

SUPPLEMENTARY MATERIAL

Contents

Supplementary Tables.....	2
Supplementary Table 1: Search terms	2
Supplementary Table 2: Reasons for study exclusion in full text screening phase	12
Supplementary Table 3: Modified Newcastle Ottawa Scale for bias evaluation of included studies	50
Supplementary Table 4: Additional information about included studies	50
Supplementary Table 5: Neonatal Mortality Associated with Intrapartum-Related NE	50
Supplementary Table 6: Developmental Outcomes Associated with Intrapartum-Related NE	50
Supplementary Figures	50
Supplementary Figure 1: Abstract screening chart	51
Supplementary Figure 2: Full text screening chart	52
Supplementary Figure 3: Meta-analysis of the prevalence of male sex in the included studies	53
Supplementary Figure 4: Funnel plot of studies reporting neonatal mortality associated with grade II-III intrapartum-related neonatal encephalopathy	54
Supplementary Figure 5: Funnel plot of studies reporting combined death or moderate to severe neurodevelopmental outcome in grade II-III intrapartum-related neonatal encephalopathy	54
Supplementary Figure 6: Sub-group analyses of neonatal mortality by national neonatal mortality rate and country income group	55
Supplementary Figure 7: Incidence of Cerebral Palsy in survivors of Grade II-III intrapartum-related neonatal encephalopathy after follow-up ≥ 1 year. A) Conventional care group B) Intervention group	58

Supplementary Tables

Supplementary Table 1: Search terms

Cochrane Central Register of Controlled Trials (CENTRAL) via Cochrane Library. Issue 10 of 12, October 2021. Search made on 2021-11-17

Search number	Terms	References in Trials
#1	MeSH descriptor: [Infant, Newborn] explode all trees	16150
#2	MeSH descriptor: [Infant] explode all trees	32726
#3	MeSH descriptor: [Intensive Care Units, Neonatal] explode all trees	728
#4	(Infant* OR Newborn* OR Neonat* OR fetal OR foetal OR baby OR babies OR Neonatal ICU* OR Newborn ICU* OR NICU OR “Newborn Intensive Care Units” OR “Neonatal Intensive Care Units” OR "new born*" OR "newly born*"):ti,ab,kw	84830
#5	#1 OR #2 OR #3 OR #4	84830
#6	MeSH descriptor: [Hypoxia-Ischemia, Brain] explode all trees	228
#7	(Hypoxia-ischemia* OR Hypoxia Ischemia* OR Ischemia-Hypoxia* OR Hypoxic-ischemic OR Hypoxic-ischaemic OR Hypoxic Ischemic OR Ischemic-Hypoxic OR encephalopat* OR HIE):ti,ab,kw	4141
#8	#6 OR #7	4141
#9	(afghanistan OR albania OR algeria OR american samoa OR angola OR antigua OR barbuda OR argentina OR armenia OR armenian OR aruba OR azerbaijan OR bahrain OR bangladesh OR barbados OR belarus OR byelarus OR belorussia OR byelorussian OR belize OR british honduras OR benin OR dahomey OR bhutan OR bolivia OR bosnia OR herzegovina OR botswana OR bechuanaland OR brazil OR brasil OR bulgaria OR burkina faso OR burkina fasso OR upper volta OR burundi OR urundi OR cabo verde OR cape verde OR cambodia OR kampuchea OR khmer republic OR cameroon OR cameron OR cameroun OR central african republic OR ubangi shari OR chad OR chile OR china OR colombia OR comoros OR comoro islands OR mayotte OR congo OR zaire OR costa rica OR cote d'ivoire OR cote d'ivoire OR cote d'ivoire OR ivory coast OR croatia OR cuba OR cyprus OR czech republic OR czechoslovakia OR djibouti OR french somaliland OR dominica OR dominican republic OR ecuador OR egypt OR united arab republic OR el salvador OR equatorial guinea OR spanish guinea OR eritrea OR estonia OR eswatini OR swaziland OR ethiopia OR fiji OR gabon OR gabonese republic OR gambia OR georgia OR georgian OR ghana OR gold coast OR gibraltar OR greece OR grenada OR guam OR guatemala OR guinea OR guyana OR guiana OR haiti OR hispaniola OR	292061 (LMIC filter)

	<p>honduras OR hungary OR india OR indonesia OR timor OR iran OR iraq OR isle of man OR jamaica OR jordan OR kazakhstan OR kazakh OR kenya OR korea OR kosovo OR kyrgyzstan OR kirghizia OR kirgizstan OR kyrgyz republic OR kirghiz OR laos OR lao pdr OR lao people's democratic republic OR latvia OR lebanon OR lesotho OR basutoland OR liberia OR libya OR libyan arab jamahiriya OR lithuania OR macau OR macao OR macedonia OR madagascar OR malagasy republic OR malawi OR nyasaland OR malaysia OR maldives OR indian ocean OR mali OR malta OR micronesia OR kiribati OR marshall islands OR nauru OR northern mariana islands OR palau OR tuvalu OR mauritania OR mauritius OR mexico OR moldova OR moldovian OR mongolia OR montenegro OR morocco OR ifni OR mozambique OR portuguese east africa OR myanmar OR burma OR namibia OR nepal OR netherlands antilles OR nicaragua OR niger OR nigeria OR oman OR muscat OR pakistan OR panama OR papua new guinea OR paraguay OR peru OR philippines OR philipines OR phillippines OR phillippines OR poland OR polish people's republic OR portugal OR portuguese republic OR puerto rico OR romania OR russia OR russian federation OR ussr OR soviet union OR union of soviet socialist republics OR rwanda OR ruanda OR samoa OR pacific islands OR polynesia OR samoan islands OR sao tome and principe OR saudi arabia OR senegal OR serbia OR seychelles OR sierra leone OR slovakia OR slovak republic OR slovenia OR melanesia OR solomon island OR solomon islands OR norfolk island OR somalia OR south africa OR south sudan OR sri lanka OR ceylon OR saint kitts and nevis OR st kitts and nevis OR saint lucia OR st lucia OR saint vincent OR st vincent OR grenadines OR sudan OR suriname OR surinam OR syria OR syrian arab republic OR tajikistan OR tadjikistan OR tadjhikistan OR tadjhik OR tanzania OR tanganyika OR thailand OR siam OR timor leste OR east timor OR togo OR togolese republic OR tonga OR trinidad OR tobago OR tunisia OR turkey OR turkmenistan OR turkmen OR uganda OR ukraine OR uruguay OR uzbekistan OR uzbek OR vanuatu OR new hebrides OR venezuela OR vietnam OR viet nam OR middle east OR west bank OR gaza OR palestine OR yemen OR yugoslavia OR zambia OR zimbabwe OR northern rhodesia OR global south OR africa south of the sahara OR sub saharan africa OR subsaharan africa OR central africa OR north africa OR northern africa OR magreb OR maghrib OR sahara OR southern africa OR east africa OR eastern africa OR west africa OR western africa OR west indies OR indian ocean islands OR caribbean OR central america OR latin america OR south america OR central asia OR north asia OR northern asia OR southeastern asia OR south eastern asia OR southeast asia OR south east asia OR western asia OR east europe OR eastern europe OR developing country OR developing countries OR developing nation</p>	
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	OR developing nations OR developing population OR developing populations OR developing world OR less developed country OR less developed countries OR less developed nation OR less developed nations OR less developed world OR lesser developed countries OR lesser developed nations OR under developed country OR under developed countries OR under developed nations OR under developed world OR underdeveloped country OR underdeveloped countries OR underdeveloped nation OR underdeveloped nations OR underdeveloped population OR underdeveloped populations OR underdeveloped world OR middle income country OR middle income countries OR middle income nation OR middle income nations OR middle income population OR middle income populations OR low income country OR low income countries OR low income nation OR low income nations OR low income population OR low income populations OR lower income country OR lower income countries OR lower income nations OR lower income population OR lower income populations OR underserved countries OR underserved nations OR underserved population OR underserved populations OR under served population OR under served populations OR deprived countries OR deprived population OR deprived populations OR poor country OR poor countries OR poor nation OR poor nations OR poor population OR poor populations OR poor world OR poorer countries OR poorer nations OR poorer population OR poorer populations OR developing economy OR developing economies OR less developed economy OR less developed economies OR underdeveloped economies OR middle income economy OR middle income economies OR low income economy OR low income economies OR lower income economies OR low gdp OR low gnp OR low gross domestic OR low gross national OR lower gdp OR lower gross domestic OR lmic OR lmics OR third world OR lami country OR lami countries OR transitional country OR transitional countries OR emerging economies OR emerging nation OR emerging nations)	
#10	#5 AND #8 AND #9	230
#11	#10 with Cochrane Library publication date from Nov 2009 to present	174

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations, Daily and Versions(R) 1946 to November 16, 2021

Search number	Search terms	References
1	("Infant, Newborn" or Infant or "Intensive Care Units, Neonatal").sh.	1193982
2	(Infant* or Newborn* or Neonat* or fetal or foetal or baby or babies or Neonatal ICU* or Newborn ICU* or NICU or Newborn Intensive Care Units or Neonatal Intensive Care Units or new born* or newly born*).ab,ti.	961183
3	1 OR 2	1685533
4	Hypoxia-Ischemia, Brain.sh.	6295
5	(Hypoxia-ischemia* or Hypoxia Ischemia* or Ischemia-Hypoxia* or Hypoxic-ischemic or Hypoxic-ischaemic or Hypoxic Ischemic or Ischemic-Hypoxic or encephalopat* or HIE).ab,ti.	61035
6	4 OR 5	62605
7	(afghanistan or albania or algeria or american samoa or angola or "antigua and barbuda" or antigua or barbuda or argentina or armenia or armenian or aruba or azerbaijan or bahrain or bangladesh or barbados or republic of belarus or belarus or byelarus or belorussia or byelorussian or belize or british honduras or benin or dahomey or bhutan or bolivia or "bosnia and herzegovina" or bosnia or herzegovina or botswana or bechuanaland or brazil or brasil or bulgaria or burkina faso or burkina fasso or upper volta or burundi or urundi or cabo verde or cape verde or cambodia or kampuchea or khmer republic or cameroon or cameron or cameroun or central african republic or ubangi shari or chad or chile or china or colombia or comoros or comoro islands or iles comores or mayotte or democratic republic of the congo or democratic republic congo or congo or zaire or costa rica or "cote d'ivoire" or "cote d'ivoire" or cote divoire or cote d ivoire or ivory coast or croatia or cuba or cyprus or czech republic or czechoslovakia or djibouti or french somaliland or dominica or dominican republic or ecuador or egypt or united arab republic or el salvador or equatorial guinea or spanish guinea or eritrea or estonia or eswatini or swaziland or ethiopia or fiji or gabon or gabonese republic or gambia or "georgia (republic)" or georgian or ghana or gold coast or gibraltar or greece or grenada or guam or guatemala or guinea or guinea bissau or guyana or british guiana or haiti or hispaniola or honduras or hungary or india or indonesia or timor or iran or iraq or isle of man or jamaica or jordan or kazakhstan or kazakh or kenya or "democratic people's republic of korea" or republic of korea or north korea or south korea or korea or kosovo or kyrgyzstan or kirghizia or kirgizstan or kyrgyz republic or kirghiz or laos or lao pdr or "lao people's democratic republic" or latvia or lebanon or lebanese republic or lesotho or basutoland or liberia or libya or libyan arab jamahiriya or lithuania or macau or macao or "macedonia (republic)" or macedonia or madagascar or malagasy republic or malawi or nyasaland or malaysia or malay federation or malaya federation or maldives or indian ocean islands or indian ocean or mali or malta or micronesia or federated states of micronesia or kiribati or marshall islands or nauru or northern mariana islands or palau or tuvalu or mauritania or mauritius or mexico or moldova or moldovian or mongolia or montenegro or morocco or ifni or mozambique or portuguese east africa or myanmar or burma or namibia or nepal or netherlands antilles or nicaragua or niger or nigeria or oman or muscat or pakistan or panama or papua new guinea or new guinea or paraguay or peru or philippines or philipines or phillippines or philippines or poland or "polish people's republic" or portugal or portuguese republic or puerto rico or romania or russia or russian federation or ussr or soviet union or union of soviet socialist republics or rwanda or ruanda or samoa or pacific islands or polynesia or samoan islands or navigator island or navigator islands or "sao tome and principe" or saudi arabia or senegal or serbia or seychelles or sierra leone or slovakia or slovak republic or slovenia or melanesia or solomon island or solomon islands or norfolk island or norfolk islands or somalia or south africa or south sudan or sri lanka or ceylon or "saint kitts and nevis" or "st. kitts and nevis" or saint lucia or "st. lucia" or "saint vincent and the grenadines" or saint vincent or "st. vincent" or grenadines or sudan or suriname or surinam or dutch	1841501

	guiana or netherlands guiana or syria or syrian arab republic or tajikistan or tadjikistan or tadjhikistan or tadjhik or tanzania or tanganyika or thailand or siam or timor leste or east timor or togo or togolese republic or tonga).ab,kf,sh,ti.	
8	("trinidad and tobago" or trinidad or tobago or tunisia or turkey or "turkey (republic)" or turkmenistan or turkmen or uganda or ukraine or uruguay or uzbekistan or uzbek or vanuatu or new hebrides or venezuela or vietnam or viet nam or middle east or west bank or gaza or palestine or yemen or yugoslavia or zambia or zimbabwe or northern rhodesia or global south or africa south of the sahara or sub-saharan africa or subsaharan africa or africa, central or central africa or africa, northern or north africa or northern africa or magreb or maghrib or sahara or africa, southern or southern africa or africa, eastern or east africa or eastern africa or africa, western or west africa or western africa or west indies or indian ocean islands or caribbean or central america or latin america or "south and central america" or south america or asia, central or central asia or asia, northern or north asia or northern asia or asia, southeastern or southeastern asia or south eastern asia or southeast asia or south east asia or asia, western or western asia or europe, eastern or east europe or eastern europe or developing country or developing countries or developing nation? or developing population? or developing world or less developed countr* or less developed nation? or less developed population? or less developed world or lesser developed countr* or lesser developed nation? or lesser developed population? or lesser developed world or under developed countr* or under developed nation? or under developed population? or under developed world or underdeveloped countr* or underdeveloped nation? or underdeveloped population? or underdeveloped world or middle income countr* or middle income nation? or middle income population? or low income countr* or low income nation? or low income population? or lower income countr* or lower income nation? or lower income population? or underserved countr* or underserved nation? or underserved population? or underserved world or under served countr* or under served nation? or under served population? or under served world or deprived countr* or deprived nation? or deprived population? or deprived world or poor countr* or poor nation? or poor population? or poor world or poorer countr* or poorer nation? or poorer population? or poorer world or developing econom* or less developed econom* or lesser developed econom* or under developed econom* or underdeveloped econom* or middle income econom* or low income econom* or lower income econom* or low gdp or low gnp or low gross domestic or low gross national or lower gdp or lower gnp or lower gross domestic or lower gross national or lmic or lmic or third world or lami countr* or transitional countr* or emerging economies or emerging nation?).ab,kf,sh,ti.	480260
9	7 OR 8	2136183
10	3 AND 6 AND 9	1013
11	10 AND 2009:2022.(sa_year).	715

<https://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=N&PAGE=main&SHAREDSEARCHID=2OYrWdhIFjLn8QXwfcL11nmTNUxsnSd4z15zo9KzJIPIMAEAfP6wFou5hMt7vFjK>

Web of Science Core Collection 2021-11-17

Search number	Search terms	References	Comments
1	TOPIC: (Infant* OR Newborn* OR Neonat* OR fetal OR foetal OR baby OR babies OR Neonatal ICU* OR Newborn ICU* OR NICU OR “Newborn Intensive Care Units” OR “Neonatal Intensive Care Units” OR "new born*" OR "newly born*")	1,050,712	
2	TOPIC: (Hypoxia-ischemia* OR Hypoxia Ischemia* OR Ischemia-Hypoxia* OR Hypoxic-ischemic OR Hypoxic-ischaemic OR Hypoxic Ischemic OR Ischemic-Hypoxic OR encephalopat* OR HIE)	93,585	

3	TOPIC: (afghanistan OR albania OR algeria OR american samoa OR angola OR antigua OR barbuda OR argentina OR armenia OR armenian OR aruba OR azerbaijan OR bahrain OR bangladesh OR barbados OR belarus OR byelarus OR belorussia OR byelorussian OR belize OR british honduras OR benin OR dahomey OR bhutan OR bolivia OR bosnia OR herzegovina OR botswana OR bechuanaland OR brazil OR brasil OR bulgaria OR burkina faso OR burkina fasso OR upper volta OR burundi OR urundi OR cabo verde OR cape verde OR cambodia OR kampuchea OR khmer republic OR cameroon OR cameron OR cameroun OR central african republic OR ubangi shari OR chad OR chile OR china OR colombia OR comoros OR comoro islands OR mayotte OR congo OR zaire OR costa rica OR cote d'ivoire OR cote d'ivoire OR cote d'ivoire OR ivory coast OR croatia OR cuba OR cyprus OR czech republic OR czechoslovakia OR djibouti OR french somaliland OR dominica OR dominican republic OR ecuador OR egypt OR united arab republic OR el salvador OR equatorial guinea OR spanish guinea OR eritrea OR estonia OR eswatini OR swaziland OR ethiopia OR fiji OR gabon OR gabonese republic OR gambia OR georgia OR georgian OR ghana OR gold coast OR gibraltar OR greece OR grenada OR guam OR guatemala OR guinea OR guyana OR guiana OR haiti OR hispaniola OR honduras OR hungary OR india OR indonesia OR timor OR iran OR iraq OR isle of man OR jamaica OR jordan OR kazakhstan OR kazakh OR kenya OR korea OR kosovo OR kyrgyzstan OR kirghizia OR kirgizstan OR kyrgyz republic OR kirghiz OR laos OR lao pdr OR lao people's democratic republic OR latvia OR lebanon OR lesotho OR basutoland OR liberia OR libya OR libyan arab jamahiriya OR lithuania OR macau OR macao OR macedonia OR madagascar OR malagasy republic OR malawi OR nyasaland OR malaysia OR maldives OR indian ocean OR mali OR malta OR micronesia OR kiribati OR marshall islands OR nauru OR northern mariana islands OR palau OR tuvalu OR mauritania OR mauritius OR mexico OR moldova OR moldovian OR mongolia OR montenegro OR morocco OR ifni OR mozambique OR portuguese east africa OR myanmar OR burma OR namibia OR nepal OR netherlands antilles OR nicaragua OR niger OR nigeria OR oman OR muscat OR pakistan OR panama OR papua new guinea OR paraguay OR peru OR philippines OR philipines OR phillipines OR philippines OR poland OR	5,180,415	LMIC filter
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	<p>polish people's republic OR portugal OR portuguese republic OR puerto rico OR romania OR russia OR russian federation OR ussr OR soviet union OR union of soviet socialist republics OR rwanda OR ruanda OR samoa OR pacific islands OR polynesia OR samoan islands OR sao tome and principe OR saudi arabia OR senegal OR serbia OR seychelles OR sierra leone OR slovakia OR slovak republic OR slovenia OR melanesia OR solomon island OR solomon islands OR norfolk island OR somalia OR south africa OR south sudan OR sri lanka OR ceylon OR saint kitts and nevis OR st kitts and nevis OR saint lucia OR st lucia OR saint vincent OR st vincent OR grenadines OR sudan OR suriname OR surinam OR syria OR syrian arab republic OR tajikistan OR tadjikistan OR tadjhikistan OR tadjhik OR tanzania OR tanganyika OR thailand OR siam OR timor leste OR east timor OR togo OR togolese republic OR tonga OR trinidad OR tobago OR tunisia OR turkey OR turkmenistan OR turkmen OR uganda OR ukraine OR uruguay OR uzbekistan OR uzbek OR vanuatu OR new hebrides OR venezuela OR vietnam OR viet nam OR middle east OR west bank OR gaza OR palestine OR yemen OR yugoslavia OR zambia OR zimbabwe OR northern rhodesia OR global south OR africa south of the sahara OR sub saharan africa OR subsaharan africa OR central africa OR north africa OR northern africa OR magreb OR maghrib OR sahara OR southern africa OR east africa OR eastern africa OR west africa OR western africa OR west indies OR indian ocean islands OR caribbean OR central america OR latin america OR south america OR central asia OR north asia OR northern asia OR southeastern asia OR south eastern asia OR southeast asia OR south east asia OR western asia OR east europe OR eastern europe OR developing country OR developing countries OR developing nation OR developing nations OR developing population OR developing populations OR developing world OR less developed country OR less developed countries OR less developed nation OR less developed nations OR less developed world OR lesser developed countries OR lesser developed nations OR under developed country OR under developed countries OR under developed nations OR under developed world OR underdeveloped country OR underdeveloped countries OR underdeveloped nation OR underdeveloped nations OR underdeveloped population OR underdeveloped populations OR underdeveloped world OR middle income country OR middle income countries OR middle income</p>		
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4	#1 AND #2 AND #3	1,142	
5	#4 AND Timespan =2009-11-01 to 2021-12-31 (Publication date)	851	

<https://www.webofscience.com/wos/woscc/summary/cfdfa4bb-9dff-498d-b10f-c58c86cfa220-139ffd17/relevance/1>

WHO Global Index Medicus 2021-11-17: All indices

Search number	Search terms	References	Comments
1	Infant* OR Newborn* OR Neonat* OR fetal OR foetal OR baby OR babies OR Neonatal ICU* OR Newborn ICU* OR NICU OR “Newborn Intensive Care Units” OR “Neonatal Intensive Care Units” OR new born* OR newly born* [Title, Abstract, Subject]	639	DeCS/MeSH works only for material written in limited number of languages and was therefore not used
2	Hypoxia-ischemia* OR Hypoxia Ischemia* OR Ischemia-Hypoxia* OR Hypoxic-ischemic OR Hypoxic-ishaemic OR Hypoxic Ischemic OR Ischemic-Hypoxic OR encephalopat* OR HIE [Title, Abstract, Subject]	51110	
3	<p>Infant* OR Newborn* OR Neonat* OR fetal OR foetal OR baby OR babies OR Neonatal ICU* OR Newborn ICU* OR NICU OR “Newborn Intensive Care Units” OR “Neonatal Intensive Care Units” OR new born* OR newly born* [Title, Abstract, Subject]</p> <p>AND</p> <p>Hypoxia-ischemia* OR Hypoxia Ischemia* OR Ischemia-Hypoxia* OR Hypoxic-ischemic OR Hypoxic-ishaemic OR Hypoxic Ischemic OR Ischemic-Hypoxic OR encephalopat* OR HIE [Title, Abstract, Subject]</p>	16	
4	Year range: 2009 to 2022	10	

Supplementary Table 2: Reasons for study exclusion in full text screening phase

One record could have several reasons for exclusion, but only the first reason for exclusion in the order of screening is reported here (see [Supplementary Figure 2](#) for screening flow-chart).

Author, year	Reason(s) for exclusion
(Abdallah et al., 2016)	Timing of NE diagnosis unclear
(AbdelAziz et al., 2017)	No valid clinical NE diagnosis (diagnosis by imaging)
(Abdel-Aziz et al., 2021)	No useful outcome
(Abdulqawi K et al., 2011)	Not LMIC
(Abiodun and Oluwafemi, 2017)	Timing of NE diagnosis unclear
(Abo et al., 2017)	Timing of NE diagnosis unclear
(Abo Shady et al., 2018)	Conference abstract
(Adhikari and Rao, 2017)	Timing of NE diagnosis unclear
(Adhikari and Paudel, 2020)	Timing of NE diagnosis unclear
(Agarwal et al., 2016)	Hypoxia diagnosis does not match
(Ahmad et al., 2018)	Included children ≥ 34 weeks of gestation
(Aker et al., 2019)	Same data as another included report (Aker 2021)
(Al Yazidi et al., 2015)	Not LMIC
(Alaro et al., 2014)	Hypoxia diagnosis does not match (Apgar < 7 at 5 min), also no useful outcome
(Aliyu et al., 2017)	Full text not found
(Allanson et al., 2018)	Not NE
(Alp et al., 2011)	No useful outcome
(Antil et al., 2020)	Not NE
(Anwar et al., 2021)	No valid clinical NE diagnosis
(Apaydın et al., 2021)	Hypoxia diagnosis does not match, no useful outcome as mortality not reported
(Arshad et al., 2018)	No valid clinical NE diagnosis
(Ashraf et al., 2016)	No valid clinical NE diagnosis
(Aslam et al., 2017)	Timing of NE diagnosis unclear
(Atici et al., 2015)	Likely same data as another included report (Celik 2015)
(Avasiloaiei et al., 2013)	No valid clinical NE diagnosis
(Baguiya et al., 2021)	Not NE
(Bahatkar and Aundhakar, 2021)	Timing of NE diagnosis unclear
(BAI Wen-Juan et al., 2021)	Hypoxia diagnosis does not match, not all were evaluated for NE within 24hrs
(Balestri et al., 2013)	Conference abstract
(Barrera-de Leon et al., 2013)	Timing of NE diagnosis within 48 hrs
(Barta et al., 2021)	Not LMIC
(Barycheva et al., 2021)	No valid clinical NE diagnosis
(Baştuğ et al., 2021)	No useful outcome

(Basys et al., 2016)	No valid clinical NE diagnosis
(Bayitondere et al., 2018)	No valid clinical NE diagnosis
(Bhagwani et al., 2016)	Hypoxia diagnosis does not match
(Bhorat et al., 2021)	Review article
(Bischoff et al., 2021)	Not LMIC
(Boo and Cheah, 2016)	No valid clinical NE diagnosis
(Boskabadi et al., 2010)	Hypoxia diagnosis does not match
(Boskabadi et al., 2016)	Unclear if all babies were term, also Hypoxia diagnosis does not match
(Boskabadi et al., 2021)	Hypoxia diagnosis does not match
(Bradford et al., 2020)	No valid clinical NE diagnosis
(Brissaud et al., 2010)	Not LMIC
(Bruckmann and Velaphi, 2015)	Timing of NE diagnosis unclear
(Bundi et al., 2020)	Timing of NE diagnosis unclear
(Can et al., 2011)	Timing of NE diagnosis unclear
(Calkavur et al., 2011)	Timing of NE diagnosis unclear
(Carlo et al., 2013)	Not NE
(Cavallin et al., 2020)	No valid clinical NE diagnosis
(Ceran et al., 2021)	No useful outcome
(Chafer-Pericas et al., 2016)	Not LMIC
(Chandra and Prasadaraao, 2019)	Timing of NE diagnosis unclear
(Chapagain et al., 2017)	Timing of NE diagnosis unclear
(Chen et al., 2012)	No valid clinical NE diagnosis
(Chen et al., 2018)	Full text not found
(CHEN Taoying et al., 2014)	Full text not found
(Chiabi et al., 2013)	Hypoxia diagnosis does not match
(Chiabi et al., 2021)	Hypoxia diagnosis does not match
(Chin et al., 2019)	Not LMIC
(Chock et al., 2021)	Not LMIC
(Choudhary et al., 2015)	Timing of NE diagnosis unclear
(Dalal and Nayan, 2013)	No valid clinical NE diagnosis
(Dani et al., 2013)	Not LMIC
(Dani et al., 2018)	Not LMIC
(Isadora D'Ávila Tassinari and Luciano Stürmer de Fraga, 2021)	Review article
(De Knijf and Pattinson, 2010)	No valid clinical NE diagnosis
(Denihan et al., 2019)	Not LMIC
(Doi et al., 2012)	Not LMIC
(Dominguez-Dieppa et al., 2021)	Timing of NE diagnosis unclear
(Doreswamy and Ramakrishnegowda, 2021)	Hypoxia diagnosis does not match
(Egharevba et al., 2018)	Timing of NE diagnosis unclear
(Eghbalian, 2010)	No valid clinical NE diagnosis
(Ekwochi et al., 2017)	Timing of NE dg >24 hrs in 36%, Apgar 0-5 at 5 min in only 32%
(El Bana et al., 2016)	Timing of NE diagnosis unclear

(El Farargy and Soliman, 2019)	Timing of NE diagnosis unclear
(El Raggal et al., 2013)	No relevant outcome
(El-Gamasy and Nassar, 2017)	Timing of NE diagnosis unclear
(El-Gamasy and Alarabawy, 2018)	Timing of NE diagnosis unclear
(Elmahdy et al., 2010)	No usable outcome
(Elmoursi et al., 2021)	No usable outcome
(Elnady et al., 2018)	Unclear timing of NE diagnosis
(Ersdal et al., 2018)	Not NE
(Essajee et al., 2015)	Unclear timing of NE diagnosis
(Ezenwa et al., 2021)	Timing of NE diagnosis >24 hrs
(Fahmy et al., 2017)	No valid clinical NE diagnosis
(G. Mande et al., 2018)	Unclear timing of NE diagnosis
(Frey et al., 2018)	No valid clinical NE diagnosis
(Gane et al., 2014)	No valid clinical NE diagnosis
(Gane et al., 2016)	No relevant outcome
(Gane, Bahubali D. et al., 2013)	Not NE
(Gao et al., 2011)	Full text not found
(Garbutt and Trotman, 2009)	Timing of NE diagnosis unclear, also Hypoxia diagnosis does not match
(Garg et al., 2012)	Conference abstract
(Gathwala et al., 2010)	No valid clinical NE diagnosis
(Gebregziabher et al., 2020)	Timing of NE diagnosis unclear
(Ghobrial et al., 2018)	No valid clinical NE diagnosis
(Girish et al., 2018)	Timing of NE diagnosis unclear
(Glass et al., 2011a)	Not LMIC
(Glass et al., 2011b)	Not LMIC
(Goel et al., 2013)	Unclear Hypoxia criteria
(Graham et al., 2016)	No valid NE diagnosis
(Guan et al., 2017)	Timing of NE diagnosis unclear
(Gulczynska et al., 2012)	Conference abstract
(Gulczynska et al., 2014)	Conference abstract
(Gupta and Rana, 2018)	No valid NE diagnosis
(Gupta et al., 2014)	Timing of NE diagnosis unclear
(Hagag et al., 2019)	No relevant outcome
(Hamed et al., 2021)	Timing of NE diagnosis unclear
(He and Xie, 2020)	No valid clinical NE diagnosis
(Hassell et al., 2018)	No useful outcome
(Hekimoğlu and Aktürk Acar, 2021)	No valid clinical NE diagnosis
(Horn et al., 2013a)	Almost same data as in another included report (Horn 2013, Journal of Perinatal Medicine)
(Horn et al., 2009)	Almost same data as in another included report (Horn 2013, Journal of Perinatal Medicine)

