

Newborn care recommendations at 1,500 g and health through age five in Denmark

Bolero

Abstract

Birthweight predicts childhood health, but its biological gradient does not identify the effect of neonatal care. We preregister a local comparison of Danish hospital births in 2013 around a documented 1,500 g clinical recommendation boundary. The January 2012 Danish hyperbilirubinaemia guideline assigns different treatment thresholds to neighbouring weight bands. We study the care-recommendation bundle among all births, without requiring treatment receipt, measured gestation, neonatal survival or a resident-register snapshot for entry. Exactly 1,500 g is excluded prospectively because the source chart leaves equality ambiguous. The three primary outcomes are death, post-neonatal respiratory admission and completed-contact epilepsy recording before age five. Fixed local-linear contrasts and curvature-conditional bounded-outcome intervals address discrete support, the score gap, family dependence and missing outcomes. Recorded phototherapy, hospital use, joint death-morbidity states and a fixed 2010–2011 historical comparison constrain interpretation. The identifying assumptions include meaningful operation of the recommendation, continuity of baseline risk, and absence of selective score or outcome recording. Results remain pending: *[pending]*. The study estimates a local recommendation-bundle contrast; it cannot isolate phototherapy receipt, latent disease or the biological effect of birthweight.

Keywords: Birthweight; neonatal care; regression discontinuity; childhood health; register measurement; competing risks; preregistration.

PRE-DATA TEMPLATE: empirical results are pending; any illustrative mock-data figures or tables are not research findings.

Introduction

Display status. All empirical findings are pending. Every numerical exhibit is labelled **ILLUSTRATIVE MOCK DATA — NOT RESULTS** and uses layout examples independent of the study data and published estimates. In table cells, *mock*

identifies the separate preview value; the adjacent pending marker retains the authoritative empirical slot. Documentary schedules and code definitions retain their actual source meaning.

A clinical threshold can change what happens to an infant without changing the underlying biological process abruptly. Birthweight close to 1,500 g illustrates this distinction. Infants on either side can share substantial vulnerability, while clinical recommendations place them in different decision categories. The policy question is whether that additional organisation of care affects survival and the health problems recorded during early childhood. A comparison of broadly low and normal birthweight infants would mix this question with the causes and consequences of fetal growth; covariate adjustment alone would not recover the effect of care eligibility.

The Danish threshold study by Daysal and colleagues provides the closest design precedent. Its author manuscript explicitly treats the discontinuity as an intention-to-treat contrast despite lacking detailed early treatment information. It also examines childhood outcomes, so neither an early-childhood horizon nor a 1,500 g regression discontinuity is intrinsically new. Its historical cohort predates the documented LPR_FOEDSLER coverage in this boundary. Our question therefore requires a later institutional rationale and a birth cohort constructed without importing the earlier study's registry access or sample restrictions. [Daysal et al.](#)

The January 2012 Danish guideline supplies that more specific rationale. Its bilirubin treatment chart distinguishes neighbouring weight bands, providing an identifiable recommendation contrast in a period that allows five-year follow-up within legacy LPR. The target is assignment to the clinical schedule and its associated care, not phototherapy receipt for a selected jaundiced child. Bilirubin measurements are unavailable here; selecting infants by measured indications, estimating a receipt-based LATE or claiming a specific dose response would be unsupported. The chart's ambiguity at equality also matters because birthweight may be heavily rounded. [DPS 2012](#).

A care response need not translate into fewer diagnoses. Care may prevent complications, extend survival, increase monitoring, or combine these channels. An infant who survives because of improved care has more opportunity for a later admission. An infant followed more closely may acquire a diagnosis that would otherwise remain unrecorded. Consequently, survival, acute respiratory use and persistent neurological recording must be interpreted together. We use all-birth denominators and joint outcomes to avoid presenting fewer hospital diagnoses as an unqualified improvement in health.

The broader literature clarifies the remaining question. Recent work already studies perinatal exposures and recurrent infection admissions before age five, while Danish studies examine phototherapy recording and epilepsy. Those observational comparisons do not supply our assignment contrast, but they inform measurement and warn against conflating contact with disease. The present contribution is a prospective, explicitly conditional evaluation of a later clinical recommendation in a constrained register setting, with the uncertainty from recording, discreteness and competing risks made visible. [Infection study 2025](#); [Sun et al. 2023](#); [Sun et al. 2024](#).

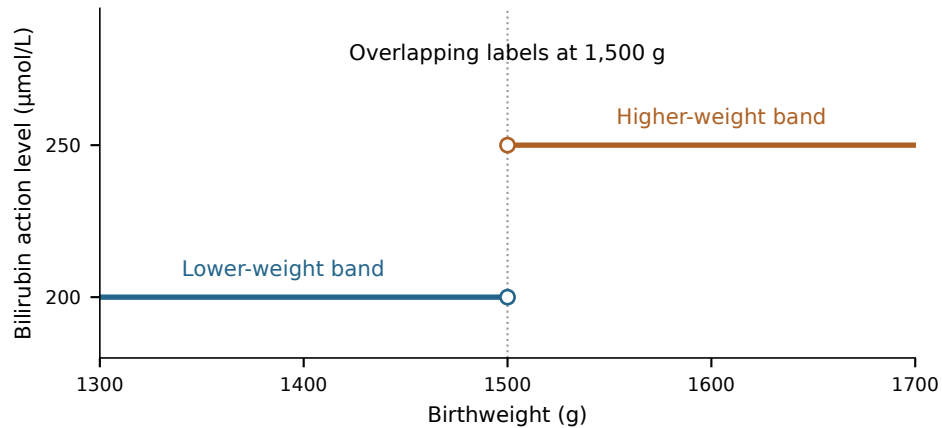
A recent Swedish cohort study relates first-week phototherapy duration to subsequent neonatal outcomes, excluding infants who died in the first week and adjusting for measured clinical characteristics. It answers a treatment-duration question among selected survivors. Our contrast instead starts with all eligible births and follows a recommendation bundle through age five. The difference matters because survival and clinical indication can affect both treatment exposure and later morbidity. That study does not establish the sign of the Danish eligibility effect or identify phototherapy as its sole channel. [Deschmann et al. \(2026\)](#).

Clinical assignment and competing explanations

We distinguish the rule from its uptake. Below and above 1,500 g, the 2012 guideline assigns different bilirubin action schedules. Clinicians retain judgement, and illness or isoimmunisation can alter the schedule. The primary population therefore includes infants who would receive intensive care irrespective of weight as well as infants whose care might change at the boundary. An average recommendation effect may be diluted when many infants have another indication. That does not turn it into a treatment-receipt effect or justify dividing it by an estimated share of eligible infants.

Figure 1 states the relevant local rule before any empirical response is examined. It uses the original document’s units and band boundaries. We omit exactly 1,500 g from the main fit because the original chart labels both adjoining bands with that endpoint; a later article’s strict convention does not silently resolve the primary-source ambiguity. The resulting gap creates extrapolation uncertainty, which the statistical analysis explicitly retains.

ILLUSTRATIVE MOCK DATA — NOT RESULTS



Documentary DPS schedule (25 January 2012), after day three.
Source-based levels; no observed care, denominator or statistical uncertainty.

Fig. 1 ILLUSTRATIVE MOCK DATA — NOT RESULTS. The documented care-recommendation contrast. The horizontal axis is birthweight (grams); the vertical axis is the guideline bilirubin action level ($\mu\text{mol/L}$) after day three, for the non-severely-ill, non-isoimmunised schedule. This is a documentary schematic within the labelled template; no synthetic clinical rule is substituted. The two lines show the neighbouring bands in the 25 January 2012 Danish guideline, not patient measurements. A gap at 1500 g marks the overlapping labels in the original chart. Earlier ages, individual exceptions and the change to current weight after two weeks mean that this schematic is neither complete clinical advice nor an observed treatment first stage. Source: DPS 2012, Figure 2 and accompanying text.

The historical evidence supports three distinct statements. Importing the original 1982–1993 cohort is contradicted by the present birth-table period. Uniform applicability of the older broad VLBW care bundle, and the exact bedside treatment of a recorded 1,500 g infant, remain unresolved. A 2013 comparison under the dated 2012 recommendation is defensible conditional on its operation in practice and a credible local comparison. These statements cannot be compressed into either “every route failed” or “the threshold guarantees identification.” Later national follow-up recommendations are not evidence of a national programme in 2013. [Seppänen et al.](#)

For causal interpretation, biological risk and other causes of the endpoints must vary smoothly at the boundary in the absence of the care schedule. Gestation, hospital choice and weighing practice are consequential because each can change the composition near a recorded score. Gestation need not be reconstructed for every infant to define this weight-based recommendation target, but it helps assess competing clinical eligibility and selection. Maternal delivery gestation codes are therefore investigated as a documented secondary measurement, never inferred from the date of last menstruation or absence of a prematurity diagnosis.

Anticipation is also possible. Delivery timing may respond to estimated fetal weight, while weighing, reweighing or rounding may depend on the newborn’s condition. A visually smooth distribution cannot rule out such selection. Conversely, a heap does not by itself prove deliberate manipulation. Our diagnostics describe the actual support, hospital composition and missingness, and our interpretation remains conditional even when no registered warning is raised. The importance of these distinctions is illustrated by the published dispute over heaped birthweight designs. [Barreca et al.](#)

Cohort, outcomes and observation

The primary cohort comprises infants with a documented livebirth contact at a Danish public hospital in 2013 and recorded birthweight between 1,300 and 1,700 g. It includes all gestations and multiplicities. The historical comparison comprises births in 2010–2011 under identical measurement rules. 2012 is omitted as a transition year; there is no estimated adoption date chosen from treatment or outcome data. Follow-up ends at each child’s fifth birthday, with the 2013 birthdays completed during 2018. This timing avoids assuming that LPR3 is available.

Infants enter from their own hospital birth contacts. We link weight through the validated contact key, corroborate birth date using the contact’s age-in-days and, when available, a consistent BEF date, and retain infants lacking maternal links or later resident snapshots. A child dying before the first snapshot remains part of the target. Outpatient birth registration is allowed in 2013. Duplicate or conflicting identities are investigated as cohort boundaries, not resolved by deleting the most difficult children. The full sequential flow is reported in Table S1.

The three primary age-five endpoints address different aspects of health. Mortality uses a validated death date or explicit evidence of life, with bounds when status remains unknown. Respiratory admissions require a new acute inpatient spell with a primary lower-respiratory diagnosis after the neonatal period and the initial birth spell. Neurological morbidity is defined as completed-contact epilepsy recording, with cerebral-palsy recording as a secondary outcome. These are not measures of every infection, untreated epilepsy or validated functional disability. Table S2 gives the code and timing definitions.

Recorded phototherapy during the first 14 days provides an observable care margin while the guideline still refers to birthweight. Neonatal inpatient days and later outpatient visit-days describe how the recommendation relates to time in hospital and opportunities for recording. Phototherapy codes are incompletely reported; absent codes do not establish absence of receipt. Outpatient use counts BES-recorded visit-days. From 2014, acute outpatient visit dates could be omitted even when the completed contact and diagnosis were reported; the neurological primary similarly requires BES support for outpatient contacts. These narrower recording measures and their existing timing/ascertainment comparison are explained in Section S2. None of these measures is labelled excessive or beneficial from its sign alone.

Complete LPR coverage can establish absence of a **Danish public hospital-recorded** event, not absence of illness elsewhere. Residency snapshots cannot identify all intervals abroad. Broader health interpretation consequently requires continuity

in migration and ascertainment, examined through an additional conservative observation bound. Missing records and untraceable identifiers yield outcome intervals where possible. Follow-up completion never determines entry. Schooling and medication outcomes are omitted because the boundary contains no authorised education or prescription table; this is a scope limit, not a decision based on uninteresting results.

Estimation and uncertainty

The primary comparison uses a triangular local-linear fit on either side, within 200 g and excluding equality. The coefficient is the left minus right intercept. Biological birthweight is not a randomly assigned treatment, and the fitted coefficient alone is not evidence of an institutional effect. Its causal interpretation rests on the dated recommendation, meaningful use of that recommendation, continuity of counterfactual risk and recording, and absence of selective sorting. Other care genuinely changing at the same threshold is part of the bundle; an independent non-care discontinuity is a threat.

Discrete scores and the omitted equality value mean that the cutoff limit cannot be nonparametrically recovered without further restrictions. We retain the finite-window contrast and report confidence sets conditional on a bound for curvature. The reference bound permits a 10-percentage-point departure from a tangent at 200 g on either side; it is a disclosed assumption, not a fact learned from schema. We show how conclusions change across a fixed range of bounds. Clustering standard errors by gram values would not resolve functional-form uncertainty. [Kolesár and Rothe](#).

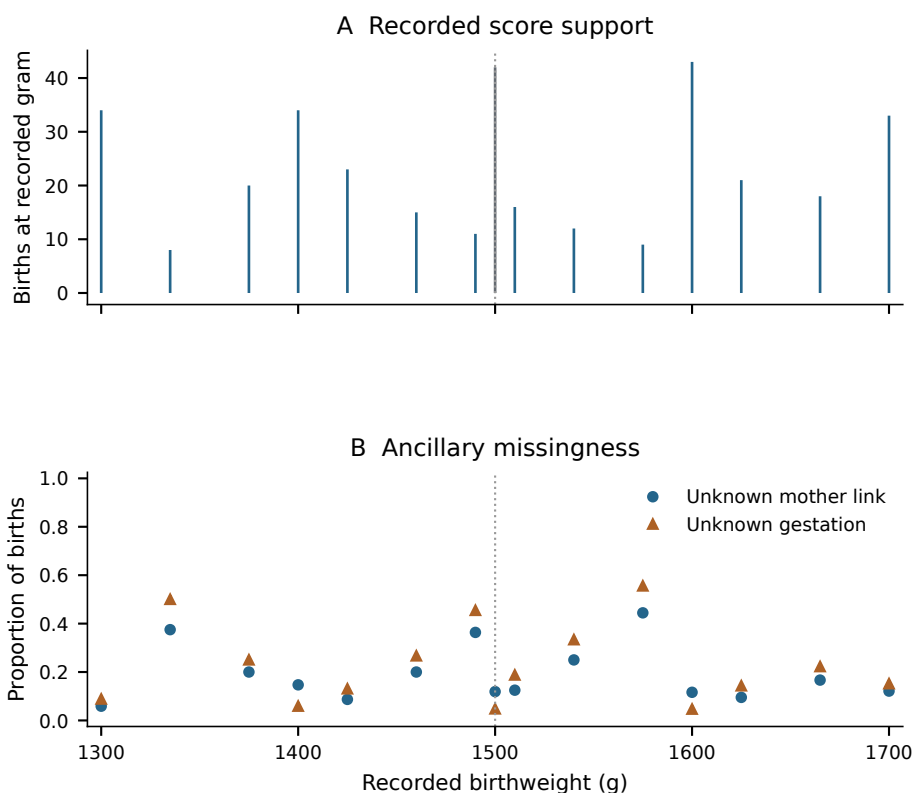
Uncertainty combines a Taylor-remainder bias bound with a conservative bounded-outcome concentration interval allowing dependence within birth-family groups. Missing outcomes enter through the minimum and maximum possible signed weighted sum. This retains uncertainty even when no events are recorded and does not impute favourable outcomes. A hospital-group sensitivity allows broader dependence. The full equations and assumptions are in Section S3. These choices may yield wide or uninformative intervals; unknown prospective precision does not justify changing the population after outcomes are seen.

The three primary endpoints each receive a 98 % confidence set, controlling simultaneous coverage at 95% under the model assumptions. All other ages, historical comparisons, gestation subsets and variants are supplementary, with pointwise intervals. There is no equivalence margin. An interval containing zero is inconclusive in direction, not evidence that the recommendation has no effect or that care is safe. The schedule of health analyses does not depend on a significant coded-treatment response.

From the score to recorded care

The first empirical question is whether the register represents the intended comparison. *[pending]* The birth flow and score support determine which infants and recorded weights inform the local contrast. Figure 2 displays the score itself and the missingness relevant to gestation and family linkage. The purpose is to expose the measurement on which the design relies, including the equality heap that the main estimator excludes.

ILLUSTRATIVE MOCK DATA — NOT RESULTS



Actual-score cells only; 1,500 g retained in grey; no density-test inference.

Fig. 2 ILLUSTRATIVE MOCK DATA — NOT RESULTS. Does the recorded score support the comparison? Panel A shows the number of 2013 infant births at each recorded gram value from 1,300 to 1,700, retaining the 1500 g heap in grey. Panel B shows the proportions with an unknown maternal link and unknown gestation at those actual scores. Exact 1500 is omitted from the primary fit, whose positive kernel support is strictly inside ± 200 g. These are descriptive frequencies and proportions, with no density-test p-value or implied randomisation. Suppressed or unavailable cells are identified. All counts and proportions are pending registered outputs from the infant-first audit.

The baseline findings are *[pending]*. Hospital composition, score support and missingness define the qualifications attached to every later estimate; Table S10 gives the full audit. A precise clinical contrast cannot resolve an institutional contradiction or an unidentified infant population.

Conditional on a defined comparison, the next question is whether care recordings change at the boundary. Figure 3 puts recorded phototherapy beside time in hospital because either alone is incomplete. A phototherapy discontinuity would provide evidence for a recorded implementation margin; a hospital-stay discontinuity could

reflect both care and the child’s condition. A missing or imprecise recorded response cannot rule out other treatment, labelling or referral channels.

