

Fig 1A. European and national rates of sedation/analgesia use in 2142 neonates receiving tracheal ventilation. Sedation/analgesia includes all medications used for analgesia or sedation

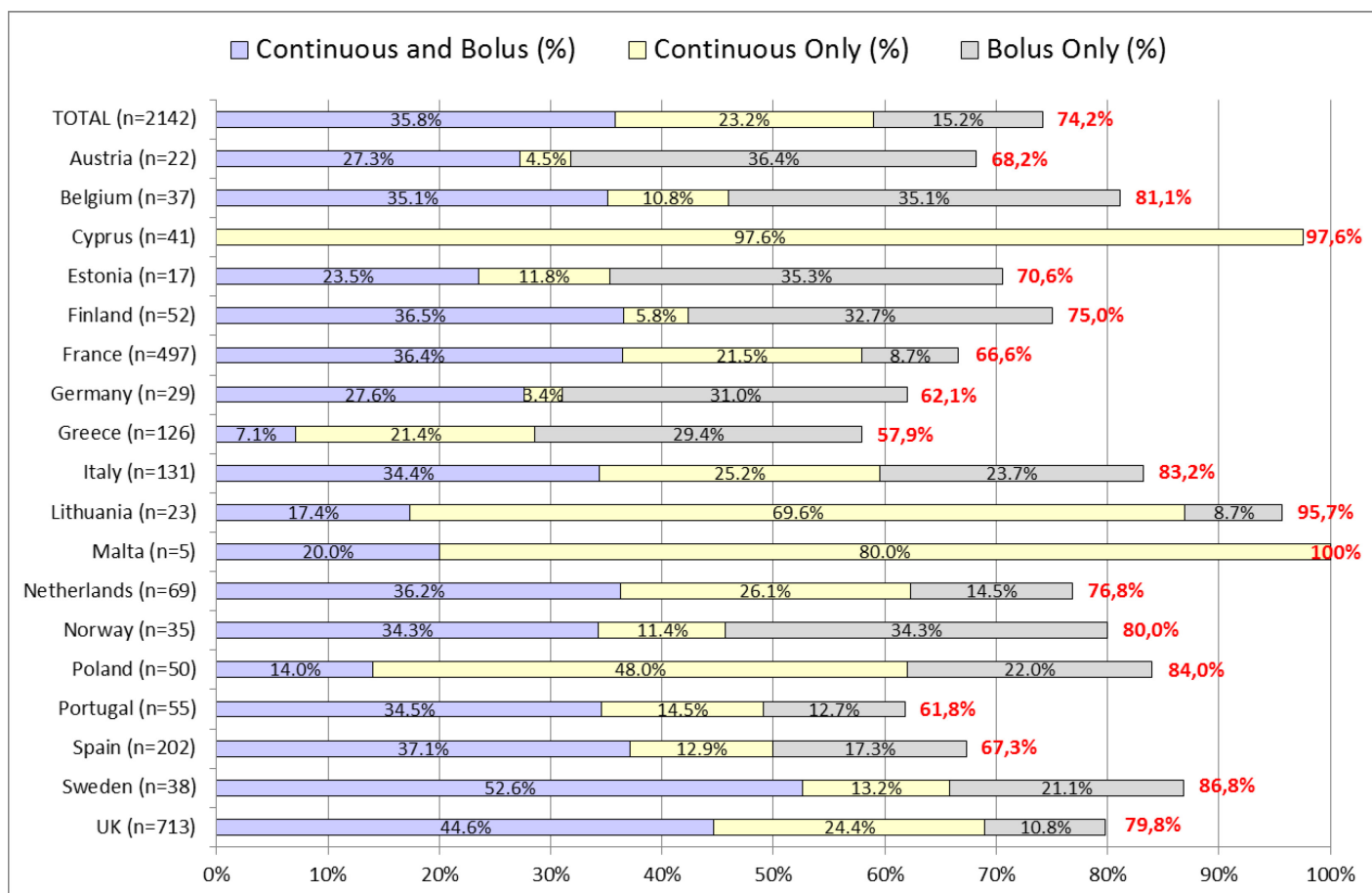


Fig 1B. European and national rates of opioids use in 2142 neonates receiving tracheal ventilation