(Horn et al., 2013b)	Same data as in another included report (Horn 2013, Journal of Perinatal Medicine)
(Hou et al., 2017)	No valid NE diagnosis
(Huseynova et al., 2017)	Whole cohort low birth weight
(Imam et al., 2009)	Timing of NE diagnosis unclear
(Iqbal et al., 2021)	Hypoxia diagnosis does not match
(Issa et al., 2021)	Hypoxia diagnosis does not match
(Iwamoto et al., 2013)	Not LMIC
(Jiang and He, 2016)	Full text not found
(Jose et al., 2013)	Timing of NE diagnosis unclear
(Jose and K., 2017)	No valid clinical NE diagnosis
(Joseph et al., 2018)	Timing of NE diagnosis unclear
(Joy et al., 2013)	Mostly same data as another included article (Bharadjwaj 2012)
(Kali et al., 2015)	Hypoxia diagnosis does not match
(Kali et al., 2016)	Hypoxia diagnosis does not match
(Kamath et al., 2021)	Conference abstract
(Kanik et al., 2009)	Timing of NE diagnosis within 3 days
(Kedy Koum et al., 2014)	Timing of NE diagnosis unclear
(Khasawneh et al., 2020)	Timing of NE diagnosis unclear
(Khashaba et al., 2011)	Timing of NE diagnosis unclear
(Khodaparast et al., 2016)	No valid clinical NE diagnosis
(Kovacs et al., 2017)	Not LMIC
(Kozuki et al., 2017)	Timing of NE diagnosis within 7 days
(Kudreiciene et al., 2014)	Hypoxia diagnosis does not match
(Kulkarni et al., 2021)	Same data as another included report (Siddu Charki 2020)
(Kumar and Yadav, 2019)	Editorial
(Lakhkar et al., 2020)	Study protocol
(Leak et al., 2021)	No valid clinical NE diagnosis
(Lee et al., 2013)	Hypoxia criteria and timing of NE diagnosis do not match
(Li et al., 2019)	Timing of NE diagnosis unclear
(Li et al., 2011)	Full text not found
(LI et al., 2011)	Full text not found
(Li et al., 2009)	Hypoxia diagnosis does not match
(Liang et al., 2019)	Timing of NE diagnosis unclear
(LIN Ze-Peng et al., 2014)	Full text not found
(Liu et al., 2010)	No relevant outcome
(Liu et al., 2014)	No valid clinical NE diagnosis
(Liu et al., 2015)	No valid clinical NE diagnosis
(Liu et al., 2016)	No valid clinical NE diagnosis
(Liu et al., 2019a)	No valid clinical NE diagnosis
(Liu et al., 2019b)	Full text not found

(Liu et al., 2020)	No valid clinical NE diagnosis
(Liu et al., 2021)	Hypoxia diagnosis does not match
(Locatelli et al., 2020)	Not LMIC
(Lopes-Pereira et al., 2019)	Not LMIC
(Lu Yunhong et al., 2019)	Full text not found
(LU et al., 2022)	Hypoxia diagnosis does not match
(Lv et al., 2017)	NE diagnosis not complete match, excluded cases with incomplete follow-up = no useful outcome
(Magai et al., 2020)	No valid clinical NE diagnosis
(Magai et al., 2021)	No valid clinical NE diagnosis
(Magai et al., 2019)	No valid clinical NE diagnosis
(Magalhaes et al., 2015)	Same data as in another included report (Kinoshita 2021)
(Malik et al., 2016)	No valid clinical NE diagnosis
(Manandhar and Basnet, 2019)	Timing of NE diagnosis unclear
(Manotas et al., 2018)	No valid clinical NE diagnosis
(Martinez et al., 2014)	No valid clinical NE diagnosis
(Matyanga et al., 2013)	Timing of NE diagnosis unclear
(Mah et al., 2017)	Timing of NE diagnosis unclear
(McIntyre et al., 2013)	Not LMIC
(Medani et al., 2014)	No valid clinical NE diagnosis
(Memon et al., 2012)	Hypoxia diagnosis does not match
(Mia et al., 2013)	Full text not found
(Milner et al., 2017)	No valid clinical NE diagnosis
(Mohamed and Kamel, 2021)	Timing of NE diagnosis unspecified
(Mohan et al., 2013)	No valid clinical NE diagnosis
(Mondal et al., 2010)	No valid clinical NE diagnosis
(Montaldo et al., 2020)	Same data as another included article (Thayyil 2021)
(Moniruzzaman et al., 2019)	Full text not found
(Moshiro et al., 2018)	Timing of NE diagnosis unclear
(Mullalli-Bime et al., 2016)	Conference abstract
(Mullany et al., 2013)	Same data as Lee 2011
(Mwakyusa et al., 2009)	Timing of NE diagnosis unclear
(Mwaniki et al., 2010)	No valid NE diagnosis
(Namusoke et al., 2018)	Timing of NE diagnosis < 48 hrs
(Nangia et al., 2016)	Timing of NE diagnosis not specified
(Nath and Hazarika, 2016)	No valid NE diagnosis
(Nayeri et al., 2012)	Timing of NE diagnosis unclear
(Nevalainen et al., 2020)	Not LMIC
(Ngabireyimana et al., 2017)	No valid NE diagnosis
(Ogunfowora et al., 2019)	Timing of NE diagnosis unclear, no Hypoxia criteria
(Ogunkunle et al., 2020)	Timing NE diagnosis unclear

(Okumuş et al., 2014)	No useful outcome
(Padayachee and Ballot, 2013)	Gestational age defined by birth weight
(Pang et al., 2021)	Hypoxia diagnosis does not match
(Parakh et al., 2019)	Hypoxia diagnosis does not match
(Patel et al., 2017)	Not NE
(Pattar et al., 2015)	Timing of NE diagnosis unclear
(PEI Xue-Mei et al., 2014)	Hypoxia diagnosis does not match
(Pejovic et al., 2020)	Timing of NE diagnosis unclear
(Peng et al., 2015)	Not LMIC
(Perez et al., 2017b)	Hypoxia diagnosis does not match
(Perez, 2015)	Editorial
(Perez et al., 2015)	Same data as included article (Perez 2018)
(Perez et al., 2017a)	No useful outcome
(Sola et al., 2013)	No useful outcome
(Perretta et al., 2020)	Not LMIC
(Prakash et al., 2016)	Hypoxia criteria do not match
(Preeti et al., 2019)	Hypoxia criteria do not match
(Prithviraj et al., 2016)	Timing of NE diagnosis 48-72 hrs
(Procianoy et al., 2019)	Same data as in another included study (Procianoy 2019)
(Pu et al., 2021)	Timing of NE diagnosis unclear
(Punchak et al., 2018)	Not NE
(Purkayastha et al., 2016)	No valid NE diagnosis
(Qureshi et al., 2010)	Timing of NE diagnosis unclear
(Savitha and Rajprakash, 2016)	No gestational age limit
(Raina et al., 2016)	Timing of NE diagnosis unclear
(Rajhans et al., 2012)	Conference abstract
(Rakesh et al., 2018)	Same data as in another included study (Catherine 2020). Also potential overlap with Olivera 2018 and Thomas 2018
(Ramaganeshan et al., 2016)	No valid NE diagnosis
(Rathee and Prasad, 2014)	No valid NE diagnosis
(Rivera, 2015)	Not NE
(Robertson et al., 2011)	Trial protocol
(Robinson et al., 2021)	Not LMIC
(Rohit et al., 2015)	No valid NE diagnosis
(Roka et al., 2013)	No useful outcome
(Rule et al., 2017)	Timing of NE diagnosis within 48 hrs
(Sadeghnia and Mohammadpoor, 2019)	Not NE
(Salustiano et al., 2012)	No valid NE diagnosis
(Sebetseba et al., 2020)	No useful outcome
(See et al., 2012)	No useful outcome (included only babies who had CT/MRI done and a follow-up visit)

(Seepana and Raju, 2019)	No valid NE diagnosis
(Seo et al., 2020)	Not LMIC
(Shalaby et al., 2021)	Timing of NE diagnosis unclear
(Shan, 2016)	Full text not found
(Shapiro et al., 2017)	Not LMIC
(Sharma et al., 2016)	Not NE
(Shrestha et al., 2016)	Timing of NE diagnosis unclear
(Shrestha et al., 2017)	No useful outcome (mixes NE and other diagnoses)
(Siddiqui and Butt, 2021)	Hypoxia diagnosis does not match
(Simiyu et al., 2017)	No gestational age limit
(Simovic et al., 2014)	Hypoxia diagnosis does not match
(Simovic et al., 2015)	Hypoxia diagnosis does not match
(Singh et al., 2021)	Hypoxia diagnosis does not match
(Song et al., 2016)	Not NE
(Sowjanya et al., 2016)	No gestational age limit
(Stofberg et al., 2020)	Hypoxia diagnosis does not match
(Sulthana et al., 2015)	No valid NE diagnosis
(Summanen et al., 2017)	Not LMIC
(Sun et al., 2014)	Full text not found
(Sunny et al., 2020)	No valid NE diagnosis
(Sunny et al., 2021a)	No valid NE diagnosis
(Sunny et al., 2021b)	Not NE
(Surkov, 2016)	Hypoxia diagnosis does not match
(Surkov, 2018)	Timing of NE diagnosis within 72 hrs
(Sweetman et al., 2012)	Conference abstract
(Szakmar et al., 2020)	Not LMIC
(Tagin et al., 2015)	Editorial
(Tajalli et al., 2021)	No valid NE diagnosis
(Talebian et al., 2015)	No valid NE diagnosis
(Tanigasalam et al., 2018)	Likely same data as in another included study (Catherine 2020).
(Tanigasalam et al., 2016)	Same data as another included study (Tanigasalam 2016)
(Tann et al., 2014)	Hypoxia diagnosis does not match
(Tann et al., 2015)	Conference abstract
(Tann et al., 2016)	Hypoxia diagnosis does not match
(Tann et al., 2018a)	Hypoxia diagnosis does not match
(Tann et al., 2018b)	Hypoxia diagnosis does not match
(Tann, 2010)	Conference abstract
(Tette et al., 2016)	Not NE
(Thayyil, 2018)	Editorial
(Thayyil et al., 2013)	Hypoxia diagnosis does not match
(Thomas et al., 2011)	Likely same data as in another included study (Shabeer 2017)

(Thomas et al., 2015)	Likely same data as in another included study (Shabeer 2017)
(Thoresen et al., 2021)	Not LMIC
(Tian et al., 2021)	No valid NE diagnosis
(Torres-Munoz et al., 2017)	Hypoxia diagnosis does not match
(Torres-Munoz et al., 2021)	Unclear timing of NE diagnosis
(Tran et al., 2021)	No valid NE diagnosis (states that used TOBY criteria but no EEG was used), also lacks useful outcome
(Trotman and Garbutt, 2011)	Timing of NE diagnosis unclear
(Trotman and Olugbuyi, 2018)	Review
(Tskimanauri et al., 2017)	Full text not found
(Tunc et al., 2010)	Not NE
(Uleanya et al., 2019)	Not NE
(Van Anh et al., 2019)	No valid NE diagnosis
(van Deursen et al., 2019)	No valid NE diagnosis
(Viyas et al., 2019)	No useful outcome
(Wallander et al., 2014)	Not NE
(Walsh et al., 2012)	Not LMIC
(Wang et al., 2011)	No useful outcome (follow-up to 6 months only)
(Wang et al., 2018)	Gestational age and Hypoxia diagnosis unclear
(Wang et al., 2020)	According to inclusion criteria excluded post-term babies but according to Table 2 most cases were post-term
(Wang et al., 2021)	No useful outcome
(Wang Gang, 2017)	Full text not found
(Wei et al., 2012)	Timing of NE diagnosis unclear
(West and Opara, 2013)	No valid clinical NE diagnosis
(Wu et al., 2016)	No valid clinical NE diagnosis
(WU Yi-jun et al., 2015)	Full text not found
(Xin et al., 2019)	Not NE
(Xu et al., 2022)	No useful outcome
(Yadav et al., 2016)	Timing of NE diagnosis unclear
(Yang Yong, 2017)	Full text not found
(Yang, 2011)	Full text not found
(Yelamali et al., 2020)	Timing of NE diagnosis unclear
(Yin et al., 2014)	No valid clinical NE diagnosis
(Yuan et al., 2020)	Timing of NE diagnosis unclear
(Youn et al., 2016)	Not LMIC
(Yousef et al., 2021)	Timing of NE diagnosis unclear
(Zhang et al., 2020a)	Timing of NE diagnosis unclear
(Zhang et al., 2020b)	Not NE
(Zhang Yisen and Li Zhanhua, 2017)	Full text not found

(Zhang, 2011)	Full text not found
(Zhang et al., 2016)	Full text not found
(Zhang et al., 2021)	Not original human study
(Zeng et al., 2021)	No valid clinical NE diagnosis
(Zhu et al., 2015)	No useful outcome
(Zhu et al., 2016)	No useful outcome
(Zou et al., 2010)	Full text not found

NE = neonatal encephalopathy, LMIC = low- and middle-income country

Total = 320

References to excluded articles:

- Abdallah, Y., Namiro, F., Mugalu, J., Nankunda, J., Vaucher, Y., and McMillan, D. (2016). Is facility based neonatal care in low resource setting keeping pace? A glance at Uganda's National Referral Hospital. *Afr. Health Sci.* 16, 347–355. <https://doi.org/10/ghmvfv>.
- AbdelAziz, N.H.R., AbdelAzeem, H.G., Monazea, E.M.M., and Sherif, T. (2017). Impact of Thrombophilia on the Risk of Hypoxic-Ischemic Encephalopathy in Term Neonates. *Clin. Appl. Thromb.-Hemost.* 23, 266–273. <https://doi.org/10/f9rsbf>.
- Abdel-Aziz, S.M., Rahman, M.S.M.A., Shoreit, A.H., Din, M.E.E., Hamed, E.A., and Gad, E.F. (2021). Outcome of Infants with Hypoxic-Ischemic Encephalopathy Treated by Whole Body Cooling and Magnesium Sulfate. *J. Child Sci.* 11, E280–E286. <https://doi.org/10/gnk7z7>.
- Abdulqawi K, Al-Zohairy YZ, and Karam K (2011). Early Predictors of Neurodevelopmental Adverse Outcome in Term Infants with Postasphyxial Hypoxic Ischemic Encephalopathy. *Int. J. Collab. Res. Intern. Med. Public Health* 3, 822–837. .
- Abiodun, M.T., and Oluwafemi, R.O. (2017). Spectrum and outcome of neonatal emergencies seen in a free health-care program in South-Western Nigeria. *Niger. J. Clin. Pract.* 20, 283–289. <https://doi.org/10/f9s2fm>.
- Abo, B., Golmei, N., Singh, C.S., Singh, C.M., Debnath, K., and Goutam, S. (2017). ASSOCIATION BETWEEN NUCLEATED RBC COUNT AND FOETAL ASPHYXIA AND ITS IMMEDIATE NEUROLOGICAL OUTCOME IN TERM NEWBORNS IN RIMS HOSPITAL. *J. Evol. Med. Dent. Sci.-Jemds* 6, 6931–6934. <https://doi.org/10/ghmvft>.
- Abo Shady, N., Ismail, R., and Abd El Aal, M. (2018). Pentoxifylline use for neuroprotection in neonates with hypoxic ischemic encephalopathy. *QJM Mon. J. Assoc. Physicians* 111, i63-i64. <https://doi.org/10.1093/qjmed/hcy200>.
- Adhikari, J., and Paudel, D. (2020). Hypoxic Ischemic Encephalopathy in Neonates with Birth Asphyxia - A Hospital Based Study. *JNGMC* 18, 22–26. .

- Adhikari, S., and Rao, K.S. (2017). Neurodevelopmental outcome of term infants with perinatal asphyxia with hypoxic ischemic encephalopathy stage II. *Brain Dev.* 39, 107–111. <https://doi.org/10/ghmvfs>.
- Agarwal, V., Agrawal, K., and Sadique, M. (2016). Whether Poor Thoompson Score Predicts Need of Expensive and Specialized Nicu Care. *Int. J. Contemp. Med. Res.* 3, 2469–2472. .
- Ahmad, Q.M., Chishti, A.L., and Waseem, N. (2018). Role of melatonin in management of hypoxic ischaemic encephalopathy in newborns: A randomized control trial. *JPMA J. Pak. Med. Assoc.* 68, 1233–1237. .
- Aker, K., Støen, R., Eikenes, L., Martinez-Biarge, M., Nakken, I., Håberg, A.K., Gibikote, S., and Thomas, N. (2019). Therapeutic hypothermia for neonatal hypoxic-ischaemic encephalopathy in India (THIN study): a randomised controlled trial. *Arch. Dis. Child. - Fetal Neonatal Ed.* <https://doi.org/10.1136/archdischild-2019-317311>.
- Al Yazidi, G., Boudes, E., Tan, X.M., Saint-Martin, C., Shevell, M., and Wintermark, P. (2015). Intraventricular hemorrhage in asphyxiated newborns treated with hypothermia: a look into incidence, timing and risk factors. *Bmc Pediatr.* 15. <https://doi.org/10/f7p322>.
- Alaro, D., Bashir, A., Musoke, R., and Wanaiana, L. (2014). Prevalence and outcomes of acute kidney injury in term neonates with perinatal asphyxia. *Afr. Health Sci.* 14, 682–688. .
- Aliyu, I., Lawal, T., and Onankpa, B. (2017). Prevalence and outcome of perinatal asphyxia: Our experience in a semi-urban setting. *Trop. J. Med. Res.* 20, 161. https://doi.org/10.4103/tjmr.tjmr_42_16.
- Allanson, E.R., Pattinson, R.C., Nathan, E.A., and Dickinson, J.E. (2018). The introduction of umbilical cord lactate measurement and associated neonatal outcomes in a South African tertiary hospital labor ward. *J. Matern. Fetal Neonatal Med.* 31, 1272–1278. <https://doi.org/10.1080/14767058.2017.1315094>.
- Alp, H., Karaaslan, S., Baysal, T., Oran, B., and Ors, R. (2011). Comparison of left and right ventricular pulsed and tissue Doppler myocardial performance index values using Z-score in newborns with hypoxic-ischemic encephalopathy. *Anadolu Kardiyol. Derg.* 11, 719-725. <https://doi.org/10.5152/akd.2011.194>.
- Antil, P.K., Mahajan, K., Chandwani, C., Rathee, S., Bhardwaj, A.K., Maini, B., Chauhan, G., and Behl, A. (2020). Serum Lactate Dehydrogenase Levels with Birth Asphyxia in Term Neonates. *J. Clin. Diagn. Res.* 14. .
- Anwar, J., Aqeel, H., Ullah, H., Khan, M.U., Jadoon, R.A.M., and Tahir, S. (2021). DIAGNOSTIC ACCURACY OF 1H-MRS IN PROGNOSTICATION OF PERINATAL ASPHYXIA, KEEPING CLINICAL NEUROMOTOR SCORING SYSTEM IN COMPARISON. *PAFMJ* 71, 757–761. <https://doi.org/10/gnkbwn>.
- Apaydın, U., Erol, E., Yıldız, A., Yıldız, R., Acar, Ş.S., Gücüyener, K., and Elbasan, B. (2021). The use of neuroimaging, Prechtl's general movement assessment and the Hammersmith

- infant neurological examination in determining the prognosis in 2-year-old infants with hypoxic ischemic encephalopathy who were treated with hypothermia. *Early Hum. Dev.* 163, 105487. <https://doi.org/10.1016/j.earlhumdev.2021.105487>.
- Arshad, K., Talal, W., and Zeeshan, A. (2018). Outcome of neonates ventilated in NICU of a tertiary care hospital and factors associated with poor outcome. *Pak Armed Forces Med J* 68, 300–304. .
- Ashraf, A., Sabir, S., and Usman, T. (2016). Association of the Level of Glutamic Acid and Iron with Severity of Hypoxic Ischemic Encephalopathy in neonates. *Pak. J. Med. Health Sci.* 10, 925–927. .
- Aslam, M., Arya, S., Chellani, H., and Kaur, C. (2017). Incidence and Predictors of Acute Kidney Injury in Birth Asphyxia in a Tertiary Care Hospital. *J. Clin. Neonatol.* 6, 240–244. <https://doi.org/10/ghmvfm>.
- Atici, A., Celik, Y., Gulasi, S., Turhan, A., Okuyaz, C., and Sungur, M. (2015). Comparison of selective head cooling therapy and whole body cooling therapy in newborns with hypoxic ischemic encephalopathy: short term results. *Turk Pediatri Arsivi* 50, 27–36. <https://doi.org/10.5152/tpa.2015.2167>.
- Avasiloaiei, A., Dimitriu, C., Moscalu, M., Paduraru, L., and Stamatina, M. (2013). High-dose phenobarbital or erythropoietin for the treatment of perinatal asphyxia in term newborns. *Pediatr. Int.* 55, 589–593. <https://doi.org/10.1111/ped.12121>.
- Baguiya, A., Bonet, M., Cecatti, J.G., Brizuela, V., Curteanu, A., Minkauskiene, M., Jayaratne, K., Ribeiro-do-Valle, C.C., Budianu, M.-A., Souza, J.P., et al. (2021). Perinatal outcomes among births to women with infection during pregnancy. *Arch. Dis. Child.* 106, 946–953. <https://doi.org/10.1136/archdischild-2021-321865>.
- Bahatkar, K., and Aundhakar, C. (2021). Electrolyte status and plasma glucose levels in birth asphyxia: A case-control study. *J. Med. Sci.* 41, 17. https://doi.org/10.4103/jmedsci.jmedsci_93_20.
- BAI Wen-Juan, FANG Xiu-Ying, SHI Quan, TIAN Yi-Li, ZHENG Duo, CHEN Shu-Yuan, WANG Ying-Jie, and MAO Jian (2021). Correlation of electroencephalogram background evolution with the degree of brain injury in neonates with hypoxic-ischemic encephalopathy. *Chin J Contemp Pediatr* 23. <https://doi.org/10.7499/j.issn.1008-8830.2105054>.
- Balestri, M., Guidotti, I., Pro, S., Lugli, L., Lispi, M., Ori, L., Longo, D., Todeschini, A., Vigeveno, F., Ferrari, F., et al. (2013). Status epilepticus versus recurrent seizures in newborns with hypoxic-ischemic encephalopathy treated with hypothermia and monitored with continuous video-EEG. *Epilepsy Curr.* 13, 32-. .
- Barrera-de Leon, J.C., Cervantes-Munguia, R., Vasquez, C., Higareda-Almaraz, M.A., Bravo-Cuellar, A., and Gonzalez-Lopez, L. (2013). Usefulness of serum lipid peroxide as a diagnostic test for hypoxic ischemic encephalopathy in the full-term neonate. *J. Perinatol.* 33, 15–20. <https://doi.org/10/ghmvfn>.

- Barta, H., Jermendy, A., Kovacs, L., Schiever, N., Rudas, G., and Szabo, M. (2021). Predictive performance and metabolite dynamics of proton MR spectroscopy in neonatal hypoxic-ischemic encephalopathy. *Pediatr. Res.* <https://doi.org/10.1038/s41390-021-01626-z>.
- Barycheva, L.Yu., Idrisova, A.S., Kuzmina, E.S., and Agranovich, O.V. (2021). Clinical significance of pro-inflammatory interleukins in newborns with hypoxic-ischemic CNS damage. *Med. News North Cauc.* *16*, 310–312. <https://doi.org/10/gnk7z8>.
- Baştuğ, O., İnan, D.B., Özdemir, A., Çelik, B., Baştuğ, F., and Karakükcü, Ç. (2021). Tubular calcium, magnesium, and phosphate excretion during therapeutic hypothermia for neonatal hypoxic-ischemic encephalopathy: A prospective study. *Arch. Pédiatrie* *S0929693X21001743*. <https://doi.org/10/gnkbx6>.
- Basys, V., Drazdiene, N., Vezbergiene, N., and Isakova, J. (2016). Perinatal injury of the central nervous system in Lithuania from 1997 to 2014. *Acta Medica Litu.* *23*, 199–205. .
- Bayitondere, S., Biziyaremye, F., Kirk, C.M., Magge, H., Hann, K., Wilson, K., Mutaganzwa, C., Ngabireyimana, E., Nkikabahizi, F., Shema, E., et al. (2018). Assessing retention in care after 12 months of the Pediatric Development Clinic implementation in rural Rwanda: a retrospective cohort study. *BMC Pediatr.* *18*, 65. <https://doi.org/10/ghmvfk>.
- Bhagwani, D.K., Sharma, M., Dolker, S., and Kothapalli, S. (2016). To Study the Correlation of Thompson Scoring in Predicting Early Neonatal Outcome in Post Asphyxiated Term Neonates. *J. Clin. Diagn. Res. JCDR* *10*, SC16–SC19. <https://doi.org/10.7860/JCDR/2016/22896.8882>.
- Bhorat, I., Buchmann, E., Soma-Pillay, P., Nicolaou, E., Pistorius, L., and Smuts, I. (2021). Cerebral Palsy and Criteria Implicating Intrapartum Hypoxia in Neonatal Encephalopathy – An Obstetric Perspective for the South African Setting. *S. Afr. Med. J.* *111*, 780. <https://doi.org/10.7196/SAMJ.2021.v111i3b.15399>.
- Bischoff, A., Habib, S., McNamara, P., and Giesinger, R. (2021). Hemodynamic response to milrinone for refractory hypoxemia during therapeutic hypothermia for neonatal hypoxic ischemic encephalopathy. *J. Perinatol.* *41*, 2345–2354. <https://doi.org/10.1038/s41372-021-01049-y>.
- Boo, N.-Y., and Cheah, I.G.-S. (2016). The burden of hypoxic-ischaemic encephalopathy in Malaysian neonatal intensive care units. *Singapore Med. J.* *57*, 456–463. .
- Boskabadi, H., Maamouri, G., Sadeghian, M.H., Ghayour-Mobarhan, M., Heidarzade, M., Shakeri, M.T., and Ferns, G. (2010). Early Diagnosis of Perinatal Asphyxia by Nucleated Red Blood Cell Count: A Case-control Study. *Arch. Iran. Med.* *13*, 275–281. .
- Boskabadi, H., Maamouri, G., Afshari, J.T., Zakerihamidi, M., Molaei, M.K., Bagheri, F., Parizadeh, M., Ghayour-Mobarhan, M., Moradi, A., and Ferns, G.A.A. (2016). Combination of Serum Interleukin-1 beta and 6 Levels in the Diagnosis of Perinatal Asphyxia. *Arch. Iran. Med.* *19*, 312–316. .