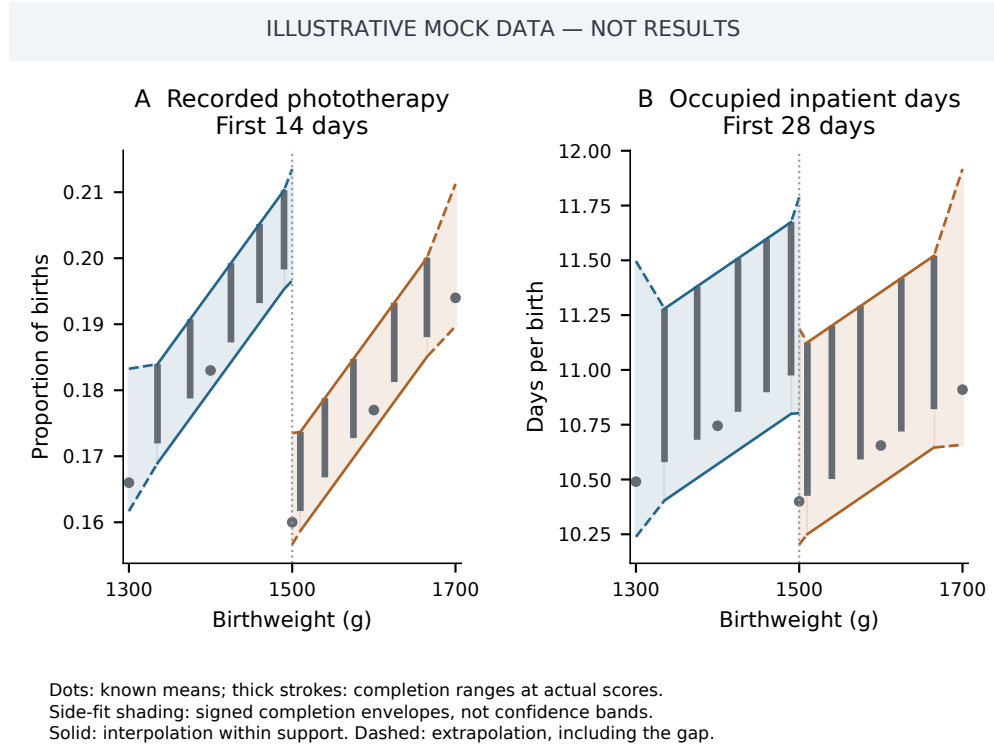


Fig. 3 ILLUSTRATIVE MOCK DATA — NOT RESULTS. Observable care at the recommendation boundary. Panels show recorded phototherapy in the first 14 days (proportion of all births) and occupied inpatient days in the first 28 days (days per birth). Points are means or lower-upper envelopes at actual recorded weights; lines are the registered side-specific fits, drawn as extrapolation across the equality gap. Fits use the unbinned infant observations. Phototherapy reporting is incomplete; a coded response is not complete receipt. Hospital days reflect treatment, illness and survival. Fitted completion envelopes use sign-aware prediction weights and are not confidence bands. Confidence sets for the discontinuity are reported in Table S7, not as invented pointwise bands. Data: 2013 fixed cohort, atom-000005.

The registered care results are *[pending]*. These findings constrain the mechanism narrative but do not determine whether mortality or morbidity is estimated. Neither dividing a health discontinuity by coded phototherapy nor conditioning on coded treatment would identify the intended policy contrast.

Survival and morbidity through age five

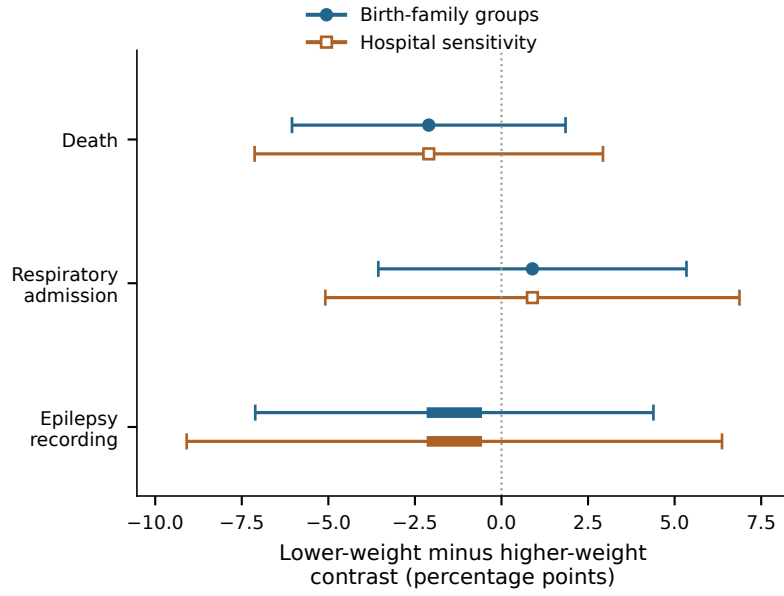
Survival is interpreted first because it changes the opportunity for every later diagnosis. The endpoint is death before the stated horizon, so a negative risk contrast means

fewer deaths below the cutoff; its sign is not the sign of a survival probability. *[pending]* A survival improvement would be a direct clinical benefit under the identification assumptions, while also changing the composition of children at risk of later hospital recording. We therefore retain all births in subsequent denominators and report the cumulative timing in Figure 5.

Respiratory admissions then ask whether the care contrast is accompanied by a difference in later acute hospital burden. *[pending]* Recurrence and death-or-admission outcomes in Table S3 help distinguish an isolated admission difference from a persistent burden and prevent death before readmission from being interpreted as good health. The occurrence endpoint records whether there was any eligible admission, whereas recurrence records a repeated burden among the original births. A recurrence contrast can therefore differ from an occurrence contrast without describing a different population of selected survivors. These comparisons do not turn admission counts into biological infection incidence.

Neurological recording adds a longer-lasting health domain, but it is especially sensitive to surveillance and contact timing. *[pending]* Completed-contact recording avoids backdating a later diagnosis to the beginning of an extended outpatient episode. Requiring BES support can also omit completed acute outpatient diagnoses after the 2014 reporting change. Table S11 compares this primary target with the registered envelope over all diagnosis-bearing contacts; that comparison concerns attendance support and timing jointly. Cerebral-palsy codes provide secondary recording evidence, not a functional assessment.

ILLUSTRATIVE MOCK DATA — NOT RESULTS

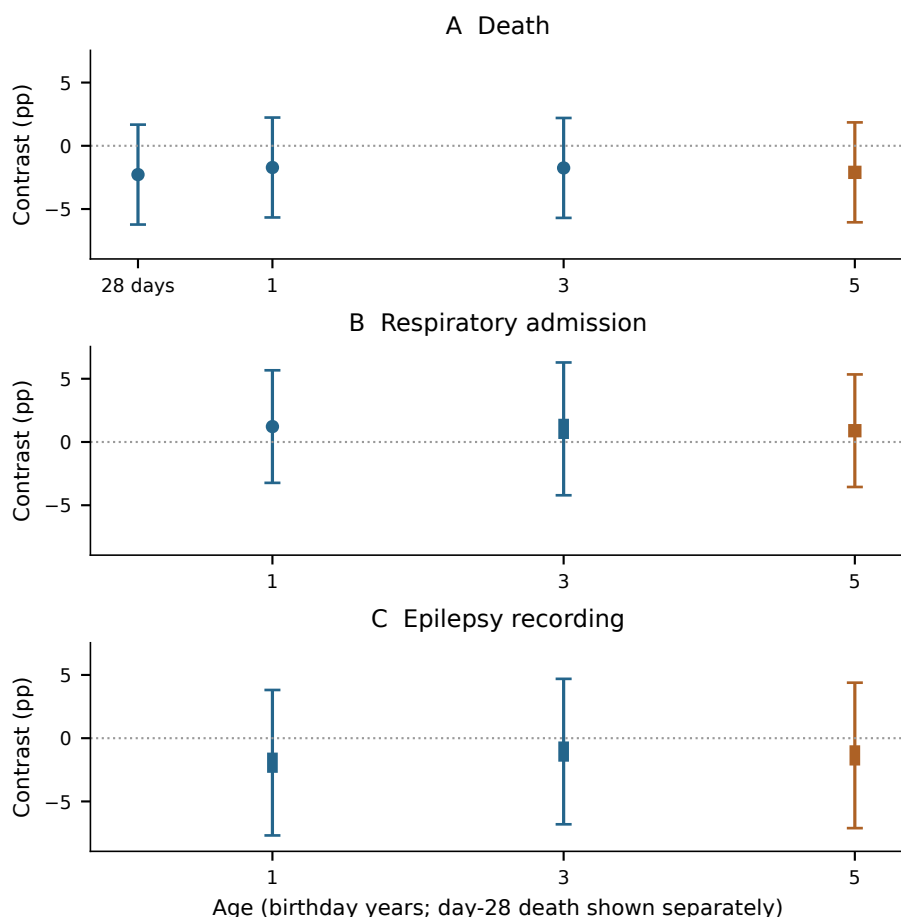


2013 births; fixed ± 200 g window, equality omitted; $M = 0.05$.
 98% sets for both dependence definitions; thick strokes mark identification ranges.

Fig. 4 ILLUSTRATIVE MOCK DATA — NOT RESULTS. Clinical consequences through age five. The three rows report lower-weight minus higher-weight local contrasts for death, post-neonatal respiratory admission and completed-contact epilepsy recording. Units are percentage points. Solid intervals are the registered 98 % reference-curvature sets ($M=0.05$ per 100 g squared), giving 95% simultaneous coverage across these three endpoints under the stated assumptions. Open intervals apply the hospital-dependence sensitivity. An identification range replaces a point when outcomes are incomplete. Zero is a reference, not an equivalence margin. Missing or non-estimable endpoints retain their rows and reasons. The hospital outcomes measure recording among all births, with death a competing event.

The fifth-birthday contrasts combine everything accumulated since birth. Figure 5 asks whether the registered contrasts are already present at earlier horizons or differ as observation extends, making time visible without changing the estimator. Mortality has an additional neonatal horizon; later respiratory and epilepsy points reflect different recording opportunities. The cumulative contrasts need not be monotone even though each child's cumulative occurrence is. The pattern is *[pending]*; earlier pointwise intervals do not license selecting an onset age or a new confirmatory result.

ILLUSTRATIVE MOCK DATA — NOT RESULTS



Cumulative outcomes among original births; separate evaluations, with no interpolation.
Blue circles: earlier horizons, 95% sets. Ochre squares: age five, 98½% sets.
Thick strokes: identification ranges. All panels use the same percentage-point scale.
Day 28 is positioned at 28/365.25 for display only; birthdays remain the analysis clock.

Fig. 5 ILLUSTRATIVE MOCK DATA — NOT RESULTS. When do cumulative contrasts appear? Three aligned panels place age on the horizontal axis and the lower-weight minus higher-weight cumulative risk contrast in percentage points on the vertical axis. Death is reported at 28 days and birthdays 1, 3 and 5; respiratory admission and completed-contact epilepsy recording at birthdays 1, 3 and 5 (outpatient epilepsy contacts require BES support). All use the same 2013 birth roster and fixed 200 g comparison, equality omitted, $M=0.05$ and birth-family dependence. A point marks a known contrast; a thick vertical range marks an identification envelope. Thin vertical intervals are 95% pointwise sets before five and 98 % sets for the three primary age-five endpoints, which jointly have at least 95% coverage under the assumptions. Ages are shown at their registered positions, without interpolated observations, smoothing, a hazard model or an onset test. Missing ages remain labelled. Changes across these cumulative endpoints do not identify annual effects or the first age of a causal response.

Taken together, the clinical patterns support the following registered interpretation: *[pending]* Lower mortality accompanied by more diagnoses is compatible with more survival opportunity or detection; lower diagnoses accompanied by higher mortality cannot establish healthier survivors. The joint and composite outcomes constrain these accounts without identifying a principal-stratum effect among infants who would survive under either schedule.

Interpretation and limits

The clinical question concerns the consequences of a recommendation boundary, not whether heavier newborns are healthier. A supported discontinuity would concern infants locally around 1,500 g under the 2013 care environment. It would not establish that raising birthweight itself improves health, that every infant receives additional care, or that the same recommendation has the same effect in a different hospital era. The historical comparison shows how later and earlier local patterns differ, but changing background care prevents it from independently identifying the effect of the 2012 reform.

The main conclusion is *[pending]*. Its scope follows the assignment and observation evidence, the range of effects compatible with the confidence sets, and the curvature and dependence sensitivities. The reference curvature bound has no independent clinical calibration: Figure S1 and Section S5 show how strongly a directional interpretation depends on it. Inconclusive direction is not equivalence or evidence that no care changed.

Even a robust pattern across survival and diagnoses leaves some mechanisms unidentified. Different neonatal treatments may move together at the threshold. Laboratory indications, dose, treatment intensity and family responses are not measured comprehensively. Increased follow-up may detect disease earlier. Birthweight rounding may sort infants by unobserved health in ways that available covariates do not reveal. Our curvature and dependence sensitivities expose important aspects of the extrapolation and sampling assumptions, but they do not verify the counterfactual continuity assumption.

The distinction between recorded events and latent health also limits policy interpretation. A decline in hospital use could reflect prevention, different admission decisions or reduced ascertainment; an increase could reflect better access or more illness. Mortality and death-or-morbidity composites help prevent the most direct competing-risk misinterpretations. They do not support a welfare ranking of hospital use, a cost-effectiveness calculation or a claim about educational attainment beyond the authorised data.

Research access and preregistration

This manuscript is a results-unfilled scientific baseline prepared from public documentation and published literature. No confidential rows or computed study outcome summaries were accessed. Actual permissions, approvals and disclosure conditions must be stated by the governed research operator; none is invented here. All empirical

slots remain pending, and the labelled hypothetical displays are presentation assets rather than evidence.

The preregistration and separate protocol/SAP retain all scientific decisions and conditional interpretations. The provenance records the pre-data amendments. No registry deposit or completed empirical analysis is claimed.

Supplementary Information

S1. Infant entry, coding versions and linkage

The birth roster is built from date-valid hospital-livebirth codes DZ380, DZ383 or DZ386 and a born-here referral code on a validated LPR_ADM contact. A broad DZ38 search supplies the audit frame, but home, en-route and unspecified birthplaces are not silently treated as hospital births. LPR_FOEDSLER supplies grams through the contact key; neither a maternal record nor a later resident snapshot defines the infant population. The coding tables are historical dictionaries, and the tables' listed years do not demonstrate delivery or completeness. VERSION and LEVERANCEDATO describe data vintage; they cannot replace admission, visit, procedure or death dates. The official guides distinguish inpatient type 0 and outpatient type 2. From 2014, formerly separate emergency-department contacts are registered as acute outpatient contacts; outpatient use and historical recording comparisons retain this calendar limitation.

Source dates and code roles are evaluated under the supplied historical dictionary. Missing sentinels are interpreted from its documentation; an undocumented sentinel cannot become a zero weight, an event-free date or a missing encrypted identifier. Infant identifiers remain strings, including leading zeros. The contact key must have a documented common namespace, and each resolved contact must map to a single infant before weight or clinical records are attached.

Each source is reduced to the intended unit before joining. Diagnoses and procedures are both repeated records within a contact, so joining them directly would inflate events. Identical duplicate rows can be collapsed, but conflicting simultaneous versions require an explicit resolution under documented semantics. Weight disagreement within a birth event is not settled by choosing the value nearest the threshold. Temporary infant identifiers require a documented crosswalk within the authorised source system; an infant with unresolved follow-up can contribute interval outcomes, whereas unresolved birth-unit duplication can prevent a cohort from being defined at all.

Table S1 distinguishes separately scoped source-contact audits from sequential dispositions within the infant branch. The first row is the DZ38 infant-contact audit frame; nonbirth or maternal contacts and not-liveborn contacts are separate source audit strata, not subtractions from that first count. Sequential exclusions apply within the eligible infant branch under the documented scope of each row. The all-count column describes that row's source population; side counts apply only once weight and the relevant score category are known. A dash means inapplicable, while an unresolved count retains its reason and any completed audit counts remain reportable. Missing maternal linkage, gestation or a later BEF snapshot does not exclude an infant.

Table S1. Cohort and score audit. Empirical counts are pending. “Left/right” means below/above 1,500 g; equality is separate. Rows have explicit source-population and exclusion/retained-characteristic scope. The two separately labelled source-contact audits are not subtracted from the infant candidate frame. Undefined weight sides remain inapplicable. All rows are produced by atom-000004.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Stage / characteristic; MOCK — NOT RESULTS	All	Left	Equality	Right
Infant DZ38 audit	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
contacts	<i>mock</i> 1,749	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Separate audit: nonbirth	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
or maternal contacts	<i>mock</i> 120	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Separate audit:	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
not-liveborn contacts	<i>mock</i> 20	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Home/en-route or other	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
setting excluded	<i>mock</i> 30	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Duplicate birth records	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
resolved	<i>mock</i> 20	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Birth identity unresolved	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
	<i>mock</i> 10	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Birth date unresolved	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
	<i>mock</i> 10	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Weight missing or invalid	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
	<i>mock</i> 60	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Weight conflicting within	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
event	<i>mock</i> 10	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Weight outside	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
1,300–1,700 g	<i>mock</i> 1,270	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Retained 1,300–1,700 g	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
roster	<i>mock</i> 339	<i>mock</i> 145	<i>mock</i> 42	<i>mock</i> 152
Exactly 1,500 g omitted	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
from primary fit	<i>mock</i> 42	<i>mock</i> n/a	<i>mock</i> 42	<i>mock</i> n/a
Positive-weight primary	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
fit roster	<i>mock</i> 230	<i>mock</i> 111	<i>mock</i> n/a	<i>mock</i> 119
Retained births without	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
consistent mother link	<i>mock</i> 51	<i>mock</i> 23	<i>mock</i> 5	<i>mock</i> 23
Retained births with	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
unknown gestation	<i>mock</i> 54	<i>mock</i> 26	<i>mock</i> 2	<i>mock</i> 26

Table S1 (continued). Historical-cohort audit. The fixed 2010–2011 context cohort follows the identical infant-first construction and row-specific scope. Separately labelled source-contact audits are not sequential infant exclusions. It is reported separately from the 2013 primary population. Retained maternal/gestation missingness remains a characteristic, not an exclusion.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Stage / characteristic; MOCK — NOT RESULTS	All	Left	Equality	Right
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Separate audit: nonbirth	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
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Separate audit:	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
not-liveborn contacts	<i>mock</i> 20	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Home/en-route or other	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
setting excluded	<i>mock</i> 30	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Duplicate birth records	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
resolved	<i>mock</i> 20	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Birth identity unresolved	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
	<i>mock</i> 10	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Birth date unresolved	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
	<i>mock</i> 10	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Weight missing or invalid	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
	<i>mock</i> 60	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Weight conflicting within	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
event	<i>mock</i> 10	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Weight outside	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
1,300–1,700 g	<i>mock</i> 1,270	<i>mock</i> n/a	<i>mock</i> n/a	<i>mock</i> n/a
Retained 1,300–1,700 g	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
roster	<i>mock</i> 339	<i>mock</i> 145	<i>mock</i> 42	<i>mock</i> 152
Exactly 1,500 g omitted	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
from primary fit	<i>mock</i> 42	<i>mock</i> n/a	<i>mock</i> 42	<i>mock</i> n/a
Positive-weight primary	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
fit roster	<i>mock</i> 230	<i>mock</i> 111	<i>mock</i> n/a	<i>mock</i> 119
Retained births without	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
consistent mother link	<i>mock</i> 51	<i>mock</i> 23	<i>mock</i> 5	<i>mock</i> 23
Retained births with	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;	<i>[pending]</i> ;
unknown gestation	<i>mock</i> 54	<i>mock</i> 26	<i>mock</i> 2	<i>mock</i> 26

Gestation is a separately validated ancillary construct. The official 2010 birth-registration guide places DUnnDu at the mother’s delivery action diagnosis; the 2014

guide confirms the mother–infant separation. Exact completed weeks/days or an interval wholly on one side of 32 weeks can classify a linked delivery. A predeclared 140–315 day plausibility guard applies only to the ancillary gestation construct; every infant remains eligible for the primary cohort regardless of gestation being unknown. Antenatal records, ambiguous deliveries and unsupported day precision stay unknown. A gestation subgroup is therefore an observed subset, not an excuse to exclude unlinked infants from the primary population. [Fællesindhold 2010](#); [Fællesindhold 2014-2](#).

S2. Clinical definitions and competing risks

The definitions below deliberately separate care, acute illness recordings and persistent diagnosis recordings. Birth is day zero. The neonatal windows include birth and stop immediately before day 14 or day 28; birthday endpoints include only dates strictly before the corresponding birthday. A 29 February birthday maps to 28 February in a non-leap year. Calendar dates, rather than a fixed number of days per year, determine endpoint membership. All codes must be valid on the relevant date. A missing required field or an unresolved code role is a measurement boundary; it is not a licence to search for whichever substitute produces an effect.

Table S2. Registered clinical constructs. All units and windows are fixed; no empirical values appear in this definition table.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Documentary definition table: codes, fields and windows are the registered definitions; no synthetic clinical definition is introduced.

Construct; MOCK — NOT RESULTS	Allowed source / codes	Timing and unit	Interpretation
Mortality	Death register: PNR, D_DODSDATO; BEF evidence of life	Before 28 days and 1/3/5 birthdays; binary per birth	Unknown vital status bounded; not inferred from disappearance
Recorded phototherapy	SKSUBE: C_OPR = BNGC or BNGC0; D_ODTO	Any before day 14; day 28 sensitivity	Recorded procedure, not complete receipt
Neonatal inpatient days	ADM: C_PATTYPE = 0; admission and discharge dates	Unique occupied dates before day 28; 0–28	Care, illness and survival jointly determine days

Construct; MOCK — NOT RESULTS	Allowed source / codes	Timing and unit	Interpretation
BES-recorded outpatient care	BES: D_AMBDT0; ADM outpatient type 2	Day 28 to first birthday; unique dates capped 20	Recorded visit-days, not all attendance; acute BES reporting optional from 2014
Respiratory admission	DIAG type A; DJ12–DJ18 and DJ20–DJ22 descendants; ADM acute 1, inpatient 0	New spell after day 28 and birth-spell end; before 1/3/5	Recorded acute respiratory admission
Respiratory recurrence	Same codes; transfer gap 1 day; episode gap 7 days	At least 2/3 episodes before 5; 30 day-gap sensitivity	All-birth burden, not recurrence conditional on first infection
Epilepsy recording	DIAG A or B; DG40* primary; DG40* or DG41* sensitivity	Completed contact before 1/3/5; real BES for outpatient	Recording date differs from biological onset
Cerebral-palsy recording	DIAG A or B; DG80*	Completed contact before 5	Secondary recording, not validated disability or severity
Death-or-morbidity	OR of death and each registered ever-event indicator	Before 5; binary per birth	Avoids treating death as a favourable absence of diagnosis

Respiratory spells retain component contacts, requiring acute status and a qualifying diagnosis on the same component. A transfer is not a second infection. A long birth admission is not retrospectively relabelled as a new post-neonatal admission when the infant reaches day 28. The primary recurrence gap follows a substantive episode convention informed by the recent under-five infection literature; the 30-day sensitivity probes a prolonged episode interpretation. None of these operations selects children on surviving discharge.

Neurological diagnoses can be attached to extended contacts whose start precedes the actual diagnostic assessment. We therefore require completion by the horizon for the primary recording endpoint and display an onset-window sensitivity when the contact straddles it. This sacrifices a claim about exact onset timing in exchange for avoiding look-ahead. DG41 without DG40 enters only the broader code sensitivity. Cerebral-palsy recordings are included to represent a persistent developmental domain while retaining the absence of a specialist validation source.

The 2014-2 reporting guide makes BES visit dates optional for acute outpatient contacts (physical pp.33 and 38). Consequently, a completed diagnosis-bearing acute contact without BES is not sufficient for the primary outpatient epilepsy or cerebral-palsy recording predicate. It does qualify for the existing timing sensitivity once completed before the horizon. Before completion, its possible recording dates remain interval-valued. Thus the sensitivity compares the joint attendance-support and timing assumptions, not timing alone. A missing BES file is a separate coverage uncertainty; optional omission on a complete file is part of the primary recording definition. [Official guide](#).

Death terminates future opportunities for hospital recording. Table S9 retains alive/dead and event/no-event categories plus unknown mass. An event on the recorded death date is permitted, because date-only records cannot establish within-day order. A missing vital history can leave more than one joint state feasible even when a hospital event is known. Each displayed state is bounded over those feasible histories; the separate upper bounds need not describe a single simultaneous allocation. The categories do not identify the children who would survive under either assignment, so no survivor-average causal effect is claimed. The event-or-death composites remain bounded among the original births.

S3. Discrete score, interval outcomes and inference

The score is measured in 100 g units, $x_i = (W_i - 1500)/100$. The main design retains $0 < |W_i - 1500| < 200$ g and uses triangular weights $k_i = \max(0, 1 - |x_i|/2)$. Audit displays also show equality and the two zero-weight window endpoints. Separate weighted regressions on $(1, x_i)$ yield the left-minus-right intercept contrast $\hat{\tau} = \sum_i a_i Y_i$. At least two distinct positive-weight scores and a full-rank design are required on each side. The contrast weights reproduce constants and remove each side's linear term:

$$\sum_{i \in L} a_i = 1, \quad \sum_{i \in R} a_i = -1, \quad \sum_{i \in L} a_i x_i = \sum_{i \in R} a_i x_i = 0.$$

These identities explain why the coefficient is a local contrast but do not recover a cutoff limit across an empty score region without an approximation restriction. For a bounded outcome scaled to $[0, 1]$, suppose $|\mu''(x)| \leq M$ on each side over the full window. Taylor expansion and the triangle inequality give the registered bound

$$B(M) = \frac{M}{2} \sum_i |a_i| x_i^2.$$

The bound uses the actual score distances, including the omitted equality region or wider gap. Thus a donut comparison increases the distance over which the regression

must extrapolate; removing suspect observations does not eliminate that uncertainty. The reference $M = 0.05$ permits a tangent remainder of 0.10 at 200 g. It is an explicit sensitivity restriction, not a measured clinical smoothness maximum.

Sampling uncertainty is treated separately. Linked infants share a mother group. Unlinked infants use birth-hospital by birth-date groups, joined transitively with known delivery links so that partial mother linkage cannot split a delivery. Conditional independence is assumed across these birth-family groups, with arbitrary dependence within them. Writing $b_g = \sum_{i \in g} |a_i|$, each group's weighted sum has range no greater than b_g , giving the bounded-outcome concentration radius

$$H_\alpha = \left\{ \frac{\log(2/\alpha)}{2} \sum_g b_g^2 \right\}^{1/2}.$$

A separate hospital grouping, connected by known mothers delivering across hospitals, examines broader shared dependence. Neither grouping verifies that all remaining shocks are independent. Zero observed events do not make this concentration uncertainty vanish.

Incomplete outcomes enter as infant-level intervals $[L_i, U_i]$. Since some local-linear weights are negative, the smallest weighted sum uses the upper outcome bound where the coefficient is negative. The two extreme completions are

$$\begin{aligned} T_{\text{low}} &= \sum_{a_i \geq 0} a_i L_i + \sum_{a_i < 0} a_i U_i, \\ T_{\text{high}} &= \sum_{a_i \geq 0} a_i U_i + \sum_{a_i < 0} a_i L_i. \end{aligned}$$

The identification envelope $[T_{\text{low}}, T_{\text{high}}]$ is retained instead of a midpoint imputation. Adding $B(M) + H_\alpha$ at both ends and intersecting with $[-1, 1]$ gives the confidence set for a risk difference. This step needs no missing-at-random assumption. A full feasible range is uninformative; an empty intersection is model conflict. Neither is a zero effect. Care days use the same calculation after scaling by 28 occupied days or by the 20-visit-day cap, and are then returned to days per birth.

Figure 3's fitted envelopes answer a different question. For the registered observations on one side, prediction at score x_0 has weights $q(x_0) = (1, x_0)(X'KX)^{-1}X'K$. Apply the same sign-aware lower/upper completion rule to these prediction weights. Regressing all lower outcomes and all upper outcomes separately would not generally produce the extremes, because prediction weights can be negative. These fitted completion envelopes have no pointwise confidence coverage, may extend beyond the raw outcome range, and remain extrapolations outside observed side support. The one-gram plotting grid supplies drawing positions, not additional observed scores.

The primary age-five family uses $\alpha = 0.05/3$ for each of its three fixed endpoints. Supplementary comparisons use pointwise sets. The period and known-gestation differences use 97.5% constituent sets to obtain 95% union-bound difference sets without independent-period or independent-stratum assumptions. Specifically, the lower difference uses the first lower limit minus the second upper limit; its upper limit reverses the extremes. The period direction is 2013 minus 2010–2011 and the gestation direction is known at least 32 weeks minus known below 32 weeks.

S4. Timing, recurrence and joint outcomes

Timing is informative because neonatal survival, later respiratory admissions and diagnostic recognition need not move together. Main Figure 5 displays only the prespecified horizons; we do not search across ages for the clearest effect. Table S3 provides the complete endpoint roster, including recurrence and death composites. Each cell retains the all-birth denominator and uncertainty level.

Table S3. Clinical endpoints and time horizons. Contrasts are lower-weight minus higher-weight, in percentage points; a range replaces an unidentified point. The three designated primary age-five endpoints use 98 % intervals; all others use 95%. Curvature reference $M=0.05$ and family dependence apply. The denominator pair is the left/right primary positive-weight roster, not survivors.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Endpoint; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	Confidence set (pp)	Disposition
Death before 28 days	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −2.28	<i>[pending]</i> ; <i>mock</i> [−6.23, 1.67]	<i>[pending]</i> ; <i>mock</i> illustrative
Death before 1	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −1.72	<i>[pending]</i> ; <i>mock</i> [−5.67, 2.23]	<i>[pending]</i> ; <i>mock</i> illustrative
Death before 3	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −1.75	<i>[pending]</i> ; <i>mock</i> [−5.70, 2.20]	<i>[pending]</i> ; <i>mock</i> illustrative
Death before 5 (primary)	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −2.10	<i>[pending]</i> ; <i>mock</i> [−6.05, 1.85]	<i>[pending]</i> ; <i>mock</i> illustrative
Respiratory admission before 1	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 1.22	<i>[pending]</i> ; <i>mock</i> [−3.23, 5.67]	<i>[pending]</i> ; <i>mock</i> illustrative
Respiratory admission before 3	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> [0.24, 1.84]	<i>[pending]</i> ; <i>mock</i> [−4.21, 6.29]	<i>[pending]</i> ; <i>mock</i> illustrative
Respiratory admission before 5 (primary)	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 0.89	<i>[pending]</i> ; <i>mock</i> [−3.56, 5.34]	<i>[pending]</i> ; <i>mock</i> illustrative

Endpoint; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	Confidence set (pp)	Disposition
At least 2 respiratory episodes before 5	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −0.3	<i>[pending]</i> ; <i>mock</i> [−19.3, 18.7]	<i>[pending]</i> ; <i>mock</i> shown
At least 3 respiratory episodes before 5	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 4.0	<i>[pending]</i> ; <i>mock</i> [−15.0, 23.0]	<i>[pending]</i> ; <i>mock</i> shown
Death or respiratory admission before 5	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 3.6	<i>[pending]</i> ; <i>mock</i> [−15.4, 22.6]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy recording before 1	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> [−2.74, −1.14]	<i>[pending]</i> ; <i>mock</i> [−7.69, 3.81]	<i>[pending]</i> ; <i>mock</i> illustrative
Epilepsy recording before 3	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> [−1.86, −0.26]	<i>[pending]</i> ; <i>mock</i> [−6.81, 4.69]	<i>[pending]</i> ; <i>mock</i> illustrative
Epilepsy recording before 5 (primary)	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> [−2.16, −0.56]	<i>[pending]</i> ; <i>mock</i> [−7.11, 4.39]	<i>[pending]</i> ; <i>mock</i> illustrative
Cerebral-palsy recording before 5	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> [1.8, 3.0]	<i>[pending]</i> ; <i>mock</i> [−16.6, 21.4]	<i>[pending]</i> ; <i>mock</i> shown
Death or epilepsy recording before 5	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −2.1	<i>[pending]</i> ; <i>mock</i> [−21.1, 16.9]	<i>[pending]</i> ; <i>mock</i> shown
Death or cerebral-palsy recording before 5	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −0.7	<i>[pending]</i> ; <i>mock</i> [−19.7, 18.3]	<i>[pending]</i> ; <i>mock</i> shown

Table S3 (continued). Hospital dependence and continuous curvature frontiers. The original birth rosters, contrasts/ranges and family sets are in Table S3 above. This continuation supplies hospital-group sets and both frontiers for the same reference contrasts. Hospital sets use the primary family level for death5, resp5 and neuro_epilepsy5 and 95% otherwise. Frontiers are in M units per (100 g)², not percentage points.

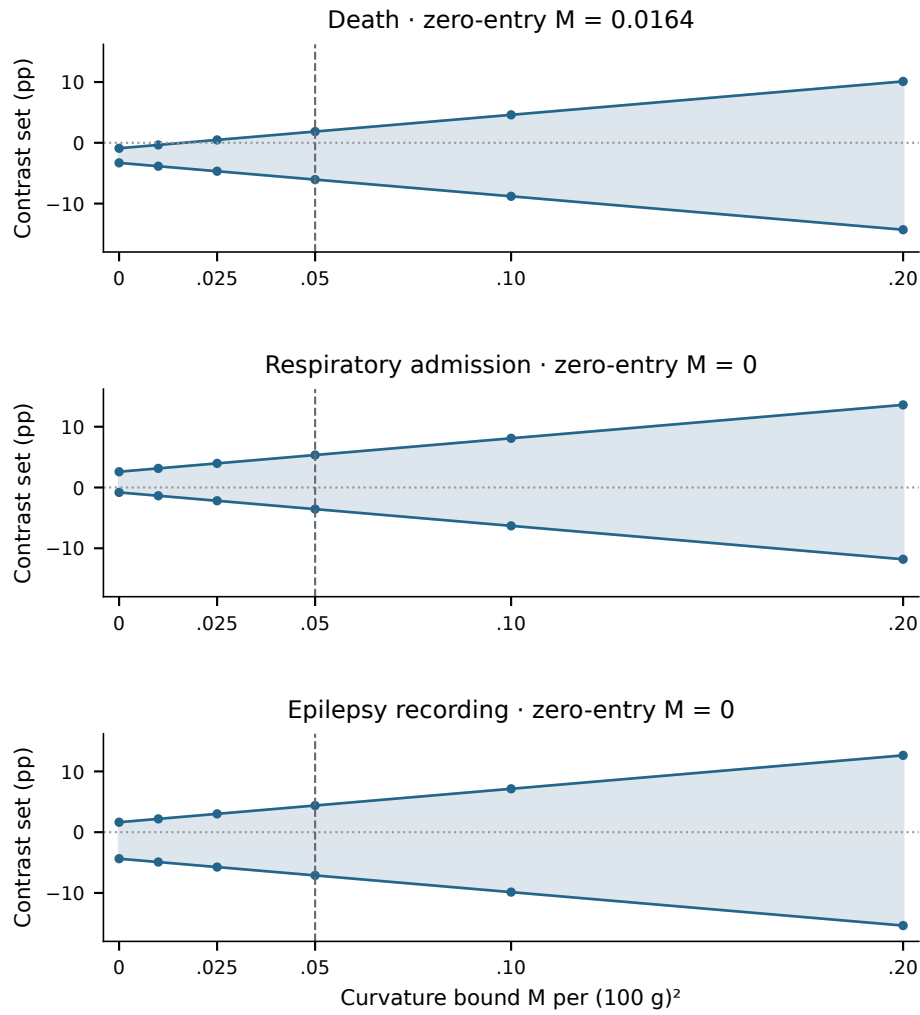
ILLUSTRATIVE MOCK DATA — NOT RESULTS. Every empirical cell remains pending; the adjacent *mock* value is a layout example.

Endpoint; MOCK — NOT RESULTS	Hospital set (pp)	Family frontier M	Hospital frontier M
Death, 28 days	<i>[pending]</i> ; <i>mock</i> [−7.31, 2.75]	<i>[pending]</i> ; <i>mock</i> 0.0196	<i>[pending]</i> ; <i>mock</i> 0.0000
Death, age 1	<i>[pending]</i> ; <i>mock</i> [−6.75, 3.31]	<i>[pending]</i> ; <i>mock</i> 0.0094	<i>[pending]</i> ; <i>mock</i> 0.0000
Death, age 3	<i>[pending]</i> ; <i>mock</i> [−6.78, 3.28]	<i>[pending]</i> ; <i>mock</i> 0.0100	<i>[pending]</i> ; <i>mock</i> 0.0000
Death, age 5	<i>[pending]</i> ; <i>mock</i> [−7.13, 2.93]	<i>[pending]</i> ; <i>mock</i> 0.0164	<i>[pending]</i> ; <i>mock</i> 0.0000
Respiratory, age 1	<i>[pending]</i> ; <i>mock</i> [−4.76, 7.20]	<i>[pending]</i> ; <i>mock</i> 0.0000	<i>[pending]</i> ; <i>mock</i> 0.0000
Respiratory, age 3	<i>[pending]</i> ; <i>mock</i> [−5.74, 7.82]	<i>[pending]</i> ; <i>mock</i> 0.0000	<i>[pending]</i> ; <i>mock</i> 0.0000
Respiratory, age 5	<i>[pending]</i> ; <i>mock</i> [−5.09, 6.87]	<i>[pending]</i> ; <i>mock</i> 0.0000	<i>[pending]</i> ; <i>mock</i> 0.0000
At least 2 episodes	<i>[pending]</i> ; <i>mock</i> [−19.3, 18.7]	<i>[pending]</i> ; <i>mock</i> 0.000	<i>[pending]</i> ; <i>mock</i> 0.000
At least 3 episodes	<i>[pending]</i> ; <i>mock</i> [−15.0, 23.0]	<i>[pending]</i> ; <i>mock</i> 0.000	<i>[pending]</i> ; <i>mock</i> 0.000
Death or respiratory	<i>[pending]</i> ; <i>mock</i> [−15.4, 22.6]	<i>[pending]</i> ; <i>mock</i> 0.000	<i>[pending]</i> ; <i>mock</i> 0.000
Epilepsy, age 1	<i>[pending]</i> ; <i>mock</i> [−9.67, 5.79]	<i>[pending]</i> ; <i>mock</i> 0.0000	<i>[pending]</i> ; <i>mock</i> 0.0000
Epilepsy, age 3	<i>[pending]</i> ; <i>mock</i> [−8.79, 6.67]	<i>[pending]</i> ; <i>mock</i> 0.0000	<i>[pending]</i> ; <i>mock</i> 0.0000
Epilepsy, age 5	<i>[pending]</i> ; <i>mock</i> [−9.09, 6.37]	<i>[pending]</i> ; <i>mock</i> 0.0000	<i>[pending]</i> ; <i>mock</i> 0.0000
Cerebral palsy, age 5	<i>[pending]</i> ; <i>mock</i> [−16.6, 21.4]	<i>[pending]</i> ; <i>mock</i> 0.000	<i>[pending]</i> ; <i>mock</i> 0.000
Death or epilepsy	<i>[pending]</i> ; <i>mock</i> [−21.1, 16.9]	<i>[pending]</i> ; <i>mock</i> 0.000	<i>[pending]</i> ; <i>mock</i> 0.000
Death or cerebral palsy	<i>[pending]</i> ; <i>mock</i> [−19.7, 18.3]	<i>[pending]</i> ; <i>mock</i> 0.000	<i>[pending]</i> ; <i>mock</i> 0.000

S5. What would make the result fragile?

Heaping, a gap in support, hospital composition and ancillary missingness are evaluated before health outcomes are inspected. The quantitative warning thresholds are diagnostic conventions, not tests that certify random assignment. In particular, an excess 1500 g mass could reflect rounding or clinical selection, and removing it does not repair sorting into neighbouring values. Table S4 therefore retains the fixed wider-gap, equality and non-heaped-score comparisons even when they weaken the main contrast.

ILLUSTRATIVE MOCK DATA — NOT RESULTS



Primary age-five outcomes; 98½% family-group sets, on a common scale.
 M bounds the second derivative per $(100 \text{ g})^2$; $M = 0$ means exact side-linearity.
Dashed line: reference $M = 0.05$. Gaps preserve unavailable grid rows.
The continuous zero-entry frontier is supplied by the analysis, never interpolated here.

Fig. S1 ILLUSTRATIVE MOCK DATA — NOT RESULTS. Dependence on the curvature assumption. Three panels show the registered confidence-set limits for the primary age five endpoints at $M=0, 0.01, 0.025, 0.05, 0.10, 0.20$, in percentage points. M bounds the second derivative of the risk with respect to weight measured in 100 g. $M=0$ requires exact side-linearity; the vertical reference at 0.05 is an explicit assumption, not an estimated property. Bands widen with permitted curvature and incorporate the equality gap, score support, family dependence and interval outcomes. The continuous point where zero enters is reported separately from this six-point grid; it is a sensitivity frontier, not proof that the true response is sufficiently smooth.

The continuous frontier uses the underlying registered weights rather than interpolation of the plotted grid. Let $C = \sum_i |a_i| x_i^2 / 2$ and $R = \max(T_{\text{low}} - H_\alpha, -T_{\text{high}} - H_\alpha, 0)$. The first curvature value admitting zero is R/C when $C > 0$. It is zero when the reference sampling-and-completion set already includes zero, and infinite when $C = 0$ and $R > 0$. An unavailable contrast has an unavailable frontier, which is distinct from either boundary value. This quantity communicates dependence on an assumption; it does not estimate the true curvature.

Table S4. Prespecified score-specification comparisons. Each row is an already registered contrast, not a new experiment. The primary row uses the simultaneous-family level; remaining variants have 95% pointwise sets at $M=0.05$. The non 50 g sample changes recording composition and is not automatically preferred. Unavailable support remains visible.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Endpoint; MOCK — NOT RESULTS	Score rule	Contrast / range (pp)	Confidence set (pp)	Disposition
Death	200 g; equality omitted	<i>[pending]</i> ; <i>mock</i> −2.10	<i>[pending]</i> ; <i>mock</i> [−6.05, 1.85]	<i>[pending]</i> ; <i>mock</i> illustrative
Death	100 g; equality omitted	<i>[pending]</i> ; <i>mock</i> 3.8	<i>[pending]</i> ; <i>mock</i> [−15.2, 22.8]	<i>[pending]</i> ; <i>mock</i> shown
Death	150 g; equality omitted	<i>[pending]</i> ; <i>mock</i> −2.5	<i>[pending]</i> ; <i>mock</i> [−21.5, 16.5]	<i>[pending]</i> ; <i>mock</i> shown
Death	200 g; omit ±25 g	<i>[pending]</i> ; <i>mock</i> −0.2	<i>[pending]</i> ; <i>mock</i> [−19.2, 18.8]	<i>[pending]</i> ; <i>mock</i> shown
Death	200 g; 1500 on right	<i>[pending]</i> ; <i>mock</i> −2.8	<i>[pending]</i> ; <i>mock</i> [−21.8, 16.2]	<i>[pending]</i> ; <i>mock</i> shown
Death	200 g; 1500 on left	<i>[pending]</i> ; <i>mock</i> −0.1	<i>[pending]</i> ; <i>mock</i> [−19.1, 18.9]	<i>[pending]</i> ; <i>mock</i> shown
Death	200 g; remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 2.5	<i>[pending]</i> ; <i>mock</i> [−16.5, 21.5]	<i>[pending]</i> ; <i>mock</i> shown

Endpoint; MOCK — NOT RESULTS	Score rule	Contrast / range (pp)	Confidence set (pp)	Disposition
Respiratory admission	200 g; equality omitted	<i>[pending]</i> ; <i>mock</i> 0.89	<i>[pending]</i> ; <i>mock</i> [−3.56, 5.34]	<i>[pending]</i> ; <i>mock</i> illustrative
Respiratory admission	100 g; equality omitted	<i>[pending]</i> ; <i>mock</i> 0.8	<i>[pending]</i> ; <i>mock</i> [−18.2, 19.8]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory admission	150 g; equality omitted	<i>[pending]</i> ; <i>mock</i> −3.4	<i>[pending]</i> ; <i>mock</i> [−22.4, 15.6]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory admission	200 g; omit ±25 g	<i>[pending]</i> ; <i>mock</i> −1.6	<i>[pending]</i> ; <i>mock</i> [−20.6, 17.4]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory admission	200 g; 1500 on right	<i>[pending]</i> ; <i>mock</i> −3.4	<i>[pending]</i> ; <i>mock</i> [−22.4, 15.6]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory admission	200 g; 1500 on left	<i>[pending]</i> ; <i>mock</i> 1.6	<i>[pending]</i> ; <i>mock</i> [−17.4, 20.6]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory admission	200 g; remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 3.7	<i>[pending]</i> ; <i>mock</i> [−15.3, 22.7]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy recording	200 g; equality omitted	<i>[pending]</i> ; <i>mock</i> [−2.16, −0.56]	<i>[pending]</i> ; <i>mock</i> [−7.11, 4.39]	<i>[pending]</i> ; <i>mock</i> illustrative
Epilepsy recording	100 g; equality omitted	<i>[pending]</i> ; <i>mock</i> 0.8	<i>[pending]</i> ; <i>mock</i> [−18.2, 19.8]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy recording	150 g; equality omitted	<i>[pending]</i> ; <i>mock</i> −0.4	<i>[pending]</i> ; <i>mock</i> [−19.4, 18.6]	<i>[pending]</i> ; <i>mock</i> shown

Endpoint; MOCK — NOT RESULTS	Score rule	Contrast / range (pp)	Confidence set (pp)	Disposition
Epilepsy recording	200 g; omit ±25 g	<i>[pending]</i> ; <i>mock</i> −3.2	<i>[pending]</i> ; <i>mock</i> [−22.2, 15.8]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy recording	200 g; 1500 on right	<i>[pending]</i> ; <i>mock</i> −1.7	<i>[pending]</i> ; <i>mock</i> [−20.7, 17.3]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy recording	200 g; 1500 on left	<i>[pending]</i> ; <i>mock</i> −1.9	<i>[pending]</i> ; <i>mock</i> [−20.9, 17.1]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy recording	200 g; remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> −0.2	<i>[pending]</i> ; <i>mock</i> [−19.2, 18.8]	<i>[pending]</i> ; <i>mock</i> shown

The following continuations retain the score comparisons for secondary horizons, recurrence and composites. Their outcome populations and definitions remain those in Table S3. They use 95% pointwise sets and never replace a primary endpoint.

Table S4 (continued). Survival horizons. All contrasts/ranges and confidence sets are percentage points. Births are the positive-weight left/right roster for the specified variant.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Every empirical cell remains pending; the adjacent *mock* value is a layout example.

Endpoint / specification; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
Death, 28 days; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> 3.1	<i>[pending]</i> ; <i>mock</i> [−15.9, 22.1]	<i>[pending]</i> ; <i>mock</i> shown
Death, 28 days; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> −1.8	<i>[pending]</i> ; <i>mock</i> [−20.8, 17.2]	<i>[pending]</i> ; <i>mock</i> shown
Death, 28 days; Omit ±25 g	<i>[pending]</i> ; <i>mock</i> 100 / 103	<i>[pending]</i> ; <i>mock</i> −1.9	<i>[pending]</i> ; <i>mock</i> [−20.9, 17.1]	<i>[pending]</i> ; <i>mock</i> shown

Endpoint / specification; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
Death, 28 days; Equality on right	<i>[pending]</i> ; <i>mock</i> 111 / 161	<i>[pending]</i> ; <i>mock</i> −0.4	<i>[pending]</i> ; <i>mock</i> [−19.4, 18.6]	<i>[pending]</i> ; <i>mock</i> shown
Death, 28 days; Equality on left	<i>[pending]</i> ; <i>mock</i> 153 / 119	<i>[pending]</i> ; <i>mock</i> −3.4	<i>[pending]</i> ; <i>mock</i> [−22.4, 15.6]	<i>[pending]</i> ; <i>mock</i> shown
Death, 28 days; Remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 77 / 76	<i>[pending]</i> ; <i>mock</i> −2.2	<i>[pending]</i> ; <i>mock</i> [−21.2, 16.8]	<i>[pending]</i> ; <i>mock</i> shown
Death, age 1; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> 1.9	<i>[pending]</i> ; <i>mock</i> [−17.1, 20.9]	<i>[pending]</i> ; <i>mock</i> shown
Death, age 1; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> −2.0	<i>[pending]</i> ; <i>mock</i> [−21.0, 17.0]	<i>[pending]</i> ; <i>mock</i> shown
Death, age 1; Omit ± 25 g	<i>[pending]</i> ; <i>mock</i> 100 / 103	<i>[pending]</i> ; <i>mock</i> −1.2	<i>[pending]</i> ; <i>mock</i> [−20.2, 17.8]	<i>[pending]</i> ; <i>mock</i> shown
Death, age 1; Equality on right	<i>[pending]</i> ; <i>mock</i> 111 / 161	<i>[pending]</i> ; <i>mock</i> 3.1	<i>[pending]</i> ; <i>mock</i> [−15.9, 22.1]	<i>[pending]</i> ; <i>mock</i> shown
Death, age 1; Equality on left	<i>[pending]</i> ; <i>mock</i> 153 / 119	<i>[pending]</i> ; <i>mock</i> 3.2	<i>[pending]</i> ; <i>mock</i> [−15.8, 22.2]	<i>[pending]</i> ; <i>mock</i> shown
Death, age 1; Remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 77 / 76	<i>[pending]</i> ; <i>mock</i> 3.8	<i>[pending]</i> ; <i>mock</i> [−15.2, 22.8]	<i>[pending]</i> ; <i>mock</i> shown
Death, age 3; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> 3.2	<i>[pending]</i> ; <i>mock</i> [−15.8, 22.2]	<i>[pending]</i> ; <i>mock</i> shown

Endpoint / specification; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
Death, age 3; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> 0.3	<i>[pending]</i> ; <i>mock</i> [−18.7, 19.3]	<i>[pending]</i> ; <i>mock</i> shown
Death, age 3; Omit ± 25 g	<i>[pending]</i> ; <i>mock</i> 100 / 103	<i>[pending]</i> ; <i>mock</i> −2.5	<i>[pending]</i> ; <i>mock</i> [−21.5, 16.5]	<i>[pending]</i> ; <i>mock</i> shown
Death, age 3; Equality on right	<i>[pending]</i> ; <i>mock</i> 111 / 161	<i>[pending]</i> ; <i>mock</i> 2.9	<i>[pending]</i> ; <i>mock</i> [−16.1, 21.9]	<i>[pending]</i> ; <i>mock</i> shown
Death, age 3; Equality on left	<i>[pending]</i> ; <i>mock</i> 153 / 119	<i>[pending]</i> ; <i>mock</i> −3.4	<i>[pending]</i> ; <i>mock</i> [−22.4, 15.6]	<i>[pending]</i> ; <i>mock</i> shown
Death, age 3; Remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 77 / 76	<i>[pending]</i> ; <i>mock</i> −0.3	<i>[pending]</i> ; <i>mock</i> [−19.3, 18.7]	<i>[pending]</i> ; <i>mock</i> shown

Table S4 (continued). Respiratory horizons, recurrence and composite.
All contrasts/ranges and confidence sets are percentage points. Births are the positive-weight left/right roster for the specified variant.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Every empirical cell remains pending; the adjacent *mock* value is a layout example.

Endpoint / specification; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
Respiratory, age 1; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> 3.9	<i>[pending]</i> ; <i>mock</i> [−15.1, 22.9]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 1; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> −2.3	<i>[pending]</i> ; <i>mock</i> [−21.3, 16.7]	<i>[pending]</i> ; <i>mock</i> shown

Endpoint / specification; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
Respiratory, age 1; Omit ± 25 g	<i>[pending]</i> ; <i>mock</i> 100 / 103	<i>[pending]</i> ; <i>mock</i> 2.0	<i>[pending]</i> ; <i>mock</i> [−17.0, 21.0]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 1; Equality on right	<i>[pending]</i> ; <i>mock</i> 111 / 161	<i>[pending]</i> ; <i>mock</i> 0.9	<i>[pending]</i> ; <i>mock</i> [−18.1, 19.9]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 1; Equality on left	<i>[pending]</i> ; <i>mock</i> 153 / 119	<i>[pending]</i> ; <i>mock</i> 1.1	<i>[pending]</i> ; <i>mock</i> [−17.9, 20.1]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 1; Remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 77 / 76	<i>[pending]</i> ; <i>mock</i> 2.2	<i>[pending]</i> ; <i>mock</i> [−16.8, 21.2]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 3; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> −1.1	<i>[pending]</i> ; <i>mock</i> [−20.1, 17.9]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 3; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> −1.7	<i>[pending]</i> ; <i>mock</i> [−20.7, 17.3]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 3; Omit ± 25 g	<i>[pending]</i> ; <i>mock</i> 100 / 103	<i>[pending]</i> ; <i>mock</i> 1.1	<i>[pending]</i> ; <i>mock</i> [−17.9, 20.1]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 3; Equality on right	<i>[pending]</i> ; <i>mock</i> 111 / 161	<i>[pending]</i> ; <i>mock</i> 2.1	<i>[pending]</i> ; <i>mock</i> [−16.9, 21.1]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 3; Equality on left	<i>[pending]</i> ; <i>mock</i> 153 / 119	<i>[pending]</i> ; <i>mock</i> −3.0	<i>[pending]</i> ; <i>mock</i> [−22.0, 16.0]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 3; Remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 77 / 76	<i>[pending]</i> ; <i>mock</i> 1.3	<i>[pending]</i> ; <i>mock</i> [−17.7, 20.3]	<i>[pending]</i> ; <i>mock</i> shown

Endpoint / specification; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
At least 2 episodes; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> 2.5	<i>[pending]</i> ; <i>mock</i> [−16.5, 21.5]	<i>[pending]</i> ; <i>mock</i> shown
At least 2 episodes; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> −3.6	<i>[pending]</i> ; <i>mock</i> [−22.6, 15.4]	<i>[pending]</i> ; <i>mock</i> shown
At least 2 episodes; Omit ±25 g	<i>[pending]</i> ; <i>mock</i> 100 / 103	<i>[pending]</i> ; <i>mock</i> −1.7	<i>[pending]</i> ; <i>mock</i> [−20.7, 17.3]	<i>[pending]</i> ; <i>mock</i> shown
At least 2 episodes; Equality on right	<i>[pending]</i> ; <i>mock</i> 111 / 161	<i>[pending]</i> ; <i>mock</i> 1.5	<i>[pending]</i> ; <i>mock</i> [−17.5, 20.5]	<i>[pending]</i> ; <i>mock</i> shown
At least 2 episodes; Equality on left	<i>[pending]</i> ; <i>mock</i> 153 / 119	<i>[pending]</i> ; <i>mock</i> 1.6	<i>[pending]</i> ; <i>mock</i> [−17.4, 20.6]	<i>[pending]</i> ; <i>mock</i> shown
At least 2 episodes; Remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 77 / 76	<i>[pending]</i> ; <i>mock</i> 1.4	<i>[pending]</i> ; <i>mock</i> [−17.6, 20.4]	<i>[pending]</i> ; <i>mock</i> shown
At least 3 episodes; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> −1.4	<i>[pending]</i> ; <i>mock</i> [−20.4, 17.6]	<i>[pending]</i> ; <i>mock</i> shown
At least 3 episodes; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> −1.5	<i>[pending]</i> ; <i>mock</i> [−20.5, 17.5]	<i>[pending]</i> ; <i>mock</i> shown
At least 3 episodes; Omit ±25 g	<i>[pending]</i> ; <i>mock</i> 100 / 103	<i>[pending]</i> ; <i>mock</i> −1.4	<i>[pending]</i> ; <i>mock</i> [−20.4, 17.6]	<i>[pending]</i> ; <i>mock</i> shown
At least 3 episodes; Equality on right	<i>[pending]</i> ; <i>mock</i> 111 / 161	<i>[pending]</i> ; <i>mock</i> 1.9	<i>[pending]</i> ; <i>mock</i> [−17.1, 20.9]	<i>[pending]</i> ; <i>mock</i> shown

Endpoint / specification; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
At least 3 episodes; Equality on left	<i>[pending]</i> ; <i>mock</i> 153 / 119	<i>[pending]</i> ; <i>mock</i> 2.0	<i>[pending]</i> ; <i>mock</i> [−17.0, 21.0]	<i>[pending]</i> ; <i>mock</i> shown
At least 3 episodes; Remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 77 / 76	<i>[pending]</i> ; <i>mock</i> −0.4	<i>[pending]</i> ; <i>mock</i> [−19.4, 18.6]	<i>[pending]</i> ; <i>mock</i> shown
Death or respiratory; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> −0.3	<i>[pending]</i> ; <i>mock</i> [−19.3, 18.7]	<i>[pending]</i> ; <i>mock</i> shown
Death or respiratory; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> −0.9	<i>[pending]</i> ; <i>mock</i> [−19.9, 18.1]	<i>[pending]</i> ; <i>mock</i> shown
Death or respiratory; Omit ±25 g	<i>[pending]</i> ; <i>mock</i> 100 / 103	<i>[pending]</i> ; <i>mock</i> −3.5	<i>[pending]</i> ; <i>mock</i> [−22.5, 15.5]	<i>[pending]</i> ; <i>mock</i> shown
Death or respiratory; Equality on right	<i>[pending]</i> ; <i>mock</i> 111 / 161	<i>[pending]</i> ; <i>mock</i> 2.1	<i>[pending]</i> ; <i>mock</i> [−16.9, 21.1]	<i>[pending]</i> ; <i>mock</i> shown
Death or respiratory; Equality on left	<i>[pending]</i> ; <i>mock</i> 153 / 119	<i>[pending]</i> ; <i>mock</i> −1.7	<i>[pending]</i> ; <i>mock</i> [−20.7, 17.3]	<i>[pending]</i> ; <i>mock</i> shown
Death or respiratory; Remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 77 / 76	<i>[pending]</i> ; <i>mock</i> −3.2	<i>[pending]</i> ; <i>mock</i> [−22.2, 15.8]	<i>[pending]</i> ; <i>mock</i> shown

Table S4 (continued). Neurological horizons and composites. All contrasts/ranges and confidence sets are percentage points. Births are the positive-weight left/right roster for the specified variant.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Every empirical cell remains pending; the adjacent *mock* value is a layout example.

Endpoint / specification; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
Epilepsy, age 1; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> −3.3	<i>[pending]</i> ; <i>mock</i> [−22.3, 15.7]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, age 1; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> −1.1	<i>[pending]</i> ; <i>mock</i> [−20.1, 17.9]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, age 1; Omit ±25 g	<i>[pending]</i> ; <i>mock</i> 100 / 103	<i>[pending]</i> ; <i>mock</i> −3.2	<i>[pending]</i> ; <i>mock</i> [−22.2, 15.8]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, age 1; Equality on right	<i>[pending]</i> ; <i>mock</i> 111 / 161	<i>[pending]</i> ; <i>mock</i> 1.6	<i>[pending]</i> ; <i>mock</i> [−17.4, 20.6]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, age 1; Equality on left	<i>[pending]</i> ; <i>mock</i> 153 / 119	<i>[pending]</i> ; <i>mock</i> −0.4	<i>[pending]</i> ; <i>mock</i> [−19.4, 18.6]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, age 1; Remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 77 / 76	<i>[pending]</i> ; <i>mock</i> 3.6	<i>[pending]</i> ; <i>mock</i> [−15.4, 22.6]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, age 3; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> −1.1	<i>[pending]</i> ; <i>mock</i> [−20.1, 17.9]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, age 3; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> −1.4	<i>[pending]</i> ; <i>mock</i> [−20.4, 17.6]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, age 3; Omit ±25 g	<i>[pending]</i> ; <i>mock</i> 100 / 103	<i>[pending]</i> ; <i>mock</i> −2.0	<i>[pending]</i> ; <i>mock</i> [−21.0, 17.0]	<i>[pending]</i> ; <i>mock</i> shown

Endpoint / specification; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
Epilepsy, age 3; Equality on right	<i>[pending]</i> ; <i>mock</i> 111 / 161	<i>[pending]</i> ; <i>mock</i> −3.0	<i>[pending]</i> ; <i>mock</i> [−22.0, 16.0]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, age 3; Equality on left	<i>[pending]</i> ; <i>mock</i> 153 / 119	<i>[pending]</i> ; <i>mock</i> −0.1	<i>[pending]</i> ; <i>mock</i> [−19.1, 18.9]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, age 3; Remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 77 / 76	<i>[pending]</i> ; <i>mock</i> −1.8	<i>[pending]</i> ; <i>mock</i> [−20.8, 17.2]	<i>[pending]</i> ; <i>mock</i> shown
Cerebral palsy, age 5; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> [3.0, 4.2]	<i>[pending]</i> ; <i>mock</i> [−15.4, 22.6]	<i>[pending]</i> ; <i>mock</i> shown
Cerebral palsy, age 5; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> [−2.2, −1.0]	<i>[pending]</i> ; <i>mock</i> [−20.6, 17.4]	<i>[pending]</i> ; <i>mock</i> shown
Cerebral palsy, age 5; Omit ±25 g	<i>[pending]</i> ; <i>mock</i> 100 / 103	<i>[pending]</i> ; <i>mock</i> [0.4, 1.6]	<i>[pending]</i> ; <i>mock</i> [−18.0, 20.0]	<i>[pending]</i> ; <i>mock</i> shown
Cerebral palsy, age 5; Equality on right	<i>[pending]</i> ; <i>mock</i> 111 / 161	<i>[pending]</i> ; <i>mock</i> [3.2, 4.4]	<i>[pending]</i> ; <i>mock</i> [−15.2, 22.8]	<i>[pending]</i> ; <i>mock</i> shown
Cerebral palsy, age 5; Equality on left	<i>[pending]</i> ; <i>mock</i> 153 / 119	<i>[pending]</i> ; <i>mock</i> [−2.2, −1.0]	<i>[pending]</i> ; <i>mock</i> [−20.6, 17.4]	<i>[pending]</i> ; <i>mock</i> shown
Cerebral palsy, age 5; Remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 77 / 76	<i>[pending]</i> ; <i>mock</i> [−2.6, −1.4]	<i>[pending]</i> ; <i>mock</i> [−21.0, 17.0]	<i>[pending]</i> ; <i>mock</i> shown
Death or epilepsy; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> −3.0	<i>[pending]</i> ; <i>mock</i> [−22.0, 16.0]	<i>[pending]</i> ; <i>mock</i> shown

Endpoint / specification; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
Death or epilepsy; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> 3.3	<i>[pending]</i> ; <i>mock</i> [−15.7, 22.3]	<i>[pending]</i> ; <i>mock</i> shown
Death or epilepsy; Omit ±25 g	<i>[pending]</i> ; <i>mock</i> 100 / 103	<i>[pending]</i> ; <i>mock</i> 3.7	<i>[pending]</i> ; <i>mock</i> [−15.3, 22.7]	<i>[pending]</i> ; <i>mock</i> shown
Death or epilepsy; Equality on right	<i>[pending]</i> ; <i>mock</i> 111 / 161	<i>[pending]</i> ; <i>mock</i> 1.2	<i>[pending]</i> ; <i>mock</i> [−17.8, 20.2]	<i>[pending]</i> ; <i>mock</i> shown
Death or epilepsy; Equality on left	<i>[pending]</i> ; <i>mock</i> 153 / 119	<i>[pending]</i> ; <i>mock</i> −3.4	<i>[pending]</i> ; <i>mock</i> [−22.4, 15.6]	<i>[pending]</i> ; <i>mock</i> shown
Death or epilepsy; Remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 77 / 76	<i>[pending]</i> ; <i>mock</i> 2.4	<i>[pending]</i> ; <i>mock</i> [−16.6, 21.4]	<i>[pending]</i> ; <i>mock</i> shown
Death or cerebral palsy; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> −2.7	<i>[pending]</i> ; <i>mock</i> [−21.7, 16.3]	<i>[pending]</i> ; <i>mock</i> shown
Death or cerebral palsy; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> −1.1	<i>[pending]</i> ; <i>mock</i> [−20.1, 17.9]	<i>[pending]</i> ; <i>mock</i> shown
Death or cerebral palsy; Omit ±25 g	<i>[pending]</i> ; <i>mock</i> 100 / 103	<i>[pending]</i> ; <i>mock</i> −1.8	<i>[pending]</i> ; <i>mock</i> [−20.8, 17.2]	<i>[pending]</i> ; <i>mock</i> shown
Death or cerebral palsy; Equality on right	<i>[pending]</i> ; <i>mock</i> 111 / 161	<i>[pending]</i> ; <i>mock</i> 4.0	<i>[pending]</i> ; <i>mock</i> [−15.0, 23.0]	<i>[pending]</i> ; <i>mock</i> shown
Death or cerebral palsy; Equality on left	<i>[pending]</i> ; <i>mock</i> 153 / 119	<i>[pending]</i> ; <i>mock</i> −2.8	<i>[pending]</i> ; <i>mock</i> [−21.8, 16.2]	<i>[pending]</i> ; <i>mock</i> shown

Endpoint / specification; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
Death or cerebral palsy; Remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 77 / 76	<i>[pending]</i> ; <i>mock</i> −3.9	<i>[pending]</i> ; <i>mock</i> [−22.9, 15.1]	<i>[pending]</i> ; <i>mock</i> shown

The curvature grids retain the fixed 100 g and 150 g windows as well as the main 200 g window. Each row uses its actual observations and gap; moving across columns changes only the curvature restriction. This is an assumption sensitivity, not a new set of outcome-selected fits.

Table S4 (continued). Curvature grid, panel A. Confidence sets in percent-age points. Primary 200 g age-five clinical sets use 98 %; all other rows use 95%. Missing, model-conflicting or non-estimable sets retain their disposition in the same cell.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Every empirical cell remains pending; the adjacent *mock* value is a layout example.

Endpoint / bandwidth; MOCK — NOT RESULTS	Births L/R	M = 0	M = 0.01	M = 0.025
Death, 28 days; 200 g	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> [−3.48, −1.08]	<i>[pending]</i> ; <i>mock</i> [−4.03, −0.53]	<i>[pending]</i> ; <i>mock</i> [−4.85, 0.30]
Death, 28 days; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> [−10.9, 17.1]	<i>[pending]</i> ; <i>mock</i> [−11.9, 18.1]	<i>[pending]</i> ; <i>mock</i> [−13.4, 19.6]
Death, 28 days; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> [−15.8, 12.2]	<i>[pending]</i> ; <i>mock</i> [−16.8, 13.2]	<i>[pending]</i> ; <i>mock</i> [−18.3, 14.7]
Death, age 1; 200 g	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> [−2.92, −0.52]	<i>[pending]</i> ; <i>mock</i> [−3.47, 0.03]	<i>[pending]</i> ; <i>mock</i> [−4.29, 0.86]
Death, age 1; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> [−12.1, 15.9]	<i>[pending]</i> ; <i>mock</i> [−13.1, 16.9]	<i>[pending]</i> ; <i>mock</i> [−14.6, 18.4]

Endpoint / bandwidth; MOCK — NOT RESULTS	Births L/R	M = 0	M = 0.01	M = 0.025
Death, age 1; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−16.0, 12.0]	<i>[pending]</i> ; mock [−17.0, 13.0]	<i>[pending]</i> ; mock [−18.5, 14.5]
Death, age 3; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−2.95, −0.55]	<i>[pending]</i> ; mock [−3.50, −0.00]	<i>[pending]</i> ; mock [−4.33, 0.82]
Death, age 3; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−10.8, 17.2]	<i>[pending]</i> ; mock [−11.8, 18.2]	<i>[pending]</i> ; mock [−13.3, 19.7]
Death, age 3; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−13.7, 14.3]	<i>[pending]</i> ; mock [−14.7, 15.3]	<i>[pending]</i> ; mock [−16.2, 16.8]
Death, age 5; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−3.30, −0.90]	<i>[pending]</i> ; mock [−3.85, −0.35]	<i>[pending]</i> ; mock [−4.67, 0.48]
Death, age 5; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−10.2, 17.8]	<i>[pending]</i> ; mock [−11.2, 18.8]	<i>[pending]</i> ; mock [−12.7, 20.3]
Death, age 5; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−16.5, 11.5]	<i>[pending]</i> ; mock [−17.5, 12.5]	<i>[pending]</i> ; mock [−19.0, 14.0]
Respiratory, age 1; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−0.48, 2.92]	<i>[pending]</i> ; mock [−1.03, 3.47]	<i>[pending]</i> ; mock [−1.86, 4.29]
Respiratory, age 1; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−10.1, 17.9]	<i>[pending]</i> ; mock [−11.1, 18.9]	<i>[pending]</i> ; mock [−12.6, 20.4]
Respiratory, age 1; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−16.3, 11.7]	<i>[pending]</i> ; mock [−17.3, 12.7]	<i>[pending]</i> ; mock [−18.8, 14.2]

Endpoint / bandwidth; MOCK — NOT				
RESULTS	Births L/R	M = 0	M = 0.01	M = 0.025
Respiratory, age 3; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−1.46, 3.54]	<i>[pending]</i> ; mock [−2.01, 4.09]	<i>[pending]</i> ; mock [−2.84, 4.91]
Respiratory, age 3; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−15.1, 12.9]	<i>[pending]</i> ; mock [−16.1, 13.9]	<i>[pending]</i> ; mock [−17.6, 15.4]
Respiratory, age 3; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−15.7, 12.3]	<i>[pending]</i> ; mock [−16.7, 13.3]	<i>[pending]</i> ; mock [−18.2, 14.8]
Respiratory, age 5; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−0.81, 2.59]	<i>[pending]</i> ; mock [−1.36, 3.14]	<i>[pending]</i> ; mock [−2.18, 3.97]
Respiratory, age 5; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−13.2, 14.8]	<i>[pending]</i> ; mock [−14.2, 15.8]	<i>[pending]</i> ; mock [−15.7, 17.3]
Respiratory, age 5; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−17.4, 10.6]	<i>[pending]</i> ; mock [−18.4, 11.6]	<i>[pending]</i> ; mock [−19.9, 13.1]
At least 2 episodes; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−14.3, 13.7]	<i>[pending]</i> ; mock [−15.3, 14.7]	<i>[pending]</i> ; mock [−16.8, 16.2]
At least 2 episodes; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−11.5, 16.5]	<i>[pending]</i> ; mock [−12.5, 17.5]	<i>[pending]</i> ; mock [−14.0, 19.0]
At least 2 episodes; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−17.6, 10.4]	<i>[pending]</i> ; mock [−18.6, 11.4]	<i>[pending]</i> ; mock [−20.1, 12.9]
At least 3 episodes; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−10.0, 18.0]	<i>[pending]</i> ; mock [−11.0, 19.0]	<i>[pending]</i> ; mock [−12.5, 20.5]

Endpoint / bandwidth; MOCK — NOT RESULTS	Births L/R	M = 0	M = 0.01	M = 0.025
At least 3 episodes; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−15.4, 12.6]	<i>[pending]</i> ; mock [−16.4, 13.6]	<i>[pending]</i> ; mock [−17.9, 15.1]
At least 3 episodes; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−15.5, 12.5]	<i>[pending]</i> ; mock [−16.5, 13.5]	<i>[pending]</i> ; mock [−18.0, 15.0]
Death or respiratory; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−10.4, 17.6]	<i>[pending]</i> ; mock [−11.4, 18.6]	<i>[pending]</i> ; mock [−12.9, 20.1]
Death or respiratory; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−14.3, 13.7]	<i>[pending]</i> ; mock [−15.3, 14.7]	<i>[pending]</i> ; mock [−16.8, 16.2]
Death or respiratory; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−14.9, 13.1]	<i>[pending]</i> ; mock [−15.9, 14.1]	<i>[pending]</i> ; mock [−17.4, 15.6]
Epilepsy, age 1; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−4.94, 1.06]	<i>[pending]</i> ; mock [−5.49, 1.61]	<i>[pending]</i> ; mock [−6.31, 2.44]
Epilepsy, age 1; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−17.3, 10.7]	<i>[pending]</i> ; mock [−18.3, 11.7]	<i>[pending]</i> ; mock [−19.8, 13.2]
Epilepsy, age 1; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−15.1, 12.9]	<i>[pending]</i> ; mock [−16.1, 13.9]	<i>[pending]</i> ; mock [−17.6, 15.4]
Epilepsy, age 3; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−4.06, 1.94]	<i>[pending]</i> ; mock [−4.61, 2.49]	<i>[pending]</i> ; mock [−5.43, 3.32]
Epilepsy, age 3; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−15.1, 12.9]	<i>[pending]</i> ; mock [−16.1, 13.9]	<i>[pending]</i> ; mock [−17.6, 15.4]

Endpoint / bandwidth; MOCK — NOT RESULTS	Births L/R	M = 0	M = 0.01	M = 0.025
Epilepsy, age 3; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−15.4, 12.6]	<i>[pending]</i> ; mock [−16.4, 13.6]	<i>[pending]</i> ; mock [−17.9, 15.1]
Epilepsy, age 5; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−4.36, 1.64]	<i>[pending]</i> ; mock [−4.91, 2.19]	<i>[pending]</i> ; mock [−5.74, 3.01]
Epilepsy, age 5; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−13.2, 14.8]	<i>[pending]</i> ; mock [−14.2, 15.8]	<i>[pending]</i> ; mock [−15.7, 17.3]
Epilepsy, age 5; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−14.4, 13.6]	<i>[pending]</i> ; mock [−15.4, 14.6]	<i>[pending]</i> ; mock [−16.9, 16.1]
Cerebral palsy, age 5; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−11.6, 16.4]	<i>[pending]</i> ; mock [−12.6, 17.4]	<i>[pending]</i> ; mock [−14.1, 18.9]
Cerebral palsy, age 5; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−10.4, 17.6]	<i>[pending]</i> ; mock [−11.4, 18.6]	<i>[pending]</i> ; mock [−12.9, 20.1]
Cerebral palsy, age 5; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−15.6, 12.4]	<i>[pending]</i> ; mock [−16.6, 13.4]	<i>[pending]</i> ; mock [−18.1, 14.9]
Death or epilepsy; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−16.1, 11.9]	<i>[pending]</i> ; mock [−17.1, 12.9]	<i>[pending]</i> ; mock [−18.6, 14.4]
Death or epilepsy; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−17.0, 11.0]	<i>[pending]</i> ; mock [−18.0, 12.0]	<i>[pending]</i> ; mock [−19.5, 13.5]
Death or epilepsy; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−10.7, 17.3]	<i>[pending]</i> ; mock [−11.7, 18.3]	<i>[pending]</i> ; mock [−13.2, 19.8]

Endpoint / bandwidth; MOCK — NOT RESULTS	Births L/R	M = 0	M = 0.01	M = 0.025
Death or cerebral palsy; 200 g	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> [−14.7, 13.3]	<i>[pending]</i> ; <i>mock</i> [−15.7, 14.3]	<i>[pending]</i> ; <i>mock</i> [−17.2, 15.8]
Death or cerebral palsy; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> [−16.7, 11.3]	<i>[pending]</i> ; <i>mock</i> [−17.7, 12.3]	<i>[pending]</i> ; <i>mock</i> [−19.2, 13.8]
Death or cerebral palsy; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> [−15.1, 12.9]	<i>[pending]</i> ; <i>mock</i> [−16.1, 13.9]	<i>[pending]</i> ; <i>mock</i> [−17.6, 15.4]
Phototherapy, 14 days; 200 g	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> [−15.4, 12.6]	<i>[pending]</i> ; <i>mock</i> [−16.4, 13.6]	<i>[pending]</i> ; <i>mock</i> [−17.9, 15.1]
Phototherapy, 14 days; 100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> [−14.4, 13.6]	<i>[pending]</i> ; <i>mock</i> [−15.4, 14.6]	<i>[pending]</i> ; <i>mock</i> [−16.9, 16.1]
Phototherapy, 14 days; 150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> [−14.6, 13.4]	<i>[pending]</i> ; <i>mock</i> [−15.6, 14.4]	<i>[pending]</i> ; <i>mock</i> [−17.1, 15.9]

Table S4 (continued). Curvature grid, panel B. Confidence sets in percent-age points. Primary 200 g age-five clinical sets use 98 %; all other rows use 95%. Missing, model-conflicting or non-estimable sets retain their disposition in the same cell.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Every empirical cell remains pending; the adjacent *mock* value is a layout example.

Endpoint / bandwidth; MOCK — NOT RESULTS	Births L/R	M = 0.05	M = 0.10	M = 0.20
Death, 28 days; 200 g	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> [−6.23, 1.67]	<i>[pending]</i> ; <i>mock</i> [−8.98, 4.42]	<i>[pending]</i> ; <i>mock</i> [−14.48, 9.92]

Endpoint / bandwidth; MOCK — NOT RESULTS	Births L/R	M = 0.05	M = 0.10	M = 0.20
Death, 28 days; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−15.9, 22.1]	<i>[pending]</i> ; mock [−20.9, 27.1]	<i>[pending]</i> ; mock [−30.9, 37.1]
Death, 28 days; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−20.8, 17.2]	<i>[pending]</i> ; mock [−25.8, 22.2]	<i>[pending]</i> ; mock [−35.8, 32.2]
Death, age 1; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−5.67, 2.23]	<i>[pending]</i> ; mock [−8.42, 4.98]	<i>[pending]</i> ; mock [−13.92, 10.48]
Death, age 1; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−17.1, 20.9]	<i>[pending]</i> ; mock [−22.1, 25.9]	<i>[pending]</i> ; mock [−32.1, 35.9]
Death, age 1; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−21.0, 17.0]	<i>[pending]</i> ; mock [−26.0, 22.0]	<i>[pending]</i> ; mock [−36.0, 32.0]
Death, age 3; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−5.70, 2.20]	<i>[pending]</i> ; mock [−8.45, 4.95]	<i>[pending]</i> ; mock [−13.95, 10.45]
Death, age 3; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−15.8, 22.2]	<i>[pending]</i> ; mock [−20.8, 27.2]	<i>[pending]</i> ; mock [−30.8, 37.2]
Death, age 3; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−18.7, 19.3]	<i>[pending]</i> ; mock [−23.7, 24.3]	<i>[pending]</i> ; mock [−33.7, 34.3]
Death, age 5; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−6.05, 1.85]	<i>[pending]</i> ; mock [−8.80, 4.60]	<i>[pending]</i> ; mock [−14.30, 10.10]
Death, age 5; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−15.2, 22.8]	<i>[pending]</i> ; mock [−20.2, 27.8]	<i>[pending]</i> ; mock [−30.2, 37.8]

Endpoint / bandwidth; MOCK — NOT RESULTS	Births L/R	M = 0.05	M = 0.10	M = 0.20
Death, age 5; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−21.5, 16.5]	<i>[pending]</i> ; mock [−26.5, 21.5]	<i>[pending]</i> ; mock [−36.5, 31.5]
Respiratory, age 1; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−3.23, 5.67]	<i>[pending]</i> ; mock [−5.98, 8.42]	<i>[pending]</i> ; mock [−11.48, 13.92]
Respiratory, age 1; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−15.1, 22.9]	<i>[pending]</i> ; mock [−20.1, 27.9]	<i>[pending]</i> ; mock [−30.1, 37.9]
Respiratory, age 1; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−21.3, 16.7]	<i>[pending]</i> ; mock [−26.3, 21.7]	<i>[pending]</i> ; mock [−36.3, 31.7]
Respiratory, age 3; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−4.21, 6.29]	<i>[pending]</i> ; mock [−6.96, 9.04]	<i>[pending]</i> ; mock [−12.46, 14.54]
Respiratory, age 3; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−20.1, 17.9]	<i>[pending]</i> ; mock [−25.1, 22.9]	<i>[pending]</i> ; mock [−35.1, 32.9]
Respiratory, age 3; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−20.7, 17.3]	<i>[pending]</i> ; mock [−25.7, 22.3]	<i>[pending]</i> ; mock [−35.7, 32.3]
Respiratory, age 5; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−3.56, 5.34]	<i>[pending]</i> ; mock [−6.31, 8.09]	<i>[pending]</i> ; mock [−11.81, 13.59]
Respiratory, age 5; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−18.2, 19.8]	<i>[pending]</i> ; mock [−23.2, 24.8]	<i>[pending]</i> ; mock [−33.2, 34.8]
Respiratory, age 5; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−22.4, 15.6]	<i>[pending]</i> ; mock [−27.4, 20.6]	<i>[pending]</i> ; mock [−37.4, 30.6]

Endpoint / bandwidth; MOCK — NOT				
RESULTS	Births L/R	M = 0.05	M = 0.10	M = 0.20
At least 2 episodes; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−19.3, 18.7]	<i>[pending]</i> ; mock [−24.3, 23.7]	<i>[pending]</i> ; mock [−34.3, 33.7]
At least 2 episodes; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−16.5, 21.5]	<i>[pending]</i> ; mock [−21.5, 26.5]	<i>[pending]</i> ; mock [−31.5, 36.5]
At least 2 episodes; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−22.6, 15.4]	<i>[pending]</i> ; mock [−27.6, 20.4]	<i>[pending]</i> ; mock [−37.6, 30.4]
At least 3 episodes; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−15.0, 23.0]	<i>[pending]</i> ; mock [−20.0, 28.0]	<i>[pending]</i> ; mock [−30.0, 38.0]
At least 3 episodes; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−20.4, 17.6]	<i>[pending]</i> ; mock [−25.4, 22.6]	<i>[pending]</i> ; mock [−35.4, 32.6]
At least 3 episodes; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−20.5, 17.5]	<i>[pending]</i> ; mock [−25.5, 22.5]	<i>[pending]</i> ; mock [−35.5, 32.5]
Death or respiratory; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−15.4, 22.6]	<i>[pending]</i> ; mock [−20.4, 27.6]	<i>[pending]</i> ; mock [−30.4, 37.6]
Death or respiratory; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−19.3, 18.7]	<i>[pending]</i> ; mock [−24.3, 23.7]	<i>[pending]</i> ; mock [−34.3, 33.7]
Death or respiratory; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−19.9, 18.1]	<i>[pending]</i> ; mock [−24.9, 23.1]	<i>[pending]</i> ; mock [−34.9, 33.1]
Epilepsy, age 1; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−7.69, 3.81]	<i>[pending]</i> ; mock [−10.44, 6.56]	<i>[pending]</i> ; mock [−15.94, 12.06]

Endpoint / bandwidth; MOCK — NOT RESULTS	Births L/R	M = 0.05	M = 0.10	M = 0.20
Epilepsy, age 1; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−22.3, 15.7]	<i>[pending]</i> ; mock [−27.3, 20.7]	<i>[pending]</i> ; mock [−37.3, 30.7]
Epilepsy, age 1; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−20.1, 17.9]	<i>[pending]</i> ; mock [−25.1, 22.9]	<i>[pending]</i> ; mock [−35.1, 32.9]
Epilepsy, age 3; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−6.81, 4.69]	<i>[pending]</i> ; mock [−9.56, 7.44]	<i>[pending]</i> ; mock [−15.06, 12.94]
Epilepsy, age 3; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−20.1, 17.9]	<i>[pending]</i> ; mock [−25.1, 22.9]	<i>[pending]</i> ; mock [−35.1, 32.9]
Epilepsy, age 3; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−20.4, 17.6]	<i>[pending]</i> ; mock [−25.4, 22.6]	<i>[pending]</i> ; mock [−35.4, 32.6]
Epilepsy, age 5; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−7.11, 4.39]	<i>[pending]</i> ; mock [−9.86, 7.14]	<i>[pending]</i> ; mock [−15.36, 12.64]
Epilepsy, age 5; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−18.2, 19.8]	<i>[pending]</i> ; mock [−23.2, 24.8]	<i>[pending]</i> ; mock [−33.2, 34.8]
Epilepsy, age 5; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−19.4, 18.6]	<i>[pending]</i> ; mock [−24.4, 23.6]	<i>[pending]</i> ; mock [−34.4, 33.6]
Cerebral palsy, age 5; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−16.6, 21.4]	<i>[pending]</i> ; mock [−21.6, 26.4]	<i>[pending]</i> ; mock [−31.6, 36.4]
Cerebral palsy, age 5; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−15.4, 22.6]	<i>[pending]</i> ; mock [−20.4, 27.6]	<i>[pending]</i> ; mock [−30.4, 37.6]

Endpoint / bandwidth; MOCK — NOT				
RESULTS	Births L/R	M = 0.05	M = 0.10	M = 0.20
Cerebral palsy, age 5; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−20.6, 17.4]	<i>[pending]</i> ; mock [−25.6, 22.4]	<i>[pending]</i> ; mock [−35.6, 32.4]
Death or epilepsy; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−21.1, 16.9]	<i>[pending]</i> ; mock [−26.1, 21.9]	<i>[pending]</i> ; mock [−36.1, 31.9]
Death or epilepsy; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−22.0, 16.0]	<i>[pending]</i> ; mock [−27.0, 21.0]	<i>[pending]</i> ; mock [−37.0, 31.0]
Death or epilepsy; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−15.7, 22.3]	<i>[pending]</i> ; mock [−20.7, 27.3]	<i>[pending]</i> ; mock [−30.7, 37.3]
Death or cerebral palsy; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−19.7, 18.3]	<i>[pending]</i> ; mock [−24.7, 23.3]	<i>[pending]</i> ; mock [−34.7, 33.3]
Death or cerebral palsy; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−21.7, 16.3]	<i>[pending]</i> ; mock [−26.7, 21.3]	<i>[pending]</i> ; mock [−36.7, 31.3]
Death or cerebral palsy; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−20.1, 17.9]	<i>[pending]</i> ; mock [−25.1, 22.9]	<i>[pending]</i> ; mock [−35.1, 32.9]
Phototherapy, 14 days; 200 g	<i>[pending]</i> ; mock 111 / 119	<i>[pending]</i> ; mock [−20.4, 17.6]	<i>[pending]</i> ; mock [−25.4, 22.6]	<i>[pending]</i> ; mock [−35.4, 32.6]
Phototherapy, 14 days; 100 g	<i>[pending]</i> ; mock 49 / 37	<i>[pending]</i> ; mock [−19.4, 18.6]	<i>[pending]</i> ; mock [−24.4, 23.6]	<i>[pending]</i> ; mock [−34.4, 33.6]
Phototherapy, 14 days; 150 g	<i>[pending]</i> ; mock 103 / 101	<i>[pending]</i> ; mock [−19.6, 18.4]	<i>[pending]</i> ; mock [−24.6, 23.4]	<i>[pending]</i> ; mock [−34.6, 33.4]

A 2010–2011 comparison addresses whether the later pattern resembles the earlier clinical environment. It does not assume that earlier infants had no care distinction at 1500 g. Other VLBW practices could already operate, and changing hospital composition or rounding could change the discontinuity. Accordingly, Table S5 is a contextual contrast, including the difference of local contrasts without labelling that difference a causal reform effect.

Table S5. Fixed historical comparison. Each period uses the registered 200 g equality-omitted design. Values are percentage points. Period differences have 95% union-bound sets from 97.5% constituent sets; this is supplementary. No period is selected by outcomes or coded first-stage strength.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Endpoint; MOCK — NOT RESULTS	2010–2011	2013	Difference (95% set)
Recorded phototherapy, 14 days	<i>[pending]</i> ; <i>mock</i> −2.9; [−20.9, 15.1]	<i>[pending]</i> ; <i>mock</i> 0.1; [−17.9, 18.1]	<i>[pending]</i> ; <i>mock</i> 3.0; [−15.0, 21.0]
Death	<i>[pending]</i> ; <i>mock</i> −5.3; [−23.3, 12.7]	<i>[pending]</i> ; <i>mock</i> −2.3; [−20.3, 15.7]	<i>[pending]</i> ; <i>mock</i> 3.0; [−15.0, 21.0]
Respiratory admission	<i>[pending]</i> ; <i>mock</i> −0.8; [−18.8, 17.2]	<i>[pending]</i> ; <i>mock</i> 2.2; [−15.8, 20.2]	<i>[pending]</i> ; <i>mock</i> 3.0; [−15.0, 21.0]
Epilepsy recording	<i>[pending]</i> ; <i>mock</i> −2.8; [−20.8, 15.2]	<i>[pending]</i> ; <i>mock</i> 0.2; [−17.8, 18.2]	<i>[pending]</i> ; <i>mock</i> 3.0; [−15.0, 21.0]

Gestation can alter both the biological population and which other clinical criteria bind. Table S6 separates the known strata and keeps unknown gestation visible. A difference among linked strata is not evidence that the same interaction holds among unlinked infants. A missing or imprecise stratified estimate does not replace or negate the all-gestation result.

