

## **Online Supplementary Material**

### **Supplemental oxygen treats periodic breathing without effects on sleep in late-preterm infants**

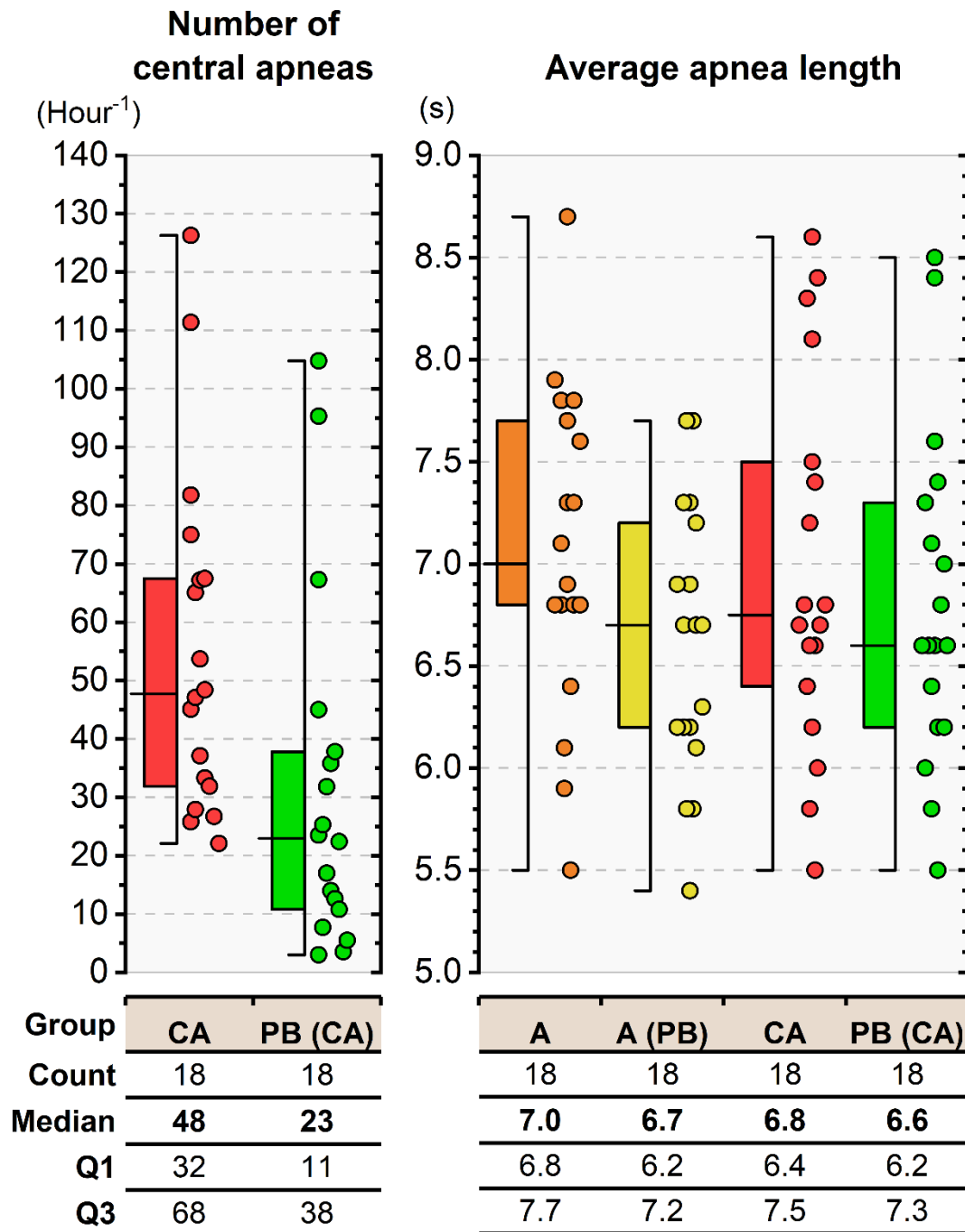
Maija Seppä-Moilanen<sup>a</sup>, Sture Andersson<sup>a</sup>, Turkka Kirjavainen<sup>a</sup>

<sup>a</sup> Children's Hospital, and Pediatric Research Center, University of Helsinki and Helsinki University Hospital, Helsinki, Finland

Short title: Supplemental oxygen, preterm sleep, and apneas.