- Boskabadi, H., Maamouri, G., Zakerihamidi, M., Bagheri, F., Mashkani, B., Mafinejad, S., Faramarzi, R., Boskabadi, A., Khodashenas, E., Heidari, E., et al. (2021). Interleukin-6 as A Prognostic Biomarker in Perinatal Asphyxia. *Iran. J. CHILD Neurol.* 15, 119–130. <https://doi.org/10.22037/ijcn.v15i3.21773>.
- Bradford, J., Beck, K., Nshimiyiryo, A., Wilson, K., Mutaganzwa, C., Havugarurema, S., Ngamije, P., Uwamahoro, A., and Kirk, C.M. (2020). Nutritional evaluation and growth of infants in a Rwandan neonatal follow-up clinic. *Matern. Child. Nutr.* e13026. <https://doi.org/10.1111/mcn.13026>.
- Brissaud, O., Amirault, M., Villega, F., Periot, O., Chateil, J.F., and Allard, M. (2010). Efficiency of Fractional Anisotropy and Apparent Diffusion Coefficient on Diffusion Tensor Imaging in Prognosis of Neonates with Hypoxic-Ischemic Encephalopathy: A Methodologic Prospective Pilot Study. *Am. J. Neuroradiol.* 31, 282–287. <https://doi.org/10/dqk255>.
- Bruckmann, E.K., and Velaphi, S. (2015). Intrapartum asphyxia and hypoxic ischaemic encephalopathy in a public hospital: Incidence and predictors of poor outcome. *South Afr. Med. J. Suid-Afr. Tydskr. Vir Geneeskde.* 105, 298–303. .
- Bundi, L., Mwango, G., Oliver, V., and Mulama, B. (2020). Clinical neonatal hypoxic ischemic injury: Cranial ultrasound spectrum of findings in neonates admitted to a Newborn Unit in Nairobi, Kenya. *WEST Afr. J. Radiol.* 27, 108–113. https://doi.org/10.4103/wajr.wajr_17_19.
- Calkavur, S., Akisu, M., Olukman, O., Balim, Z., Berdeli, A., Cakmak, B., Koroglu, O., Yalaz, M., and Kultursay, N. (2011). Genetic factors that influence short-term neurodevelopmental outcome in term hypoxic-ischaemic encephalopathic neonates. *J. Int. Med. Res.* 39, 1744–1756. <https://doi.org/10.1177/147323001103900517>.
- Can, E., Bulbul, A., and Nuhoglu, A. (2011). Evaluation of the Association of Laboratory Tests Associated with Mortality in Term Neonates with Hypoxic-Ischemic Encephalopathy. *Balk. Med. J.* 28, 256–260. .
- Carlo, W.A., Goudar, S.S., Pasha, O., Chomba, E., Wallander, J.L., Biasini, F.J., McClure, E.M., Thorsten, V., Chakraborty, H., Wallace, D., et al. (2013). Randomized Trial of Early Developmental Intervention on Outcomes in Children after Birth Asphyxia in Developing Countries. *J. Pediatr.* 162, 705–+. <https://doi.org/10.1016/j.jpeds.2012.09.052>.
- Cavallin, F., Menga, A., Brasili, L., Maziku, D., Azzimonti, G., Putoto, G., and Trevisanuto, D. (2020). Factors associated with mortality among asphyxiated newborns in a low-resource setting. *J. Matern. Fetal Neonatal Med.*
- Ceran, B., Alyamaç Dizdar, E., Beşer, E., Karaçağlar, N.B., and Sarı, F.N. (2021). Diagnostic Role of Systemic Inflammatory Indices in Infants with Moderate-to-Severe Hypoxic Ischemic Encephalopathy. *Am. J. Perinatol.* a-1673-1616. <https://doi.org/10.1055/a-1673-1616>.
- Chafer-Pericas, C., Cernada, M., Rahkonen, L., Stefanovic, V., Andersson, S., and Vento, M. (2016). Preliminary case control study to establish the correlation between novel peroxidation

- biomarkers in cord serum and the severity of hypoxic ischemic encephalopathy. *Free Radic. Biol. Med.* 97, 244–249. <https://doi.org/10/f8zrqz>.
- Chandra, P.S., and Prasadaraao, M.S. (2019). Spectrum of multi-organ system involvement in perinatal asphyxia in neonatal intensive care unit department of Pediatrics, King George hospital, Visakhapatnam, Andhra Pradesh, India. 6. .
- Chapagain, R.H., Basaula, Y.N., Kayatha, M., Adhikari, K., and Shrestha, S.M. (2017). Disease Profile and Hospital Outcome of Newborn Admitted to Neonatal Intermediate Care Unit at Tertiary Care Center in Nepal. *Kathmandu Univ. Med. J. KUMJ* 17, 126–129. .
- Chen, L.N., He, X.P., and Huang, L.P. (2012). A survey of high risk factors affecting retinopathy in full-term infants in China. *Int. J. Ophthalmol.* 5, 177–180. <https://doi.org/10.3980/j.issn.2222-3959.2012.02.12>.
- Chen, X., Peng, W., Zhang, Z., Zhao, Q., Zhou, Y., Chen, L., and Pan, J. (2018). [Efficacy and safety of selective brain hypothermia therapy on neonatal hypoxic-ischemic encephalopathy]. *Zhonghua Wei Zhong Bing Ji Jiu Yi Xue* 30, 1046–1050. <https://doi.org/10.3760/cma.j.issn.2095-4352.2018.011.007>.
- CHEN Taoying, WANG Xiaolei, and LI Yawen (2014). Efficacy of subhypothermia combined with erythropoietin in treating neonates with moderate and severe hypoxic ischemic encephalopathy. *Jiangsu Med. J.* 47–49. .
- Chiabi, A., Nguefack, S., Evelyne, M., Nodem, S., Mbuagbaw, L., Mbonda, E., and Tchokoteu, P.-F. (2013). Risk factors for birth asphyxia in an urban health facility in Cameroon. *Iran. J. Child Neurol.* 7, 46. .
- Chiabi, A., Pisoh, W.D., Tsayim, F.T., Samje, M., Feuldi, E., Sunjo, F., Tague, D.A.K., and Nforniwe, D.N. (2021). Risk Factors of Perinatal Asphyxia and Neonatal Outcome. *Pediatr. Oncall* 18. <https://doi.org/10.7199/ped.oncall.2021.45>.
- Chin, E.M., Jayakumar, S., Ramos, E., Gerner, G., Soares, B.P., Cristofalo, E., Leppert, M., Allen, M., Parkinson, C., Johnston, M., et al. (2019). Preschool Language Outcomes following Perinatal Hypoxic-Ischemic Encephalopathy in the Age of Therapeutic Hypothermia. *Dev. Neurosci.* 40, 627–637. .
- Chock, V., Cho, S., and Frymoyer, A. (2021). Aminophylline for renal protection in neonatal hypoxic-ischemic encephalopathy in the era of therapeutic hypothermia. *Pediatr. Res.* 89, 974–980. <https://doi.org/10.1038/s41390-020-0999-y>.
- Choudhary, M., Sharma, D., Dabi, D., Lamba, M., Pandita, A., and Shastri, S. (2015). Hepatic dysfunction in asphyxiated neonates: prospective case-controlled study. *Clin. Med. Insights Pediatr.* 9, 1–6. <https://doi.org/10/ghmvff>.
- Dalal, E., and Nayan, B. (2013). A study on birth asphyxia at tertiary health centre. *Natl. J. Med. Res.* 3, 374–376. .

- Dani, C., Bresci, C., Berti, E., Lori, S., Di Tommaso, M.R., and Pratesi, S. (2013). Short term outcome of term newborns with unexpected umbilical cord arterial pH between 7.000 and 7.100. *Early Hum. Dev.* 89, 1037–1040. <https://doi.org/10/f5h8qp>.
- Dani, C., Poggi, C., Fancelli, C., and Pratesi, S. (2018). Changes in bilirubin in infants with hypoxic-ischemic encephalopathy. *Eur. J. Pediatr.* 177, 1795–1801. <https://doi.org/10/gfnqbf>.
- De Knijff, A., and Pattinson, R.C. (2010). Confidential enquiries into quality of care of women in labour using Hypoxic Ischemic Encephalopathy as a marker. *Facts Views Vis. ObGyn* 2, 219–225. .
- Denihan, N.M., Kirwan, J.A., Walsh, B.H., Dunn, W.B., Broadhurst, D.I., Boylan, G.B., and Murray, D.M. (2019). Untargeted metabolomic analysis and pathway discovery in perinatal asphyxia and hypoxic-ischaemic encephalopathy. *J. Cereb. Blood Flow Metab.* 39, 147–162. <https://doi.org/10.1177/0271678x17726502>.
- van Deursen, B., Lenglet, A., Ariti, C., Hussain, B., Karsten, J., Roggeveen, H., Price, D., Fernhout, J., Abdi, A., and Carrion Martin, A.I. (2019). Risks and seasonal pattern for mortality among hospitalized infants in a conflict-affected area of Pakistan, 2013–2016. A retrospective chart review. *F1000Research* 8, 954. <https://doi.org/10/ggds6w>.
- Doi, K., Sameshima, H., Kodama, Y., Furukawa, S., Kaneko, M., Ikenoue, T., and Miyazaki Perinatal Data, G. (2012). Perinatal death and neurological damage as a sequential chain of poor outcome. *J. Matern. Fetal Neonatal Med.* 25, 706–709. <https://doi.org/10/ghmvfc>.
- Dominguez-Dieppa, F., Cardetti, M., Rodriguez, S., Garcia-Alix, A., and Sola, A. (2021). Hypoxic Ischemic Encephalopathy in Units Reporting to the Ibero-American Society of Neonatology Network: Prevalence and Mortality. *MEDICC Rev.* 23, 30–34. <https://doi.org/10.37757/MR2021.V23.N1.7>.
- Doreswamy, S.M., and Ramakrishnegowda, A. (2021). Prediction of encephalopathy in perinatal asphyxia score: reaching the unreachable. *J. Perinat. Med.* 49, 748–754. <https://doi.org/10.1515/jpm-2020-0299>.
- Egharevba, O.I., Kayode-Adediji, B.O., and Alikah, S.O. (2018). Perinatal asphyxia in a rural Nigerian hospital: Incidence and determinants of early outcome. *J. Neonatal-Perinat. Med.* 11, 179–183. .
- Eghbalian, F. (2010). Frequency of Hypoxic-Ischemic Encephalopathy among Hospitalized Neonates in West Iran. *Iran. J. Pediatr.* 20, 244–245. .
- Ekwochi, U., Asinobi, N.I., Osuorah, C.D.I., Ndu, I.K., Ifediora, C., Amadi, O.F., Iheji, C.C., Orjioko, C.J.G., Okenwa, W.O., and Okeke, B.I. (2017). Incidence and Predictors of Mortality Among Newborns With Perinatal Asphyxia: A 4-Year Prospective Study of Newborns Delivered in Health Care Facilities in Enugu, South-East Nigeria. *Clin. Med. Insights-Pediatr.* 11. <https://doi.org/10.1177/1179556517746646>.

- El Bana, S.M., Maher, S.E., Gaber, A.F., and Aly, S.S. (2016). Serum and Urinary Malondialdehyde (MDA), Uric acid, and Protein as markers of perinatal asphyxia. *Electron. Physician* 8, 2614–2619. <https://doi.org/10/ghmvd9>.
- El Farargy, M.S., and Soliman, N.A. (2019). A randomized controlled trial on the use of magnesium sulfate and melatonin in neonatal hypoxic ischemic encephalopathy. *J. Neonatal-Perinat. Med.* 12, 379–384. <https://doi.org/10/ghmvd8>.
- El Raggal, N.M., Khafagy, S.M., Mahmoud, N.H., and El Beltagy, S.A. (2013). Serum neutrophil gelatinase-associated lipocalin as a marker of acute kidney injury in asphyxiated neonates. *Indian Pediatr.* 50, 459–462. <https://doi.org/10.1007/s13312-013-0153-6>.
- El-Gamasy, M., and Alarabawy, R. (2018). Relation of Serum Creatinine to Sarnat Scoring and Brain Computerized Tomography of Neonates with Hypoxic Ischemic Encephalopathy. A Single-Center Experience. *J. Pediatr. Neurosci.* 13, 437–442. https://doi.org/10.4103/jpn.JPN_64_18.
- El-Gamasy, M.A., and Nassar, M.A.E. (2017). Risk factors for acute kidney injury (AKI) in newly born infants with hypoxic ischemic encephalopathy (HIE). A Single Center Experience. *Int J Res Stud. Med Health Sci* 2, 1–8. .
- Elmahdy, H., El-Mashad, A., El-Bahrawy, H., El-Gohary, T., El-Barbary, A., and Aly, H. (2010). Human recombinant erythropoietin in asphyxia neonatorum: pilot trial. *Pediatrics* 125, e1135-42. <https://doi.org/10.1542/peds.2009-2268>.
- Elmoursi, H., Abdalla, M., Mesbah, B.E., and Khashana, A. (2021). Salivary Lactate Dehydrogenase in Relationship to the Severity of Hypoxic-Ischemic Encephalopathy among Newborn Infants. *Scientifica* 2021, 1–6. <https://doi.org/10.1155/2021/9316277>.
- Elnady, H.G., Abdallah, N.A., Sayed, S.K., Kholoussi, N.M., Morsy, T.H.N., Elzanaty, G.F., and Fawzy, R. (2018). Serum Glial Fibrillary Acidic Protein and Cranial Computed Tomography in Neonates with Hypoxic Ischemic Encephalopathy. *Biosci. Res.* 15, 3705–3719. .
- Ersdal, H.L., Eilevstjønn, J., Linde, J.E., Yeconia, A., Mduma, E.R., Kidanto, H., and Perlman, J. (2018). Fresh stillborn and severely asphyxiated neonates share a common hypoxic–ischemic pathway. *Int. J. Gynecol. Obstet.* 141, 171–180. <https://doi.org/10.1002/ijgo.12430>.
- Essajee, F., Were, F., and Admani, B. (2015). Urine neutrophil gelatinase-associated lipocalin in asphyxiated neonates: a prospective cohort study. *Pediatr. Nephrol.* 30, 1189–1196. <https://doi.org/10.1007/s00467-014-3035-9>.
- Ezenwa, B.N., Olorunfemi, G., Fajolu, I., Adeniyi, T., Oleolo-Ayodeji, K., Kene-Udemezue, B., Olamijulo, J.A., and Ezeaka, C. (2021). Trends and predictors of in-hospital mortality among babies with hypoxic ischaemic encephalopathy at a tertiary hospital in Nigeria: A retrospective cohort study. *PloS One* 16, e0250633. <https://doi.org/10.1371/journal.pone.0250633>.

- Fahmy, N., Ramy, N., El Houchi, S., Khalek, K.A., Alsharany, W., and Tosson, A. (2017). Outborns or inborns: Clinical audit of the two intensive care units of Cairo University Hospital. Egypt. Pediatr. Assoc. Gaz. 65, 10–14. .
- Frey, H.A., Liu, X., Lynch, C.D., Musindi, W., Samuels, P., Rood, K.M., Thung, S.F., Bakk, J.M., Cheng, W., and Landon, M.B. (2018). An evaluation of fetal heart rate characteristics associated with neonatal encephalopathy: a case-control study. BJOG Int. J. Obstet. Gynaecol. 125, 1480–1487. <https://doi.org/10/ghmvd3>.
- G. Mande, B., V. Muyobela, K., E. Hasivirwe, V., and B. Batoko, L. (2018). Clinical Features and Outcome of Birth Asphyxia in Hôpital du Cinquantenaire of Kisangani: A Cross-Sectional Study. Asian J. Pediatr. Res. 1–6. <https://doi.org/10.9734/ajpr/2018/v1i124572>.
- Gane, B., Nandhakumar, S., Bhat, V., and Rao, R. (2016). Effect of therapeutic hypothermia on chromosomal aberration in perinatal asphyxia. J. Pediatr. Neurosci. 11, 25–28. <https://doi.org/10.4103/1817-1745.181269>.
- Gane, B.D., Bhat, V., Rao, R., Nandhakumar, S., Harichandrakumar, K.T., and Adhisivam, B. (2014). Effect of therapeutic hypothermia on DNA damage and neurodevelopmental outcome among term neonates with perinatal asphyxia: a randomized controlled trial. J. Trop. Pediatr. 60, 134–140. <https://doi.org/10/f52prx>.
- Gane, Bahubali D., Vishnu Bhat B., Ramachandra Rao, Nandakumar S, Adhisivam B, Rojo Joy, Prasad P, and Shruti S (2013). Antenatal and intrapartum risk factors for perinatal asphyxia: A case control study. Curr Pediatr Res 17, 119–122. .
- Gao, Y., Zheng, H., and Tiao, H. (2011). Analysis on curative effect of high pressure oxygen treatment on neonatal hypoxicischemic encephalopathy. Matern. Child Health Care China 26, 926–927. .
- Garbutt, A., and Trotman, H. (2009). Outcome of neonates with hypoxic ischaemic encephalopathy admitted to the neonatal unit of the University Hospital of the West Indies. Ann. Trop. Paediatr. 29, 263–269. <https://doi.org/10/cv7qkh>.
- Garg, A., Saili, A., and Nangia, S. (2012). Role of anapnoea in perinatal asphyxia in term newborns: an open labeled randomized controlled trial. Arch. Dis. Child. 97, A86–A87. <https://doi.org/10.1136/archdischild-2012-302724.0295>.
- Gathwala, G., Khera, A., Singh, J., and Balhara, B. (2010). Magnesium for neuroprotection in birth asphyxia. J. Pediatr. Neurosci. 5, 102–104. <https://doi.org/10.4103/1817-1745.76094>.
- Gebregziabher, G.T., Hadgu, F.B., and Abebe, H.T. (2020). Prevalence and Associated Factors of Perinatal Asphyxia in Neonates Admitted to Ayder Comprehensive Specialized Hospital, Northern Ethiopia: A Cross-Sectional Study. Int. J. Pediatr. 2020, 1–8. <https://doi.org/10.1155/2020/4367248>.

- Ghobrial, E.E., Elhouchi, S.Z., Eltatawy, S.S., and Beshara, L.O. (2018). Risk factors associated with acute kidney injury in newborns. *Saudi J. Kidney Dis. Transplant. Off. Publ. Saudi Cent. Organ Transplant. Saudi Arab.* 29, 81–87. <https://doi.org/10.4103/1319-2442.225179>.
- Girish, M., Jain, V., Dhokane, R., Gondhali, S.B., Vaidya, A., and Aghai, Z.H. (2018). Umbilical cord milking for neonates who are depressed at birth: a randomized trial of feasibility. *J. Perinatol. Off. J. Calif. Perinat. Assoc.* 38, 1190–1196. <https://doi.org/10/gfctxc>.
- Glass, H.C., Hong, K.J., Rogers, E.E., Jeremy, R.J., Bonifacio, S.L., Sullivan, J.E., Barkovich, A.J., and Ferriero, D.M. (2011a). Risk Factors for Epilepsy in Children With Neonatal Encephalopathy. *Pediatr. Res.* 70, 535–540. <https://doi.org/10/c79tn9>.
- Glass, H.C., Nash, K.B., Bonifacio, S.L., Barkovich, A.J., Ferriero, D.M., Sullivan, J.E., and Cilio, M.R. (2011b). Seizures and Magnetic Resonance Imaging-Detected Brain Injury in Newborns Cooled for Hypoxic-Ischemic Encephalopathy. *J. Pediatr.* 159, 731-U1. <https://doi.org/10/frx285>.
- Goel, M., Dwivedi, R., Gohiya, P., and Hegde, D. (2013). Nucleated red blood cell in cord blood as a marker of perinatal asphyxia. *J. Clin. Neonatol.* 2, 179–182. <https://doi.org/10/ghmvdX>.
- Graham, E.M., Burd, I., Everett, A.D., and Northington, F.J. (2016). Blood Biomarkers for Evaluation of Perinatal Encephalopathy. *Front. Pharmacol.* 7. <https://doi.org/10.3389/fphar.2016.00196>.
- Guan, B., Dai, C., Zhang, Y., Zhu, L., He, X., Wang, N., and Liu, H. (2017). Early diagnosis and outcome prediction of neonatal hypoxic-ischemic encephalopathy with color Doppler ultrasound. *Diagn. Interv. Imaging* 98, 469–475. <https://doi.org/10.1016/j.diii.2016.12.001>.
- Gulczynska, E., Gadzinowski, J., Talar, T., Nowiczewski, M., and Cyranowicz, B. (2012). Therapeutic hypothermia enhanced by magnesium sulphate for hypoxic-ischemic encephalopathy in the neonates - and their influence on protein S-100B and ceruloplasmin serum concentration. *J. Matern. Fetal Neonatal Med.* 25, 32. <https://doi.org/10.3109/14767058.2012.679162>.
- Gulczynska, E., Gadzinowski, J., Walas, W., Maczka, A., Talar, T., Kesiak, M., Caputa, J., and Sobolewska, B. (2014). Therapeutic hypothermia enhanced by MGSO4 for hypoxic-ischemic encephalopathy in the neonates and its influence on biomarkers of asphyxia and course of hospitalization. *J. Matern. Fetal Neonatal Med.* 27, 221. <https://doi.org/10.3109/14767058.2014.924236>.
- Gupta, D., and Rana, D. (2018). SPECTRUM OF MAGNETIC RESONANCE IMAGING ABNORMALITIES OF HYPOXIC ISCHEMIC ENCEPHALOPATHY IN PRETERM AND FULL-TERM PATIENTS AT TERTIARY CARE HOSPITAL IN INDIA. *J. Evol. Med. Dent. Sci.-Jemds* 7, 5460–5465. <https://doi.org/10/ghmvdw>.
- Gupta, S.K., Sarmah, B.K., Tiwari, D., Shakya, A., and Khatiwada, D. (2014). Clinical Profile of Neonates with Perinatal Asphyxia in a Tertiary Care Hospital of Central Nepal. *J. Nepal Med. Assoc.* 52, 1005–1009. .

- Hagag, Frargy, and El-Latif (2019). Vitamin d as an adjuvant therapy in neonatal hypoxia: is it beneficial? *Endocr. Metab. Immune Disord. - Drug Targets* 19, 341-348. <https://doi.org/10.2174/1871530319666181204151044>.
- Hamed, M.E., Abd Elhamed, D.G., Alshtewi, A.M., and Khater, N.M. (2021). Assessment of 25 (OH) Vitamin D in Neonates with Hypoxic Ischemic Encephalopathy. *Egypt. J. Hosp. Med.* 85. .
- Hassell, J., Tann, C., Idro, R., and Robertson, N.J. (2018). Contribution of perinatal conditions to cerebral palsy in Uganda. *Lancet Glob. Health* 6, e248–e249. [https://doi.org/10.1016/S2214-109X\(18\)30041-X](https://doi.org/10.1016/S2214-109X(18)30041-X).
- He, X., and Xie, Q. (2020). Application value of evidence-based nursing based on the Plan-Do-Check-Action cycle in the nursing of neonatal hypoxic ischemic encephalopathy. *Int. J. Clin. Exp. Med.* 13, 9904-9913. .
- Hekimoğlu, B., and Aktürk Acar, F. (2021). Effects of COVID-19 pandemic period on neonatal mortality and morbidity. *Pediatr. Neonatol.* <https://doi.org/10/gnk7z9>.
- Horn, A., Thompson, C., Woods, D., Nel, A., Bekker, A., Rhoda, N., and Pieper, C. (2009). Induced hypothermia for infants with hypoxic- ischemic encephalopathy using a servo-controlled fan: an exploratory pilot study. *Pediatrics* 123, e1090-8. <https://doi.org/10.1542/peds.2007-3766>.
- Horn, A.R., Swingler, G.H., Myer, L., Linley, L.L., Raban, M.S., Joolay, Y., Harrison, M.C., Chandrasekaran, M., Rhoda, N.R., and Robertson, N.J. (2013a). Early clinical signs in neonates with hypoxic ischemic encephalopathy predict an abnormal amplitude-integrated electroencephalogram at age 6 hours. *BMC Pediatr.* 13, 52. <https://doi.org/10.1186/1471-2431-13-52>.
- Horn, A.R., Swingler, G.H., Myer, L., Linley, L.L., Chandrasekaran, M., and Robertson, N.J. (2013b). Early clinical predictors of a severely abnormal amplitude-integrated electroencephalogram at 48 hours in cooled neonates. *Acta Paediatr. Oslo Nor.* 1992 102, e378-84. <https://doi.org/10/f43w7d>.
- Hou, L., Hellerstein, S., Vitonis, A., Zou, L., Ruan, Y., Wang, X., and Zhang, W. (2017). Cross sectional study of mode of delivery and maternal and perinatal outcomes in mainland China. *PloS One* 12, e0171779. <https://doi.org/10.1371/journal.pone.0171779>.
- Huseynova, S.A., Panakhova, N.F., Hajiyeva, A.S., Orujova, P.A., Mukhtarova, S.N., and Agayeva, G.T. (2017). Endothelial dysfunction and developmental outcomes of very low birth weight newborns with hypoxic encephalopathy. *JPMA J. Pak. Med. Assoc.* 67, 1857–1863. .
- Imam, S.S., Gad, G.I., Atef, S.H., and Shawky, M.A. (2009). Cord blood brain derived neurotrophic factor: diagnostic and prognostic marker in fullterm newborns with perinatal asphyxia. *Pak. J. Biol. Sci. PJBS* 12, 1498–1504. <https://doi.org/10/ctp8fp>.

- Iqbal, N., Younus, J., Malik, M., Fatima, B., Imran, A., Maqbool, S., Irfan Waheed, K.A., and Haque, K. (2021). The Neuroprotective Efficacy of Postnatal Magnesium Sulfate in Term or Near-Term Infants With Moderate-to-Severe Birth Asphyxia. *Cureus* 13, e16826. <https://doi.org/10.7759/cureus.16826>.
- Isadora D'Ávila Tassinari and Luciano Stürmer de Fraga (2021). Potential use of lactate for the treatment of neonatal hypoxicischemic encephalopathy. *NEURAL Regen. Res.* 17, 788–790. <https://doi.org/10.4103/1673-5374.322459>.
- Issa, A., Abdulkadir, M.B., Adesiyun, O.O., Owolabi, B., Suberu, H., Alabi, K.O., and Bakare, R.R. (2021). Relationships between cardiovascular signs and neurological signs in asphyxiated neonates in Ilorin, North Central Nigeria. *Afr. Health Sci.* 21, 743–752. <https://doi.org/10/gntdx7>.
- Iwamoto, A., Seward, N., Prost, A., Ellis, M., Copas, A., Fottrell, E., Azad, K., Tripathy, P., and Costello, A. (2013). Maternal infection and risk of intrapartum death: a population based observational study in South Asia. *Bmc Pregnancy Childbirth* 13. <https://doi.org/10.1186/1471-2393-13-245>.
- Jiang, L., and He, L. (2016). Analysis of clinical application of sputum suction by fibrous bronchoscopy inneonates with hypoxic ischemic encephalopathy. *Chin. Nurs. Res.* 30, 1841–1843. <https://doi.org/10.3969/j.issn.1009-6493.2016.15.016>.
- Jose, S., and K., M.I. (2017). Effect of hypothermia for perinatal asphyxia on childhood outcomes. *Int. J. Contemp. Pediatr.* 5, 86. <https://doi.org/10.18203/2349-3291.ijcp20175489>.
- Jose, A., Matthai, J., and Paul, S. (2013). Correlation of EEG, CT, and MRI Brain with Neurological Outcome at 12 Months in Term Newborns with Hypoxic Ischemic Encephalopathy. *J. Clin. Neonatol.* 2, 125–130. <https://doi.org/10.4103/2249-4847.119996>.
- Joseph, S., Kumar, S., Ahamed M, Z., and Lakshmi, S. (2018). Cardiac Troponin-T as a Marker of Myocardial Dysfunction in Term Neonates with Perinatal Asphyxia. *Indian J. Pediatr.* 85, 877–884. <https://doi.org/10/ghmvdz>.
- Joy, R., Pournami, F., Bethou, A., Bhat, V.B., and Bobby, Z. (2013). Effect of Therapeutic Hypothermia on Oxidative Stress and Outcome in Term Neonates with Perinatal Asphyxia: A Randomized Controlled Trial. *J. Trop. Pediatr.* 59, 17–22. <https://doi.org/10.1093/tropej/fms036>.
- Kali, G.T.J., Martinez-Biarge, M., Van Zyl, J., Smith, J., and Rutherford, M. (2015). Management of therapeutic hypothermia for neonatal hypoxic ischaemic encephalopathy in a tertiary centre in South Africa. *Arch. Dis. Child. Fetal Neonatal Ed.* 100, F519–23. <https://doi.org/10/f7xjwd>.
- Kali, G.T.J., Martinez-Biarge, M., Van Zyl, J., Smith, J., and Rutherford, M. (2016). Therapeutic hypothermia for neonatal hypoxic-ischaemic encephalopathy had favourable outcomes at a referral hospital in a middle-income country. *Acta Paediatr. Oslo Nor.* 1992 105, 806–815. <https://doi.org/10.1111/apa.13392>.

- Kamath, N., Nesargi, S., and Iyengar, A. (2021). ACUTE KIDNEY INJURY IN NEONATES WITH PERINATAL ASPHYXIA: EFFECT OF THERAPEUTIC HYPOTHERMIA. *Kidney Int. Rep.* 6, S13–S14. .
- Kanik, E., Ozer, E.A., Bakiler, A.R., Aydinlioglu, H., Dorak, C., Dogrusoz, B., Kanik, A., and Yaprak, I. (2009). Assessment of myocardial dysfunction in neonates with hypoxic-ischemic encephalopathy: is it a significant predictor of mortality? *J. Matern.-Fetal Neonatal Med. Off. J. Eur. Assoc. Perinat. Med. Fed. Asia Ocean. Perinat. Soc. Int. Soc. Perinat. Obstet.* 22, 239–242. <https://doi.org/10/cv6t5m>.
- Kedy Koum, D., Exhenry, C., Penda, C.I., Nzima Nzima, V., and Pfister, R.E. (2014). [Neonatal morbidity and mortality in a low-resource urban district hospital of Douala, Cameroon]. *Morb. Mortalite Neonatale Dans Un Hopital Dist. Urbain Ressour. Limitees Douala Cameroun* 21, 147–156. .
- Khasawneh, W., Sindiani, A., Rawabdeh, S.A., Aleshawi, A., and Kanaan, D. (2020). Indications and Clinical Profile of Neonatal Admissions: A Cross-Sectional Descriptive Analysis from a Single Academic Center in Jordan. *J. Multidiscip. Healthc.* 13, 997–1006. <https://doi.org/10.2147/JMDH.S275267>.
- Khashaba, M., Shouman, B., Hasanein, B., Shaltout, A., Al-Marsafawy, H., Abdel-Aziz, M., Ahmad, T., and Aly, H. (2011). Interleukin-1[beta], interleukin-6, and tumor necrosis factor-[alpha] in the cerebrospinal fluid of term infants with hypoxic-ischemic encephalopathy after postnatal treatment with magnesium sulfate. *J. Pediatr. Neurol.* 9, 299–304. <https://doi.org/10.3233/JPN-2011-0501>.
- Khodaparast, M., Mafinezhad, S., Araghi, Z., Bayani, G., Bozorgnia, Y., and Golmakani, H. (2016). Comparison of the Incidence of Perinatal Asphyxia before and after the Health Improvement Program in Bentolhoda Hospital of Bojnurd, Iran. *Iran. J. Neonatol.* 7, 41–44. .
- Kovacs, K., Szakmar, E., Meder, U., Kolossvary, M., Bagyura, Z., Lamboy, L., Elo, Z., Szabo, A., Szabo, M., and Jermendy, A. (2017). Hypothermia treatment in asphyxiated neonates - a single center experience in Hungary. *Orv. Hetil.* 158, 331–339. <https://doi.org/10.1556/650.2017.30661>.
- Kozuki, N., Katz, J., Khatry, S.K., Tielsch, J.M., LeClerq, S.C., and Mullany, L.C. (2017). Risk and burden of adverse intrapartum-related outcomes associated with non-cephalic and multiple birth in rural Nepal: a prospective cohort study. *BMJ Open* 7, e013099. <https://doi.org/10.1136/bmjopen-2016-013099>.
- Kudreviciene, A., Basevicius, A., Lukosevicius, S., Laurynaitiene, J., Marmiene, V., Nedzelskiene, I., Buinauskiene, J., Stoniene, D., and Tameliene, R. (2014). The value of ultrasonography and Doppler sonography in prognosticating long-term outcomes among full-term newborns with perinatal asphyxia. *Med. Kaunas Lith.* 50, 100–110. <https://doi.org/10/ghmvdv>.

