Low rating indicates no serious concerns in GRADE domains and no other considerations were made; a–serious rating for imprecision due to small sample size/wide 95% CI's; b–serious rating for risk of bias due to low Newcastle-Ottawa scale rating (i.e., <6 stars).

Green font– a statistically significant beneficial outcome, **grey highlighting** – not measured/reported, **red font**– a statistically significant harmful outcome

eTable 3. Individual Unadjusted Neurodevelopmental/Psychological Outcomes of Included Studies on a Single Course of Antenatal Corticosteroids vs. Non-Exposure in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Single course of ACS (n/N) or Mean (SD)	Unexposed group (n/N) or Mean (SD)	Reported effect measure & size (95% CI)	GRADE certainty
<i>Children born preterm</i>					
Chawla, 2013 (U.S.) ¹ ★★★★★★	Neurodevelopmental impairment <ul style="list-style-type: none"> • moderate to severe cerebral palsy based on the GMFCS levels 3-5, a cognitive score <85 on BSID-III, blindness, or deafness 	16/51	3/8	p=0.08	Meta-analyzed (eTable 6)
	Blindness <ul style="list-style-type: none"> • bilateral visual acuity of 20/200 or less 	0/51	0/8	p=0.15	Meta-analyzed (eTable 6)
	Deafness <ul style="list-style-type: none"> • the need for bilateral amplification or cochlear implants 	3/51	0/8	p=0.47	Meta-analyzed (eTable 6)
	Any cerebral palsy	13/51	3/8	p=0.27	Meta-analyzed (eTable 6)
	Moderate/severe cerebral palsy <ul style="list-style-type: none"> • GMFCS levels 3-5 	7/51	1/8	p=0.82	Meta-analyzed (eTable 6)
	BSID-III MDI/cognitive score <70	14/51	3/8	p=0.68	⊕○○○ Very low ^a
	BSID-III MDI/cognitive score <85	27/51	5/8	p=0.13	Meta-analyzed (eTable 6)
Agarwal, 2018 ⁵ (India) ★★★★★	Neurodevelopmental impairment <ul style="list-style-type: none"> • presence of neurosensory impairment (cerebral palsy, deafness, or blindness) or with BSID-III score <70 in any domain 	NS	NS	Lack of ACS: unadjusted OR: 2.91 (1.21-7.00)	⊕○○○ Very low ^a
	Abnormal cognition significant delay: <70 on the BSID-III cognitive scores	1/122	8/43	Lack of ACS: unadjusted OR: 41.5 (3.5-485.7)	⊕○○○ Very low ^a

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Single course of ACS (n/N) or Mean (SD)	Unexposed group (n/N) or Mean (SD)	Reported effect measure & size (95% CI)	GRADE certainty
	Abnormal language significant delay: <70 on the BSID-III language score	15/122	14/43	Lack of ACS: unadjusted OR: 2.8 (1.1-7.4)	⊕○○○ Very low ^a
Kim, 2018 (Korea) ⁶ ★★★★★½	Neurodevelopmental impairment <ul style="list-style-type: none"> cerebral palsy GMFCS level ≥ II, MDI<70 on BSID-II or cognitive score <85 on BSID-III, suspicion of developmental delay on Denver Developmental Screening test, blindness or use of cochlear implant 	24/25	15/16	p=0.197	Meta-analyzed (eTable 6)
	Cerebral palsy <ul style="list-style-type: none"> Any level using the GMFCS 	14/27 ≥ level III: 0/26	9/18 ≥ level III: 1/18	p=0.659 ≥ level III: p=0.171	Meta-analyzed (eTable 6)
	Developmental delay by BSID or Denver Developmental Screening test	24/25	14/17	p=0.162	⊕○○○ Very low ^{a,b}
Laughon, 2007 (Unspecified) ⁷ ★★★★★½	BSID-II MDI score <55	71/588	10/93		⊕○○○ Very low ^{a,b}
	BSID-II MDI score of 55-59	65/588	8/93		⊕○○○ Very low ^{a,b}
	BSID-II PDI score of 55-59	88/588	14/93		⊕○○○ Very low ^{a,b}
McElrath, 2009 (U.S.) ⁸ ★★★★★½	Quadriplegia	6/681	8/113		⊕○○○ Very low ^{a,b}
	Diparesis	4/681	4/113		Meta-analyzed (eTable 6)
	Hemiparesis	2/681	0/113		Meta-analyzed (eTable 6)
Lardon, 2017 (Spain) ⁹ ★★★★★½	Mild motor disorder	16/134	3/37		⊕○○○ Very low ^{a,b}
	Diparesis	4/134	1/37		Meta-analyzed (eTable 6)

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Single course of ACS (n/N) or Mean (SD)	Unexposed group (n/N) or Mean (SD)	Reported effect measure & size (95% CI)	GRADE certainty
	Hemiparesis	3/134	1/37		Meta-analyzed (eTable 6)
	Tetraparesis	2/134	2/37		⊕○○○ Very low ^{a,b}
	Mild cognitive delay	55/134	15/37		⊕○○○ Very low ^{a,b}
	Moderate cognitive delay	6/134	3/37		⊕○○○ Very low ^{a,b}
	Serious cognitive delay	1/134	0/37		⊕○○○ Very low ^{a,b}
Tseng, 2016 (Taiwan) ¹⁰ ★★★★½	BSID-II MDI score	90.38 (3.31)	79.94 (3.58)	p=0.043	⊕○○○ Very low ^{a,b}
	BSID-II PDI score	78.17 (3.81)	76.13 (4.51)	p>0.05	⊕○○○ Very low ^{a,b}
	MDI <70 on the BSID-II scale	3/24	3/16	p>0.05	Meta-analyzed (eTable 6)

Legend:

ACS – antenatal corticosteroids; SD – standard deviation; CI – confidence interval; BSID – Bayley Scales of Infant and Toddler Development; NS – not stated/defined; adj – adjusted; OR – odds ratio; GMFCS – Gross Motor Function Classification System; MDI – mental development index; PDI – psychomotor development index; Dex – dexamethasone; Beta – betamethasone; v – versus

Newcastle-Ottawa Scale: ★ – point awarded, ½ – half point awarded

GRADE Assessment: Low rating indicates no serious concerns in GRADE domains and no other considerations were made; a–serious rating for imprecision due to small sample size/wide 95% CI's; b–serious rating for risk of bias due to low Newcastle-Ottawa scale rating (i.e., <6 stars). For pooled outcomes refer to eTable 6.

Green font– a statistically significant beneficial outcome, **grey highlighting** – not measured/reported, **red font**– a statistically significant harmful outcome

eTable 4. Individual Adjusted Neurodevelopmental/Psychological Outcomes of Included Studies on an Unspecified Number of Courses of Antenatal Corticosteroids vs. Non-Exposure in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
<i>Children born preterm or at term</i>						
Lamminmaki 2021 (Finland) ¹¹ ★★★★★½	Pre-school Activities Inventory Score <ul style="list-style-type: none"> Psychometric scale to discriminate gender-typical behavior within and between sexes 	Mean (SD): Male: 68.5 (10.6), n=171 Female: 27.5 (11.3), n=166	Mean (SD): Male: 68.6 (9.9), n=213 Female: 28.2 (10.0), n=186	β=0.3, (-1.7 to 2.3); p=0.75 β = 1.3 (-1.1 to 3.6); p=0.29		⊕⊕○○ Low
Raikkonen, 2020 (Finland) ¹² ★★★★★½	Any mental and behavioral disorder in all children born preterm/term <ul style="list-style-type: none"> <i>all consecutive sibling pairs discordant for treatment-exposure vs concordant for non-exposure</i> <i>younger treatment-exposed and older non-exposed vs both younger and older non-exposed</i> <i>all consecutive sibling pairs with first sibling pair discordant for treatment-exposure for each mother versus first sibling pair concordant for non-exposure for each mother</i> 	1785/14868	42243/655229	<ul style="list-style-type: none"> Adj HR: 1.38 (1.21-1.58) Adj HR: 1.53 (1.29-1.81) Adj HR: 1.36 (1.17-1.57) 		⊕⊕○○ Low ⊕⊕○○ Low ⊕⊕○○ Low
	Psychological development disorders	956/14868	19089/655229	Adj HR: 1.31 (1.21-1.42)	89 more per 10,000 (from 60 more to 120 more)	⊕⊕○○ Low

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
	Autism spectrum disorders	96/14868	2807/655229	Adj HR: 1.25 (0.99-1.58)	11 more per 10,000 (from 0 fewer to 25 more)	⊕⊕○○ Low
	Attention-deficit/hyperactivity or conduct disorders	216/14868	6773/655229	Adj HR: 1.18 (1.01-1.38)	18 more per 10,000 (from 1 more to 39 more)	⊕⊕○○ Low
	Mixed disorders of conduct and emotions; emotional, social functioning, or tic disorders	181/14868	6350/655229	Adj HR: 1.20 (1.02-1.42)	19 more per 10,000 (from 2 more to 40 more)	⊕⊕○○ Low
	Other behavioral and emotional disorders	345/14868	8049/655229	Adj HR: 1.16 (1.02-1.32)	19 more per 10,000 (from 2 more to 39 more)	⊕⊕○○ Low
	Psychotic, mood, neurotic, stress-related, or somatization disorders	71/14868	2241/655229	Adj HR: 1.28 (0.98-1.67)	10 more per 10,000 (from 1 fewer to 23 more)	⊕⊕○○ Low
	Eating disorders	6/14868	243/655229	Adj HR: 0.67 (0.31-1.47)	1 fewer per 10,000 (from 3 fewer to 2 more)	⊕○○○ Very low ^a
	Sleep disorders	79/14868	2110/655229	Adj HR: 1.52 (1.18-1.96)	17 more per 10,000 (from 6 more to 31 more)	⊕⊕○○ Low
	Mild, moderate, unspecified intellectual disability	101/14868	2259/655229	Adj HR: 0.66 (0.52-0.83)	12 fewer per 10,000 (from 17 fewer to 6 fewer)	⊕⊕○○ Low

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
	Severe, profound intellectual disability	18/14868	219/655229	Adj HR: 1.15 (0.63-2.12)	1 more per 10,000 (from 1 fewer to 4 more)	⊕⊕○○ Low
Wolford, 2020 (Finland) ¹³ ★★★★★★	Disorders of psychological development	19/117	238/4591	Adj OR: 3.57 (1.94-6.59)	1,115 more per 10,000 (from 441 more to 2,130 more)	⊕○○○ Very low ^a
	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence	14/117	184/4591	Adj OR: 2.66 (1.30-5.46)	599 more per 10,000 (from 114 more to 1,456 more)	⊕○○○ Very low ^a
<i>Children born preterm</i>						
Haslam, 2018 (Canada) ¹⁴ ★★★★★★★½	Severe neurodevelopmental impairment at least one of the following: GMFCS 3-5, BSID-III <-2 SD, hearing aid or cochlear implant, bilaterally blind	276/1963		Adj OR: 0.62 (0.39-0.98)	N/A	Meta- analyzed (Table 2)
	Severe neurodevelopmental impairment at least one of the following: GMFCS 4-5, BSID-III cognitive or language composite score <-3 SD, bilaterally blind	64/1963		Adj OR: 0.83 (0.40-1.73)	N/A	⊕○○○ Very low ^a
Aviram, 2021 (Canada) ¹⁵ ★★★★★★★	Investigation for suspected neurocognitive disorder <ul style="list-style-type: none"> any physician service claim with a diagnosis code related to a suspected neurocognitive disorder after removing NICU admitted infants and BW <10th percentile from model 	1156/2689	8581/22979	Adj HR: 1.12 (1.05-1.20) Adj HR: 1.14 (1.07-1.22)	342 more per 10,000 (from 145 more to 559 more)	⊕⊕○○ Low

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
	Visual testing <ul style="list-style-type: none"> any consultations or assessments from an ophthalmologist or optometrist. after removing NICU admitted infants and BW <10th percentile from model 	1860/2689	15483/22979	Adj HR: 1.06 (1.01-1.11) Adj HR: 1.06 (1.01-1.12)	212 more per 10,000 (from 36 more to 378 more)	⊕⊕○○ Low
	Audiometry testing <ul style="list-style-type: none"> physician service claim for hearing deficits (i.e., outside of the routine provincial infant screening program) after removing NICU admitted infants and BW <10th percentile from model 	627/2689	4559/22979	Adj HR: 1.20 (1.10-1.31) Adj HR: 1.21 (1.11-1.32)	347 more per 10,000 (from 175 more to 531 more)	⊕⊕○○ Low
Raikkonen, 2020 (Finland) ¹² ★★★★★½	Psychological development disorders	687/8138	1095/20472	Adj HR: 0.96 (0.86-1.08)	21 fewer per 10,000 (from 73 fewer to 42 more)	⊕⊕○○ Low
	Autism spectrum disorders	68/8138	123/20472	Adj HR: 1.12 (0.78-1.61)	7 more per 10,000 (from 13 fewer to 36 more)	⊕○○○ Very low ^a
	Attention-deficit/hyperactivity or conduct disorders	132/8138	325/20472	Adj HR: 0.82 (0.64-1.05)	28 fewer per 10,000 (from 57 fewer to 8 more)	⊕○○○ Very low ^a
	Mixed disorders of conduct and emotions; emotional, social functioning, or tic disorders	94/8138	273/20472	Adj HR: 0.84 (0.63-1.11)	21 fewer per 10,000 (from 49 fewer to 15 more)	⊕○○○ Very low ^a
	Other behavioral and emotional disorders	230/8138	466/20472	Adj HR: 0.83 (0.69-1.00)	38 fewer per 10,000 (from 70 fewer to 0 fewer)	⊕○○○ Very low ^a

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
	Psychotic, mood, neurotic, stress-related, or somatization disorders	47/8138	98/20472	Adj HR: 1.01 (0.66-1.54)	0 fewer per 10,000 (from 16 fewer to 26 more)	⊕○○○ Very low ^a
	Eating disorders	5/8138	19/20472	Adj HR: 0.35 (0.11-1.10)	6 fewer per 10,000 (from 8 fewer to 1 more)	⊕○○○ Very low ^a
	Sleep disorders	38/8138	82/20472	Adj HR: 1.64 (1.05-2.57)	26 more per 10,000 (from 2 more to 63 more)	⊕⊕○○ Low
	Mild, moderate, unspecified intellectual disability	76/8138	166/20472	Adj HR: 0.60 (0.44-0.83)	32 fewer per 10,000 (from 45 fewer to 14 fewer)	⊕⊕○○ Low
	Severe, profound intellectual disability	15/8138	22/20472	Adj HR: 1.17 (0.37-3.69)	2 more per 10,000 (from 7 fewer to 29 more)	⊕○○○ Very low ^a
Gentle, 2020 (U.S.) ¹⁶ ★★★★★★	Severe neurodevelopmental impairment <ul style="list-style-type: none"> severe cerebral palsy (GMFCS levels 4-5), BSID-III motor or cognitive composite score <70, bilateral blindness, or hearing impairment 	76/358	28/158	Adj OR: 0.98 (0.62-1.55)	32 fewer per 10,000 (from 633 fewer to 837 more)	Meta- analyzed (Table 2)
	Hearing impairment <ul style="list-style-type: none"> whether infant has any hearing impairment event with amplification 	8/364	6/158	Adj OR: 0.84 (0.34-2.08)	60 fewer per 10,000 (from 249 fewer to 394 more)	Meta- analyzed (eTable 6)
Hutcheon, 2020 (Canada) ¹⁷ ★★★★★★	Having special needs based on British Columbia Ministry of Education designation			Adj RR 0.9 (0.6 to 1.4)	N/A	⊕○○○ Very low ^a

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
Miyazaki, 2015 (Japan) ¹⁹ ★★★★★½	Neurodevelopmental impairment <ul style="list-style-type: none"> Cerebral palsy, visual impairment, severe hearing impairment, or a KSPD quotient < 70 	<ul style="list-style-type: none"> HCA+: 46/194 HCA-: 105/381 	<ul style="list-style-type: none"> HCA+: 37/160 HCA-: 171/683 	<ul style="list-style-type: none"> HCA+; Adj OR: 0.94 (0.54-1.65) HCA-; Adj OR: 0.92 (0.67-1.26) 	<ul style="list-style-type: none"> 108 fewer per 10,000 (from 915 fewer to 1,005 more) 153 fewer per 10,000 (from 675 fewer to 458 more) 	Meta-analyzed (Table 2)
	Visual impairment <ul style="list-style-type: none"> defined as unilateral or bilateral blindness 	<ul style="list-style-type: none"> HCA+: 2/246 HCA-: 9/584 	<ul style="list-style-type: none"> HCA+: 3/192 HCA-: 12/904 	<ul style="list-style-type: none"> HCA+; Adj OR: 0.46 (0.04-5.18) HCA-; Adj OR: 0.94 (0.34-2.60) 	<ul style="list-style-type: none"> 84 fewer per 10,000 (from 150 fewer to 604 more) 8 fewer per 10,000 (from 87 fewer to 205 more) 	⊕○○○ Very low ^a
	Severe hearing impairment <ul style="list-style-type: none"> defined as the need for hearing aids 	<ul style="list-style-type: none"> HCA+: 3/247 HCA-: 4/580 	<ul style="list-style-type: none"> HCA+: 2/195 HCA-: 11/914 	<ul style="list-style-type: none"> HCA+; Adj OR: 4.00 (0.30-53.39) HCA-; Adj OR: 0.47 (0.15-1.53) 	<ul style="list-style-type: none"> 295 more per 10,000 (from 72 fewer to 3,459 more) 63 fewer per 10,000 (from 102 fewer to 63 more) 	Meta-analyzed (eTable 6)

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
	Cerebral palsy	<ul style="list-style-type: none"> • <i>HCA+</i>: 21/249 	<ul style="list-style-type: none"> • <i>HCA+</i>: 15/194 	<ul style="list-style-type: none"> • <i>HCA+</i>; Adj OR: 0.90 (0.41-1.99) 	<ul style="list-style-type: none"> • 72 fewer per 10,000 (from 441 fewer to 656 more) 	⊕○○○ Very low ^a
		<ul style="list-style-type: none"> • <i>HCA-</i>: 50/575 	<ul style="list-style-type: none"> • <i>HCA-</i>: 72/906 	<ul style="list-style-type: none"> • <i>HCA-</i>; Adj OR: 1.07 (0.72-1.59) 	<ul style="list-style-type: none"> • 51 more per 10,000 (from 209 fewer to 412 more) 	⊕○○○ Very low ^a
	KSPD quotient <70	<ul style="list-style-type: none"> • <i>HCA+</i>: 27/189 	<ul style="list-style-type: none"> • <i>HCA+</i>: 25/161 	<ul style="list-style-type: none"> • <i>HCA+</i>; Adj OR: 0.93 (0.48-1.81) 	<ul style="list-style-type: none"> • 93 fewer per 10,000 (from 742 fewer to 944 more) 	⊕○○○ Very low ^a
		<ul style="list-style-type: none"> • <i>HCA-</i>: 62/398 	<ul style="list-style-type: none"> • <i>HCA-</i>: 116/698 	<ul style="list-style-type: none"> • <i>HCA-</i>; Adj OR: 0.74 (0.51-1.08) 	<ul style="list-style-type: none"> • 377 fewer per 10,000 (from 739 fewer to 109 more) 	⊕○○○ Very low ^a
Basset, 2018 (France) ²² ★★★★★	Optimal neurodevelopmental outcome at 2 years for ZS HC -3 to -1 <ul style="list-style-type: none"> • an optimal outcome was considered as: absence of cerebral palsy (or when the clinical examination revealed neurological signs of abnormal muscular tone when walking), Brunet- Lézine test >85, or Ages and Stages questionnaire score >185 	425/589	258/346	Adj OR: 1.46 (0.98-2.20)	650 more per 10,000 (from 39 fewer to 1,201 more)	⊕○○○ Very low ^a

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
	Optimal neurodevelopmental outcome at 2 years for ZS HC -1 to +1 <ul style="list-style-type: none"> using the same definition for ZS HC -3 to -1 	1566/2042	1082/1393	Adj OR: 1.10 (0.92-1.31)	161 more per 10,000 (from 148 fewer to 433 more)	⊕○○○ Very low ^a
	Optimal neurodevelopmental outcome at 2 years for ZS HC +1 to +3 <ul style="list-style-type: none"> using the same definition for ZS HC -3 to -1 	264/344	182/251	Adj OR: 1.46 (0.98-2.20)	688 more per 10,000 (from 40 fewer to 1,279 more)	⊕○○○ Very low ^a
Young, 2016 (Canada) ²⁶ ★★★★½	Cognitive measures on BSID-III at 2 years <ul style="list-style-type: none"> partial least squares bootstrap ratios for antenatal corticosteroid use 			Adjusted bootstrap ratio: -3.883; p<0.05	N/A	⊕○○○ Very low ^a
	Cognitive measures at 4 years <ul style="list-style-type: none"> three different indices of cognitive ability verbal IQ, performance IQ, and full-scale IQ 			Adjusted Bootstrap ratio: 3.716; p<0.05	N/A	⊕○○○ Very low ^a
	Behavioural measures at 4 years <ul style="list-style-type: none"> as measured by t-scores on the Behavioral Rating Inventory of Executive Functioning–Preschool and Behavior Assessment System for Children Parent Rating Scales 			Adjusted Bootstrap ratio: -2.606; p<0.05	N/A	⊕○○○ Very low ^a
Ishikawa, 2015 (Japan) ²³ ★★★★½	Neurodevelopmental impairment <ul style="list-style-type: none"> cerebral palsy, development quotient <70, or severe hearing impairment or visual impairment 	66/285	93/505	Adj OR: 1.03 (0.62-1.70)	45 more per 10,000 (from 614 fewer to 932 more)	⊕○○○ Very low ^{a,b}
	Visual impairment <ul style="list-style-type: none"> unilateral or bilateral blindness 	1/275	3/490	Adj OR: 1.03 (0.02-36.15)	2 more per 10,000 (from 60 fewer to 1,760 more)	⊕○○○ Very low ^{a,b}