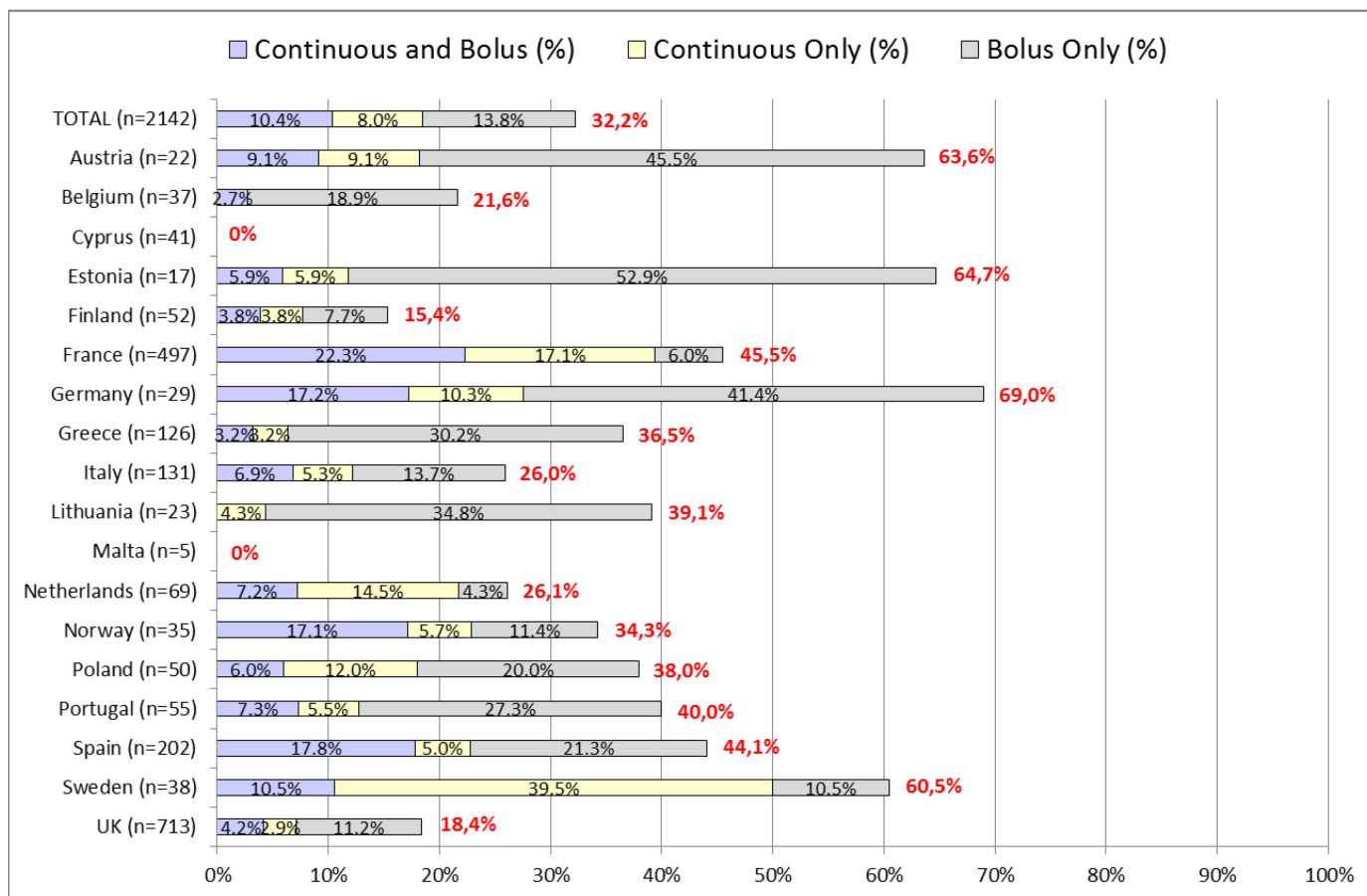
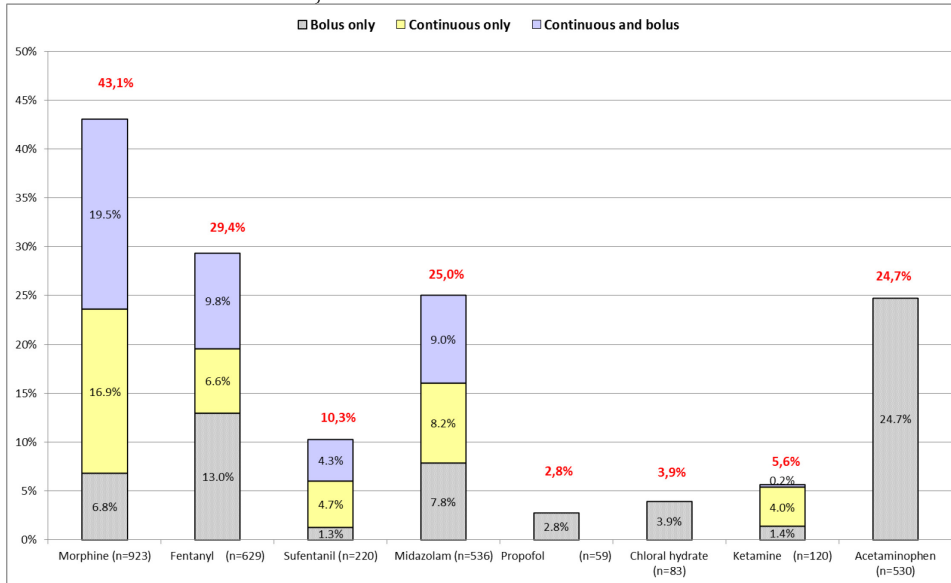
