Table 7 Standard "Prevention of Bronchopulmonary Dysplasia (BPD)" public consultation comments

		How would you rate the overall quality of the standard "Prevention of Bronchopulmonary Dysplasia (BPD)"?	Do you have any recommendations on how to improve the standard "Prevention of Bronchopulmonary Dysplasia (BPD)" (e.g. rational, benefits,		standard "Prevention of Bronchopulmonary		Do you think the standard "Prevention of Bronchopulmonary Dysplasia (BPD)" is relevant in your country?		Do you have any conflict of interest (e.g.		Please specify if you are responding as an individual or on behalf of an organisation.
ID	Country	Response	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.	Response
1	Czech Republic	4	No		No		Yes		No		Individual
2	Poland		No		No		Yes		No		Individual
3	Portugal		No		No		Yes		No		Individual
4	Estonia	4	No		No		Yes		No		Estonian Perinatal Society
5	Slovakia	5	No		No		Yes		No Yes - Please enter		Section of Nurses Working in Neonatology, part of the Slovak Association of Nurses and Midwives is an organizational unit of the Slovak Medical Society
6	Italy	_	No		No		Yes		your conflict(s) of interest.	Consultant for Ginevri	Individual
7	Romania		No No		No		Yes		No	311	ANMCS
8	Poland	5.5	Yes - Please make your recommendation(s) below.	There is a few new definition of BPD 1.Higgins RD, Jobe AH Journal of Pediatrics 2018;197:300-308 mild, moderate and severe in the newborns < 32 GA free access A premature infant (<32 weeks' gestational age) with BPD has persistent parenchymal lung disease, radiographic confirmation of parenchymal lung disease, and at 36 weeks PMA requires 1 of the following FiO2 ranges/oxygen levels/O2 concentrations for ≥3 consecutive days to maintain arterial oxygen saturation in the 90% =95% range. GradesInvasive IPPV*N-CPAP, NIPPV, or nasal cannula ≥ 3 L/minNasal cannula flow of 1.—3 L/minHood O2Nasal cannula flow of <1 L/min I—2122—2922—2922—70 III>2122—29≥30≥30>70 III>21≥30 III(A)Early death (between 14 days of postnatal age and 36 weeks) owing to persistent parenchymal lung disease and respiratory failure that cannot be attributable to other neonatal morbidities (eg. necrotizing enterocolitis, intraventricular hemorrhage, redirection of care, episodes of sepsis, etc). I the sectio COMPONENT of the standard: Ad 2 Surfactan is using INSURE and MIST (MIST or LISA should be added) Section Question Title I propose to add: Education in the field of absolute prohibition on smoking in the enviroment of the child with BPD Section	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why		No - Please specify below why the standard is not relevant in your country.	One of the most important standard. We have such a standrad edited by Neonatal Polish Society and updated every 2 years. We do not have these standard for parents.	No		Coalition for Preemies
9	Czech Republic	4	Yes - Please make your recommendation(s) below.	Perhaps i didn't miss it. I haven't seen any mention about pulmonary arterial hypertrension as part of development of BPD. Recommendation in oxygen targets are not mentioned in 36 weeks of postmenstrual age and cardiologist check in the same time.	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why	I haven't seen any mention about pulmonary arterial hypertrension as part of development of BPD. Recommendation oxygen targets are not mentioned in 36 weeks of postmenstrual age and cardiologist check in the	Yes		No		CNeoS
10	Hungary	5	No		I don't know		Yes		No		Melletted a helyem Egyesulet
11	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