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
	Cerebral palsy <ul style="list-style-type: none"> characterized by abnormal muscle tone in at least one extremity and abnormal control of movement and posture 	19/278	25/498	Adj OR: 1.12 (0.41-2.96)	57 more per 10,000 (from 290 fewer to 851 more)	⊕○○○ Very low ^{a,b}
	KSPD quotient <70	51/271	70/486	Adj OR: 1.08 (0.63-1.85)	98 more per 10,000 (from 482 fewer to 934 more)	⊕○○○ Very low ^{a,b}
Kallen, 2015 (Sweden) ²⁷ ★★★★½	Any moderate or severe disability <ul style="list-style-type: none"> visual or hearing impairment, cerebral palsy, low BSID-III composite cognitive, language or motor score 	114/411	10/45	Adj OR: 1.20 (0.50-2.90)	331 more per 10,000 (from 972 fewer to 2,309 more)	Meta- analyzed (Table 2)
	Neurosensory impairment <ul style="list-style-type: none"> moderate or severe impairment regarding vision and hearing 	31/411	3/45	Adj OR: 1.10 (0.30-4.80)	62 more per 10,000 (from 457 fewer to 1,887 more)	⊕○○○ Very low ^{a,b}
	Mental developmental delay <ul style="list-style-type: none"> cognitive or language BSID-III scale < mean -2 SD 	82/411	6/45	Adj OR: 0.70 (0.30-1.90)	361 fewer per 10,000 (from 892 fewer to 929 more)	⊕○○○ Very low ^{a,b}

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
Kiechl- kohlendorfer, 2009 (Austria) ²⁸ ★★★★½	Neurodevelopmental delay <ul style="list-style-type: none"> defined as <85 on either the BSID-II PDI or the MDI, cerebral palsy, blindness, or hearing loss requiring hearing aid 	<ul style="list-style-type: none"> GA <30w: 28/81 GA 30-32w: 20/101 	<ul style="list-style-type: none"> GA <30w: 9/15 GA 30-32w: 5/8 	<ul style="list-style-type: none"> GA <30w, Adj OR: 0.256 (0.07-0.96) GA 30-32w, Adj OR: 0.170 (0.04-0.81) 	<ul style="list-style-type: none"> 3,225 fewer per 10,000 (from 5,050 fewer to 98 fewer) 4,042 fewer per 10,000 (from 5,625 fewer to 505 fewer) 	Meta-analyzed (Table 2)
<i>Children born at term</i>						
Melamed, 2019 (Canada) ³⁰ ★★★★★★★	Composite long-term outcome of any of the following: <ul style="list-style-type: none"> audiometry testing visual testing suspected neurocognitive disorder 	3346/5423	302520/523782	Adj HR: 1.12 (1.08-1.16)	415 more per 10,000 (from 281 more to 544 more)	⊕⊕○○ Low
	Visual testing <ul style="list-style-type: none"> any consultations or assessments from an ophthalmologist or optometrist 	2461/5423	227948/523782	Adj HR: 1.08 (1.04-1.12)	252 more per 10,000 (from 128 more to 374 more)	⊕⊕○○ Low
	Audiometry testing <ul style="list-style-type: none"> physician service claim for this testing outside the routine provincial infant screening programme for hearing deficits 	827/5423	66555/523782	Adj HR: 1.18 (1.11-1.25)	211 more per 10,000 (from 130 more to 292 more)	⊕⊕○○ Low
	Suspected neurocognitive disorder <ul style="list-style-type: none"> any physician service claim with a diagnosis code related to a suspected neurocognitive disorder 	1397/5423	113181/523782	Adj HR: 1.16 (1.10-1.21)	299 more per 10,000 (from 189 more to 391 more)	⊕⊕○○ Low

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
Raikkonen, 2020 (Finland) ¹² ★★★★★½	Psychological development disorders	269/6730	17994/634757	Adj HR: 1.45 (1.28-1.64)	125 more per 10,000 (from 78 more to 177 more)	⊕⊕○○ Low
	Autism spectrum disorders	28/6730	2684/634757	Adj HR: 1.06 (0.73-1.54)	3 more per 10,000 (from 11 fewer to 23 more)	⊕○○○ Very low ^a
	Attention-deficit/hyperactivity or conduct disorders	84/6730	6448/634757	Adj HR: 1.33 (1.06-1.65)	33 more per 10,000 (from 6 more to 65 more)	⊕⊕○○ Low
	Mixed disorders of conduct and emotions; emotional, social functioning, or tic disorders	87/6730	6077/634757	Adj HR: 1.47 (1.36-1.60)	45 more per 10,000 (from 34 more to 57 more)	⊕⊕○○ Low
	Other behavioral and emotional disorders	115/6730	7583/634757	Adj HR: 1.42 (1.14-1.76)	50 more per 10,000 (from 17 more to 90 more)	⊕⊕○○ Low
	Psychotic, mood, neurotic, stress-related, or somatization disorders	24/6730	2143/634757	Adj HR: 1.20 (0.80-1.80)	7 more per 10,000 (from 7 fewer to 27 more)	⊕○○○ Very low ^a
	Eating disorders	4/6730	224/634757	Adj HR: 1.61 (0.60-4.35)	2 more per 10,000 (from 1 fewer to 12 more)	⊕○○○ Very low ^a
	Sleep disorders	41/6730	2082/634757	Adj HR: 1.79 (1.31-2.44)	26 more per 10,000 (from 10 more to 47 more)	⊕⊕○○ Low

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported relative effect (95% CI)	Absolute effect (95% CI)	GRADE certainty
	Mild, moderate, unspecified intellectual disability	25/6730	2093/634757	Adj HR: 0.96 (0.64-1.42)	1 fewer per 10,000 (from 12 fewer to 14 more)	⊕○○○ Very low ^a
	Severe, profound intellectual disability	3/6730	197/634757	Adj HR: 1.37 (0.62-3.02)	1 more per 10,000 (from 1 fewer to 6 more)	⊕○○○ Very low ^a

Legend:

ACS – antenatal corticosteroids; CI – confidence interval; SD – standard deviation; diff – difference; adj – adjusted; HR – hazard ratio; OR – odds ratio; KSPD – Kyoto Scale of Psychological Development; BSID – Bayley Scales of Infant and Toddler Development; GMFCS – Gross Motor Function Classification System; ZS – z-score; HC – head circumference; NS – not stated/defined; IQ – intelligence quotient; HCA – histological chorioamnionitis; MDI – mental development index; PDI – psychomotor development index; GA – gestational age

Newcastle-Ottawa Scale: ★ – point awarded; ½ – half point awarded

GRADE Assessment: Low rating indicates no serious concerns in GRADE domains and no other considerations were made; a–serious rating for imprecision due to small sample size/wide 95% CI's; b–serious rating for risk of bias due to low Newcastle-Ottawa scale rating (i.e., <6 stars). For pooled outcomes refer to eTable 6.

Green font– a statistically sign

Significant beneficial outcome, **grey highlighting** – not measured/reported, **red font**– a statistically significant harmful outcome

eTable 5. Individual Unadjusted Neurodevelopmental/Psychological Outcomes of Included Studies on an Unspecified Number of Courses of Antenatal Corticosteroids vs. Non-Exposure in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported effect measure & size (95% CI)	GRADE certainty
<i>Children born preterm or at term</i>					
Raikkonen, 2020 (Finland) ¹² ★★★★★½	Any mental and behavioral disorder in all children born preterm/term <ul style="list-style-type: none"> • <i>all consecutive sibling pairs discordant for treatment-exposure vs concordant for non-exposure</i> • <i>younger treatment-exposed and older non-exposed vs both younger and older non-exposed</i> • <i>all consecutive sibling pairs with first sibling pair discordant for treatment-exposure for each mother versus first sibling pair concordant for non-exposure for each mother</i> 	1785/14868	42243/655229	Unadjusted absolute diff: 5.56 (5.04-6.19) <ul style="list-style-type: none"> • Unadjusted absolute diff: 2.40 (1.67-3.21) • Unadjusted absolute diff: 1.58 (0.66-2.66) • Unadjusted absolute diff: 2.35 (1.51-3.30) 	⊕⊕○○ Low
	Psychological development disorders	956/14868	19089/655229	Unadjusted absolute diff: 3.52 (3.12-3.93)	⊕⊕○○ Low
	Autism spectrum disorders	96/14868	2807/655229	Unadjusted absolute diff: 1.22 (0.10-0.36)	⊕⊕○○ Low

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported effect measure & size (95% CI)	GRADE certainty
	Attention-deficit/hyperactivity or conduct disorders	216/14868	6773/655229	Unadjusted absolute diff: 0.42 (0.24-0.64)	⊕⊕○○ Low
	Mixed disorders of conduct and emotions; emotional, social functioning, or tic disorders	181/14868	6350/655229	Unadjusted absolute diff: 0.25 (0.08-0.44)	⊕⊕○○ Low
	Other behavioral and emotional disorders	345/14868	8049/655229	Unadjusted absolute diff: 1.09 (0.86-1.35)	⊕⊕○○ Low
	Psychotic, mood, neurotic, stress-related, or somatization disorders	71/14868	2241/655229	Unadjusted absolute diff: 0.14 (0.04-1.26)	⊕⊕○○ Low
	Eating disorders	6/14868	243/655229	Unadjusted absolute diff: 0.02 (-0.01-0.08)	⊕○○○ Very low ^a
	Sleep disorders	79/14868	2110/655229	Unadjusted absolute diff: 0.21 (0.10-0.34)	⊕⊕○○ Low
	Mild, moderate, unspecified intellectual disability	101/14868	2259/655229	Unadjusted absolute diff: 0.33 (0.21-0.48)	⊕⊕○○ Low
	Severe, profound intellectual disability	18/14868	219/655229	Unadjusted absolute diff: 0.09 (0.04-0.16)	⊕⊕○○ Low
<i>Children born preterm</i>					
Raikkonen, 2020 (Finland) ¹² ★★★★★½	Any mental and behavioral disorder	1187/8138	2192/20472	Unadjusted absolute diff: 3.88 (2.95-4.87)	⊕⊕○○ Low
	Psychological development disorders	687/8138	1095/20472	Unadjusted absolute diff: 3.09 (2.35-3.91)	⊕⊕○○ Low

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported effect measure & size (95% CI)	GRADE certainty
	Autism spectrum disorders	68/8138	123/20472	Unadjusted absolute diff: 0.23 (0.02-0.52)	⊕○○○ Very low ^a
	Attention-deficit/hyperactivity or conduct disorders	132/8138	325/20472	Unadjusted absolute diff: 0.03 (−0.26-0.02)	⊕○○○ Very low ^a
	Mixed disorders of conduct and emotions; emotional, social functioning, or tic disorders	94/8138	273/20472	Unadjusted absolute diff: −0.18 (−0.42-0.12)	⊕○○○ Very low ^a
	Other behavioral and emotional disorders	230/8138	466/20472	Unadjusted absolute diff: −0.18 (−0.42-0.12)	⊕○○○ Very low ^a
	Psychotic, mood, neurotic, stress-related, or somatization disorders	47/8138	98/20472	Unadjusted absolute diff: 0.10 (−0.07-0.34)	⊕○○○ Very low ^a
	Eating disorders	5/8138	19/20472	Unadjusted absolute diff: −0.03 (−0.07 - 0.07)	⊕○○○ Very low ^a
	Sleep disorders	38/8138	82/20472	Unadjusted absolute diff: 0.07 (−0.08 - 0.28)	⊕⊕○○ Low
	Mild, moderate, unspecified intellectual disability	76/8138	166/20472	Unadjusted absolute diff: 0.12 (−1.10 - 0.41)	⊕⊕○○ Low
	Severe, profound intellectual disability	15/8138	22/20472	Unadjusted absolute diff: 0.01 (−0.02 - 0.11)	⊕○○○ Very low ^a

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported effect measure & size (95% CI)	GRADE certainty
Gentle, 2020 (U.S.) ¹⁶ ★★★★★★	Severe neurodevelopmental impairment <ul style="list-style-type: none"> severe cerebral palsy (GMFCS levels 4-5), BSID-III motor or cognitive composite score <70, bilateral blindness, or hearing impairment 	76/358	28/158	Unadjusted OR: 1.01 (0.65-1.55)	Meta-analyzed (eTable 6)
	Bilateral blindness <ul style="list-style-type: none"> with no useful vision in either eye 	1/333	0/252		⊕○○○ Very low ^a
	Hearing impairment <ul style="list-style-type: none"> whether infant has any hearing impairment event with amplification 	8/364	6/158	Unadjusted OR: 0.84 (0.35-2.02)	⊕○○○ Very low ^a
	Moderate to severe cerebral palsy	35/361	13/159		Meta-analyzed (eTable 6)
	BSID-III motor composite score <70	59/355	22/156		⊕○○○ Very low ^a
	BSID-III cognitive composite score <70	43/355	14/157		⊕○○○ Very low ^a
Bulbul, 2020 (Turkey) ¹⁸ ★★★★★½	BSID-III cognitive score	Mean (SD): 91.4 (12.3), n=51	Mean (SD): 94.3 (10.7), n=45		⊕○○○ Very low ^a
	BSID-III language score	Mean (SD): 89.5 (11.6), n=51	Mean (SD): 96.7 (11.5), n=45		⊕○○○ Very low ^a

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported effect measure & size (95% CI)	GRADE certainty
Ushida, 2020a (Japan) ²⁰ ★★★★★½	Visual impairment	303/4906 • <i>Singletons</i> : 243/3908 • <i>Twins</i> : 60/998	243/4497 • <i>Singletons</i> : 189/3547 • <i>Twins</i> : 54/950	<ul style="list-style-type: none"> • <i>Singletons</i>; unadjusted OR: 1.18 (0.97-1.43) • <i>Twins</i>; unadjusted OR: 1.06 (0.73-1.55) 	Meta-analyzed (eTable 6)
	Hearing impairment	25/4008 • <i>Singletons</i> : 21/3192 • <i>Twins</i> : 4/816	38/3460 • <i>Singletons</i> : 31/2737 • <i>Twins</i> : 7/723	<ul style="list-style-type: none"> • <i>Singletons</i>; unadjusted OR: 0.58 (0.23-1.01) • <i>Twins</i>; unadjusted OR: 0.50 (0.15-1.73) 	Meta-analyzed (eTable 6)
	Cerebral palsy	405/5076 • <i>Singletons</i> : 313/4042 • <i>Twins</i> : 92/1034	437/4683 • <i>Singletons</i> : 332/3693 • <i>Twins</i> : 105/990	<ul style="list-style-type: none"> • <i>Singletons</i>; unadjusted OR: 0.85 (0.72-0.99) • <i>Twins</i>; unadjusted OR: 0.82 (0.61-1.11) 	Meta-analyzed (eTable 6)

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported effect measure & size (95% CI)	GRADE certainty
	KSPD Development quotient <70	500/3320 • <i>Singletons</i> : 391/2687 • <i>Twins</i> : 109/633	494/3126 • <i>Singletons</i> : 395/2496 • <i>Twins</i> : 99/630	• <i>Singletons</i> ; unadjusted OR: 0.91 (0.78-1.05) • <i>Twins</i> ; unadjusted OR: 1.12 (0.83-1.50)	⊕○○○ Very low ^a
Ushida, 2020b (Japan) ²¹ ★★★★★½	Blindness • with no functional vision in at least one eye or bilateral amblyopia	• <i>HDP</i> : 47/942 • <i>Non-HDP</i> : 191/3402	• <i>HDP</i> : 36/827 • <i>Non-HDP</i> : 142/2347	• <i>HDP</i> ; unadjusted OR: 1.15 (0.74-1.80) • <i>Non-HDP</i> ; unadjusted OR: 0.92 (0.74-1.16)	⊕○○○ Very low ^a
	Hearing impairment • need for hearing aids	• <i>HDP</i> : 4/713 • <i>Non-HDP</i> : 42/2725	• <i>HDP</i> : 6/631 • <i>Non-HDP</i> : 38/1793	• <i>HDP</i> ; unadjusted OR: 0.61 (0.18-2.04) • <i>Non-HDP</i> ; unadjusted OR: 0.72 (0.46-1.13)	⊕○○○ Very low ^a

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported effect measure & size (95% CI)	GRADE certainty
	Cerebral palsy	<ul style="list-style-type: none"> • HDP: 58/975 • Non-HDP: 271/3510 	<ul style="list-style-type: none"> • HDP: 46/851 • Non-HDP: 259/2458 	<ul style="list-style-type: none"> • HDP; unadjusted OR: 1.11 (0.74-1.65) • Non-HDP; unadjusted OR: 0.71 (0.59-0.85) 	⊕○○○ Very low ^a
	KSPD Quotient <70	<ul style="list-style-type: none"> • HDP: 117/743 • Non-HDP: 416/2612 	<ul style="list-style-type: none"> • HDP: 93/593 • Non-HDP: 274/1643 	<ul style="list-style-type: none"> • HDP; unadjusted OR: 1.00 (0.75-1.35) • Non-HDP; unadjusted OR: 0.95 (0.80-1.12) 	⊕○○○ Very low ^a
	KSPD Quotient <85	<ul style="list-style-type: none"> • HDP: 364/743 • Non-HDP: 1283/2612 	<ul style="list-style-type: none"> • HDP: 268/593 • Non-HDP: 874/1643 	<ul style="list-style-type: none"> • HDP; unadjusted OR: 1.16 (0.94-1.45) • Non-HDP; unadjusted OR: 0.85 (0.75-0.96) 	⊕○○○ Very low ^a

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported effect measure & size (95% CI)	GRADE certainty
Li, 2019 (China) ²⁴ ★★★★½	Neurodevelopmental disability <ul style="list-style-type: none"> • moderate-to-severe cerebral palsy (GMFCS level 3-5), Gesell Development Scale development quotient <75 (considered as motor and cognition delay), or language delay (does not achieve the level corresponding to age, assessed with Sign-Significant relations) 	10/25	37/106		Meta-analyzed (eTable 6)
Ochiai, 2014 (Japan) ²⁵ ★★★★½	KSPD Development quotient >50 at 3 years of age	NS	NS	Unadjusted OR: 1.37 (0.35-5.34)	⊕○○○ Very low ^{a,b}
Kallen, 2015 (Sweden) ²⁷ ★★★★½	Any moderate or severe disability <ul style="list-style-type: none"> • visual or hearing impairment, cerebral palsy, low BSID-III composite cognitive, language or motor score 	114/411	10/45	Unadjusted OR: 1.10	Meta-analyzed (eTable 6)
	Neurosensory impairment <ul style="list-style-type: none"> • moderate or severe impairment regarding vision and hearing 	31/411	3/45	Unadjusted OR: 1.00	⊕○○○ Very low ^{a,b}
	Mental developmental delay <ul style="list-style-type: none"> • cognitive or language BSID-III scale < mean -2 SD 	82/411	6/45	Unadjusted OR: 0.70	⊕○○○ Very low ^{a,b}
Sun, 2015 (China) ²⁹ ★★★★½	Cerebral palsy	13/214	6/74		Meta-analyzed (eTable 6)
	BSID-II MDI score <70	50/214	24/74	Unadjusted OR: 0.60 (0.30-1.21)	⊕○○○ Very low ^{a,b}

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported effect measure & size (95% CI)	GRADE certainty
<i>Children born at term</i>					
Raikkonen, 2020 (Finland) ¹² ★★★★★½	Any mental or behavioral disorder	598/6730	40051/634757	Unadjusted absolute diff: 2.58 (1.92-3.29)	⊕⊕○○ Low
	Psychological development disorders	269/6730	17994/634757	Unadjusted absolute diff: 1.16 (0.72-1.66)	⊕⊕○○ Low
	Autism spectrum disorders	28/6730	2684/634757	Unadjusted absolute diff: -0.01 (-0.14 - 0.18)	⊕○○○ Very low ^a
	Attention-deficit/hyperactivity or conduct disorders	84/6730	6448/634757	Unadjusted absolute diff: 0.23 (-0.01-0.53)	⊕⊕○○ Low
	Mixed disorders of conduct and emotions; emotional, social functioning, or tic disorders	87/6730	6077/634757	Unadjusted absolute diff: 2.58 (1.92-3.29)	⊕⊕○○ Low
	Other behavioral and emotional disorders	115/6730	7583/634757	Unadjusted absolute diff: 0.34 (0.09-0.64)	⊕⊕○○ Low
	Psychotic, mood, neurotic, stress-related, or somatization disorders	24/6730	2143/634757	Unadjusted absolute diff: 0.02 (-0.10 - 0.20)	⊕○○○ Very low ^a
	Eating disorders	4/6730	224/634757	Unadjusted absolute diff: 0.02 (-0.01 - 0.12)	⊕○○○ Very low ^a
	Sleep disorders	41/6730	2082/634757	Unadjusted absolute diff: 0.29 (0.13-0.51)	⊕⊕○○ Low

Study (country) [Risk of bias assessment]	Neurodevelopmental/psychological outcomes (with definitions when available)	Unspecified number of courses of ACS (n/N)	Unexposed group (n/N)	Reported effect measure & size (95% CI)	GRADE certainty
	Mild, moderate, unspecified intellectual disability	25/6730	2093/634757	Unadjusted absolute diff: 0.04 (−0.08 - 0.22)	⊕○○○ Very low ^a
	Severe, profound intellectual disability	3/6730	197/634757	Unadjusted Absolute diff: 0.08 (−0.01 - 0.25)	⊕○○○ Very low ^a

Legend:

ACS – antenatal corticosteroids; CI – confidence interval; diff – difference; adj – adjusted; HR – hazard ratio; OR – odds ratio; KSPD – Kyoto Scale of Psychological Development; BSID – Bayley Scales of Infant and Toddler Development; SD – standard deviation; GMFCS – Gross Motor Function Classification System; HDP – hypertensive disorders of pregnancy; NS – not stated/defined; MDI – mental development index; PDI – psychomotor development index; GA – gestational age

Newcastle-Ottawa Scale: ★ – point awarded; ½ – half point awarded

GRADE Assessment: Low rating indicates no serious concerns in GRADE domains and no other considerations were made; a–serious rating for imprecision due to small sample size/wide 95% CI's; b–serious rating for risk of bias due to low Newcastle-Ottawa scale rating (i.e., <6 stars). For pooled outcomes refer to eTable 6.

