Supplementary Table 2. Criteria for stabilization of neonates with CDH for surgery

No.	Study	Clinical criteria	Laboratory criteria
1	Brown et al.[18]	Operated as soon as it was diagnosed.	None
2	Livaditis et al.[19]	Not mentioned	Not mentioned
3	Raphaely et al.[20]	Not mentioned	Not mentioned
4	Rees et al.[21]	Not mentioned	Not mentioned
5	Thommesen et al.[22]	Not mentioned	Not mentioned
6	Mishalany et al.[23]	Not mentioned	Not mentioned
7	Wiener[24]	Not mentioned	Not mentioned
8	Brereton et al.[25]	Operated as soon as it was diagnosed.	None
9	Simson and Eckstein[26]	Operated as soon as it was diagnosed.	None
10	Sawyer et al.[27]	Not mentioned	Not mentioned
11	Sakai et al.[11]	None	$PaCO_2$ <35 mmHg to maintain pH >7.5
12	Nakayama et al.[28]	Not mentioned	Not mentioned
13	Finer et al.[29]	Not mentioned	Not mentioned
14	Goh et al.[30]	Hemodynamic stability, weaned off vasodilatory drugs, adequate gaseous exchange	Correction of acidosis
15	Wilson et al.[31]	Not mentioned	Not mentioned
16	Roberts et al.[32]	FiO_2 requirement < 40%	Normal blood gas
17	Nio et al.[33]	None	Absent pulmonary hypertension
18	Adolph et al.[34]	Weaned to minimal conventional ventilator support, or is no longer improving After weaning from ECMO	None
19	de la Hunt et al.[35]	FiO_2 requirement <50%, minimal vasodilator or inotropic support for ≥ 24 hr	None
20	Wung et al.[36]	No preductal or post ductal SaO_2 gradient after weaning ventilator support and supplemental oxygen	Minimal pulmonary hypertension on echocardiography
21	Serrano et al.[37]	Hemodynamic stability	None
22	Kays et al.[38]	Not mentioned	Not mentioned
23	Ontario Congenital Anomalies Study Group[39]	Not mentioned	Not mentioned
24	Yamoto et al.[40]	Not mentioned	Not mentioned
25	Vasudev et al.[41]	Not mentioned	Not mentioned
26	Feng et al.[1]	Urine output >1 mL/kg/hr; preductal oxygen saturation between 85% and 95% on FiO_2 <0.5; normal mean arterial pressure for gestational age	Lactate <3 mmol/L; estimated pulmonary artery pressures less than systemic pressure
27	Miguet et al.[42]	Hemodynamic stabilization with FiO_2 30% or less and mean airway pressure 9 cm or less	Normal blood gas
28	Kamata et al.[43]	Not mentioned	Not mentioned
29	Khawahur et al.[44]	Not mentioned	Not mentioned
30	Okuyama et al.[45]	Stabilization of circulatory status	None
31	Rozmiarek et al.[46]	Not mentioned	Not mentioned
32	Parente et al.[47]	Adrenaline requirement of less than 0.1 μg/kg/min, no noradrenaline requirement, no need for increase in dopamine or dobutamine in the last 48 hr, and a decrease in mean pressure on HFOV	No pulmonary hypertension for 48 hr
33	Seo et al.[48]	FiO_2 requirement of <60%, MAP<12, normal blood pressure with minimum inotropic support (dopamine and/or dobutamine less than/equal to 10 μg/kg/hr)	PaO_2 >50 mmHg
34	Fredly et al.[49]	Mean pulmonary arterial pressure below the mean systemic pressure without the need for iNO and/or other vasodilatory agents, and vasopressor support	Ductal flow was left to right, and the tricuspid regurgitation velocity was less than 3 m/sec
35	Jani et al.[50]	Not mentioned	Not mentioned
36	Chiu et al.[51]	Not mentioned	Not mentioned
37	Okuyama et al.[52]	Not mentioned	Not mentioned
38	Barrière et al.[53]	Not mentioned	Not mentioned
39	Hassan and Sarma[54]	Preductal SaO_2 of 80 to 95%, postductal SaO_2 of more than 70%	ABG: pH of 7.25 to 7.4, $PaCO_2$ of 45 to 60 mmHg
40	Cox et al.[55]	Not mentioned	Not mentioned

CDH, congenital diaphragmatic hernia; $PaCO_2$, partial pressure of carbon dioxide in arterial blood; FiO_2, fraction of inspired oxygen; ECMO, extracorporeal membrane oxygenation; MAP, mean arterial pressure; iNO, inhaled nitric oxide; SaO_2, arterial oxygen saturation; ABG, arterial blood gas.