Table S6. Gestation composition and supplementary contrasts. Age-five outcomes, 2013; 200 g equality-omitted design; $M=0.05$. Each stratum has 95% pointwise sets. The known-strata difference uses 97.5% constituent sets and a 95% union-bound interval. Units are percentage points; strata reflect documented measurement, not assumed week precision.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Endpoint; MOCK — NOT RESULTS	Measured stratum	Births L/R	Contrast / range (pp)	95% set / disposition
Death	Known <32 weeks	<i>[pending]</i> ; <i>mock</i> 40 / 43	<i>[pending]</i> ; <i>mock</i> −3.8	<i>[pending]</i> ; <i>mock</i> [−22.8, 15.2]
Death	Known 32 weeks	<i>[pending]</i> ; <i>mock</i> 65 / 70	<i>[pending]</i> ; <i>mock</i> −3.8	<i>[pending]</i> ; <i>mock</i> [−22.8, 15.2]
Death	Unknown gestation	<i>[pending]</i> ; <i>mock</i> 6 / 6	<i>[pending]</i> ; <i>mock</i> −3.8	<i>[pending]</i> ; <i>mock</i> [−22.8, 15.2]
Death	32 minus<32	Not a new cohort	<i>[pending]</i> ; <i>mock</i> 3.0; [−15.0, 21.0]	<i>[pending]</i> ; <i>mock</i> [−22.8, 15.2]
Respiratory admission	Known <32 weeks	<i>[pending]</i> ; <i>mock</i> 40 / 43	<i>[pending]</i> ; <i>mock</i> 0.7	<i>[pending]</i> ; <i>mock</i> [−18.3, 19.7]
Respiratory admission	Known 32 weeks	<i>[pending]</i> ; <i>mock</i> 65 / 70	<i>[pending]</i> ; <i>mock</i> 0.7	<i>[pending]</i> ; <i>mock</i> [−18.3, 19.7]
Respiratory admission	Unknown gestation	<i>[pending]</i> ; <i>mock</i> 6 / 6	<i>[pending]</i> ; <i>mock</i> 0.7	<i>[pending]</i> ; <i>mock</i> [−18.3, 19.7]
Respiratory admission	32 minus<32	Not a new cohort	<i>[pending]</i> ; <i>mock</i> 3.0; [−15.0, 21.0]	<i>[pending]</i> ; <i>mock</i> [−18.3, 19.7]

Endpoint; MOCK — NOT RESULTS	Measured stratum	Births L/R	Contrast / range (pp)	95% set / disposition
Epilepsy recording	Known <32 weeks	<i>[pending]</i> ; <i>mock</i> 40 / 43	<i>[pending]</i> ; <i>mock</i> −1.3	<i>[pending]</i> ; <i>mock</i> [−20.3, 17.7]
Epilepsy recording	Known 32 weeks	<i>[pending]</i> ; <i>mock</i> 65 / 70	<i>[pending]</i> ; <i>mock</i> −1.3	<i>[pending]</i> ; <i>mock</i> [−20.3, 17.7]
Epilepsy recording	Unknown gestation	<i>[pending]</i> ; <i>mock</i> 6 / 6	<i>[pending]</i> ; <i>mock</i> −1.3	<i>[pending]</i> ; <i>mock</i> [−20.3, 17.7]
Epilepsy recording	32 minus<32	Not a new cohort	<i>[pending]</i> ; <i>mock</i> 3.0; [−15.0, 21.0]	<i>[pending]</i> ; <i>mock</i> [−20.3, 17.7]

S6. Care use, observation and interpretive limits

The neonatal care analysis is not an instrument selection exercise. The known incompleteness of phototherapy reporting permits claims about coded procedures only. The 14-day and 28-day windows also answer different questions because later treatment may depend on current weight. Hospital days and outpatient visit-days supply context, with a fixed cap for the latter so that the registered bounded-outcome uncertainty calculation applies. Occupied inpatient dates are unioned across overlapping contacts and transfers, so one date contributes at most one day. Death truncates subsequent possible occupancy. Outpatient visit-days are unique actual dates from day 28 to the first birthday, excluding dates within the continuous initial birth inpatient spell; an open outpatient contact alone is not a daily sequence of visits. The uncapped side means preserve the scale of use descriptively and receive no invented causal interval.

Table S7. Recorded care margins. 2013,200 g equality-omitted design; family dependence. Bounded outcomes use 95% pointwise sets with $M=0.05$ on their 0–1 scaled outcome. The uncapped outpatient mean is descriptive, with no causal interval. All denominators are births, not recipients or survivors.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Care margin; MOCK — NOT RESULTS	Unit	Contrast / descriptive value	95% set	Disposition
Recorded phototherapy before 14 days	pp	<i>[pending]</i> ; <i>mock</i> −1.4	<i>[pending]</i> ; <i>mock</i> [−20.4, 17.6]	<i>[pending]</i> ; <i>mock</i> shown
Recorded phototherapy before 28 days	pp	<i>[pending]</i> ; <i>mock</i> −1.5	<i>[pending]</i> ; <i>mock</i> [−20.5, 17.5]	<i>[pending]</i> ; <i>mock</i> shown
Inpatient days before 28 days	days	<i>[pending]</i> ; <i>mock</i> −1.8	<i>[pending]</i> ; <i>mock</i> [−20.8, 17.2]	<i>[pending]</i> ; <i>mock</i> shown
Outpatient visit-days, day 28–age 1, cap 20	days	<i>[pending]</i> ; <i>mock</i> 1.0	<i>[pending]</i> ; <i>mock</i> [−18.0, 20.0]	<i>[pending]</i> ; <i>mock</i> shown
Uncapped outpatient visit-days, descriptive	days	<i>[pending]</i> ; <i>mock</i> 4.2 / 4.8	Not an inferential endpoint	<i>[pending]</i> ; <i>mock</i> shown

Table S7 (continued). Recorded-phototherapy score sensitivity. The lead recorded-care endpoint is photo14. The fixed score checks are reported for that endpoint; they never become a treatment-receipt gate. The full photo14 curvature grids appear in Table S4 continuations.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Every empirical cell remains pending; the adjacent *mock* value is a layout example.

Score rule; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
100 g	<i>[pending]</i> ; <i>mock</i> 49 / 37	<i>[pending]</i> ; <i>mock</i> −0.4	<i>[pending]</i> ; <i>mock</i> [−19.4, 18.6]	<i>[pending]</i> ; <i>mock</i> shown
150 g	<i>[pending]</i> ; <i>mock</i> 103 / 101	<i>[pending]</i> ; <i>mock</i> −0.6	<i>[pending]</i> ; <i>mock</i> [−19.6, 18.4]	<i>[pending]</i> ; <i>mock</i> shown
Omit ±25 g	<i>[pending]</i> ; <i>mock</i> 100 / 103	<i>[pending]</i> ; <i>mock</i> 0.9	<i>[pending]</i> ; <i>mock</i> [−18.1, 19.9]	<i>[pending]</i> ; <i>mock</i> shown
Equality on right	<i>[pending]</i> ; <i>mock</i> 111 / 161	<i>[pending]</i> ; <i>mock</i> 1.8	<i>[pending]</i> ; <i>mock</i> [−17.2, 20.8]	<i>[pending]</i> ; <i>mock</i> shown
Equality on left	<i>[pending]</i> ; <i>mock</i> 153 / 119	<i>[pending]</i> ; <i>mock</i> −2.5	<i>[pending]</i> ; <i>mock</i> [−21.5, 16.5]	<i>[pending]</i> ; <i>mock</i> shown
Remove 50 g multiples	<i>[pending]</i> ; <i>mock</i> 77 / 76	<i>[pending]</i> ; <i>mock</i> 2.3	<i>[pending]</i> ; <i>mock</i> [−16.7, 21.3]	<i>[pending]</i> ; <i>mock</i> shown

Table S7 (continued). Care dependence and curvature frontiers. Hospital-group sets are 95% pointwise. Day frontiers refer to the registered 0–1 scaling before rescaling to days; they are not on a raw-day curvature scale. All denominators remain births.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Every empirical cell remains pending; the adjacent *mock* value is a layout example.

Care margin / unit; MOCK — NOT RESULTS	Hospital 95% set	Family frontier M	Hospital frontier M
Phototherapy, 14 days (pp)	<i>[pending]</i> ; <i>mock</i> [−20.4, 17.6]	<i>[pending]</i> ; <i>mock</i> 0.000	<i>[pending]</i> ; <i>mock</i> 0.000
Phototherapy, 28 days (pp)	<i>[pending]</i> ; <i>mock</i> [−20.5, 17.5]	<i>[pending]</i> ; <i>mock</i> 0.000	<i>[pending]</i> ; <i>mock</i> 0.000
Inpatient, 28 days (days)	<i>[pending]</i> ; <i>mock</i> [−20.8, 17.2]	<i>[pending]</i> ; <i>mock</i> 0.000	<i>[pending]</i> ; <i>mock</i> 0.000
Outpatient, capped 20 (days)	<i>[pending]</i> ; <i>mock</i> [−18.0, 20.0]	<i>[pending]</i> ; <i>mock</i> 0.000	<i>[pending]</i> ; <i>mock</i> 0.000

Table S7 (continued). Hospital and era recording ledger. Repeatable rows below receive every disclosable hospital/endpoint key emitted by the registered ledger. Hospital names and the number of rows are unknown before access. The displayed Hospital A is a fictitious typography example, not a proposed stratum. Fine cells may be suppressed with reasons; aggregate scientific qualifications remain reportable.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Every empirical cell remains pending; the adjacent *mock* value is a layout example.

Period; MOCK — NOT RESULTS	Hospital / care margin	Births / known	Mean / envelope	Disposition
2013	<i>[pending]</i> ; <i>mock</i> Hospital A / photo14	<i>[pending]</i> ; <i>mock</i> 100 / 90	<i>[pending]</i> ; <i>mock</i> 0.15–0.18	<i>[pending]</i> ; <i>mock</i> shown
2010–2011	<i>[pending]</i> ; <i>mock</i> Hospital A / photo14	<i>[pending]</i> ; <i>mock</i> 100 / 90	<i>[pending]</i> ; <i>mock</i> 0.15–0.18	<i>[pending]</i> ; <i>mock</i> shown

Table S8 makes ascertainment visible for the primary endpoints. The hospital outcomes are recording targets in the public somatic system. The known-event, known-none and interval columns describe how much information supports an endpoint, independently of whether its fitted contrast is precise. A missing maternal link is not automatically missing hospital observation, and a later resident snapshot can prove survival without proving uninterrupted residence. The broader-health observation sensitivity allows unobserved illness during periods without affirmative residence evidence and may be deliberately wide.

Table S8. Endpoint ascertainment in the complete audit-window roster.

The descriptive denominator is every resolved infant in the inclusive 1,300–1,700 g audit roster, including equality and the zero-kernel boundary scores. It differs from the positive-weight left/right fit denominator in Table S3. Known event and known none refer to each registered endpoint definition; interval outcomes remain unresolved. Counts sum to this descriptive birth denominator only after documented identity resolution. Values are not guessed from the registry catalogue.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Endpoint; MOCK — NOT RESULTS	Births	Known event	Known none	Interval
Death	<i>[pending]</i> ; <i>mock</i> 339	<i>[pending]</i> ; <i>mock</i> 34	<i>[pending]</i> ; <i>mock</i> 291	<i>[pending]</i> ; <i>mock</i> 14
Respiratory admission	<i>[pending]</i> ; <i>mock</i> 339	<i>[pending]</i> ; <i>mock</i> 34	<i>[pending]</i> ; <i>mock</i> 291	<i>[pending]</i> ; <i>mock</i> 14
Epilepsy recording	<i>[pending]</i> ; <i>mock</i> 339	<i>[pending]</i> ; <i>mock</i> 34	<i>[pending]</i> ; <i>mock</i> 291	<i>[pending]</i> ; <i>mock</i> 14

Table S8 (continued). Secondary-endpoint ascertainment. The same known-event, known-none and interval classification is shown for the secondary ages, recurrence and composites. Counts concern the full inclusive audit roster, including equality and zero-weight boundary scores, and do not imply equal follow-up information across endpoint definitions.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Every empirical cell remains pending; the adjacent *mock* value is a layout example.

Endpoint; MOCK — NOT RESULTS	Births	Known event	Known none	Interval / status
Death, 28 days	<i>[pending]</i> ; <i>mock</i> 339	<i>[pending]</i> ; <i>mock</i> 34	<i>[pending]</i> ; <i>mock</i> 291	<i>[pending]</i> ; <i>mock</i> 14
Death, age 1	<i>[pending]</i> ; <i>mock</i> 339	<i>[pending]</i> ; <i>mock</i> 34	<i>[pending]</i> ; <i>mock</i> 291	<i>[pending]</i> ; <i>mock</i> 14
Death, age 3	<i>[pending]</i> ; <i>mock</i> 339	<i>[pending]</i> ; <i>mock</i> 34	<i>[pending]</i> ; <i>mock</i> 291	<i>[pending]</i> ; <i>mock</i> 14
Respiratory, age 1	<i>[pending]</i> ; <i>mock</i> 339	<i>[pending]</i> ; <i>mock</i> 34	<i>[pending]</i> ; <i>mock</i> 291	<i>[pending]</i> ; <i>mock</i> 14
Respiratory, age 3	<i>[pending]</i> ; <i>mock</i> 339	<i>[pending]</i> ; <i>mock</i> 34	<i>[pending]</i> ; <i>mock</i> 291	<i>[pending]</i> ; <i>mock</i> 14
At least 2 episodes	<i>[pending]</i> ; <i>mock</i> 339	<i>[pending]</i> ; <i>mock</i> 34	<i>[pending]</i> ; <i>mock</i> 291	<i>[pending]</i> ; <i>mock</i> 14
At least 3 episodes	<i>[pending]</i> ; <i>mock</i> 339	<i>[pending]</i> ; <i>mock</i> 34	<i>[pending]</i> ; <i>mock</i> 291	<i>[pending]</i> ; <i>mock</i> 14

Endpoint; MOCK — NOT RESULTS	Births	Known event	Known none	Interval / status
Death or respiratory	<i>[pending]</i> ; <i>mock 339</i>	<i>[pending]</i> ; <i>mock 34</i>	<i>[pending]</i> ; <i>mock 291</i>	<i>[pending]</i> ; <i>mock 14</i>
Epilepsy, age 1	<i>[pending]</i> ; <i>mock 339</i>	<i>[pending]</i> ; <i>mock 34</i>	<i>[pending]</i> ; <i>mock 291</i>	<i>[pending]</i> ; <i>mock 14</i>
Epilepsy, age 3	<i>[pending]</i> ; <i>mock 339</i>	<i>[pending]</i> ; <i>mock 34</i>	<i>[pending]</i> ; <i>mock 291</i>	<i>[pending]</i> ; <i>mock 14</i>
Cerebral palsy, age 5	<i>[pending]</i> ; <i>mock 339</i>	<i>[pending]</i> ; <i>mock 34</i>	<i>[pending]</i> ; <i>mock 291</i>	<i>[pending]</i> ; <i>mock 14</i>
Death or epilepsy	<i>[pending]</i> ; <i>mock 339</i>	<i>[pending]</i> ; <i>mock 34</i>	<i>[pending]</i> ; <i>mock 291</i>	<i>[pending]</i> ; <i>mock 14</i>
Death or cerebral palsy	<i>[pending]</i> ; <i>mock 339</i>	<i>[pending]</i> ; <i>mock 34</i>	<i>[pending]</i> ; <i>mock 291</i>	<i>[pending]</i> ; <i>mock 14</i>

Table S9. Survival and morbidity jointly before age five. Each cell is a count or count bound over the same inclusive 1,300–1,700 g audit roster used in Table S8, including equality and zero-kernel boundary scores. This descriptive denominator differs from the positive-weight fit roster; unknown mass is not allocated to a favourable category. Categories are descriptive recording states. Marginal bounds need not sum to a single count allocation. They do not identify outcomes among always-survivors.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Morbidity domain; MOCK — NOT RESULTS	Joint state	Count / bound (denominator)
Respiratory admission	Alive, no recorded event	<i>[pending]</i> ; <i>mock</i> 270–284 / 339
Respiratory admission	Alive, recorded event	<i>[pending]</i> ; <i>mock</i> 38–52 / 339
Respiratory admission	Dead, no prior recorded event	<i>[pending]</i> ; <i>mock</i> 13–27 / 339
Respiratory admission	Dead, prior recorded event	<i>[pending]</i> ; <i>mock</i> 4–18 / 339
Respiratory admission	Unknown state	<i>[pending]</i> ; <i>mock</i> 14 / 339
Epilepsy recording	Alive, no recorded event	<i>[pending]</i> ; <i>mock</i> 270–284 / 339
Epilepsy recording	Alive, recorded event	<i>[pending]</i> ; <i>mock</i> 38–52 / 339
Epilepsy recording	Dead, no prior recorded event	<i>[pending]</i> ; <i>mock</i> 13–27 / 339

Morbidity domain; MOCK — NOT RESULTS	Joint state	Count / bound (denominator)
Epilepsy recording	Dead, prior recorded event	<i>[pending]</i> ; <i>mock</i> 4–18 / 339
Epilepsy recording	Unknown state	<i>[pending]</i> ; <i>mock</i> 14 / 339
Cerebral-palsy recording	Alive, no recorded event	<i>[pending]</i> ; <i>mock</i> 270–284 / 339
Cerebral-palsy recording	Alive, recorded event	<i>[pending]</i> ; <i>mock</i> 38–52 / 339
Cerebral-palsy recording	Dead, no prior recorded event	<i>[pending]</i> ; <i>mock</i> 13–27 / 339
Cerebral-palsy recording	Dead, prior recorded event	<i>[pending]</i> ; <i>mock</i> 4–18 / 339
Cerebral-palsy recording	Unknown state	<i>[pending]</i> ; <i>mock</i> 14 / 339

S7. Complete diagnostic and phenotype comparisons

The audit flags score concentration if at least 50% of the window lies on 50 g multiples, the nearest score exceeds 25 g from either side of the cutoff, or one birth-family group accounts for more than 20% of absolute contrast weight. These conventions identify fragility rather than proving manipulation. A sex or missingness jump is flagged when a 95% set excludes zero and the contrast exceeds 10 percentage points; the corresponding preterm-share threshold is 15 points, and the exact-gestation threshold is 7 days. Hospital-share total variation above 0.20 is a descriptive warning. The same risk-scale curvature restriction is applied to bounded baseline variables; exact gestation is normalised by 315 days for this diagnostic. No warning is repaired by selecting controls or discarding hospitals after looking at outcomes.

