

CITATION AUDIT: RETRIEVED SOURCES

Expert Report of A. Example, M.D. (SYNTHETIC)

Prepared for counsel. Subject to review and verification by retaining counsel.

SYNTHETIC SAMPLE. The report and the case are invented. The literature is real: each retrieval record below was pulled from PubMed on Sept 23, 2026, with its PMID, DOI and link. No article text is reproduced beyond a short quotation of the passage that bears on the citation, and only open-access sources were searched in full text. Every entry in the index is a live link to its record.

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Retrieval record, reference [1]: Verified

Field	Detail
Citation as written in the report	Sarnat HB, Sarnat MS. Neonatal encephalopathy following fetal distress. Arch Neurol. 1976;33:696-705.
Record found	Sarnat HB, Sarnat MS. Arch Neurol. 1976;33(10):696-705. PMID 987769.
Metadata comparison	Match
Proposition the report cites it for	Sarnat and Sarnat described three clinical stages of postanoxic encephalopathy in term neonates.
Passage in the source (quoted, 15 words or fewer)	"Three clinical stages of postanoxic encephalopathy were distinguished." (Abstract)
Status	Verified
Note	None.
Report location	para. 10 (report p.3)
Links	PubMed 987769 DOI 10.1001/archneur.1976.00500100030012
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [2]: Verified

Field	Detail
Citation as written in the report	Thompson CM, Puterman AS, Linley LL, et al. The value of a scoring system for hypoxic ischaemic encephalopathy in predicting neurodevelopmental outcome. Acta Paediatr. 1997;86:757-61.
Record found	Thompson CM, et al. Acta Paediatr. 1997;86(7):757-61. PMID 9240886.
Metadata comparison	Match
Proposition the report cites it for	A peak Thompson score of 15 or higher carried a high positive predictive value for abnormal outcome.
Passage in the source (quoted, 15 words or fewer)	"a peak score of 15 or higher had a positive predictive value of 92%" (Abstract)
Status	Verified
Note	None.
Report location	para. 10 (report p.3)
Links	PubMed 9240886 DOI 10.1111/j.1651-2227.1997.tb08581.x
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [3]: Not checkable

Field	Detail
Citation as written in the report	American College of Obstetricians and Gynecologists. Executive summary: Neonatal encephalopathy and neurologic outcome, second edition. Obstet Gynecol. 2014;123:896-901.
Record found	Obstet Gynecol. 2014;123(4):896-901. PMID 24785633.
Metadata comparison	Match
Proposition the report cites it for	The ACOG task force sets out the considerations for relating neonatal encephalopathy to an intrapartum event.
Passage in the source (quoted, 15 words or fewer)	None located.
Status	Not checkable
Note	Citation exists and metadata match. PubMed shows "[Abstract not available]" and the full text is not open access, so the cited passage could not be read. Counsel can supply the document.
Report location	para. 14 (report p.5)
Links	PubMed 24785633 DOI 10.1097/01.AOG.0000445580.65983.d2
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [4]: Verified

Field	Detail
Citation as written in the report	Low JA, Lindsay BG, Derrick EJ. Threshold of metabolic acidosis associated with newborn complications. Am J Obstet Gynecol. 1997;177:1391-4.
Record found	Low JA, et al. Am J Obstet Gynecol. 1997;177(6):1391-4. PMID 9423740.
Metadata comparison	Match
Proposition the report cites it for	Moderate or severe newborn complications begin to appear at an umbilical artery base deficit of about 12 mmol/L.
Passage in the source (quoted, 15 words or fewer)	"an umbilical artery base deficit of 12 mmol/L" (Abstract, conclusion)
Status	Verified
Note	None.
Report location	para. 7 (report p.3)
Links	PubMed 9423740 DOI 10.1016/s0002-9378(97)70080-2
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [5]: Verified