- Kulkarni, T., Charki, S., Biradar, V., Tyagaraj, T., Anju, T., Patil, M., Kalyanshetkar, S., and Patil, S. (2021). Feasibility of minimal enteral nutrition in neonates with perinatal asphyxia during therapeutic hypothermia: a randomized controlled trial. *Curr. Pediatr. Res.* 25, 466-471. .
- Kumar, J., and Yadav, A. (2019). Therapeutic hypothermia as standard care in India: a long way to go. *Paediatr. Int. Child Health* 39, 305. <https://doi.org/10.1080/20469047.2018.1533305>.
- Lakhkar, B.B., Damake, S., Meshram, R., Lohia, S., and Karotkar, S. (2020). Therapeutic Hypothermia in Moderate and Severe Hypoxic-Ischemic Encephalopathy: Use of LowCost vs High Technology Cooling Technique. *Int. J. Curr. Res. Rev.* 12, 31–34. <https://doi.org/10.31782/IJCRR.2020.SP80>.
- Leak, P., Yamamoto, E., Noy, P., Keo, D., Krang, S., Kariya, T., Saw, Y.M., Siek, M., and Hamajima, N. (2021). Factors associated with neonatal mortality in a tertiary hospital in Phnom Penh, Cambodia. *Nagoya J. Med. Sci.* 83, 113–124. <https://doi.org/10.18999/nagjms.83.1.113>.
- Lee, A.C., Kozuki, N., Blencowe, H., Vos, T., Bahalim, A., Darmstadt, G.L., Niermeyer, S., Ellis, M., Robertson, N.J., and Cousens, S. (2013). Intrapartum-related neonatal encephalopathy incidence and impairment at regional and global levels for 2010 with trends from 1990. *Pediatr. Res.* 74, 50. .
- Li, H., Wan, J., Ling, L., Liu, G.-I., and Liu, J. (2011). Hyperbaric oxygen combined with cerebrolysin in treatment of 148 cases of neonatal hypoxic - Ischemic encephalopathy. *Pharm. Biotechnol.* 18, 162-164. .
- Li, H.X., Yu, M., Zheng, A.B., Zhang, Q.F., Hua, G.W., Tu, W.J., and Zhang, L.C. (2019). Resting-state network complexity and magnitude changes in neonates with severe hypoxic ischemic encephalopathy. *Neural Regen. Res.* 14, 642–648. <https://doi.org/10.4103/1673-5374.247468>.
- LI, J., Wu, C., Li, R., Zhu, M., Yao, L., and Liu, J. (2011). Clinical observation of efficacy of erythropoietin oxygen in the treatment of neonatal hypoxia-ischemic encephalopathy. *China Med. Her.* 8, 56-58. .
- Li, T., Xu, F., Cheng, X., Guo, X., Ji, L., Zhang, Z., Wang, X., Blomgren, K., Simbruner, G., and Zhu, C. (2009). Systemic Hypothermia Induced within 10 Hours After Birth Improved Neurological Outcome in Newborns with Hypoxic-Ischemic Encephalopathy. *Hosp. Pract.* 37, 147–152. <https://doi.org/2016021018372000483>.
- Liang, S.P., Chen, Q., Cheng, Y.B., Xue, Y.Y., and Wang, H.J. (2019). Comparative Effects of Monosialoganglioside versus Citicoline on Apoptotic Factor, Neurological Function and Oxidative Stress in Newborns with Hypoxic-Ischemic Encephalopathy. *Jcsp-J. Coll. Physicians Surg. Pak.* 29, 324–327. <https://doi.org/10/ghmvdn>.
- LIN Ze-Peng, CHEN Li-Shan, and CHEN Chuang-Xin (2014). Clinical analysis on erythropoietin in treatment of neonatal hypoxic-ischemic encephalopathy. *Matern. Child Health Care China* 4264–4265. .

- Liu, C.-Q., Xia, Y.-F., Yuan, Y.-X., Li, L., and Qiu, X.-L. (2010). [Effects of selective head cooling with mild hypothermia on serum levels of caspase-3 and IL-18 in neonates with hypoxic-ischemic encephalopathy]. *Zhongguo Dang Dai Er Ke Za Zhi Chin. J. Contemp. Pediatr.* 12, 690–692. .
- Liu, J., Wang, X.F., Wang, Y., Wang, H.W., and Liu, Y. (2014). The Incidence Rate, High-Risk Factors, and Short-and Long-Term Adverse Outcomes of Fetal Growth Restriction A Report From Mainland China. *Medicine (Baltimore)* 93. <https://doi.org/10/ghmvdK>.
- Liu, L., Geng, Y., Cui, Y., Zhou, Y., Sun, G., Peng, C., Zhang, R., Ma, Y., Liu, Y., Sun, C., et al. (2021). Significance of the ability to differentiate emotional prosodies for the early diagnosis and prognostic prediction of mild hypoxic-ischemic encephalopathy in neonates. *Int. J. Dev. Neurosci.* 81, 51–59. <https://doi.org/10.1002/jdn.10074>.
- Liu, Q., Yang, H., Sun, X., and Li, G. (2019a). Risk factors and complications of small for gestational age. *Pak. J. Med. Sci.* 35, 1199–1203. .
- Liu, X., Lynch, C.D., Cheng, W.W., and Landon, M.B. (2016). Lowering the high rate of caesarean delivery in China: an experience from Shanghai. *BJOG Int. J. Obstet. Gynaecol.* 123, 1620–1628. <https://doi.org/10.1111/1471-0528.14057>.
- Liu, X., Landon, M.B., Cheng, W., and Chen, Y. (2020). A comparison of maternal and neonatal outcomes with forceps delivery versus cesarean delivery. *J. Matern.-Fetal Neonatal Med. Off. J. Eur. Assoc. Perinat. Med. Fed. Asia Ocean. Perinat. Soc. Int. Soc. Perinat. Obstet.* 33, 307–313. <https://doi.org/10.1080/14767058.2018.1490720>.
- Liu, X.H., Landon, M.B., Cheng, W.W., and Chen, Y. (2015). Cesarean delivery on maternal request in China: what are the risks and benefits? *Am. J. Obstet. Gynecol.* 212. <https://doi.org/10.1016/j.ajog.2015.01.043>.
- Liu, Z., Yang, H.X., Xin, H., Cui, S.H., Qi, H.B., and Zhang, W.S. (2019b). [Current status of uterine rupture: a multi-center survey in China]. *Zhonghua Fu Chan Ke Za Zhi* 54, 363–368. .
- Locatelli, A., Lambicchi, L., Incerti, M., Bonati, F., Ferdico, M., Malguzzi, S., Torcasio, F., Calzi, P., Varisco, T., and Paterlini, G. (2020). Is perinatal asphyxia predictable? *Bmc Pregnancy Childbirth* 20. .
- Lopes-Pereira, J., Costa, A., Ayres-De-Campos, D., Costa-Santos, C., Amaral, J., and Bernardes, J. (2019). Computerized analysis of cardiotocograms and ST signals is associated with significant reductions in hypoxic-ischemic encephalopathy and cesarean delivery: an observational study in 38,466 deliveries. *Am. J. Obstet. Gynecol.* 220. <https://doi.org/10/ghmvdn>.
- LU, J., ZHU, J., ZHANG, J., HU, X., and CHEN, X. (2022). Assessment of amplitude-integrated electroencephalogram scoring system in asphyxia neonates. *Chin. J. Child Health Care* 30, 97. .

- Lu Yunhong, Xu Mengxia, Li Feifei, and Chang Hong (2019). Clinical observation of hyperbaric oxygen combined with recombinant human erythropoietin in neonates with hypoxic-ischemic encephalopathy. *Chin. J. Nat. Med. Hyperb. Med.* 307–310. .
- Lv, H., Wu, S., Wang, Q., Yang, L., Ren, P., Qiao, B., Wang, Z., Li, J., Gu, X., and Li, L. (2017). Effect of erythropoietin combined with hypothermia on serum tau protein levels and neurodevelopmental outcome in neonates with hypoxic-ischemic encephalopathy. *Neural Regen. Res.* 12, 1655. <https://doi.org/10.4103/1673-5374.217338>.
- Magai, D.N., Newton, C.R., Mwangi, P., Koot, H.M., and Abubakar, A. (2019). Patterns of neurobehavioral functioning in school-aged survivors of neonatal jaundice and hypoxic-ischemic encephalopathy in Kilifi, Kenya: A cross-sectional study. *Wellcome Open Res.* 4, 95. <https://doi.org/10.12688/wellcomeopenres.15200.1>.
- Magai, D.N., Koot, H.M., Mwangi, P., Chongwo, E., Newton, C.R., and Abubakar, A. (2020). Long-term neurocognitive and educational outcomes of neonatal insults in Kilifi, Kenya. *BMC Psychiatry* 20, 578. <https://doi.org/10.1186/s12888-020-02939-9>.
- Magai, D.N., Koot, H.M., Newton, C.R., and Abubakar, A. (2021). Long-Term Mental Health and Quality of Life Outcomes of Neonatal Insults in Kilifi, Kenya. *Child Psychiatry Hum. Dev.* <https://doi.org/10.1007/s10578-020-01079-1>.
- Magalhaes, M., Rodrigues, F.P.M., Chopard, M.R.T., Melo, V.C. de A., Melhado, A., Oliveira, I., Gallacci, C.B., Pachi, P.R., and Lima Neto, T.B. (2015). Neuroprotective body hypothermia among newborns with hypoxic ischemic encephalopathy: three-year experience in a tertiary university hospital. A retrospective observational study. *Sao Paulo Med. J. Rev. Paul. Med.* 133, 314–319. <https://doi.org/10/ghmvdf>.
- Mah, E.M., Nguefack, S., Selangai, H.K., Chiabi, A., Awa, M., Dongmo, F., Temgoua, M.N., and Mbonda, E. (2017). Neurodevelopmental Problems in Children at 9 Months of Age Associated with Neonatal Hypoxic-Ischemic Encephalopathy. *Open J. Pediatr.* 07, 98–108. <https://doi.org/10.4236/ojped.2017.72013>.
- Malik, F.R., Amer, K., Ullah, M., and Muhammad, A.S. (2016). Why our neonates are dying? Pattern and outcome of admissions to neonatal units of tertiary care hospitals in Peshawar from January, 2009 to December, 2011. *JPMA J. Pak. Med. Assoc.* 66, 40–44. .
- Manandhar, S.R., and Basnet, R. (2019). Prevalence of Perinatal Asphyxia in Neonates at a Tertiary Care Hospital: A Descriptive Cross-sectional Study. *J. Nepal Med. Assoc.* 57. <https://doi.org/10.31729/jnma.4550>.
- Manotas, H., Troncoso, G., Sánchez, J., and Molina, G. (2018). Descripción de una cohorte de pacientes neonatos con diagnóstico de asfixia perinatal, tratados con hipotermia terapéutica. 2017. *Perinatol. Reprod. Humana* 32, 70–77. <https://doi.org/10.1016/j.rprh.2018.07.001>.
- Martinez, C., Carneiro, L., Vernier, L., Cesa, C., Guardiola, A., and Vidor, D. (2014). Language in children with neonatal hypoxic-ischemic encephalopathy. *Int. Arch. Otorhinolaryngol.* 18, 255–259. <https://doi.org/10/ghmvdd>.

- Matyanga, P.K.M.J., Kandawasvika, G.Q., Muchemwa, L.K., and Mujuru, H.A. (2013). Prevalence of Acute Kidney Injury in neonates admitted at a referral hospital, Harare, Zimbabwe. *Cent. Afr. J. Med.* 59, 1–6. .
- McIntyre, S., Blair, E., Badawi, N., Keogh, J., and Nelson, K.B. (2013). Antecedents of Cerebral Palsy and Perinatal Death in Term and Late Preterm Singletons. *Obstet. Gynecol.* 122, 869–877. <https://doi.org/10/f5qpxx>.
- Medani, S.A., Kheir, A.E.M., and Mohamed, M.B. (2014). Acute kidney injury in asphyxiated neonates admitted to a tertiary neonatal unit in Sudan. *Sudan. J. Paediatr.* 14, 29–34. .
- Memon, S., Shaikh, S., and Bibi, S. (2012). To compare the outcome (early) of neonates with birth asphyxia in-relation to place of delivery and age at time of admission. *JPMA J. Pak. Med. Assoc.* 62, 1277–1281. .
- Mia, A.H., Akter, K.R., Rouf, M.A., Islam, M.N., Hoque, M.M., Hossain, M.A., and Chowdhury, A.K. (2013). Grading of perinatal asphyxia by clinical parameters and agreement between this grading and Sarnat & Sarnat stages without measures. *Mymensingh Med. J. MMJ* 22, 807–813. .
- Milner, K.M., Duke, T., Steer, A.C., Kado, J.H., Koyamaibole, L., Kaarira, R., Namudu, K., Woolfenden, S., Miller, A.E., O’Heir, K.E., et al. (2017). Neurodevelopmental outcomes for high-risk neonates in a low-resource setting. *Arch. Dis. Child.* 102, 1063–1069. <https://doi.org/10.1136/archdischild-2017-312770>.
- Mohamed, N., and Kamel, B. (2021). Neuroglobin as a Neuroprotective in Neonates with Hypoxic Ischemic Encephalopathy. *Int. J. Pediatr.-MASHHAD* 9, 12715–12721. <https://doi.org/10.22038/IJP.2020.52526.4206>.
- Mohan, K., Mishra, P., and Singh, D. (2013). Clinical Profile of Birth Asphyxia in Newborn. *Int. J. Sci. Technol.* 3, 10–19. .
- Mondal, N., Bhat, B.V., Banupriya, C., and Koner, B.C. (2010). Oxidative stress in perinatal asphyxia in relation to outcome. *Indian J. Pediatr.* 77, 515–517. <https://doi.org/10.1007/s12098-010-0059-4>.
- Moniruzzaman, M., Ali, M.A., Akter, T., Rashid, M.A., Kamruzzaman, M., Latif, T., Khan, R.H., Das, M.K., Sarker, U.K., and Mazumder, M. (2019). Comparison of Ultrasonogram of Brain Findings of Asphyxiated and Non-Asphyxiated Baby Admitted in Neonatal Ward in a Tertiary Level Hospital. *Mymensingh Med. J. MMJ* 28, 497–502. .
- Montaldo, P., Cunningham, A., Oliveira, V., Swamy, R., Bandy, P., Pant, S., Lally, P.J., Ivain, P., Mendoza, J., Atreja, G., et al. (2020). Transcriptomic profile of adverse neurodevelopmental outcomes after neonatal encephalopathy. *Sci. Rep.* 10, 13100. <https://doi.org/10.1038/s41598-020-70131-w>.
- Moshiro, R., Perlman, J.M., Kidanto, H., Kvaløy, J.T., Mdoe, P., and Ersdal, H.L. (2018). Predictors of death including quality of positive pressure ventilation during newborn

- resuscitation and the relationship to outcome at seven days in a rural Tanzanian hospital. *PLOS ONE* 13, e0202641. <https://doi.org/10.1371/journal.pone.0202641>.
- Mullalli-Bime, G., Kuli-Lito, G., and Tushe, E. (2016). Use of magnesium sulfate in severe perinatal asphyxia and short-term neurologic outcomes. *J. Matern.-Fetal Neonatal Med. Conf. 25th Eur. Congr. Perinat. Med. Neth. Conf. Start 20160615 Conf. End 20160618* 29, 52. <https://doi.org/10.1080/14767058.2016.1191212>.
- Mullany, L.C., Khatry, S.K., Katz, J., Stanton, C.K., Lee, A.C.C., Darmstadt, G.L., LeClerq, S.C., and Tielsch, J.M. (2013). Injections during labor and intrapartum-related hypoxic injury and mortality in rural southern Nepal. *Int. J. Gynaecol. Obstet. Off. Organ Int. Fed. Gynaecol. Obstet.* 122, 22–26. <https://doi.org/10.1016/j.ijgo.2013.02.013>.
- Mwakyusa, S.D., Manji, K.P., and Massawe, A.W. (2009). The hypoxic ischaemic encephalopathy score in predicting neurodevelopmental outcomes among infants with birth asphyxia at the Muhimbili National Hospital, Dar-es-Salaam, Tanzania. *J. Trop. Pediatr.* 55, 8–14. <https://doi.org/10.1093/tropj/55.1.8>.
- Mwaniki, M.K., Gatakaa, H.W., Mturi, F.N., Chesaro, C.R., Chuma, J.M., Peshu, N.M., Mason, L., Kager, P., Marsh, K., English, M., et al. (2010). An increase in the burden of neonatal admissions to a rural district hospital in Kenya over 19 years. *BMC Public Health* 10, 591. <https://doi.org/10.1186/1471-2382-10-591>.
- Namusoke, H., Nannyonga, M.M., Ssebunya, R., Nakibuuka, V.K., and Mworozi, E. (2018). Incidence and short term outcomes of neonates with hypoxic ischemic encephalopathy in a Peri Urban teaching hospital, Uganda: a prospective cohort study. *Matern. Health Neonatol. Perinatol.* 4, 6. <https://doi.org/10.1186/s13048-018-0055-5>.
- Nangia, S., Sunder, S., Biswas, R., and Saili, A. (2016). Endotracheal suction in term non vigorous meconium stained neonates-A pilot study. *Resuscitation* 105, 79-84. <https://doi.org/10.1016/j.resuscitation.2016.05.015>.
- Nath, A.K., and Hazarika, D. (2016). PROFILE OF ASPHYXIATED BABIES AT NEONATAL INTENSIVE CARE UNIT IN A TERTIARY CARE HOSPITAL IN NORTH EASTERN INDIA. *J. Evol. Med. Dent. Sci.-Jemds* 5, 2707–2710. .
- Nayeri, F., Shariat, M., Dalili, H., Adam, L.B., Mehrjerdi, F.Z., and Shakeri, A. (2012). Perinatal risk factors for neonatal asphyxia in Vali-e-Asr hospital, Tehran-Iran. *Iran. J. Reprod. Med.* 10, 137–140. .
- Nevalainen, P., Metsaranta, M., Toiviainen-Salo, S., Marchi, V., Mikkonen, K., Vanhatalo, S., and Lauronen, L. (2020). Neonatal neuroimaging and neurophysiology predict infantile onset epilepsy after perinatal hypoxic ischemic encephalopathy. *SEIZURE-Eur. J. EPILEPSY* 80, 249–256. <https://doi.org/10.1016/j.seizure.2020.07.002>.
- Ngabireyimana, E., Mutaganzwa, C., Kirk, C.M., Miller, A.C., Wilson, K., Dushimimana, E., Bigirumwami, O., Mukakabano, E.S., Nkikabahizi, F., and Magge, H. (2017). A retrospective review of the Pediatric Development Clinic implementation: a model to

- improve medical, nutritional and developmental outcomes of at-risk under-five children in rural Rwanda. *Matern. Health Neonatol. Perinatol.* 3, 13. <https://doi.org/10/ghmvdv>.
- Ogunfowora, O.B., Ogunlesi, T.A., and Ayeni, V.A. (2019). Factors associated with clinical outcomes among neonates admitted with acute bilirubin and hypoxic-ischaemic encephalopathies at a tertiary hospital in south-west Nigeria. *South Afr. Fam. Pract.* 61, 177–183. .
- Ogunkunle, T.O., Odiachi, H., Chuma, J.R., Bello, S.O., and Imam, A. (2020). Postnatal Outcomes and Risk Factors for In-Hospital Mortality among Asphyxiated Newborns in a Low-Resource Hospital Setting: Experience from North-Central Nigeria. *Ann. Glob. Health* 86, 63. <https://doi.org/10.5334/aogh.2884>.
- Okumuş, N., Beken, S., Aydın, B., Erol, S., Dursun, A., Fettah, N., Dilli, D., and Zenciroğlu, A. (2014). Effect of Therapeutic Hypothermia on C-Reactive Protein Levels in Patients with Perinatal Asphyxia. *Am. J. Perinatol.* 32, 667–674. <https://doi.org/10.1055/s-0034-1393933>.
- Padayachee, N., and Ballot, D.E. (2013). Outcomes of neonates with perinatal asphyxia at a tertiary academic hospital in Johannesburg, South Africa. *South Afr. J. Child Health* 7, 89. <https://doi.org/10.7196/sajch.574>.
- Pang, R., Mujuni, B.M., Martinello, K.A., Webb, E.L., Nalwoga, A., Ssekyewa, J., Musoke, M., Kurinczuk, J.J., Sewegaba, M., Cowan, F.M., et al. (2021). Elevated serum IL-10 is associated with severity of neonatal encephalopathy and adverse early childhood outcomes. *Pediatr. Res.* <https://doi.org/10.1038/s41390-021-01438-1>.
- Parakh, P., Babel, M., Parakh, M., Gurjar, A.S., Gurjar, M., Dara, P., and Choudhary, S. (2019). A prospective study to evaluate influence of maternal, obstetric and fetal risk factors on the outcome of asphyxiated neonates born intramurally and extramurally. 7. .
- Patel, K.P., Makadia, M.G., Patel, V.I., Nilayangode, H.N., and Nimbalkar, S.M. (2017). Urinary Uric Acid/Creatinine Ratio - A Marker For Perinatal Asphyxia. *J. Clin. Diagn. Res.* 11, SC8–SC10. <https://doi.org/10.7860/jcdr/2017/22697.9267>.
- Pattar, R., Raj, A., and Yelamali, B. (2015). Incidence of multiorgan dysfunction in perinatal asphyxia. *Int. J. Contemp. Pediatr.* 428–432. <https://doi.org/10.18203/2349-3291.ijcp20150989>.
- PEI Xue-Mei, GAO Ran, ZHANG Guo-Ying, LIN Ling, WAN Sheng-Ming, and QIU Su-Qing (2014). Effects of erythropoietin on serum NSE and S-100B levels in neonates with hypoxicischemic encephalopathy. *CJCP* 16, 705–708. .
- Pejovic, N.J., Myrner Hook, S., Byamugisha, J., Alfven, T., Lubulwa, C., Cavallin, F., Nankunda, J., Ersdal, H., Blennow, M., Trevisanuto, D., et al. (2020). A Randomized Trial of Laryngeal Mask Airway in Neonatal Resuscitation. *N. Engl. J. Med.* 383, 2138–2147. <https://doi.org/10.1056/NEJMoa2005333>.

- Peng, S., Boudes, E., Tan, X.M., Saint-Martin, C., Shevell, M., and Wintermark, P. (2015). Does Near-Infrared Spectroscopy Identify Asphyxiated Newborns at Risk of Developing Brain Injury During Hypothermia Treatment? *Am. J. Perinatol.* 32, 555–563. <https://doi.org/10/f7bcsg>.
- Perez, J.M.R. (2015). Correlation between Apgar score and hypoxic-ischemic encephalopathy. *Rev. Assoc. Medica Bras.* 1992 61, 193. .
- Perez, J., Perez, F., Golombek, S., and Sola, A. (2017a). Comparative Trial Between Neonatal Intensive Care Incubator, Neonatal Laminar Flow and Radiant Warmer. *Res. Pediatr. Neonatol.* 1, RPN-000504. .
- Perez, J.M.R., Golombek, S.G., Alpan, G., and Sola, A. (2015). Using a novel laminar flow unit provided effective total body hypothermia for neonatal hypoxic encephalopathy. *Acta Paediatr.* 104, e483–e488. <https://doi.org/10.1111/apa.13109>.
- Perez, J.M.R., Golombek, S.G., Sola, A., Perez, J.M.R., Golombek, S.G., and Sola, A. (2017b). Clinical hypoxic-ischemic encephalopathy score of the Iberoamerican Society of Neonatology (Siben): A new proposal for diagnosis and management. *Rev. Assoc. Médica Bras.* 63, 64–69. <https://doi.org/10.1590/1806-9282.63.01.64>.
- Perretta, L., Reed, R., Ross, G., and Perlman, J. (2020). Is there a role for therapeutic hypothermia administration in term infants with mild neonatal encephalopathy? *J. Perinatol.* 40, 522–529. <https://doi.org/10/ghmvc6>.
- Prakash, R., Savitha, M., and Krishnamurthy, B. (2016). Neurodevelopmental outcome at 12 months of postnatal magnesium sulphate therapy for perinatal asphyxia. *J. Nepal Paediatr. Soc.* 36, 256-262. <https://doi.org/10.3126/jnps.v36i3.15565>.
- Preeti, S., Kadam, A., Kadam, S., Vaidya, U., Kumar, P., Bhagat, I., Pandit, A., and Chouthai, N.S. (2019). Anthropometric measures as biomarkers of neurodevelopmental outcomes of newborns with moderate to severe hypoxic ischemic encephalopathy. *J. Neonatal-Perinat. Med.* 12, 127–134. <https://doi.org/10.3233/NPM-17151>.
- Prithviraj, D., Reddy, B., Deepthi, and Shetty, A. (2016). Laboratory Findings and Clinical Correlation in Assessing the Severity of Perinatal Asphyxia. *Int. J. Sci. Study* 4, 218–225. .
- Procianoy, R.S., Corso, A.L., Longo, M.G., Vedolin, L., and Silveira, R.C. (2019). Therapeutic hypothermia for neonatal hypoxic-ischemic encephalopathy: magnetic resonance imaging findings and neurological outcomes in a Brazilian cohort. *J. Matern.-Fetal Neonatal Med. Off. J. Eur. Assoc. Perinat. Med. Fed. Asia Ocean. Perinat. Soc. Int. Soc. Perinat. Obstet.* 32, 2727–2734. <https://doi.org/10/ghmvc4>.
- Pu, Y., Zhu, Z., Yang, Q., Zhang, Y., Zhao, J., Liu, M., and Yu, X. (2021). Significance of amplitude integrated electroencephalography in early stage of neonatal hypoxic-ischemic encephalopathy and cerebral function monitoring in Neonatal Intensive Care Units. *Am. J. Transl. Res.* 13, 9437. .

- Punchak, M., Hall, K., Seni, A., Buck, W.C., DeUgarte, D.A., Hartford, E., Kelly, R.B., and Muando, V.I. (2018). Epidemiology of Disease and Mortality From a PICU in Mozambique. *Pediatr. Crit. Care Med. J. Soc. Crit. Care Med. World Fed. Pediatr. Intensive Crit. Care Soc.* 19, e603–e610. <https://doi.org/10/gfmm3k>.
- Purkayastha, J., Lewis, L.E., Bhat, R.Y., and Anusha, K.M. (2016). Feasibility and Safety of Therapeutic Hypothermia and Short Term Outcome in Neonates with Hypoxic Ischemic Encephalopathy. *Indian J. Pediatr.* 83, 175–177. <https://doi.org/10.1007/s12098-015-1829-9>.
- Qureshi, A.M., ur Rehman, A., and Siddiqi, T.S. (2010). Hypoxic ischemic encephalopathy in neonates. *J. Ayub Med. Coll. Abbottabad JAMC* 22, 190–193. .
- Raina, A., Pandita, A., Harish, R., Yachha, M., and Jamwal, A. (2016). Treating perinatal asphyxia with theophylline at birth helps to reduce the severity of renal dysfunction in term neonates. *Acta Paediatr.* 105, e448–e451. <https://doi.org/10.1111/apa.13469>.
- Rajhans, A., Chouthai, N., and Joshi, R. (2012). Whole body hypothermia (WBH) for newborns with moderate to severe hypoxic ischemic encephalopathy (HIE) in India. In *Pediatric Academic Society Boston*, p.
- Rakesh, K., Bhat, B.V., Adhisivam, B., and Ajith, P. (2018). Effect of therapeutic hypothermia on myocardial dysfunction in term neonates with perinatal asphyxia - a randomized controlled trial. *J. Matern. Fetal Neonatal Med.* 31, 2418–2423. <https://doi.org/10/ghmvc3>.
- Ramaganeshan, D., Ramu, P., Teja, J.R., and Reddy, K.V.S. (2016). STUDY OF NEONATAL MORBIDITY PROFILE IN NICU AT A TERTIARY CARE TEACHING HOSPITAL (KGH, VISAKHAPATNAM). *J. Evol. Med. Dent. Sci.-Jemds* 5, 4809–4814. <https://doi.org/10/ghmvc2>.
- Rathee, A., and Prasad, P. (2014). Antioxidants in hypoxic ischemic encephalopathy. *J. Nepal Paediatr. Soc.* 34, 171-174. <https://doi.org/10.3126/jnps.v34i3.10122>.
- Rivera, J. (2015). DEMOGRAPHICS IN PERU AND HEALTH IMPLICATIONS. *Rev. Investig. ALTOANDINAS-J. HIGH ANDEAN Res.* 17, 143–151. <https://doi.org/10.18271/ria.2015.90>.
- Robertson, N.J., Hagmann, C.F., Acolet, D., Allen, E., Nyombi, N., Elbourne, D., Costello, A., Jacobs, I., Nakakeeto, M., and Cowan, F. (2011). Pilot randomized trial of therapeutic hypothermia with serial cranial ultrasound and 18-22 month follow-up for neonatal encephalopathy in a low resource hospital setting in Uganda: study protocol. *Trials* 12, 138. <https://doi.org/10.1186/1745-6215-12-138>.
- Robinson, H., Hart, D., and Vollmer, B. (2021). Predictive validity of a qualitative and quantitative Prechtl's General Movements Assessment at term age: Comparison between preterm infants and term infants with HIE. *EARLY Hum. Dev.* 161. <https://doi.org/10.1016/j.earlhumdev.2021.105449>.