Table S10. Complete baseline and support diagnostics. 2013 roster. Covariates precede outcomes; intervals are 95% diagnostic sets where defined. Distributional rows and hospital total variation do not acquire a fabricated p-value. Passing these checks cannot establish continuity of unobserved risk.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Diagnostic; MOCK — NOT RESULTS	Estimate / distribution / interval	Flag and interpretation
Male proportion	<i>[pending]</i> ; <i>mock</i> 1.0 pp; [−8.0, 10.0]	<i>[pending]</i> ; <i>mock</i> shown
Exact gestation,days	<i>[pending]</i> ; <i>mock</i> 1.5 days; [−5.0, 8.0]	<i>[pending]</i> ; <i>mock</i> shown
Known gestation<32 weeks	<i>[pending]</i> ; <i>mock</i> 1.0 pp; [−8.0, 10.0]	<i>[pending]</i> ; <i>mock</i> shown

Diagnostic; MOCK — NOT RESULTS	Estimate / distribution / interval	Flag and interpretation
Mother linkage unknown	<i>[pending]</i> ; <i>mock</i> 1.0 pp; [−8.0, 10.0]	<i>[pending]</i> ; <i>mock</i> shown
Gestation unknown	<i>[pending]</i> ; <i>mock</i> 1.0 pp; [−8.0, 10.0]	<i>[pending]</i> ; <i>mock</i> shown
Hospital-share total variation	<i>[pending]</i> ; <i>mock</i> 0.08	<i>[pending]</i> ; <i>mock</i> shown
Birth-month distribution	<i>[pending]</i> ; <i>mock</i> 12 categories	<i>[pending]</i> ; <i>mock</i> shown
Multiplicity/unknown distribution	<i>[pending]</i> ; <i>mock</i> single / multiple / unknown	<i>[pending]</i> ; <i>mock</i> shown
Distinct scores,left/right	<i>[pending]</i> ; <i>mock</i> 6 / 6 scores	<i>[pending]</i> ; <i>mock</i> shown
Nearest support distance,left/right	<i>[pending]</i> ; <i>mock</i> 10 / 10 g	<i>[pending]</i> ; <i>mock</i> shown
Effective support N	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> shown
Largest family absolute-weight share	<i>[pending]</i> ; <i>mock</i> 0.04	<i>[pending]</i> ; <i>mock</i> shown

Table S10 (continued). Rounding by period and hospital. One all-hospital row and every disclosable hospital row receive their exact supplied keys and birth denominators. Provider categories and row counts are unresolved before access. Values are descriptive proportions, not density-test probabilities; no hospital is selected from this table.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Period; MOCK — NOT RESULTS	Hospital / births	10 g multiples	50 g multiples	100 g multiples
2013	<i>[pending]</i> ; <i>mock</i> Hospital A / 100	<i>[pending]</i> ; <i>mock</i> 0.15	<i>[pending]</i> ; <i>mock</i> 0.15	<i>[pending]</i> ; <i>mock</i> 0.15
2010-2011	<i>[pending]</i> ; <i>mock</i> Hospital A / 100	<i>[pending]</i> ; <i>mock</i> 0.15	<i>[pending]</i> ; <i>mock</i> 0.15	<i>[pending]</i> ; <i>mock</i> 0.15

Table S10 (continued). Support under each fixed score specification. This score-only ledger reports how bandwidth, equality and rounding restrictions change usable support. The concentration/bias columns depend on the score design and registered primary alpha, not observed event rates. Unavailable weights retain the failed support condition.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Period / specification; MOCK — NOT RESULTS	Births; scores L/R	Nearest L/R (g)	Effective N; group share	Radius; bias; status
2013; primary	<i>[pending]</i> ; <i>mock</i> 111 / 119; 6 / 6	<i>[pending]</i> ; <i>mock</i> 10 / 10	<i>[pending]</i> ; <i>mock</i> 111 / 119; 6 / 6	<i>[pending]</i> ; <i>mock</i> 0.14; 0.05; shown
2013; h100	<i>[pending]</i> ; <i>mock</i> 49 / 37; 3 / 3	<i>[pending]</i> ; <i>mock</i> 10 / 10	<i>[pending]</i> ; <i>mock</i> 49 / 37; 3 / 3	<i>[pending]</i> ; <i>mock</i> 0.14; 0.05; shown
2013; h150	<i>[pending]</i> ; <i>mock</i> 103 / 101; 5 / 5	<i>[pending]</i> ; <i>mock</i> 10 / 10	<i>[pending]</i> ; <i>mock</i> 103 / 101; 5 / 5	<i>[pending]</i> ; <i>mock</i> 0.14; 0.05; shown
2013; donut25	<i>[pending]</i> ; <i>mock</i> 100 / 103; 5 / 5	<i>[pending]</i> ; <i>mock</i> 40 / 40	<i>[pending]</i> ; <i>mock</i> 100 / 103; 5 / 5	<i>[pending]</i> ; <i>mock</i> 0.14; 0.05; shown
2013; equality right	<i>[pending]</i> ; <i>mock</i> 111 / 161; 6 / 7	<i>[pending]</i> ; <i>mock</i> 10 / 0	<i>[pending]</i> ; <i>mock</i> 111 / 161; 6 / 7	<i>[pending]</i> ; <i>mock</i> 0.14; 0.05; shown
2013; equality left	<i>[pending]</i> ; <i>mock</i> 153 / 119; 7 / 6	<i>[pending]</i> ; <i>mock</i> 0 / 10	<i>[pending]</i> ; <i>mock</i> 153 / 119; 7 / 6	<i>[pending]</i> ; <i>mock</i> 0.14; 0.05; shown
2013; no50	<i>[pending]</i> ; <i>mock</i> 77 / 76; 5 / 5	<i>[pending]</i> ; <i>mock</i> 10 / 10	<i>[pending]</i> ; <i>mock</i> 77 / 76; 5 / 5	<i>[pending]</i> ; <i>mock</i> 0.14; 0.05; shown
2010-2011; primary	<i>[pending]</i> ; <i>mock</i> 111 / 119; 6 / 6	<i>[pending]</i> ; <i>mock</i> 10 / 10	<i>[pending]</i> ; <i>mock</i> 111 / 119; 6 / 6	<i>[pending]</i> ; <i>mock</i> 0.14; 0.05; shown
2010-2011; h100	<i>[pending]</i> ; <i>mock</i> 49 / 37; 3 / 3	<i>[pending]</i> ; <i>mock</i> 10 / 10	<i>[pending]</i> ; <i>mock</i> 49 / 37; 3 / 3	<i>[pending]</i> ; <i>mock</i> 0.14; 0.05; shown
2010-2011; h150	<i>[pending]</i> ; <i>mock</i> 103 / 101; 5 / 5	<i>[pending]</i> ; <i>mock</i> 10 / 10	<i>[pending]</i> ; <i>mock</i> 103 / 101; 5 / 5	<i>[pending]</i> ; <i>mock</i> 0.14; 0.05; shown
2010-2011; donut25	<i>[pending]</i> ; <i>mock</i> 100 / 103; 5 / 5	<i>[pending]</i> ; <i>mock</i> 40 / 40	<i>[pending]</i> ; <i>mock</i> 100 / 103; 5 / 5	<i>[pending]</i> ; <i>mock</i> 0.14; 0.05; shown

Period / specification; MOCK — NOT RESULTS	Births; scores L/R	Nearest L/R (g)	Effective N; group share	Radius; bias; status
2010-2011; equality right	<i>[pending]</i> ; <i>mock</i> 111 / 161; 6 / 7	<i>[pending]</i> ; <i>mock</i> 10 / 0	<i>[pending]</i> ; <i>mock</i> 111 / 161; 6 / 7	<i>[pending]</i> ; <i>mock</i> 0.14; 0.05; shown
2010-2011; equality left	<i>[pending]</i> ; <i>mock</i> 153 / 119; 7 / 6	<i>[pending]</i> ; <i>mock</i> 0 / 10	<i>[pending]</i> ; <i>mock</i> 153 / 119; 7 / 6	<i>[pending]</i> ; <i>mock</i> 0.14; 0.05; shown
2010-2011; no50	<i>[pending]</i> ; <i>mock</i> 77 / 76; 5 / 5	<i>[pending]</i> ; <i>mock</i> 10 / 10	<i>[pending]</i> ; <i>mock</i> 77 / 76; 5 / 5	<i>[pending]</i> ; <i>mock</i> 0.14; 0.05; shown

Outcome definitions can themselves change what is recorded. The contrasts below therefore retain their scientific meanings: adding secondary diagnoses broadens recorded respiratory illness; changing the episode gap changes recurrence; allowing possible earlier diagnosis dates widens neurological ascertainment; and broader observation bounds allow illness not captured by domestic hospital records. None becomes a replacement primary endpoint.

Table S11. Phenotype and observation sensitivities. 2013,200 g equality omission, M=0.05, family dependence;95% pointwise sets. These compare the registered definition with alternatives fixed before outcomes. Risk contrasts are in percentage points.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Definition variant; MOCK — NOT RESULTS	Contrast / range (pp)	95% set (pp)	Disposition
Respiratory,A or B diagnoses	<i>[pending]</i> ; <i>mock</i> 2.9	<i>[pending]</i> ; <i>mock</i> [-16.1, 21.9]	<i>[pending]</i> ; <i>mock</i> shown
At least 2 respiratory episodes,30 day gap	<i>[pending]</i> ; <i>mock</i> 1.8	<i>[pending]</i> ; <i>mock</i> [-17.2, 20.8]	<i>[pending]</i> ; <i>mock</i> shown
At least 3 respiratory episodes,30 day gap	<i>[pending]</i> ; <i>mock</i> 3.1	<i>[pending]</i> ; <i>mock</i> [-15.9, 22.1]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory,broader-health observation bounds	<i>[pending]</i> ; <i>mock</i> -1.8	<i>[pending]</i> ; <i>mock</i> [-20.8, 17.2]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy,DG40 or DG41	<i>[pending]</i> ; <i>mock</i> -1.0	<i>[pending]</i> ; <i>mock</i> [-20.0, 18.0]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, timing and attendance envelope	<i>[pending]</i> ; <i>mock</i> 2.0	<i>[pending]</i> ; <i>mock</i> [-17.0, 21.0]	<i>[pending]</i> ; <i>mock</i> shown
Cerebral palsy, timing and attendance envelope	<i>[pending]</i> ; <i>mock</i> [2.2, 3.4]	<i>[pending]</i> ; <i>mock</i> [-16.2, 21.8]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy,broader-health observation bounds	<i>[pending]</i> ; <i>mock</i> -2.0	<i>[pending]</i> ; <i>mock</i> [-21.0, 17.0]	<i>[pending]</i> ; <i>mock</i> shown

Table S11 (continued). Respiratory definitions across endpoints. All rows use the 2013, 200 g, equality-omitted design. Changing an episode gap can leave an ever-event indicator unchanged; it does not create a different incident-risk estimand. All retained variants are supplementary.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Endpoint / variant; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
Respiratory, age 1; A/B diagnoses	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 0.3	<i>[pending]</i> ; <i>mock</i> [−18.7, 19.3]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 1; 30-day gap	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −0.5	<i>[pending]</i> ; <i>mock</i> [−19.5, 18.5]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 1; Broader observation	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −1.9	<i>[pending]</i> ; <i>mock</i> [−20.9, 17.1]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 3; A/B diagnoses	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −0.1	<i>[pending]</i> ; <i>mock</i> [−19.1, 18.9]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 3; 30-day gap	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −3.3	<i>[pending]</i> ; <i>mock</i> [−22.3, 15.7]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 3; Broader observation	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −1.9	<i>[pending]</i> ; <i>mock</i> [−20.9, 17.1]	<i>[pending]</i> ; <i>mock</i> shown
Respiratory, age 5; 30-day gap	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 3.2	<i>[pending]</i> ; <i>mock</i> [−15.8, 22.2]	<i>[pending]</i> ; <i>mock</i> shown
At least 2 episodes; A/B diagnoses	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 0.9	<i>[pending]</i> ; <i>mock</i> [−18.1, 19.9]	<i>[pending]</i> ; <i>mock</i> shown

Endpoint / variant; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
At least 2 episodes; Broader observation	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 2.1	<i>[pending]</i> ; <i>mock</i> [−16.9, 21.1]	<i>[pending]</i> ; <i>mock</i> shown
At least 3 episodes; A/B diagnoses	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 3.6	<i>[pending]</i> ; <i>mock</i> [−15.4, 22.6]	<i>[pending]</i> ; <i>mock</i> shown
At least 3 episodes; Broader observation	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −2.6	<i>[pending]</i> ; <i>mock</i> [−21.6, 16.4]	<i>[pending]</i> ; <i>mock</i> shown
Death or respiratory; A/B diagnoses	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 2.9	<i>[pending]</i> ; <i>mock</i> [−16.1, 21.9]	<i>[pending]</i> ; <i>mock</i> shown
Death or respiratory; 30-day gap	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −3.5	<i>[pending]</i> ; <i>mock</i> [−22.5, 15.5]	<i>[pending]</i> ; <i>mock</i> shown
Death or respiratory; Broader observation	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 3.9	<i>[pending]</i> ; <i>mock</i> [−15.1, 22.9]	<i>[pending]</i> ; <i>mock</i> shown

Table S11 (continued). Neurological definitions across endpoints. All rows use the 2013, 200 g, equality-omitted design. The broader DG40/DG41 phenotype concerns epilepsy; the timing and attendance envelope also admits diagnosis-bearing contacts without primary BES support. Broader-observation bounds retain uncertainty about illness outside affirmative residence evidence. These fixed comparisons remain supplementary and do not identify biological onset.

ILLUSTRATIVE MOCK DATA — NOT RESULTS. Empirical slots remain pending; *mock* values show layout only.

Endpoint / variant; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
Epilepsy, age 1; Timing / attendance	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 0.3	<i>[pending]</i> ; <i>mock</i> [−18.7, 19.3]	<i>[pending]</i> ; <i>mock</i> shown

Endpoint / variant; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
Epilepsy, age 1; Broader observation	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 3.0	<i>[pending]</i> ; <i>mock</i> [−16.0, 22.0]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, age 1; DG40 or DG41	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 0.6	<i>[pending]</i> ; <i>mock</i> [−18.4, 19.6]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, age 3; Timing / attendance	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −1.8	<i>[pending]</i> ; <i>mock</i> [−20.8, 17.2]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, age 3; Broader observation	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −2.8	<i>[pending]</i> ; <i>mock</i> [−21.8, 16.2]	<i>[pending]</i> ; <i>mock</i> shown
Epilepsy, age 3; DG40 or DG41	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 1.6	<i>[pending]</i> ; <i>mock</i> [−17.4, 20.6]	<i>[pending]</i> ; <i>mock</i> shown
Cerebral palsy, age 5; Broader observation	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> [1.3, 2.5]	<i>[pending]</i> ; <i>mock</i> [−17.1, 20.9]	<i>[pending]</i> ; <i>mock</i> shown
Death or epilepsy; Timing / attendance	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −0.1	<i>[pending]</i> ; <i>mock</i> [−19.1, 18.9]	<i>[pending]</i> ; <i>mock</i> shown
Death or epilepsy; Broader observation	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 1.0	<i>[pending]</i> ; <i>mock</i> [−18.0, 20.0]	<i>[pending]</i> ; <i>mock</i> shown
Death or epilepsy; DG40 or DG41	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> −2.0	<i>[pending]</i> ; <i>mock</i> [−21.0, 17.0]	<i>[pending]</i> ; <i>mock</i> shown
Death or cerebral palsy; Timing / attendance	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 0.1	<i>[pending]</i> ; <i>mock</i> [−18.9, 19.1]	<i>[pending]</i> ; <i>mock</i> shown

Endpoint / variant; MOCK — NOT RESULTS	Births L/R	Contrast / range (pp)	95% set (pp)	Disposition
Death or cerebral palsy; Broader observation	<i>[pending]</i> ; <i>mock</i> 111 / 119	<i>[pending]</i> ; <i>mock</i> 3.9	<i>[pending]</i> ; <i>mock</i> [−15.1, 22.9]	<i>[pending]</i> ; <i>mock</i> shown

S8. Prespecified reporting and reproducibility

All primary endpoints remain in the multiplicity family when an input is unavailable. A computation timeout is an operational `no_result`; a demonstrated absent field is a data gap; unresolved institutional or coding meaning remains unresolved. Neither nonactivation nor a boundary finding is statistical insignificance. Restrictions from the assignment audit take precedence over endpoint-specific directional language.

The native registrations specify the scientific outputs, while the execution index maps each Atom to its reference implementation and shared helpers. Plotting templates consume only the registered aggregate outputs and do not access raw registers or estimate a new model. Missing rows remain labelled. Synthetic examples test engineering and supply the visibly labelled hypothetical previews, while every scientific result slot remains pending. Protocol details, source versions and amendments remain traceable without publishing confidential records, discarded designs or review logs.

References

The citations in the main text and SI link to the checked sources. The following additional inherited and methodological references explain the source comparisons and access limits.

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Complete documentary URLs, consulted versions/pages, search queries and access limits are in the shared source record.