

Original article*Received: Oct. 29, 2024**Revised: Nov. 29, 2024**Accepted: Dec. 30, 2024**Published: Dec. 30, 2024***Discharge Planning for Neonates in Neonatal Intensive Care Units: A Scoping Review**

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Praboromarajchanok Institute, Ministry of Public Health**Abstract**

The effective discharge planning for neonates in Neonatal Intensive Care Units (NICUs) is essential to ensuring a smooth home-care transition. The discharge preparation process plays a crucial role in facilitating this readiness. By identifying and implementing key components of a comprehensive discharge plan, healthcare providers can optimize outcomes for infants and their families. This scoping review aligns with the Joanna Briggs Institute (JBI) scoping review methodology. The systematic scoping reviews were sourced following the PCC framework published on CINAHL, ScienceDirect, PubMed, Google Scholar, and Directory of Open Access Journals from 2014 to September 2024.

A total of 382 articles were identified; following the screening, 57 reviews underwent full-text screening, and 21 articles met the inclusion criteria and were included in this review. The key components of a comprehensive discharge planning process for neonates in Neonatal Intensive Care Units were identified and grouped into five points of preparedness as follows: 1) Medical preparedness 15/21 (71.42%), 2) Parental preparedness 17/21 (80.95%), 3) Home Care preparedness 11/21 (52.38%), 4) Support system preparedness 13/21 (61.90%), and 5) Follow-Up Care preparedness 15/21 (71.21%). This review has identified the five key components of a comprehensive discharge planning process for neonates in the Neonatal Intensive Care Unit that have a positive impact on neonatal outcomes. However, further applied research is needed to transfer this empirical knowledge into clinical practice.

Keywords: Discharge planning, Neonates, Neonatal Intensive Care Units, Scoping Review

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Introduction

Neonates admitted to Neonatal Intensive Care Units (NICUs) are often seen with several challenging problems, including respiratory distress syndrome, meconium aspiration syndrome, birth asphyxia, prematurity, infections, congenital anomalies, hyperbilirubinemia, hypoglycemia, and intraventricular hemorrhage (Costa & Costa, 2022; Karnati, Kollikonda, & Abu-Shaweesh, 2020). These conditions can affect the baby's breathing, feeding, and overall development, requiring specialized care in the NICU to ensure their survival and well-being. The medical complexity of NICU graduates demands an intricate approach that prepares both the neonates and the family for the challenges of home-based care. Healthcare professionals can dramatically reduce the risks associated with this critical transition by providing targeted education, skill training, and parental support. Research indicates that well-structured discharge planning can reduce hospital readmission rates by up to 40%, highlighting its essential role in preventing potential medical complications (Padratzik & Love, 2022). The transition from the highly controlled NICU setting to home care is a complex and delicate process that significantly impacts the long-term health outcomes of these vulnerable infants (Green et al., 2020; Mazur et al., 2021).

Discharge planning is a multifaceted process that extends beyond mere medical clearance. It encompasses a comprehensive approach to preparing neonates and their families for a safe, supported transition from hospital to home care. This process is crucial because it directly influences medically fragile neonates' continued health, development, and overall well-being. It represents a critical juncture in the care of neonates who have received intensive medical intervention all medical teams need to consider the process of discharge planning for the neonates admitted to NICUs (Mazur et al., 2021; Padratzik & Love, 2022). The significance of this process extends far beyond a simple medical clearance, encompassing a holistic approach that addresses

medical, psychological, developmental, and familial dimensions of care. The discharge planning is a comprehensive strategy designed to ensure the continued health and well-being of medically fragile newborns. The psychological and emotional aspects of discharge planning are equally crucial. Parents of NICU graduates often experience significant anxiety and stress, feeling overwhelmed by the prospect of managing their infant's complex medical needs (Pillai et al., 2021).