- Rohit, M., Bhavesh, M., PatelJaiminkumar, and Punitha, K.M. (2015). Study of the Morbidity and the Mortality Pattern in the Neonatal Intensive Care Unit at a Tertiary Care teaching Hospital in Gandhinagar District, Gujarat, India. *J. Res. Med. Dent. Sci.* 3, 208–212. <https://doi.org/10/ghmvez>.
- Roka, A., Beko, G., Halasz, J., Toldi, G., Lakatos, P., Azzopardi, D., Tulassay, T., and Szabo, M. (2013). Changes in serum cytokine and cortisol levels in normothermic and hypothermic term neonates after perinatal asphyxia. *Inflamm. Res.* 62, 81–87. <https://doi.org/10.1007/s00011-012-0554-3>.
- Rule, A.R.L., Maina, E., Cheruiyot, D., Mueri, P., Simmons, J.M., and Kamath-Rayne, B.D. (2017). Using quality improvement to decrease birth asphyxia rates after “Helping Babies Breathe” training in Kenya. *Acta Paediatr. Oslo Nor.* 1992 106, 1666–1673. <https://doi.org/10/gbnph3>.
- Sadeghnia, A., and Mohammadpoor, S. (2019). The Investigation of Rate of Birth Asphyxia and its Relationship with Delivery Mode at Shahid Beheshti Hospital of Isfahan during 2013, 2014, and 2015. *Int. J. Prev. Med.* 10. .
- Salustiano, E.M.A., Campos, J.A.D.B., Ibidi, S.M., Ruano, R., and Zugaib, M. (2012). Low Apgar scores at 5 minutes in a low risk population: maternal and obstetrical factors and postnatal outcome. *Rev. Assoc. Medica Bras.* 1992 58, 587–593. .
- Savitha, R., and Rajprakash, R. (2016). Beneficial effect of intravenous magnesium sulphate in term neonates with perinatal asphyxia. *Int. J. Contemp. Pediatr.* 150–154. <https://doi.org/10.18203/2349-3291.ijcp20160149>.
- Sebetseba, K.N., Ramdin, T., and Ballot, D. (2020). The Use of Therapeutic Hypothermia in Neonates with Perinatal Asphyxia at Charlotte Maxeke Johannesburg Academic Hospital: A Retrospective Review. *Ther. Hypothermia Temp. Manag.* 10, 135–140. <https://doi.org/10.1089/ther.2017.0040>.
- See, K.C., Jamal, S.J.S., and Chiam, M.L. (2012). Short term outcome of therapeutic hypothermia in term infants with moderate to severe hypoxic ischaemic encephalopathy; the Sungai Buloh experience. *Med. J. Malaysia* 67, 265–268. .
- Seepana, S.S.R., and Raju, S.G.S. (2019). STUDY OF NEONATAL DEATH AND CAUSES IN ADMITTED NEONATES IN NEONATAL INTENSIVE CARE UNIT, GOVERNMENT MEDICAL COLLEGE, TEACHING HOSPITAL, SRIKAKULAM, A. P., INDIA. *J. Evol. Med. Dent. Sci.-Jemds* 8, 2279–2282. <https://doi.org/10/ghmvev>.
- Seo, Y.-M., Im, S.-A., Sung, I.K., and Youn, Y.A. (2020). The prognosis of brain magnetic resonance imaging injury pattern for outcomes of hypothermia-treated infants. *Medicine (Baltimore)* 99, e23176. <https://doi.org/10.1097/MD.00000000000023176>.
- Shalaby, A.M., Gad, E.F., Eldin, E.M.S., El-Deeb, S.A., and Abdel-Aziz, S.M. (2021). Comparative Study Between Serum Level of Total L-carnitine in Neonatal Hypoxic Ischemic

- Encephalopathy (HIE) and Transient Tachypnea of the Newborn (TTN). *J. Compr. Pediatr.* 12. <https://doi.org/10/gnpvn9>.
- Shan (2016). Clinical observation of erythropoietin in the treatment of neonatal encephalopathy. *Chin Cont Med Edu* 8, 148–149. .
- Shapiro, K.A., Kim, H., Mandelli, M.L., Rogers, E.E., Gano, D., Ferriero, D.M., Barkovich, A.J., Gorno-Tempini, M.L., Glass, H.C., and Xu, D. (2017). Early changes in brain structure correlate with language outcomes in children with neonatal encephalopathy. *Neuroimage-Clin.* 15, 572–580. <https://doi.org/10/gbxhk6>.
- Sharma, D., Choudhary, M., Lamba, M., and Shastri, S. (2016). Correlation of Apgar Score with Asphyxial Hepatic Injury and Mortality in Newborns: A Prospective Observational Study From India. *Clin. Med. Insights-Pediatr.* 10, 27–34. <https://doi.org/10/ghmvcv>.
- Shrestha, M., Bajracharya, L., and Shrestha, L. (2017). Neurodevelopmental Outcome of High Risk Babies at One Year of Age Born in a Tertiary Centre. *J. Nepal Paediatr. Soc.* 37. <https://doi.org/10.3126/jnps.v37i1.16242>.
- Shrestha, S., Shrestha, G.S., and Sharma, A. (2016). Immediate Outcome of Hypoxic Ischaemic Encephalopathy in Hypoxiate Newborns in Nepal Medical College. *J. Nepal Health Res. Counc.* 14, 77–80. .
- Siddiqui, M.A., and Butt, T.K. (2021). Role of Intravenous Magnesium Sulphate in Term Neonates with Hypoxic Ischemic Encephalopathy (HIE) in a Low-income Country: A Randomised Clinical Trial. *J. Coll. Physicians Surg.--Pak. JCPSP* 30, 817–820. <https://doi.org/10.29271/jcpsp.2021.07.817>.
- Simiyu, I.N., McHaile, D.N., Katsonger, K., Philemon, R.N., and Msuya, S.E. (2017). Prevalence, severity and early outcomes of hypoxic ischemic encephalopathy among newborns at a tertiary hospital, in northern Tanzania. *BMC Pediatr.* 17, 131. <https://doi.org/10/ghmvct>.
- Simovic, A., Stojkovic, A., Savic, D., and Milovanovic, D.R. (2015). Can a single lactate value predict adverse outcome in critically ill newborn? *Bratisl. Lek. Listy* 116, 591–595. .
- Simovic, A.M., Prijic, S.M., Knezevic, J.B., Igrutinovic, Z.R., Vujic, A.J., and Kosutic, J.L. (2014). Predictive value of biochemical, echocardiographic and electrocardiographic markers in non-surviving and surviving asphyxiated full-term newborns. *Turk. J. Pediatr.* 56, 243–249. .
- Singh, A., Saluja, S., Kler, N., Garg, P., Soni, A., and Thakur, A. (2021). Amplitude integrated EEG: how much it helps in prognostication in neonatal encephalopathy?. *J. Matern.-Fetal Neonatal Med. Off. J. Eur. Assoc. Perinat. Med. Fed. Asia Ocean. Perinat. Soc. Int. Soc. Perinat. Obstet.* 1–8. <https://doi.org/10.1080/14767058.2021.1937104>.
- Sola, A., Perez, J., Golombek, S., and Fajardo, C. (2013). A laminar flow unit for the care of critically ill newborn infants. *Med. Devices Evid. Res.* 163. <https://doi.org/10.2147/MDER.S51270>.

- Song, P., Theodoratou, E., Li, X., Liu, L., Chu, Y., Black, R.E., Campbell, H., Rudan, I., and Chan, K.Y. (2016). Causes of death in children younger than five years in China in 2015: an updated analysis. *J. Glob. Health* 6. <https://doi.org/10.7189/jogh.06.020802>.
- Sowjanya, S., Venugopalan, L., and Thiagarajan, K. (2016). Therapeutic hypothermia for perinatal asphyxia in an Urban Tertiary Referral Center in South India: Our experience. *J. Clin. Neonatol.* 5, 150–152. <https://doi.org/10/ghmvp>.
- Stofberg, J.P.J., Spittal, G.W., Hinkel, T., and Ras, T. (2020). A descriptive study of suspected perinatal asphyxia at Mitchells Plain District Hospital: A case series. *South Afr. Fam. Pract. Off. J. South Afr. Acad. Fam. Pract. Care* 62, e1–e10. <https://doi.org/10.4102/safp.v62i1.5112>.
- Sulthana, S.A.S., Manjuleswari, N., Venkateshetty, A., and Sreedevi, A. (2015). STUDY OF THE MORBIDITY PATTERN IN THE SPECIAL NEW BORN CARE UNIT (SNCU) AT A TERTIARY CARE TEACHING HOSPITAL IN KURNOOL DISTRICT, ANDHRA PRADESH, INDIA. *J. Evol. Med. Dent. Sci.-Jemds* 4, 8999–9005. <https://doi.org/10/ghmvpq>.
- Summanen, M., Seikku, L., Rahkonen, P., Stefanovic, V., Teramo, K., Andersson, S., Kaila, K., and Rahkonen, L. (2017). Comparison of Umbilical Serum Copeptin Relative to Erythropoietin and S100B as Asphyxia Biomarkers at Birth. *Neonatology* 112, 60–66. <https://doi.org/10.1159/000456063>.
- Sun, J., Qu, S., Zhang, C., Xiang, Z., Fu, Z., and Yao, L. (2014). Neonatal mortality rate and risk factors in northeast China: analysis of 5,277 neonates in 2005. *Clin. Exp. Obstet. Gynecol.* 41, 512–516. .
- Sunny, A., Basnet, O., Acharya, A., Poudel, P., Malqvist, M., and Ashish, K. (2021a). Impact of free newborn care service package on out of pocket expenditure-evidence from a multicentric study in Nepal. *BMC Health Serv. Res.* 21. <https://doi.org/10.1186/s12913-021-06125-9>.
- Sunny, A., Paudel, P., Tiwari, J., Bagale, B., Kukka, A., Hong, Z., Ewald, U., Berkelhamer, S., and Ashish, K. (2021b). A multicenter study of incidence, risk factors and outcomes of babies with birth asphyxia in Nepal. *BMC Pediatr.* 21. <https://doi.org/10.1186/s12887-021-02858-y>.
- Sunny, A.K., Gurung, R., Gurung, A., Basnet, O., and Kc, A. (2020). Out of Pocket Expenditure for Sick Newborn Care in Referral Hospitals of Nepal. *Matern. Child Health J.* 24, 57–65. <https://doi.org/10/ghmvcr>.
- Surkov, D. (2016). Safety of 6% hydroxyethylstarch 130/0.42 in term neonates with severe HIE. *Pediatr. Anesth. Crit. Care J.* 4, 103–107. .
- Surkov, D. (2018). Using of dexmedetomidine in term neonates with hypoxic-ischemic encephalopathy. *Intensive Care Med. Exp. Conf. 31st Eur. Soc. Intensive Care Med. Annu. Congr. ESICM 2018 Fr.* 6. <https://doi.org/10.1186/s40635-018-0201-6>.

- Sweetman, D., Lakatos, P., Molloy, E., Kardasi, J., Bango, M., and Szabo, M. (2012). Poor motor outcome at 2 years of age is predicted by elevated leukocyte count in infants with perinatal asphyxia. *Arch. Dis. Child.* 97, A304. <https://doi.org/10.1136/archdischild-2012-302724.1060>.
- Szakmar, E., Kovacs, K., Meder, U., Bokodi, G., Andorka, C., Lakatos, A., Szabo, A.J., Belteki, G., Szabo, M., and Jermendy, A. (2020). Neonatal encephalopathy therapy optimization for better neuroprotection with inhalation of CO₂: the HENRIC feasibility and safety trial. *Pediatr. Res.* 87, 1025–1032. <https://doi.org/10.1038/s41390-019-0697-9>.
- Tagin, M., Zhu, C., and Gunn, A.J. (2015). Beneficence and Nonmaleficence in Treating Neonatal Hypoxic-Ischemic Brain Injury. *Dev. Neurosci.* 37, 305–310. <https://doi.org/10.1159/000371722>.
- Tajalli, S., Fallahi, M., Bashardoust, M., Kazemian, M., and Heshmatpanah, J. (2021). Neonatal Mortality in an Iranian Referral Level. Neonatal Intensive Care Unit: A Cross-Sectional Study. *Iran. J. Neonatol.* 12, 68–75. <https://doi.org/10.22038/ijn.2021.53275.1971>.
- Talebian, A., Jahangiri, M., Rabiee, M., Masoudi Alavi, N., Akbari, H., and Sadat, Z. (2015). The Etiology and Clinical Evaluations of Neonatal Seizures in Kashan, IRAN. *Iran. J. Child Neurol.* 9, 29–35. .
- Tanigasalam, V., Bhat, B.V., Adhisivam, B., Sridhar, M.G., and Harichandrakumar, K.T. (2016). Predicting Severity of Acute Kidney Injury in Term Neonates with Perinatal Asphyxia Using Urinary Neutrophil Gelatinase Associated Lipocalin. *Indian J. Pediatr.* 83, 1374–1378. <https://doi.org/10.1007/s12098-016-2178-z>.
- Tanigasalam, V., Plakkal, N., Vishnu Bhat, B., and Chinnakali, P. (2018). Does fluid restriction improve outcomes in infants with hypoxic ischemic encephalopathy? A pilot randomized controlled trial. *J. Perinatol. Off. J. Calif. Perinat. Assoc.* 38, 1512–1517. <https://doi.org/10/ghmvcn>.
- Tann (2010). A Randomised Pilot Feasibility Study of Therapeutic Hypothermia Using Water Bottles for Neonatal Encephalopathy in Uganda: optimality Score, cUS and 18-22 Month Neurodevelopmental Outcomes. *Pediatr. Acad. Soc.* <http://www.abstracts2view.com/pas/>. .
- Tann, C., Nakakeeto, M., Nyombi, N., Namiro, F., Webb, E., Elliott, A., Kurinczuk, J., Robertson, N., Strohm, B., Azzopardi, D., et al. (2015). Comparison of early cranial ultrasound findings in neonatal encephalopathy in the UK and Uganda. *Pediatr. Acad. Soc. PAS Annu. Meet.* 2015 Apr 25 - 28 San Diego USA.
- Tann, C.J., Nkurunziza, P., Nakakeeto, M., Oweka, J., Kurinczuk, J.J., Were, J., Nyombi, N., Hughes, P., Willey, B.A., Elliott, A.M., et al. (2014). Prevalence of bloodstream pathogens is higher in neonatal encephalopathy cases vs. controls using a novel panel of real-time PCR assays. *PloS One* 9, e97259. <https://doi.org/10/ghmvcs>.
- Tann, C.J., Nakakeeto, M., Hagmann, C., Webb, E.L., Nyombi, N., Namiro, F., Harvey-Jones, K., Muhumuza, A., Burgoine, K., Elliott, A.M., et al. (2016). Early cranial ultrasound

- findings among infants with neonatal encephalopathy in Uganda: an observational study. *Pediatr. Res.* 80, 190–196. <https://doi.org/10/f9nj4k>.
- Tann, C.J., Nakakeeto, M., Willey, B.A., Sewegaba, M., Webb, E.L., Oke, I., Mutuuza, E.D., Peebles, D., Musoke, M., Harris, K.A., et al. (2018a). Perinatal risk factors for neonatal encephalopathy: an unmatched case-control study. *Arch. Dis. Child. Fetal Neonatal Ed.* 103, F250–F256. <https://doi.org/10/c965>.
- Tann, C.J., Webb, E.L., Lassman, R., Ssekyewa, J., Sewegaba, M., Musoke, M., Burgoine, K., Hagmann, C., Deane-Bowers, E., Norman, K., et al. (2018b). Early Childhood Outcomes After Neonatal Encephalopathy in Uganda: A Cohort Study. *EClinicalMedicine* 6, 26–35. <https://doi.org/10.1016/j.eclinm.2018.12.001>.
- Tette, E.M.A., Neizer, M., Nyarko, M.Y., Sifah, E.K., Nartey, E.T., and Donkor, E.S. (2016). Changing Patterns of Disease and Mortality at the Children's Hospital, Accra: Are Infections Rising? *PloS One* 11, e0150387. <https://doi.org/10/f8wngj>.
- Thayyil, S. (2018). Cooling Therapy for Neonatal Encephalopathy in Low- and Middle-income Countries. *Indian Pediatr.* 55, 197–198. <https://doi.org/10.1007/s13312-018-1316-2>.
- Thayyil, S., Shankaran, S., Wade, A., Cowan, F.M., Ayer, M., Satheesan, K., Sreejith, C., Eyles, H., Taylor, A.M., Bainbridge, A., et al. (2013). Whole-body cooling in neonatal encephalopathy using phase changing material. *Arch. Dis. Child. - Fetal Neonatal Ed.* 98, F280–F281. <https://doi.org/10.1136/archdischild-2013-303840>.
- Thomas, N., George, K.C., Sridhar, S., Kumar, M., Kuruvilla, K.A., and Jana, A.K. (2011). Whole body cooling in newborn infants with perinatal asphyxial encephalopathy in a low resource setting: a feasibility trial. *Indian Pediatr.* 48, 445–451. .
- Thomas, N., Chakrapani, Y., Rebekah, G., Kareti, K., and Devasahayam, S. (2015). Phase Changing Material: An Alternative Method for Cooling Babies with Hypoxic Ischaemic Encephalopathy. *Neonatology* 107, 266–270. <https://doi.org/10.1159/000375286>.
- Thoresen, M., Jary, S., Walloe, L., Karlsson, M., Martinez-Biarge, M., Chakkarapani, E., and Cowan, F. (2021). MRI combined with early clinical variables are excellent outcome predictors for newborn infants undergoing therapeutic hypothermia after perinatal asphyxia. *ECLINICALMEDICINE* 36. <https://doi.org/10.1016/j.eclinm.2021.100885>.
- Tian, F., Sepulveda, P., Kota, S., Liu, Y., Das, Y., Liu, H., Zhang, R., and Chalak, L. (2021). Regional heterogeneity of cerebral hemodynamics in mild neonatal encephalopathy measured with multichannel near-infrared spectroscopy. *Pediatr. Res.* 89, 882–888. <https://doi.org/10.1038/s41390-020-0992-5>.
- Torres-Munoz, J., Rojas, C., Mendoza-Urbano, D., Marin-Cuero, D., Orobio, S., and Echandia, C. (2017). Risk factors associated with the development of perinatal asphyxia in neonates at the Hospital Universitario del Valle, Cali, Colombia, 2010-2011. *Biomedica* 37, 51–56. .

- Torres-Munoz, J., Fonseca-Perez, J., and Laurent, K. (2021). Biological and Psychosocial Factors, Risk Behaviors, and Perinatal Asphyxia in a University Hospital: Matched Case-Control Study, Cali, Colombia (2012-2014). *Front. PUBLIC Health* 9. <https://doi.org/10.3389/fpubh.2021.535737>.
- Tran, H., Le, H., Tran, H., Khu, D., Lagercrantz, H., Tran, D., Winbladh, B., Hellstrom-Westas, L., Alfvén, T., and Olson, L. (2021). Hypothermic treatment for neonatal asphyxia in low-resource settings using phase-changing material-An easy to use and low-cost method. *ACTA Paediatr.* 110, 85–93. <https://doi.org/10.1111/apa.15331>.
- Trotman, H., and Garbutt, A. (2011). Predictors of outcome of neonates with hypoxic ischaemic encephalopathy admitted to the neonatal unit of the University Hospital of the West Indies. *J. Trop. Pediatr.* 57, 40–44. <https://doi.org/10/c26wch>.
- Trotman, H., and Olugbuyi, O. (2018). The Spectrum of Neonatal Disorders Managed at the University Hospital of the West Indies over the Past Two Decades. *West Indian Med. J.* 67, 404–409. <https://doi.org/10.7727/wimj.2018.174>.
- Tskimanauri, N., Khachapuridze, N., Chanadiri, T., and Bakhtadze, S. (2017). EPIDEMIOLOGICAL FEATURES OF THE PERINATAL RISK FACTORS AND NEONATAL OUTCOMES IN GEORGIA - PILOT STUDY. *Georgian Med. News* 38–44.
- Tunc, T., Karaoglu, A., Cayci, T., Demirkaya, E., Kul, M., Yaman, H., Karadeniz, S., Gungor, T., and Alpay, F. (2010). The relation between delivery type and tau protein levels in cord blood. *Pediatr. Int. Off. J. Jpn. Pediatr. Soc.* 52, 872–875. <https://doi.org/10.1111/j.1442-200X.2010.03213.x>.
- Uleanya, N.D., Aniwada, E.C., and Ekwochi, U. (2019). Short term outcome and predictors of survival among birth asphyxiated babies at a tertiary academic hospital in Enugu, South East, Nigeria. *Afr. Health Sci.* 19, 1554–1562.
- Van Anh, T.N., Hao, T.K., Chi, N.T.D., and Son, N.H. (2019). Predictions of Hypoxic-Ischemic Encephalopathy by Umbilical Cord Blood Lactate in Newborns with Birth Asphyxia. *Open Access Maced. J. Med. Sci.* 7, 3564–3567. <https://doi.org/10/ghmvch>.
- Viyas, T.V., Stanley, P.K., Ma, A.S., and Shankar, A.G. (2019). Low cost neonatal therapeutic hypothermia device. *J. Int. Pharm. Res.* 46, 560–565.
- Wallander, J.L., Bann, C.M., Biasini, F.J., Goudar, S.S., Pasha, O., Chomba, E., McClure, E., and Carlo, W.A. (2014). Development of children at risk for adverse outcomes participating in early intervention in developing countries: a randomized controlled trial. *J. Child Psychol. Psychiatry* 55, 1251–1259. <https://doi.org/10.1111/jcpp.12247>.
- Walsh, B.H., Broadhurst, D.I., Mandal, R., Wishart, D.S., Boylan, G.B., Kenny, L.C., and Murray, D.M. (2012). The Metabolomic Profile of Umbilical Cord Blood in Neonatal Hypoxic Ischaemic Encephalopathy. *Plos One* 7. <https://doi.org/10/ggsdwn>.

- Wang, J., Tao, E., Mo, M., Ding, W., Yuan, J., Wang, M., Zheng, C., and Zheng, H. (2020). Perinatal Risk Factors Influencing Neonatal Hypoxic Ischemic Encephalopathy in Southern China: A Case-Control Study. *Am. J. Perinatol.*
- Wang, Y., Pan, K., Zhao, X., Qiang, H., and Cheng, S. (2011). Therapeutic effects of erythropoietin on hypoxic-ischemic encephalopathy in neonates. *Zhongguo Dang Dai Er Ke Za Zhi Chin. J. Contemp. Pediatr.* 13, 855-858. .
- Wang, Z., Liu, Y., Shao, M., Wang, D., and Zhang, Y. (2018). Combined prediction of miR-210 and miR-374a for severity and prognosis of hypoxic-ischemic encephalopathy. *Brain Behav.* 8, e00835. <https://doi.org/10.1002/brb3.835>.
- Wang, Z., Zhang, P., Zhou, W., Xia, S., Zhou, W., Zhou, X., Cheng, X., Shi, Y., Lin, Z., Song, D., et al. (2021). Neonatal hypoxic-ischemic encephalopathy diagnosis and treatment: a National Survey in China. *BMC Pediatr.* 21, 261. <https://doi.org/10.1186/s12887-021-02737-6>.
- Wang Gang (2017). Observation on Efficacy of Recombinant Human Erythropoietin in Treatment of Neonatal Hypoxic Ischemic Encephalopathy. *Eval. Anal. Drug-Use Hosp. China* 633–635. .
- Wei, K.-L., Yang, Y.-J., Yao, Y.-J., Du, L.-Z., Wang, Q.-H., Wang, R.-H., Wang, L., Lin, Y., Liu, J., Wang, H., et al. (2012). Epidemiologic survey on hospitalized neonates in China. *Transl. Pediatr.* 1, 15–22. .
- West, B.A., and Opara, P.I. (2013). Perinatal asphyxia in a specialist hospital in Port Harcourt, Nigeria. *Niger. J. Paediatr.* 40, 206–210. <https://doi.org/10.4314/njp.v40i3.1>.
- Wu, Y., Zhu, Z., Fang, X., Yin, L., Liu, Y., Xu, S., and Li, A. (2016). The Association between NOS3 Gene Polymorphisms and Hypoxic-Ischemic Encephalopathy Susceptibility and Symptoms in Chinese Han Population. *BioMed Res. Int.* 2016, 1957374. <https://doi.org/10.1155/2016/1957374>.
- WU Yi-jun, YU Jing, and GUAN Li-rong (2015). Analysis on effect of erythropoietin in treating moderate to severe neonatal hypoxic-ischemic encephalopathy. *J. Lab. Med. Clin. Sci.* 2001–2002. .
- Xin, T., Li, Z., and Zhang, X. (2019). Use of MRI and CT image indexing to assess cerebral injuries in neonates with hypoxic-ischemic encephalopathy. *Minerva Pediatr.* 71, 438–442. <https://doi.org/10.23736/S0026-4946.16.04349-8>.
- Xu, Z.-E., Mbugi, J., Hu, Y., Yue, W., Hua, Z., and Wei, H. (2022). Serum troponin I: a potential biomarker of hypoxic-ischemic encephalopathy in term newborns. *Childs Nerv. Syst.* 38, 295–301. <https://doi.org/10.1007/s00381-021-05368-5>.
- Yadav, S., Shah, G., Poudel, P., and Mishra, O. (2016). Risk factors for adverse outcome in asphyxiated new born in Eastern Nepal. *Int. J. Community Med. Public Health* 1419–1423. <https://doi.org/10.18203/2394-6040.ijcmph20161604>.

- Yang, Z. (2011). Clinical study of erythropoietin in the treatment of 56 cases of neonatal hypoxic-ischemic encephalopathy. *J. Med. Forum* 32, 94–95. .
- Yang Yong (2017). Erythropoietin combined with mild hypothermia in the treatment of severe HIE and its one-year developmental effect. *J. Hunan Norm. Univ. Med. Sci.* 34–37. .
- Yelamali, B., Pol, R., Talawar, K., Naik, S., and Badakali, A. (2020). Outcome of newborn with birth asphyxia in tertiary care hospital -a retrospective study. 3, 78–83. .
- Yin, X.-J., Wei, W., Han, T., Shang, M.-X., Han, X., Chai, Y.-N., and Feng, Z.-C. (2014). Value of amplitude-integrated electroencephalograph in early diagnosis and prognosis prediction of neonatal hypoxic-ischemic encephalopathy. *Int. J. Clin. Exp. Med.* 7, 1099-1104. .
- Youn, Y.A., Kim, J.H., Yum, S.K., Moon, C.J., Lee, I.G., and Sung, I.K. (2016). The hospital outcomes compared between the early and late hypothermia-treated groups in neonates. *J. Matern. Fetal Neonatal Med.* 29, 2288–2292. <https://doi.org/10/ghmvcf>.
- Yousef, E.A.M.A., Elsayed, L.M., Abdo, A.A.E.-H., Mohamed, N.A.E.-H., and Shehab, M.M. (2021). Urinary Uric Acid/Creatinine Ratio as A diagnostic Marker for Perinatal Asphyxia. Egypt. *J. Hosp. Med.* 85, 3380–3384. <https://doi.org/10.21608/ejhm.2021.197735>.
- Yuan, X., Kang, W., Song, J., Guo, J., Guo, L., Zhang, R., Liu, S., Zhang, Y., Liu, D., Wang, Y., et al. (2020). Prognostic value of amplitude-integrated EEG in neonates with high risk of neurological sequelae. *Ann. Clin. Transl. Neurol.* 7, 210–218. <https://doi.org/10.1002/acn3.50989>.
- Zeng, S., Huang, Y., Zhong, T., Huang, T., Dong, X., Zhu, H., and Ouyang, F. (2021). The expression and clinical value of ubiquitin carboxyl-terminal hydrolase L1 in the blood of neonates with hypoxic ischemic encephalopathy. *Transl. Pediatr.* 10, 2063–2068. <https://doi.org/10.21037/tp-21-327>.
- Zhang, X. (2011). Erythropoietin in the treatment of neonatal hypoxic ischemic encephalopathy : clinical analysis of 120 cases. *China Pract. Med.* 6, 177-178. .
- Zhang, B., Ran, Y., Wu, S., Zhang, F., Huang, H., Zhu, C., Zhang, S., and Zhang, X. (2021). Inhibition of Colony Stimulating Factor 1 Receptor Suppresses Neuroinflammation and Neonatal Hypoxic-Ischemic Brain Injury. *Front. Neurol.* 12, 607370. <https://doi.org/10.3389/fneur.2021.607370>.
- Zhang, G., Ye, M., and Li, M. (2020a). Deregulated miR-384 serves as a biomarker in neonatal hypoxic-ischemic encephalopathy and alleviates microglia-mediated neuroinflammation. *Mol. Biol. Rep.* 47, 5411–5420. <https://doi.org/10.1007/s11033-020-05631-z>.
- Zhang, Y., Zhang, J.L., and Li, Y. (2016). Computed tomography diagnosis of neonatal hypoxic ischemic encephalopathy combined with intracranial hemorrhage and clinical nursing treatment. *J. Biol. Regul. Homeost. Agents* 30, 511–515. .

