

## Appendix 1

### Online survey (translated to English)

1. Specialty
  - a. Gynecology/Obstetrics
  - b. Pediatrics
  - c. Pediatrics with subspecialty in Neonatology
2. Are you currently practicing?
  - a. Yes
  - b. No
3. Gender
  - a. Female
  - b. Male
4. Age
5. Years of work in Obstetrics/Neonatology
  - a. <5 years
  - b. 5-10 years
  - c. >10 years
6. In which geographical area do you practice?
  - a. North
  - b. Center
  - c. South
  - d. Azores
  - e. Madeira
7. Rate the hospital where you practice according to the level of Neonatal Intensive Care Unit (NICU):
  - a. Level I (Admission of infants with GA>34 weeks)
  - b. Level II (Admission of infants with GA>32 weeks)
  - c. Level IIIa (Admission of infants with GA>23 weeks)
  - d. Level IIIb (Admission of infants with GA>23 weeks, Pediatric Surgery, Pediatric Cardiology, and Therapeutic Hypothermia)
8. In your clinical practice, how often are you involved in approaching situations of births at the limits of viability?
  - a. Never
  - b. <1 time per year
  - c. 1 to 10 times per year
  - d. >10 times per year
9. Are you familiar with the Clinical Consensus "Viability Limit" of the Portuguese Society of Neonatology (SPN) published in 2014?
  - a. Yes
  - b. No
10. Do you use the Clinical Consensus "Viability Limit" of the SPN in your clinical practice?
  - a. Yes
  - b. No
  - c. Not applicable
11. Do you have a Service Protocol on the approach to the "Viability Limit"?
  - a. Yes
  - b. No
  - c. I don't know

12. What is the definition of limit of viability used in the Clinical Consensus "Viability Limit" of the SPN?

- a. Gestational age, well determined by early ultrasound, from which  $\geq 50\%$  of newborns have a chance of survival, and at least 50% of survivors are without severe long-term sequelae.
- b. Gestational age or birthweight from which  $\geq 50\%$  of newborns have a chance of survival, and at least 50% of survivors are without severe long-term sequelae.
- c. I do not know

13. Are you aware of survival statistics for gestational ages 22 to 26 weeks in Portugal?

- a. Yes
- b. No

14. Are you aware of existing platforms to obtain information on the survival of premature infants in Portugal?

- a. Yes
- b. No

15. Are you familiar with survival statistics for gestational ages 22 to 26 weeks at the hospital where you work?

- a. Yes
- b. No

16. In Portugal, from 2012-2021, what was the survival rate of newborns with gestational <23 weeks?

- a. <1%
- b. 1 – 9%
- c. 10 – 29%
- d. 30 – 49%
- e. >50%
- f. I do not know

17. In Portugal, from 2012-2021, what was the survival rate of newborns with gestational age 23 weeks?

- a. <1%
- b. 1 – 9%
- c. 10 – 29%
- d. 30 – 49%
- e. >50%
- f. I do not know

18. In Portugal, from 2012-2021, what was the survival rate of newborns with gestational age 24 weeks?

- a. <1%
- b. 1 – 9%
- c. 10 – 29%
- d. 30 – 49%
- e. >50%
- f. I do not know

19. In Portugal, from 2012-2021, what was the survival rate of newborns with gestational age 25 weeks?

- a. <1%
- b. 1 – 9%
- c. 10 – 29%
- d. 30 – 49%
- e. >50%
- f. I do not know"

20. Besides gestational age, what factors influence the prognosis of newborns at the limits of viability? (select all options you consider correct)