Field	Detail
Citation as written in the report	Perlman JM, Risser R. Can asphyxiated infants at risk for neonatal seizures be rapidly identified by current high-risk markers? Pediatrics. 1996;97:456-62.
Record found	Perlman JM, Risser R. Pediatrics. 1996;97(4):456-62. PMID 8632928.
Metadata comparison	Match
Proposition the report cites it for	Severe fetal acidemia combined with a low 5-minute Apgar and delivery-room intubation identifies infants at highest seizure risk within the first hour.
Passage in the source (quoted, 15 words or fewer)	"facilitates the identification within the first hour of life of term infants at highest risk" (Abstract, conclusion)
Status	Verified
Note	None.
Report location	para. 9 (report p.3)
Links	PubMed 8632928
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [6]: Verified

Field	Detail
Citation as written in the report	Graham EM, Ruis KA, Hartman AL, et al. A systematic review of the role of intrapartum hypoxia-ischemia in the causation of neonatal encephalopathy. Am J Obstet Gynecol. 2008;199:587-95.
Record found	Graham EM, et al. Am J Obstet Gynecol. 2008;199(6):587-95. PMID 19084096.
Metadata comparison	Match
Proposition the report cites it for	About 14.5 percent of cerebral palsy is associated with intrapartum hypoxia-ischemia.
Passage in the source (quoted, 15 words or fewer)	"The proportion of cerebral palsy associated with intrapartum hypoxia-ischemia is 14.5%." (Abstract)
Status	Verified
Note	None.
Report location	para. 14 (report p.5)
Links	PubMed 19084096 DOI 10.1016/j.ajog.2008.06.094
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [7]: Verified

Field	Detail
Citation as written in the report	Pierrat V, Haouari N, Liska A, et al. Prevalence, causes, and outcome at 2 years of age of newborn encephalopathy: population based study. Arch Dis Child Fetal Neonatal Ed. 2005;90:F257-61.
Record found	Pierrat V, et al. Arch Dis Child Fetal Neonatal Ed. 2005;90(3):F257-61. PMID 15846019.
Metadata comparison	Match
Proposition the report cites it for	Birth asphyxia was the main cause of newborn encephalopathy in a population-based study.
Passage in the source (quoted, 15 words or fewer)	"The main cause of newborn encephalopathy was birth asphyxia" (Abstract, results)
Status	Verified
Note	None.
Report location	para. 14 (report p.5)
Links	PubMed 15846019 DOI 10.1136/adc.2003.047985 PMC1721886 full text
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [8]: Verified

Field	Detail
Citation as written in the report	Thornberg E, Thiringer K, Odeback A, Milsom I. Birth asphyxia: incidence, clinical course and outcome in a Swedish population. Acta Paediatr. 1995;84:927-32.
Record found	Thornberg E, et al. Acta Paediatr. 1995;84(8):927-32. PMID 7488819.
Metadata comparison	Match
Proposition the report cites it for	In a population series, every infant with severe HIE died or developed neurological damage.
Passage in the source (quoted, 15 words or fewer)	"All infants with severe HIE died or developed neurological damage." (Abstract)
Status	Verified
Note	None.
Report location	para. 14 (report p.5)
Links	PubMed 7488819 DOI 10.1111/j.1651-2227.1995.tb13794.x
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [9]: Verified

Field	Detail
Citation as written in the report	Cowan F, Rutherford M, Groenendaal F, et al. Origin and timing of brain lesions in term infants with neonatal encephalopathy. Lancet. 2003;361:736-42.
Record found	Cowan F, et al. Lancet. 2003;361(9359):736-42. PMID 12620738.
Metadata comparison	Match
Proposition the report cites it for	Quoted in the report: "events in the immediate perinatal period are most important in neonatal brain injury."
Passage in the source (quoted, 15 words or fewer)	"events in the immediate perinatal period are most important in neonatal brain injury" (Abstract, interpretation)
Status	Verified
Note	None.
Report location	para. 13 (report p.4)
Links	PubMed 12620738 DOI 10.1016/S0140-6736(03)12658-X
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [10]: Metadata error