Green font– a statistically sign

Significant beneficial outcome, **grey highlighting** – not measured/reported, **red font**– a statistically significant harmful outcome

eTable 6. Summary of Findings Table of Secondary Meta-analyzed Outcomes in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

Certainty assessment							№ of patients		Effect		Certainty
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Single course of ACS	unexposed to ACS	Relative (95% CI)	Absolute (95% CI)	
A single course of ACS versus those unexposed											
<i>Children born preterm</i>											
Cerebral palsy (adjusted)											
Two studies	observational studies	not serious	not serious	not serious	not serious	none	-	-	OR 0.60 (0.43 to 0.83)	1 fewer per 1,000 (from 1 fewer to 0 fewer)	⊕⊕○○ Low
Moderate/severe cerebral palsy (adjusted)											
Two studies	observational studies	not serious	not serious	not serious	not serious	none	-	-	OR 0.82 (0.56 to 1.19)	1 fewer per 1,000 (from 1 fewer to 0 fewer)	⊕⊕○○ Low

Certainty assessment							№ of patients		Effect		Certainty
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Single course of ACS	unexposed to ACS	Relative (95% CI)	Absolute (95% CI)	
Auditory impairment (adjusted)											
Three studies	observational studies	serious ^a	not serious	not serious	serious ^b	none	-	-	OR 0.58 (0.33 to 1.01)	1 fewer per 1,000 (from 1 fewer to 0 fewer)	⊕○○○ Very low
Visual impairment (adjusted)											
Three studies	observational studies	serious ^a	not serious	not serious	serious ^b	none	-	-	OR 1.42 (0.57 to 3.54)	1 fewer per 1,000 (from 1 fewer to 0 fewer)	⊕○○○ Very low

Certainty assessment							№ of patients		Effect		Certainty
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Single course of ACS	unexposed to ACS	Relative (95% CI)	Absolute (95% CI)	
Neurodevelopmental impairment (unadjusted)											
Four studies	observational studies	not serious	not serious	not serious	not serious	none	1049/3452 (30.4%)	253/596 (42.4%)	RR 0.83 (0.65 to 1.05)	72 fewer per 1,000 (from 149 fewer to 21 more)	⊕⊕○○ Low
Cerebral palsy (unadjusted)											
Four studies	observational studies	not serious	not serious	not serious	not serious	none	390/3453 (11.3%)	105/597 (17.6%)	RR 0.73 (0.56 to 0.96)	47 fewer per 1,000 (from 77 fewer to 7 fewer)	⊕⊕○○ Low

Certainty assessment							№ of patients		Effect		Certainty
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Single course of ACS	unexposed to ACS	Relative (95% CI)	Absolute (95% CI)	
BSID MDI-II <70 (unadjusted)											
Four studies	observational studies	not serious	not serious	not serious	serious ^b	none	339/1071 (31.7%)	78/194 (40.2%)	RR 0.94 (0.72 to 1.23)	24 fewer per 1,000 (from 113 fewer to 92 more)	⊕○○○ Very low
BSID-III cognitive score <85 (unadjusted)											
Three studies	observational studies	not serious	serious ^c	not serious	serious ^b	none	643/2569 (25.0%)	175/470 (37.2%)	RR 0.56 (0.28 to 1.13)	164 fewer per 1,000 (from 268 fewer to 48 more)	⊕○○○ Very low

Certainty assessment							№ of patients		Effect		Certainty
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Single course of ACS	unexposed to ACS	Relative (95% CI)	Absolute (95% CI)	
Auditory impairment (unadjusted)											
Four studies	observational studies	serious ^a	not serious	not serious	serious ^b	none	62/3561 (1.7%)	17/616 (2.8%)	RR 0.63 (0.37 to 1.07)	10 fewer per 1,000 (from 17 fewer to 2 more)	⊕○○○ Very low
Visual impairment (unadjusted)											
Four studies	observational studies	serious ^a	not serious	not serious	serious ^b	none	38/3558 (1.1%)	6/615 (1.0%)	RR 1.33 (0.58 to 3.08)	3 more per 1,000 (from 4 fewer to 20 more)	⊕○○○ Very low

Certainty assessment							№ of patients		Effect		Certainty
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Single course of ACS	unexposed to ACS	Relative (95% CI)	Absolute (95% CI)	
Hemiparesis (unadjusted)											
Two studies	observational studies	serious ^a	not serious	not serious	serious ^b	none	5/815 (0.6%)	1/150 (0.7%)	RR 0.83 (0.14 to 5.02)	1 fewer per 1,000 (from 6 fewer to 27 more)	⊕○○○ Very low
Diparesis (unadjusted)											
Two studies	observational studies	serious ^a	not serious	not serious	serious ^b	none	8/815 (1.0%)	5/150 (3.3%)	RR 0.35 (0.06 to 2.18)	22 fewer per 1,000 (from 31 fewer to 39 more)	⊕○○○ Very low

Certainty assessment							№ of patients		Effect		Certainty
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Single course of ACS	unexposed to ACS	Relative (95% CI)	Absolute (95% CI)	
Body weight (kg) (unadjusted)											
Two studies	observational studies	not serious	serious ^c	not serious	serious ^b	none	2453	424	-	MD 0.29 lower (1.1 lower to 0.51 higher)	⊕○○○ Very low
Head circumference (cm) (unadjusted)											
Two studies	observational studies	not serious	serious ^c	not serious	serious ^b	none	2396	421	-	MD 0.33 lower (1.6 lower to 0.93 higher)	⊕○○○ Very low

Certainty assessment							№ of patients		Effect		Certainty
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Single course of ACS	unexposed to ACS	Relative (95% CI)	Absolute (95% CI)	
<i>Unspecified number of courses of ACS versus those unexposed</i>											
<i>Children born preterm</i>											
Neurodevelopmental impairment (unadjusted)											
Five studies	observational studies	not serious	not serious	not serious	not serious	none	399/1547 (25.8%)	297/1175 (25.3%)	OR 0.96 (0.61 to 1.50)	8 fewer per 1,000 (from 82 fewer to 84 more)	⊕○○○ Very low
Cerebral palsy (unadjusted)											
Three studies	observational studies	not serious	not serious	not serious	not serious	none	453/5651 (8.0%)	456/4916 (9.3%)	RR 0.86 (0.76 to 0.98)	13 fewer per 1,000 (from 22 fewer to 2 fewer)	⊕⊕○○ Low

Certainty assessment							№ of patients		Effect		Certainty
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Single course of ACS	unexposed to ACS	Relative (95% CI)	Absolute (95% CI)	
Auditory impairment (unadjusted)											
Two studies	observational studies	not serious	not serious	not serious	serious ^b	none	33/4372 (0.8%)	44/3618 (1.2%)	RR 0.57 (0.36 to 0.90)	5 fewer per 1,000 (from 8 fewer to 1 fewer)	⊕○○○ Very low
Visual impairment (unadjusted)											
Two studies	observational studies	not serious	not serious	not serious	serious ^b	none	304/5239 (5.8%)	243/4749 (5.1%)	RR 1.15 (0.97 to 1.35)	8 more per 1,000 (from 2 fewer to 18 more)	⊕○○○ Very low

Legend:

BSID–Bayley Scales of Infant and Toddler Development; MDI – mental development index; CI– confidence interval; MD– mean difference; OR–odds ratio; RR–risk ratio; bold– statistically significant

GRADE explanations

a. at least one larger study has a high risk of bias rating; b. Small number of total events and wide 95% CI's; c. Significant heterogeneity between studies

eTable 7. Other Long-Term Outcomes of Included Studies in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

Study (country) [Risk of bias assessment]	Other outcome(s)	Single course of ACS		Unexposed group		Reported effect measure + size (95% CI)	GRADE certainty
		Mean (SD)	No. / Total No.	Mean (SD)	No. / Total No.		
<i>Children born preterm</i>							
Chawla, 2013 (U.S.) ³ ★★★★★★★	Body weight at follow-up (kg)	81.2 (4.2)		80.7 (3.7)			Meta-analyzed (eTable 6)
	Length at follow-up (cm)	46.5 (1.6)		47.8 (2.4)			Meta-analyzed (eTable 6)
Gover 2012 (Canada) ² ★★★★★★½	Cortisol level at 18 months (ug/dl)	Median: 0.13 (IQR 0.07- 0.24)		Median:0.11 (IQR 0.06- 1.15)			⊕○○○ Very low ^a
Chawla, 2016 (U.S.) ³ ★★★★★★★	Body weight at follow-up (kg)	10.8 (1.57)		10.76 (1.57)		Adj MD: 0.02 (-0.15-0.19)	Meta-analyzed (eTable 6)
	Head circumference (cm)	46.9 (2)		46.8 (3.2)		Adj MD: -0.05 (-0.28-0.18)	Meta-analyzed (eTable 6)
	Intact survival (defined as the absence of any cerebral palsy, deafness, or blindness and a BSID-III cognitive score of ≥85 at 18-22 months)	1670/2405		233/419		Adj OR: 1.51 (1.2-1.9)	⊕⊕○○ Low
Tseng, 2016 (Taiwan) ¹⁰	Allergic disease		18/24		3/16	NS; p<0.0001	⊕○○○ Very low ^{a,b}

★★★★½	Asthma		10/24		0/16	NS; p=0.003	⊕○○○ Very low ^{a,b}
	Allergic rhinitis		14/24		3/16	NS; p=0.013	⊕○○○ Very low ^{a,b}
	Atopic dermatitis		6/24		1/16	NS; p=0.126	⊕○○○ Very low ^{a,b}

Legend:

ACS – antenatal corticosteroids; SD – standard deviation; No. – number; CI – confidence interval; kg – kilograms; Adj – adjusted; MD – mean difference; cm – centimeters; BSID – Bayley Scales of Infant and Toddler Development; OR – odds ratio; NS – not stated; IQR – interquartile ratio;

Newcastle-Ottawa Scale: ★ – point awarded, ½ – half point awarded

*RoB assessments for each outcome for the study resulted in the same domain scores

Green font – a statistically significant beneficial outcome, grey highlighting – not measured/reported, **red font** – a statistically significant harmful outcome

eTable 8. Newcastle-Ottawa Scale Quality Assessment Scores for Non-Randomized Studies Included in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

Study, Year (Country)	Total score (max: 9★)	Component scores							
		Representativeness of exposed cohort (max: ★)	Selection of non-exposed cohort (max: ★)	Ascertainment of exposure (max: ★)	Demonstration that outcome of interest was not present at study start (max: ★)	† Comparability of cohorts based on the design or analysis* (max: ★★)	Ascertainment of outcome (max: ★)	Follow-up long enough for outcomes to occur? (max: ★)	Adequacy of cohort follow up (max: ★)
A single course of ACS versus those unexposed									
<i>Children born preterm</i>									
Chawla, 2013 (United States) ¹	8 ★★★★★★★★	★	★	★	★	★★☆	★	★	★
Gover, 2012 (Canada) ²	7.5 ★★★★★★½	★	★	★	★	★½	☆	★	★
Chawla, 2016 (United States) ³	7 ★★★★★★★★	★	★	★	☆	★★☆	★	★	★
Lee, 2008 (United States) ⁴	6.5 ★★★★★★½	★	★	★	★	★½	☆	★	☆
Agarwal, 2018 (Singapore) ⁵	6 ★★★★★★★★	★	★	★	★	☆☆	☆	★	★
Kim, 2018 (Korea) ⁶	5.5 ★★★★★★½	★	★	★	★	½	☆	★	☆
Laughon, 2009 (United States) ⁷	5.5 ★★★★★★½	★	★	★	☆	½	★	★	☆
McElrath, 2009 (United States) ⁸	5.5 ★★★★★★½	★	★	★	★	½	☆	★	☆
Lardon, 2017 (Spain) ⁹	4.5 ★★★★★★½	★	★	☆	★	½	☆	★	☆
Tseng, 2016 (Taiwan) ¹⁰	4.5 ★★★★★★½	★	★	★	☆	½	☆	★	☆
Unspecified number of courses of ACS versus those unexposed									
<i>Children born preterm or at term</i>									

Lamminmaki 2021 (Finland) ¹¹	7.5 ★★★★★★½	★	★	★	★	½	★	★	★
Raikkonen, 2020 (Finland) ¹²	7.5 ★★★★★★½	★	★	★	☆	★½	★	★	★
Wolford, 2020 (Finland) ¹³	7 ★★★★★★	★	★	★	☆	★★	★	★	☆
<i>Children born preterm</i>									
Haslam, 2018 (Canada) ¹⁴	8.5 ★★★★★★½	★	★	★	★	★½	★	★	★
Aviram, 2021 (Canada) ¹⁵	8 ★★★★★★	★	★	★	★	★	★	★	★
Raikkonen, 2020 (Finland) ¹²	7.5 ★★★★★★½	★	★	★	☆	★½	★	★	★
Gentle, 2020 (United States) ¹⁶	7 ★★★★★★	★	★	★	★	★★☆	☆	★	★
Hutcheon, 2020 (Canada) ¹⁷	7 ★★★★★★	★	★	★	☆	★	★	★	★
Bulbul, 2020 (Turkey) ¹⁸	6.5 ★★★★★★½	★	★	★	★	½	★	★	☆
Miyazaki, 2015 (Japan) ¹⁹	6.5 ★★★★★★½	★	★	★	★	½	★	★	☆
Ushida, 2020a (Japan) ²⁰	6.5 ★★★★★★½	★	★	★	★	½	★	★	☆
Ushida, 2020b (Japan) ²¹	6.5 ★★★★★★½	★	★	★	★	½	☆	★	★
Basset, 2018 (France) ²²	6 ★★★★★★	★	★	☆	★	★★☆	☆	★	★
Ishikawa, 2015 (Japan) ²³	5.5 ★★★★★½	★	★	★	★	½	☆	★	☆
Li, 2019 (China) ²⁴	5.5 ★★★★★½	★	★	★	★	½	☆	★	☆
Ochiai, 2014 (Japan) ²⁵	5.5 ★★★★★½	★	★	★	★	½	☆	★	☆
Young, 2016 (Canada) ²⁶	5.5 ★★★★★½	★	★	★	★	½	☆	★	☆
Kallen, 2015 (Sweden) ²⁷	4.5 ★★★★★½	★	★	★	☆	½	☆	★	☆
Kiechl-kohlendorfer, 2009 (Austria) ²⁸	4.5 ★★★★★½	★	★	☆	★	½	☆	★	☆
Sun, 2015 (China) ²⁹	4.5 ★★★★★½	★	★	☆	★	½	☆	★	☆

<i>Children born at term</i>										
Melamed, 2019 (Canada) ³⁰	8	★★★★★★★	★	★	★	★	★★☆	★	★	★
Raikkonen, 2020 (Finland) ¹²	7.5	★★★★★★★½	★	★	★	☆	★½	★	★	★

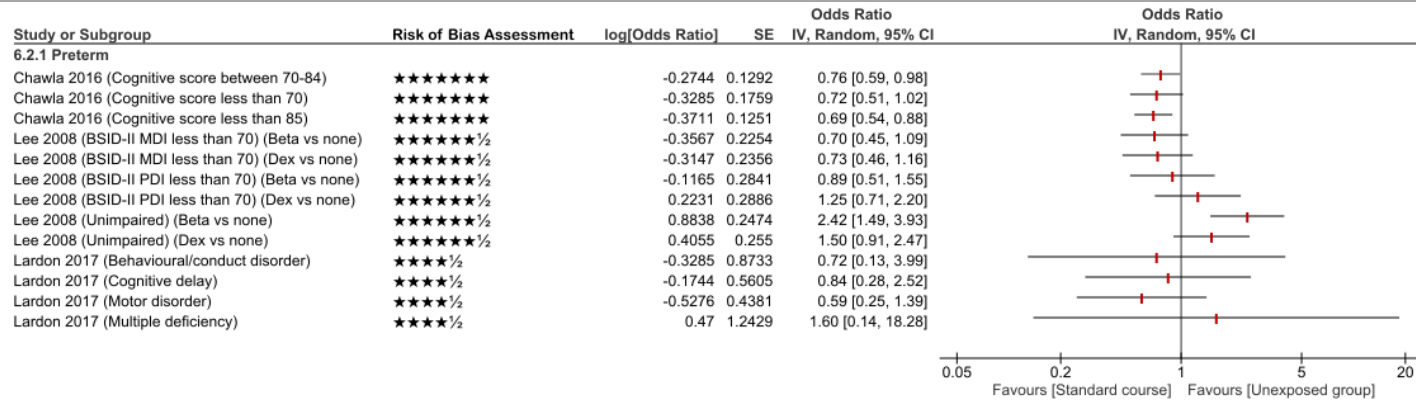
Legend:

★ – point awarded; ½ – half point awarded; ☆ – no point awarded, max – maximum; ACS – antenatal corticosteroids

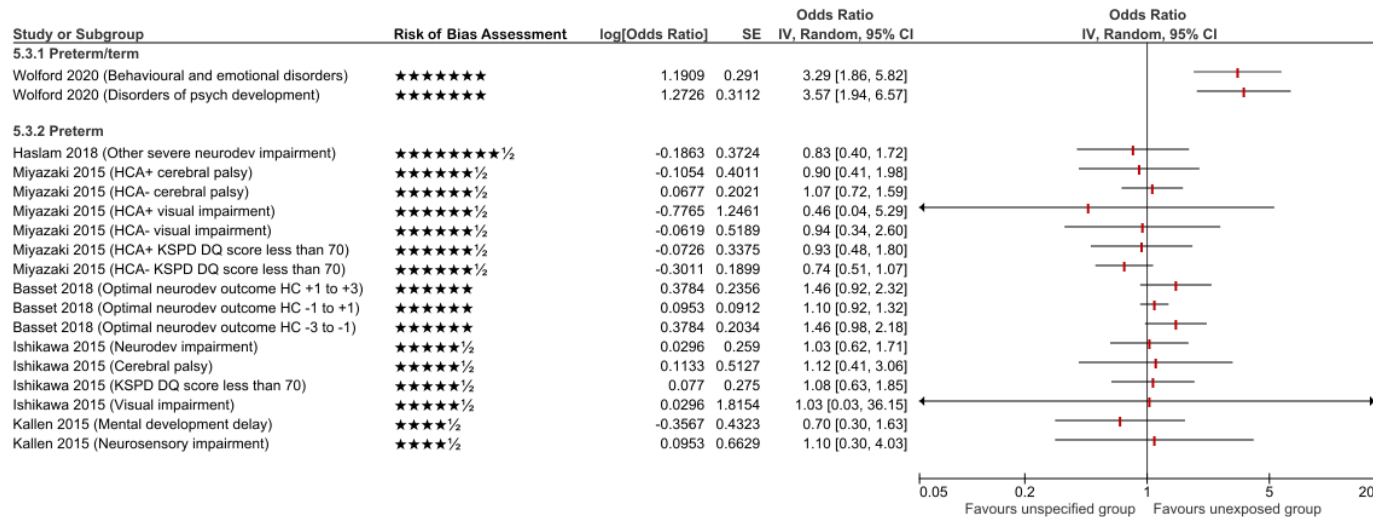
† If the study addressed any of the following confounding variables (whether through exclusion, stratification, adjustment or matching), we assigned ½ star per factor with a maximum of 2 stars total: postnatal steroids; gestational age at birth; family or maternal history of neurodevelopmental and psychological outcomes (including maternal stress); socioeconomic status; maternal substance use (drugs, alcohol or smoking); and intrauterine growth restriction;

eFigure 1. Visual Representation of Available Individual Adjusted Neurodevelopmental/Psychological Outcomes in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

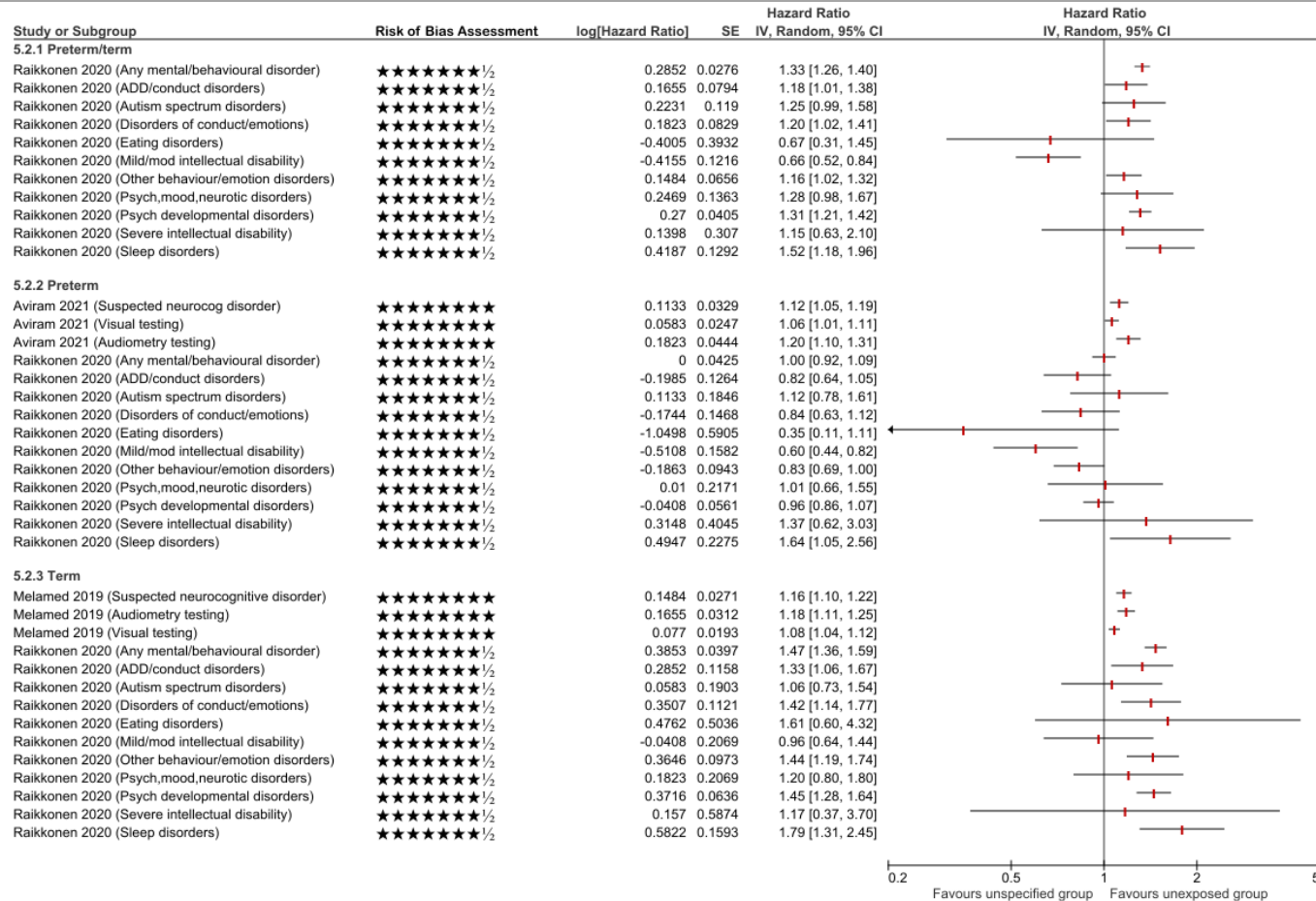
A single (i.e., standard) course of ACS versus those unexposed (adjusted odds ratios)



