

Table 6 Standard "Prevention, detection, documentation, and treatment of retinopathy of prematurity (ROP)" public consultation comments

ID	Country	Response	How would you rate the overall quality of the standard "Prevention, detection, documentation, and treatment of retinopathy of prematurity (ROP)"?		Do you have any recommendations on how to improve the standard "Prevention, detection, documentation, and treatment of retinopathy of prematurity (ROP)" (e.g. rational, benefits, components)?		Is there any important evidence or useful guidelines you would recommend to be included in the standard "Prevention, detection, documentation, and treatment of retinopathy of prematurity (ROP)"?		Do you think the standard "Prevention, detection, documentation, and treatment of retinopathy of prematurity (ROP)" 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	Response	Yes - Please make your recommendation(s) below.	Response	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.	Response	
1	The Netherlands		4	Yes - Please make your recommendation(s) below.	- Emphasize clear and early communication with parents about the date and timing of screening moments. - Take measures for optimal comfort during preparation for the screening and, more urgent, the moment of screening. - As pain and discomfort is associated with the screening for ROP, pain relief is an essential aspect of the standard. This should be updated in the revised standard on basis of recent publications and insights. In an recent article the effectiveness of magnetic non-invasive auricular acupuncture was investigated in a multicentre randomized controlled trial (Frontiers in Pediatrics dec. 2020, vol 8 (page 1-8). This option should be considered in the standard.	No		Yes		No			Care4Neo	
2	The Netherlands		4	Yes - Please make your recommendation(s) below.	May be it would help countries that do not have guidelines etc if links to published guidelines would be provided? National registration of treated infants or those with bad outcome is recommended. This is not so easy to organise and is even more difficult due to stringent privacy regulations nowadays. Some advice how to do this would help.	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.	The use of fatty acids. Paper by Ann Helstrom. Or is this subject too premature. Is this implemented in Sweden fe?	Yes		No			ROP working group Dutch Ophthalmological Society (NOG)	
3	United States		4	Yes - Please make your recommendation(s) below.	Continue to use screening protocols by gestational age. Also, continue to decrease the usage of supplemental oxygen and invasive ventilation. Increase the usage of human milk.	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.	Various Exclusive human milk data showing the decrease in ROP with the use of this diet in babies less than 1,250 grams	Yes		Yes - Please enter your conflict(s) of interest.	I work for Proacta Bioscience	Individual		
4	Czech Republic		4	No		No		Yes		No		Individual		
5	Poland		4	Yes - Please make your recommendation(s) below.	I would suggest to consider infection and severe anemia as risk factors for progression of ROP. In the section "Getting started" I'd add "to develop formalised programmes for education in avoiding risk factors including: infection and severe anemia" and also "and promoting optimal care, including mother's own milk feeding (already written), treatment of extreme anemia etc". I mention these two risk factors based on more than 20 years of our centre experience.	No		Yes		No		Individual		
6	Estonia		5	No		No	ROP screening results in severe pain. The mean PIPP score is about 14 (as comparison the mean PIPP score for heel stick is about 8. The use of sucrose doesn't result in any pain reduction during ROP screening (Boyle EM, Freer Y, Khan-Orakzai Z, Watkinson M, Wright E, Ainsworth JR, McIntosh N.Sucrose and non-nutritive sucking for the relief of pain in screening for retinopathy of prematurity: a randomised controlled trial. Arch Dis Child Fetal Neonatal Ed. 2006;91(3):F166-8; Grabska J, Walden P, Lerer T, Kelly C, Hussain N, Donovan T, Herson V. Can oral sucrose reduce the pain and distress associated with screening for retinopathy of prematurity? J Perinatol. 2005;25(1):33-5). The use of oral morphine has resulted in serious adverse events (apnea) without demonstrable analgesic efficacy (Hartley C, Moultrie F, Hoskin A, Green G, Monk V, Bell JL, King AR, Buckle M, van der Vaart M, Gursul D, Goksan S, Juszcak E, Norman JE, Rogers R, Patel C, Adams E, Slater R. Analgesic efficacy and safety of morphine in the Procedural Pain in Premature Infants (Poppi) study: randomised placebo-controlled trial. Lancet. 2018;392(10164):2595-2605). Recently it has been shown that the use of magnetic non-invasive auricular acupuncture can reduce physiological pain responses during and after ROP screening in preterm infants without any adverse effect (Gan KML, Oei JL, Quah-Smith I, Kamar AA, Lordudass AAD, Liem KD, Lindrea KB, Daly M, Gaunker N, Mangat AK, Yaskina M, Schmölzer GM. Magnetic Non-invasive Auricular Acupuncture During Eye-Exam for Retinopathy of Prematurity in Preterm Infants: A Multicentre Randomized Controlled Trial. Front Pediatr. 2020 Dec 23;8:615008). Since this method is completely non-invasive, easy to apply and cheap, it should be recommended as routine pain relief during ROP examination.	Yes		No		Estonian Society of Perinatology		
7	The Netherlands		4	Yes - Please make your recommendation(s) below.	Recommendation for pain relief during ROP screening is not mentioned in this standard care. Since ROP screening will result in severe pain and stress to the preterm infants, it is necessary to make a recommendation for pain relief or pain prevention.	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.		Yes		No		Individual		

8	Portugal		5 No		No			Yes		No		Individual
9	The Netherlands		4 Yes - Please make your recommendation(s) below.	We would like to have more attention to pain and comfort during the screening of ROP	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.	https://doi.org/10.3389/fped.2020.615008		Yes		No		Cared4Neo
10	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
11	Romania		5 No		No			Yes		No		ANMCS
12	Poland		5 Yes - Please make your recommendation(s) below.	I suggest that first examination should be performed at 9 weeks of age in newborns born in 22 GA, in 23 GA at 8 weeks of age and in 24 GA in 7 weeks of age. Pediatrics 2018;142 (6) e21083061	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.	Each country should have national registry of ROP-interpellation to national parliaments and UE		No - Please specify below why the standard is not relevant in your country.	We have national neonatal standards but for parents and health professionals it will be relevant.	No		Coalition for Preemies
13	Czech Republic		4 No		No			Yes		No		CNeoS
14	Hungary		5 No		I don't know			Yes		No		Melletted a helyem Egysulet
15	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