Field	Detail
Citation as written in the report	Okereafor A, Allsop J, Counsell SJ, et al. Patterns of brain injury in neonates exposed to perinatal sentinel events. Arch Dis Child Fetal Neonatal Ed. 2010;121:906-14.
Record found	Okereafor A, et al. Pediatrics. 2008;121(5):906-14. PMID 18450893.
Metadata comparison	MISMATCH: journal and year. The report says Arch Dis Child Fetal Neonatal Ed, 2010. PubMed has Pediatrics, 2008, with the same volume and pages.
Proposition the report cites it for	Basal ganglia and thalamic lesions are the imaging signature after an acute sentinel event.
Passage in the source (quoted, 15 words or fewer)	"Basal ganglia and thalami lesions are the imaging signature in term neonates" (Abstract, conclusions)
Status	Metadata error
Note	None.
Report location	para. 13 (report p.4)
Links	PubMed 18450893 DOI 10.1542/peds.2007-0770
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [11]: Verified

Field	Detail
Citation as written in the report	Miller SP, Ramaswamy V, Michelson D, et al. Patterns of brain injury in term neonatal encephalopathy. J Pediatr. 2005;146:453-60.
Record found	Miller SP, et al. J Pediatr. 2005;146(4):453-60. PMID 15812446.
Metadata comparison	Match
Proposition the report cites it for	The basal ganglia/thalamus pattern was associated with the worst motor and cognitive outcome at 30 months.
Passage in the source (quoted, 15 words or fewer)	"associated with the most impaired motor and cognitive outcome at 30 months" (Abstract, results)
Status	Verified
Note	None.
Report location	para. 13 (report p.4)
Links	PubMed 15812446 DOI 10.1016/j.jpeds.2004.12.026
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [12]: Verified

Field	Detail
Citation as written in the report	Barkovich AJ, Hajnal BL, Vigneron D, et al. Prediction of neuromotor outcome in perinatal asphyxia: evaluation of MR scoring systems. AJNR Am J Neuroradiol. 1998;19:143-9.
Record found	Barkovich AJ, et al. AJNR Am J Neuroradiol. 1998;19(1):143-9. PMID 9432172.
Metadata comparison	Match
Proposition the report cites it for	MRI scoring discriminates between infants with good and poor outcome.
Passage in the source (quoted, 15 words or fewer)	"MR imaging discriminates accurately between patients with good and poor neuromotor and cognitive outcome" (Abstract, conclusion)
Status	Verified
Note	None.
Report location	para. 13 (report p.4)
Links	PubMed 9432172 PMC8337350 full text
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [13]: Verified

Field	Detail
Citation as written in the report	de Vries LS, Groenendaal F. Patterns of neonatal hypoxic-ischaemic brain injury. Neuroradiology. 2010;52:555-66.
Record found	de Vries LS, Groenendaal F. Neuroradiology. 2010;52(6):555-66. PMID 20390260.
Metadata comparison	Match
Proposition the report cites it for	MRI and proton spectroscopy distinguish patterns of hypoxic-ischemic injury in term neonates.
Passage in the source (quoted, 15 words or fewer)	"detecting different patterns of brain injury in (full-term) human neonates" (Abstract)
Status	Verified
Note	None.
Report location	para. 13 (report p.4)
Links	PubMed 20390260 DOI 10.1007/s00234-010-0674-9 PMC2872019 full text
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [14]: Verified

Field	Detail
Citation as written in the report	Rutherford M, Ramenghi LA, Edwards AD, et al. Assessment of brain tissue injury after moderate hypothermia in neonates with hypoxic-ischaemic encephalopathy: a nested substudy of a randomised controlled trial. Lancet Neurol. 2010;9:39-45.
Record found	Rutherford M, et al. Lancet Neurol. 2010;9(1):39-45 (PubMed lists the 2009 electronic publication). PMID 19896902.
Metadata comparison	Match
Proposition the report cites it for	Therapeutic hypothermia reduces lesions in the basal ganglia, thalamus and internal capsule.
Passage in the source (quoted, 15 words or fewer)	"Therapeutic hypothermia decreases brain tissue injury in infants with hypoxic-ischaemic encephalopathy." (Abstract, interpretation)
Status	Verified
Note	None.
Report location	para. 16 (report p.5)
Links	PubMed 19896902 DOI 10.1016/S1474-4422(09)70295-9 PMC2795146 full text
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [15]: Verified

