

Supplementary

Fig S1

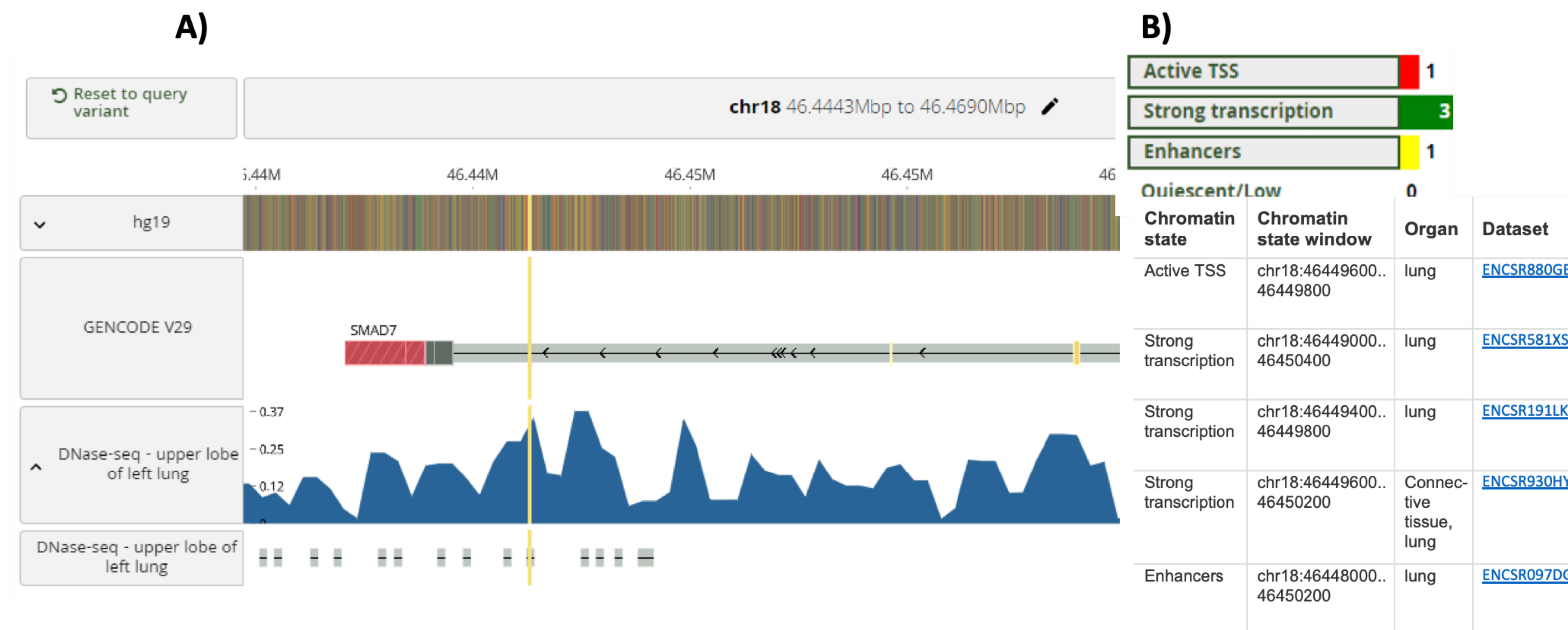