According to past studies, a comprehensive discharge plan serves to empower families, building their confidence through detailed education on medical device management, medication administration, and recognition of potential health risks. This support extends beyond mere technical training, addressing the emotional well-being of parents and creating a supportive framework for the family's adaptation (Osorio & Salazar, 2023). These early interventions can significantly impact neurological development, cognitive progression, and social adaptation (Malwade et al., 2024). By identifying potential developmental challenges early and establishing clear follow-up mechanisms, healthcare providers can create a proactive approach to the child's growth and development. This approach recognizes that the care of a NICU graduate is a continuous process that extends well beyond the initial hospital stay. The economic implications of effective discharge planning are substantial. By minimizing unnecessary hospital readmissions and providing comprehensive home-care strategies, healthcare systems can optimize resource allocation and reduce long-term healthcare expenditures (Smith, Love, & Goyer, 2022).

Moreover, the approach recognizes the unique circumstances of each family, incorporating cultural sensitivity, socioeconomic considerations, and individual learning capabilities into the discharge plan. An interdisciplinary approach is fundamental to successful discharge planning. This collaborative model involves a diverse team of

healthcare professionals, including neonatologists, nurses, social workers, developmental specialists, and family support counselors. By bringing together multiple perspectives, the discharge plan becomes a comprehensive, nuanced strategy that addresses the multifaceted needs of both the infant and the family (Smith, Love, & Goyer, 2022). Ultimately, discharge planning for neonates in the NICU is a critical intervention that bridges intensive medical care with home-based management (Yeary & Smith, 2022). However, the current literature addresses basic components of discharge planning, parent education, and interdisciplinary approaches, there remains a notable lack of standardized, evidence-based discharge protocols and clear metrics for measuring discharge readiness. These gaps highlight the need for more comprehensive research to enhance the effectiveness and inclusivity of NICU discharge planning protocols.

Review question

What are the key components of a comprehensive discharge planning process for neonates in Neonatal Intensive Care Units?

Objectives

To identify, synthesize, and map systematic reviews of the key components of a comprehensive discharge planning process for neonates in Neonatal Intensive Care Units

Methodology

This scoping review was guided by the Joanna Briggs Institute (JBI) methodology and employed by the PCC framework to help define the review's focus (Peters, M, D, J., et al., 2021; Peters, M. D., et al., 2022). After identifying the review question, the researchers followed the key steps as follows:

1. Identifying Relevant Studies

This step involves identifying relevant studies through a systematic approach. The relevant studies were sought by using the PCC (Population, Concept, Context) framework to guide the selection of relevant studies. The

population of the reviews included neonates (ages from birth to 28 days of life) who have been admitted to Neonatal Intensive Care Units (NICUs), regardless of gestational age, sex, underlying conditions, or other factors. Besides, the populations included parents or caregivers of NICU infants, irrespective of age, gender identity, or other demographic variables who involved in the discharge planning process. The Concept encompasses all aspects of discharge planning, including, parent education programs, interdisciplinary team approaches, follow-up care protocols, and transition support strategies from hospital to home care. The Context focus on Neonatal Intensive Care Units in both developed and developing countries, including various healthcare settings such as tertiary hospitals, specialized children's hospitals, and regional medical centers that provide intensive care for newborns. The review considered all types of primary research studies (quantitative, qualitative, and mixed methods), systematic reviews and practice guidelines in English published on CINAHL, ScienceDirect, PubMed, Google Scholar, and Directory of Open Access Journals from 2014 to September 2024.

2. Study Selection

This step involves selecting relevant studies based on predefined inclusion and exclusion criteria based on the PCC framework mentioned. The review involves independent screening of titles and abstracts by two reviewers, followed by full-text assessment of potentially relevant studies against the inclusion criteria. The clear criteria are established to determine which studies will be included in the review. It is a rigorous process ensuring that only the most relevant studies are included in the review.

3. Data Extraction

This step involves extracting relevant information from the included studies. A standardized data extraction form is developed to ensure consistency in data collection. The extraction form guides the extraction of key

information, including design, population characteristics, interventions, comparisons, outcome measures, and results. By using a standardized approach, researchers can reliably collect and analyze data from diverse relevant studies.

