Supplementary table 2 Risk of bias assessment for enrolled retrospective studies by the modified Newcastle-Ottawa Scale[#]

Studies	Selection				Comparability		Exposure/Outcomes				Total	Quality
	Item 1	Item 2	Item 3	Item 4	Item 1	Item 2	Item 1	Item 2	Item 3	Item 4	score	
Reynold 2015	1	1	1	0	0	1	0	0	1	1	7	Moderate
Teibel 2020	1	1	1	0	1	1	0	0	1	1	8	High
Tran 2021	1	1	1	0	1	1	1	1	1	1	9	High
Yan 2021	1	0	1	0	1	1	0	0	1	1	7	Moderate

[#] Items of the modified Newcastle-Ottawa Scale are listed below.

NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE NON-RANDOMIZED STUDIES

Note: A study can be awarded a maximum of one star for each numbered item.

Selection

- 1) Representativeness of the exposed cohort
- a) truly representative of the average neonates requiring central line insertions in the NICU★
- b) somewhat representative of the average neonates requiring central line insertions in the NICU
 - c) selected group of users, eg nurses, volunteers
 - d) no description of the derivation of the cohort
- 2) Selection of the non-exposed cohort
 - a) drawn from the same community as the exposed cohort *
 - b) drawn from a different source
 - c) no description of the derivation of the non-exposed cohort
- 3) Ascertainment of exposure
 - a) secure medical record *
 - b) structured interview
 - c) written self-report
 - d) no description
- 4) Demonstration that outcome of interest was not present at start of study
 - a) yes 🟶
 - b) no

Comparability

Comparability of cohorts on the basis of the design or analysis

- 1) study controls for demographic characteristics including gestational age, sex, birth weight and ethnicity, *etc*∗
- 2) study controls for characteristics of central lines including types of central lines and length of catheterization, *etc**

Exposure/Outcomes

- 1) Ascertainment of exposure
 - a) secure record with details *

- b) structured interview where blind to case/control status
- c) interview not blinded to case/control status
- d) written self-report or medical records
- e) no description

2) Clear definition and report of outcomes

- a) yes, based on consensus clinical criteria*
- b) yes, based on self-definition
- c) no description

3) Was follow-up long enough for outcomes to occur

- a) yes (select an adequate follow up period for outcome of interest) **
- b) no

4) Adequacy of follow up of cohorts

- a) complete follow up all subjects accounted for ₩
- b) subjects lost to follow up unlikely to introduce bias
- c) subjects lost to follow up likely to introduce bias and no description of those lost
- d) no statement