Fig S2

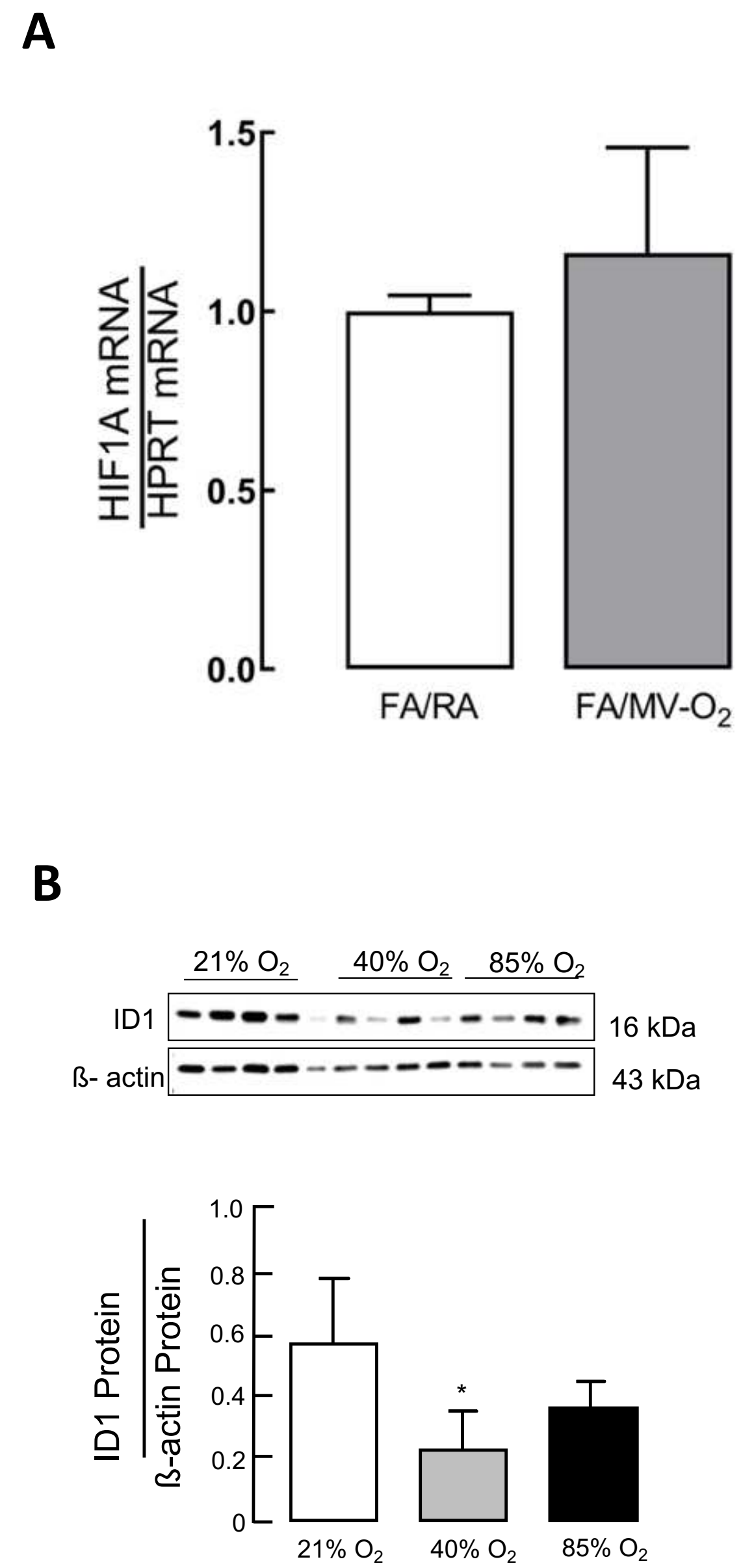


Fig S3