- Zhang, Y., Zhang, B., Wang, D., Shi, W., and Zheng, A. (2020b). Evaluation of Novel Biomarkers for Early Diagnosis of Acute Kidney Injury in Asphyxiated Full-Term Newborns: A Case-Control Study. *Med. Princ. Pract.* 29, 285–291. <https://doi.org/10.1159/000503555>.
- Zhang Yisen and Li Zhanhua (2017). Clinical observation of erythropoietin combined with gangliosides in the treatment of neonatal hypoxic ischemic encephalopathy. *Int. Med. Health Guid. News* 1223–1225. .
- Zhu, J., Guo, A., Zhang, N., Qin, M., Liu, L., and Zhu, W. (2016). Effect of erythropoietin on hypoxic ischemic encephalopathy in neonates. *J. SHANDONG Univ. Health Sci.* 54, 60–63. .
- Zhu, X., Ye, M., Zhang, A., Wang, W., Zeng, F., Li, J., and Fang, F. (2015). Influence of one-year neurologic outcome of treatment on newborns with moderate and severe hypoxic-ischemic encephalopathy by rhuEP0 combined with ganglioside (GM1). *Eur Rev Med Pharmacol Sci* 19, 3955–3960. .
- Zou, H., Lu, Y., and Wan, H. (2010). Curative effect of Erythropoietin on treating severe neonatal hypoxic ischemic encephalopathy in 20 cases. *China Pharm.* 19, 74-75. .

Supplementary Table 3: Results of the Bias Evaluation and Modified Newcastle Ottawa Scale

See separate file “Supplementary Table 3.pdf”

Supplementary Table 4: Additional information about included reports

See separate file “Supplementary Table 4.pdf”

Supplementary Table 5: Neonatal Mortality Associated with Intrapartum-Related NE

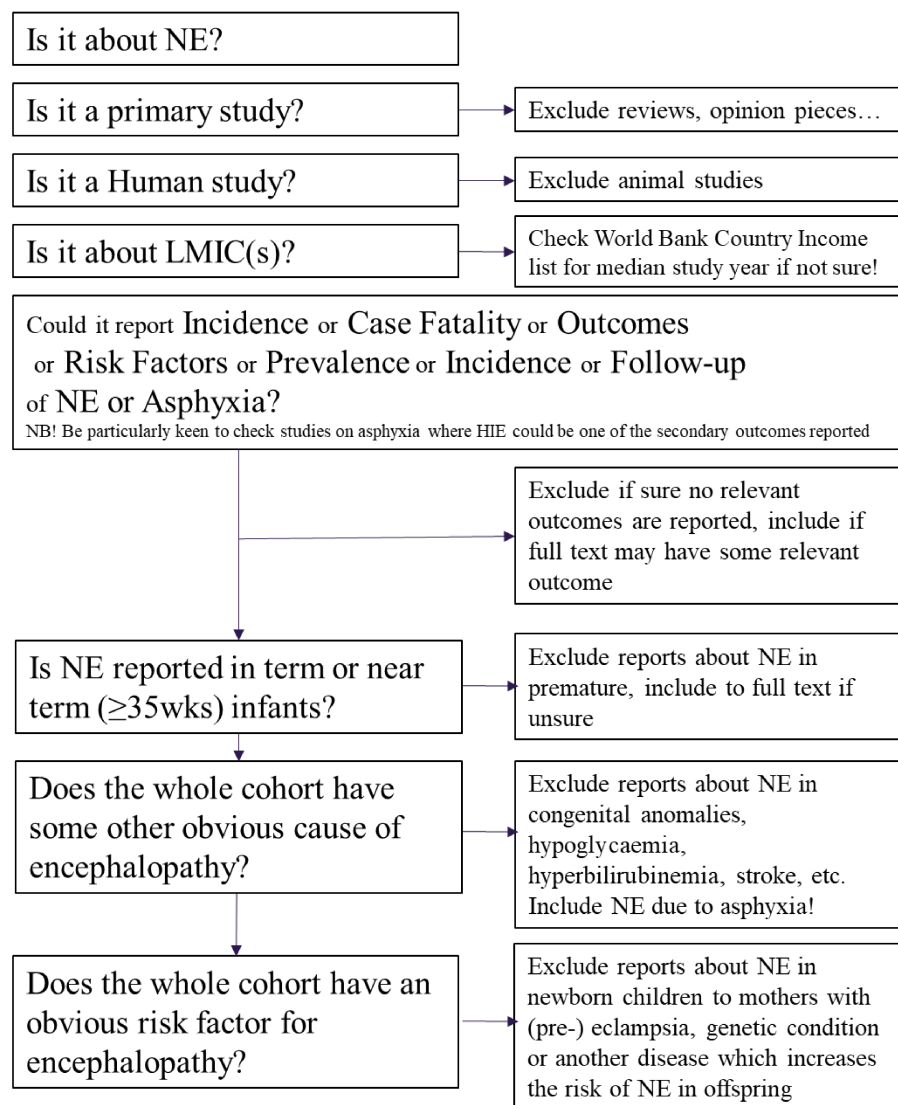
See separate file “Supplementary Table 5.pdf”

Supplementary Table 6: Neurodevelopmental Outcomes Associated with Intrapartum-Related NE

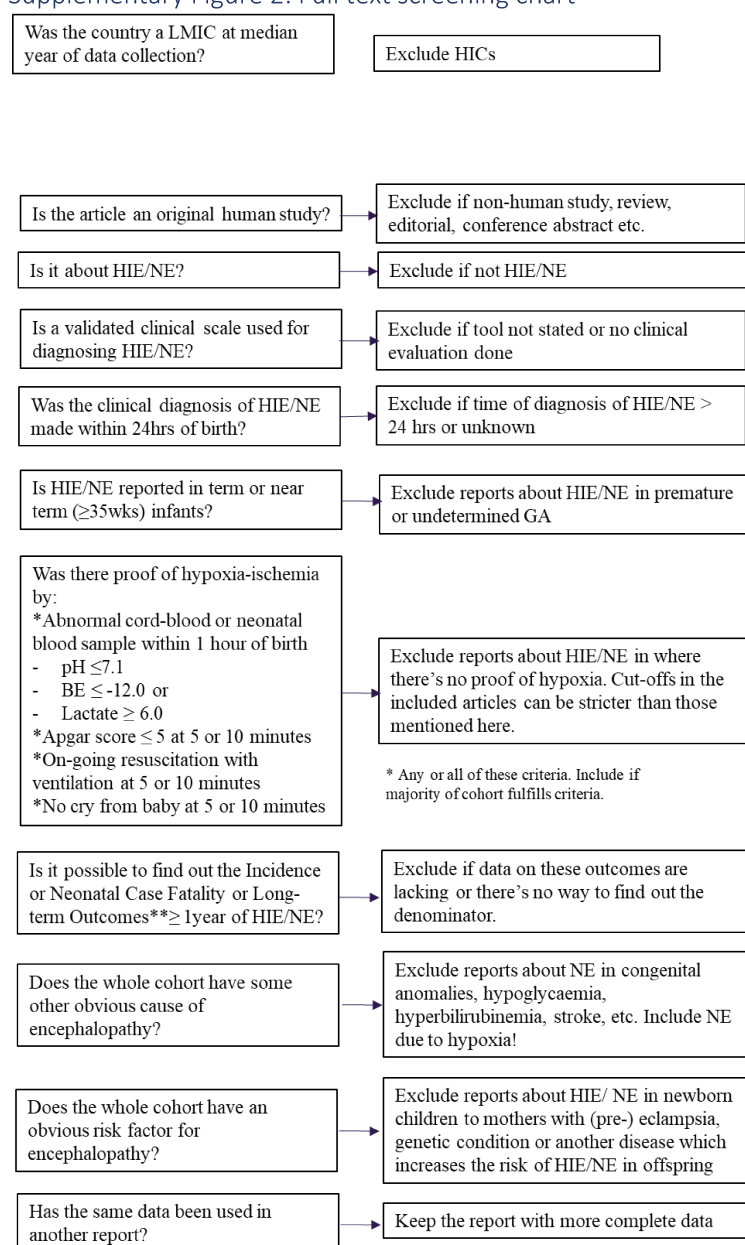
See separate file “Supplementary Table 6.pdf”

Supplementary Figures

Supplementary Figure 1: Abstract screening chart

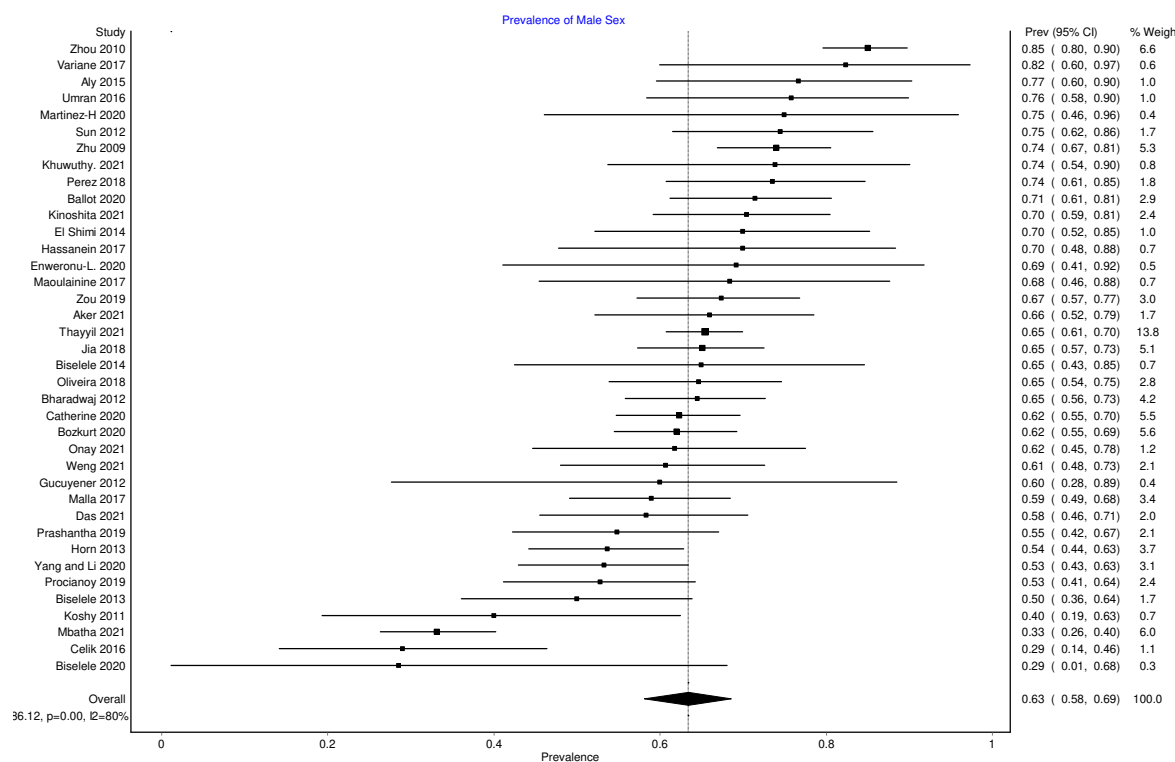


Supplementary Figure 2: Full text screening chart

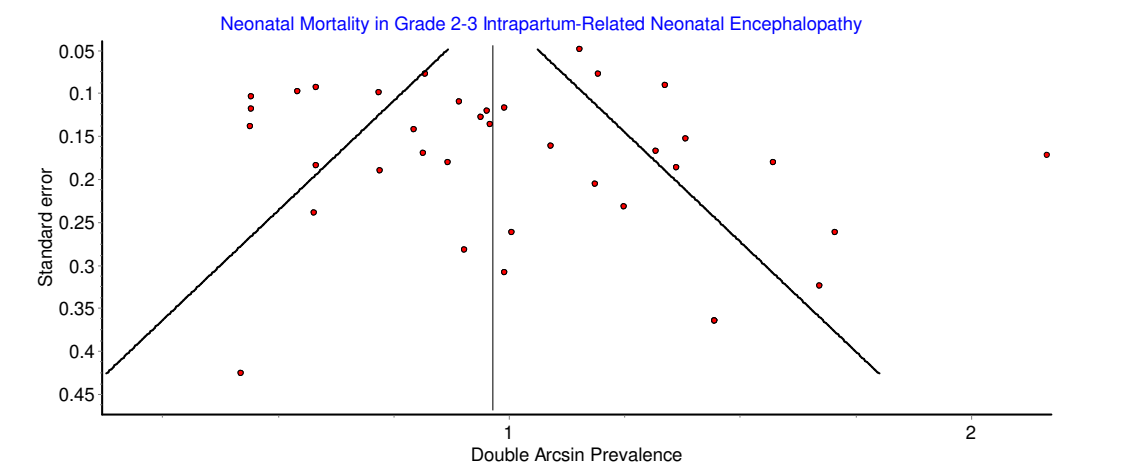


**Types of adverse neurodevelopmental outcomes considered are cerebral palsy; developmental delay assessed with any validated developmental assessment tool; intellectual impairment (intelligence quotient (IQ) 2 SD below mean); blindness (vision 6/60 in both eyes); sensorineural deafness requiring amplification; epilepsy

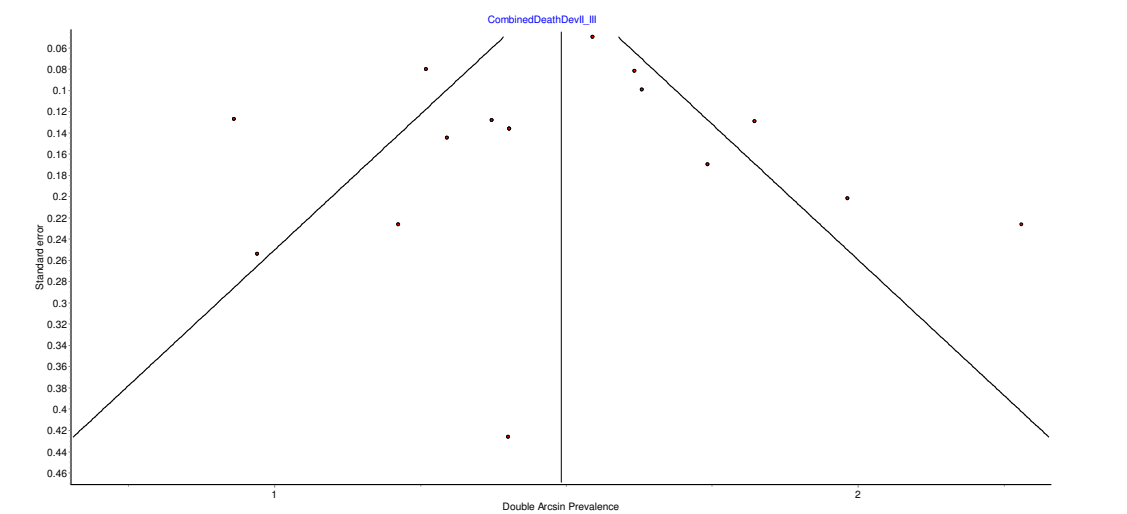
Supplementary Figure 3: Meta-analysis of the prevalence of male sex in the included studies



Supplementary Figure 4: Funnel plot of studies reporting neonatal mortality associated with grade II-III intrapartum-related neonatal encephalopathy

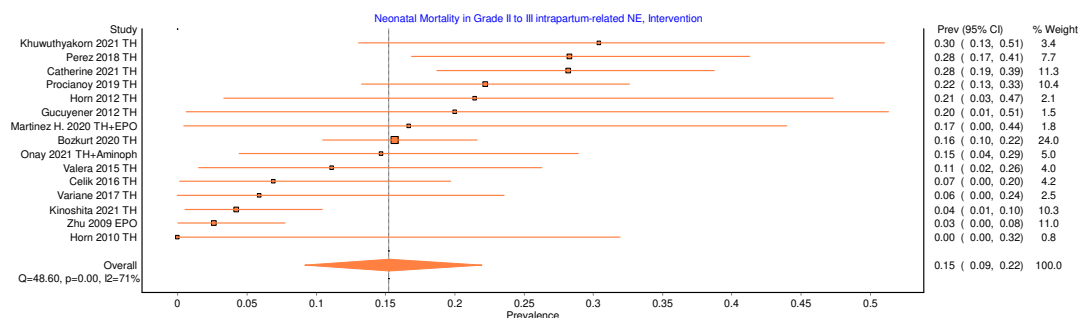


Supplementary Figure 5: Funnel plot of studies reporting combined death or moderate to severe neurodevelopmental outcome in grade II-III intrapartum-related neonatal encephalopathy

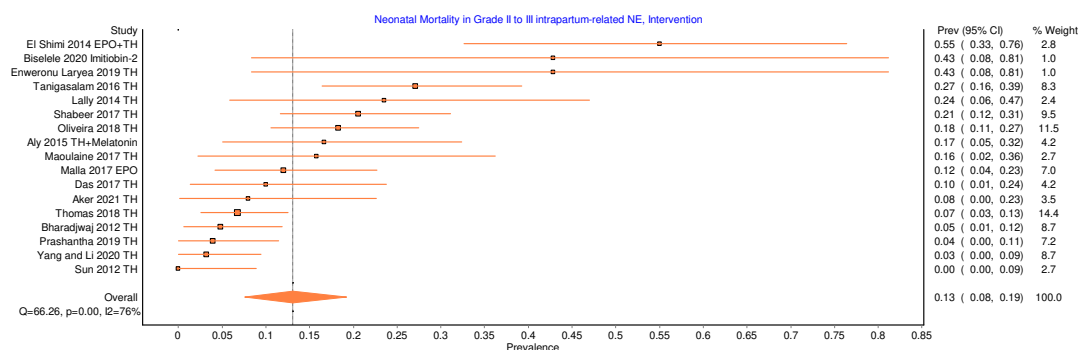


Supplementary Figure 6: Sub-group analyses of neonatal mortality by national neonatal mortality rate and country income group

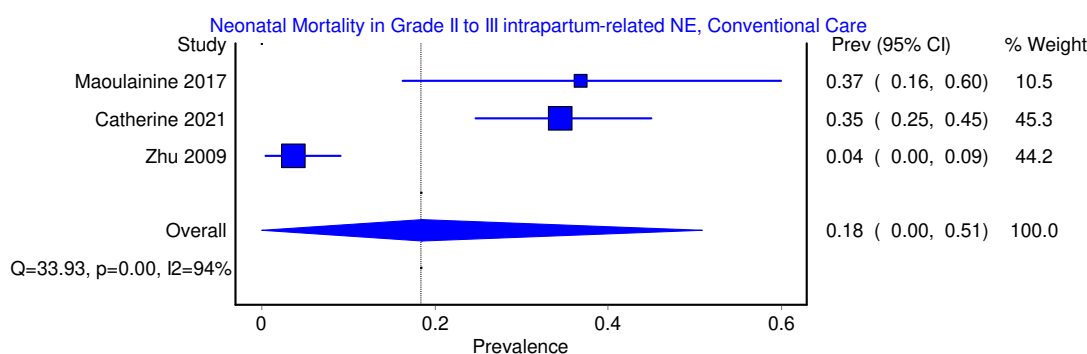
Sub-group analysis: National neonatal mortality rate medium (5-15/1000), Intervention group

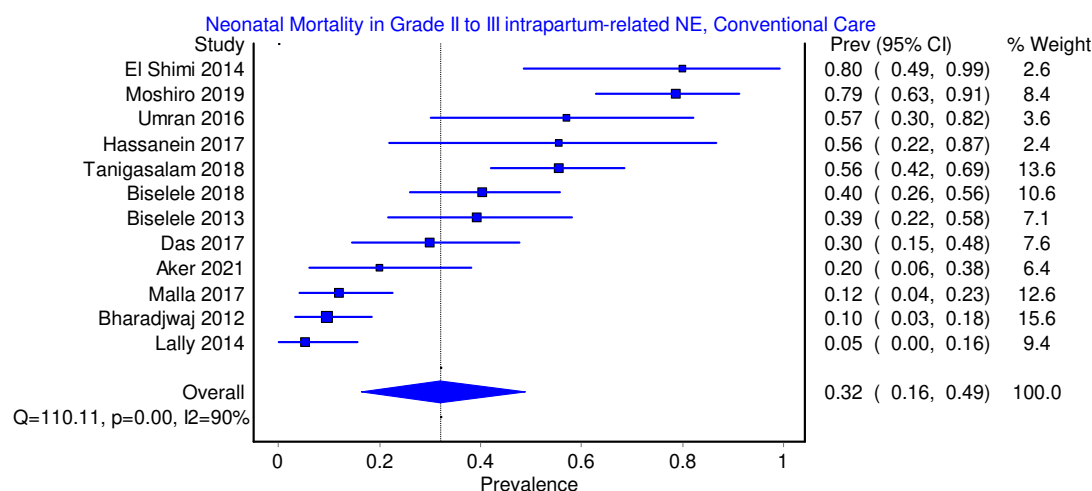


Sub-group analysis: National neonatal mortality rate high (>15/1000), Intervention group

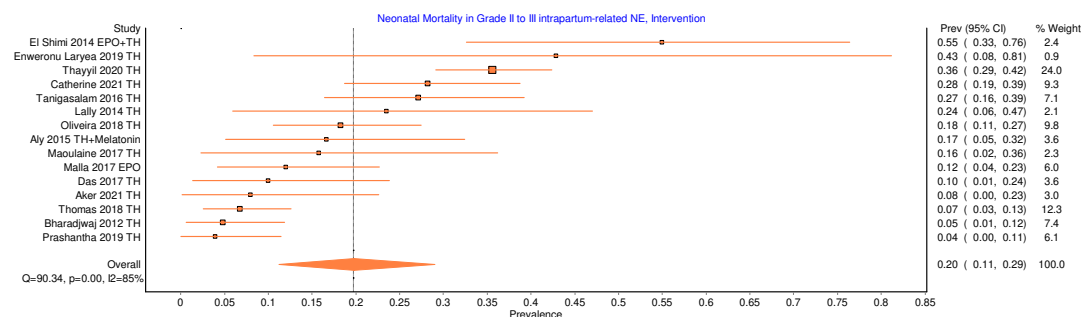
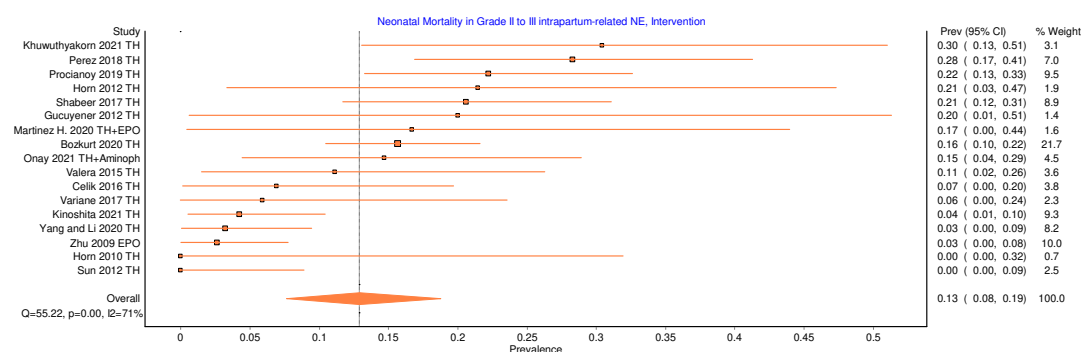


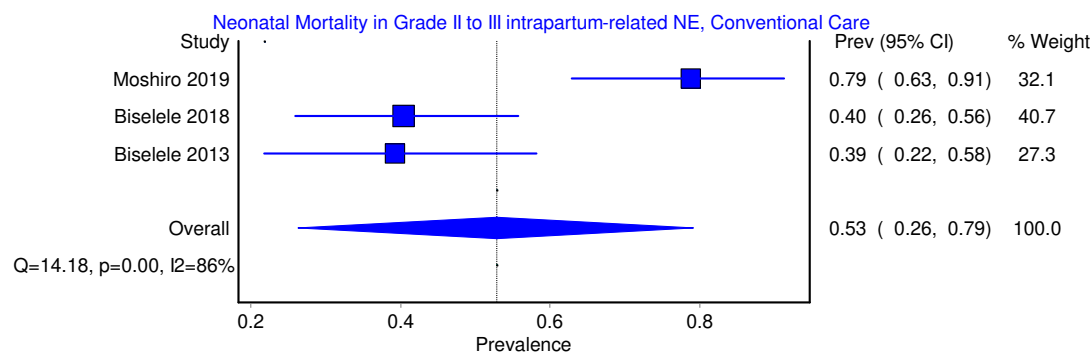
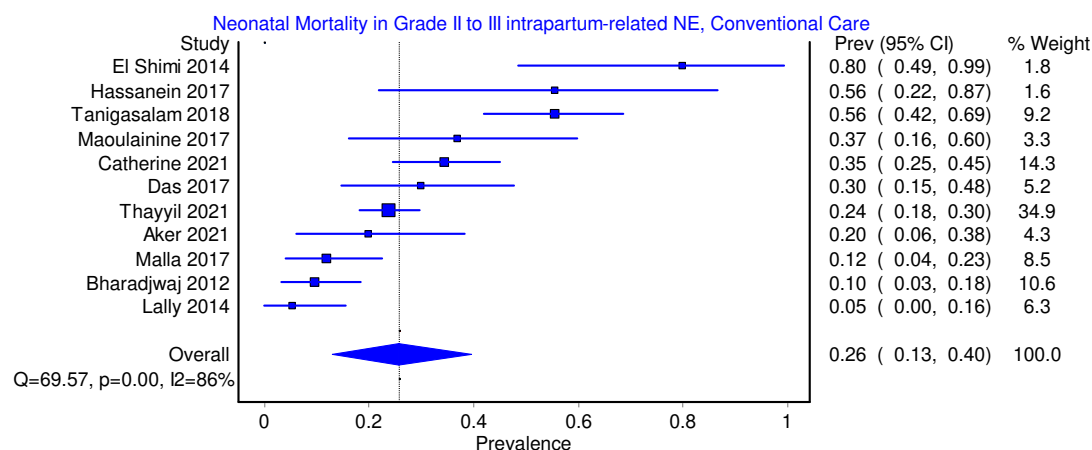
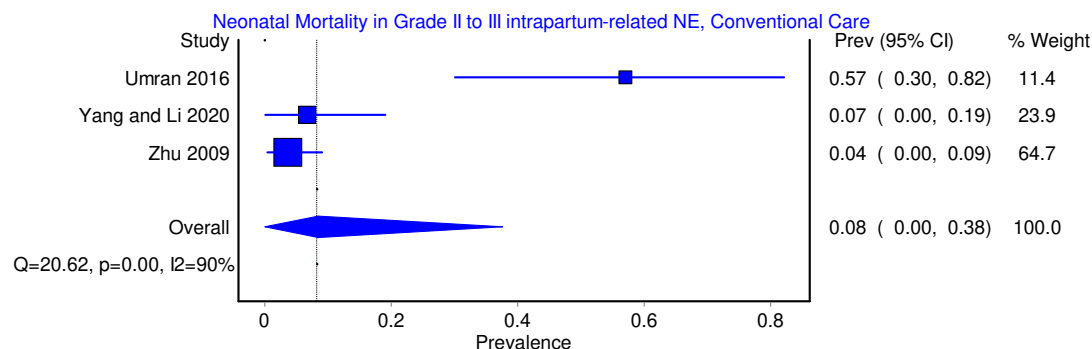
Sub-group analysis: National neonatal mortality rate medium (5-15/1000), Conventional care group



Sub-group analysis: National neonatal mortality rate high (>15/1000), Conventional care group*Sub-group analysis: World Bank Income Group Low, Intervention group*

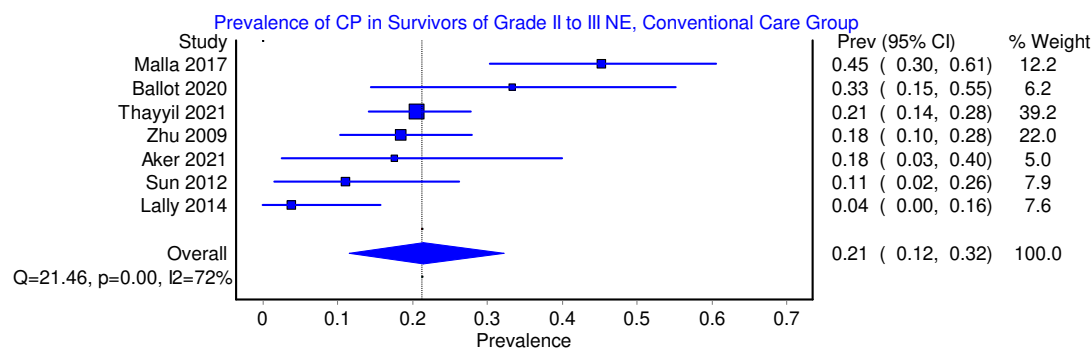
N/A, only 1 study available

Sub-group analysis: World Bank Income Group Lower Middle, Intervention group*Sub-group analysis: World Bank Income Group Upper Middle, Intervention group*