4. Data Analysis

This step involves analyzing the extracted data to identify patterns, themes, and gaps in the literature. Data synthesis involves organizing and interpreting the information to draw meaningful conclusions. To visually represent the breadth and depth of the evidence, mapping techniques can be employed. Additionally, collecting similar studies together facilitates comparison and analysis, enhancing the understanding of the research field.

Data Sources

This systematic scoping review employed the PCC framework with the mentioned criteria. Data was sourced from CINAHL, ScienceDirect, PubMed, Google Scholar, and Directory of Open Access Journals (gray literature) published in English from 2014 to September 2024.

Research Considerations

This research was considered by the research committee of Boromarajonani College of Nursing, Changwat Nonthaburi.

Results

A total of 382 articles were identified; following the screening, 57 reviews underwent full-text screening, and 21 articles met the inclusion criteria and were included in this review. The key components of a comprehensive discharge planning process for neonates in NICU were identified and grouped into five points of readiness. seven categories, mastering technical care skills, gaining emotional comfort, and building confidence in infant care. Medical preparedness 15/21 (71.42%), Parental preparedness 17/21 (80.95%), Home care preparedness 11/21 (52.38%), Support system preparedness 13/21

(61.90%), and Follow-Up care preparedness 15/21 (71.21%). The details are as follows:

Medical preparedness

Medical preparedness for neonates discharged from the NICU is crucial for ensuring a safe transition home. Key factors influencing this preparedness include physiological stability, weight gain, and feeding competence (Anderson & Narvey, 2022). Assessing these criteria is essential for determining when a preterm infant can be safely discharged, as it directly impacts their health outcomes and family preparedness. The reviews found that several factors of medical readiness should be measured before discharging the neonates from the NICU. For example, physiological stability must be ensured that preterm infants obtain stable vital signs, including heart rate and respiratory function (Costa, H. P. F., & Costa, E. P. F., 2022). The ability to maintain physiological stability is linked to the infant's post-menstrual age, indicating that older infants are generally more stable (Kristiawati et al., 2020). Consistently, weight gain is a critical indicator of a preterm infant's readiness for discharge, reflecting their overall health and nutritional status. Infants should reach a specific weight threshold, often around 1,800 grams, to ensure they can thrive outside the NICU environment. Successful oral feeding is vital that help evaluate an infant's readiness for oral feeding. Infants must show competence in sucking, swallowing, and breathing coordination to minimize risks of apnea and choking (Kristiawati et al., 2020; Mccord, Fieldhouse, & El-Naggar, 2024).

Parental preparedness

Parents' preparation is essential for the successful discharge planning of infants from healthcare facilities, particularly for preterm babies. Comprehensive education and training for parents on infant care significantly enhance their confidence and competence, facilitating a smoother transition home (Smith, 2021). This preparedness encompasses various factors, including parental knowledge, emotional

support, and the hospital's role in providing guidance. Parents should receive training on recognizing symptoms of illness, administering medications, and feeding practices. Studies indicated that high parental preparedness correlates with improved infant growth metrics, such as weight and length, within weeks of discharge (Padratzik & Love, 2022). Some studies identified assessments of parental readiness that can effectively assess parental preparedness levels. Personalized guidance based on preparedness assessments can enhance parental confidence and ensure optimal care for infants. Addressing emotional needs is crucial, healthcare providers should offer support to alleviate parental anxiety and promote well-being. The social environment also plays a significant role in parental preparedness, influencing their abilities to care for their infants (Padratzik & Love, 2022; Smith, 2021; Smith, Love, & Goyer, 2022).