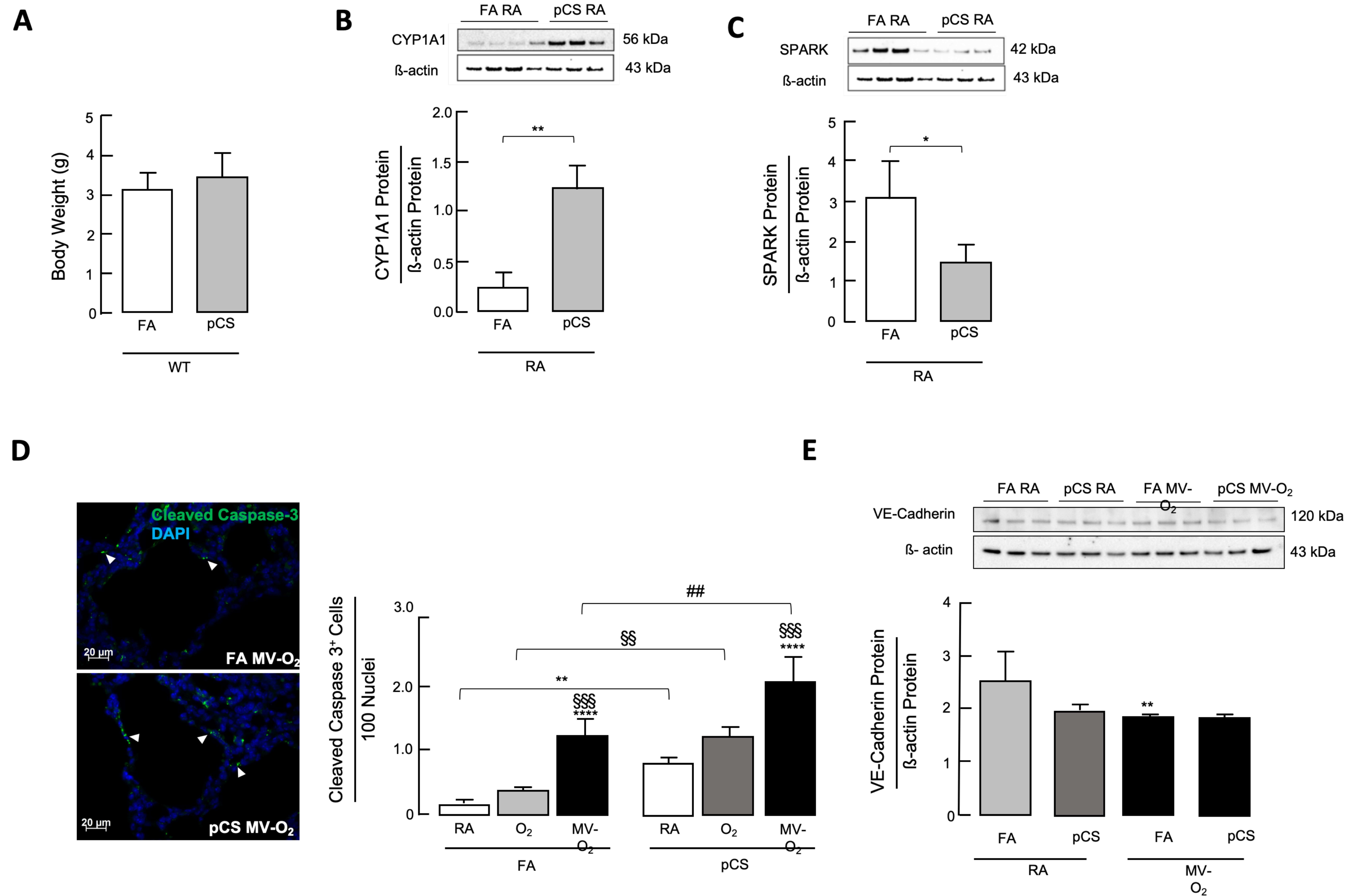
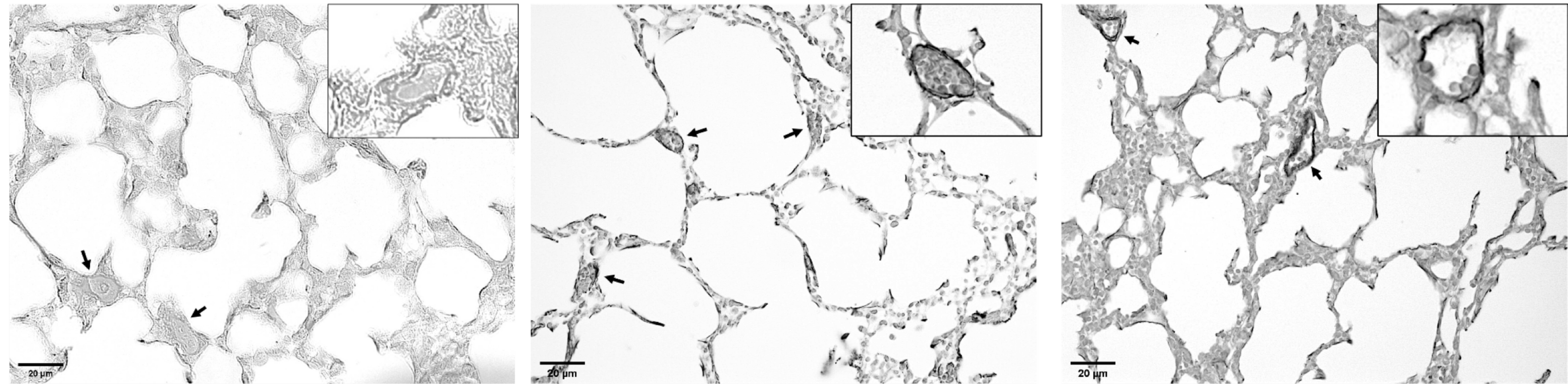