Field	Detail
Citation as written in the report	Redline RW. Severe fetal placental vascular lesions in term infants with neurologic impairment. Am J Obstet Gynecol. 2005;192:452-7.
Record found	Redline RW. Am J Obstet Gynecol. 2005;192(2):452-7. PMID 15695986.
Metadata comparison	Match
Proposition the report cites it for	Severe fetal placental vascular lesions are strongly correlated with neurologic impairment.
Passage in the source (quoted, 15 words or fewer)	"Severe fetal placental vascular lesions are correlated highly with neurologic impairment and cerebral palsy." (Abstract, conclusion)
Status	Verified
Note	None.
Report location	para. 8 (report p.3)
Links	PubMed 15695986 DOI 10.1016/j.ajog.2004.07.030
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [16]: Verified

Field	Detail
Citation as written in the report	Hellström-Westas L, Rosén I, Svenningsen NW. Predictive value of early continuous amplitude integrated EEG recordings on outcome after severe birth asphyxia in full term infants. Arch Dis Child Fetal Neonatal Ed. 1995;72:F34-8.
Record found	Hellström-Westas L, et al. Arch Dis Child Fetal Neonatal Ed. 1995;72(1):F34-8. PMID 7743282.
Metadata comparison	Match
Proposition the report cites it for	The aEEG background in the first six hours predicted outcome in about nine of ten infants.
Passage in the source (quoted, 15 words or fewer)	"predicted outcome correctly in 43 of 47 (91.5%) infants" (Abstract)
Status	Verified
Note	None.
Report location	para. 12 (report p.4)
Links	PubMed 7743282 DOI 10.1136/fn.72.1.f34 PMC2528413 full text
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [17]: Verified

Field	Detail
Citation as written in the report	Thoresen M, Hellström-Westas L, Liu X, de Vries LS. Effect of hypothermia on amplitude-integrated electroencephalogram in infants with asphyxia. Pediatrics. 2010;126:e131-9.
Record found	Thoresen M, et al. Pediatrics. 2010;126(1):e131-9. PMID 20566612.
Metadata comparison	Match
Proposition the report cites it for	Failure ever to develop sleep-wake cycling predicted poor outcome.
Passage in the source (quoted, 15 words or fewer)	"Never developing SWC always predicted poor outcome." (Abstract, results)
Status	Verified
Note	None.
Report location	para. 12 (report p.4)
Links	PubMed 20566612 DOI 10.1542/peds.2009-2938
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [18]: Verified

Field	Detail
Citation as written in the report	Glass HC, Glidden D, Jeremy RJ, et al. Clinical neonatal seizures are independently associated with outcome in infants at risk for hypoxic-ischemic brain injury. J Pediatr. 2009;155:318-23.
Record found	Glass HC, et al. J Pediatr. 2009;155(3):318-23. PMID 19540512.
Metadata comparison	Match
Proposition the report cites it for	Clinical neonatal seizures are associated with worse outcome independent of MRI injury severity.
Passage in the source (quoted, 15 words or fewer)	"associated with worse neurodevelopmental outcome, independent of the severity of hypoxic-ischemic brain injury" (Abstract, conclusions)
Status	Verified
Note	None.
Report location	para. 12 (report p.4)
Links	PubMed 19540512 DOI 10.1016/j.jpeds.2009.03.040 PMC3014109 full text
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [19]: Verified

Field	Detail
Citation as written in the report	Shankaran S, Laptook AR, Ehrenkranz RA, et al. Whole-body hypothermia for neonates with hypoxic-ischemic encephalopathy. N Engl J Med. 2005;353:1574-84.
Record found	Shankaran S, et al. N Engl J Med. 2005;353(15):1574-84. PMID 16221780.
Metadata comparison	Match
Proposition the report cites it for	Whole-body hypothermia reduces death or disability in moderate or severe HIE.
Passage in the source (quoted, 15 words or fewer)	"Whole-body hypothermia reduces the risk of death or disability" (Abstract, conclusions)
Status	Verified
Note	None.
Report location	para. 11 (report p.4)
Links	PubMed 16221780 DOI 10.1056/NEJMcps050929
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [20]: Verified

