

**Supplementary Table S1.** The literature review for troponin level correlated with neonatal HIE.

<b>Authors</b>	<b>Methods and patients</b>	<b>Results</b>	<b>Significances</b>	<b>Reference</b>
Munshi et al., 2020	104 newborns with hypothermia for HIEs	Significant elevation of troponin I in mild-to-moderate HIE and severe HIE as compared with control	A cut-off troponin $\geq$ troponin 0.12 $\mu\text{g/L}$ predicted a sensitivity 77%; specificity 78% ; PPV 68%; NPV 84% for residual encephalopathy	[21]
Alkholy et al., 2017	25 HIEs and 25 healthy control	Cord CKMB at 12.5 U/L had 100% sensitivity and 84% specificity in the detection of severe HIE infants	Serum CKMB in HIE infants were significantly increased early in HIE.	[26]
Shastri et al., 2012	60 neonatal HIEs	Serum troponin I and duration of inotropic support were significantly greater with increasing severity	Troponin before 36 hours of birth correlate strongly with HIE grading and with duration of inotropic use.	[27]
Bhasin et al., 2019	23 neonatal stage I, 10 stage II and 8 stage III HIEs, and with non-HIEs (control)	Troponin T raised in 13 (56.5%) HIE. CK, CKMB and troponin were higher ( $p < 0.05$ ) in non-survivors.	Cardiac enzymes changes associated with increasing severity and mortality.	[28]
Joseph et al., 2018	120 neonatal HIEs	Myocardial dysfunction had higher troponin T ( $0.277 \pm 0.231$ ng/ mL) than without myocardial dysfunction ( $0.061 \pm 0.036$ ng/ mL, $p < 0.005$ ).	Significant relation with increasing troponin values and increasing grading of HIE	[22]

HIE indicates hypoxic-ischemic encephalopathy; PPV, positive predictive value; NPV, negative predictive value; CK, creatine phosphokinase; CKMB, creatine kinase Mb.