Fig S4

A



B

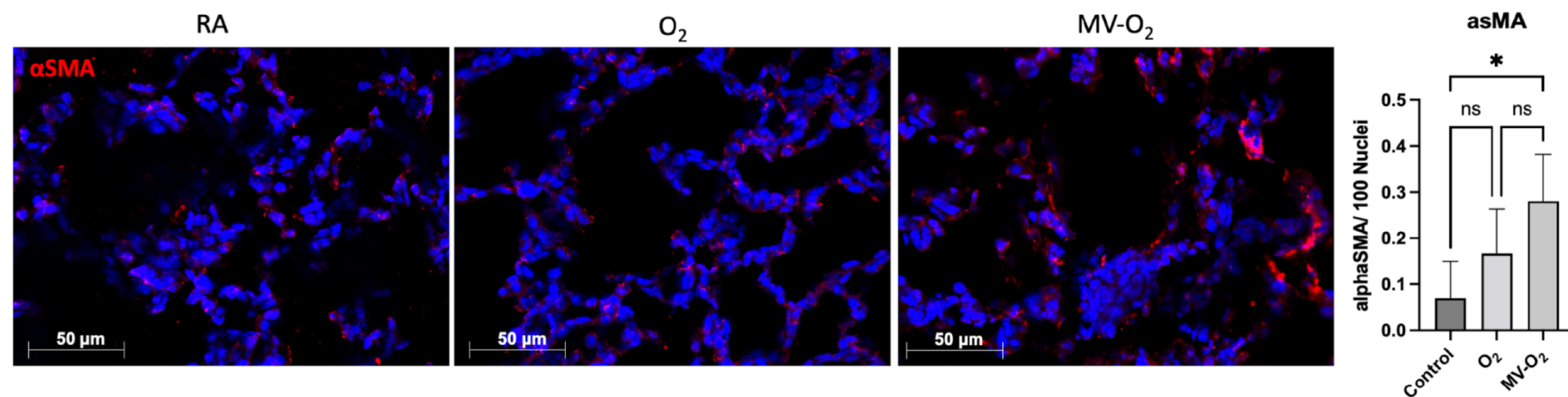


Fig S5

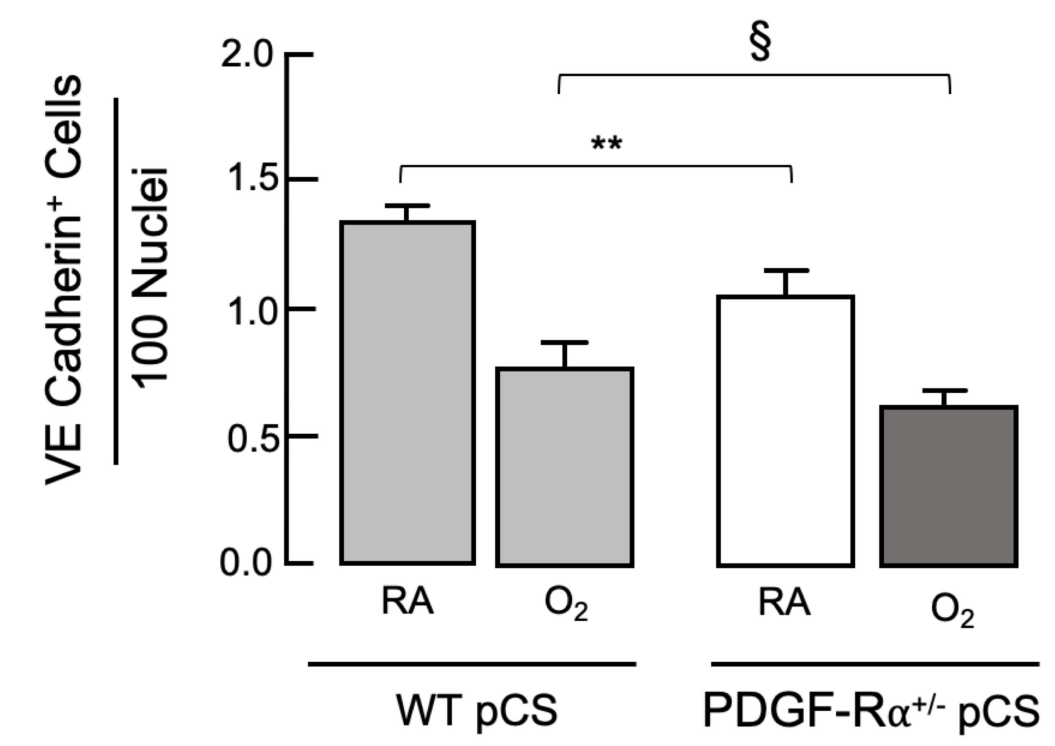