Unspecified number of courses of ACS versus those unexposed (adjusted odds ratios)



Unspecified number courses of ACS versus those unexposed (adjusted hazard ratios)



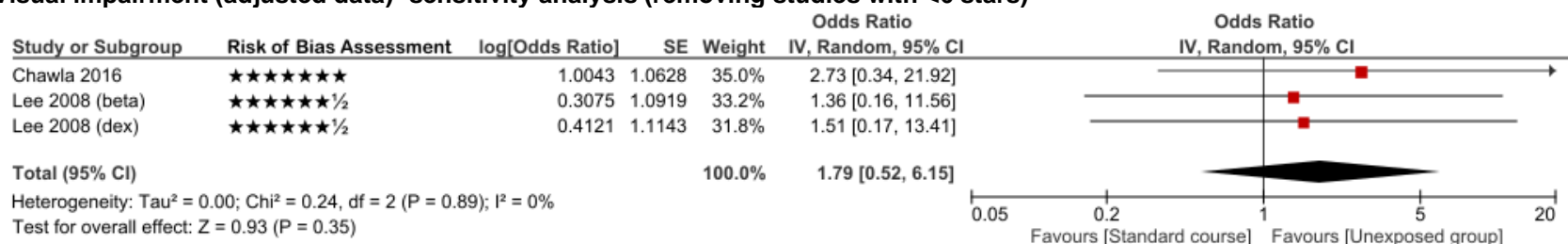
Legend:

ACS – antenatal corticosteroids; SE – standard error; IV – instrumental variable; CI – confidence interval; cognitive score – on BSID-III; neurodev – neurodevelopmental; Beta – betamethasone; vs – versus; Dex – dexamethasone; BSID – Bayley Scales of Infant and Toddler Development; MDI – Mental Development Index; PDI – Psychomotor Development Index; HC – head circumference; KSPD – Kyoto Scale of Psychological Development; DQ – developmental quotient; wk – weeks; GA – gestational age; ADD – attention deficit disorder; mod – moderate; Newcastle-Ottawa Scale: ★ – point awarded; ½ – half point awarded

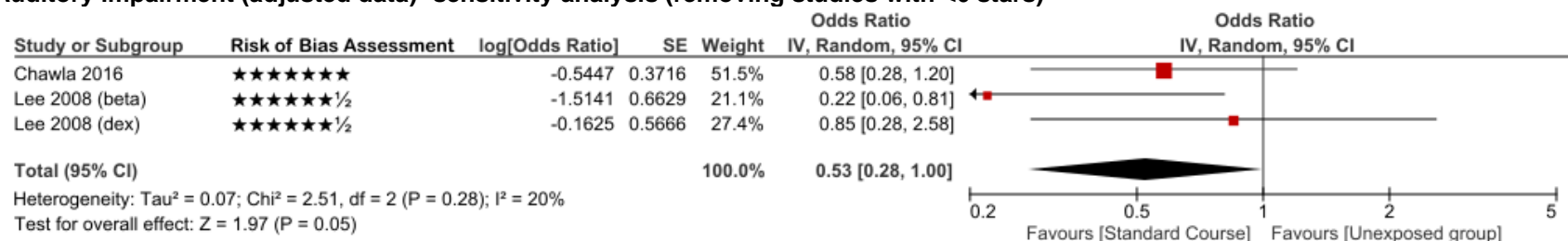
eFigure 2. Forest Plots of Sensitivity Analyses and Meta-analyzed Unadjusted Neurodevelopmental/Psychological and Other Outcomes in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

**A single (i.e., standard) course of ACS versus those unexposed
Children born preterm**

Visual impairment (adjusted data)- sensitivity analysis (removing studies with <6 stars)

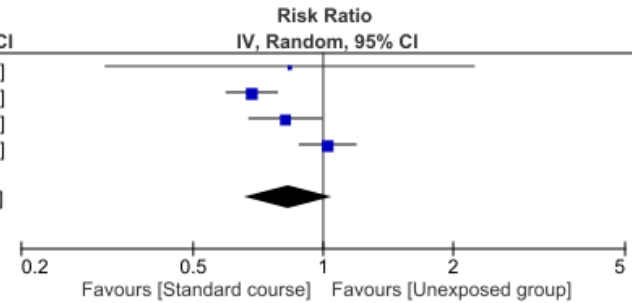


Auditory impairment (adjusted data)- sensitivity analysis (removing studies with <6 stars)



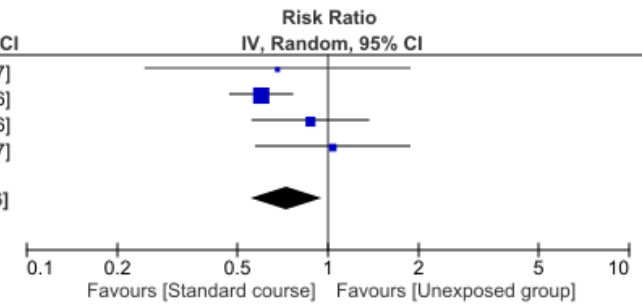
Neurodevelopmental impairment (unadjusted data)

Study or Subgroup	Risk of Bias Assessment	Standard Course		Unexposed		Weight	Risk Ratio
		Events	Total	Events	Total		IV, Random, 95% CI
Chawla 2013	★★★★★★	16	51	3	8	5.0%	0.84 [0.31, 2.23]
Chawla 2016	★★★★★★	651	2405	166	419	33.0%	0.68 [0.60, 0.78]
Lee 2008	★★★★★½	358	971	69	153	29.7%	0.82 [0.67, 0.99]
Kim 2018	★★★★★½	24	25	15	16	32.2%	1.02 [0.88, 1.19]
Total (95% CI)			3452		596	100.0%	0.83 [0.65, 1.05]
Total events		1049		253			
Heterogeneity: Tau ² = 0.04; Chi ² = 15.46, df = 3 (P = 0.001); I ² = 81%							
Test for overall effect: Z = 1.55 (P = 0.12)							



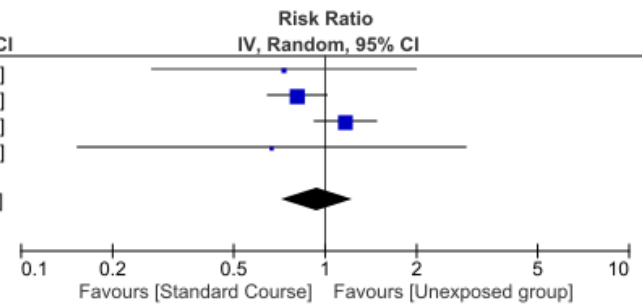
Cerebral palsy (unadjusted data)

Study or Subgroup	Risk of Bias Assessment	Standard Course		Unexposed		Weight	Risk Ratio
		Events	Total	Events	Total		IV, Random, 95% CI
Chawla 2013	★★★★★★	13	51	3	8	6.7%	0.68 [0.25, 1.87]
Chawla 2016	★★★★★★	252	2404	73	418	50.3%	0.60 [0.47, 0.76]
Lee 2008	★★★★★½	111	971	20	153	25.9%	0.87 [0.56, 1.36]
Kim 2018	★★★★★½	14	27	9	18	17.1%	1.04 [0.58, 1.87]
Total (95% CI)			3453		597	100.0%	0.73 [0.56, 0.96]
Total events		390		105			
Heterogeneity: Tau ² = 0.02; Chi ² = 4.24, df = 3 (P = 0.24); I ² = 29%							
Test for overall effect: Z = 2.23 (P = 0.03)							

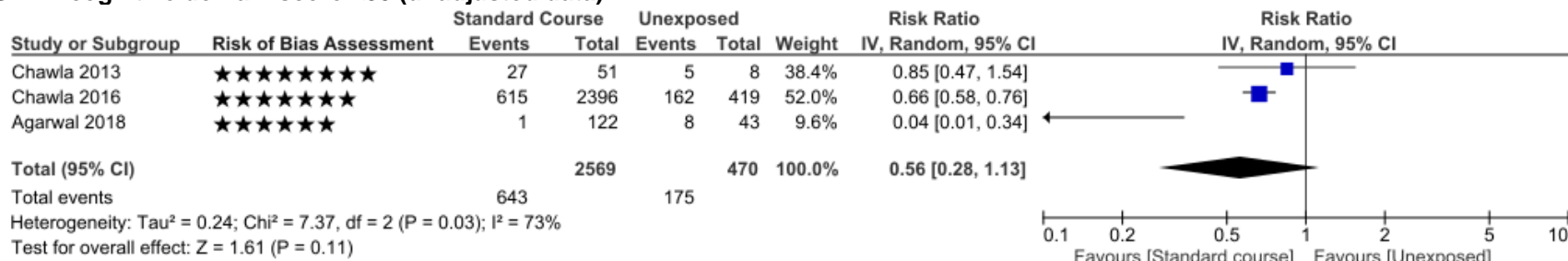


BSID-II MDI <70 (unadjusted data)

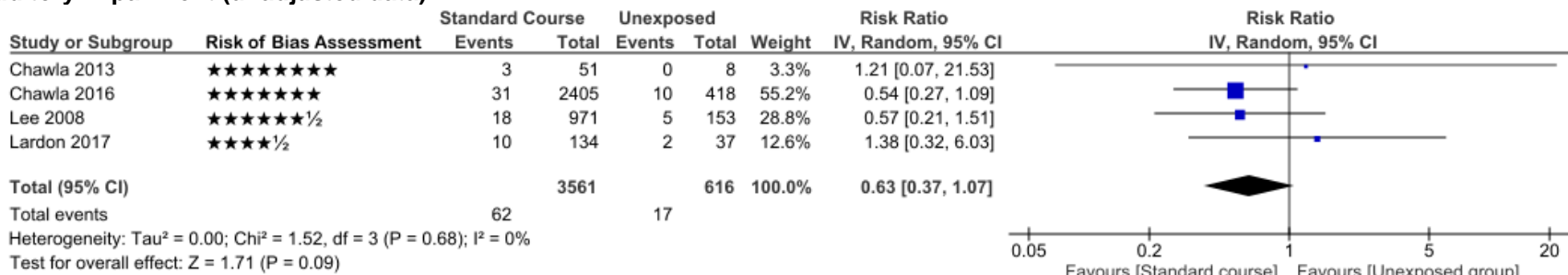
Study or Subgroup	Risk of Bias Assessment	Standard Course		Unexposed		Weight	Risk Ratio
		Events	Total	Events	Total		IV, Random, 95% CI
Chawla 2013	★★★★★★	14	51	3	8	6.7%	0.73 [0.27, 1.99]
Lee 2008	★★★★★½	298	971	58	153	45.7%	0.81 [0.65, 1.01]
Kim 2018	★★★★★½	24	25	14	17	44.4%	1.17 [0.92, 1.47]
Tseng 2016	★★★★½	3	24	3	16	3.3%	0.67 [0.15, 2.90]
Total (95% CI)			1071		194	100.0%	0.94 [0.72, 1.23]
Total events		339		78			
Heterogeneity: Tau ² = 0.03; Chi ² = 5.38, df = 3 (P = 0.15); I ² = 44%							
Test for overall effect: Z = 0.45 (P = 0.65)							



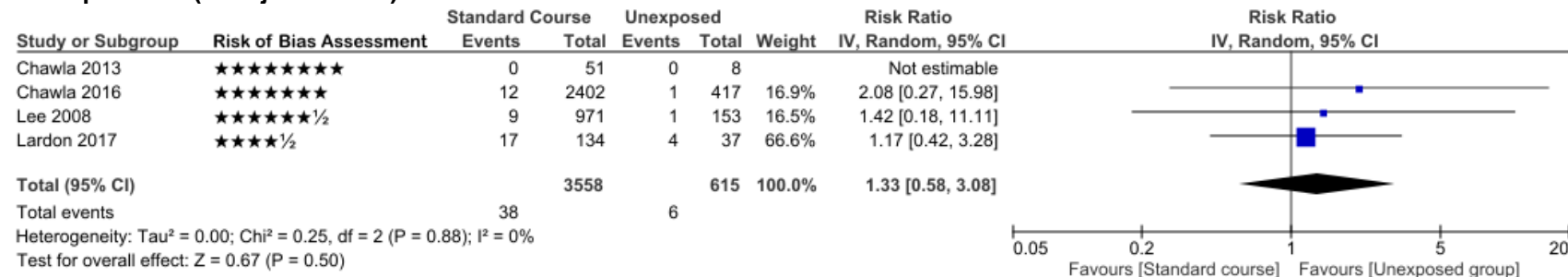
BSID-III cognitive domain score <85 (unadjusted data)



Auditory impairment (unadjusted data)

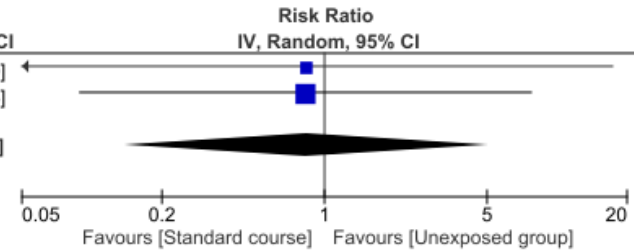


Visual impairment (unadjusted data)



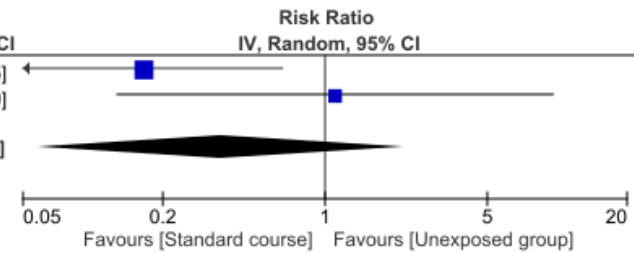
Hemiparesis (unadjusted data)

Study or Subgroup	Risk of Bias Assessment	Standard Course		Unexposed		Weight	Risk Ratio	
		Events	Total	Events	Total		IV, Random, 95% CI	IV, Random, 95% CI
McElrath 2009	★★★★½	2	681	0	113	35.2%	0.84	[0.04, 17.30]
Lardon 2017	★★★★½	3	134	1	37	64.8%	0.83	[0.09, 7.73]
Total (95% CI)			815		150	100.0%	0.83	[0.14, 5.02]
Total events		5		1				
Heterogeneity: Tau ² = 0.00; Chi ² = 0.00, df = 1 (P = 1.00); I ² = 0%								
Test for overall effect: Z = 0.20 (P = 0.84)								



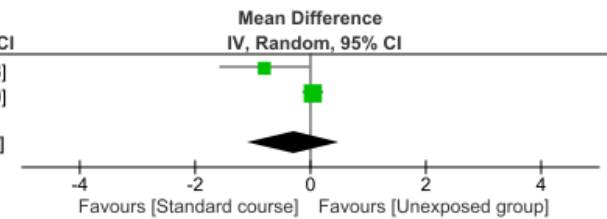
Diparesis (unadjusted data)

Study or Subgroup	Risk of Bias Assessment	Standard Course		Unexposed		Weight	Risk Ratio	
		Events	Total	Events	Total		IV, Random, 95% CI	IV, Random, 95% CI
McElrath 2009	★★★★½	4	681	4	113	60.1%	0.17	[0.04, 0.65]
Lardon 2017	★★★★½	4	134	1	37	39.9%	1.10	[0.13, 9.59]
Total (95% CI)			815		150	100.0%	0.35	[0.06, 2.18]
Total events		8		5				
Heterogeneity: Tau ² = 0.94; Chi ² = 2.11, df = 1 (P = 0.15); I ² = 53%								
Test for overall effect: Z = 1.12 (P = 0.26)								



Body weight (kg) (unadjusted data)

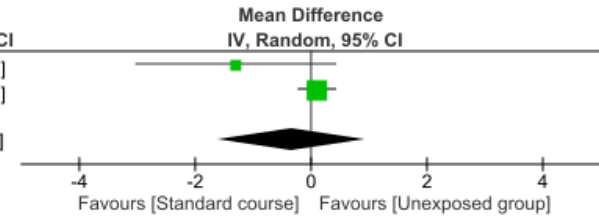
Study or Subgroup	Risk of Bias Assessment	Standard course			Unexposed group			Weight	Mean Difference	
		Mean	SD	Total	Mean	SD	Total		IV, Random, 95% CI	IV, Random, 95% CI
Chawla 2013	★★★★★★★	10.4	1.2	51	11.2	1	8	39.6%	-0.80	[-1.57, -0.03]
Chawla 2016	★★★★★★★	10.8	1.57	2402	10.76	1.57	416	60.4%	0.04	[-0.12, 0.20]
Total (95% CI)				2453			424	100.0%	-0.29	[-1.10, 0.51]
Heterogeneity: Tau ² = 0.27; Chi ² = 4.40, df = 1 (P = 0.04); I ² = 77%										
Test for overall effect: Z = 0.71 (P = 0.48)										



Head circumference (cm) (unadjusted data)

Study or Subgroup	Risk of Bias Assessment	Standard course			Unexposed group			Weight	Mean Difference	
		Mean	SD	Total	Mean	SD	Total		IV, Random, 95% CI	
Chawla 2013	★★★★★★	46.5	1.6	51	47.8	2.4	8	31.0%	-1.30 [-3.02, 0.42]	
Chawla 2016	★★★★★★	46.9	2	2345	46.8	3.2	413	69.0%	0.10 [-0.22, 0.42]	
Total (95% CI)				2396			421	100.0%	-0.33 [-1.60, 0.93]	

Heterogeneity: Tau² = 0.58; Chi² = 2.46, df = 1 (P = 0.12); I² = 59%
 Test for overall effect: Z = 0.52 (P = 0.61)



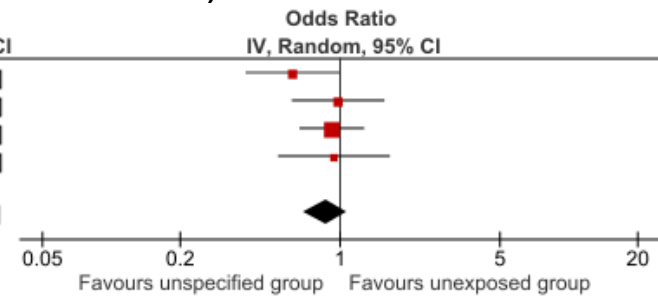
Unspecified number of courses of ACS versus those unexposed

Children born preterm

Neurodevelopmental impairment (adjusted data)- sensitivity analysis (removing studies with <6 stars)

Study or Subgroup	Risk of Bias Assessment	log[Odds Ratio]	SE	Weight	Odds Ratio	
					IV, Random, 95% CI	
Haslam 2018	★★★★★★½	-0.478	0.2365	20.6%	0.62 [0.39, 0.99]	
Gentle 2020	★★★★★★	-0.0202	0.2336	21.1%	0.98 [0.62, 1.55]	
Miyazaki 2015 (HCA-)	★★★★★★½	-0.0834	0.1618	44.0%	0.92 [0.67, 1.26]	
Miyazaki 2015 (HCA+)	★★★★★★½	-0.0619	0.2828	14.4%	0.94 [0.54, 1.64]	
Total (95% CI)				100.0%	0.86 [0.70, 1.06]	

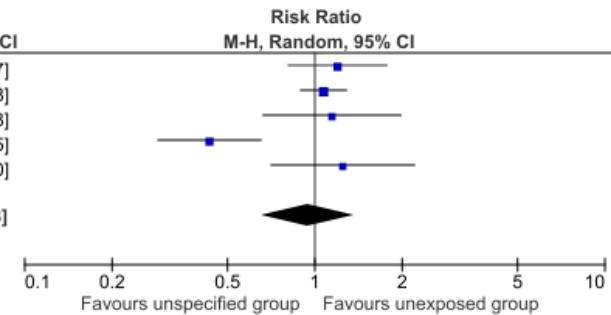
Heterogeneity: Tau² = 0.00; Chi² = 2.50, df = 3 (P = 0.48); I² = 0%
 Test for overall effect: Z = 1.38 (P = 0.17)



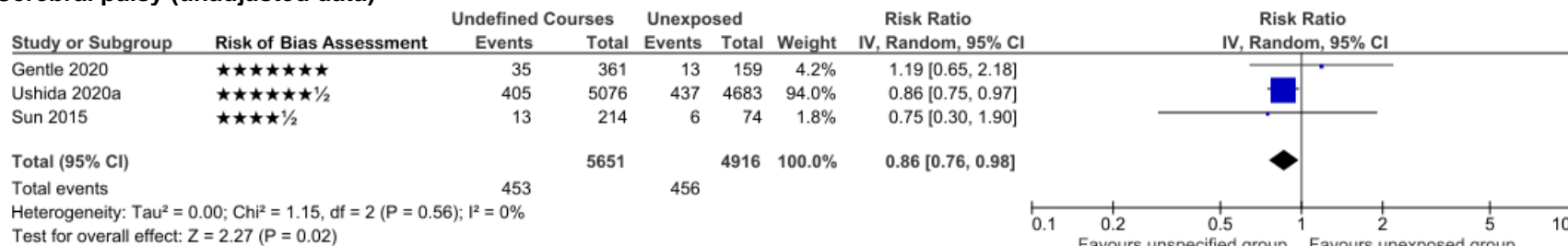
Neurodevelopmental impairment (unadjusted data)