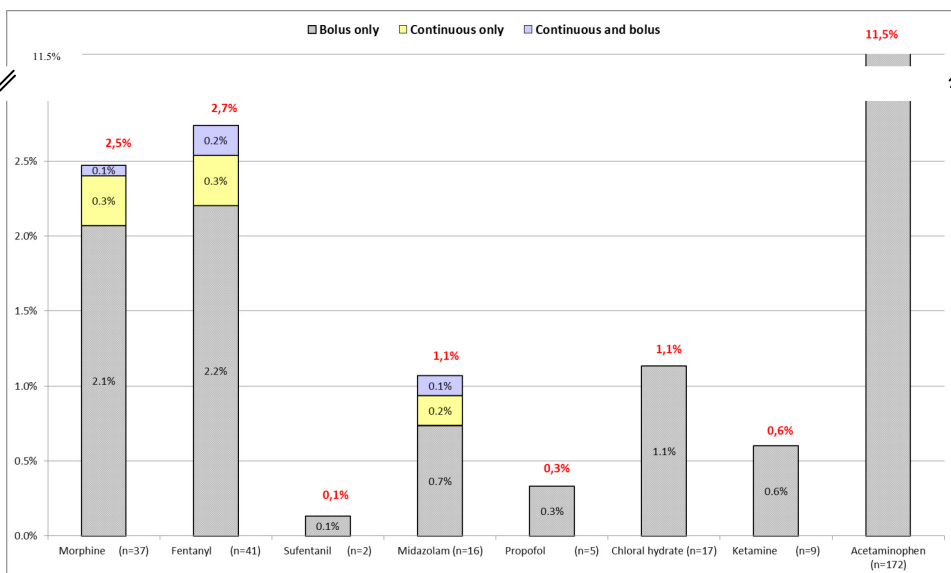