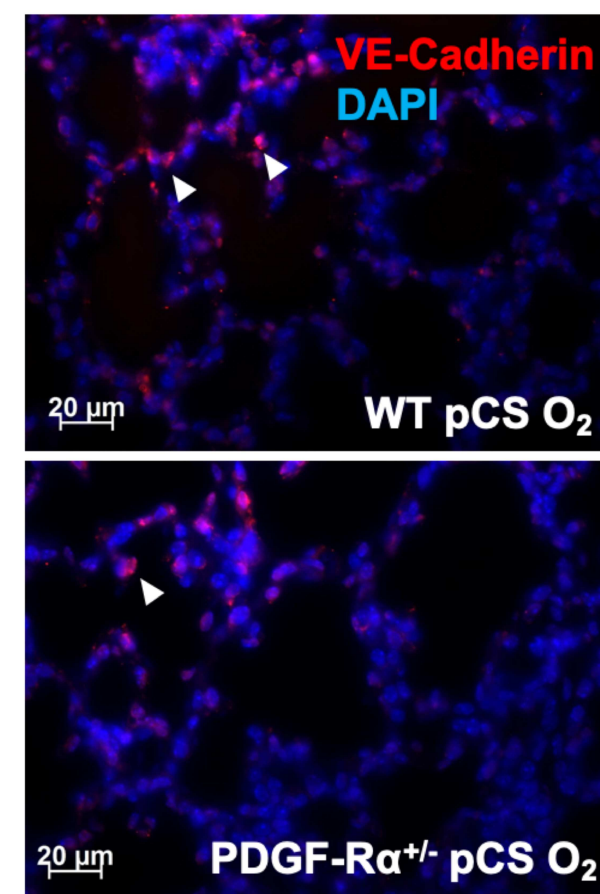
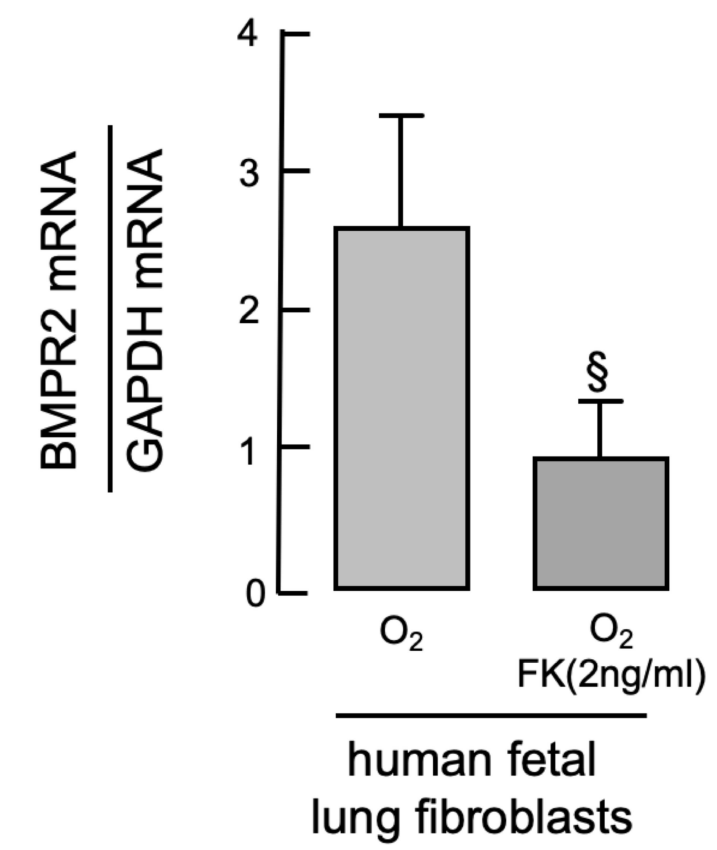
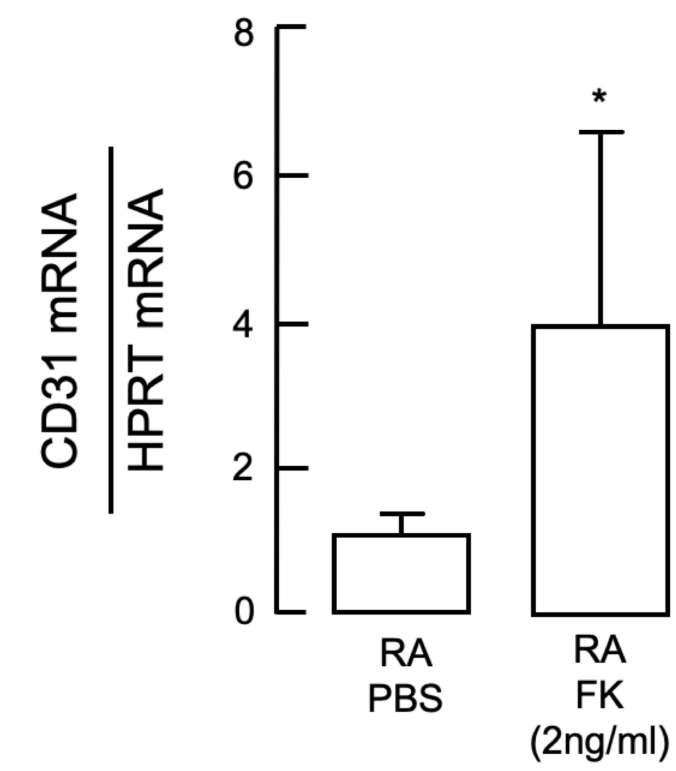


