

Additional File 1, Table 1: Summary of clinical recommendations for antenatal magnesium sulphate prior to preterm birth for neuroprotection of the fetus, infant and child

Clinical Recommendations	Grade [^]	Guideline Chapter
In women at risk of early preterm* imminent# birth, use magnesium sulphate for neuroprotection of the fetus, infant and child: *when gestational age is less than 30 weeks. #when early preterm birth is planned or definitely expected within 24 hours. (When birth is planned, commence magnesium sulphate as close to four hours before birth as possible).	A	4-7
	B	8
	A	9
<ul style="list-style-type: none"> intravenously with a 4 gram loading dose (slowly over 20-30 minutes) and 1 gram per hour maintenance dose via the intravenous route, with no immediate repeat doses. Continue regimen until birth or for 24 hours, whichever comes first. 	C	10
<ul style="list-style-type: none"> regardless of plurality (number of babies in utero). 	B	11
<ul style="list-style-type: none"> regardless of the reason the woman (at less than 30 weeks' gestation) is considered to be at risk of preterm birth. 	B	12
<ul style="list-style-type: none"> regardless of parity (number of previous births for the woman). 	B	13
<ul style="list-style-type: none"> regardless of anticipated mode of birth. 	B	14
<ul style="list-style-type: none"> regardless of whether or not antenatal corticosteroids have been given. 	B	15

[^]These grades are based on the Australian National Health and Medical Research Council (NHMRC) standards for grading recommendations for developers of guidelines