Study or Subgroup	Risk of Bias Assessment	Standard Course		Unexposed		Weight	Risk Ratio	
		Events	Total	Events	Total		M-H, Random, 95% CI	
Gentle 2020	★★★★★★	76	358	28	158	20.8%	1.20 [0.81, 1.77]	
Miyazaki 2015	★★★★★★½	151	571	208	843	25.3%	1.07 [0.89, 1.28]	
Li 2019	★★★★★★½	10	25	37	106	17.1%	1.15 [0.66, 1.98]	
Kiechl-Kohlendorfer 2009	★★★★½	48	182	14	23	20.3%	0.43 [0.29, 0.65]	
Källén 2015	★★★★½	114	411	10	45	16.6%	1.25 [0.71, 2.20]	
Total (95% CI)			1547		1175	100.0%	0.95 [0.65, 1.38]	

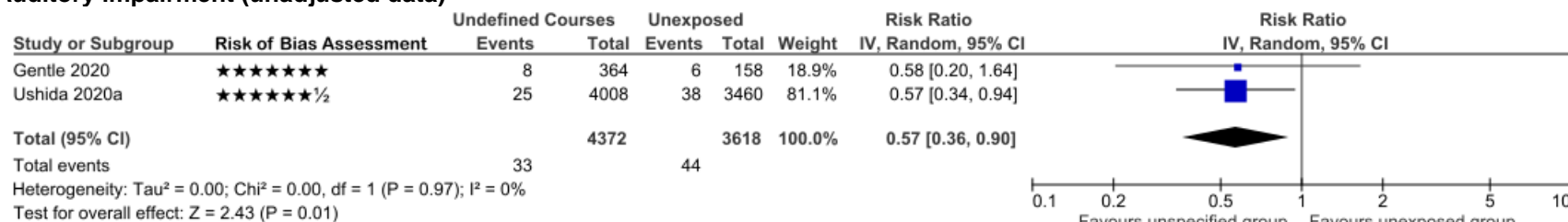
Total events: Standard Course 399, Unexposed 297
 Heterogeneity: Tau² = 0.14; Chi² = 18.96, df = 4 (P = 0.0008); I² = 79%
 Test for overall effect: Z = 0.29 (P = 0.77)



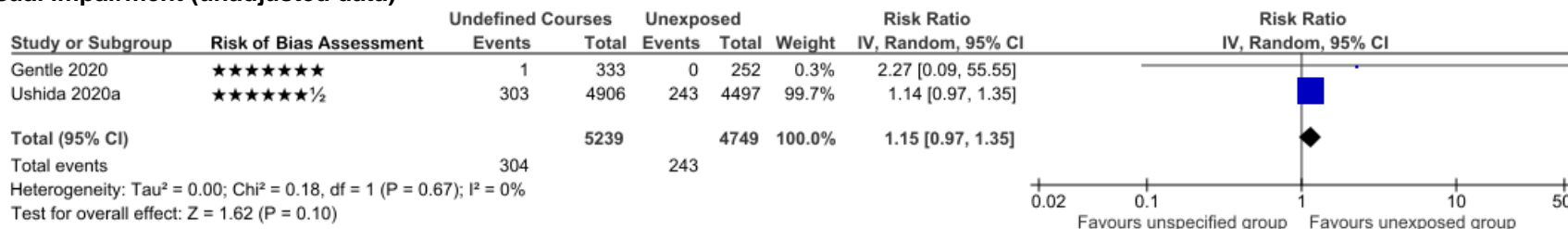
Cerebral palsy (unadjusted data)



Auditory impairment (unadjusted data)



Visual impairment (unadjusted data)

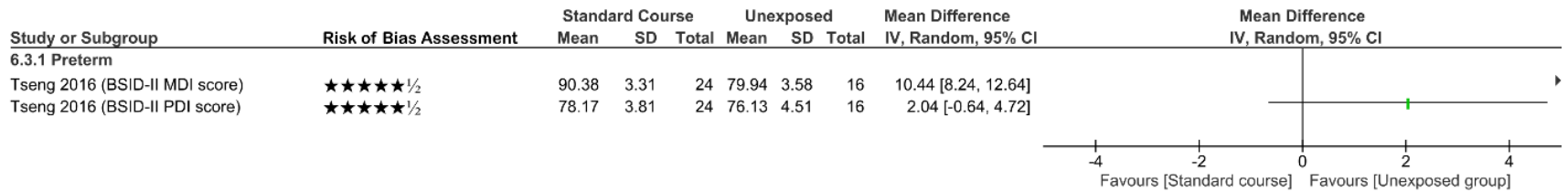
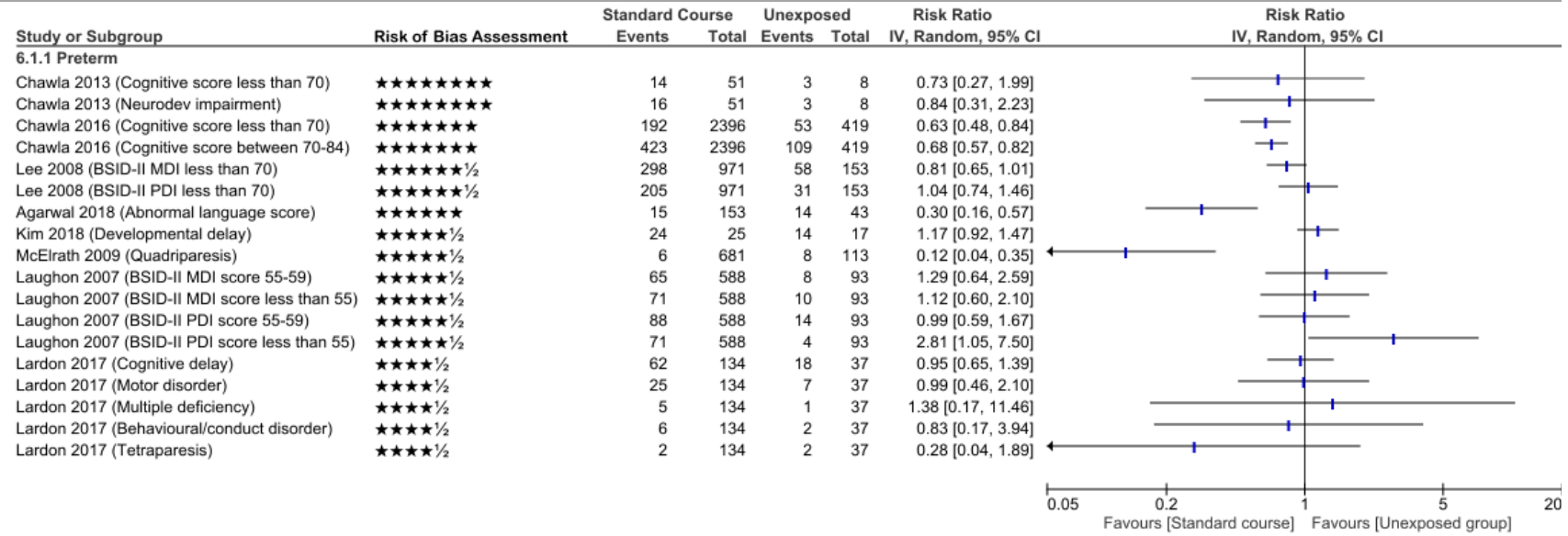


Legend:

ACS – antenatal corticosteroids; IV – instrumental variable; CI – confidence interval; BSID – Bayley Scales of Infant and Toddler Development; MDI – Mental Development Index
 Newcastle-Ottawa Scale: ★ – point awarded; ½ – half point awarded

Figure 3. Visual Representation of Available Individual Unadjusted Neurodevelopmental/Psychological Outcomes in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

A single (i.e., standard) course of ACS versus no ACS exposure



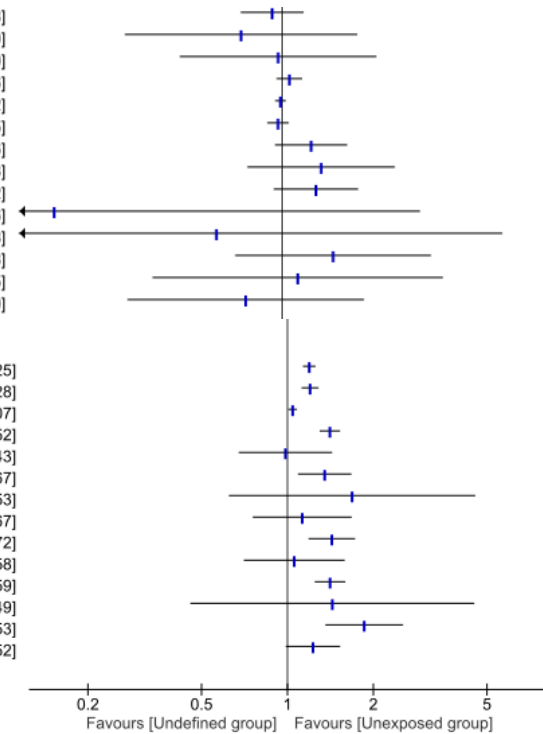
Unspecified number of courses of ACS versus no ACS exposure

Study or Subgroup	Risk of Bias Assessment	Favours [Undefined group]		Unexposed		Risk Ratio		Risk Ratio	
		Events	Total	Events	Total	M-H, Random, 95% CI	M-H, Random, 95% CI		
5.1.1 Preterm/term									
Raikkonen 2020 (Any mental/behavioural disorder)	★★★★★½	1785	14868	44243	655229	1.78	[1.70, 1.86]		
Raikkonen 2020 (Autism spectrum disorders)	★★★★★½	96	14868	2807	655229	1.51	[1.23, 1.85]		
Raikkonen 2020 (Disorders of conduct/emotions)	★★★★★½	181	14868	6350	655229	1.26	[1.08, 1.45]		
Raikkonen 2020 (Eating disorders)	★★★★★½	6	14868	243	655229	1.09	[0.48, 2.45]		
Raikkonen 2020 (Mild/mod intellectual disability)	★★★★★½	101	14868	2259	655229	1.97	[1.62, 2.40]		
Raikkonen 2020 (Other behaviour/emotion disorders)	★★★★★½	345	14868	8049	655229	1.89	[1.70, 2.10]		
Raikkonen 2020 (Psych,mood,neurotic disorders)	★★★★★½	71	14868	2241	655229	1.40	[1.10, 1.77]		
Raikkonen 2020 (Psych developmental disorders)	★★★★★½	956	14868	19089	655229	2.21	[2.07, 2.35]		
Raikkonen 2020 (Severe intellectual disability)	★★★★★½	18	14868	219	655229	3.62	[2.24, 5.86]		
Raikkonen 2020 (Sleep disorders)	★★★★★½	79	14868	2110	655229	1.65	[1.32, 2.06]		
Raikkonen 2020 (ADD/conduct disorders)	★★★★★½	216	14868	6773	655229	1.41	[1.23, 1.61]		
Wolford 2020 (Any mental or behavioural disorder)	★★★★★	24	117	386	4591	2.44	[1.69, 3.53]		
Wolford 2020 (Behavioural and emotional disorders)	★★★★★	14	117	184	4591	2.99	[1.79, 4.98]		
Wolford 2020 (Disorders of psych development)	★★★★★	19	117	238	4591	3.13	[2.04, 4.81]		
5.1.2 Preterm									
Aviram 2021 (Suspected neurocog disorder)	★★★★★	1156	2689	8581	22979	1.15	[1.10, 1.21]		
Aviram 2021 (Visual testing)	★★★★★	1860	2689	15483	22979	1.03	[1.00, 1.05]		
Aviram 2021 (Audiometry testing)	★★★★★	627	2689	4559	22979	1.18	[1.09, 1.26]		
Raikkonen 2020 (Any mental/behavioural disorder)	★★★★★½	1187	8138	2192	20472	1.36	[1.28, 1.45]		
Raikkonen 2020 (Autism spectrum disorders)	★★★★★½	68	8138	123	20472	1.39	[1.04, 1.87]		
Raikkonen 2020 (ADD/conduct disorders)	★★★★★½	132	8138	325	20472	1.02	[0.84, 1.25]		
Raikkonen 2020 (Disorders of conduct/emotions)	★★★★★½	94	8138	273	20472	0.87	[0.69, 1.09]		
Raikkonen 2020 (Eating disorders)	★★★★★½	5	8138	19	20472	0.66	[0.25, 1.77]		
Raikkonen 2020 (Mild/mod intellectual disability)	★★★★★½	76	8138	166	20472	1.15	[0.88, 1.51]		
Raikkonen 2020 (Other behaviour/emotion disorders)	★★★★★½	230	8138	466	20472	1.24	[1.06, 1.45]		
Raikkonen 2020 (Psych,mood,neurotic disorders)	★★★★★½	47	8138	98	20472	1.21	[0.85, 1.71]		
Raikkonen 2020 (Psych developmental disorders)	★★★★★½	687	8138	1095	20472	1.58	[1.44, 1.73]		
Raikkonen 2020 (Severe intellectual disability)	★★★★★½	15	8138	22	20472	1.72	[0.89, 3.30]		
Raikkonen 2020 (Sleep disorders)	★★★★★½	38	8138	82	20472	1.17	[0.79, 1.71]		
Gentle 2020 (BSID-III cog score less than 70)	★★★★★	43	355	14	157	1.36	[0.77, 2.41]		
Gentle 2020 (BSID-III motor score less than 70)	★★★★★	59	355	22	156	1.18	[0.75, 1.85]		
Ushida 2020a (KSPD DQ score less than 70)	★★★★★½	500	3320	494	3126	0.95	[0.85, 1.07]		
Ushida 2020b (Auditory impairment)	★★★★★½	46	3438	44	2424	0.74	[0.49, 1.11]		
Ushida 2020b (Cerebral palsy)	★★★★★½	329	4485	305	3309	0.80	[0.69, 0.92]		
Ushida 2020b (KSPD DQ score less than 70)	★★★★★½	533	3355	367	3309	1.43	[1.27, 1.62]		
Ushida 2020b (KSPD DQ score less than 85)	★★★★★½	1647	3355	1142	3309	1.42	[1.34, 1.51]		
Ushida 2020b (Visual impairment)	★★★★★½	238	4344	178	3174	0.98	[0.81, 1.18]		

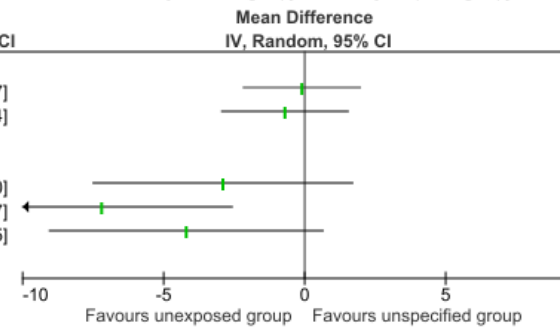
Miyazaki 2015 (KSPD DQ score less than 70)	★★★★★½	89	587	141	859	0.92 [0.72, 1.18]
Miyazaki 2015 (Severe hearing impairment)	★★★★★½	7	827	13	1109	0.72 [0.29, 1.80]
Miyazaki 2015 (Visual impairment)	★★★★★½	11	830	15	1096	0.97 [0.45, 2.10]
Basset 2018 (Optimal neurodev outcome HC +1 to +3)	★★★★★	264	344	182	251	1.06 [0.96, 1.16]
Basset 2018 (Optimal neurodev outcome HC -1 to +1)	★★★★★	1566	2042	1082	1393	0.99 [0.95, 1.02]
Basset 2018 (Optimal neurodev outcome HC -3 to -1)	★★★★★	425	589	258	346	0.97 [0.89, 1.05]
Ishikawa 2015 (Neurodev impairment)	★★★★★½	66	285	93	505	1.26 [0.95, 1.66]
Ishikawa 2015 (Cerebral palsy)	★★★★★½	19	278	25	498	1.36 [0.76, 2.43]
Ishikawa 2015 (KSPD DQ score less than 70)	★★★★★½	51	271	70	486	1.31 [0.94, 1.82]
Ishikawa 2015 (Severe hearing impairment)	★★★★★½	0	277	5	502	0.16 [0.01, 2.96]
Ishikawa 2015 (Visual impairment)	★★★★★½	1	275	3	490	0.59 [0.06, 5.68]
Kallen 2015 (Mental development delay)	★★★★½	82	411	6	45	1.50 [0.69, 3.23]
Kallen 2015 (Neurosensory impairment)	★★★★½	31	411	3	45	1.13 [0.36, 3.55]
Sun 2015 (BSID-II MDI score less than 70)	★★★★½	13	214	6	74	0.75 [0.30, 1.90]

5.1.3 Term

Melamed 2019 (Suspected neurocognitive disorder)	★★★★★★	1397	5423	113181	523782	1.19 [1.14, 1.25]
Melamed 2019 (Audiometry testing)	★★★★★★	827	5423	66555	523782	1.20 [1.13, 1.28]
Melamed 2019 (Visual testing)	★★★★★★	2461	5423	227948	523782	1.04 [1.01, 1.07]
Raikkonen 2020 (Any mental/behavioural disorder)	★★★★★½	598	6730	40051	634757	1.41 [1.30, 1.52]
Raikkonen 2020 (Autism spectrum disorders)	★★★★★½	28	6730	2684	634757	0.98 [0.68, 1.43]
Raikkonen 2020 (Disorders of conduct/emotions)	★★★★★½	87	6730	6077	634757	1.35 [1.09, 1.67]
Raikkonen 2020 (Eating disorders)	★★★★★½	4	6730	224	634757	1.68 [0.63, 4.53]
Raikkonen 2020 (Mild/mod intellectual disability)	★★★★★½	25	6730	2093	634757	1.13 [0.76, 1.67]
Raikkonen 2020 (Other behaviour/emotion disorders)	★★★★★½	115	6730	7583	634757	1.43 [1.19, 1.72]
Raikkonen 2020 (Psych,mood,neurotic disorders)	★★★★★½	24	6730	2143	634757	1.06 [0.71, 1.58]
Raikkonen 2020 (Psych developmental disorders)	★★★★★½	269	6730	17994	634757	1.41 [1.25, 1.59]
Raikkonen 2020 (Severe intellectual disability)	★★★★★½	3	6730	197	634757	1.44 [0.46, 4.49]
Raikkonen 2020 (Sleep disorders)	★★★★★½	41	6730	2082	634757	1.86 [1.36, 2.53]
Raikkonen 2020 (ADD/conduct disorders)	★★★★★½	84	6730	6448	634757	1.23 [0.99, 1.52]



Study or Subgroup	Risk of Bias Assessment	Unspecified Courses			Unexposed			Mean Difference	
		Mean	SD	Total	Mean	SD	Total	IV, Random, 95% CI	
5.4.1 Preterm/term									
Lamminmaki 2021 (Male PSAI score)	★★★★★½	68.5	10.6	171	68.6	9.9	213	-0.10 [-2.17, 1.97]	
Lamminmaki 2021 (Female PSAI score)	★★★★★½	27.5	11.3	166	28.2	10	186	-0.70 [-2.94, 1.54]	
5.4.2 Preterm									
Bulbul 2020 (BSID-III cognitive score)	★★★★★½	91.4	12.3	51	94.3	10.7	45	-2.90 [-7.50, 1.70]	
Bulbul 2020 (BSID-III language score)	★★★★★½	89.5	11.6	51	96.7	11.5	45	-7.20 [-11.83, -2.57]	
Bulbul 2020 (BSID-III motor score)	★★★★★½	86.3	12.1	51	90.5	12.1	45	-4.20 [-9.05, 0.65]	



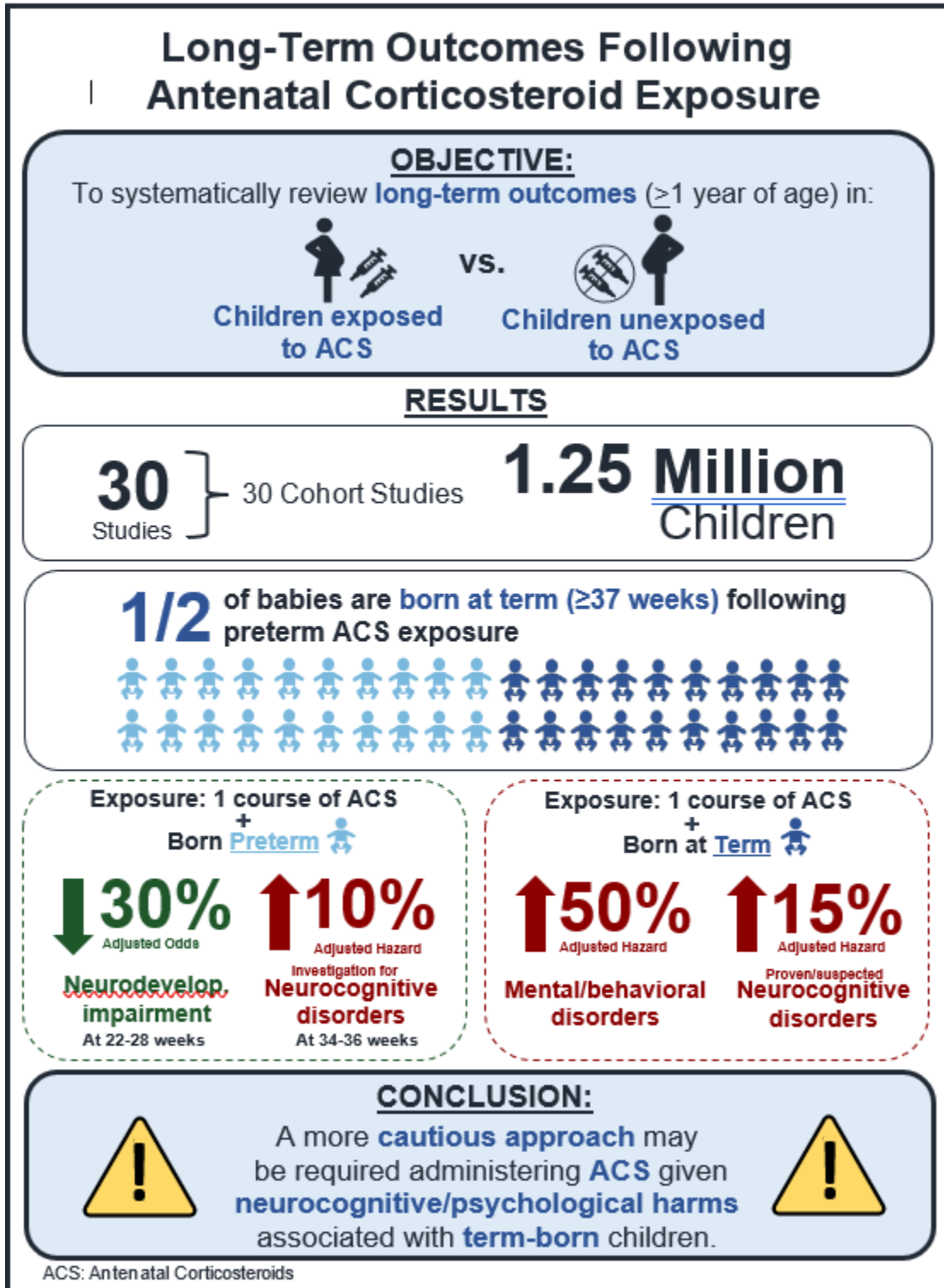
Legend:

ACS – antenatal corticosteroids; IV – instrumental variable; CI – confidence interval; neurocog–neurocognitive; neurodev – neurodevelopmental; BSID – Bayley Scales of Infant and Toddler Development; MDI – mental development index; PDI – psychomotor development index; ECBQ - Early Childhood Behaviour Questionnaire; mod – moderate; ADD – attention deficit disorder; KSPD – Kyoto Scale of Psychological Development; DQ – developmental quotient; HC – head circumference

Newcastle-Ottawa Scale: ★ – point awarded; ½ – half point awarded

Cochrane risk of bias 2.0: +: low bias; -: high bias; ?: some concerns regarding bias; D: bias due to deviations from intended interventions; Me: bias in measurement of the outcome; Mi: bias due to missing outcome data; O: overall risk of bias; R: bias arising from the randomization process; S: bias in selection of reported results

eFigure 4. Infographic Abstract of a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids



eAppendix 1. Electronic Search Strategies for a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

Database: OVID Medline (January 1, 2000 – October 29, 2021)		
#	Searches	Results
1	Premature Birth/	16486
2	exp Infant, Premature/	40544
3	Obstetric Labor, Premature/	7440
4	Prenatal Care/	21468
5	Term Birth/	2651
6	exp Infant, Newborn/	360439
7	exp Pregnancy/	508405
8	pregnan*.mp.	554977
9	((preterm or pre-term or prematur* or term) adj2 (infant* or birth* or child* or deliver* or labour or labor or born)).mp.	101225
10	lbw.mp.	3304
11	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10	825889
12	Glucocorticoids/	53120
13	(antenatal adj4 (cortico* or steroid*)).mp.	2023
14	exp Betamethasone/	4181
15	exp Dexamethasone/	30186
16	betamethasone.mp.	4028
17	celestone.mp.	36
18	dexamethasone.mp.	43199
19	12 or 13 or 14 or 15 or 16 or 17 or 18	89907
20	Prenatal Exposure Delayed Effects/	26737
21	(follow* adj1 up).mp.	1110497
22	(long* adj1 term).mp.	651070
23	(delay* adj2 effect*).mp.	33372
24	exp case control studies/	1144435
25	exp cohort studies/	1909043
26	(observational adj1 stud*).mp.	180880
27	(cohort adj2 (stud* or analys*)).mp.	422052
28	(longitudinal or retrospective or prospective or cross sectional).mp.	2134729
29	exp Randomized Controlled Trials as Topic/	145504
30	Non-Randomized Controlled Trials as Topic/	992
31	RCT.mp.	22108
32	(random* adj3 (control* or trial* or allocat* or assign*)).mp.	807527
33	(quasi adj2 (experiment* or trial)).mp.	12873
34	20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 33	3624692
35	(Animals/ or Models, Animal/ or Disease Models, Animal/) not Humans/	2687589
36	11 and 19 and 34	3470
37	36 not 35	2932
38	limit 37 to ed=20000101-20211029	2700

Database: Embase (January 1, 2000 – October 29, 2021)		
#	Searches	Results
1	Premature Birth/	60139
2	exp Infant, Premature/	111525
3	Obstetric Labor, Premature/	22302
4	Prenatal Care/	43375
5	Term Birth/	3888
6	exp Infant, Newborn/	555990
7	exp Pregnancy/	702036
8	pregnan*.mp.	1002592
9	((preterm or pre-term or prematur* or term) adj2 (infant* or birth* or child* or deliver* or labour or labor or born)).mp.	175491
10	lbw.mp.	6063
11	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10	1517687
12	Glucocorticoids/	75879
13	(antenatal adj4 (cortico* or steroid*)).mp.	3737
14	exp Betamethasone/	17845
15	exp Dexamethasone/	163062
16	betamethasone.mp.	24708
17	celestone.mp.	962
18	dexamethasone.mp.	178533
19	12 or 13 or 14 or 15 or 16 or 17 or 18	262842
20	Prenatal Exposure Delayed Effects/	25066
21	(follow* adj1 up).mp.	2276333
22	(long* adj1 term).mp.	1320222
23	(delay* adj2 effect*).mp.	12567
24	exp case control studies/	197427
25	exp cohort studies/	766607
26	(observational adj1 stud*).mp.	308903
27	(cohort adj2 (stud* or analys*)).mp.	869588
28	(longitudinal or retrospective or prospective or cross sectional).mp.	3414578
29	exp Randomized Controlled Trials as Topic/	213612
30	Non-Randomized Controlled Trials as Topic/	11980
31	RCT.mp.	46393
32	(random* adj3 (control* or trial* or allocat* or assign*)).mp.	1210857
33	(quasi adj2 (experiment* or trial)).mp.	23038
34	20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 33	6404169
35	(Animals/ or Models, Animal/ or Disease Models, Animal/) not Humans/	2228988
36	11 and 19 and 34	6602
37	36 not 35	6307
38	limit 37 to dc=20000101-20211029	5807

Database: APA PsychInfo (January 1, 2000 – October 29, 2021)		
#	Searches	Results
1	Premature Birth/	5964
2	Prenatal Care/	1986
3	exp Pregnancy/	44598
4	pregnan*.mp.	69875
5	((preterm or pre-term or prematur* or term) adj2 (infant* or birth* or child* or deliver* or labour or labor or born)).mp.	12813
6	lbw.mp.	551
7	1 or 2 or 3 or 4 or 5 or 6	86353
8	Glucocorticoids/	3189
9	Corticosteroids/	1503
10	(antenatal adj4 (cortico* or steroid*)).mp.	75
11	exp Dexamethasone/	1260
12	betamethasone.mp.	84
13	celestone.mp.	3
14	dexamethasone.mp.	4186
15	8 or 9 or 10 or 11 or 12 or 13 or 14	8079
16	Prenatal Exposure/	6685
17	(follow* adj1 up).mp.	135891
18	(long* adj1 term).mp.	153291
19	(delay* adj2 effect*).mp.	2643
20	exp Cohort Analysis/	1555
21	(observational adj1 stud*).mp.	11992
22	(cohort adj2 (stud* or analys*)).mp.	30328
23	(longitudinal or retrospective or prospective or cross sectional).mp.	296016
24	exp Randomized Controlled Trials/	1041
25	(random* adj3 (control* or trial* or allocat* or assign*)).mp.	107917
26	RCT.mp.	5619
27	(quasi adj2 (experiment* or trial)).mp.	14405
28	16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27	630630
29	(Animals/ or Models, Animal/ or Disease Models, Animal/) not Humans/	7340
30	7 and 15 and 28	204
31	30 not 29	204
32	limit 31 to up=20000101-20210601	198

Database: CINAHL (January 1, 2000 – October 29, 2021)		
Numbers	Search terms	Results
S1	(MH "Childbirth, Premature")	11,712
S2	(MH "Infant, Premature")	24,452
S3	(MH "Infant, High Risk")	598
S4	(MH "Labor, Premature")	3,495
S5	(MH "Term Birth")	1,242
S6	TX ((preterm or pre-term or prematur* or term) N2 (infant* or birth* or child* or deliver* or labour or labor or born))	63,693
S7	(MH "Infant, Newborn+")	146,686
S8	(MH "Pregnancy+")	226,061
S9	TX (pregnan* or lbw)	265,852
S10	S1 or S2 or S3 or S4 or S5 or S6 or S7 or S8 or S9	389,848
S11	(MH "Glucocorticoids")	9,926
S12	(MH "Betamethasone")	775
S13	(MH "Dexamethasone")	6,087
S14	TX betamethasone	1,131
S15	TX dexamethasone	9,204
S16	TX (Antenatal* N4 (cortico* or steroid*))	1,214
S17	TX celestone	18
S18	S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17	19,579
S19	(MH "Prospective Studies+")	482,102
S20	(MH "Case Control Studies+")	88,410
S21	(MH "Cross Sectional Studies")	216,413
S22	TX (cohort N2 (stud* or analys*))	131,084
S23	TX (observational N1 stud*)	61,572
S24	TX (longitudinal or retrospective or prospective or cross-sectional)	1,085,211
S25	(MH "Randomized Controlled Trials+")	121,365
S26	(MH "Clinical Trials+")	325,783
S27	TX (random* N3 (control* or trial* or allocat* or assign*))	337,007
S28	TX (quasi N2 (experiment* or trial))	20,771
S29	(MH "Quasi-Experimental Studies")	14,206
S30	TX (follow* N1 up)	328,428
S31	TX (long* N1 term)	241,394
S32	TX (delay* N2 effect)	8,066
S33	S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S32	1,784,305
S34	S10 AND S18 AND S33	1,387

Database: Web of Science (January 1, 2000 – October 29, 2021)		
Numbers	Search terms	Results
# 1	TS=((preterm or pre-term or prematur* or term) NEAR/2 (infant* or birth* or child* or deliver* or labour or labor or born))	150,464
# 2	TS=pregnan*	545,798
# 3	#1 or #2	652,997
# 4	TS=(Antenatal* NEAR/4 (cortico* or steroid*)	2,958
# 5	TS=betamethasone	5,510
# 6	TS=dexamethasone	71,413
# 7	TS=glucocorticoid*	92,135
# 8	TS=celestone	43
# 9	#4 or #5 or #6 or #7 or #8	153,574
# 10	TS=(follow* NEAR/1 up)	1,175,478
# 11	TS=(long* NEAR/1 term)	1,401,676
# 12	TS=(delay* NEAR/2 effect)	19,232
# 13	TS=(case control stud*)	481,093
# 14	TS=(cohort NEAR/2 (stud* or analys*)	320,974
# 15	TS=(observational NEAR/1 stud*)	161,898
# 16	TS=(longitudinal or retrospective or prospective or cross-sectional)	2,090,438
# 17	TS=(random* NEAR/3 (control* or trial* or allocat* or assign*)	809,401
# 18	TS=(quasi NEAR/2 (experiment* or trial))	33,714
# 19	#10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18	5,096,220
# 20	#3 and #9 and #19	2,819

Database: clinicaltrials.gov (January 1, 2000 – October 29, 2021)	
Search terms	Results
(preterm OR pre-term OR premature OR prenatal or term) AND (glucocorticoids OR antenatal steroids OR corticosteroid OR betamethasone OR dexamethasone) With applied filter: With Results	51

Database: Google Scholar (January 1, 2000 – June 1, 2021)	
Search terms	Results
(preterm OR pre-term OR premature OR prenatal or term) AND (glucocorticoids OR antenatal steroids OR corticosteroid OR betamethasone OR dexamethasone)	First 400 results

eAppendix 2. Excluded Key Articles from a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

Reference	Reason(s) for exclusion
Asztalos E, Willan A, Murphy K, et al. Association between gestational age at birth, antenatal corticosteroids, and outcomes at 5 years: multiple courses of antenatal corticosteroids for preterm birth study at 5 years of age (MACS-5). <i>BMC Pregnancy Childbirth</i> . 2014;14(1):1-8.	Wrong intervention group (i.e., considers multiple courses of ACS not an unspecified/single course)
Asztalos EV, Murphy KE, Hannah ME, et al. Multiple courses of antenatal corticosteroids for preterm birth study: 2-year outcomes. <i>Pediatrics</i> . 2010;126(5):e1045-e1055.	Wrong intervention group (i.e., considers multiple courses of ACS not an unspecified/single course)
Asztalos EV, Murphy KE, Willan AR, et al. Multiple courses of antenatal corticosteroids for preterm birth study: outcomes in children at 5 years of age (MACS-5). <i>JAMA Pediatr</i> . 2013;167(12):1102-1110.	Wrong intervention group (i.e., considers multiple courses of ACS not an unspecified/single course)
Vanda R. Comparison of the effect of corticosteroid therapy and pre-natal single-period treatment on birth size and neuronal development in preterm infants with one year follow up in Yasuj hospitals in 2015-2017. <i>Rev Latinoam de Hipertens</i> . 2018;13(6):567-572.	Wrong intervention group (i.e., considers multiple courses of ACS not an unspecified/single course)
Kiran PS, Dutta S, Narang A, Bhansali A, Malhi P. Multiple courses of antenatal steroids. <i>Indian J Pediatr</i> . 2007;74(5):463-469.	Wrong intervention group (i.e., considers multiple courses of ACS not an unspecified/single course)
Peltoniemi OM, Kari MA, Lano A, et al. Two-year follow-up of a randomised trial with repeated antenatal betamethasone. <i>Arch Dis Child Fetal Neonatal Ed</i> . 2009;94(6):F402-F406.	Wrong intervention group (i.e., considers multiple courses of ACS not an unspecified/single course)
Wapner RJ, Sorokin Y, Mele L, et al. Long-term outcomes after repeat doses of antenatal corticosteroids. <i>N Engl J Med</i> . 2007;357(12):1190-1198.	Wrong intervention group (i.e., considers multiple courses of ACS not an unspecified/single course)
Pesonen A-K, Räikkönen K, Lano A, Peltoniemi O, Hallman M, Kari MA. Antenatal betamethasone and fetal growth in prematurely born children: implications for temperament traits at the age of 2 years. <i>Pediatrics</i> . 2009;123(1):e31-e37.	Wrong intervention group (i.e., considers multiple courses of ACS not an unspecified/single course)
Battarbee AN, Ros ST, Esplin MS, et al. Optimal timing of antenatal corticosteroid administration and preterm neonatal and early childhood outcomes. <i>Am J Obstet Gynecol</i> . 2020;2(1)100077.	Wrong comparator group (i.e., does not include children who were not exposed to ACS).
Ramos-Navarro C, Sánchez-Luna M, Zeballos-Sarrato S, Pescador-Chamorro I. Antenatal corticosteroids and the influence of sex on morbidity and mortality of preterm infants. <i>J Matern Fetal Neonatal Med</i> . 2020:1-8.	Wrong comparator group (i.e., does not include children who were not exposed to ACS).
Supriya, Singh SN, Tripathi S, Kumar M. Outcome of preterm neonates born to women of a developing country at risk of preterm birth exposed to varying doses of antenatal corticosteroid: A prospective observational study. <i>Clin Epidemiol Glob Health</i> . 2020;8(2):623-627.	Wrong comparator group (i.e., does not include children who were not exposed to ACS).
Crowther CA, Ashwood P, Andersen CC, et al. Maternal intramuscular dexamethasone versus betamethasone before preterm birth (ASTEROID): a multicentre, double-blind, randomised controlled trial. Article. <i>Lancet Child Adolesc Health</i> . 2019;3(11):769-780.	Wrong comparator group (i.e., does not include children who were not exposed to ACS).
McEvoy C, Schilling D, Spitale P, O'Malley J, Bowling S, Durand M. Pulmonary function and outcomes in infants randomized to a rescue course of antenatal steroids. <i>Pediatr Pulmonol</i> . 2017;52(9):1171-1178.	Wrong comparator group (i.e., does not include children who were not exposed to ACS).
Delmas O, Garcia P, Bernard V, et al. [Neurodevelopmental outcome at 3 years of age of infants born at less than 26 weeks. <i>Arch Pediatr</i> . 2016;23(9):927-34.	Wrong comparator group (i.e., does not include children who were not exposed to ACS).

Rogers CE, Smyser T, Smyser CD, Shimony J, Inder TE, Neil JJ. Regional white matter development in very preterm infants: perinatal predictors and early developmental outcomes. <i>Pediatr Res</i> . 2016;79(1):87-95.	Wrong comparator group (i.e., does not include children who were not exposed to ACS).
Backes CH, Rivera BK, Haque U, et al. A Proactive Approach to Neonates Born at 23 Weeks of Gestation. <i>Obstet Gynecol</i> . 2015;126(5):939-946.	Wrong comparator group (i.e., does not include children who were not exposed to ACS).
Purdy IB, Smith L, Wiley D, Badr L. A Psychoneuroimmunologic Examination of Cumulative Perinatal Steroid Exposures and Preterm Infant Behavioral Follow-Up. <i>Biological Research for Nursing</i> . 2013;15(1):86-95.	Wrong comparator group (i.e., does not include children who were not exposed to ACS).
Liu J, Feng ZC, Li J, Wang Q. Antenatal dexamethasone has no adverse effects on child physical and cognitive development: a long-term cohort follow-up investigation. <i>J Matern Fetal Neonatal Med</i> . 2012;25(11):2369-2371.	Wrong comparator group (i.e., does not include children who were not exposed to ACS).
Schlapbach LJ, Adams M, Proietti E, et al. Outcome at two years of age in a Swiss national cohort of extremely preterm infants born between 2000 and 2008. <i>BMC Pediatr</i> . 2012;12:198.	Wrong comparator group (i.e., does not include children who were not exposed to ACS).
Davidson C, Monga M, Ellison D, Vidaeff A. Continuation of pregnancy after antenatal corticosteroid administration: opportunity for rescue? <i>J Reprod Med</i> . 2010;55(1):14-18.	Wrong comparator group (i.e., does not include children who were not exposed to ACS).
Ilg L, Kirschbaum C, Li S-C, et al. No Association of Antenatal Synthetic Glucocorticoid Exposure and Hair Steroid Levels in Children and Adolescents. <i>J Clin Endocrinol Metab</i> . 2020;105(3):e575-e582.	Wrong population (i.e., includes births occurring prior to the year 2000)
Cartwright RD, Crowther CA, Anderson PJ, Harding JE, Doyle LW, McKinlay CJD. Association of Fetal Growth Restriction With Neurocognitive Function After Repeated Antenatal Betamethasone Treatment vs Placebo: Secondary Analysis of the ACTORDS Randomized Clinical Trial. <i>JAMA Netw Open</i> . 2019;2(2):e187636-e187636.	Wrong population (i.e., includes births occurring prior to the year 2000)
Ilg L, Kirschbaum C, Li S-C, Rosenlöcher F, Miller R, Alexander N. Persistent Effects of Antenatal Synthetic Glucocorticoids on Endocrine Stress Reactivity From Childhood to Adolescence. <i>J Clin Endocrinol Metab</i> . 2018;104(3):827-834.	Wrong population (i.e., includes births occurring prior to the year 2000)
Nixon PA, Shaltout HA, South AM, et al. Antenatal Steroid Exposure, Aerobic Fitness, and Physical Activity in Adolescents Born Preterm with Very Low Birth Weight. <i>J Pediatr</i> . 2019;215:98-98.	Wrong population (i.e., includes births occurring prior to the year 2000)
Savoy C, Mathewson KJ, Schmidt LA, et al. Exposure to antenatal corticosteroids and reduced respiratory sinus arrhythmia in adult survivors of extremely low birth weight. <i>Int J Neurosci</i> . 2019;129(8):776-783.	Wrong population (i.e., includes births occurring prior to the year 2000)
Cartwright RD, Harding JE, Crowther CA, et al. Repeat antenatal betamethasone and cardiometabolic outcomes. <i>Pediatrics</i> . 2018;142(1)e20180522.	Wrong population (i.e., includes births occurring prior to the year 2000)
Ilg L, Klados M, Alexander N, Kirschbaum C, Li SC. Long-term impacts of prenatal synthetic glucocorticoids exposure on functional brain correlates of cognitive monitoring in adolescence. <i>Sci Rep</i> . 2018;8(1):7715.	Wrong population (i.e., includes births occurring prior to the year 2000)
Krzeczkowski JE, Schmidt LA, Savoy C, Saigal S, Van Lieshout RJ. Frontal EEG asymmetry in extremely low birth weight adult survivors: Links to antenatal corticosteroid exposure and psychopathology. <i>Clin Neurophysiol</i> . 2018;129(9):1891-1898.	Wrong population (i.e., includes births occurring prior to the year 2000)
McKinlay CJD, Cutfield WS, Battin MR, Dalziel SR, Crowther CA, Harding JE. Mid-Childhood Bone Mass After Exposure to Repeat Doses of Antenatal Glucocorticoids: A Randomized Trial. <i>Pediatrics</i> . 2017;139(5):1-9.	Wrong population (i.e., includes births occurring prior to the year 2000)
Nixon PA, Washburn LK, Michael O'Shea T, et al. Antenatal steroid exposure and heart rate variability in adolescents born with very low birth weight. <i>Pediatr Res</i> . 2017;81(1-1):57-62. doi: https://dx.doi.org/10.1038/pr.2016.173	Wrong population (i.e., includes births occurring prior to the year 2000)

