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| **Supplement Table 2b. Mortality (n=20)a** |
|  | **Measure of Effect Size** | **Effect Size** | **CI Spread** | **p-Value** |
| Cross-Sectional Analysis on Racial and Economic Disparities Affecting Mortality in Preterm Infants with Posthemorrhagic Hydrocephalus[29](#_ENREF_29) |  |  |  |  |
| Patients in teaching hospitals had lower mortality than patients in non-teaching hospitals | RR | 2.38b | 5.56 | <0.01 |
| Patients weighing 500-749 grams had higher mortality than patients weighing 1250-1499 grams | RR | 2.55 | 2.66 | <0.01 |
| Patients with IVH grade 4 had higher overall mortality than patients with IVH grade 3 | RR | 2.83 | 1.29 | <0.01 |
| Health disparities and impact on outcomes in children with primary central nervous system solid tumors[104](#_ENREF_104) |  |  |  |  |
| Malignant behavior of lesion had higher risk of mortality compared to benign behavior of lesion | HR | 4.64 | 2.02 | <0.001 |
| Hospital care of childhood traumatic brain injury in the United States, 1997–2009: a neurosurgical perspective[21](#_ENREF_21) |  |  |  |  |
| Admissions coded for hypoxic-ischemic injury had higher rates of mortality | OR | 4.24 | 1.65 | < 0.0005 |
| Intracranial pressure monitoring among children with severe traumatic brain injury[77](#_ENREF_77) |  |  |  |  |
| The risk of death in children was lower in high ICP-use hospitals compared with low ICP-use hospitals | OR | 2.04b | 2.13 | 0.003 |
| Outcomes and factors associated with infant abusive head trauma in the US[59](#_ENREF_59) |  |  |  |  |
| Patients with secondary diagnosis of SBS had increased risk of mortality than patients without | OR | 2.09 | 1.46 | <0.001 |
| Patients with secondary diagnosis of retinal bleeding had increased risk of mortality than patients without | OR | 2.85 | 1.98 | <0.001 |
| Racial and socioeconomic disparities in outcomes following pediatric cerebrospinal fluid shunt procedures[28](#_ENREF_28)  |  |  |  |  |
| Patients admitted from another hospital had a higher likelihood of inpatient death than those from routine admissions | OR | 2.23 | 2.08 | <0.01 |
| Urgent admissions had a higher likelihood of inpatient death than elective admissions | OR | 2.43 | 3.11 | <0.01 |
| Asian/Pacific Islander patients had a higher likelihood of inpatient death than white patients | OR | 2.46 | 3.67 | 0.01 |
| Emergency admissions had a higher likelihood of inpatient death than elective admissions | OR | 2.63 | 3.36 | <0.01 |
| Complex cases had a had a higher likelihood of inpatient death than not complex cases | OR | 3.77 | 2.27 | <0.01 |
| Patients admitted from another health facility had a higher likelihood of inpatient death than those from routine admissions | OR | 4.77 | 3.78 | <0.01 |
| Reevaluating the weekend effect on patients with hydrocephalus undergoing operative shunt intervention[57](#_ENREF_57) |  |  |  |  |
| Patients admitted from another hospital had higher inpatient mortality compared with routine admissions | RR | 2.06 | 1.4 | <0.01 |
| Emergency admission was associated with higher inpatient mortality compared with elective admission | RR | 2.07 | 1.86 | <0.01 |
| Urgent admission was associated with higher inpatient mortality compared with elective admission | RR | 2.07 | 1.88 | <0.01 |
| Procedures performed 2 or more days after admission were associated with higher inpatient mortality than those performed on the day of admission | RR | 2.17 | 1.38 | <0.01 |
| >1 Complex chronic conditions (CCCs) were associated with higher inpatient mortality compared with zero CCC | RR | 3.16 | 1.89 | <0.01 |
| Time trends and demographics of deaths from congenital hydrocephalus in children in the United States: National Center for Health Statistics data, 1979 to 1998[100](#_ENREF_100) |  |  |  |  |
| Black infants had higher risk of death from acquired hydrocephalus compared with white infants | RR | 2.58 | 0.81 | <0.001 |

aCategories are defined as the following: Effect Size (ES) = Medium or Large (>2-10) + Confidence Interval (CI) = Medium or High (0-4) + p-value = Strong/Very Strong (<0.01).

bDenotes effect sizes that were originally reported at a value <1; the inverse was taken for analysis and the conclusion was appropriately worded to reflect the ES value presented here.

**Abbreviations:** CI=confidence interval; HR=hazard ratio; OR=odds ratio; RR=relative risk.