


Supplementary Figure 1. Survey questions.



Management of patent ductus arteriosus

Demographics

1. Country

2. ZIP / postcode

3. Approximate number of deliveries under your service per year

4. Lowest gestation (weeks) or birth weight (grams) admitted in your unit

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## Management of patent ductus arteriosus

### General approach to PDA

5. Does your unit have a protocol or guideline for PDA management?

- ☐ Yes
- ☐ No
- ☐ Unsure

6. Is there a consistent approach to PDA management across the senior medical staff in your unit?

- ☐ Yes
- ☐ No
- ☐ Unsure

7. Which of the following best describes your general approach to PDA management?

- ☐ Protocol or guideline driven
- ☐ Individualised case-by-case, based predominantly on clinical circumstances
- ☐ Individualised case-by-case, based on clinical circumstances and influenced by bedside echocardiography findings
- ☐ PDA rarely considered in management plan

Comments (Optional)



## Management of patent ductus arteriosus

### Infants <28 weeks or <1000g

8. What strategy best describes your approach to decision making regarding intervention for PDA in infants <28 weeks or <1000g?

- ☐ Conservative (PDA rarely/never requires intervention)
- ☐ Symptomatic or expectant management
- ☐ Prophylactic
- ☐ Early targeted or pre-symptomatic

Comments (Optional)

9. With respect to infants <28 weeks or <1000g is your decision to treat a PDA influenced by any of the following (select all that apply)?

- |  |   |
|--|---|
| <input type="checkbox"/> Duct size                                     | <input type="checkbox"/> Other risk factors (eg. lower gestation or birth weight, growth restriction, inadequate steroid cover, male sex) |
| <input type="checkbox"/> Haemodynamic significance on echocardiography | <input type="checkbox"/> Clinical policy  |
| <input type="checkbox"/> Clinical status                               | <input type="checkbox"/> None of the above  |

Comments (Optional)

10. With respect to infants <28 weeks or <1000g, at what ductal size would you first consider treating a PDA?

- |                                 |                              |
|---------------------------------|------------------------------|
| <input type="radio"/> <1.0mm    | <input type="radio"/> >2.0mm |
| <input type="radio"/> 1.0-1.5mm | <input type="radio"/> Never  |
| <input type="radio"/> 1.6-2.0mm |                              |

Comments (Optional)



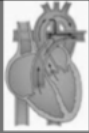
## Management of patent ductus arteriosus

Infants  $\geq 28$  weeks or  $\geq 1000$ g

11. What strategy best describes your approach to decision making regarding intervention for PDA in infants  $\geq 28$  weeks or  $\geq 1000$ g?

- ☐ Conservative (PDA rarely/never requires intervention)
- ☐ Symptomatic or expectant management
- ☐ Prophylactic
- ☐ Early targeted or pre-symptomatic

Comments (Optional)



## Management of patent ductus arteriosus

### Pharmacological agents

12. Which of the following pharmacological agent/s do you consider to be a first line treatment option for PDA?

- ☐ Indomethacin
- ☐ Ibuprofen
- ☐ Paracetamol/acetaminophen
- ☐ Other/not applicable (please specify)

13. Of these, which pharmacological agent do you most commonly use as first line treatment (select one)?

- ☐ Indomethacin
- ☐ Ibuprofen
- ☐ Paracetamol/acetaminophen
- ☐ Other/not applicable (please specify)

14. What pharmacological agent/s do you consider for late or resistant PDA treatment (select all that apply)?

- ☐ Indomethacin
- ☐ Ibuprofen
- ☐ Paracetamol/acetaminophen
- ☐ Other/not applicable (please specify)

15. Which of the following best describes your opinion on administering paracetamol for the treatment of PDA?

- ☐ Similar efficacy to NSAIDs, with a more acceptable side effect profile
- ☐ Similar efficacy to NSAIDs, but concerns about insufficient safety or long term outcome data
- ☐ Not as effective as NSAIDs, but a more acceptable side effect profile
- ☐ Not as effective as NSAIDs, and concerns about insufficient safety or long term outcome data

Comments (Optional)



## Management of patent ductus arteriosus

### Dose regimes

16. Do you change the dose of pharmacological agents (either at the start or during a treatment course) based on any of the following (select one)?

- ☐ Echocardiography findings
- ☐ Clinical factors
- ☐ Both echocardiography findings and clinical factors
- ☐ Neither

Comments (Optional)

17. Do you change the duration of treatment with pharmacological agents based on any of the following (select one)?

- ☐ Echocardiography findings
- ☐ Clinical factors
- ☐ Both echocardiography findings and clinical factors
- ☐ Neither

Comments (Optional)

18. With respect to repeating treatment courses for pharmacological agents in general, which response best reflects your practice?

- ☐ There is no/limited role for repeating treatment with the same pharmacological agent
- ☐ Repeat or extended treatment courses can be useful and are best continued immediately after completing a treatment course
- ☐ Repeat or extended treatment courses can be useful and are best recommenced following a break after completing a treatment course

Comments (Optional)



## Management of patent ductus arteriosus

### Surgical intervention

19. Which of the following best describes your practice with respect to surgical intervention for PDA?

- ☐ PDA rarely/never requires surgical intervention
- ☐ Surgical intervention is commonly considered as a first line intervention for a significant PDA
- ☐ Surgical intervention could be considered for a significant PDA after pharmacological agents have failed in non-ventilated infants
- ☐ Surgical intervention would only be considered for a significant PDA after pharmacological agents have failed in ventilator dependent infants

Comments (Optional)

20. If an infant required surgical ligation in your unit, where would the operation most commonly be performed?

- ☐ On the same site/campus as the unit
- ☐ The infant would need to be transferred to a different location
- ☐ Surgical ligations are not recommended in this unit

Comments (Optional)