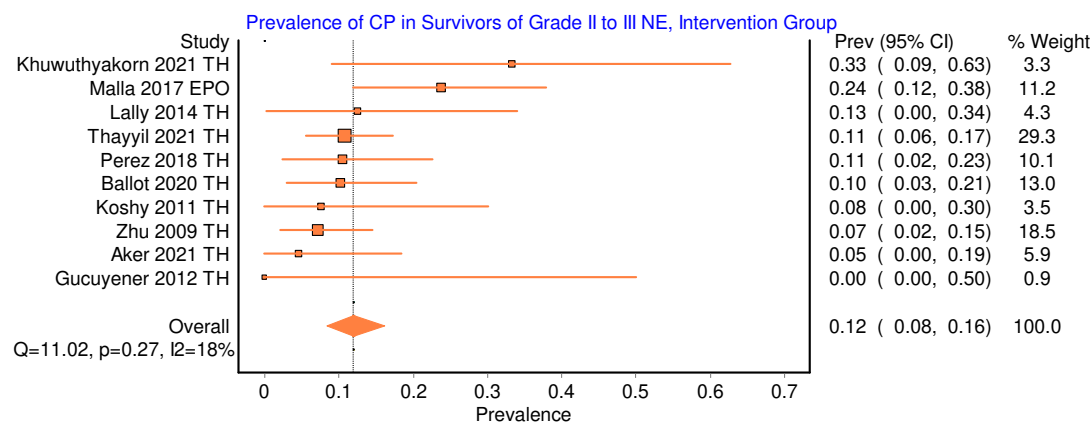
Sub-group analysis: World Bank Income Group Low, Conventional care group*Sub-group analysis: World Bank Income Group Lower Middle, Conventional care group**Sub-group analysis: World Bank Income Group Upper Middle, Conventional care group*

Supplementary Figure 7: Incidence of Cerebral Palsy in survivors of Grade II-III intrapartum-related neonatal encephalopathy after follow-up ≥ 1 year. A) Conventional care group B) Intervention group

a)



b)



Supplementary Table 3: Results of the Bias Evaluation (see following sheets for the questionnaires used)

Author Year	Incidence of NE					Outcomes of NE							TOTAL STARS	
	Selection		Outcomes			Selection		Neonatal mortality			Developmental Outcomes			
	Representativ eness	Ascertainme nt of hypoxia	Assessme nt of NE	Length of Follow-up	Adequacy of Follow-up	Representati veness	Ascertainme nt of NE	Assessme nt of death	Length of Follow-up	Adequacy of Follow-up	Assessment of dev.disability	Length of Follow-up		Adequacy of Follow-up
<u>Incidence:</u>														Max 2+3
Yang 2019	a*	a*	b	b	d									2+0
<u>Incidence and neonatal mortality:</u>														Max 2+3/2+3
Horn 2013	a*	a*	b	b	b*	a*	b	a*	b	d				2+1/1+1
Moshiro 2020	c	b	b	b	a*	c	c	a*	c	a*				0+1/0+2
Niaz 2021	c	a*	b	b	a*	c	b	a*	b	a*				1+1/0+2
<u>Incidence, neonatal mortality and developmental outcome:</u>														Max 2+3/2+3+3
Lally 2014	c	b	a*	b	a*	c	b	a*	b	a*	a*	a*	c	0+2/0+2+2
<u>Neonatal mortality:</u>														Max 2+3
Aly 2015						c	c	a*	a*	a*				0+3
Bharadwaj 2012						c	b	a*	b	b*				0+2
Biselele 2013						c	b	a*	a*	d				0+2
Biselele 2020						c	b	a*	a*	d				0+2
Biselele 2018						c	a*	a*	b	b*				1+2
Biselele 2014						c	b	a*	b	d				0+1
Bozkurt 2020						c	b	a*	b	d				0+1
El Shimi 2014						c	b	a*	b	b*				0+2
Enweronu-L 2019						c	a*	a*	b	c				1+1
Hassanein 2017						c	b	b	c	a*				0+1
Horn 2010						c	b	a*	b	a*				0+2
Horn 2012						c	b	a*	b	a*				0+2
Kinoshita 2021						c	c	a*	b	c				0+1
Martinez-H 2020						c	b	a*	b	d				0+1
Oliveira 2018						c	c	a*	b	a*				0+2
Onay 2021						c	b	b	c	c				0+0
Prashantha 2019						c	b	a*	b	c				0+1
Shabeer 2017						c	b	a*	b	c				0+1
Shrestha 2020						c	b	a*	b	c				0+1
Tanigasalam 2016						c	b	a*	b	b*				0+2
Thomas 2018						c	b	a*	b	c				0+1
Umrans 2016						c	b	a*	b	c				0+1
Variane 2017						c	b	b	c	c				0+0
Yang & Li 2020						c	b	a*	b	a*				0+2
<u>Neonatal mortality and developmental outcome:</u>														Max 2+3+3
Aker 2021						c	b	a*	a*	b*	a*	a*	b*	0+3+3

Catherine 2021						c	b	a*	c	d	a*	a*	b*	0+1+3
Catherine 2020						c	b	a*	c	d	a*	a*	b*	0+1+3
Celik 2015						c	b	a*	b	b*	a*	a*	b*	0+2+3
Celik 2016						c	b	a*	b	b*	a*	a*	b*	0+2+3
Das 2021						c	b	a*	a*	a*	a*	a*	a*	0+3+3
Gucuyener 2012						c	b	a*	a*	a*	a*	a*	c	0+3+2
Jia 2018						c	b	b	a*	a*	b	a*	a*	0+2+2
Khuwuthyakorn 2021						c	b	b	b	a*	a*	a*	b*	0+1+3
Malla 2017						c	a*	a*	a*	b*	a*	a*	a*	1+3+3
Maoulainine 2017						b*	c	a*	b	d	b	a*	c	1+1+1
Perez 2018						c	b	b	c	a*	a*	a*	a*	0+1+3
Procianoy 2019						c	b	a*	b	a*	a*	a*	b*	0+2+3
Sun 2012						c	a*	a*	a*	a*	a*	a*	a*	1+3+3
Thayyil 2021						c	a*	a*	b	c	a*	a*	c	1+1+2
Valera 2015						c	b	a*	a*	b*	a*	a*	b*	0+3+3
Zhou 2010						c	a*	a*	c	d	a*	a*	c	1+1+2
Zhu 2009						c	a*	a*	a*	c	a*	a*	c	1+2+2
Zou 2019						c	a*	a*	b	a*	a*	a*	b*	1+2+3
Developmental outcome:														Max 2+3
Ballot 2020						c	b				a*	a*	d	0+2
Charki 2020						c	b				b	a*	c	0+1
Koshy 2011						c	b				a*	a*	c	0+2
Mbatha 2021						c	b				a*	a*	c	0+2
Weng 2021						c	c				a*	a*	a*	0+3
SUM	a* = 2	a* = 2	a* = 1	a* = 0	a* = 3	a* = 1	a* = 8	a* = 40	a* = 11	a* = 17	a* = 21	a* = 24	a* = 6	
	b* = 0	b = 4	b = 5	b = 6	b* = 1	b* = 1	b = 37	b = 6	b = 28	b* = 9	b = 3	b = 0	b* = 8	
	c = 4	c = 0	c = 0		c = 0	c = 49	c = 6		c = 7	c = 11	c = 0	c = 0	c = 9	
	d = 0				d = 2	d = 0	d = 0			d = 9			d = 1	
Reports evaluated for the question		6	6	6	6	6	51	51	46	46	46	24	24	24

Supplementary Table 4: Additional information about included reports

Author Year	Main aim	Follow-up period	Lost to follow-up	Gest. Age	Hypoxia-ischemia definition	NE diagnosis	Exclusion criteria	Income Group	National NMR†	Setting	Public/ private
INCIDENCE:											
Yang 2019	Incidence of NE with and without gestational hypertension	N/A	N/A	37-42	Any of: i) Apgar <3 at 1 min and Apgar <6 at 5min ii) > 10 min resuscitation or >2 min PPV via endotracheal tube	Neurological examination by Chinese Pediatric Society within 12hrs	Severe congenital malformations, multiple gestation, umbilical cord prolapse	UM	High	27 hos-pitals	Unclear
INCIDENCE AND NEONATAL MORTALITY:											
Horn 2013	Compare incidence of NE using different criteria	Until discharge	Unclear	≥36	Several definitions	Several definitions	Severe congenital malformations, sepsis, neonatal abstinence, chromosomal syndromes	UM	Mid	2 SEC and 1 TER	Public
Moshiro 2020	Cause of neonatal deaths	7 days	Unclear	Term	Apgar <7 at 5 min	Thompson score after admission to NICU	Outborn	Low	High	Refer-ral hosp-ital	Private
Niaz 2021	Risk factors and outcomes of birth asphyxia	Until discharge	0/97	34-40 (in analysis only 37-40)	Apgar 5 at 5min and no improvement to more than 7/10 at 20 minutes of age (SIC), or delayed cry at 5 min	Sarnat&Sarnat, no EEG, unclear timing	Dysmorphism, congenital heart defects, chromosomal abnormalities, congenital infections, infectious and metabolic causes of NE, outborm and birth weight <1000g	LM	High	TER	Public
Author Year	Main aim	Follow-up period	Lost to follow-up	Gest. Age	Hypoxia-ischemia definition	NE diagnosis	Exclusion criteria	Income Group	National NMR†	Setting	Public/ private
INCIDENCE, NEONATAL MORTALITY AND DEVELOPMENTAL OUTCOME:											

Lally 2014	MR biomarkers to characterize brain injury in NE	NMR = until discharge Develop. = 42 m	NMR = 0/54, Develop= 10/54	≥36	Any of: i) Resuscitation at birth ii) Apgar <6 at 5 min	Thompson >5 within 6 hrs	Birth weight <1800g, severe congenital malformations	LM	High	TER	Public
NEONATAL MORTALITY:											
Aly 2015	Efficacy of melatonin combined with TH	2 weeks	0/30	38-42	Any of: i) Apgar <4 at 5 min and/or delayed first breath (45 min after birth); ii) metabolic or mixed acidosis with serum bicarbonate concentrations of < 12 mmol/l at initial blood gas analyses (SIC)	Sarnat&Sarnat <6hrs (unclear modification)	i) twin gestation; ii) maternal neuro-endocrinal disturbances including diabetes mellitus; iii) chorioamnionitis or congenital infections; iv) low birth weight <2500g; v) congenital malformations of the CNS or gastrointestinal anomalies; vi) chromosomal abnormalities; vii) moribund patient	LM	High	TER	Public
Bharadwaj 2012	Whether TH reduces death and NDD at 6m.	Until discharge	4/130	> 37	pH<7 or BE - 12 or more (SIC) within 1 hr and ≥2 of: (i) Apgar ≤6 at 10 min; (ii) foetal distress; (iii) assisted ventilation ≥ 10 min; (iv) organ dysfunction; (v) acute perinatal event	Sarnat&Sarnat (no EEG) <6hrs	Serious congenital anomalies, outborn, no spontaneous respiration by 20 min	LM	High	TER	Public
Biselele 2013	Incidence and etiology of NE	Until discharge	Unclear	≥36	Any of: (i) Apgar <6 at 5 min, (ii) Resuscitation at 10 min, (iii) pH <7 and BE >16 within 1 hr	Sarnat&Sarnat (no EEG) within 24hrs	Severe congenital malformations	Low	High	TER	Public

Biselele 2020	Safety and pharmacokinetics of I-imitiobin	Until discharge	Unclear	≥ 36	PPV with bag-and-mask ≥ 10 min	Thompson score of ≥7 at 1-3 hrs	1) inability to insert umbilical catheter 2) major congenital or chromosomal abnormalities, 3) birth weight < 1800 g; 4) clear signs of infection, 5) moribund patients.	Low	High	3 Public Hospitals	Public
Biselele 2018	Feasibility of TH defined as arrival to hospital <6hrs	Until discharge	0/57	≥ 36	Any of i) Apgar up to 5 at 5 min or ii) need of resuscitation ≥ 10 min	Thompson score of ≥7 at < 6 hrs	Severe congenital or chromosomal malformations	Low	High	3 Public Hospitals	Public
Biselele 2014	Determine the evolution of Thompson score during first 6 hrs	Until discharge	Unclear	≥ 36	Any of: (i) Apgar <6 at 5 min, (ii) Resuscitation at 10 min, (iii) pH <7 and BE >16 within 1 hr	Thompson score ≥6 at < 1 hr	Congenital malformations	Low	High	TER	Public
Bozkurt 2020	Evaluate the incidence and severity of acute kidney injury in newborns treated with TH	Unclear	Unclear	≥ 36	pH < 7 or BD ≥ 16 in cord blood, if pH 7...7.15 and/or BD 10...15.9 then any of the following was also needed: i) Apgar score < 6, ii) ventilation ≥10 min iii) evidence of organ dysfunction.	Sarnat&Sarnat <6hrs	congenital renal anomalies, major congenital anomalies, IUGR and sepsis	UM	Mid	TER	Public
El Shimi 2014	Safety and efficacy of EPO	Until discharge	1/30	≥ 37	pH <7 or BE < -16 within 1 hr. If pH 7.01...7.15 or BE -10...-15.9 mmol/L or blood gas not available, both i) an acute perinatal event and ii) Apgar <6 at 10 min or assisted ventilation ≥ 10 min	Sarnat by NICHD Grade II-III	congenital renal anomalies, major congenital anomalies, IUGR and sepsis	LM	High	TER	Public

Enweronu-La ryea 2019	Temperature profile of infants with NE	Until discharge	0/14	≥36	Both: i) Bag-mask resuscitation at birth and ii) Apgar <6 at 5 min	Thompson ≥7 or seizures	birth weight < 2000 g, imminent death and infants with major congenital malformations, swift recovery	LM	High	TER	Public
Hassanein 2017	Concentration of umbilical cord CD34+ stem cells	Unclear	0/20	≥37	pH of ≤7.0 and/or a BD of ≥16 within 1 hr. If pH 7.01...7.15 and/or the BD 10–15.9, additional criteria were used: i) Apgar <6 at 10min and ii)resuscitation with or without assisted ventilation 10 min (unclear if both were required)	aEEG and and Sarnat	congenital or chromosomal anomalies, multiple pregnancy, or parents refused enrollment	LM	Mid	TER	Public
Horn 2010	Temperature profile of a new cooling method	Until discharge	0/5	≥36	Any of: i) BD ≥ 16 within 1 hr, or ii) An abnormal intra-partum course and either Apgar < 7 at 10 min or continued respiratory support at 10 min	Clinical seizures or abnormal aEEG	Birth weight <2000g, major congenital abnormalities, active bleeding, obvious sepsis, persistent pulmonary hypertension, severe hypoglycaemia or electrolyte abnormality that did not respond to usual therapy	UM	Mid	TER	Public

Horn 2012	Temperature profile	Until discharge	0/14	36-42	pH ≤7.0 or BD ≥16 in cord or within 1 hr. If pH was 7.01...7.15 or BD 10...15.9 or a blood gas was not available and one of following: acute perinatal event and Apgar ≤ 5 at 10min or assisted ventilation for 10 min	Sarnat NICHD grade II-III	Not reported	UM	Mid	SEC	Public
Kinoshita 2021	Feasibility and effectiveness of using ice packs to reach and maintain the TH target temperature	Until discharge (but reports one death at 28d)	26207	≥35	Not specified but reported mean Apgars, pH and BE were low	Modified Sarnat (unspecified) within 6 hrs	Not reported	UM	Mid	TER	Private
Martinez-Hernandez 2020	Analyse survival and neurological condition of neonates treated with TH	Until discharge	Unclear	>34 (incl 1 born w 34)	pH ≤ 7 or BD ≥ 16 in cord blood, if pH 7.01...7.15 or BD 10...15.9 during 1st hr of life (SIC) or if blood sample was not available then any of: i) adverse perinatal event ii) Apgar ≤ 5 at 10 min iii) ventilation at 10 min	Sarnat&Sarnat grade II-III within 6 hrs	Birth weight <1800g or major congenital malformations and chromosomal abnormalities incompatible with life	UM	Mid	TER	Unclear
Oliveira 2018	Feasibility and effectiveness of TH	Until discharge	Unclear	Term	Resuscitation at birth (mean (SD) Apgar at 5 min was 4.5 (1.3))	NICHD Sarnat Grade II-III < 6 hrs	Birth weight < 1800g, moribund condition, major life-threatening congenital malformations, cooling device not available	LM	High	5 TERs	Public

Onay 2021	To compare the renal function of infants who received aminophylline during TH vs. TH alone	Unclear	Unclear	≥36	Both i) pH ≤7 or BE ≤ −16 within 1 hr and ii) Apgar <5 at 10 min or need for resuscitation at 10min	Sarnat&Sarnat stage II-III or pathlogic aEEG within 6 hrs	birth weight < 2000 g, central nervous system malformation, anatomical renal anomaly, chromosomal disorders, inborn error of metabolism, maternal chorioamnionitis, stroke, or drug exposure that might lead to neonatal encephalopathy, severe or diffuse parenchymal cranial hemorrhages	UM	Mid	TER	Public
Prashantha 2019	Efficacy and safety of TH	Until discharge	11/62	≥36	Inborn babies any of: i) pH <7 ii) BD ≥12 iii) Apgar <6 at 5 min iv) PPV ≥10 min. Outborn babies any of: i) no cry immediately after birth ii) required resuscitation iii) Apgar score <5 at 5min iv) need of respiratory support	NICHD Sarnat Grade II-III < 6 hrs	Birth weight < 1800g	LM	High	TER	Private
Shabeer 2017	Compare efficacy and safety of different TH methods	Until discharge	Unclear	≥35	Any of i) pH < 7 or BD >12 from cord blood; ii) Apgar < 5 at 5 min iii) resuscitation > 10 min	NICHD Sarnat Grade II-III within 6 hrs	Birth weight <1800g	LM	High	TER	Private

Shrestha 2020	Association of Thompson score and early neonatal outcomes	Unclear (3 days?)	0/20	Term	pH < 7.0 within 1 hr included in review (original criteria Apgar <7 at 5min)	Thompson score day 1	Congenital anomalies	LM	High	TER	Private
Tanigasalam 2016	Effectiveness of TH on acute kidney injury	Unclear (most deaths within 5 days)	0/120	Term	pH ≤7 or BD ≥ 12in cord blood and ≥2 of: i) Apgar ≤5 at 10 min, ii) fetal distress, iii) assisted ventilation for at least 10 min, iv) organ dysfunction	Sarnat&Sarnat Grade II-III < 6hrs	Extramural neonates, major congenital abnormalities, absence of spontaneous respiratory efforts by 20 min or history of maternal renal failure	LM	High	TER	Public
Thomas 2018	Feasibility and safety of TH	Until discharge	Unclear	≥35	Inborn: pH <7 or BD >12 in cord blood or Apgar <5 at 5 min or need for resuscitation for >10 min. Outborn: no cry/breathing immediately after birth or assistance for breathing soon after birth or Apgar <5 at 5 min	NICHD Sarnat Grade II-III < 6 hrs	Chromosomal disorder or major congenital anomaly	LM	High	11 TERs	Both
Umran 2016	IGF-1 levels in NE	Until discharge	Unclear	37-41+6	All of: i) intrapartum fetal distress; ii) Apgar score <6 at 5 min; iii) need of mask-bag ventilation or intubation	Abnormal muscle tone, level of consciousness, posture, reflexes, myoclonus, pupils, seizures evaluated in < 6hrs	Congenital abnormalities, or confirmed inborn error of metabolism	UM	High	TER	Public

Variane 2017	Correlate aEEG findings with mortality and neuroimaging findings	Until discharge	Unclear	≥36	≥ 2 of the following: i) Apgar <6 at 6 min, ii) ventilation 10 min or iii) pH <7.1 or BE > -12 (SIC, unclear timing)	Modified Sarnat (unspecific)	genetical syndromes or congenital malformations not compatible with life	UM	Mid	TER	Private
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Yang & Li 2020	Effect of TH on oxidative factors	7 days	Unclear	≥37	Any 1 of: i) Apgar <4 at 1 min and <6 at 5-min, ii) pH <7.0 or BE ≤-16 in umbilical artery, iii) resuscitation or mechanical ventilation was for 5 min	Chinese medical association society of pediatrics definition	Birth weight < 2500g, i) convulsions caused by electrolyte disorder, intracranial hemorrhage and birth injury, as well as brain injury caused by intrauterine infection, genetic and metabolic diseases, and other congenital diseases; ii) neonates with congenital malformation or congenital metabolic abnormality; and iii) intrauterine, prenatal or intrapartum infection.	UM	Low	TER	Public
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NEONATAL MORTALITY AND DEVELOPMENTAL OUTCOME:

Aker 2021	MRI at 5d to predict GMA at 3m and BSID-III score at 18m	NMR = Neonatal period, Develop. = 18 m	NMR = 0/50, Develop. = 3/50	>35	For inborn any of: pH <7 or BD ≥12 within 1 hr, Apgar ≤5 at 5 min, or PPV for ≥ 10min. For outborn no cry at birth	NICHD Sarnat Grade II-III < 6 hrs	Major congenital anomalies or imminent death	LM	High	TER	Private
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Catherine 2021	To assess the effect of therapeutic hypothermia on the outcome	NMR = Until discharge , Develop. = 18 m	NMR = 0/162, Develop. = 7/158	Term	pH<7 or BE < 12 within 1 hr and ≥2 of: (i) Apgar <6 at 10 min; (ii) foetal distress; (iii) assisted ventilation ≥ 10 min; (iv) organ dysfunction	Sarnat&Sarnat <6hrs	Serious congenital anomalies, outborn, no spontaneous respiration by 20 min	LM	Mid	TER	Public
Catherine 2020	Effect of TH on the levels of S100B and NSE and their usefulness in predicting NDD	NMR = Until discharge , Develop. = 18 m	NMR = 0/162, Develop. = 7/158	Term	pH<7 or BE < 12 within 1 hr and ≥2 of: (i) Apgar <6 at 10 min; (ii) foetal distress; (iii) assisted ventilation ≥ 10 min; (iv) organ dysfunction	Sarnat&Sarnat <6hrs	Serious congenital anomalies, outborn, no spontaneous respiration by 20 min	LM	Mid	TER	Public
Celik 2015	Effects of TH on neuronal biomarkers	NMR = Until discharge , Develop. = 12 m	0/7	> 36	Any of: (i) Apgar score <5 at 10 min of age, (ii) Continued need for ventilation 10 min after birth (iii) pH <7 or BE < -16 within 1 hr	aEEG and Levene staging <6hrs	>6 h of age, severe congenital, anomalies or severe intrauterine growth retardation	UM	Mid	TER	Public
Celik 2016	Differences in outcome of whole body hypothermia and selective head cooling	NMR = Until discharge , Develop. = 12 m	1/30 (1 cessation of cooling)	≥ 36	Apgar ≤5 at 10 min, PPV 10 min after delivery, or pH <7.0 or base excess ≤ -16 within 1 h after birth	aEEG and Levene staging <6hrs	>6 h of age, severe congenital, anomalies or severe intrauterine growth retardation	UM	Mid	TER	Public

Das 2021	Safety and effectiveness of TH	NMR = Until discharge , Develop. = 30 m	Both 0/60	≥ 37	pH < 7 or BE < -12 and ≥ 2 of: i) Apgar < 6 at 10 min ii) PPV > 1 min, or first cry delayed > 5 min iii) Perinatal predisposition for asphyxia	Sarnat (own modification) <6 hrs	SGA, chromosomal or major congenital anomalies, refusal of consent, major intracranial hemorrhage, birth weight < 2000g, no spontaneous respiration ≥ 20 min	LM	High	TER	Public
Gucuyener 2012	Association between aEEG and NIRS during TH and short and long-term outcome	NMR = neonatal, Develop. = 18 m (incl. 4 additional cases with <12m follow-up)	NMR = 0/10, Develop. = 0/5	Term	Unclear if both or either: Apgar <5 at 5 min and/or cord blood pH <7.0	Sarnat & Sarnat Grade II-III and aEEG or seizures	Not reported	UM	Mid	TER	Public
Jia 2018	Effect of timing of TH on aEEG and NSE after 3d and neonatal death or severe disability at 18m (lacks information on death beyond neonatal period)	NMR = neonatal, Develop. = 18 m	Both 0/152	≥36	Any of: i) Apgar ≤ 5 at 5 min; ii) ventilation for 10 min; iii) pH ≤ 7 (unclear timing)	Sarnat&Sarnat within 12 hrs	1) major congenital abnormalities; 2) known or suspected chromosomal abnormalities; 3) major brain malformations; or 4) aEEG abnormalities from causes other than HIE	UM	Mid	TER	Public

Khuwuthy akorn 2021	Long-term outcomes after TH	NMR = Until discharge , Develop. = ≥ 24 m	NMR = 0/23, Develop . = 3/23 (3 addition ≥35 al with incompl ete follow-up)	≥ 2 of: i)Apgar ≤5 at 10 min, ii)PPV or continued resuscitation 10 min, iii) pH < 7 or BD >16 within 1 hr	Modified Sarnat (unspecified) within 6 hrs	Birth weight <1800g	UM	Mid	TER	Public
Malla 2017	Efficacy and safety of EPO	NMR = Neonatal period, Develop. = 19 m	Both 0/50 ≥37	Apgar <5 at 10 min and ≥2 of: i) fetal distress ii) ventilation ≥10 min iii) pH <7 or BD ≥ 16 or	NICHD Sarnat Grade II-III < 6 hrs	Congenital or chromosomal anomalies, congenital infections, severe IUGR, inborn errors of metabolism	LM	High	TER	Public
Maoulaini ne 2017	Feasibility of TH	NMR = Until discharge , Develop. = 18 m	NMR = unclear, Develop = 19 % ≥36 in TH and 42 % NT	Not specified (95 % had Apgar <6 at 5 min)	Sarnat&Sarnat within 6 hrs for cooled, unspecified for non-cooled	Birth weight < 1800g, imperforate anus, major intracranial hemorrhage, and severe chromosomal or congenital anomalies	LM	High	TER	Public
Perez 2018	Efficacy of a new cooling method	NMR = Unclear, Develop. = 18-24m	Both = 0/53 ≥35	pH < 7.1 (timing and source unspecified) or requiring ventilatory support (timing unspecified)	Sarnat&Sarnat (without EEG) or SIBEN Grade II-III within 6 hrs	Not reported	UM	Mid	3 TERs	Private

Procianoy 2019	Describe the experience of TH	NMR = Until discharge Develop. = 12 m	NMR = unclear, Develop ≥36 . = 13/72	pH <7 or BD <15 (SIC) within 1 hr, or acute perinatal event, or Apgar <6 at 10 min, or ventilation ≥10 min	Sarnat&Sarnat Grade II-III < 6 hrs	birth weight < 1800g, major congenital malformations	UM	Mid	TER	Public
Sun 2012	Effect of TH on levels of NSE and S-100 protein in CSF	NMR = Neonatal period, Develop. = 12 m	Both 0/51 ≥37	Any of following: i) Apgar score <4 at 1 min and <6 at 5 min, ii) pH <7 or ≤ BD 16 (SIC) iii) resuscitation or ventilation at 5 min	Sarnat&Sarnat in < 6 hrs	<2500g, major congenital abnormalities, infection on admission (rupture of membranes >18 h, maternal fever >38C or foul-smelling amniotic fluid), other encephalopathy	LM	High	TER	Public
Thayyil 2021	Efficacy of TH on death and moderate to severe developmental disability	NMR = Until discharge , Develop. = 20 m	NMR = unclear, Develop ≥36 . = 14/408	Hospital born: resuscitation at 5 min and/or Apgar <6 at 5 min. Home born: no cry by 5 min	NICHD Sarnat Grade II-III 1-6hrs age	Birth weight <1800g, no heart rate at 10 min despite adequate resuscitation, life threatening congenital malformations, parents unable to attend follow-up	All LM	Low & High	7 TER	Public

Valera 2015	Describe the implementation of TH	NMR = Neonatal period, Develop. = > 12 m	NMR = 0/27, Develop . = 3/27 ≥36 lost and 5/27 were < 12m	Inborn: all of i) Apgar < 6 at 10 min, ii) pH ≤ 7 or BD ≥-16 (SIC), iii) sentinel event and iv) assisted ventilation ≥ 10 min	Sarnat&Sarnat in < 6 hrs	Moridbund patient not fit for transfer or arrival > 6hrs of life	UM	Mid	TER	Public
Zhou 2010	Randomized controlled trial of selective head cooling to treat infants with NE	NMR = Unclear, Develop. = 18 m	NMR = unclear, Develop ≥ 37 . = 41/194	All of (?): i) Apgar <4 at 1 min and <6 at 5 min, ii) pH <7 or BD ≤ 16 (SIC) in cord blood iii) resuscitation or ventilation at 5 min	Sarnat&Sarnat in < 6 hrs	Birth weight < 2500g, major congenital abnormalities, Infection (rupture of membranes >18 hours or maternal fever >38C or amniotic fluid foul smell), other encephalopathy (neonatal stroke, central nervous system)	UM	High	12 hospit als	Public

Zhu 2009	Efficacy and safety of EPO	NMR = neonatal, Develop. = 18 m	NMR = unclear, but 118/285 potential cases were excluded, Develop. = 14/167	>37	Apgar scores of <6 at 5 min or resuscitation at 10 min	Sarnat & Sarnat Grade II-III	Birth weight < 2500g, major congenital abnormalities, head trauma or skull fracture causing intracranial hemorrhage, body temperature of 34°C, financial problems of the parents, lack of permanent address, and postnatal age of > 48 hrs	UM	Mid	2 TER	Public
Zou 2019	Hyperbilirubinemia as a risk factor for HIE and whether TH affected bilirubin levels	NMR = Until discharge, Develop. = 18-24 m	NMR = 0/89, Develop. = 3/89	≥ 37	All of (?): i) Apgar <4 at 1 min and <6 at 5 min, ii) pH <7 or BD ≤ 16 (SIC) in cord blood iii) resuscitation or ventilation at 5 min	Sarnat&Sarnat in < 6 hrs	Birth weight < 2500g, major congenital abnormalities, Infection (rupture of membranes >18 hours or maternal fever >38C or amniotic fluid foul smell), other encephalopathy	UM	Mid	TER	Public

DEVELOPMENTAL OUTCOME:

Ballot 2020	To compare developmental outcomes in survivors of NE with those in healthy children born at full term	9-18 m (mean 14.31 m (95% CI 13.3 - 15.3)	15/99	> 36	Any one: Resuscitation >10 min, BE ≤16 (SIC) within 1 hr, Apgar <5 at 10 min	Sarnat&Sarnat <6hrs for TH, undefined for others	Birth weight < 2000g	UM	Mid	TER	Public
Charki 2020	Outcomes of TH	18 m	54/210 (87 %, based on 32 cases death or DAMA + 22 lost)	> 36	Arterial blood gas pH <7.1 and BD >16, timing not specified	Sarnat & Sarnat Grade II-III, EEG not mentioned	Birth weight <1800 g, severe chromosomal or congenital anomalies, major intracranial hemorrhage, refusal from parents	LM	High	TER	Public

Koshy 2011	Evaluate NDD after TH	18-24	5/20	≥35	Inborn: pH < 7.0 or BD ≥ 12 and ≥2 of: i) Apgar ≤5 at 5 min; ii) ventilation for ≥ 10 min; iii) Perinatal predisposition to perinatal asphyxia. Outborn: not having cried/breathed immediately after birth with evidence of any of: i) not breathing normally at 5min; ii) given assistance for breathing soon after birth; iii) flaccid since birth; iv) poor feeding; v) Apgar ≤5 at 5 min encephalopathy at admission	NICHD Sarnat Grade II-III <5 hrs age	Small for gestational age, chromosomal or major congenital anomaly, refusal of consent, or inability to start cooling by 5 hrs' age	LM	High	TER	Private
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Mbatha 2021	To determine the long-term outcome of neonates managed with TH outside of NICU	12-24m	56/113	>36	Apgar ≤ 5 at 10 min or need for resuscitation for ≥ 10 min or pH <7.00 or BD ≥ 16 in cord blood or within 1 hr of birth	Lethargy, stupor, or coma and either hypotonia, abnormal reflexes, an absent or weak suck, or clinical seizures, and abnormal background activity in aEEG	Major congenital abnormalities	UM	Mid	TER	Public
Weng 2021	Effect of TH on aEEG after 3d, NBNA at 28d and BSID-II at 18m	18 m	0/61	≥ 35	Both i) Apgar score ≤ 3 1 min or ≤ 5 at 5 min; and ii) pH ≤ 7.0 or BD ≥ 16 in the umbilical cord or arterial blood < 1 hr	Clinical Sarnat&Sarnat or aEEG	Birth weight < 1800 g, normal aEEG monitoring; serious congenital malformations; traumatic brain injury or moderate to severe intracranial hemorrhage; systemic congenital viral or bacterial infection; spontaneous bleeding tendency or platelets less than $50 \times 10^9/L$ 12 hrs after birth	UM	Mid	TER	Public

aEEG = amplitude-integrated electroencephalography
BD = Base Deficit
BE = Base Excess
BSID = Bayley Scales of Infant Development
CNS = central nervous system
CSF = cerebrospinal fluid
DAMA = discharge against medical advice
EEG = electroencephalography
EPO = erythropoietin
GMA = general movements assessment
IUGR = intrauterine growth restriction
LM = Lower middle-income country
MRI =magnetic resonance imaging
NBNA = neonatal behavioural neurological assessment
NDD = neurodevelopmental disability
NICHD = National Institute of Child Health and Development
NICU = Neonatal Intensive Care Unit
NMR = Neonatal Mortality Rate
NSE = neuronal specific endolase
NT = normothermia
PPV = postive pressure ventilation
SD = Standard Deviation
SEC = Secondary Hospital
TER = Tertiary Hospital
TH = Therapeutic hypothermia

Low	<5	per
Neonatal Mortaliry Rate, Mid	5-15	1000
High	>15	live

Supplementary Table 5: Neonatal Mortality Associated with Intrapartum-Related NE

USUAL CARE											INTERVENTION												
Any grade cases	Any grade deaths	Any grade deaths/1000	Gr I cases	Gr I deaths	Gr II cases	Gr II deaths	Gr III cases	Gr III deaths	Gr II-III cases	Gr II-III deaths	Any grade cases	Any grade deaths	Any grade deaths/1000	Gr I cases	Gr I deaths	Gr II cases	Gr II deaths	Gr III cases	Gr III deaths	Gr II-III cases	Gr II-III deaths		
25	5	200.0			24		1		25	5	25	2	80.0			24		1		25	2		
											30	5	166.7			24		6		30	5		
62	6	96.8			54		7		62	6	62	3	48.4			55		8		62	3		
											7	3	428.6							7	3		
57	25	438.6	30	8	9	6	3	3	42	17													
44	14	318.2	16	1	20	7	8	4	28	11													
19	3	157.9																					
84	29	345.2							84	29	166	26	156.6			117		49		166	26		
											78	22	282.1							78	22		
7	0	0.0	7	0																			
											29	2	69.0			12		17		29	2		
30	9	300.0			20	6	10	3	30	9	30	3	100.0			20	1	10	2	30	3		
10	8	800.0	Information in article Table 1 and text does not add up, mortality calculated by Table 1 only							10	8	20	11	550.0	Information in article Table 1 and text does not add up, mortality calculated by Table 1 only							20	11
											14	3	214.3	5	0	4	1	3	2	7	3		
											10	2	200.0			6	0	4	2	10	2		
20	5	250.0	11	0					9	5	Unclear if infants received therapeutic hypothermia or not. As cooling was not mentioned we presumed that no treatment was given.												
											5	0	0.0							5	0		
											14	3	214.3							14	3		
110	17	154.5										Unclear if infants received therapeutic hypothermia or not. As cooling was not mentioned we presumed that no treatment was given.											

89	7	78.7	30						30			27																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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																					Sarnat grade of children who died was not specified apart from "features of severe encephalopathy and refractory seizures", i.e. not mild NE.	
Tanigasalam 2016	60	30	500.0	4	0	41		15		54	30	60	16	266.7	1	0	42		17	59	16	
Thayyil 2020	206	49	237.9			167		39		206	49	202	72	356.4			161		41	202	72	
Thomas 2018												103	7	68.0	3		81		19	103	7	Sarnat grade of children who died was not specified. Due to low number of mild NE cases this study is included in Figure 2
Umran 2016	30	10	333.3	15	2	10		4		14	8											Deaths in stage II-III were not separated
Valera 2015												27	3	111.1						27	3	
Variane 2017												17	1	58.8			10		7	17	1	Sarnat grade of death not specified
Yang and Li 2020	30	2	66.7							30	2	62	2	32.3						62	2	
																					As mortality outcomes were not disaggregated by NE grade and 20% were mild NE cases, this study is not included in Figure 2	
Zhou 2010	94	27	287.2	18		41		35				100	20	200.0	21		41		38			
Zhu 2009	82	3	36.6			61		21		82	3	76	2	26.3			47		29	76	2	Sarnat grade of deaths not specified
																					As mortality outcomes were not disaggregated by NE grade and nearly 20% were mild NE cases, this study is not included in Figure 2	
Zou 2019	44	6	136.4	7		28		9				45	6	133.3	8	0	29		8			
SUM	1487	328	220.6	256	22	563	28	227	27	815	223	1820	308	169.2	77	0	1029	11	427	28	1600	280

*second paper from same main author had same neonatal mortality data

**Celik 2015 chosen for Grade I data, Celik 2016 chosen for Grade II-III data

Supplementary Table 6: Neurodevelopmental outcomes associated with Intrapartum-Related Neonatal Encephalopathy																		
Author (ref)	Grades reported	Outcomes reported	USUAL CARE							INTERVENTION							Denominator	
			Events	N	%	Gr I N	Gr I events	Gr II-III N	Gr II-III events	Events	N	%	Gr I N	Gr I events	Gr II-III N	Gr II-III events		
Aker 2021	Grades II and III combined	i) death or CP with GMFCS level 3-5 or BSID-III cognitive and/or motor score <85 or blindness or deafness	12	23	52				23	12	5	24	21			24	5	denominator = children with known outcome
		ii) death	6	23	26				23	6	2	24	8			24	2	denominator = children with known outcome
		iii) GMFCS level 3-5 or BSID-III cognitive and/or motor score <85 or blindness or deafness	6	17	35				17	6	3	22	14			22	3	Denominator = children with known outcome who did not die
		iv) BSID-III cognitive score <70	3	17	18				17	3	0	22	0			22	0	denominator = children evaluated with BSID-III, Griffiths (n=1) or phone (n=1)
		v) BSID-III cognitive score 70-84	3	17	18				17	3	2	22	9			22	2	denominator = children evaluated with BSID-III, Griffiths (n=1) or phone (n=1)
		vi) BSID-III motor score <70	3	17	18				17	3	0	22	0			22	0	denominator = children evaluated with BSID-III, Griffiths (n=1) or phone (n=1)
		vii) BSID-III motor score 70-84	1	17	6				17	1	2	22	9			22	2	denominator = children evaluated with BSID-III, Griffiths (n=1) or phone (n=1)
		viii) CP (any grade) - data also available for divided grades	3	17	18				17	3	1	22	5			22	1	denominator = children evaluated with BSID-III, Griffiths (n=1) or phone (n=1)
Ballot 2020	Excluded from Figure 3 as only examined survivors -> mortality data not available presuming that TH = grade II-III combined, CP data available disaggregated by grades but grades are not disaggregated by TH	i) death or any adverse outcome as below	NA							NA	NA						denominator = children evaluated with BSID-III	
		ii) death	NA							NA	NA							
		iii) any developmental delay (BSID-III motor, cognitive or language <70)	NA							NA	NA							
		iv) BSID-III motor <70	8	35	23					5	49	10			49	5		
		v) BSID-III cognitive <70	7	35	20					5	49	10			49	5		
		vi) BSID-III language <70	6	35	17					2	49	4			49	2		
		vii) CP	8	35	23	14	1	21	7	5	49	10			49	5		
		i) combined death or moderate to severe disability	46	79	58				79	46	27	76	36			76	27	Denominator = children with known outcome
		ii) death	29	79	37				79	29	22	76	29			76	22	Denominator = children with known outcome

Catherine 2021	Grades II and III combined	iii) any moderate or severe delay (as below)	17	50	34	50	17	5	54	9	54	5	Denominator = children with known outcome who did not die		
Excluded from Figure 3 due to lack of combined outcome, which was presented in the above report with same patients.		i) combined death or moderate to severe disability	NA	NA	NA			NA	NA	NA	NA	NA	Denominator = children with known outcome		
		ii) death	29	79	37			22	76	29		76	22	Denominator = children with known outcome	
		iii) any moderate or severe delay	NA	NA	NA			NA	NA	NA		NA	NA	Denominator = children with known outcome who did not die	
		iii) DASII mental <70%	14	50	28			4	54	7		54	4	Denominator = children with known outcome who did not die	
		iii) DASII motor <70%	17	50	34			5	54	9		54	5	Denominator = children with known outcome who did not die	
		iv) hearing (abnormal BERA)	1	50	2			0	54	0		54	0	Denominator = children with known outcome who did not die	
		v) vision	1	50	2			0	54	0		54	0	Denominator = children with known outcome who did not die	
														Denominator = children with known outcome who did not die	
Catherine 2020	Grades II and III combined	vi) speech	12	50	24	50	12	2	54	4	54	2	Denominator = children with known outcome who did not die		
Celik * 2016	Grades II and III combined	i) combined death or moderate to severe disability as below						21	29	72	Outcomes reported below		29	21	Denominator = children with known outcome
		ii) death						11	29	38			29	11	Denominator = children with known outcome
		iii) Severe disability = BSID-III cognitive, language, or motor combined score <- 2 SD, total loss of vision, or cerebral palsy						10	18	56			18	19	Denominator = children with known outcome who did not die
		iv) Neuromotor retardiation (=mild disability) = BSID-III cognitive, language, or motor combined score -1 SD...-2 SD						1	18	6			18	1	Denominator = children with known outcome who did not die
Celik * 2015	Grade I in usual care. Grades II-III were same patients as above	i) combined death or severe disability as below	0	7	0	7	0	Outcomes for Grade II-III reported above							Denominator = children with known outcome
		ii) death	0	7	0	7	0								Denominator = children with known outcome
		iii) Severe disability = BSID-III cognitive, language, or motor combined score <- 2 SD, total loss of vision, or cerebral palsy	0	7	0	7	0								Denominator = children with known outcome who did not die
		iv) Neuromotor retardiation (=mild disability) = BSID-III cognitive, language, or motor combined score -1 SD...-2 SD	0	7	0	7	0								Denominator = children with known outcome who did not die

Charki 2020	Excluded from Figure 3 as only death or DAMA available Grades I to III combined	disability	NA	NA						NA	NA				Denominator = children with known outcome who did not die Denominator = children with known outcome who did not die				
		ii) death	NA	NA						NA	NA								
		iii) psychomotor delay by DASII-III	16	84	19	Control group included 15 % Grade I NE, but outcomes are not detailed by grade					13	72	18	72		13			
		iv) sensorineural disorder	24	84	29						11	72	15	72		11			
Das 2017	II and III combined (has also segregated grade II and III)	i) combined death or neurodevelopmental disability	18	30	60	30	18	6	30	20	na	na	30	6	Denominator = children with known outcome				
		ii) death	9	30	30	30	9	3	30	10			30	3	Denominator = children with known outcome				
		iii) DASII motor or mental development quotient <80%	9	21	43	21	9	3	27	11			27	3	Denominator = children with known outcome who did not die				
		iv) Blindness = < 20/200 in both eyes	7	21	33	21	7	2	27	7			27	2	Denominator = children with known outcome who did not die				
		v) Deafness = need of amplification	8	21	38	21	8	3	27	11			27	3	Denominator = children with known outcome who did not die				
		vi) Seizures = abnormal EEG or need of AED	18	21	86	21	18	10	27	37			27	10	Denominator = children with known outcome who did not die				
Gucuyener 2012	Grades II and III combined	i) death or moderate to severe developmental disability											2	5	5	2	Denominator = children with known outcome at > 12m		
		ii) death																	
		iii) Cerebral Palsy											2	5	5	2	Denominator = children with known outcome at > 12 m		
Jia 2018	Excluded from Figure 3 because of non-standard outcome definition All grades combined	i) death or severe disability (unclear definition)	NA	only reports neonatal death					NA					only reports neonatal death					Denominator = children with known outcome who did not die neonatally
		ii) death	NA						NA										
		iii) severe disability (unclear definition)	35	82	43						16	61	26						
		severe disability	NA					17					20	85	children	20	17	(including 1 child with CP who was lost between 1-	
		ii) death	NA					6					19	32		19	6	Denominator = children with known outcome at 2 yrs	
		i) death or severe disability (BSID-III (any domain) <70, GMFCS 3...5, severe visual impairment and profound hearing impairment)	NA					16					17	94		19	16	Denominator = children with known outcome at 2 yrs	

Khuwuthyako rn 2021	Grades II and III combined	iii) Any neurological impairment	NA					8	13	62		13	8	Denominator = children with known outcome at 2 yrs incl 2 whose parents refused BSID but were reportedly healthy
		iv) BSID-III cognitive <70	NA					4	11	36		11	4	Denominator = children evaluated with BSID-III 2 yrs
		ix) BSID-III language < 70	NA					4	11	36		11	4	Denominator = children evaluated with BSID-III 2 yrs
		x) BSID-III motor <70	NA					3	11	27		11	3	Denominator = children evaluated with BSID-III 2 yrs
		iv) CP any grade	NA					4	12	33		12	4	Denominator = children evaluated with BSID-III 2 yrs + 1 known case of CP who was lost between 1 and 2 yrs
		v) blindness	NA					3	11	27		11	3	Denominator = children evaluated with BSID-III 2 yrs
		vi) profound hearing impairment (OAE or ABR test)	NA					0	11	0				Denominator = children evaluated with BSID-III 2 yrs
Koshy 2011	Grades II and III combined	i) combined death or moderate to severe disability						3	15	20		15	3	Denominator = children with known outcome
		ii) death						2	15	13		15	2	Denominator = children with known outcome
		iii)neurodevelopmental disability (Griffiths and Vineland, unclear cut- offs)						1	13	8		13	1	Denominator = children with known outcome who did not die
		iv) CP	NA					1	13	8		13	1	Denominator = children with known outcome who did not die
	Outcomes i-iii reported separate for NT and TH	i) combined death or moderate to severe disability (not including microcephaly)	8 37 22 37 8					6	16	38	as these children were cooled, we presume they were in Grade II-III	16	6	Denominator = children with known outcome. 2 additional cases had microcephaly
		ii) death	2 28 7 28 2					4	17	24		17	4	Denominator = children with known outcome
	Outcomes iv- vii all reported all in usual care group	iii) cerebral palsy	1 26 4 38 3					2	16	13		16	2	Denominator = children with known outcome who did not die
		iv) visual (not correctable by glasses) or hearing impairment	1 26 4 38 1											Denominator = children with known outcome who did not die
		v) seizures and/or use of AED	3 26 12 38 3											Denominator = children with known outcome who did not die
		vi) head growth < -2 SD	9 26 35 38 9											Denominator = children with known outcome who did not die

Lally 2014	Grade II-III based on Thompson >5 within 6 hrs. Also has data on each Sarnat grade Day 3.	vii) composite motor score <82 or composite cognitive score <85 on BSID-III											Denominator = children with known outcome who did not die
			3	26	12	38	3						
Severe disability: GMFCS grade 3 to 5, hearing impairment requiring hearing aids, bilateral cortical visual impairment with no useful vision or BSID- i) death or moderate or severe II Mental Development <70. disability**													Denominator = children with known outcome
**Moderate disability: BSID-II Mental Developmental 70...84 and any one of the following: GMFCS grade 2, hearing impairment with no amplification, or persistent seizure disorder													
ii) death			8	50	16	50	8	8	50	16	50	8	Denominator = children with known outcome
iii) any disability			15	42	36	42	15	12	42	29	42	12	Denominator = children with known outcome who did not die
iv) CP			19	42	45	42	19	10	42	24	42	10	Denominator = children with known outcome who did not die
v) hearing impairment requiring amplification			2	42	5	42	2	2	42	5	42	2	Denominator = children with known outcome who did not die
vii seizures requiring AED			17	42	40	42	17	8	42	19	42	8	Denominator = children with known outcome who did not die
vii) BSID-II mental <70			15	40	38	40	15	8	40	20	40	8	Denominator = children who completed BSID-II
iiiv) BSID-II mental 70-84			6	40	15	40	6	5	40	13	40	5	Denominator = children who completed BSID-II
ix) BSID-II psychomotor <70			15	40	38	40	15	9	40	23	40	9	Denominator = children who completed BSID-II
Malla 2017	Grade II-III combined, separate for outcome i)	x) BSID-II psycomotor 70-84	5	40	13	40	5	4	40	10	40	4	Denominator = children who completed BSID-II
i) death or any neurodevelopmental disorder			13	18	72	18	13	7	16	44	16	7	Denominator = children with known outcome

Excluded from Figure 3 because of non-standard outcome definition	ii) death	7	18	39		18	7	4	16	25		16	4	Denominator = children with known outcome	
	iii) psychomotor delay	2	11	18		11	2	3	6	50		6	3	Denominator = children with known outcome who did not die	
	iv) epilepsy	1	11	9		11	1	1	6	17		6	1	Denominator = children with known outcome who did not die	
	Grades II and III combined v) neurosensory problem	3	11	27		11	3	1	6	17		6	1	Denominator = children with known outcome who did not die	
Excluded from Figure 3 due to lack of mortality data	i) death or moderate to severe disability							NA							
	ii) death							NA							
Grades II and III combined	iii) Moderate to severe disability by GMDS							18	56					Denominator = children with known outcome at 18-24m who did not die. Reports also outcome at 12 m.	
	i) death or severe developmental disability (CP, BSID-II mental development index ≤ 70, blindness, hearing impairment requiring a hearing aid and a persistent seizure disorder)							22	53	42		53	22	denominator = children with known outcome	
	ii) death							15	53	28		53	15	denominator = children with known outcome	
	iii) severe developmental disability (CP, BSID-II mental development index ≤ 70, blindness, hearing impairment requiring a hearing aid and a persistent seizure disorder)							7	38	18		38	7	Denominator = children with known outcome at 18 months who did not die	
	iv) CP							4	38	11		38	4	Denominator = children with known outcome at 18 months who did not die	
	v) hearing impairment requiring hearing aid							3	38	8		38	3	Denominator = children with known outcome at 18 months who did not die	
	vi) Blindness							2	38	5		38	2	Denominator = children with known outcome at 18 months who did not die	
	Grades II and III combined	vii) persistent seizures							1	38	3		38	1	Denominator = children with known outcome at 18 months who did not die

Procianoy 2019	Grade II-III combined (reports separate grade II and III)	microcephaly removed from original	i) death or moderate to severe neurodevelopmental delay (BSID-III <85 or hearing impairment or visual impairment)					37	59	63	na	na	59	37	numerator = 16 deaths + 18 abnormal BSID + 3 blind/deaf. Denominator = children with known outcome = 72-13 lost to follow-up
			ii) death					16	59	27			59	16	denominator = children with known outcome
			iii) any neurodevelopmental delay (as defined above)					18	40	45			40	18	who attended could not be evaluated because of blindness or deafness)
			iv) motor score <85					8	40	20			40	8	denominator = those with BSID-III done (3 children who attended could not be evaluated because of blindness or deafness)
			v) language score <85					15	40	38			40	15	denominator = those with BSID-III done (3 children who attended could not be evaluated because of blindness or deafness)
			vi) cognitive score <85					13	40	33			40	13	denominator = those with BSID-III done (3 children who attended could not be evaluated because of blindness or deafness)
			iv) microcephaly					1	43	2			43	1	Denominator = children with known outcome who did not die
			v) hearing impairment					5	43	12			43	5	Denominator = children with known outcome who did not die
		vi) visual impairent					3	43	7			43	3	Denominator = children with known outcome who did not die	
Sun 2012	Grade II-III combined, but 20% Grade I	Excluded from Figure 3 and 4 due to mixing grade I and II-III, also only severe disability reported.	i) death or severe developmental delay BSID-III mental or physical development index <70	18	28	64	na	na	7	23	30		na	na	denominator = children with known outcome
			ii) death	1	28	4			0	23	0				denominator = children with known outcome
			iii) developmental delay BSID-III mental or physical development index <70	17	27	63			7	23	30				Denominator = children with known outcome who did not die
			iv) BSID-III mental development index <70	13	27	48			5	23	22				Denominator = children with known outcome who did not die
			v) BSID-III physical development index <70	12	27	44			5	23	22				Denominator = children with known outcome who did not die
			vi) CP	3	27	11			2	23	9				Denominator = children with known outcome who did not die

Thayil 2021	(Severe disability: BSID-III cognitive score <70, GMFCS 3...5, profound hearing impairment requiring hearing aids or a cochlear implant, or blindness.)	i) death or moderate to severe disability	94	199	47	na	na	199	94	98	195	50	195	98	denominator = children with known outcome
		ii) death	63	201	31			201	63	84	198	42	198	84	denominator = children with known outcome
		iii) Severe disability	28	136	21			136	28	14	112	13	112	14	Denominator = children with known outcome who did not die
		Moderate disability	3	135	2			135	3	0	111	0	111	0	Denominator = children with known outcome who did not die
		BSID-III cognitive 70–84 and one or more of the following: GMFCS 2, a hearing impairment with no amplification, or a persistent seizure disorder)	23	135	17			135	23	19	110	17	110	19	Denominator = children with known outcome who did not die
		vi) BSID-III cognitive score 70-84	22	133	17			133	22	25	108	23	108	25	Denominator = children with known outcome who did not die
		vii) BSID-III cognitive score <70	24	133	18			133	24	11	108	10	108	11	Denominator = children with known outcome who did not die
		viii) BSID-III motor score 70-84	7	133	5			133	7	6	108	6	108	6	Denominator = children with known outcome who did not die
		ix) BSID-III motor score <70	26	133	20			133	26	11	108	10	108	11	Denominator = children with known outcome who did not die
		x) BSID-III language score 70-84	47	133	35			133	47	29	108	27	108	29	Denominator = children with known outcome who did not die
		xi) BSID-III language score <70	27	133	20			133	27	18	108	17	108	18	Denominator = children with known outcome who did not die
		xii) persistent seizures	9	133	7			133	9	3	111	3	111	3	Denominator = children with known outcome who did not die
		Microcephaly removed	28	136	21			136	28	12	111	11	111	12	Denominator = children with known outcome who did not die
		xiii) CP (GMFCS 2..5)													Denominator = children with known outcome who did not die
		xiv) Blindness	10	135	7			135	10	5	111	5	111	5	Denominator = children with known outcome who did not die
Thayil 2021	Grades II and III combined	xv) Hearing impairment	6	136	4			136	6	3	112	3	112	3	Denominator = children with known outcome who did not die
		i) death or severe neurodevelopmental disorder (any BSID-III < 70)								6	19	32	19	6	denominator = children with known outcome
		ii) death								3	19	16	19	3	denominator = children with known outcome
		iii) severe motor disorder BSID-III <70								1	13	8			denominator = children >1yr with known outcome who did not die

		iv) moderate motor disorder BSID 70-84							1	13	8					denominator = children >1yr with known outcome who did not die	
		v) severe language develop							2	13	15					denominator = children >1yr with known outcome who did not die	
		vi) moderate language dev							3	13	23					denominator = children >1yr with known outcome who did not die	
		vii) severe cognitive							0	13	0					denominator = children >1yr with known outcome who did not die	
Grades II and Valera 2017 ₹ III combined		viii) moderate cognitive	NA						1	13	8	16 3				denominator = children >1yr with known outcome who did not die	
Zhou 2010	All NE grades. (has data on separate)	i) death or severe disability (GMFCS 3-5 or GCDAS <70)	46	94	49	18	0	76	46	31	100	31	21	0	79	31	denominator = children with known outcome
		ii) death	27	94	29	18	0	76	27	20	100	20	21	0	79	20	denominator = children with known outcome
		iii) severe disability (GMFCS 3-5 or GCDAS <70)	19	67	28	18	0	49	19	11	80	14	21	0	59	11	Denominator = children with known outcome who did not die
		iv) GCDAS <70	13	63	21	15	0	48	13	4	75	5	19	0	56	4	Denominator = children with known outcome who did not die
		v) GCDAS 70-84	17	63	27	15	7	48	10	23	75	31	19	6	56	17	Denominator = children with known outcome who did not die
		vi) cerebral palsy	19	67	28			NA	NA	10	80	13			NA	NA	Denominator = children with known outcome who did not die. NE grade of cases unknown.
Zhu 2009	Grades II and III combined and separated	i) death or moderate to severe disability (CP GMFCS 3...5, severe hearing loss, blindness, and BSID-II MDI < 70)	35	80	44			80	35	18	73	25			73	18	denominator = children with known outcome
		ii) death	4	80	5			80	4	3	73	4			73	3	denominator = children with known outcome
		iii) CP	14	76	18			76	14	5	70	7			70	5	Denominator = children with known outcome who did not die
		iv) MDI <70	17	76	22			70	7	7	70	10			70	7	Denominator = children with known outcome who did not die
Zou 2019	All NE grades combined	Excluded from Figures 3 and 4 because of 16 % mild NE															
		i) death or abnormal neurodevelopmental outcome (BSID-III cognitive or motor score <85)	26	42	62			na	na	16	44	36			na	na	denominator = children with known outcome
		ii) death	6	42	14					6	44	14					denominator = children with known outcome
		iii) abnormal neurodevelopment (BSID-III cognitive or motor score <85)	20	36	56					10	38	26					Denominator = children with known outcome who did not die

Weng 2021	Grades II and III combined	i) death or severe disability (BSID-II MDI < 70, GMFCS 3 to 5, hearing impairment requiring hearing aids, or blindness)	10	25	40	25	10	2	36	6	36	2	denominator = children with known outcome denominator = children with known outcome Denominator = children with known outcome who did not die
		ii) death	4	25	16	25	4	0	36	0	36	0	
		iii) severe disability	6	21	29	21	6	2	36	6	36	2	
		SUM Combined Outcome:	361	712	51			351	883	40			
		SUM CP:	95	426	22			56	476	12			
		BSID = Bayley Scales of Infant Development											
		CP = Cerebral Palsy											
		DAMA = discharge against medical advice											
		DASII = Developmental Assessment Scale for Indian Infants											
		EEG = electroencephalography											
		GCDAS = Griffiths Scales od Developmental Assessment											
		MDI = Mental Development Index											
		GMFCS = Gross Motor Function Classification Scale											
		GMDS = Griffiths Mentadl Development Scale											
		SD = Standard Deviation											
		Additional notes:											
		Number of abnormal cases were calculated based on percentages provided in the article and are not the same as reported in Table 5 of the artcile, which does not consider loss to follow-up.											
† Maoulaine			Usual care group group N=18, 7 died hospital, 11 were followed, 5 were normal = 6 were abnormal. Total N= 7+6+5 = 18, abnormal = 7+6 = 13					Intervention 19, 3 died in hospital and 1 after hospital, 13 Were followed, 9 were normal = 4 were abnormal. Total N = 3+13=16, abnormal = 3+4=7					
‡ Valera		3 children were lost to follow-up and outcome for 5 was not includedd as they were not 1 year at time of report											