Field	Detail
Citation as written in the report	Gluckman PD, Wyatt JS, Azzopardi D, et al. Selective head cooling with mild systemic hypothermia after neonatal encephalopathy: multicentre randomised trial. Lancet. 2005;365:663-70.
Record found	Gluckman PD, et al. Lancet. 2005;365(9460):663-70. PMID 15721471.
Metadata comparison	Match
Proposition the report cites it for	Head cooling showed no benefit in infants with the most severe aEEG changes.
Passage in the source (quoted, 15 words or fewer)	"head cooling had no effect in infants with the most severe aEEG changes" (Abstract, findings)
Status	Verified
Note	None.
Report location	para. 11 (report p.4)
Links	PubMed 15721471 DOI 10.1016/S0140-6736(05)17946-X
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [21]: Verified

Field	Detail
Citation as written in the report	Azzopardi DV, Strohm B, Edwards AD, et al. Moderate hypothermia to treat perinatal asphyxial encephalopathy. N Engl J Med. 2009;361:1349-58.
Record found	Azzopardi DV, et al. N Engl J Med. 2009;361(14):1349-58. PMID 19797281.
Metadata comparison	Match
Proposition the report cites it for	Cooling improved neurologic outcomes among survivors.
Passage in the source (quoted, 15 words or fewer)	"resulted in improved neurologic outcomes in survivors" (Abstract, conclusions)
Status	Verified
Note	None.
Report location	para. 11 (report p.4)
Links	PubMed 19797281 DOI 10.1056/NEJMoa0900854
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [22]: Verified

Field	Detail
Citation as written in the report	Jacobs SE, Berg M, Hunt R, et al. Cooling for newborns with hypoxic ischaemic encephalopathy. Cochrane Database Syst Rev. 2013;(1):CD003311.
Record found	Jacobs SE, et al. Cochrane Database Syst Rev. 2013;2013(1):CD003311. PMID 23440789.
Metadata comparison	Match
Proposition the report cites it for	The Cochrane review pooled eleven randomized trials of cooling.
Passage in the source (quoted, 15 words or fewer)	"We included 11 randomised controlled trials in this updated review" (Abstract, main results)
Status	Verified
Note	None.
Report location	para. 11 (report p.4)
Links	PubMed 23440789 DOI 10.1002/14651858.CD003311.pub3 PMC7003568 full text
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [23]: Verified

Field	Detail
Citation as written in the report	Wyatt JS, Gluckman PD, Liu PY, et al. Determinants of outcomes after head cooling for neonatal encephalopathy. Pediatrics. 2007;119:912-21.
Record found	Wyatt JS, et al. Pediatrics. 2007;119(5):912-21. PMID 17473091.
Metadata comparison	Match
Proposition the report cites it for	Quoted in the report: outcomes after cooling "were strongly influenced by the severity of neonatal encephalopathy."
Passage in the source (quoted, 15 words or fewer)	"Outcomes after hypothermic treatment were strongly influenced by the severity of neonatal encephalopathy." (Abstract, conclusions)
Status	Verified
Note	None.
Report location	para. 16 (report p.5)
Links	PubMed 17473091 DOI 10.1542/peds.2006-2839
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [24]: Verified

Field	Detail
Citation as written in the report	Shankaran S, Pappas A, McDonald SA, et al. Childhood outcomes after hypothermia for neonatal encephalopathy. N Engl J Med. 2012;366:2085-92.
Record found	Shankaran S, et al. N Engl J Med. 2012;366(22):2085-92. PMID 22646631.
Metadata comparison	Match
Proposition the report cites it for	At six to seven years, fewer cooled children had died.
Passage in the source (quoted, 15 words or fewer)	"death occurred in 27 (28%) and 41 (44%) (P=0.04)" (Abstract, results)
Status	Verified
Note	None.
Report location	para. 16 (report p.5)
Links	PubMed 22646631 DOI 10.1056/NEJMoa1112066 PMC3459579 full text
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [25]: Verified

Field	Detail
Citation as written in the report	Shankaran S, Laptook AR, Pappas A, et al. Effect of depth and duration of cooling on deaths in the NICU among neonates with hypoxic ischemic encephalopathy. JAMA. 2014;312:2629-39.
Record found	Shankaran S, et al. JAMA. 2014;312(24):2629-39. PMID 25536254.
Metadata comparison	Match
Proposition the report cites it for	Longer or deeper cooling did not reduce NICU deaths compared with 33.5 C for 72 hours.
Passage in the source (quoted, 15 words or fewer)	"did not reduce NICU death" (Abstract, conclusions)
Status	Verified
Note	None.
Report location	para. 11 (report p.4)
Links	PubMed 25536254 DOI 10.1001/jama.2014.16058 PMC4335311 full text
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Retrieval record, reference [26]: Verified