Home care preparedness

A safe and supportive home environment is essential for the successful discharge planning of patients, particularly in improving infants' health and outcomes. Healthcare professionals can enhance home care preparedness through comprehensive assessments and tailored support strategies. This preparedness involves evaluating the home environment for potential hazards and ensuring the availability of necessary medical supplies and safety equipment. Home visits by healthcare professionals can identify risks such as inadequate space, unsafe furniture, or lack of medical supplies. Environmental factors, including the physical and social aspects of the home, significantly influence discharge readiness (Qian et al., 2021). In addition, assessing parental preparedness for discharge planning, including knowledge of follow-up care and infant management, to ensure successful transitions from NICU to home. This assessment can assist in identifying at-risk families and improve post-discharge outcomes for neonates (Salmani et al., 2020). Research by Cheng et al. (2016) supported that home care preparedness for discharge planning through

early involvement, formal assessments of caregiving capabilities, and personalized education is the main successful discharge implementation.

Support system preparedness

Discharge planning in NICU incorporates a multidisciplinary approach including healthcare providers, parents, and caregivers to establish a comprehensive plan that supports the neonate's health and development (Aliane et al., 2024). The preparedness of the family or support system plays an essential part in influencing the accomplishment of this transition (Anderson & Narvey, 2022). Particularly, factors that relate to this transition such as parental knowledge, emotional readiness, financial resources, access to follow-up care, and the availability of community support significantly influence the outcomes for both the neonate and their family (Osorio & Salazar, 2023). Therefore, the importance of integrating support system preparedness into discharge planning processes, addressing the challenges of family aspect, and emphasizing the need for personalized interventions are needed. By focusing on equipping families with the required skills, resources, and confidence, NICU can improve the long-term health and well-being of neonates while empowering parents or caregivers to direct the complexities of home care (Kristiawati et al., 2020).

Follow-up care preparedness

Establishing a clear follow-up care plan is essential for successful discharge planning, particularly for infants. This preparedness involves scheduled post-discharge appointments, effective communication among stakeholders, and access to community resources. A structured discharge process enhances the transition from hospital to home, minimizing complications. Scheduled appointments facilitate ongoing health monitoring, crucial for infants' development (Handiyani et al., 2024). Multidisciplinary follow-up care has shown higher satisfaction among parents compared to regular care,

indicating its effectiveness in addressing complex needs (Bouwmeester et al., 2023). Research by Carter and Carter (2024) emphasized the importance of comprehensive follow-up care for high-risk NICU graduates, focusing on clinical assessments, developmental milestones, and necessary therapies while addressing ethical issues based on care coordination, resource capacity, and social determinants of health in discharge planning. Likewise, follow-up care preparedness in NICU discharge planning involves ensuring families have the necessary

skills and education for home care, completing arrangements for outpatient care, and assessing discharge readiness to reduce readmission risks and enhance infant care post-discharge (Smith, Love, & Goyer, 2022; Yeary & Smith, 2022). According to Osorio & Salazar

(2023), discharge planning in the NICU highlights that families' discharge preparedness should be assessed. Especially, families at higher risk, for example; single mothers or those with limited resources, may require additional education and training for effective follow-up care. In addition, educating parents on care skills, fostering security and trust, and considering individual family characteristics, ensuring they are ready for follow-up care and the transition to home life are vital discharge preparations for preterm children (Osorio & Salazar, 2023; Padratzik & Love, 2022).

Discussion

According to the results, they emerged a group of the comprehensive discharge planning process for neonates in NICU demonstrated as a below table.

Table 1: A group of the key components of a comprehensive discharge planning process for neonates in the NICU

Medical preparedness	Parental preparedness	Home care preparedness	Support system preparedness	Follow-up care preparedness
Physiological stability	Education and infant care training	Environment assessment	Multidisciplinary team	Scheduled appointment
Feeding competence	Emotional support	Safety equipment	Family resources	Care coordination
Age and weight-appropriate stability	Preparedness assessment	Medical supplies	Community support	Risk assessment

In the delicate world of neonatal intensive care, discharge planning emerges as a complicated process that represents far more than a simple medical transition. It is a deep journey of transformation, where delicate newborns who often battle with multipart medical challenges prepare to leave the carefully monitored environment of the hospital and enter the unpredictable home care. The moment of discharge is both a celebration of medical achievement and a threshold of anticipation, fraught with hope, anxiety, and remarkable potential. Every infant's path is unique, interlaced from involved medical, developmental, and familial threads that must be precisely examined and carefully accomplished. Medical stability represents the

critical first consideration in discharge preparedness. This is not merely a specification of clinical limitations, but a holistic assessment of the infant's physiological flexibility and adaptive competencies.