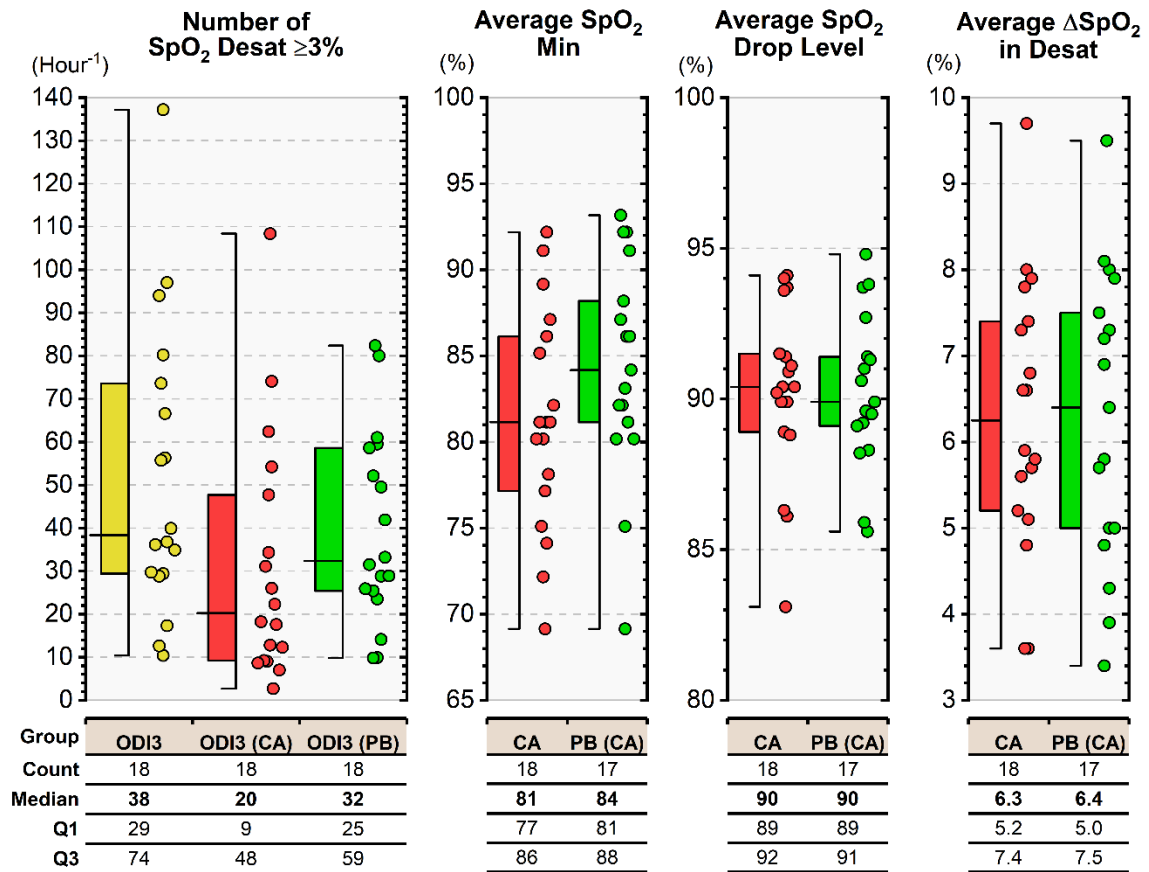
Corresponding authors:

- 1) Maija Seppä-Moilanen, MD, Department of Child Neurology, New Children's Hospital, Helsinki University Hospital, P.O. BOX 281, 00029 Helsinki, Finland. Tel: +358 9 4711, E-mail: maija.seppa-moilanen@hus.fi
- 2) Turkka Kirjavainen, MD, PhD, Department of Pediatrics, New Children's Hospital, Helsinki University Hospital, P.O. BOX 281, 00029 Helsinki, Finland. Tel: +358 9 4711, Fax: +358 9 4 717 4713. E-mail: turkka.kirjavainen@hus.fi.



