

Table 2 Standard "Management of Respiratory Distress Syndrome" public consultation comments

ID	Country	Response	How would you rate the overall quality of the standard "Management of Respiratory Distress Syndrome"?		Do you have any recommendations on how to improve the standard "Management of Respiratory Distress Syndrome" (e.g. rational, benefits, components)?		Is there any important evidence or useful guidelines you would recommend to be included in the standard "Management of Respiratory Distress Syndrome"?		Do you think the standard "Management of Respiratory Distress Syndrome" is relevant in your country?		Do you have any conflict of interest (e.g. financial support or consulting of industry)?		Please specify if you are responding as an individual or on behalf of an organisation.
			Response	Yes - Please make your recommendation(s) below.	Response	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.	Response	No - Please specify below why the standard is not relevant in your country.	Response	Yes - Please enter your conflict(s) of interest.			
1	United Kingdom	4	Yes - Please make your recommendation(s) below.	More guidance on specific respiratory management of RDS may be useful or cross referencing to other guidance. There are many different options for respiratory support particularly emphasising the need for non-invasive ventilation methods, CPAP, high-flow oxygen therapy and surfactant administration plus newer modes of ventilation - e.g. volume controlled/ volume targeted ventilation	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.	The UK National Institute for Clinical Excellence has recent / clear / comprehensive evidence based guidelines on this area- Specialist neonatal respiratory care for babies born preterm - NICE guideline [NG124]Published: 03 April 2019 https://www.nice.org.uk/guidance/ng124/apter/Recommendations#managing-respiratory-disorders	Yes	No	No			Neonatal Nurses Association UK	
2	United States	4	No		Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.	No but, I do like that you included "blended oxygen" as I feel it is clinically important.	Yes		Yes - Please enter your conflict(s) of interest.	Employee of Pro lacta Bioscience		Individual	
3	Poland	5	No		No		No - Please specify below	Not for neonatologists . In Polish we have standards updated every two years. In my country it will be relevant and useful for parents.	No			Coalition for Premies	
4	Czech Republic	4	Yes - Please make your recommendation(s) below.	There should be statement about involvement of parents in the care for neonates with RDS not only that they are informed about RDS.	No		Yes	No				Individual	
5	Poland	5	No		I don't know		Yes	No				Individual	
6	United States	3	Yes - Please make your recommendation(s) below.	While the standard is likely not intended or designed to fully cover every RDS situation in neonates of wide gestational range, in my clinical experience, leaving the High Flow Nasal Cannula use out of the list of 'NICU readiness' may inadvertently lead the clinicians away from knowing the potential advantages of HFNC in addition to ventilators (intubation) and CPAP. In units where many late term premies who are in the late preterm GA are seen, HFNC is often used extensively. Some may require the pressure, thus, CPAP may be needed for a short time, however many convalesce on HFNC which is more comfortable for the infants, easier for the family to hold care for their infants (easier to hold skin to skin, breast feed, reduced abdominal distention). In Europe, is BPD the recognized and preferred language? So much definition issues have been discussed lately globally and including the chronic lung disease may be helpful to be thorough. I did a national survey of the use of HFNC a few years ago to demonstrate the wide-spread use and US perceptions,,,,,don't know what equivalent study is available on Europe. https://journals.lww.com/advancesinneonatalcare/Abstract/2018/100/00/High_Flow_Nasal_Cannula_Practice_Patterns_Reported.12.aspx x This short editorial also demonstrated the power of parents stories and I wonder if it adds to understanding the parents' thoughts and BPD definition issues. https://journals.lww.com/advancesinneonatalcare/Fulltext/2019/0800/0/Noteworthy_Professional_News.2.aspx	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.	How about developing advance practice nursing professionals? What is the standard of the advance practice Nurses in Europe? In North America, we, the neonatal NPs are on the frontline on the respiratory management which speeds up how quickly the assessment and interventions are provided to any neonates who are born rather unexpectedly. For the hospital to have the proper training, would it be helpful to consider 'having a trained nurse or MD who are able to immediately provide care including decision making in regards to respiratory management, someone who can intubate and diagnose the radiographic images (such as air leak?). More specific standards of the trained personnel may be desired. Current standard appears to be rather broad to allow institutions to not have the concreted 'readiness.'	No - Please specify below	We have strong management plans in our region thanks to widespread availability of advance neonatal nurse practitioners at almost every level II unit in addition to Neo/NNP team available at level III units at all times	No		COINN		
7	Portugal	5	No		No		Yes	No				Associação Portuguesa de Enfermagem Pediátrica e Neonatal	
8	Slovakia	5	No		No		Yes	No				Section of Nurses Working in Neonatology, part of the Slovak Association of Nurses and Midwives is an organizational unit of the Slovak Medical Society	
9	Italy	5	No		No		Yes	Yes - Please enter your conflict(s) of interest.	Consultant for Ginevri srl			Individual	
10	Estonia	5	No		No		Yes	No				Estonian Perinatal Society	
11	Romania	5	No		No		Yes	No				ANMCS	

						I suggest adding the following reference regarding the devices for administering PPV at birth. The review supports the T-Piece for reducing BPD. Trevisanuto D, Roehr CC, Davis PG, Schmölder GM, Wyckoff MH, Liley HG, Rabi Y, Weiner GM: INTERNATIONAL LIAISON COMMITTEE ON RESUSCITATION NEONATAL LIFE SUPPORT TASK FORCE. Devices for Administering Ventilation at Birth: A Systematic Review. Pediatrics. 2021 Jul;148(1):e2021050174.				
12	Italy	5	No	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.			Yes		No	Individual
13	Germany	3	No	I don't know			Yes		No	Individual
14	Kosovo	5	No	No			Yes		No	QKUK
15	Czech Republic	5	No	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.	Preferred mode of surfactant administration could be expressed in the standard. Mode of surfactant administration is different throughout the Europe and should be listed in the standard. https://doi.org/10.1159/000499361		Yes		No	Czech Neonatology Society Shupyk National University of public Health of Uk
16	Ukraine	5	No	No			Yes		No	
17	Hungary	5	No	I don't know			Yes		No	Melletted a helyem Egyesulet
18	Croatia	5	No	No			Yes		Yes - Please enter your conflict(s) of interest.	Cooperation with Nutricia and Thermo Fisher Scientific. Croatian Society for Neonatology and Neonatal Intensive Medicine