Fig S6

A



B



C

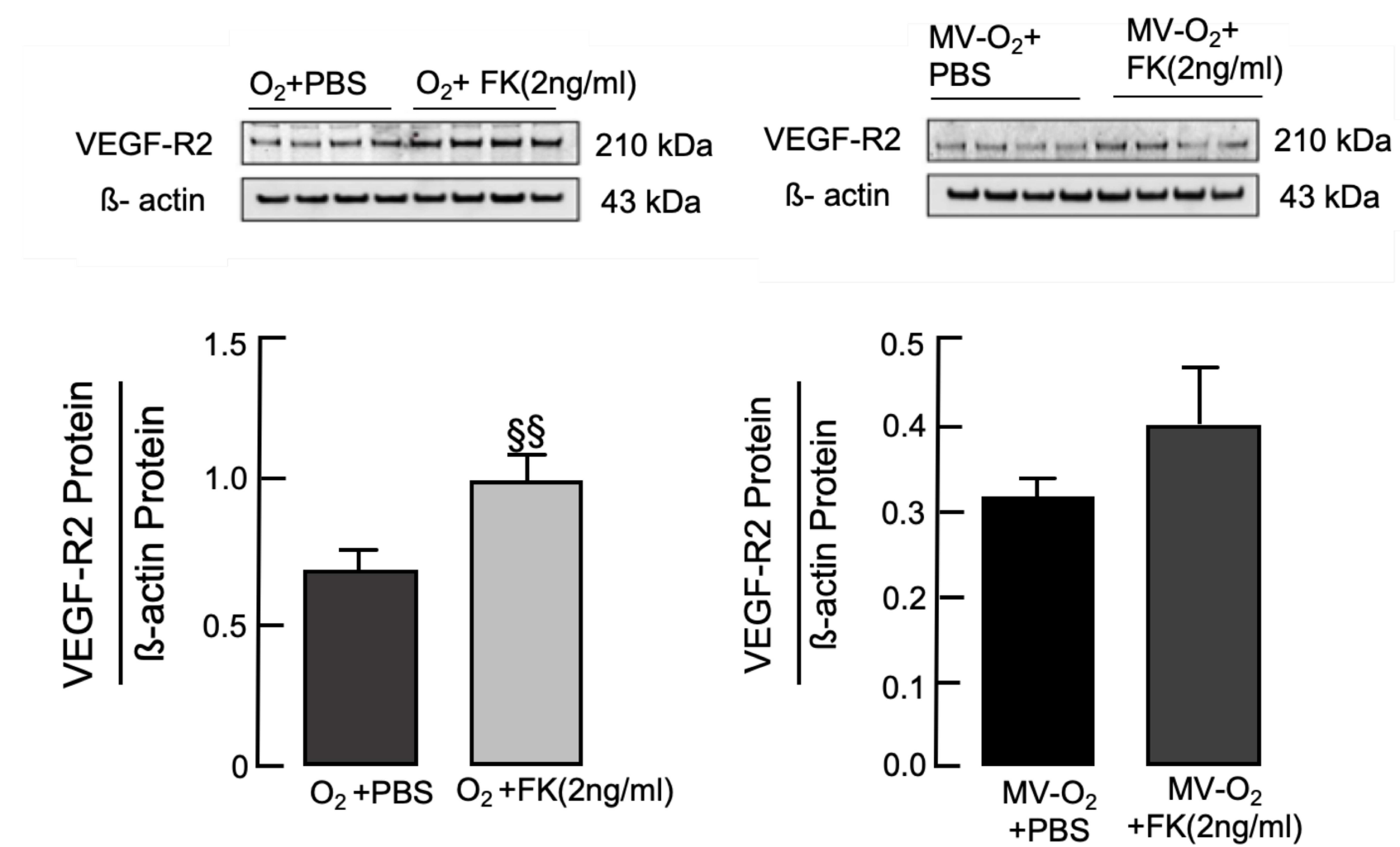


Table S1. Patient characteristics preterm infants.

Data are given as median and range or number and percent of total in group respective range.

GA, gestational age; IUGR, intrauterine growth retardation; ANCS, antenatal corticosteroids; RDS, respiratory distress syndrome; PDA, patent ductus arteriosus; ROP, retinopathy of prematurity; IVH, intraventricular hemorrhage; ICU, intensive care unit; BPD, bronchopulmonary dysplasia. NA (not available): IUGR n=3; PDA n=7. Intrauterine growth restriction was defined as birth weight below the 10th percentile. Postnatally, diagnosis and severity of respiratory distress syndrome (RDS) were scored on anterior-posterior (a.-p.) chest radiographs according to Couchard et al (1). Chorioamnionitis was defined as inflammatory alterations of the chorionic plate (histologic examination) or signs of maternal and fetal signs of infection (2) Systemic infections were diagnosed according to Sherman et al. (3) based on one or more clinical and laboratory signs of infection. BPD was defined according to Jobe and Bancalari (4) and graded as mild (oxygen supplementation at 28 days postnatally), moderate (oxygen supplementation < 30% and/or ventilator support at 36 weeks postmenstrual age), and severe (oxygen supplementation > 30% and/or ventilator support at 36 weeks postmenstrual age).

