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 ≥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 ≥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
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