Reference (include title, author, journal title, year of publication, volume and issue, pages)	Evidence level (I-VII)	Key findings, outcomes or recommendations
Aggarwal, R., Singhal, A., Deorari, A., Paul, V.K. (2009). Apnoea in the newborn. *All India Institute of Medical Sciences*	VII	• Further potential causes of apnoea • Differential diagnosis • Clinical examination • Pharmacology
Atkinson, E. & Fenton, A. (2009). Management of apnoea and bradycardia in neonates. *Paediatrics and Child Health.* 19(12), 550-554	V	• Incidence of apnoea of prematurity at different gestations • Further potential causes of apnoea
Doherty Chantal, MD. Causes and management of apnoea in the newborn. Powerpoint presentation.	VII	• Differences between apnoea in preterm and term infants • Potential causes of apnoea • The 3 types of apnoea • Expected onset of apnoea of prematurity and duration • Treatment and management possibilities after recognizing the type and cause of apnoea
Elder, D. E., Campbell, A. J. and Galletly, D. (2013), Definitions for neonatal apnoea. J Paediatr Child Health, 49: E388-E396. doi:10.1111/jpc.12247	II	• Evidence on lack of evidence based definitions of apnoea.

Gray, P.H., Flenady, V.J., Charles, B.G., Steer, P.A. (2011). Caffeine citrate for very preterm infants: effects on development, temperament and behavior. *Journal of Paediatrics and Child Health*. 47, 167-172	II	• Caffeine has similar short term effects on apnea/bradycardia as theophylline but caffeine has certain therapeutic advantages over theophylline. • Theophylline associated with higher rates of toxicity • Possibility that higher dose caffeine might be more effective in extremely preterm infants- needs further evaluation in randomized controlled trials
Henderson-Smart, D.J., Steer, P.A. (2010). Caffeine versus theophylline for apnea in preterm infants. *Chochrane Database Syst Rev*. Jan 20; (1)	I	• Caffeine has similar short term effects on apnea/bradycardia as theophylline but caffeine has certain therapeutic advantages over theophylline. • Theophylline associated with higher rates of toxicity • Possibility that higher dose caffeine might be more effective in extremely preterm infants- needs further evaluation in randomized controlled trials
Johnson, P.J. (2011). Caffeine Citrate Therapy for Apnoea of Prematurity. *Neonatal Network.* 30(6), 408-412	VII	• Review of history of methylxanthine therapy as a treatment of AOP • Examines benefits of caffeine citrate • Review of pharmacology and pharmacokinetics of caffeine • Review of current evidence-based practice for the use of caffeine citrate in treating apnoea of prematurity

Mohammed, S., Nour, I., Shabaan, A.E., |Shouman, B., Adbel-Hady, H., Nasef, N. (2015). High vs low-dose caffeine for apnea of prematurity: a randomized controlled trial. *Eur J Pediatrics*. Jul; 174(7): 949-956	II	• Shows that a higher dose of caffeine (40mg/kg load and 20mg/kg/day compared to the current standard of 20mg load and 10mg/kg/day) can decreases the chance of extubation failure and frequency of apnoeas in the preterm infant.
Powell MB, Ahlers-Schmidt CR, Engel M, Bloom BT. (2017). Clinically significant cardiopulmonary events and the effect of definition standardization on apnea of prematurity management. J Perinatol. 37:88–90. (PubMed: 27684421)	IV	• Standardizing definitions, assessments and treatment reduced the use of caffeine and home apnoea monitors upon NICU discharge
Schmidt B, Roberts RS, Anderson PJ, et al. (2017). Academic Performance, Motor Function, and Behavior 11 Years After Neonatal Caffeine Citrate Therapy for Apnea of PrematurityAn 11-Year Follow-up of the CAP Randomized Clinical Trial. JAMA Pediatr. 171(6):564–572. doi:10.1001/jamapediatrics.2017.0238	II	• Caffeine reduced risk of motor impairment in 11-year-old children with very low birth weight. • Neonatal caffeine therapy is effective and safe into middle school age.
Sreenan, C., Lemke, R.P., Hudson-Mason, A., Osiovich, H. (2001). High-flow nasal cannulae in the management of apnoea of prematurity: A comparison with conventional nasal continuous positive airway pressure. *Pediatrics* 107, 1081-1083	IV	• Comparison of CPAP and high-flow nasal cannula (HFNC) oxygen in the management of AOP • At flows of 2.5L/min in infants <2kg, HFNC can generate positive distending pressure which is as effective as NCPAP in the management of AOP
Zhao, J., Gonzalez, F. & Mu, D. (2011) Apnea of prematurity: from cause to treatment. Eur J Pediatr 170: 1097. https://doi.org/10.1007/s00431-011-1409-6	VII	• Discussion of Neonatal apnoea, investigations, treatment and management