Physicians and nurses engage in a delicate dance of observation, tracking multiple interconnected systems. They scrutinize respiratory patterns, examining the infant's ability to breathe independently and maintain consistent oxygen saturation. Each breath becomes a narrative of progress, each stable respiratory cycle a testament to the infant's growing strength. Effective communication among healthcare providers, parents, and community resources is vital for continuity of care (Qian et al., 2021). Nurses play a critical

role in documentation and coordination, ensuring seamless transitions. A structured discharge process includes stages like inpatient assessment and final documentation, which streamline transitions (Griffith et al., 2022; Karnati, Kollikonda, & Abu-Shaweesh, 2020).

Beyond clinical measurements, discharge planning explores deeply into the human experience. Families are not passive recipients of medical instructions but active, crucial participants in the discharge journey. Caregivers undergo comprehensive training that transcends traditional medical education. They learn not just technical skills, how to manage specialized equipment, and recognize potential complications, but also develop emotional resilience. Each lesson represents a bridge between clinical expertise and compassionate care.

Healthcare providers as support teams play influential roles, in helping families navigate the complex emotional landscape of caring for a medically fragile infant. They provide resources, emotional support, and strategic guidance, recognizing that successful discharge depends as much on psychological awareness as medical preparedness. Discharge planning represents a sophisticated collaboration among diverse healthcare professionals. Neonatologists, nurses, respiratory therapists, nutritionists, and social workers function not as isolated experts but as an integrated team, each contributing specialized knowledge to create a comprehensive care strategy. Neonatal discharge planning exemplifies an extraordinary intersection of medical science, technological expertise, and profound human compassion. It represents a holistic approach that honors both the clinical complexity of infant care and the deeply personal nature of each family's medical journey. As medical knowledge advances and technologies evolve, discharge planning will continue to transform, always guided by the fundamental principle of supporting the most vulnerable patients through their first critical transition into life. Thus, there are 5 key components of discharge planning as follows:

Medical preparedness

The transition from a neonatal intensive care unit (NICU) to home is a critical period for families of neonates, demanding careful discharge planning to ensure the continuity of care and the well-being of the infant. Neonates in the NICU often confront multifaceted health challenges, including prematurity, congenital conditions, or critical illnesses, which require highly specialized medical care. A prerequisite for discharge helps ensure a successful transition home, infants must meet specific medical criteria. Physiological stability is essential, requiring stable vital signs, maintained body temperature, and adequate weight gain. Additionally, feeding competence, including the ability to feed orally without complications, is crucial for independent feeding after discharge (Anderson & Narvey, 2022; Mccord, Fieldhouse, & El-Naggar, 2024; Smith, 2021).

Parental preparedness

The actual discharge preparedness in NICU needs to engage parents initially in education and care, highlighting the need for parent-centered tools like "My Flight Plan for Home" to improve support system readiness for neonates' discharge planning. "My Flight Plan for Home tool" was focused on 5 major themes: 1) Family dynamics, 2) Parenting in the NICU, 3) Discharge preparedness, 4) Engaging parents in infant care, and 5) Implementation recommendations, additionally minor themes supported each of the major themes (Franck et al., 2023). In addition, various factors affect how the discharge planning is successful. Parental perceptions of family-centered care, anxiety, and parenting self-efficacy significantly influence discharge preparedness for preterm infants are significant influences that can be addressed through nursing-led interventions to progress the support system readiness during discharge planning in NICU (Franck et al., 2023; Griffith et al., 2022; Salmani et al., 2020).

Home care preparedness

A safe and supportive home environment is essential for the successful discharge of patients, particularly infants. Healthcare professionals can enhance home care preparedness through comprehensive assessments and tailored support strategies. This involves evaluating the home environment for potential hazards and ensuring the availability of necessary medical supplies and safety equipment (Qian et al., 2021). Regarding home care preparedness, it emphasizes family and community resources, can help mitigate risks, and enhance the infant's well-being. Various studies identified home environment assessment is important in a period of transitional care. Home visits by healthcare professionals can identify risks such as inadequate space, unsafe equipment, or lack of medical supplies. Environmental factors, including the physical and social aspects of the home, significantly influence discharge preparedness. Thus, parents or caregivers can improve their confidence and preparedness for managing infant care at home (Çelik & Altay, 2023; Carter & Carter, 2024; Qian et al., 2021).

Support system preparedness

The importance of supportive preparedness that includes family and community resources can help mitigate risks and enhance the infant's well-being. A multidisciplinary approach involving neonatologists, nurses, social workers, and other healthcare professionals is essential to ensure comprehensive care and support during the discharge process. Effective communication among all stakeholders, including parents, is crucial to facilitate a smooth transition. Clear and accessible documentation of discharge plans and preparedness criteria helps streamline the process. Additionally, providing access to community resources, support groups, and ongoing education empowers families to navigate potential challenges after discharge. Implementing a structured discharge process with distinct stages, such as inpatient assessment, anticipated discharge planning,

imminent discharge actions, and final discharge documentation, helps optimize the transition from NICU to home (Çelik & Altay, 2023; Carter & Carter, 2024; Qian et al., 2021).

Follow-up care preparedness

A crucial aspect of successful discharge planning is establishing a clear follow-up care plan. Scheduled post-discharge appointments allow for ongoing monitoring of the infant's health and development. Effective communication among healthcare providers, parents, and other stakeholders is essential to ensure continuity of care. Providing access to community resources, support groups, and ongoing education empowers families to address potential challenges after discharge. A structured discharge process, including stages such as inpatient assessment, anticipated discharge planning, imminent discharge actions, and final discharge documentation, helps streamline the transition and minimize potential complications. On the other hand, while structured discharge processes are beneficial, challenges such as resource limitations and varying levels of parental support can hinder effective follow-up care, highlighting the need for ongoing improvements in care coordination and resource allocation (Çelik & Altay, 2023; Carter & Carter, 2024). As research by Padratzik and Love (2022), claimed that NICU discharge planning should begin on the first day of admission, focusing on both caregiving education and addressing parents' social-emotional needs. This comprehensive approach empowers families, ensuring caregivers and parents can prepare for the challenges of caring for medically fragile infants at home. Additionally, Brachio et al. (2020) recommended that the discharge planning as part of a multilevel education bundle, which includes NICU provider education and parent education, enhance follow-up care preparedness for neonates and improve attendance at neonatal follow-up clinics.

Conclusion

The scoping review should conclude that a comprehensive discharge planning process for neonates in NICU encompasses a holistic approach addressing medical preparedness, parental education and confidence, home safety assessments, multidisciplinary collaboration, follow-up care arrangements, effective communication, support systems, and a structured discharge process (Yeary & Smith, 2022). These components are essential for ensuring successful transitions from hospital to home for vulnerable infants and their families. Discharge planning in the NICU represents a key point in the care variety for neonates and their families. It is more than a logistical process; it is a personalized, family-centered effort that certifies a safe and continuous transition from

the highly monitored NICU environment to the home setting. Particularly, effective discharge planning addresses the medical, emotional, and practical needs of both the neonate and the caregivers, fostering confidence and competence in parents while safeguarding the infant's long-term health and well-being (Smith, Love, & Goyer, 2022; Yeary & Smith, 2022). To conclude, discharge planning in the NICU is a critical and dynamic process that bridges the gap between hospital and home care. It requires thoughtful preparation, vigorous communication, and a commitment to supporting families holistically. By prioritizing these essentials, NICU can contribute to the healthy development of neonates and foster a sense of enablement and resilience in caregivers, eventually improving results for both the infant and the family.

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