Fig 1C. European and national rates of sedative-hypnotics use in 2142 neonates receiving tracheal ventilation

A. Tracheal ventilation, n= 2142



B. Non-invasive ventilation, n= 1496



C. Spontaneous ventilation, n= 3042

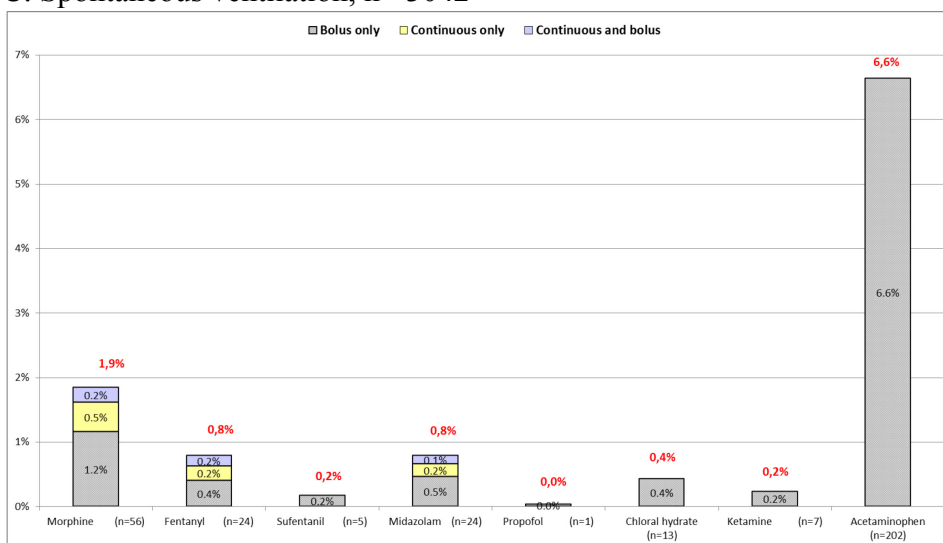
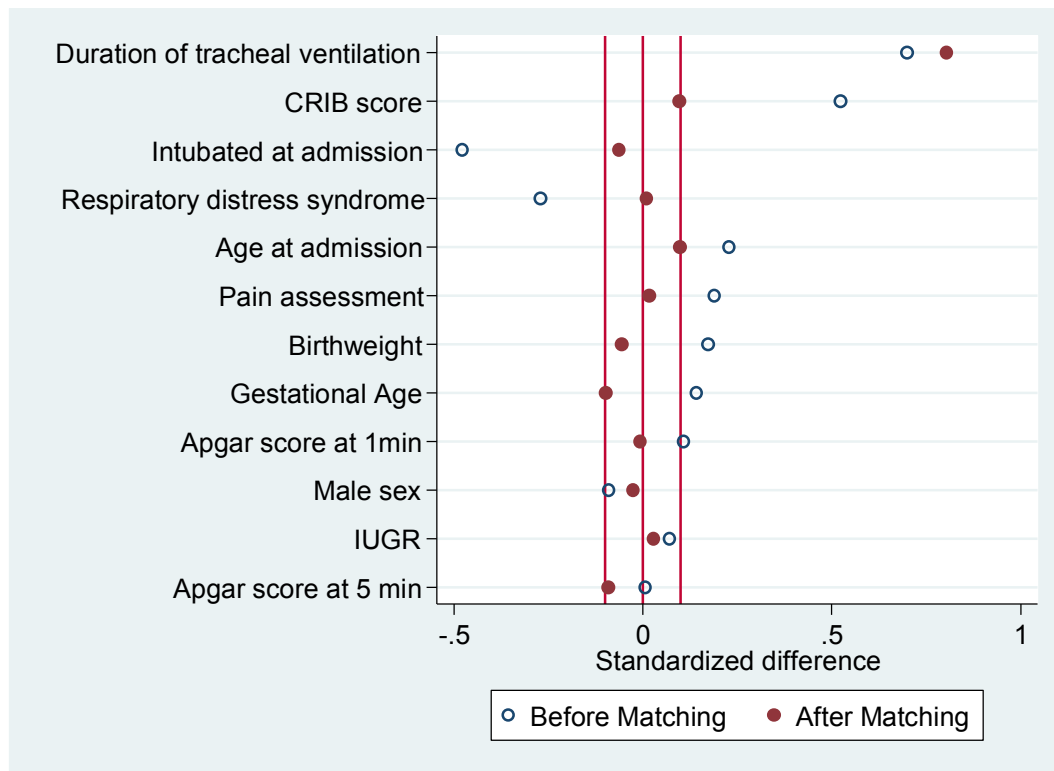


Fig 2. Modes of administration of morphine, fentanyl, sufentanil, midazolam, propofol, chloral hydrate, ketamine and acetaminophen according to type of ventilation. Percentages of total number of neonates per ventilation group among those who received sedation/analgesia are shown.



Abbreviation: IUGR: intrauterine growth retardation

Fig. 3. Reduction by propensity-score pair matching of covariate imbalance in infants who received opioids and/or sedatives-hypnotics and/or general anesthetics (O-SH-GA) compared to those who did not. Dots indicate the magnitude of the standardized difference for each variable between groups before (clear dots) and after (red full dots) propensity score matching. Red lines to the right and left of the Zero reference mark indicate the positive and negative 0.1 (10%) standardized difference limit between infants treated and not treated with O-SH-GA; standardized differences up to 10% are considered inconsequential. For example, the standardized difference in CRIB score between the groups treated and not treated with O-SH-GA before matching was nearly 0.5 (50%) whereas the corresponding standardized difference in the propensity score matched pairs was 0.1 (10%).