1. Couchard M, Polge J, Bomsel F. Hyaline membrane disease: diagnosis, radiologic surveillance, treatment and complications. *Ann. Radiol. (Paris)*. 1974;17(7):669–83.
2. Franz A, Steinbach G, Kron M, Pohlandt F. Interleukin-8: a valuable tool to restrict antibiotic therapy in newborn infants. *Acta Paediatr.* 2007;90(9):1025–1032.
3. Sherman MP, Goetzman BW, Ahlfors CE, Wennberg RP. Tracheal Aspiration and Its Clinical Correlates in the Diagnosis of Congenital Pneumonia. *Pediatrics* 1980;65(2):258–263.
4. Jobe AH, Bancalari E. Bronchopulmonary dysplasia. *Am. J. Respir. Crit. Care Med.* 2001;163(7):1723–1729.

n	28
GA (weeks)	28.2 (25.1-30.6)
Birth weight (g)	1031 (650-1770)
IUGR	2 (8%)
Gender (female/male)	12/16
ANCS	25 (89.3%)
Chorioamnionitis	11 (39.3%)
Early onset infection	7 (25.0%)
RDS \geq III°	7 (25.0%)
Days of mechanical ventilation	34 (0-70)
Days of oxygen supplementation	22 (0-88)
PDA	18 (78.3%)
Postnatal steroids	10 (35.7%)
ROP	5 (17.9%)
IVH	2 (7.1%)
ICU days	64 (30-109)
BPD	
- None	17 (60.7%)
- Mild	7 (25.0%)
- Moderate	3 (10.7%)
- Severe	1 (3.6%)