South AM, Nixon PA, Chappell MC, et al. Antenatal corticosteroids and the renin-angiotensin-aldosterone system in adolescents born preterm. <i>Pediatr Res.</i> 2017;81(1):88-93.	Wrong population (i.e., includes births occurring prior to the year 2000)
Washburn LK, Nixon PA, Snively BM, et al. Antenatal corticosteroids and cardiometabolic outcomes in adolescents born with very low birth weight. <i>Pediatr Res.</i> 2017;82(4):697-703.	Wrong population (i.e., includes births occurring prior to the year 2000)
Alexander N, Rosenlöcher F, Dettenborn L, et al. Impact of Antenatal Glucocorticoid Therapy and Risk of Preterm Delivery on Intelligence in Term-Born Children. <i>J Clin Endocrinol Metab.</i> 2016;101(2):581-589.	Wrong population (i.e., includes births occurring prior to the year 2000)
Boghossian NS, McDonald SA, Bell EF, et al. Association of Antenatal Corticosteroids With Mortality, Morbidity, and Neurodevelopmental Outcomes in Extremely Preterm Multiple Gestation Infants. <i>JAMA Pediatr.</i> 2016;170(6):593-601.	Wrong population (i.e., includes births occurring prior to the year 2000)
Crowther CA, Anderson PJ, McKinlay CJ, et al. Mid-childhood outcomes of repeat antenatal corticosteroids: A randomized controlled trial. <i>Pediatrics.</i> 2016;138(4):1-10.	Wrong population (i.e., includes births occurring prior to the year 2000)
Edelmann M, Sandman CA, Glynn LM, Wing D, Davis EP. Antenatal glucocorticoid treatment is associated with diurnal cortisol regulation in term-born children. <i>Psychoneuroendocrinology.</i> 2016;72:106-112.	Wrong population (i.e., includes births occurring prior to the year 2000)
Morrison KM, Ramsingh L, Gunn E, et al. Cardiometabolic Health in Adults Born Premature With Extremely Low Birth Weight. <i>Pediatrics.</i> 2016;138(4):1-9.	Wrong population (i.e., includes births occurring prior to the year 2000)
Savoy C, Ferro MA, Schmidt LA, Saigal S, Van Lieshout RJ. Prenatal betamethasone exposure and psychopathology risk in extremely low birth weight survivors in the third and fourth decades of life. <i>Psychoneuroendocrinology.</i> 2016;74:278-285.	Wrong population (i.e., includes births occurring prior to the year 2000)
Tapia IE, Shults J, Doyle LW, et al. Perinatal risk factors associated with the obstructive sleep apnea syndrome in school-aged children born preterm. <i>Sleep.</i> 2016;39(4):737-742.	Wrong population (i.e., includes births occurring prior to the year 2000)
Hirata K, Nishihara M, Shiraishi J, et al. Perinatal factors associated with long-term respiratory sequelae in extremely low birthweight infants. <i>Arch Dis Child Fetal Neonatal Ed.</i> 2015;100(4):F314-9.	Wrong population (i.e., includes births occurring prior to the year 2000)
McKinlay CJ, Cutfield WS, Battin MR, et al. Cardiovascular risk factors in children after repeat doses of antenatal glucocorticoids: an RCT. <i>Pediatrics.</i> 2015;135(2):e405-415.	Wrong population (i.e., includes births occurring prior to the year 2000)
Miltaha HR, Fahey LM, Sajous CH, Morrison JC, Muraskas JK. Influence of Perinatal Factors in Short- and Long-Term Outcomes of Infants Born at 23 Weeks of Gestation. <i>Am J Perinatol.</i> 2015;32(7):627-632.	Wrong population (i.e., includes births occurring prior to the year 2000)
van der Voorn B, Wit JM, van der Pal SM, Rotteveel J, Finken MJ. Antenatal glucocorticoid treatment and polymorphisms of the glucocorticoid and mineralocorticoid receptors are associated with IQ and behavior in young adults born very preterm. <i>J Clin Endocrinol Metab.</i> 2015;100(2):500-7.	Wrong population (i.e., includes births occurring prior to the year 2000)
Van Lieshout RJ, Boyle MH, Saigal S, Morrison K, Schmidt LA. Mental Health of Extremely Low Birth Weight Survivors in Their 30s. <i>Pediatrics.</i> 2015;135(3):452-459.	Wrong population (i.e., includes births occurring prior to the year 2000)
Voilsaeter M, Skromme K, Satrell E, et al. Children Born Preterm at the Turn of the Millennium Had Better Lung Function Than Children Born Similarly Preterm in the Early 1990s. <i>PLoS ONE.</i> 2015;10(12):e0144243.	Wrong population (i.e., includes births occurring prior to the year 2000)
Wong D, Abdel-Latif M, Kent A. Antenatal steroid exposure and outcomes of very premature infants: a regional cohort study. <i>Arch Dis Child Fetal Neonatal Ed.</i> 2014;99(1):F12-20.	Wrong population (i.e., includes births occurring prior to the year 2000)

Choukroun ML, Feghali H, Vautrat S, et al. Pulmonary outcome and its correlates in school-aged children born with a gestational age <= 32 weeks. Research Support, Non-U.S. Gov't. <i>Respir Med.</i> 2013;107(12):1966-76.	Wrong population (i.e., includes births occurring prior to the year 2000)
Davis EP, Sandman CA, Buss C, Wing DA, Head K. Fetal glucocorticoid exposure is associated with preadolescent brain development. <i>Biol Psychiatry.</i> 2013;74(9):647-655.	Wrong population (i.e., includes births occurring prior to the year 2000)
Greene NH, Pedersen LH, Liu SM, Olsen J. Prenatal prescription corticosteroids and offspring diabetes: A national cohort study. Article. <i>Int J Epidemiol.</i> 2013;42(1):186-193.	Wrong population (i.e., includes births occurring prior to the year 2000)
Khalife N, Glover V, Taanila A, Ebeling H, Jarvelin MR, Rodriguez A. Prenatal glucocorticoid treatment and later mental health in children and adolescents. <i>PLoS ONE.</i> 2013;8(11)e81394.	Wrong population (i.e., includes births occurring prior to the year 2000)
Kumar P, Shankaran S, Ambalavanan N, et al. Characteristics of extremely low-birth-weight infant survivors with unimpaired outcomes at 30 months of age. <i>J Perinatol.</i> 2013;33(10):800-805.	Wrong population (i.e., includes births occurring prior to the year 2000)
Nixon PA, Washburn LK, O'Shea TM. Antenatal steroid exposure and pulmonary outcomes in adolescents born with very low birth weight. <i>J Perinatol.</i> 2013;33(10):806-810.	Wrong population (i.e., includes births occurring prior to the year 2000)
Norberg H, Stålnacke J, Nordenström A, Norman M. Repeat antenatal steroid exposure and later blood pressure, arterial stiffness, and metabolic profile. <i>J Pediatr.</i> 2013;163(3):711-716.	Wrong population (i.e., includes births occurring prior to the year 2000)
Stålnacke J, Diaz Heijtz R, Norberg H, Norman M, Smedler A-C, Forsberg H. Cognitive outcome in adolescents and young adults after repeat courses of antenatal corticosteroids. <i>J Pediatr.</i> 2013;163(2):441-446.	Wrong population (i.e., includes births occurring prior to the year 2000)
Stutchfield PR, Whitaker R, Gliddon AE, Hobson L, Kotecha S, Doull IJ. Behavioural, educational and respiratory outcomes of antenatal betamethasone for term caesarean section (ASTECS trial). <i>Arch Dis Child Fetal Neonatal Ed.</i> 2013;98(3):F195-F200.	Wrong population (i.e., includes births occurring prior to the year 2000)
Wadhawan R, Oh W, Vohr BR, et al. Spontaneous intestinal perforation in extremely low birth weight infants: association with indometacin therapy and effects on neurodevelopmental outcomes at 18-22 months corrected age. <i>Arch Dis Child Fetal Neonatal Ed.</i> 2013;98(2):F127-32.	Wrong population (i.e., includes births occurring prior to the year 2000)
Alexander N, Rosenlocher F, Stalder T, et al. Impact of antenatal synthetic glucocorticoid exposure on endocrine stress reactivity in term-born children. <i>J Clin Endocrinol Metab.</i> 2012;97(10):3538-3544.	Wrong population (i.e., includes births occurring prior to the year 2000)
Bensley JG, De Matteo R, Harding R, Black MJ. Preterm birth with antenatal corticosteroid administration has injurious and persistent effects on the structure and composition of the aorta and pulmonary artery. <i>Pediatr Res.</i> 2012;71(2):150-155.	Wrong population (i.e., includes births occurring prior to the year 2000)
Eriksson L, Haglund B, Ewald U, Odling V, Kieler H. Health consequences of prophylactic exposure to antenatal corticosteroids among children born late preterm or term. <i>Acta Obstet Gynecol Scand.</i> 2012;91(12):1415-1421.	Wrong population (i.e., includes births occurring prior to the year 2000)
Kelly BA, Lewandowski AJ, Worton SA, et al. Antenatal glucocorticoid exposure and long-term alterations in aortic function and glucose metabolism. <i>Pediatrics.</i> 2012;129(5):e1282-e1290.	Wrong population (i.e., includes births occurring prior to the year 2000)
Shah PS, Sankaran K, Aziz K, et al. Outcomes of preterm infants <29 weeks gestation over 10-year period in Canada: a cause for concern? <i>J Perinatol.</i> 2012;32(2):132-8.	Wrong population (i.e., includes births occurring prior to the year 2000)
Bajwa NM, Berner M, Worley S, Pfister RE, Swiss Neonatal N. Population based age stratified morbidities of premature infants in Switzerland. <i>Swiss Med Wkly.</i> 2011;141:w13212.	Wrong population (i.e., includes births occurring prior to the year 2000)

Carballo-Magdaleno D, Guízar-Mendoza J, Amador-Licona N, Domínguez-Domínguez V. Renal function, renal volume, and blood pressure in infants with antecedent of antenatal steroids. <i>Pediatr Nephrol.</i> 2011;26(10):1851-1856.	Wrong population (i.e., includes births occurring prior to the year 2000)
Carlo WA, McDonald SA, Fanaroff AA, et al. Association of antenatal corticosteroids with mortality and neurodevelopmental outcomes among infants born at 22 to 25 weeks' gestation. <i>JAMA.</i> 2011;306(21):2348-2358.	Wrong population (i.e., includes births occurring prior to the year 2000)
Korakaki E, Damilakis J, Gourgiotis D, et al. Quantitative ultrasound measurements in premature infants at 1 year of age: the effects of antenatal administered corticosteroids. <i>Calcif Tissue Int.</i> 2011;88(3):215-222.	Wrong population (i.e., includes births occurring prior to the year 2000)
McKinlay CJD, Cutfield WS, Battin MR, Dalziel SR, Crowther CA. Cardiovascular risk factors after exposure to repeat antenatal betamethasone: Early schoolage follow-up of a randomised trial (ACTORDS). <i>J Paediatr Child Health.</i> 2011;47(1):20.	Wrong population (i.e., includes births occurring prior to the year 2000)
McKinlay CJD, Cutfield WS, Battin MR, Dalziel SR, Crowther CA. Repeat antenatal betamethasone does not affect basal salivary cortisol at early school-age: A randomised controlled trial (actords). <i>J Paediatr Child Health.</i> 2011;47(1):19.	Wrong population (i.e., includes births occurring prior to the year 2000)
Pierrat V, Marchand-Martin L, Guemas I, et al. Height at 2 and 5 years of age in children born very preterm: the EPIPAGE study. <i>Arch Dis Child Fetal Neonatal Ed.</i> 2011;96(5):F348-54.	Wrong population (i.e., includes births occurring prior to the year 2000)
Locatelli A, Ghidini A, Incerti M, et al. Gestational age at glucocorticoids administration after premature rupture of membranes and cerebral white matter damage. <i>J Matern Fetal Neonatal Med.</i> 2010;23(6):511-515.	Wrong population (i.e., includes births occurring prior to the year 2000)
Meuwese CL, Euser AM, Ballieux BE, et al. Growth-restricted preterm newborns are predisposed to functional adrenal hyperandrogenism in adult life. <i>Eur J Endocrinol.</i> 2010;163(4):681-9.	Wrong population (i.e., includes births occurring prior to the year 2000)
Pole JD, Mustard CA, To T, Beyene J, Allen AC. Antenatal steroid therapy for fetal lung maturation and the subsequent risk of childhood asthma: a longitudinal analysis. <i>J Pregnancy.</i> 2010;2010:789748.	Wrong population (i.e., includes births occurring prior to the year 2000)
Eriksson L, Haglund B, Ewald U, Odland V, Kieler H. Short and long-term effects of antenatal corticosteroids assessed in a cohort of 7,827 children born preterm. <i>Acta Obstet Gynecol Scand.</i> 2009;88(8):933-938.	Wrong population (i.e., includes births occurring prior to the year 2000)
Fellman V, Hellström-Westas L, Norman M, et al. One-year survival of extremely preterm infants after active perinatal care in Sweden. <i>JAMA.</i> 2009;301(21):2225-2233.	Wrong population (i.e., includes births occurring prior to the year 2000)
Luu TM, Ment LR, Schneider KC, Katz KH, Allan WC, Vohr BR. Lasting effects of preterm birth and neonatal brain hemorrhage at 12 years of age. <i>Pediatrics.</i> 2009;123(3):1037-1044.	Wrong population (i.e., includes births occurring prior to the year 2000)
Pole J, Mustard C, To T, Beyene J, Allen A. Antenatal Steroid Therapy for Fetal Lung Maturation: Is There an Association with Childhood Asthma? <i>J Asthma.</i> 2009;46(1):47-52.	Wrong population (i.e., includes births occurring prior to the year 2000)
Chen XK, Loughheed J, Lawson ML, et al. Effects of repeated courses of antenatal corticosteroids on somatic development in children 6 to 10 years of age. <i>Am J Perinatol.</i> 2008;25(1):21-28.	Wrong population (i.e., includes births occurring prior to the year 2000)
de Vries WB, Karemaker R, Mooy NF, et al. Cardiovascular follow-up at school age after perinatal glucocorticoid exposure in prematurely born children: perinatal glucocorticoid therapy and cardiovascular follow-up. <i>Arch Pediatr Adolesc Med.</i> 2008;162(8):738-744.	Wrong population (i.e., includes births occurring prior to the year 2000)
Finken MJ, Keijzer-Veen MG, Dekker FW, et al. Antenatal glucocorticoid treatment is not associated with long-term metabolic risks in individuals born	Wrong population (i.e., includes births occurring prior to the year 2000)

before 32 weeks of gestation. <i>Arch Dis Child Fetal Neonatal Ed.</i> 2008;93(6):F442-7.	
Foix-L'Heliass L, Marchand L, Theret B, et al. Impact of the use of antenatal corticosteroids on mortality, cerebral lesions and 5-year neurodevelopmental outcomes of very preterm infants: The EPIPAGE cohort study. <i>BJOG.</i> 2008;115(2):275-282.	Wrong population (i.e., includes births occurring prior to the year 2000)
Purdy IB, Wiley DJ, Smith LM, et al. Cumulative perinatal steroids: child development of preterm infants. <i>J Pediatr Nurs.</i> 2008;23(3):201-214.	Wrong population (i.e., includes births occurring prior to the year 2000)
Robinson M, Oddy WH, Li JH, et al. Pre- and postnatal influences on preschool mental health: a large-scale cohort study. <i>J Child Psychol Psychiatry.</i> 2008;49(10):1118-1128.	Wrong population (i.e., includes births occurring prior to the year 2000)
Skrablin S, Maurac I, Banovic V, Bosnjak-Nadj K. Perinatal factors associated with the neurologic impairment of children born preterm. <i>Int J Gynaecol Obstet.</i> 2008;102(1):12-18.	Wrong population (i.e., includes births occurring prior to the year 2000)
Battin MR, Bevan C, Harding JE. Repeat doses of antenatal steroids and hypothalamic-pituitary-adrenal axis (HPA) function. <i>Am J Obstet Gynecol.</i> 2007;197(1):40.e1-6.	Wrong population (i.e., includes births occurring prior to the year 2000)
Crowther CA, Doyle LW, Haslam RR, Hiller JE, Harding JE, Robinson JS. Outcomes at 2 years of age after repeat doses of antenatal corticosteroids. <i>NEJM.</i> 2007;357(12):1179-1189.	Wrong population (i.e., includes births occurring prior to the year 2000)
Dalziel SR, Lim VK, Lambert A, et al. Psychological functioning and health-related quality of life in adulthood after preterm birth. <i>Dev Med Child Neurol.</i> 2007;49(8):597-602.	Wrong population (i.e., includes births occurring prior to the year 2000)
Dalziel SR, Parag V, Rodgers A, Harding JE. Cardiovascular risk factors at age 30 following pre-term birth. <i>Int J Epidemiol.</i> 2007;36(4):907-915.	Wrong population (i.e., includes births occurring prior to the year 2000)
Ashwood PJ, Crowther CA, Willson KJ, et al. Neonatal adrenal function after repeat dose prenatal corticosteroids: a randomized controlled trial. <i>Am J Obstet Gynecol.</i> 2006;194(3):861-7.	Wrong population (i.e., includes births occurring prior to the year 2000)
Dalziel SR, Fenwick S, Cundy T, et al. Peak bone mass after exposure to antenatal betamethasone and prematurity: follow-up of a randomized controlled trial. <i>J Bone Miner Res.</i> 2006;21(8):1175-1186.	Wrong population (i.e., includes births occurring prior to the year 2000)
Dalziel SR, Rea HH, Walker NK, et al. Long term effects of antenatal betamethasone on lung function: 30 Year follow up of a randomised controlled trial. <i>Thorax.</i> 2006;61(8):678-683.	Wrong population (i.e., includes births occurring prior to the year 2000)
Vincer MJ, Allen AC, Joseph KS, Stinson DA, Scott H, Wood E. Increasing prevalence of cerebral palsy among very preterm infants: a population-based study. <i>Pediatrics.</i> 2006;118(6):e1621-6.	Wrong population (i.e., includes births occurring prior to the year 2000)
Dalziel SR, Lim VK, Lambert A, et al. Antenatal exposure to betamethasone: psychological functioning and health related quality of life 31 years after inclusion in randomised controlled trial. <i>BMJ.</i> 2005;331(7518):665-668.	Wrong population (i.e., includes births occurring prior to the year 2000)
Dalziel SR, Walker NK, Parag V, et al. Cardiovascular risk factors after antenatal exposure to betamethasone: 30-year follow-up of a randomised controlled trial. Article. <i>Lancet.</i> 2005;365(9474):1856-1862.	Wrong population (i.e., includes births occurring prior to the year 2000)
Kent A, Lomas F, Hurrion E, Dahlstrom JE. Antenatal steroids may reduce adverse neurological outcome following chorioamnionitis: neurodevelopmental outcome and chorioamnionitis in premature infants. <i>J Paediatr Child Health.</i> 2005;41(4):186-190.	Wrong population (i.e., includes births occurring prior to the year 2000)
Tran U, Gray PH, O'Callaghan MJ. Neonatal antecedents for cerebral palsy in extremely preterm babies and interaction with maternal factors. <i>Early Hum Dev.</i> 2005;81(6):555-561.	Wrong population (i.e., includes births occurring prior to the year 2000)

Vohr BR, Wright LL, Poole WK, McDonald SA. Neurodevelopmental outcomes of extremely low birth weight infants <32 weeks' gestation between 1993 and 1998. <i>Pediatrics</i> . 2005;116(3):635-643.	Wrong population (i.e., includes births occurring prior to the year 2000)
Wood NS, Costeloe K, Gibson AT, et al. The EPICure study: associations and antecedents of neurological and developmental disability at 30 months of age following extremely preterm birth. <i>Arch Dis Child Fetal Neonatal Ed</i> . 2005;90(2):F134-40.	Wrong population (i.e., includes births occurring prior to the year 2000)
D'Amore A, Ahluwalia J, Cheema I, Prentice A, Kaptoge S, Kelsall W. The Effect of Antenatal Corticosteroids on Fetal Growth, Survival, and Neurodevelopmental Outcome in Triplet Pregnancies. <i>Am J Perinatol</i> . 2004;21(1):1-8.	Wrong population (i.e., includes births occurring prior to the year 2000)
Dalziel SR, Liang A, Parag V, Rodgers A, Harding JE. Blood pressure at 6 years of age after prenatal exposure to betamethasone: follow-up results of a randomized, controlled trial. <i>Pediatrics</i> . 2004;114(3):e373-7.	Wrong population (i.e., includes births occurring prior to the year 2000)
French NP, Hagan R, Evans SF, Mullan A, Newnham JP. Repeated antenatal corticosteroids: Effects on cerebral palsy and childhood behavior. <i>Am J Obstet Gynecol</i> . 2004;190(3):588-595.	Wrong population (i.e., includes births occurring prior to the year 2000)
Kumar P, Seshadri R, Grobman WA. Neurodevelopmental outcome of very low birth weight infants after multiple courses of antenatal corticosteroids. <i>J Soc Gynecol Investig</i> . 2004;11(7):483-487.	Wrong population (i.e., includes births occurring prior to the year 2000)
Spinillo A, Viazzo F, Colleoni R, Chiara A, Cerbo RM, Fazzi E. Two-year infant neurodevelopmental outcome after single or multiple antenatal courses of corticosteroids to prevent complications of prematurity. <i>Am J Obstet Gynecol</i> . 2004;191(1):217-224.	Wrong population (i.e., includes births occurring prior to the year 2000)
Stoelhorst GM, Rijken M, Martens SE, et al. Developmental outcome at 18 and 24 months of age in very preterm children: A cohort study from 1996-1997. <i>Early Hum Dev</i> . 2003;72(2):83-95.	Wrong population (i.e., includes births occurring prior to the year 2000)
Stoelhorst G, Martens SE, Rijken M, et al. Behaviour at 2 years of age in very preterm infants (gestational age < 32 weeks). <i>Acta Paediatrica</i> . 2003;92(5):595-601.	Wrong population (i.e., includes births occurring prior to the year 2000)
Thorp JA, O'Connor M, Belden B, Etzenhouser J, Hoffman EL, Jones PG. Effects of phenobarbital and multiple-dose corticosteroids on developmental outcome at age 7 years. <i>Obstet Gynecol</i> . 2003;101(2):363-373.	Wrong population (i.e., includes births occurring prior to the year 2000)
Arad I, Durkin MS, Hinton VJ, et al. Long-term cognitive benefits of antenatal corticosteroids for prematurely born children with cranial ultrasound abnormalities. <i>Am J Obstet Gynecol</i> . 2002;186(4):818-825.	Wrong population (i.e., includes births occurring prior to the year 2000)
LeFlore JL, Salhab WA, Broyles RS, Engle WD. Association of antenatal and postnatal dexamethasone exposure with outcomes in extremely low birth weight neonates. <i>Pediatrics</i> . 2002;110(2):275-279.	Wrong population (i.e., includes births occurring prior to the year 2000)
Gaillard EA, Cooke RW, Shaw NJ. Improved survival and neurodevelopmental outcome after prolonged ventilation in preterm neonates who have received antenatal steroids and surfactant. <i>Arch Dis Child Fetal Neonatal Ed</i> . 2001;84(3):F194-6.	Wrong population (i.e., includes births occurring prior to the year 2000)
Hasbargen U, Reber D, Versmold H, Schulze A. Growth and development of children to 4 years of age after repeated antenatal steroid administration. <i>European J Pediatr</i> . 2001;160(9):552-5.	Wrong population (i.e., includes births occurring prior to the year 2000)
Palta M, Sadek-Badawi M, Sheehy M, et al. Respiratory symptoms at age 8 years in a cohort of very low birth weight children. Research Support, U.S. Gov't, P.H.S. <i>Am J Epidemiol</i> . 2001;154(6):521-9.	Wrong population (i.e., includes births occurring prior to the year 2000)
Schaap AH, Wolf H, Bruinse HW, De Haas HS, Van Ertbruggen I, Treffers PE. Effects of antenatal corticosteroid administration on mortality and long-term	Wrong population (i.e., includes births occurring prior to the year 2000)

morbidity in early preterm, growth-restricted infants. <i>Obstet Gynecol.</i> 2001;97(6):954-960.	
Dessens AB, Haas HS, Koppe JG. Twenty-year follow-up of antenatal corticosteroid treatment. <i>Pediatrics.</i> 2000;105(6):E77.	Wrong population (i.e., includes births occurring prior to the year 2000)
Doyle LW, Ford GW, Davis NM, Callanan C. Antenatal corticosteroid therapy and blood pressure at 14 years of age in preterm children. Article. <i>Clin Sci (Lond).</i> 2000;98(2):137-142.	Wrong population (i.e., includes births occurring prior to the year 2000)
Doyle LW, Ford GW, Rickards AL, et al. Antenatal corticosteroids and outcome at 14 years of age in children with birth weight less than 1501 grams. <i>Pediatrics.</i> 2000;106(1):E2.	Wrong population (i.e., includes births occurring prior to the year 2000)
Karlsson R, Kallio J, Toppari J, Scheinin M, Kero P. Antenatal and early postnatal dexamethasone treatment decreases cortisol secretion in preterm infants. <i>Horm Res.</i> 2000;53(4):170-176.	Wrong population (i.e., includes births occurring prior to the year 2000)
Palta M, Sadeh-Badawi M, Evans M, Weinstein MR, McGuinness G, Newborn Lung P. Functional assessment of a multicenter very low-birth-weight cohort at age 5 years. <i>Arch Pediatr Adolesc Med.</i> 2000;154(1):23-30.	Wrong population (i.e., includes births occurring prior to the year 2000)

eAppendix 3. Confounding Factors Addressed in a Systematic Review and Meta-analysis of Long-Term Outcomes Associated with Preterm Exposure to Antenatal Corticosteroids

Maternal factors:

Author, Year	Family or maternal history of neurodevelopmental and psychological outcomes	Socioeconomic status	Maternal substance use: drugs, alcohol, smoking	Chorioamnionitis	Environmental contaminant exposure	Other confounders
A single course of ACS versus those unexposed						
<i>Children born preterm</i>						
Agarwal, 2018 ⁵						
Kim, 2018 ⁶						
Lardon, 2017 ⁹						
Chawla, 2016 ³		Adj: health insurance status as surrogate for SES				Adj: participating center
Tseng, 2016 ¹⁰						
Chawla, 2013 ¹		SU: Medicaid insurance as surrogate for SES				
McElrath, 2009 ⁸						
Lee, 2008 ⁴		Adj: education				Adj: mother living with the infant at corrected age 18-22 months
Laughon, 2009 ⁷						
Unspecified number of courses of ACS versus those unexposed						
<i>Children born preterm or at term</i>						
Lamminmaki 2021 ¹¹						Adj: age

Author, Year	Family or maternal history of neurodevelopmental and psychological outcomes	Socioeconomic status	Maternal substance use: drugs, alcohol, smoking	Chorioamnionitis	Environmental contaminant exposure	Other confounders
Raikonnen, 2020 ¹²	Adj: lifetime maternal mental disorder diagnosis		Adj: maternal smoking during pregnancy			Adj: age, parity, pre-pregnancy BMI, GDM, hypertension in pregnancy
Wolford, 2020 ¹³	Adj	SU, Adj: education	Adj			Adj: age, parity, maternal early pregnancy BMI, hypertensive and diabetic disorders in pregnancy and pre-pregnancy, asthma
<i>Children born preterm</i>						
Aviram, 2021 ¹⁵		Adj: income				Adj: Maternal age, parity, chronic hypertension, pregestational diabetes, hypertensive complications, gestational diabetes
Hutcheon, 2020 ¹⁷			Adj: maternal smoking during pregnancy			Adj: maternal age, parity, pre-pregnancy

Author, Year	Family or maternal history of neurodevelopmental and psychological outcomes	Socioeconomic status	Maternal substance use: drugs, alcohol, smoking	Chorioamnionitis	Environmental contaminant exposure	Other confounders
						BMI, hypertension in pregnancy, diabetes,
Gentle, 2020 ¹⁶		Adj: health insurance status as surrogate for SES				Adj: maternal race, study centre
Ushida, 2020 ²¹				Adj		Adj: age, parity, diabetes including gestational diabetes E: incomplete medical records including maternal characteristics
Li, 2019 ²⁴						
Basset, 2018 ²²		Adj: SES, and “social security benefits for those with low incomes”		Adj		Adj: hypertensive disorders, pre-existing disease
Haslam, 2018 ¹⁴		Adj: employment	Adj: substance use			Adj: ethnicity
Ishikawa, 2015 ²³				Adj: histological chorioamnionitis ≥stage 2		Adj: age, parity, pre-eclampsia
Kallen, 2015 ²⁷						

Author, Year		Family or maternal history of neurodevelopmental and psychological outcomes	Socioeconomic status	Maternal substance use: drugs, alcohol, smoking	Chorioamnionitis	Environmental contaminant exposure	Other confounders
Miyazaki, 2015 ¹⁹					S (those with and without histologic chorioamnionitis)		Adj: age, parity, diabetes, pre-eclampsia
Sun, 2015 ²⁹							
Ochiai, 2014 ²⁵							
Kiechl-Kohlendorfer, 2009 ²⁸							
<i>Children born at term</i>							
Melamed, 2019 ³⁰			Adj: Income				Adj: Age, parity, chronic hypertension, pregestational and gestational diabetes, hypertensive complications of pregnancy
Total studies:	Single course of ACS v unexposed	E: 0; Adj: 0 M: 0; S: 0	E: 0; Adj: 2 M: 0; S: 0	E: 0; Adj: 0 M: 0; S: 0	E: 0; Adj: 0 M: 0; S: 0	E: 0; Adj: 0 M: 0; S: 0	
	Unspecified courses of ACS v unexposed	E: 0; Adj: 2 M: 0; S: 0	E: 0; Adj: 6 M: 0; S: 0	E: 0; Adj: 4 M: 0; S: 0	E: 0; Adj: 3 M: 0; S: 1	E: 0; Adj: 0 M: 0; S: 0	

Legend:

A – adjusted, SU – similar in univariate analysis, E – excluded, S – stratified

Fetal factors:

Author, year	Postnatal steroid exposure	GA at birth	IUGR	Multiple gestation	Chromosomal anomaly	Delivery difficulties/ mode of birth	Neonatal sepsis	Other fetal confounders
A single course of ACS versus those unexposed								
<i>Children born preterm</i>								
Agarwal, 2018 ⁵								
Kim, 2018 ⁶		S						
Lardon, 2017 ⁹		E (includes preterm infants)			E		Adj	Adj: SGA, PDA
Chawla, 2016 ³		E (includes extremely preterm infants), Adj						Adj: infant sex, race/ ethnicity
Tseng, 2016 ¹⁰		E (includes infants born <35 weeks, BW <1500g)						
Chawla, 2013 ¹		E: includes extremely preterm infants only			E			E: still births, congenital infection, neonates not resuscitated at birth due to extreme prematurity
McElrath, 2009 ⁸		E (includes infants born <28 weeks)						
Lee, 2008 ⁴	Adj	Adj		Adj	E	Adj: mode of delivery	Adj: early onset or late onset sepsis	Adj: infant sex, SGA, severe IVH, PVL, treated PDA, chronic

Author, year	Postnatal steroid exposure	GA at birth	IUGR	Multiple gestation	Chromosomal anomaly	Delivery difficulties/ mode of birth	Neonatal sepsis	Other fetal confounders
								lung disease, race
Laughon, 2009 ⁷		E (includes infants born <28 weeks)						
Unspecified number of courses of ACS versus those unexposed								
<i>Children born preterm or at term</i>								
Lamminmaki 2021 ¹¹		M		Adj				Adj: age, number of brothers, number of sisters, motor, or cognitive impairment
Raikonnen, 2020 ¹²		Adj		E		Adj: mode of delivery		Adj: infant sex, admission to NICU, weight, low 5-min Apgar (maximum at 1 and 5 min)
Wolford, 2020 ¹³		Adj		E		Adj		Adj: infant sex, birth year, birth weight standardized by sex and GA according to Finnish growth charts
<i>Children born preterm</i>								
Aviram, 2021 ¹⁵		Adj, E (excludes		E	E	Adj: mode of delivery		Adj: resuscitation

Author, year	Postnatal steroid exposure	GA at birth	IUGR	Multiple gestation	Chromosomal anomaly	Delivery difficulties/ mode of birth	Neonatal sepsis	Other fetal confounders
		infants born <34 weeks)						at birth, Infant sex, 5 min Apgar, birth weight <10th percentile, NICU admission E: deliveries complicated by intrapartum asphyxia,
Hutcheon, 2020 ¹⁷		Adj				Adj: mode of delivery		Adj: infant sex, birthweight, 5 min Apgar
Gentle, 2020 ¹⁶		S, Adj		SU	E			Adj: infant sex, SGA, follow-up window
Ushida, 2020 ²¹		E (excludes infants born <24 weeks), Adj		E	E	Adj		Adj: out-of-hospital birth, non-reassuring fetal status, SGA, infant sex
Li, 2019 ²⁴		E (includes extremely preterm infants)						
Basset, 2018 ²²		Adj	Adj	Adj	E: genetic abnormalities / malformations			Adj: ZS of birth weight and head

Author, year	Postnatal steroid exposure	GA at birth	IUGR	Multiple gestation	Chromosomal anomaly	Delivery difficulties/ mode of birth	Neonatal sepsis	Other fetal confounders
								circumference, sex S, Adj: head circumference at birth
Haslam, 2018 ¹⁴		E (includes preterm infants), Adj			E		Adj: late onset sepsis	Adj: male sex, SNAP-II score >20, BPD, brain injury
Ishikawa, 2015 ²³		E (includes preterm infants), Adj		E	E: major congenital malformation	Adj: mode of delivery		Adj: infant sex, non-reassuring fetal status, birth weight
Kallen, 2015 ²⁷		E (includes infants born <27 weeks), Adj						
Miyazaki, 2015 ¹⁹		E (includes preterm infants), Adj		E	E	Adj: mode of delivery		Adj: infant sex, non-reassuring fetal status, birth weight, SGA
Sun, 2015 ²⁹		E (includes infants <32 weeks)			E: genetic or metabolic diseases, congenital anomalies			E: pneumothorax
Ochiai, 2014 ²⁵		E (includes infants born 22-24 weeks)			E (none of the infants had congenital anomalies)			

Author, year	Postnatal steroid exposure	GA at birth	IUGR	Multiple gestation	Chromosomal anomaly	Delivery difficulties/ mode of birth	Neonatal sepsis	Other fetal confounders
Kiechl-Kohlen-dorfer, 2009 ²⁸		E (includes infants born 23-32 weeks), S : <30 weeks GA, 30-32 weeks						
<i>Children born at term</i>								
Melamed, 2019 ³⁰		Adj		E	E : genetic or major structural abnormalities	Adj : mode of delivery, induction of labor		Adj : infant sex, birth weight <10 th percentile, NICU admission, fetal acidemia (intrapartum asphyxia), need for delivery room CPR, 5 min Apgar <7
Total studies:	Single course of ACS v unexposed	E : 0 Adj : 1 M : 0 S : 0	E : 6 Adj : 2 M : 0 S : 1	E : 0 Adj : 0 M : 0 S : 0	E : 0 Adj : 1 M : 0 S : 0	E : 3 Adj : 0 M : 0 S : 0	E : 0 Adj : 1 M : 0 S : 0	E : 0 Adj : 2 M : 0 S : 0
	Unspecified courses of ACS v unexposed	E : 0 Adj : 0 M : 0 S : 0	E : 10 Adj : 12 M : 1 S : 2	E : 0 Adj : 1 M : 0 S : 0	E : 7 Adj : 2 M : 0 S : 0	E : 10 Adj : 0 M : 0 S : 0	E : 0 Adj : 8 M : 0 S : 0	E : 0 Adj : 1 M : 0 S : 0

Legend:

A – adjusted, E – excluded, S – stratified, SU – similar in univariate analysis, M – matched, GA – gestational age, NICU – neonatal intensive care unit, IVH – intraventricular hemorrhage, SGA – small for gestational age, BW – birth weight, PVL – periventricular leukomalacia, BPD – bronchopulmonary dysplasia, PDA – patent ductus arteriosus, **bolded confounders** – prespecified important confounders

Uteroplacental factors:

Author, year	Placental abruption	Other uteroplacental factors
A single course of ACS versus those unexposed		
<i>Children born preterm</i>		
Agarwal, 2018 ⁵		
Kim, 2018 ⁶		
Lardon, 2017 ⁹		
Chawla, 2016 ³		
Tseng, 2016 ¹⁰		
Chawla, 2013 ¹		
McElrath, 2009 ⁸		
Lee, 2008 ⁴		
Laughon, 2009 ⁷		
Unspecified number of courses of ACS versus those unexposed		
<i>Children born preterm or at term</i>		
Lamminmaki 2021 ¹¹		
Raikonnen, 2020 ¹²		Adj: PPROM
Wolford, 2020 ¹³		Adj: PROM
<i>Children born preterm</i>		
Aviram, 2021 ¹⁵		Adj: PPROM
Hutcheon, 2020 ¹⁷		
Gentle, 2020 ¹⁶		
Ushida, 2020 ²¹		Adj: PROM
Li, 2019 ²⁴		
Basset, 2018 ²²	Adj	Adj: PROM
Haslam, 2018 ¹⁴		
Ishikawa, 2015 ²³		Adj: PROM
Kallen, 2015 ²⁷		
Miyazaki, 2015 ¹⁹		Adj: PROM
Sun, 2015 ²⁹		
Ochiai, 2014 ²⁵		
Kiechl-Kohlendorfer, 2009 ²⁸		

Author, year		Placental abruption	Other uteroplacental factors
<i>Children born at term</i>			
Melamed, 2019 ³⁰			Adj: PPROM
Total studies:	Single course of ACS v unexposed	E: 0; Adj: 0; M: 0; S: 0	
	Unspecified courses of ACS v unexposed	E: 0; Adj: 1; M: 0; S: 0	

Legend: A – adjusted, E – excluded, PPROM – preterm premature rupture of membranes, PROM – premature rupture of membrane

eReferences

1. Chawla S, Bapat R, Pappas A, Bara R, Zidan M, Natarajan G. Neurodevelopmental outcome of extremely premature infants exposed to incomplete, no or complete antenatal steroids. *J Matern Fetal Neonatal Med*. 2013;26(15):1542-1547.
2. Gover A, Brummelte S, Synnes AR, et al. Single course of antenatal steroids did not alter cortisol in preterm infants up to 18 months. *Acta Paediatr*. 2012;101(6):604-608.
3. Chawla S, Natarajan G, Shankaran S, et al. Association of neurodevelopmental outcomes and neonatal morbidities of extremely premature infants with differential exposure to antenatal steroids. *JAMA Pediatr*. 2016;170(12):1164-1172.
4. Lee BH, Stoll BJ, McDonald SA, Higgins RD. Neurodevelopmental outcomes of extremely low birth weight infants exposed prenatally to dexamethasone versus betamethasone. *Pediatrics*. 2008;121(2):289-296.
5. Agarwal PK, Shi L, Rajadurai VS, et al. Factors affecting neurodevelopmental outcome at 2 years in very preterm infants below 1250 grams: A prospective study. *J Perinatol*. 2018;38(8):1093-1100.
6. Kim S-M, Sung J-H, Kuk J-Y, et al. Short-and long-term neonatal outcomes according to differential exposure to antenatal corticosteroid therapy in preterm births prior to 24 weeks of gestation. *PLoS One*. 2018;13(6):e0198471.
7. Laughon M, O'Shea MT, Allred EN, et al. Chronic lung disease and developmental delay at 2 years of age in children born before 28 weeks' gestation. *Pediatrics*. 2009;124(2):637-648.
8. McElrath TF, Allred EN, Boggess KA, et al. Maternal antenatal complications and the risk of neonatal cerebral white matter damage and later cerebral palsy in children born at an extremely low gestational age. *Am J Epidemiol*. 2009;170(7):819-828.
9. Lardón M, Uberos J, Narbona E. Does corticosteroid treatment during the pre and postnatal periods affect the neurodevelopmental outcome of premature newborns? *Biomedica*. 2017;37:104-111.
10. Tseng W-N, Chen C-C, Yu H-R, Huang L-T, Kuo H-C. Antenatal dexamethasone exposure in preterm infants is associated with allergic diseases and the mental development index in children. *Int J Environ Res Public Health*. 2016;13(12):1206.
11. Lamminmäki A, Kuiri-Hänninen T, Sankilampi U. Sex-typical behavior in children born preterm at very low birth weight. *Pediatr Res*. 2021;89(7):1765-1770.
12. Räikkönen K, Gissler M, Kajantie E. Associations between maternal antenatal corticosteroid treatment and mental and behavioral disorders in children. *JAMA*. 2020;323(19):1924-1933.
13. Wolford E, Lahti-Pulkkinen M, Girchenko P, et al. Associations of antenatal glucocorticoid exposure with mental health in children. *Psychol Med*. 2020;50(2):247-257.
14. Haslam MD, Lisonkova S, Creighton D, et al. Severe neurodevelopmental impairment in neonates born preterm: impact of varying definitions in a Canadian cohort. *J Pediatr*. 2018;197:75-81. e4.

15. Aviram A, Murphy K, McDonald S, et al. Antenatal corticosteroids and neurodevelopmental outcomes in late preterm births. *Arch Dis Child Fetal Neonatal Ed.* 2021;(0):F1-F6.
16. Gentle SJ, Carlo WA, Tan S, et al. Association of antenatal corticosteroids and magnesium sulfate therapy with neurodevelopmental outcome in extremely preterm children. *Obstet Gynecol.* 2020;135(6):1377-1386.
17. Hutcheon JA, Harper S, Liauw J, Skoll MA, Srouf M, Strumpf EC. Antenatal corticosteroid administration and early school age child development: A regression discontinuity study in British Columbia, Canada. *PLoS Med.* 2020;17(12):e1003435.
18. Bulbul L, Elitok GK, Ayyıldız E, et al. Neuromotor Development Evaluation of Preterm Babies Less than 34 Weeks of Gestation with Bayley III at 18-24 Months. *Biomed Res Int.* 2020;2020
19. Miyazaki K, Furuhashi M, Ishikawa K, et al. Long-term outcomes of antenatal corticosteroids treatment in very preterm infants after chorioamnionitis. *Arch Gynecol Obstet.* 2015;292(6):1239-1246.
20. Ushida T, Kotani T, Sadachi R, et al. Antenatal corticosteroids and outcomes in preterm twins. *Obstet Gynecol.* 2020;135(6):1387-1397.
21. Ushida T, Kotani T, Hayakawa M, et al. Antenatal corticosteroids and preterm offspring outcomes in hypertensive disorders of pregnancy: A Japanese cohort study. *Sci Rep.* 2020;10(1):1-10.
22. Basset H, Nusinovici S, Huetz N, et al. Efficacy of antenatal corticosteroid treatment on neurodevelopmental outcome according to head circumference at birth. *Neonatology.* 2018;113(1):55-62.
23. Ishikawa H, Miyazaki K, Ikeda T, et al. The effects of antenatal corticosteroids on short-and long-term outcomes in small-for-gestational-age infants. *Int J Med Sci.* 2015;12(4):295.
24. Li Y, Meng D-h, Wei Q-f, et al. Neurodevelopmental outcomes of extremely preterm infants in southern China: A multicenter study. *Early Hum Dev.* 2019;133:5-10.
25. Ochiai M, Kinjo T, Takahata Y, et al. Survival and neurodevelopmental outcome of preterm infants born at 22-24 weeks of gestational age. *Neonatology.* 2014;105(2):79-84.
26. Young JM, Morgan BR, Powell TL, et al. Associations of perinatal clinical and magnetic resonance imaging measures with developmental outcomes in children born very preterm. *J Pediatr.* 2016;170:90-96.
27. Källén K, Serenius F, Westgren M, Maršál K, Group E. Impact of obstetric factors on outcome of extremely preterm births in Sweden: prospective population-based observational study (EXPRESS). *Acta Obstet Gynecol Scand.* 2015;94(11):1203-1214.
28. Kiechl-Kohlendorfer U, Ralser E, Peglow UP, Reiter G, Trawöger R. Adverse neurodevelopmental outcome in preterm infants: risk factor profiles for different gestational ages. *Acta Paediatr.* 2009;98(5):792-796.
29. Sun H, Zhou Y, Xiong H, et al. Prognosis of very preterm infants with severe respiratory distress syndrome receiving mechanical ventilation. *Lung.* 2015;193(2):249-254.

30. Melamed N, Asztalos E, Murphy K, et al. Neurodevelopmental disorders among term infants exposed to antenatal corticosteroids during pregnancy: a population-based study. *BMJ Open*. 2019;9(9):e031197.