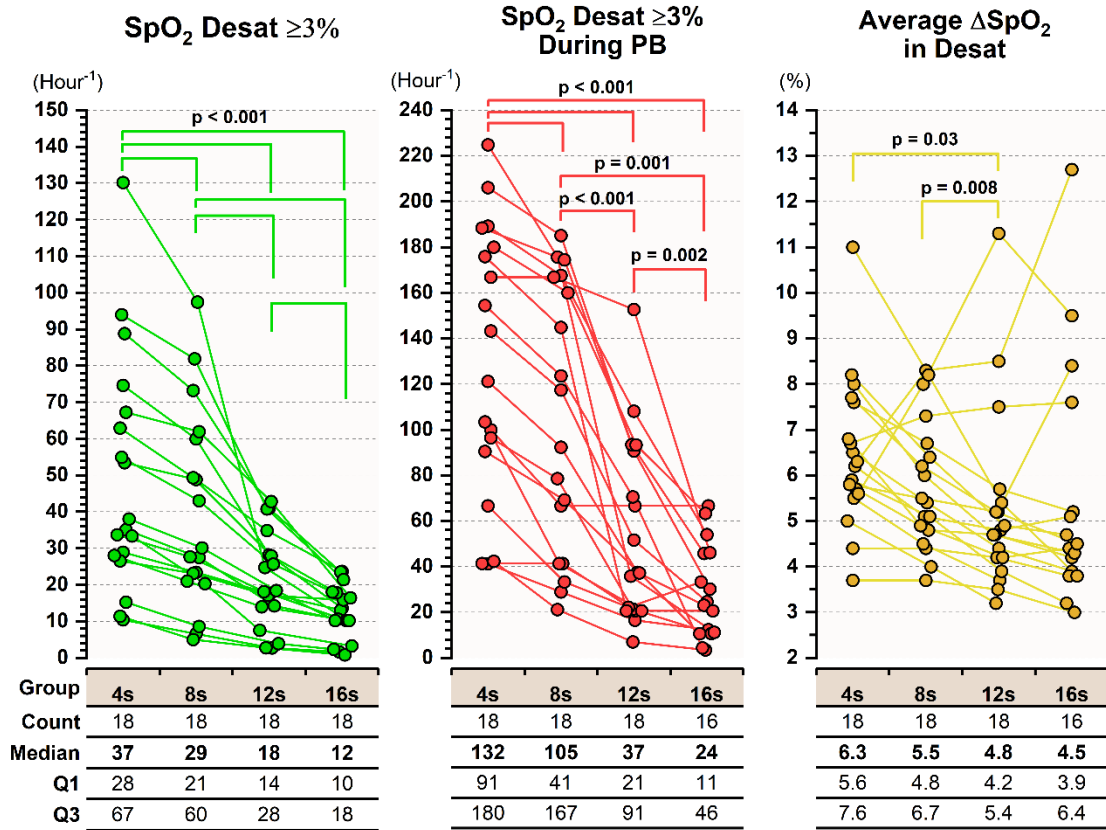
**Supplement Fig. 1.** The number and average length of apneas. The average length of apneas related to periodic breathing was only 7s. Still, these apneas were frequently followed by SpO<sub>2</sub> desaturations.

A, apneas; A (PB), apneas during periodic breathing episodes; CA, central apnea; PB (CA), central apneas within periodic breathing, Q1, first quartile (25%); Q3, third quartile (75%).



**Supplement Fig. 2.** The number SpO<sub>2</sub> desaturations of 3% or more, the average SpO<sub>2</sub> minimum during desaturations, the average lowest SpO<sub>2</sub> level during SpO<sub>2</sub> desaturations, and the average SpO<sub>2</sub> drop during desaturations.

The number of desaturations of 3% or more was high, a median 38 (IQR 29-74) per hour. The average SpO<sub>2</sub> drop during desaturations was 6.3 (IQR 5.2-7.4) %. CA, central apnea; Desat, desaturation; ΔSpO<sub>2</sub>, SpO<sub>2</sub> change; ODI3, SpO<sub>2</sub> desaturations of 3% or more; ODI3 (CA), SpO<sub>2</sub> desaturation related to central apneas; ODI3 (PB), SpO<sub>2</sub> desaturations occurring with periodic breathing, PB (CA), central apneas within periodic breathing; Q1, first quartile (25%); Q3, third quartile (75%); SpO<sub>2</sub>, pulse oximeter oxyhemoglobin saturation.



**Supplement Fig. 3.** The effect of signal-averaging time on the detection of SpO<sub>2</sub> desaturations of 3% or more. The number of observed SpO<sub>2</sub> desaturations following apneas is highly decreased as the length of used signal averaging time window increases – only 1/3 of desaturations observed with a 4s signal-averaging time remains noticeable with a 16s signal-averaging time. Most remaining desaturations are milder when observed with a 16s than with a 4s signal-averaging time.

Desat, desaturation; ΔSpO<sub>2</sub>, SpO<sub>2</sub> change; PB, periodic breathing; Q1, first quartile (25%); Q3, third quartile (75%); SpO<sub>2</sub>, pulse oximeter oxyhemoglobin saturation.