Field	Detail
Citation as written in the report	Laptook AR, Shankaran S, Tyson JE, et al. Effect of therapeutic hypothermia initiated after 6 hours of age on death or disability among newborns with hypoxic-ischemic encephalopathy. JAMA. 2017;318:1550-60.
Record found	Laptook AR, et al. JAMA. 2017;318(16):1550-60. PMID 29067428.
Metadata comparison	Match
Proposition the report cites it for	Hypothermia started between 6 and 24 hours may have benefit, with uncertainty.
Passage in the source (quoted, 15 words or fewer)	"may have benefit but there is uncertainty in its effectiveness" (Abstract, conclusions)
Status	Verified
Note	None.
Report location	para. 11 (report p.4)
Links	PubMed 29067428 DOI 10.1001/jama.2017.14972 PMC5783566 full text
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [27]: Quote not found in source

Field	Detail
Citation as written in the report	Thayyil S, Pant S, Montaldo P, et al. Hypothermia for moderate or severe neonatal encephalopathy in low-income and middle-income countries (HELIX). Lancet Glob Health. 2021;9:e1273-85.
Record found	Thayyil S, et al. Lancet Glob Health. 2021;9(9):e1273-e1285. PMID 34358491.
Metadata comparison	Match
Proposition the report cites it for	Quoted in the report: hypothermia "reduced death or disability by one third in every setting studied."
Passage in the source (quoted, 15 words or fewer)	"did not reduce the combined outcome of death or disability at 18 months" (Abstract, interpretation (full text searched, open access))
Status	Quote not found in source
Note	The quoted words appear nowhere in the abstract or the open-access full text (PMC8371331). On the same point the source says the passage quoted in the next column.
Report location	para. 18 (report p.5)
Links	PubMed 34358491 DOI 10.1016/S2214-109X(21)00264-3 PMC8371331 full text
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [28]: Citation not found

Field	Detail
Citation as written in the report	Hendricks-Lowe P, Adeyemi T, Marsh KL. Decision-to-delivery interval and the timing of neonatal encephalopathy. J Perinat Med. 2019;47:512-9.
Record found	No record found.
Metadata comparison	n/a
Proposition the report cites it for	A decision-to-delivery interval over 30 minutes doubles the risk of moderate or severe encephalopathy.
Passage in the source (quoted, 15 words or fewer)	None located.
Status	Citation not found
Note	PubMed author search "Hendricks-Lowe[Author]" returned 0 records; citation match on J Perinat Med, 2019, vol 47, p 512 returned no match; a keyword search of the title words returned 5 unrelated records. Databases searched are listed on the Method tab.
Report location	para. 6 (report p.3)
Links	None
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [29]: Not checkable

Field	Detail
Citation as written in the report	Volpe JJ, Inder TE, Darras BT, et al. Volpe's Neurology of the Newborn. 6th ed. Philadelphia: Elsevier; 2018. Chapter 20.
Record found	Textbook; not indexed in PubMed.
Metadata comparison	n/a
Proposition the report cites it for	Standard neonatal neurology text on hypoxic-ischemic injury.
Passage in the source (quoted, 15 words or fewer)	None located.
Status	Not checkable
Note	Textbook chapter. Not in the databases searched and not open access. Counsel can supply the pages relied on.
Report location	para. 18 (report p.5)
Links	None
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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Retrieval record, reference [30]: Not checkable

Field	Detail
Citation as written in the report	American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care. 8th ed. 2017.
Record found	Book; not indexed in PubMed.
Metadata comparison	n/a
Proposition the report cites it for	Perinatal care guidance on intrapartum monitoring.
Passage in the source (quoted, 15 words or fewer)	None located.
Status	Not checkable
Note	Book. Not in the databases searched. Counsel can supply the pages relied on.
Report location	para. 6 (report p.3)
Links	None
Retrieved	2026-09-23 via the PubMed E-utilities (National Library of Medicine).

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