- a. Birthweight

- b. Gender
  - c. Congenital anomalies
  - d. IUGR (Intrauterine Growth Restriction)
  - e. Multiple pregnancies
  - f. Intrauterine infection
  - g. Signs of fetal distress
  - h. Administration of prenatal corticosteroids
21. In your clinical practice, if the clinical situation allows, do you usually inform parents about mortality and morbidity for gestational age?
- a. Yes
  - b. No
22. If yes, when do you usually inform parents about mortality and morbidity?
- a. Upon admission
  - b. At the time of imminent delivery/birth
  - c. At the time of complications
  - d. Only when asked for
23. In your clinical practice, do you provide written information to parents about the mortality and morbidity associated with extreme prematurity?
- a. Yes
  - b. No
24. In your opinion, in situations of birth at the limit of viability, should the approach take into account the parents' opinion?
- a. Yes
  - b. No
25. In your opinion, who should inform the parents?
- a. Obstetricians
  - b. Neonatologists/Pediatricians
  - c. Obstetricians and Neonatologists/Pediatricians together.
26. What recommendations would you give to a pregnant woman at 22+0 – 22+6 in an imminent delivery situation regarding care for the newborn?
- a. Comfort care with no indication for active care
  - b. Comfort care with possibility of active care by parental choice
  - c. Active care with possibility of comfort care by parental choice
  - d. Active care
  - e. Neutral
27. What recommendations would you give to a pregnant woman at 23+0 – 23+6 in an imminent delivery situation regarding care for the newborn?
- a. Comfort care with no indication for active care
  - b. Comfort care with possibility of active care by parental choice
  - c. Active care with possibility of comfort care by parental choice
  - d. Active care
  - e. Neutral
28. What recommendations would you give to a pregnant woman at 24+0 – 24+6 in an imminent delivery situation regarding care for the newborn?
- a. Comfort care with no indication for active care
  - b. Comfort care with possibility of active care by parental choice
  - c. Active care with possibility of comfort care by parental choice
  - d. Active care
  - e. Neutral
29. What recommendations would you give to a pregnant woman at 25+0 – 25+6 in an imminent delivery situation regarding care for the newborn?

- a. Comfort care with no indication for active care
  - b. Comfort care with possibility of active care by parental choice
  - c. Active care with possibility of comfort care by parental choice
  - d. Active care
  - e. Neutral
30. What recommendations would you give to a pregnant woman at 26+0 – 26+6 in an imminent delivery situation regarding care for the newborn?
- a. Comfort care with no indication for active care
  - b. Comfort care with possibility of active care by parental choice
  - c. Active care with possibility of comfort care by parental choice
  - d. Active care
  - e. Neutral
31. Specify the lower GA limit for which you consider it appropriate to propose in-utero transfer to a specialized perinatal support hospital, in the absence of maternal indication:
- a. 22+0 – 22+6
  - b. 23+0 – 23+6
  - c. 24+0 – 24+6
  - d. 25+0 – 25+6
  - e. 26+0 – 26+6
32. Specify the lower GA limit for which you consider it appropriate to administer corticosteroids for fetal maturation:
- a. 22+0 – 22+6
  - b. 23+0 – 23+6
  - c. 24+0 – 24+6
  - d. 25+0 – 25+6
  - e. 26+0 – 26+6
33. Specify the lower GA limit for which you consider it appropriate to propose cesarean section due to fetal indication:
- a. 22+0 – 22+6
  - b. 23+0 – 23+6
  - c. 24+0 – 24+6
  - d. 25+0 – 25+6
  - e. 26+0 – 26+6
34. Specify the lower GA limit for which you consider it necessary to have a Neonatologist/Pediatrician with training in neonatal resuscitation present in the delivery room:
- a. 22+0 – 22+6
  - b. 23+0 – 23+6
  - c. 24+0 – 24+6
  - d. 25+0 – 25+6
  - e. 26+0 – 26+6
35. Specify the lower GA limit for which you consider it appropriate to perform endotracheal intubation in the context of neonatal resuscitation at birth:
- a. 22+0 – 22+6
  - b. 23+0 – 23+6
  - c. 24+0 – 24+6
  - d. 25+0 – 25+6
  - e. 26+0 – 26+6
36. Specify the lower GA limit for which you consider it appropriate to perform external chest compressions in the context of neonatal resuscitation at birth, if necessary:
- a. 22+0 – 22+6
  - b. 23+0 – 23+6
  - c. 24+0 – 24+6
  - d. 25+0 – 25+6

e. 26+0 – 26+6

37. Specify the lower GA limit for which you consider it appropriate to administer adrenaline in the context of neonatal resuscitation at birth, if necessary:

- a. 22+0 – 22+6
- b. 23+0 – 23+6
- c. 24+0 – 24+6
- d. 25+0 – 25+6
- e. 26+0 – 26+6

38. Considering recent technological developments, do you think it is necessary to review the gestational age currently considered in Portugal as the limits of viability threshold?

- a. Yes
- b. No