**Supplementary file 2: Postnatal survey**

Thank you for participating in this questionnaire which will inform the direction of the

Prenatal Right Aortic Arch and Double Aortic arch study (PRAADA) which is being set-up

with the support of the National Fetal Cardiology Working Group (NFCWG) and the BCCA.

This survey should take <10minutes. There are separate questions relating to a right aortic arch and a double aortic arch. The results will be anonymous unless you wish to provide your details at the end. The anonymised results will be made available to the NFCWG and BCCA. The results may be reported with the PRAADA study.

1. Have you completed the fetal cardiology survey through NFCWG?
* Yes
* No
1. How many years have you been a consultant?
* <5 years
* 5-10 years
* >10 years
* I am not a consultant, thank you for your time, you do not need to complete the rest of the survey, STOP
1. What is your role?
* Paediatric cardiologist
* Paediatrician with special interest
* Cardiothoracic surgeon
1. Do you reviewcases of prenatally diagnosed isolated RAA or DAA in your **paediatric** practice?
* Yes
* No, thank you. STOP
1. Do you have a Unit pathway for management of patients with RAA or DAA?
* Yes
* No
* Don’t know

**REGARDING PRENATAL DIAGNOSIS OF A RIGHT AORTIC ARCH (RAA)**

1. Who **routinely** undertakes follow-up **after birth**? Tick all those that apply
* Cardiologist

Paediatrician with an interest in Cardiology (PEC)

* General Paediatrician
* Respiratory paediatrician
* Neonatologist
* ENT
* Other, describe:
* Don’t know
1. At the first paediatric visit do you recommend any investigations? (tick all that apply)
* None
* Karyotype with microarray
* Echo
* CT/MRI
* Functional respiratory investigations
* Bronchoscopy
* Other, describe
1. Do your recommendations vary according to the branching pattern of the RAA?
* No
* Yes
* Other, describe:
1. What do you define as symptoms/problems in relation to a RAA? (tick all that apply)
* Stridor
* Wheeze/Asthma
* Shortness of breath on exertion
* Recurrent croup
* Recurrent lower respiratory tract infections
* Ventilator dependence
* Choking
* Dysphagia
* Poor Feeding
* Faltering weight
* Other, please describe:
1. If symptoms consistent with a compressive vascular ring are present, what will be arranged? (tick all that apply)
* Speech & Language Therapist review
* General paediatric review
* Airway review (incl respiratory or ENT)
* CT
* MRI
* Spirometry/whole body plethysmography
* Videofluoroscopy
* Bronchoscopy
* Surgery
* Other, describe
1. What are your criteria for recommending surgical relief of the vascular ring? (tick all that apply)
* Respiratory symptoms
* Dysphagia
* Other, describe
* Imaging parameters, describe
* Don’t know
1. Who are the specialists involved in decision making for surgery: (tick all that apply)
* Cardiology
* Cardiac surgeons
* Radiologist
* Airway team (incl Respiratory, ENT)
* Don’t know
1. If a patient undergoes surgery to relieve a vascular ring, how long do you offer follow-up in **your** clinic for?
* Single visit
* 1 year
* 1-4 years
* 5-9 yrs
* 10- 16 years
* Follow-up is with another specialty
* Other, describe:
1. How long do you provide cardiological follow-up in asymptomatic RAA patients?
* Discharge after first visit if asymptomatic
* Every 3 months
* Every 6 months
* Until 1 year of age
* Until 2 years of age
* Indefinitely
* Other, describe eg undertaken by other specialty
1. Do you undertake investigations in asymptomatic patients?
* All patients are offered airway investigations
* Sometimes
* No
* Don’t know
1. What investigations do you offer in asymptomatic patients at follow-up visits? (tick all that apply)
* None
* Echo
* CT/MRI
* Spirometry/plethysmography
* Bronchoscopy
* Other, describe

**REGARDING A DOUBLE AORTIC ARCH (DAA)**

1. Who **routinely** undertakes follow-up **after birth**? Tick all those that apply
* Cardiologist
* Paediatrician with Special interest in Cardiology (PEC)
* General Paediatrician
* Respiratory paediatrician
* Neonatologist
* ENT
* Other, describe:
1. What investigations do you recommend/offer after birth? (Tick all those that apply)
* None
* Karyotype
* Echo
* CT/MRI
* Spirometry/plethysmography
* Bronchoscopy
* Other, describe
1. How often do you personally review children with a double aortic arch?
* Discharge after first visit if asymptomatic
* Every 3 months
* Every 6 months
* Annually
* Other, describe
1. What do you define as symptoms/problems in relation to a DAA? (tick all that apply)
* Stridor
* Wheeze/Asthma
* SOB on exertion
* Recurrent croup
* Recurrent lower respiratory tract infections
* Ventilator dependence
* Choking
* Dysphagia
* Poor Feeding
* Faltering weight
* Don’t know
* Other, please describe:
1. If symptoms consistent with a compressive vascular ring are present, what will be arranged? (tick all that apply)
* Speech & Language Therapist review
* General paediatric review
* Airway review (incl respiratory or ENT)
* CT
* MRI
* Spirometry
* Bronchoscopy
* Surgery
* Other, describe
1. What are your criteria for surgical relief of a double aortic arch? (tick those that apply)
* Respiratory symptoms
* Dysphagia
* Imaging parameters, describe
* All are operated
* Don’t know
* Other, describe
1. Are any other specialists involved in discussion making for surgery: (tick all that apply)
* Cardiology
* Cardiac surgeon
* Radiologist
* Airway team (incl Respiratory, ENT)
1. If a patient undergoes surgery to relieve a DAA, how long do you offer follow-up in **your** clinic for?
* Single visit
* 1 year
* 1-4 years
* 5-9 years
* 10- 16 years
* Follow-up is with another specialty
* Other, describe:
1. How long do you provide cardiological **follow-up** in **asymptomatic** DAA patients?
* Discharge after first visit if asymptomatic
* Every 3 months
* Every 6 months
* Until 1 year of age
* Until 2 years of age
* Indefinitely
* Other, describe eg undertaken by other specialty
1. Do you undertake investigations in asymptomatic patients?
* All patients are offered airway investigations
* Sometimes
* No
1. What do you offer in **asymptomatic** patients at follow-up visits? (tick all that apply)
* None
* Echo
* CT/MRI
* Spirometry/plethysmography
* Bronchoscopy
* Other, describe

OPTIONAL QUESTIONS

1. Where is your paediatric cardiology practice? (tick all those that apply)
* Glasgow
* Edinburgh
* Newcastle
* Leeds
* Birmingham
* Liverpool
* Manchester
* Leicester
* Southampton
* Oxford
* Great Ormond Street Hospital
* Royal Brompton Hospital incl. Queen Charlotte’s Hospital, St George’s Hospital
* Evelina
* Bristol
* Cardiff
* Other centres, details

If you wish to leave your name/email address for further contact/updates: