

Prof Hester Klopper

Private Bag X6001, Potchefstroom
South Africa 2520

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Ethics Committee

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Email: Ethics@nwu.ac.za

21 October 2008

Dear Prof Klopper

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorization that may be necessary, the project may be initiated, using the ethics number below.

Project title: Development of best practice guidelines for neurodevelopmental supportive care of the prematurely born infant in South African Public hospitals																												
Ethics number: <table border="1"> <tr> <td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>3</td><td>0</td><td>-</td><td>0</td><td>3</td><td>-</td><td>A</td><td>1</td> </tr> <tr> <td colspan="3">Institution</td> <td colspan="6">Project Number</td> <td colspan="5">Status</td> </tr> </table>	N	W	U	-	0	0	3	0	-	0	3	-	A	1	Institution			Project Number						Status				
N	W	U	-	0	0	3	0	-	0	3	-	A	1															
Institution			Project Number						Status																			
Approval date: 5 June 2008																												
Expiry date: 4 June 2013																												

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-EC:
 - annually (or as otherwise requested) on the progress of the project,
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviations from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof MMJ Louw
(Chair NWU Ethics Committee)

Prof HH Vonster
(Chairman: NWU Ethics Committee: Auster)



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

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18 September 2008

INSTITUTIONAL INFORMATION AND CONSENT FORM

The Manager / CEO: Department of Health / Hospital

Dear Sir of Madam

I am a PhD student of the Potchefstroom-campus of the North-West University. You are invited to participate in a research study regarding the development of best practice guidelines for neurodevelopmental supportive care (NDSC) of the prematurely born infant in South African public hospitals.

The Nature and purpose of the study

The purpose of this study is to develop best practice guidelines for neurodevelopmental supportive care of the prematurely born infant in South African public hospitals. You are requested to grant permission for this research which includes a situational analysis of the operationalisation of NDSC in the NICU. This will be done by means of non-participant observation (video-taped), retrospective audit of patient files and key-informant interviews with the unit manager and / or other key personnel in the NICU. Interviews will be video-taped and transcribed.

Approval to do research

The protocol of this study was submitted to the Ethics committee of the Faculty of Health Science of the Potchefstroom Campus of the North-West University and approval has been granted. The provincial authorities and the person in charge of the clinic are also aware of this research being done in this hospital.

Risk or discomfort involved

Observation will be done by the researcher who is an expert in the field on neurodevelopmental supportive care, to ensure a full picture of the current status of NDSC in that particular hospital. This will be done by means of a validated checklist. The checklist does not require any personal information of the patient, merely whether and to what extent particular components of NDSC were applied during the care of the patient. No personal information will be required from the patients; therefore consent from the patient (and in this case the parent) will not be needed.

Although there will be NO direct contact with the preterm infants, observation of change in the condition of the infant that implicates emergency intervention, unethical behaviour of staff and dangerous and unprofessional

practice, may pose an ethical dilemma to the researcher and fieldworkers. As professionals the researcher and field workers cannot ignore this and will need to immediately report it to the person in charge.

Confidentiality

Any personal information that may become known to the researcher will be kept strictly confidential. The results will be published or presented in such a fashion that all participants will remain unidentifiable. The identity of the hospital will be de-identified by using a coding system for participating hospitals. The checklists will be stored in a safe place in the School of Nursing Science and only the researcher will have access to the raw data. No information, by which a patient, the hospital or any of their staff could be recognised, will be used in the report.

Right to withdraw

Participation of your institution in this research is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. There will not be discriminated against you if you prefer not to participate.

Possible benefits of this research

Your contribution in this research project regarding neurodevelopmental supportive care for the prematurely born infant in the public sector in South Africa, will contribute to the formulation of best practice guidelines to improve the care and outcomes of prematurely born infants. These guidelines may be to the benefit of patients as well as nursing professionals in the NICU.

Information

If you have any question about the research you are welcome to contact the researcher, Mrs. W Lubbe at telephone 082 732 4730. You are also welcome to indicate on the attached document if you would like to receive a report of the study after it has been completed.

CONSENT TO PARTICIPATE IN THE STUDY

I have read the above information before signing this consent form. The content and meaning of the information is clear to me. I have been given opportunity to ask questions. I understand that if I do not participate it will not be to my disadvantage. I hereby volunteer to take part in this study.

Signed: _____ Date: _____

CEO signature on behalf of _____ Department of Health / Hospital

Witness: _____ Date: _____

Researcher: _____ Date: _____

(or person obtaining informed consent)

UNIVERSITEIT VAN DIE VRYSTAAT
UNIVERSITY OF THE FREE STATE
YUNIVESITHI YA FREISTATA



Direkteur: Fakulteitsadministrasie / Director: Faculty Administration
Fakulteit Gesondheidswetenskappe / Faculty of Health Sciences

Research Division
Internal Post Box G40
☎(051) 4052812
Fax nr (051) 4444359

E-mail address: gndkhs.md@mail.uovs.ac.za

Ms H Strauss

2008-10-28

MS WELMA LUBBE
LITTLE STEPS
P O BOX 68908
HIGHVELD
0169

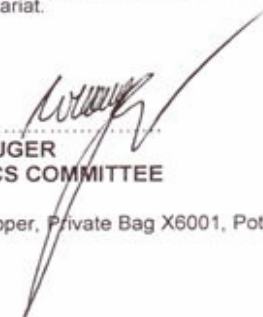
Dear Ms Lubbe

ETOVS NO: 159/08

**PROJECT TITLE: DEVELOPMENT OF BEST PRACTICE GUIDELINES FOR
NEURODEVELOPMENTAL SUPPORTIVE CARE OF THE PREMATURELY BORN INFANT IN
SOUTH AFRICAN PUBLIC HOSPITALS.**

- You are hereby informed that The Ethics Committee approved the above protocol at the meeting on 27 October 2008 on condition that permission has to be obtained from the CEO of the hospitals.
- Committee guidance documents: Declaration of Helsinki, ICH, GCP and MRC Guidelines on Bio Medical Research. Clinical Trial Guidelines 2000 Department of Health RSA; Ethics in Health Research: Principles Structure and Processes Department of Health RSA 2004; Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa, Second Edition (2006); the Constitution of the Ethics Committee of the Faculty of Health Sciences and the Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines.
- Any amendment, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.
- The Committee must be informed of any serious adverse event and/or termination of the study.
- A progress report should be submitted within one year of approval of long-term studies and a final report at completion of both short term and long term studies.
- Kindly refer to the ETOVS reference number in correspondence to the Ethics Committee secretariat.

Yours faithfully


.....
PROF WH KRUGER
CHAIR: ETHICS COMMITTEE

CC: Prof HC Klopper, Private Bag X6001, Potchefstroom 2520



339, Bloemfontein 9300, RSA ☎ (051) 405 2812 ✉ gndkhs.md@ufs.ac.za
Republiek van Suid-Afrika / Republic of South Africa



health

Department of
Health
FREE STATE PROVINCE

Ref. no.: 13/2

5 November 2008

Mrs W Lubbe
North-West University
Potchefstroom Campus
Private Bag x 6001
Potchefstroom
2520

Dear Me Lubbe

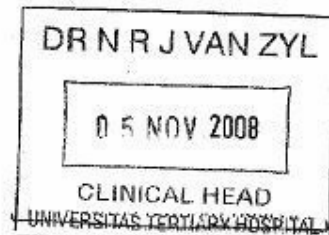
**RESEARCH PROJECTS: DEVELOPMENT OF BEST PRACTICE
GUIDELINES FOR NEURODEVELOPMENTAL SUPPORTIVE CARE OF THE
PREMATURELY BORN INFANT IN SOUTH AFRICAN PUBLIC HOSPITALS**

Herewith permission for the mentioned project to be done at Universitas Academic Hospital on condition that approval is obtained from the Ethics Committee.

The Chief Executive officer must be notified if the findings of the project will be published.

Yours sincerely

**DR NIC R J VAN ZYL
HEAD: CLINICAL SERVICES
UNIVERSITAS ACADEMIC HOSPITAL**



HEAD: CLINICAL SERVICES: DR NRJ VAN ZYL
Private Bag X20660, Bloemfontein, 9300. Tel. No.: 051-4052866,
Fax: 051-4053500, Room 1077, First Floor, Universitas Academic Hospital
E-mail: vanzylnr@fshealth.gov.za

CONSENT TO PARTICIPATE IN THE STUDY

I have read the above information before signing this consent form. The content and meaning of the information is clear to me. I have been given opportunity to ask questions. I understand that if I do not participate it will not be to my disadvantage. I hereby volunteer to take part in this study.

Signed: J. E. D. J. P. Date: 12 Jan. 2009

CEO signature on behalf of N. CAPE Department of Health / Hospital

Witness: [Signature] Date: 12/1/09

Researcher: _____ Date: _____
(or person obtaining informed consent)

CONSENT TO PARTICIPATE IN THE STUDY

I have read the above information before signing this consent form. The content and meaning of the information is clear to me. I have been given opportunity to ask questions. I understand that if I do not participate it will not be to my disadvantage. I hereby volunteer to take part in this study.

Signed: Jordaan Date: 2/2/09

CEO signature on behalf of Gauteng Department of Health / Hospital

Witness: [Signature] Date: 04-02-2009

Researcher: Lubbe Date: 04-02-2009
(or person obtaining informed consent)

p. 4

0114774117

Feb 02 2009 11:41AM Coronation Hospital

CONSENT TO PARTICIPATE IN THE STUDY

I have read the above information before signing this consent form. The content and meaning of the information is clear to me. I have been given opportunity to ask questions. I understand that if I do not participate it will not be to my disadvantage. I hereby volunteer to take part in this study.

DR AP VAN DER WALT
DIRECTOR CLINICAL SERVICES

Signed: _____

Date: 30/10/2008



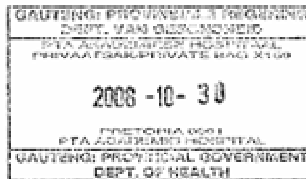
On behalf of CEO of Steve Biko Academic Hospital.

CEO signature on behalf of _____ Department of Health / Hospital

Witness: _____ Date: _____

Researcher: _____ Date: _____

(or person obtaining informed consent)



The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

FWA 00002567, Approved dd 22 May 2002 and Expires 13 Jan 2012.

IRB 0000 2235 IORG0001762 Approved dd Jan 2006 and Expires 13 Aug 2011.

Faculty of Health Sciences Research Ethics Committee

Fakulteit Gesondheidswetenskappe Navorsingsetiekkomitee

DATE: 26/06/2009

PROTOCOL NO.	6/2009
PROTOCOL TITLE	Development of Best Practice Guidelines for Neurodevelopmental Supportive Care of the Prematurely Born Infant in South African Public Hospitals
INVESTIGATOR	Principal Investigator: Mrs Welma Lubbe
SUPERVISOR	Promoter: Prof HC Klopper, Tel: (018) 299-1830; Hester.Klopper@nwu.ac.za Co-Promoter: Prof SJC van der Walt, Tel: (018) 299-1853; vanderwalt.christa@nwu.ac.za
DEPARTMENT	Dept: Faculty of Health Sciences North-west University - Potchefstroom campus Fax: 086 535 6119 E-Mail: info@littlesteps.co.za Cell: 082 732 4730
STUDY DEGREE	Doctor of Philosophy Obstetrical and Neonatal Nursing
SPONSOR	None
MEETING DATE	28/01/2009

This **Protocol** and **Informed Consent** have been considered by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria on 24/06/2009 and found to be acceptable

** Members attended & Feedback at the meeting .*

- Prof A Nienaber (female) BA (Hons) (Wits); LLB; LLM (UP); PhD; Dipl.Datometrics (UNISA)
- Prof V.O.L. Karusseit MBChB; MFGP (SA); MMed (Chir); FCS (SA)
- Dr N K Likibi MB.BCh; Med.Adviser (Gauteng Dept.of Health)
- Dr T S Marcus (female) BSc (LSE), PhD (University of Lodz, Poland)
- *Snr Sr J. Phatoli (female) BCur (Eet.A) BTec (Oncology Nursing Science)
- *Dr L Schoeman (female) B.Pharm, BA Hons (PSy), PhD
- *Dr R Sommers (female) MBChB; MMed (Int); MPharMed;
- Mr Y Sikweyiya MPH; SARETI Fellowship in Research Ethics; SARETI ERCTP; BSC (Health Promotion) Postgraduate Dip in Health Promotion
- *Prof TJP Swart BChD, MSc (Odont), MChD (Oral Path), PGCHE
- *Dr A P van Der Walt BChD, DGA (Pret) Director: Clinical Services of the Steve Biko Academic Hospital
- *Prof C W van Staden **MBChB; MMed (Psych); MD; FCPsych; FTCL; UPLM; Dept of Psychiatry**

DR R SOMMERS; MBChB; MMed (Int); MPharMed.

Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

31 Bophelo Road ♦ H W Snyman Building (South) Level 2-34 ♦ P.O.BOX 667, Pretoria, South Africa, 0001 ♦ Tel:(012)3541330 ♦

♦ Fax: (012)3541367 / 0866515924 ♦ E-Mail: manda@med.up.ac.za ♦ Web: www.healthethics-up.co.za ♦

01 December 2008

Dear Dr J Bornman

You are kindly requested to act as independent reviewer for this part of the research study by Mrs Welma Lubbe. This phase of the study is an integrative literature review to determine the components of Neurodevelopmental Supportive Care (NDSC) for the Preterm Infant from literature of good quality. All articles on NDSC have been gathered using a systematic data gathering process. Copies of all the articles are included.

The review was done by the researcher using the John Hopkins Appraisal Instruments for research and non-research literature which are also included for your use. Appraise all articles for methodological strength and quality. Identify articles that mention or describe components that are part of NDSC as applicable for inclusion to develop a checklist based on the components identified in this step of the study to be used in the next step of the research study that will be used to evaluate the operationalisation of NDSC.

You are kindly requested to review the articles selected and correlate your findings with that of the researcher. In the case of discrepancies a consensus discussion will follow to ensure the correct inclusion of components.

Warm regards

Mrs Welma Lubbe

082 732 4730

Personal e-mail from Jakkie Bornman [jakkiebornma@mweb.co.za] received on 16 -01-2009.

More Welma

Ek is klaar met die artikels wat ek nie gehad het nie. Ek stem met almal saam maar dink dat Mora & Ohlson kan nie ingesluit word nie. Dit moet net lig as 'n komponent.

Spence is volgens my ook nie 'n JA nie. Groete en lekker werk.

Dr J

27 October 2008

Dear Dr CM Maree

You are kindly requested to act as independent reviewer for this part of the research study by Mrs Welma Lubbe. This phase of the study is an integrative literature review to determine the components of Neurodevelopmental Supportive Care (NDSC) for the Preterm Infant from literature of good quality. All articles on NDSC have been reviewed following the John Hopkins review instruments for research and non-research literature. From this complete list only the articles that specifically address the components of NDSC were used to determine the components of NDSC. Articles that elaborated on the advantages or effects of NDSC were not included in this stage, since it will be used later in the research.

You are kindly requested to review the articles selected and correlate your findings with that of the researcher. In the case of discrepancies a consensus discussion will follow to ensure the correct inclusion of components.

Warm regards

Mrs Welma Lubbe

082 732 4730



Dear Ms Lubbe

28 November 2008

Thank you for the opportunity to be your independent reviewer for the articles on the components of NDSC. My sincerest apology for the delayed response.

I reviewed the articles requested by you and agree with the classification thereof. The only article that I differ, but not to such an extent that you need to change the classification, was Starr and Hoy's article: "An overview of developmentally supportive care of the premature infant". I would have rated it as B (Good) due to their lack of explanation of the concepts, but I feel that you can decide on the final classification thereof.

Symington and Pinelli's article can be debated to both sides whether it is a research article or not, as meta-analysis can be justified as research.

Good luck with the rest of your studies.

Regards,

Carin Maree

Dr. C.M. Maree

E-mail: carin.maree@up.ac.za

(C) 083 286 6696

Addendum A : Independent reviewer feedback on NDSC components

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Table 1: Sample 1: summary of keywords used to search

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
	<i>Sampling by inclusion criteria (all stages):</i> <ul style="list-style-type: none"> ▪ See paragraph 2.3.2 (2) for comprehensive inclusion and exclusion criteria ▪ Research and non-research studies ▪ All studies between 1960 and 2008 ▪ Keywords (to follow) 						
	Sample 1: Electronic ref databases: Medline, CINAHL, Pre-CINAHL, PsycINFO, Health Source: Nursing/Academic Edition, Health Source – Consumer Edition, ERIC, Academic Search Premier						
	“Neuro Developmental Supportive Care”	-	0	-		-	-
	“Neuro-developmental Supportive Care”	-	0	-		-	-
	“Neurodevelopmental Supportive Care”	-	0	-		-	-
	“Neurodevelopmental Care”	-	0	-		-	-
	“Neuro-developmental Care”	-	0	-		-	-
	“Neuro Developmental Care”	-	0	-		-	-
	“Developmental care policies”	-	0	-		-	-
	“Developmental care protocol”	-	0	-		-	-
	“Developmental Supportive care”		4	3	No NDSC components mentioned (1)	3	3

Table 2: Study titles for SAMPLE 1 with keyword search “Developmental Supportive Care”

Sample 1: <i>Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)</i>	Keyword: “Developmental Supportive Care”	Hits: 4			This section	Accumulative total	Incl
		Title*	Abstract*	Full text*			Excl
ARTICLE TITLE (HITS)	Exclusion reason						
* Jack LA, 2000. Developmental supportive care: its implementation on a Scottish neonatal intensive care unit. <i>Journal of Neonatal Nursing (J NEONAT NURS)</i> , 2000 Jan; 6(1): 14-7		√	-	-			
* Khan Z, 2003. Individualised developmental supportive care in the NICU. <i>Journal of Neonatal Nursing (J NEONAT NURS)</i> , 2003 Sep; 9(5): Step by Step Guide. (4p)		√	-	-			
Westrup, B., Sizun, J., Lagercrantz, H 2007. Family-centered developmental supportive care: a holistic and humane approach to reduce stress and pain in neonates. <i>Journal of Perinatology; May2007 Supplement, Vol. 27, pS12-S18, 1p</i>		√	-	-			
Wyly, M. Virginia; And Others, 1988. Managing Premature Infant Stress: Training Does Make a Difference? 9 pp.	No NDSC components mentioned		-	-			
* Inclusion after reading the title, or the abstract or the full text					3	3	

Table 3: Sample 1 continue: summary of keywords used to search

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
	“Best practice guidelines”	(too general – limiter added)	806	-		-	-
	“Best practice guidelines”	AND “human” (see suitable titles below)	276	2	<ul style="list-style-type: none"> ▪ Topics not related to NDSC (273) ▪ Editorial (1) 	3	6

Table 4: Study titles for SAMPLE 1 with keyword search “Best practice guidelines”: filtered with AND “human” (Non-applicable titles not listed)

Sample 1: <i>Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)</i>	Keyword: Best practice guidelines: filtered with AND “human”			Hits: 276			Incl		
	ARTICLE TITLE (HITS)			Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Simmer, 2007, Editorial - Nutrition of the preterm infant. Best Practice Guidelines on nutrition of preterm infants. 2007 <i>Early Human Development</i> Oct; Vol. 83 (10), pp. 629. <i>Date of Electronic Publication: 2007 Oct 04.</i>	Editorial								
McLoed, Sherriff, 2007 Preventing postnatal growth failure--the significance of feeding when the preterm infant is clinically stable. <i>Early Human Development</i> Oct; Vol. 83 (10), pp. 659-65. <i>Date of Electronic Publication: 2007 Sep 18.</i>		√							
Hartmann, Keil, Hartmann, Simmer, 2007 Best practice guidelines for the operation of a donor human milk bank in an Australian NICU. <i>Early Human Development</i> Oct; Vol. 83 (10), pp. 667-73. <i>Date of Electronic Publication: 2007 Oct 03.</i>		√							
* Inclusion after reading the title, or the abstract or the full text								2	5

Table 5: Sample 1 continue: summary of keywords used to search – “Best practice guidelines”

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
	New search with “Best practice guidelines”	(Too general) – limiters added	827		(more hits due to search completed on later date)	-	-
	“Best practice guidelines”	“All Infant: birth-23 months”	0		<i>New limiters</i>	-	-
	“Best practice guidelines”	AND “Infant, 1-23 months”	4	0	None related to developmental care or the preterm infant.	-	-

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Table 6: Sample 1 continue: summary of keywords used to search – “Developmental Care”

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
	“Developmental Care”	(Too general) – limiters added	397			-	-
	“Developmental Care”	AND “Infant, Premature”	103	93	<ul style="list-style-type: none"> ▪ Titles not relevant (10) ▪ Duplicated listing (5) ▪ Updated reviews (4) ▪ Thesis (2) ▪ Foreign languages (10) ▪ No NDSC components (6) ▪ Secondary report (1) 	93	99

Table 7: Summary of results found with keyword search “Developmental Care” and limiters “Infant, Premature” and considered for inclusion

Sample 1: <i>Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)</i>	Keyword: “Developmental Care” and limiters “Infant, Premature”			Hits:103			Incl
	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total	Excl
ARTICLE TITLE (HITS)							
Aita M, Snider L. 2003. The art of developmental care in the NICU: a concept analysis. Journal of Advanced Nursing 41(3), 223–232		√					
Alexandre C, Bomy H, Bourdon E, Truffert P, Pierrat V, [Lactation counselling support provided to mothers of preterm babies who intend to breastfeed. Evaluation of an educational intervention in a level III perinatal unit] Accompagnement des mères de nouveau-nés prématurés dans leur projet d’allaitement maternel. Evaluation d’un programme de formation dans une unite périnatale de niveau III. Archives De Pédiatrie: Organe Officiel De La Société Française De Pédiatrie [Arch Pediatr], 2007 Dec; Vol. 14 (12), pp. 1413-9	Excl - Foreign Language						
Als H, Duffy FH, McAnulty GB, Rivkin MJ, Vajapeyam S, Mulkern RV, Warfield SK, Huppi PS, Butler SC, Conneman N, Fischer C, Eichenwald EC, 2004. Early Experience Alters Brain Function and Structure. PEDIATRICS Vol. 113 No. 4 April. [web]		√					
Als H; Gilkerson L, 1997. The role of relationship-based developmentally supportive newborn intensive care in strengthening outcome of preterm infants. Seminars In Perinatology [Semin Perinatol] 1997 Jun; Vol. 21 (3), pp. 178-89.		√					
Als H; Lawhon G; Duffy FH; McAnulty GB; Gibes-Grossman R; Blickman JG, 1994. Individualized developmental care for the very low-birth-weight preterm infant. Medical and neurofunctional effects. JAMA: The Journal Of The American Medical Association [JAMA] 1994 Sep 21; Vol. 272 (11), pp. 853-8.		√					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 1: Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)	Keyword: “Developmental Care” and limiters “Infant, Premature”		Hits:103				Incl
ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total	Excl
Altmier LB; Eichel M; Warner B; Tedeschi L; Brown B, 2004. Developmental care: changing the NICU physically and behaviorally to promote patient outcomes and contain costs. <i>Neonatal Intensive Care (NEONAT INTENSIVE CARE)</i> , 2004 Mar-Apr; 17(2): 35-9		√					
Ariagno RL; Thoman EB; Boeddiker MA; Kugener B; Constantinou JC; Mirmiran M; Baldwin RB, 1997. Developmental care does not alter sleep and development of premature infants. <i>Pediatrics [Pediatrics]</i> 1997 Dec; Vol. 100 (6), pp. E9.		√					
Askin DF, 2001. Review: certain types of developmental care result in some benefits for preterm infants... commentary on Symington A, Pinelli J. Developmental care for promoting development and preventing morbidity in preterm infants. <i>Cochrane Database Syst Rev</i> 2000;(4):CD001814 (latest version 28 July 2000). <i>Evidence-Based Nursing (EVID BASED NURS)</i> , 2001 Jul; 4(3): 75	Excl - Secondary report - primary article reviewed						
Beachy, JM. 2003. Premature infant massage in the NICU. <i>Neonatal Network (NEONAT NETW)</i> , 2003 May-Jun; 22(3): 39-45		√					
Bertelle V, Mabin D, Adrien J, Sizun J, 2005 Sleep of preterm neonates under developmental care or regular environmental conditions. <i>Early Human Development [Early Hum Dev]</i> , Jul; Vol. 81 (7), pp. 595-600		√					
Bonnier C, 2007. [<lt; >>="" <<="" 1,="" 14="" [arch="" archives="" d'="" de="" des="" early="" evaluation="" evaluation]="" française="" intervention="" la="" officiel="" organe="" pediatr],="" pp.="" programmes="" programs="" précoce="" pédiatrie="" pédiatrie:="" s58-64<="" sep;="" société="" stimulation="" suppl="" td="" vol.=""> <td data-bbox="1339 873 1629 954">Excl - Foreign Language</td> <td data-bbox="1640 873 1682 954"></td> <td data-bbox="1692 873 1745 954"></td> <td data-bbox="1755 873 1808 954"></td> <td data-bbox="1818 873 1892 954"></td> <td data-bbox="1902 873 1965 954"></td> <td data-bbox="1902 269 1965 310"></td> </lt;>	Excl - Foreign Language						
Brown LD; Heermann JA, 1997. The effect of developmental care on preterm infant outcome. <i>Applied Nursing Research: ANR [Appl Nurs Res]</i> 1997 Nov; Vol. 10 (4), pp. 190-7.		√					
Browne, JV., VandenBerg KA. 2000. Developmental care. Considerations for touch and massage in the neonatal intensive care unit. <i>Neonatal Network (NEONAT NETW)</i> , 2000 Feb; 19(1): 61-4		√					
Buehler DM; Als H; Duffy FH; McAnulty GB; Liederman J, 1995. Effectiveness of individualized developmental care for low-risk preterm infants: behavioral and electrophysiologic evidence. <i>Pediatrics [Pediatrics]</i> 1995 Nov; Vol. 96 (5 Pt 1), pp. 923-32. [web]		√					
Byers JF; Yovaish W; Lowman LB; Francis JD, 2003. Co-bedding versus single-bedding premature multiple-gestation infants in incubators. <i>JOGNN: Journal of Obstetric, Gynecologic, & Neonatal Nursing (JOGNN)</i> , 2003 May-Jun; 32(3): 340-7		√					
Byers, JF 2003. Components of developmental care and the evidence for their use in the NICU. <i>MCN. The American Journal Of Maternal Child Nursing [MCN Am J Matern Child Nurs]</i> 2003 May-Jun; Vol. 28 (3), pp. 174-80; quiz 181-2.		√					
Chou L, Wang R, Chen S, Pai L, 2003 Effects of Music Therapy on Oxygen Saturation in Premature Infants Receiving Endotracheal Suctioning. <i>Journal of Nursing Research Vol. II. No. 3.</i>		√					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 1: Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)	Keyword: “Developmental Care” and limiters “Infant, Premature”			Hits:103		Incl	Excl
	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Chwo, M. 2003. Assessment of preterm infant's behavioral state in developmentally supportive care [Chinese]. <i>Journal of Nursing (J NURS (CHINA))</i> , 2003 Aug; 50(4): 11-6	Excl – Foreign language						
Cole JG; Jorgensen KM, 1997. Developmental care. Medical, developmental, and pharmacologic intervention: the essence of collaboration. <i>Neonatal Network (NEONAT NETW)</i> , 1997 Apr; 16(3): 56-8		√					
Correia LL; Carvalho AEV; Linhares MBM, 2008 Verbal contents expressed by mothers of preterm infants with clinical emotional symptoms. <i>Revista Latino-Americana de Enfermagem</i> Jan-Feb; 16 (1): 64-70	Excl - Topic n/a						
de Lestard K; Lennox K, 1995. Developmental care: making your NICU a gentler place. <i>The Canadian Nurse [Can Nurse]</i> 1995 Feb; Vol. 91 (2), pp. 23-6.		√					
Di Fiore T 2005 Use of sleep studies in the neonatal intensive care unit. <i>Neonatal Network</i> , Jan-Feb; 24 (1): 23-30	Excl – Topic na						
Evans JC; McCartney EM; Lawhon G; Galloway J; Hayes JS 2005 Practice applications of research. Longitudinal comparison of preterm pain responses to repeated heelsticks. <i>Pediatric Nursing</i> , May-Jun; 31 (3): 216-21	Excl – Topic na						
Felderhoff-Mueser U, Bühner C, 2005 Clinical measures to preserve cerebral integrity in preterm infants <i>Early Human Development [Early Hum Dev]</i> , Mar; Vol. 81 (3), pp. 237-44		√					
Ferber SG, Makhoul IR, Neurobehavioural assessment of skin-to-skin effects on reaction to pain in preterm infants: a randomized, controlled within-subject trial. <i>Acta Paediatrica (Oslo, Norway: 1992). [Acta Paediatr]</i> , 2008 Feb; Vol. 97 (2), pp. 171-6		√					
Ferber SG, Makhoul IR, Weller A, 2006. Does sympathetic activity contribute to growth of preterm infants? <i>Early Human Development [Early Hum Dev]</i> , Mar; Vol. 82 (3), pp. 205-10		√					
Fleisher BE; Van den Berg K; Constantinou J; Heller C; Benitz WE; Johnson A; Rosenthal A; Stevenson DK, 1995. Individualized developmental care for very-low-birth-weight premature infants. <i>Clinical Pediatrics (CLIN PEDIATR)</i> , 1995 Oct; 34(10): 523-9		√					
Floyd AM, 1997. An NICU infant stress reduction QI team: applying research findings to clinical care. <i>The Joint Commission Journal On Quality Improvement [Jt Comm J Qual Improv]</i> 1997 Feb; Vol. 23 (2), pp. 93-101.		√					
Gale G; Van den Berg KA, 1998. Kangaroo care. <i>Neonatal Network: NN [Neonatal Netw]</i> 1998 Aug; Vol. 17 (5), pp. 69-71.		√					
Gamblian V; Hess DJ; Kenner C, 1998. Early discharge from the NICU. <i>Journal of Pediatric Nursing (J PEDIATR NURS)</i> , 1998 Oct; 13(5): 296-301	Excl - Topic n/a						

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 1: Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)	Keyword: “Developmental Care” and limiters “Infant, Premature”		Hits:103			Incl	Excl
	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Gardner MR 2005 Outcomes in children experiencing neurologic insults as preterm neonates. Pediatric Nursing, Nov-Dec; 31 (6): 448, 451-6, 468-9.	Excl - Topic n/a						
Garland, JS. 1995. Developmental care for very low-birth-weight infants. JAMA: The Journal Of The American Medical Association [JAMA] 1995 May 24-31; Vol. 273 (20), pp. 1575	Excl – No NDSC components mentioned						
Goldberg-Hamblin S; Singer J; Singer GHS; Denney MK , 2007.Early intervention in neonatal nurseries: the promising practice of development care. Infants & Young Children: An Interdisciplinary Journal of Special Care Practices, Apr-Jun; 20 (2): 163-71		√					
Gray K; Dostal S; Ternullo-Retta C; Armstrong MA, 1998. Developmentally supportive care in a neonatal intensive care unit: a research utilization project. Neonatal Network: NN [Neonatal Netw] 1998 Mar; Vol. 17 (2), pp. 33-8.		√					
Harrison L; Berbaum ML; Stem JT; Peters K, 2001. Use of individualized versus standard criteria to identify abnormal levels of heart rate or oxygen saturation in preterm infants. Journal of Nursing Measurement (J NURS MEAS), 2001 Fall; 9(2): 181-200	Excl - Topic n/a						
Hayward, K. 2003. Cobedding of twins: a natural extension of the socialization process? MCN. The American Journal Of Maternal Child Nursing [MCN Am J Matern Child Nurs] 2003 Jul-Aug; Vol. 28 (4), pp. 260-3.		√					
Holsti L, Grunau RE, Oberlander TF, Whitfield MF, 2004. Specific Newborn Individualized Developmental Care and Assessment Program Movements Are Associated With Acute Pain in Preterm Infants in the Neonatal Intensive Care Unit, PEDIATRICS Vol. 114 No. 1 July		√					
Holsti L, Grunau RE, Oberlander TF, Whitfield MF, 2005 Prior pain induces heightened motor responses during clustered care in preterm infants in the NICU. Early Human Development [Early Hum Dev], Mar; Vol. 81 (3), pp. 293-302		√					
Huppertz C, Gharavi B, Schott C, Linderkamp O, 2005. [Individual developmental care based on the Newborn Individualized Developmental Care and Assessment Program (NIDCAP)] Individuelle, entwicklungsfördernde Pflege basierend auf dem Newborn Individualized Developmental Care and Assessment Program (NIDCAP). Kinderkrankenschwester: Organ Der Sektion Kinderkrankenpflege / Deutsche Gesellschaft Für Sozialpädiatrie Und Deutsche Gesellschaft Für Kinderheilkunde [Kinderkrankenschwester], Sep; Vol. 24 (9), pp. 359-64	Excl - Foreign Language						
Ikuta LM, 2003. In our unit. The evolution of developmental care at Packard Children's Hospital. Central Lines (CENTRAL LINES), 2003 Oct-Nov; 19(5): 6, 9		√					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 1: Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)	Keyword: “Developmental Care” and limiters “Infant, Premature”		Hits:103			Incl	Excl
	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Kleberg A; Westrup B; Stjernqvist K, 2000. Developmental outcome, child behaviour and mother-child interaction at 3 years of age following Newborn Individualized Developmental Care and Intervention Program (NIDCAP) intervention. <i>Early Human Development [Early Hum Dev]</i> 2000 Dec; Vol. 60 (2), pp. 123-35.	Excl – No NDSC components mentioned						
Kleberg A; Westrup B; Stjernqvist K; Lagercrantz H, 2002. Indications of improved cognitive development at one year of age among infants born very prematurely who received care based on the Newborn Individualized Developmental Care and Assessment Program (NIDCAP). <i>Early Human Development [Early Hum Dev]</i> 2002 Jul; Vol. 68 (2), pp. 83-91.		√					
Kohl CD, Schott C, Verveur D, Linderkamp O, Knaup-Gregori P, Medinfo. 2007; Can an EPR support the concept of family-centred, individualized developmental care of premature infants and newborns? <i>MEDINFO [Medinfo]</i> , Vol. 12 (Pt 1), pp. 73-7		√					
Lacy JB, 1995. Developmental care for very low-birth-weight infants. <i>JAMA: The Journal Of The American Medical Association [JAMA]</i> 1995 May 24-31; Vol. 273 (20), pp. 1575-6		√					
Lawhon G; Melzar A, 1988. Developmental care of the very low birth weight infant. <i>Journal of Perinatal & Neonatal Nursing (J PERINAT NEONAT NURS)</i> , 1988 Jul; 2(1): 56-65		√					
Lott JW. 1989. Developmental care of the preterm infant. <i>Neonatal Network: NN [Neonatal Netw]</i> 1989 Feb; Vol. 7 (4), pp. 21-8.		√					
Louw R; Maree C 2005 The effect of formal exposure to developmental care principles on the implementation of developmental care positioning and handling of preterm infants by neonatal nurses <i>Health SA Gesondheid</i> , Jun; 10 (2): 24-32		√					
Lutes L, 1996. Developmental care. Bedding twins/multiples together. <i>Neonatal Network (NEONAT NETW)</i> , 1996 Oct; 15(7): 61-2		√					
Maguire CM; Veen S; Sprij AJ; Le Cessie S; Wit JM; Walther FJ; 2008. Effects of basic developmental care on neonatal morbidity, neuromotor development, and growth at term age of infants who were born at <32 weeks. <i>Leiden Developmental Care Project Pediatrics</i> , Feb; 121 (2): e239-45		√					
Malinova M; Malinova M; Krüsteva M . 2004. [Therapeutic effects of music on preterm infants in neonatal intensive care units]. <i>Terapevтиchen efekt na muzikata vŭrkhu nedonoseni detsa v otdelenie za intenzivna terapiia na novorodenite. Akusherstvo I GinekologiiĀ [Akush Ginekol (Sofii)]</i> 2004; Vol. 43 Suppl 4, pp. 29-31.	Excl - Foreign Language						
McWhinnie, J. 2003. Infant development: two years on a comparison between pre and post developmental care policy groups of babies. <i>Journal of Neonatal Nursing (J NEONAT NURS)</i> , 2003 Mar; 9(2): 62-4	Excl - No components mentioned						

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 1: Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)	Keyword: “Developmental Care” and limiters “Infant, Premature”		Hits:103			Incl	Excl
ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total	
Merenstein GB, 1994. Individualized developmental care. An emerging new standard for neonatal intensive care units? JAMA: The Journal Of The American Medical Association [JAMA] 1994 Sep 21; Vol. 272 (11), pp. 890-1.		√					
Milette IH; Richard L; Martel M 2005 Evaluation of a developmental care training programme for neonatal nurses. Journal of Child Health Care, Jun; 9 (2): 94-109		√					
Montgomery LA, 1999. Making a multidisciplinary neonatal developmental care team a reality. Neonatal Network: NN [Neonatal Netw] 1999 Jun; Vol. 18 (4), pp. 47-9.	Excl – duplicate listing						
Montgomery LA, 1999. NANN pages. In our unit. Making a multidisciplinary neonatal developmental care team a reality. Neonatal Network (NEONAT NETW), 1999 Jun; 18(4): 47-9		√					
Morison SJ; Holsti L; Grunau RE; Whitfield MF; Oberlander TF; Chan HW; Williams L. 2003. Are there developmentally distinct motor indicators of pain in preterm infants? Early Human Development [Early Hum Dev] 2003 Jun; Vol. 72 (2), pp. 131-46.	Excl – No NDSC components mentioned						
Mouradian LE; Als H, 1994. The influence of neonatal intensive care unit caregiving practices on motor functioning of preterm infants. American Journal of Occupational Therapy (AM J OCCUP THER), 1994 Jun; 48(6): 527-33		√					
Nyqvist KH 2005 Breastfeeding support in neonatal care: an example of the integration of international evidence and experience. Newborn & Infant Nursing Reviews, Mar; 5 (1): 34-48		√					
Nyqvist KH; Ewald U; Sjöden PO, 1996. Supporting a preterm infant's behaviour during breastfeeding: a case report. Journal Of Human Lactation: Official Journal Of International Lactation Consultant Association [J Hum Lact] 1996 Sep; Vol. 12 (3), pp. 221-8.		√					
Ohlsson A. 1995. Developmental care for very low-birth-weight infants. JAMA: The Journal Of The American Medical Association [JAMA] 1995 May 24-31; Vol. 273 (20), pp. 1576		√					
Owens, K, 2001. Developmental care. The NICU experience: a parent's perspective. Neonatal Network (NEONAT NETW), 2001 Jun; 20(4): 67-9		√					
Petryshen P; Stevens B; Hawkins J; Stewart M, 1997. Comparing nursing costs for preterm infants receiving conventional vs. developmental care. Nursing Economic\$ [Nurs Econ] 1997 May-Jun; Vol. 15 (3), pp. 138-45, 150.		√					
Petryshen P; Stevens B; Hawkins J; Stewart M, 1998. Comparing nursing costs for preterm infants receiving conventional vs developmental care... reprinted from Nursing Economics, May-June 1997, Vol 15, No 3, copyright 1997 Jannetti Publications, Inc. Neonatal Intensive Care (NEONAT INTENSIVE CARE), 1998 Mar-Apr; 11(2): 18-24	Excl – reprint from 1997						

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 1: Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)	Keyword: “Developmental Care” and limiters “Infant, Premature”		Hits:103				Incl
ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Excl	Accumulative total
Pickler RH; Reyna BA, 2004. Effects of non-nutritive sucking on nutritive sucking, breathing, and behavior during bottle feedings of preterm infants. <i>Advances in Neonatal Care</i> (Elsevier Science) (ADV NEONAT CARE), 2004 Aug; 4(4): 226-34	Excl – topic na						
Pierrat V, Goubet N, Peifer K, Sizun J, 2007 How can we evaluate developmental care practices prior to their implementation in a neonatal intensive care unit? <i>Early Human Development</i> [Early Hum Dev], Jul; Vol. 83 (7), pp. 415-8		√					
Prentice M; Stainton MC, 2004. The effects of developmental care of preterm infants on women's health and family life. <i>Neonatal, Paediatric & Child Health Nursing</i> (NEONAT PAEDIATR CHILD HEALTH NURS), 2004 Nov; 7(3): 4-12		√					
Pressler JL; Helm JM; Hepworth JT; Wells NL, 2001. Behaviors of very preterm neonates as documented using NIDCAP observations... <i>Newborn Individualized Developmental Care Assessment Program. Neonatal Network</i> (NEONAT NETW), 2001 Dec; 20(8): 15-24	Excl – No NDSC components mentioned						
Pressler JL; Hepworth JT, 2002. A quantitative use of the NIDCAP tool: the effect of gender and race on very preterm neonates' behavior... <i>Newborn Individualized Developmental Care and Assessment Program. Clinical Nursing Research</i> (CLIN NURS RES), 2002 Feb; 11(1): 89-102	Excl – No NDSC components mentioned						
Rowe JA; Gardner GE; Gardner A 2005 Parenting a preterm infant: experiences in a regional neonatal health services programme. <i>Neonatal, Paediatric & Child Health Nursing</i> , Mar; 8 (1): 18-24		√					
Ruiz L, 2001. Withholding developmental care: is it ethical? <i>Journal of Neonatal Nursing</i> (J NEONAT NURS), 2001 Nov; 7(6): 209-13		√					
Saigal S; Streiner D, 1995. Developmental care for very low-birth-weight infants. <i>JAMA: The Journal Of The American Medical Association</i> [JAMA] 1995 May 24-31; Vol. 273 (20), pp. 1576-7		√					
Sepkowitz S, 1995. Developmental care for very low-birth-weight infants. <i>JAMA: The Journal Of The American Medical Association</i> [JAMA] 1995 May 24-31; Vol. 273 (20), pp. 1577		√					
Shaker CS; Woida AMW 2007. An evidence-based approach to nipple feeding in a Level III NICU: nurse autonomy, developmental care, and teamwork. <i>Neonatal Network</i> , Mar-Apr; 26 (2): 77-83		√					
Silberstein Goldenberg D, 2003. [Developmental care. Support care for the development of premature infants] <i>Developmental care. Cuidados de apoyo al desarrollo del prematuro</i> . <i>Revista De Enfermería</i> (Barcelona, Spain) [Rev Enferm] 2003 Feb; Vol. 26 (2), pp. 76-80.	Excl - Foreign Language						
Silberstein Goldenberg D, <i>Revista De Enfermería</i> [Developmental care. Support care for the development of premature infants] <i>Developmental care. Cuidados de apoyo al desarrollo del prematuro</i> . (spa; includes abstract) By (Barcelona, Spain) [Rev Enferm], ISSN: 0210-5020, 2003 Feb; Vol. 26 (2), pp. 76-80; PMID: 14502919	Excl – duplicate, but title translated differently						

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 1: Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)	Keyword: “ Developmental Care ” and limiters “Infant, Premature”		Hits:103			Incl	Excl
	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Sizun J, Ratynski N, Gagneur A, de Parscau L, [Evaluation of the medical impact of developmental care] Evaluation de l'impact médical des soins de développement. (fre) By Archives De Pédiatrie: Organe Officiel De La Société Française De Pédiatrie [Arch Pediatr], ISSN: 0929-693X, 2002 May; Vol. 9 Suppl 2, pp. 109s-111s;	Excl - Foreign Language						
Sizun J, Pierrat V, Goubet N, Peifer K, 2007. [Research, developmental care and NIDCAP: specific methodological issues] Recherche clinique, soins de développement et NIDCAP: aspects méthodologiques spécifiques. Archives De Pédiatrie: Organe Officiel De La Société Française De Pédiatrie [Arch Pediatr], Sep; Vol. 14 Suppl 1, pp. S54-7	Excl - Foreign Language						
Sizun J, Ratynski N, Mambrini C [Implementation of an individualized program of sustained development in neonatal intensive care: why, how?] Implanter un programme individualisé de soutien du développement en réanimation néonatale: pourquoi, comment? (fre; includes abstract) By, Archives De Pédiatrie: Organe Officiel De La Société Française De Pédiatrie [Arch Pediatr], ISSN: 0929-693X, 1999 Apr; Vol. 6 (4), pp. 434-9	Excl - Foreign Language						
Sizun J; Westrup B, 2004. Early developmental care for preterm neonates: a call for more research. Archives of Disease in Childhood -- Fetal & Neonatal Edition (ARCH DIS CHILD FETAL NEONAT ED), 2004 Sep; 89(5): F384-9		√					
Steeple TL 1999. A study of mothers' perceptions of their preparedness to care for their medically-fragile infants following discharge from the NICU. University of Kansas, 1999; Ph.D. doctoral dissertation - research (198 p)	Excl - Thesis						
Symington A; Pinelli J 2006 Developmental care for promoting development and preventing morbidity in preterm infants. Cochrane Database of Systematic Reviews,		√					
Symington A; Pinelli J, 2000. Developmental care for promoting development and preventing morbidity in preterm infants. Cochrane Database Of Systematic Reviews (Online) [Cochrane Database Syst Rev] 2000 (4). <i>Cochrane</i>	Excl – more recent version available (2006)						
Symington A; Pinelli J, 2001. Developmental care for promoting development and preventing morbidity in preterm infants. Cochrane Database Of Systematic Reviews (Online) [Cochrane Database Syst Rev] 2001 (4). <i>Cochrane</i>	Excl – more recent version available (2006)						
Symington A; Pinelli J, 2003. Developmental care for promoting development and preventing morbidity in preterm infants. Cochrane Database Of Systematic Reviews (Online) [Cochrane Database Syst Rev] 2003 (4). <i>Cochrane</i>	Excl – more recent version available (2006)						
Symington A; Pinelli JM, 2002. Distilling the evidence on developmental care: a systematic review. Advances in Neonatal Care (Elsevier Science) (ADV NEONAT CARE), 2002 Aug; 2(4): 198-221	Excl – more recent version available (2006)						

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 1: Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)	Keyword: “Developmental Care” and limiters “Infant, Premature”		Hits:103			Incl
	Exclusion reason	Title*	Abstract*	Full text*	This section	Excl
ARTICLE TITLE (HITS)						Accumulative total
Thoman EB. 2003. Temporal patterns of caregiving for preterm infants indicate individualized developmental care. <i>Journal Of Perinatology: Official Journal Of The California Perinatal Association [J Perinatol]</i> 2003 Jan; Vol. 23 (1), pp. 29-36.		√				
Tyebkhan J; Peters K; McPherson C; Coté J; Robertson C, 1999. Developmental care does not alter sleep and development of premature of infants. <i>Pediatrics [Pediatrics]</i> 1999 Nov; Vol. 104 (5 Pt 1), pp. 1169-70.		√				
Vaivre-Douret L, Golse B, 2007. Comparative effects of 2 positional supports on neurobehavioral and postural development in preterm neonates. <i>The Journal Of Perinatal & Neonatal Nursing [J Perinat Neonatal Nurs]</i> , Oct-Dec; Vol. 21 (4), pp. 323-30		√				
Van den Berg KA, 1999. Developmental care. What to tell parents about the developmental needs of their baby at discharge. <i>Neonatal Network (NEONAT NETW)</i> , 1999 Feb; 18(1): 57-9		√				
Van den berg KA, 2007. Individualized developmental care for high risk newborns in the NICU: a practice guideline. <i>Early Human Development [Early Hum Dev]</i> , Jul; Vol. 83 (7), pp. 433-42		√				
Van der Pal SM, Maguire CM, le Cessie S, Wit JM, Walther FJ, Bruil J, 2007. Parental experiences during the first period at the neonatal unit after two developmental care interventions. <i>Acta Paediatrica (Oslo, Norway: 1992) [Acta Paediatr]</i> , Nov; Vol. 96 (11), pp. 1611-6		√				
Walden M. 1997. Changes over six weeks in multivariate responses of premature neonates to a painful stimulus. University of Texas at Austin, 1997; Ph.D. (277 p)	Excl - thesis					
Walden M; Penticuff JH; Stevens B; Lotas MJ; Kozinetz CA; Clark A; Avant KC, 2001. Maturation changes in physiologic and behavioral responses of preterm neonates to pain. <i>Advances in Neonatal Care (Elsevier Science) (ADV NEONAT CARE)</i> , 2001 Dec; 1(2): 94-106	Excl - Topic n/a					
Webb LZ, 1982. Developmental care in the neonatal ICU. <i>Dimensions Of Critical Care Nursing: DCCN [Dimens Crit Care Nurs]</i> 1982 Jul-Aug; Vol. 1 (4), pp. 221-31.		√				
Webb LZ, 1982. Developmental care in the neonatal ICU. <i>Dimensions Of Critical Care Nursing: DCCN [Dimens Crit Care Nurs]</i> 1982 Jul-Aug; Vol. 1 (4), pp. 221-31.	Excl – duplicated listing					
Westrup B, Bo B, Lagercrantz H, Stjernqvist K, 2004. Preschool outcome in children born very prematurely and cared for according to the Newborn Individualized Developmental Care and Assessment Program (NIDCAP). <i>Acta Paediatr</i> 93: 498-507	Excl – Topic na					
Westrup B, Hellström-Westas L, Stjernqvist K, Lagercrantz H, 2002. No indications of increased quiet sleep in infants receiving care based on the Newborn Individualized Developmental Care and Assessment Program (NIDCAP). <i>Acta Paediatr</i> 91: 318± 322. 2002.		√				

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 1: Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)	Keyword: “Developmental Care” and limiters “Infant, Premature”		Hits:103			Incl	Excl
	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Westrup B; Kleberg A; von Eichwald K; Stjernqvist K; Lagercrantz H, 2000. A randomized, controlled trial to evaluate the effects of the newborn individualized developmental care and assessment program in a Swedish setting. <i>Pediatrics</i> [Pediatrics] 2000 Jan; Vol. 105 (1 Pt 1), pp. 66-72.			√				
Whitfield MF. 2003. Psychosocial effects of intensive care on infants and families after discharge. <i>Seminars In Neonatology: SN</i> [Semin Neonatol] 2003 Apr; Vol. 8 (2), pp. 185-93.	Excl – topic na						
Wielenga JM, Smit BJ, Merkus MP, Kok JH, 2007. Individualized developmental care in a Dutch NICU: short-term clinical outcome. <i>Acta Paediatrica</i> (Oslo, Norway: 1992) [Acta Paediatr], Oct; Vol. 96 (10), pp. 1409-15			√				
Wielenga JM; Smit BJ; Unk LKA 2006 How satisfied are parents supported by nurses with the NIDCAP model of care for their preterm infant?... <i>Newborn Individualized Developmental Care and Assessment Program. Journal of Nursing Care Quality</i> , Jan-Mar; 21 (1): 41-8			√				
Yang S; Chang Y, 2006, The relationship between sleep/awake rhythm development and caregiving activities [Chinese]. <i>Journal of Nursing</i> , Aug; 53 (4): 5-10	Excl – foreign language						
Yang SC, Chang YJ, Hu Li Za Zhi [The relationship between sleep/awake rhythm development and caregiving activities] (chi; includes abstract) <i>By The Journal Of Nursing</i> [Hu Li Za Zhi], ISSN: 0047-262X, 2006 Aug; Vol. 53 (4), pp. 5-10;	Excl – duplicate listing and foreign language						
* Inclusion after reading the title, or the abstract or the full text						65	70

Table 8: Sample 1 continue: summary of keywords used to search – “Developmental care” AND “best practice guidelines”; “Developmental care” AND “protocol”

Sample	Keywords searched (incl criteria)	Limiters added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
Sample 1:	Electronic ref databases: Medline, CINAHL, Pre-CINAHL, PsycINFO, Health Source: Nursing/Academic Edition, Health Source – Consumer Edition, ERIC, Academic Search Premier						

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
	<i>Sampling by inclusion criteria:</i> <ul style="list-style-type: none"> ▪ <i>Research and non-research studies</i> ▪ <i>All studies between 1960 and 2008</i> ▪ <i>Keywords (to follow)</i> 						
	“Developmental care” AND “best practice guidelines”	-	0				
	“Developmental care” AND “protocol”	-	7	3	▪ Duplicated listing (4)		
	“Developmental care” AND “best practice guidelines”	-	0			-	-
	“Developmental care” AND “protocol”	-	7	3	▪ Duplicated listing (4)	3	102

Table 9: Summary of results found with keyword search “Developmental Care” AND “Protocol” and considered for inclusion

Sample 1: <i>Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)</i>	Keyword: “Developmental Care” and “protocol”	Hits: 7			This section	Accumulative total	Incl	Excl
		Title*	Abstract*	Full text*				
ARTICLE TITLE (HITS)	Exclusion reason							
Als H; Gilkerson L, 1997. The role of relationship-based developmentally supportive newborn intensive care in strengthening outcome of preterm infants. <i>Seminars in Perinatology (SEMIN PERINATOL)</i> , 1997 Jun; 21(3): 178-89	Excl – already included with other keywords							
Becker, Patricia T, Grunwald, Patricia C. Moorman, Jane, Stuhr, Sally. 1991. Outcomes of developmentally supportive nursing care for very low birth weight infants. <i>Nursing Research</i> , Vol 40(3), May-Jun 1991. pp. 150-155.		√						
Hayward K, 2007. Co-Bedding Twins: How Pilot Study Findings Guided Improvements in Planning a Larger Multicenter Trial. <i>Nursing Research</i> ; Mar2007, Vol. 56 Issue 2, p137-143, 7p		√						
Hayward K; Campbell-Yeo M; Price S; Morrison D; Whyte R; Cake H; Vine J, 2007. Co-bedding twins: how pilot study findings guided improvements in planning a larger multicenter trial. <i>Nursing Research [Nurs Res]</i> 2007 Mar-Apr; Vol. 56 (2), pp. 137-43.	Excl – listed twice							
Hayward K; Campbell-Yeo M; Price S; Morrison D; Whyte R; Cake H; Vine J, 2007. Methods. Co-bedding twins: how pilot study findings guided improvements in planning a larger multicenter trial. <i>Nursing Research (NURS RES)</i> , 2007 Mar-Apr; 56(2): 137-43	Excl – listed trice							

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 1: <i>Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)</i>	Keyword: “Developmental Care” and “protocol”	Hits: 7			Incl	Excl
		Title*	Abstract*	Full text*	This section	Accumulative total
ARTICLE TITLE (HITS)	Exclusion reason					
Lotas MJ; Walden M, 1996. Individualized developmental care for very low-birth-weight infants: a critical review. JOGNN: Journal of Obstetric, Gynecologic, & Neonatal Nursing (JOGNN), 1996 Oct; 25(8): 681-7		√				
Maguire CM; Veen S; Sprij AJ; Le Cessie S; Wit JM; Walther FJ, 2008. Effects of basic developmental care on neonatal morbidity, neuromotor development, and growth at term age of infants who were born at <32 weeks. Pediatrics (PEDIATRICS), 2008 Feb; 121(2): e239-45	Excl – already included with other keywords					
* Inclusion after reading the title, or the abstract or the full text					3	73

Table 10: Sample 1 continue: summary of keywords used to search – “Developmental care” AND “protocol”

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
	“Developmental care” AND “policies”	none	12	1	<ul style="list-style-type: none"> ▪ Titles not relevant (6) ▪ Duplicated listing (5) 	1	103

Table 11: Study titles for SAMPLE 1 with keyword search “Developmental Care” AND “policies” and considered for inclusion

Sample 1: <i>Electronic ref databases (Academic Search Premier, CINAHL, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Pre-CINAHL, PsycINFO)</i>	Keyword: “Developmental Care” AND “policies”	Hits: 12				Incl	
	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
ABSTRACT. Pediatrics; May2008, Vol. 121 Issue 5, p1012-1038, 27p	Excl – abstract topics						
Barnard, KE. Morisset, CE. 1995. Preventive health and developmental care for children: Relationships as a primary factor in service delivery with at risk populations. Children of poverty: Research, health, and policy issues. Fitzgerald, Hiram E. (Ed); Lester, Barry M. (Ed); Zuckerman, Barry S. (Ed); pp. 167-195. New York, NY, US: Garland Publishing, 1995. xxi, 363 pp.	Excl – topic n/a						
Byers JF; Yovaish W; Lowman LB; Francis JD, 2003. Co-Bedding Versus Single-Bedding Premature Multiple-Gestation Infants in Incubators. JOGNN: Journal of Obstetric, Gynecologic, & Neonatal Nursing; May/Jun 2003, Vol. 32 Issue 3, p340-7, 8p	Excl – already included with other keywords						
Byers JF; Yovaish W; Lowman LB; Francis JD, 2003. Co-bedding versus single-bedding premature multiple-gestation infants in incubators. JOGNN: Journal of Obstetric, Gynecologic, & Neonatal Nursing (JOGNN), 2003 May-Jun; 32(3): 340-7	Excl - duplication						
Fitzgerald, HE., Ed.; And Others, 1995. Children of Poverty: Research, Health, and Policy Issues. Reference Books on Family Issues (Vol. 23). Garland Reference Library of Social Science (Vol. 968).	Excl – topic n/a						
Floyd AM,1997. An NICU infant stress reduction QI team: applying research findings to clinical care. The Joint Commission Journal On Quality Improvement [Jt Comm J Qual Improv] 1997 Feb; Vol. 23 (2), pp. 93-101.	Excl – already included with other keywords						
Hayward K, 2003. Cobedding of twins: a natural extension of the socialization process? MCN: The American Journal of Maternal Child Nursing (MCN), 2003 Jul-Aug; 28(4): 260-3	Excl – already included with other keywords						

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Koenig, BR., Minda Inc, Brighton, SA, Australia, 1996. Survey of practitioners and developmental care workers in supported accommodation facilities for adults with developmental disabilities. Adult Residential Care Journal, Vol 10(1), Spr 1996. pp. 4-27.	Excl – topic n/a					
Nyqvist KH, 2005. Breastfeeding support in neonatal care: an example of the integration of international evidence and experience. Newborn & Infant Nursing Reviews (NEWBORN INFANT NURS REV), 2005 Mar; 5(1): 34-48	Excl – already included with other keywords					
PEDIATRICS. Feb 2008, Vol. 121 Issue 2, p377-388, 12p	Excl – abstract topics					
Taylor, Julie, Baldwin, Norma Spencer, Nick. Predicting child abuse and neglect: ethical, theoretical and methodological challenges. Journal of Clinical Nursing; May2008, Vol. 17 Issue 9, p1193-1200, 8p	Excl – topic n/a					
Van der Ven, K, 1992. Developmental care: A proposal for a new profession whose time is coming. Journal of Child & Youth Care, Vol 7(4), 1992. Special issue: Developmental care throughout the life span: I. The concept. pp. 3-38.		√				
* Inclusion after reading the title, or the abstract or the full text					1	74

SAMPLE 2

The search was expanded to other resources. The NWU library was accessed on the internet at http://www.nwu.ac.za/library/index_a.html, and “Search according to subject” selected. The Potchefstroom campus was selected and the link to “Nursing” followed. The possible sources were explored according to the list provided on the web page.



ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Table 12: Sample 2: summary of keyword used to search the A-Z list of printed and electronic journals

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
Sample 2: A-Z list of current printed and electronic journals							
		"Medicine" (Selection refined)	3,526		(Filtered added)	-	-
		"Nursing"	180	-		-	-
	"The Nursing Spectrum"- "free medical journals" were selected < journals < go to resources < periodical < Elsevier < Find a periodical	Above databases from sample 1 excluded (already explored)	-	-		-	-
	Applied Nursing Research		16	1	Topic not applicable (14) Duplicate listing (1)	1	104
	Best practice and research – Subsection of Obstetrics and Gynaecology	"developmental" AND "care"	20	2	Topic not applicable (18)	2	106
	Brain and development		49	0	Topic not applicable	-	-
	Critical care clinics		11	0	Topic not applicable	-	-
	Critical care nursing clinics in North America		18	0	Topic not applicable	-	-
	Early Human development	"Developmental care"	20	6	Topic not applicable (8) Duplicate listing (6)	6	112
	Newborn and Infant Nursing Reviews	"Developmental care"	21	13	Topic not applicable (7) Duplicate listing (1) Postscript/editorial/preface (11)	13	125
						22	125

Table 13: Study titles for SAMPLE 2 and considered for inclusion

<i>Sample 2: A-Z list of current printed and electronic journals</i>			Hits: 180				Incl
JOURNAL	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Excl
							Accumul ative total
Applied Nursing Research	Balandin S, Hemsley B, Sigafoos J, Green V, Communicating with nurses: The experiences of 10 adults with cerebral palsy and complex communication needs. <i>Applied Nursing Research</i> , May 2007 (Vol. 20, Issue 2, Pages 56-62)	Excluded: topic (population) not suitable	-	-	-		
Applied Nursing Research	Bertsch CM, Mullins SM, Chaffin M, Health services use and growth patterns among older siblings of infants with prenatal drug exposure. <i>Applied Nursing Research</i> . February 2006 (Vol. 19, Issue 1, Pages 10-15)	Excluded: topic not suitable	-	-	-		
Applied Nursing Research	Brown LD, Heermann JA, The effect of developmental care on preterm infant outcome, <i>Applied Nursing Research</i> , November 1997 (Vol. 10, Issue 4, Pages 190-197)	Excluded: already included	-	-	-		
Applied Nursing Research	Capezuti E, Taylor J, Brown H, Strothers HS, Ouslander JG, Challenges to implementing an APN-facilitated falls management program in long-term care. <i>Applied Nursing Research</i> , February 2007 (Vol. 20, Issue 1, Pages 2-9)	Excluded: topic not suitable	-	-	-		
Applied Nursing Research	Efe E, Özer ZC, The use of breast-feeding for pain relief during neonatal immunization injections, <i>Applied Nursing Research</i> , February 2007 (Vol. 20, Issue 1, Pages 10-16)		√				
Applied Nursing Research	Hanrahan K, McCarthy AA, Kleiber C, Lutgendorf S, Tsalikian E, Strategies for salivary cortisol collection and analysis in research with children. <i>Applied Nursing Research</i> . May 2006 (Vol. 19, Issue 2, Pages 95-101)	Excluded: topic not suitable	-	-	-		
Applied Nursing Research	Horodyski MA, Arndt MJ, "Eating-together" mealtimes with African-American fathers and their toddlers, <i>Applied Nursing Research</i> , May 2005 (Vol. 18, Issue 2, Pages 106-109)	Excluded: topic not suitable	-	-	-		
Applied Nursing Research	Howell CC, Rice MH, Carmon M, Hauber RP, The relationships among anxiety, anger, and blood pressure 14. in children. <i>Applied Nursing Research</i> . February 2007 (Vol. 20, Issue 1, Pages 17-23)	Excluded: topic not suitable	-	-	-		
Applied Nursing Research	Hyun M, Chung H, Lee Y. The effect of cognitive-behavioral group therapy on the self-esteem, depression, and self-efficacy of runaway adolescents in a shelter in South Korea. <i>Applied Nursing Research</i> , August 2005 (Vol. 18, Issue 3, Pages 160-166)	Excluded: topic not suitable	-	-	-		
Applied Nursing Research	Lansiquot BA, Commentary: Family health nursing: Role development in Europe, <i>Applied Nursing Research</i> , May 2007 (Vol. 20, Issue 2, Pages 102-103)	Excluded: topic not suitable	-	-	-		
Applied Nursing Research	LePage JP, McGhee M, Aboraya A, Murphy J, Van Horn L, Pollard S, Dean P. Evaluating risk factors for violence at the inpatient unit level: combining young adult patients and those with mental retardation. <i>Applied Nursing Research</i> , May 2005 (Vol. 18, Issue 2,	Excluded: topic not suitable	-	-	-		

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 2: A-Z list of current printed and electronic journals			Hits: 180				Incl
JOURNAL	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Excl
	Pages 117-121)						
Applied Nursing Research	McFarlane JM, Groff JY, O'Brien JA, Watson K, Behaviors of children exposed to intimate partner violence before and 1 year after a treatment program for their mother, <i>Applied Nursing Research</i> , February 2005 (Vol. 18, Issue 1, Pages 7-12)	Excluded: topic not suitable	-	-	-		
Applied Nursing Research	Ruland CM, Shared decision making and nursing informatics research in Norway, <i>Applied Nursing Research</i> , May 2005 (Vol. 18, Issue 2, Pages 70-72)	Excluded: topic not suitable	-	-	-		
Applied Nursing Research	Savion I, Savion I, Nursing of malnourished children with emphasis on polyunsaturated fatty acids. <i>Applied Nursing Research</i> . August 2007 (Vol. 20, Issue 3, Pages 140-145)	Excluded: topic not suitable	-	-	-		
Applied Nursing Research	Sterling YM, Peterson JW, Lessons learned from a longitudinal qualitative family systems study. <i>Applied Nursing Research</i> , February 2005 (Vol. 18, Issue 1, Pages 44-49)	Excluded: topic not suitable	-	-	-		
Applied Nursing Research	Weinert C, Cudney S, Hill W, Retention in a computer-based outreach intervention for chronically ill rural women. <i>Applied Nursing Research</i> . February 2008 (Vol. 21, Issue 1, Pages 23-29)	Excluded: topic not suitable	-	-	-		
						2	
Best practice & research	Bennett Phillip, Thornton Steven, Preface , 28 August 2007, <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . October 2007 (Vol. 21, Issue 5, Pages 727-728)	Excluded: topic not suitable	-	-	-		
Best practice & research	Cheong Ying, R. Stones. William Chronic pelvic pain: aetiology and therapy. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . October 2006 (Vol. 20, Issue 5, Pages 695-711)	Excluded: topic not suitable	-	-	-		
Best practice & research	Cousineau Tara M., . Domar Alice D, Psychological impact of infertility , 27 December 2006. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . April 2007 (Vol. 21, Issue 2, Pages 293-308)	Excluded: topic not suitable	-	-	-		
Best practice & research	Elliott Catherine. Clinical governance in gynaecological surgery. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . February 2006 (Vol. 20, Issue 1, Pages 189-204)	Excluded: topic not suitable	-	-	-		
Best practice & research	Gibson Alan T., Outcome following preterm birth , 06 April 2007. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . October 2007 (Vol. 21, Issue 5, Pages 869-882)		√				

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 2: A-Z list of current printed and electronic journals		Hits: 180			Incl	
JOURNAL	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	Excl
						Accumul ative total
Best practice & research	Gucciardo Leonardo, Deprest Jan, Done Elise ', Van Mieghem Tim, Van de Velde Marc, Gratacos Eduardo, Jani Jacques, Peralta Fabio, Nicolaidis Kypros. Prediction of outcome in isolated congenital diaphragmatic hernia and its consequences for fetal therapy , 10 September 2007. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . February 2008 (Vol. 22, Issue 1, Pages 123-138)	Excluded: topic not suitable	-	-	-	
Best practice & research	Halliday Henry L., Evidence-based neonatal care. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . February 2005 (Vol. 19, Issue 1, Pages 155-166)		√			
Best practice & research	Halliday Jane, Outcomes of IVF conceptions: are they different? , 25 September 2006. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . February 2007 (Vol. 21, Issue 1, Pages 67-81)	Excluded: topic not suitable	-	-	-	
Best practice & research	Hui Lisa, Challis Daniel, Diagnosis and management of fetal growth restriction: the role of fetal therapy , 28 July 2007. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> , February 2008 (Vol. 22, Issue 1, Pages 139-158)	Excluded: topic not suitable	-	-	-	
Best practice & research	Khan Khalid S., Honest Honest. Risk screening for spontaneous preterm labour, 02 April 2007. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . October 2007 (Vol. 21, Issue 5, Pages 821-830)	Excluded: topic not suitable	-	-	-	
Best practice & research	Kowalcek Ingrid, Stress and anxiety associated with prenatal diagnosis, 16 December 2006, <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . April 2007 (Vol. 21, Issue 2, Pages 221-228)	Excluded: topic not suitable	-	-	-	
Best practice & research	Lee Dominic T.S., Chung Tony K.H.. Postnatal depression: an update, 18 November 2006. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . April 2007 (Vol. 21, Issue 2, Pages 183-191)	Excluded: topic not suitable	-	-	-	
Best practice & research	Lok Ingrid H., Neugebauer Richard, Psychological morbidity following miscarriage, 16 December 2006. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . April 2007 (Vol. 21, Issue 2, Pages 229-247)	Excluded: topic not suitable	-	-	-	
Best practice & research	Murthy Vadivelam, Kennea Nigel L., Antenatal infection/inflammation and fetal tissue injury , 28 February 2007. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . June 2007 (Vol. 21, Issue 3, Pages 479-489)	Excluded: topic not suitable	-	-	-	
Best practice & research	O'Donoghue Keelin, Fisk Nicholas M., Fetal stem cells, <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> , December 2004 (Vol. 18, Issue 6, Pages 853-875)	Excluded: topic not suitable	-	-	-	
Best practice & research	Sebitloane, H.M. Mhlanga, R.E. Changing patterns of maternal mortality (HIV/AIDS related) in poor countries, 26 November 2007. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . June 2008 (Vol. 22, Issue 3, Pages 489-499)	Excluded: topic not suitable	-	-	-	

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 2: A-Z list of current printed and electronic journals</i>		Hits: 180			Incl		
JOURNAL	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
							Excl
Best practice & research	Stem Cells in Obstetrics and Gynaecology Answers to Multiple Choice Questions for Vol. 18, No. 6. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . February 2005 (Vol. 19, Issue 1, Pages A11-A21)	Excluded: topic not suitable	-	-	-		
Best practice & research	Sutton Leslie N., Fetal surgery for neural tube defects , 07 August 2007. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . February 2008 (Vol. 22, Issue 1, Pages 175-188)	Excluded: topic not suitable	-	-	-		
Best practice & research	Verberg M.F.G., Macklon N.S., Heijnen E.M.E.W., B Fauser.C.J.M., ART: iatrogenic multiple pregnancy? , 10 October 2006. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . February 2007 (Vol. 21, Issue 1, Pages 129-143)	Excluded: topic not suitable	-	-	-		
Best practice & research	Zerbe Kathryn J.. Eating disorders in the 21st century: identification, management, and prevention in obstetrics and gynecology , 27 December 2006. <i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> . April 2007 (Vol. 21, Issue 2, Pages 331-343)	Excluded: topic not suitable	-	-	-		
						2	
Early Human Development	Ahn Y, Jun Y. Measurement of pain-like response to various NICU stimulants for high-risk infants. <i>Early Human Development</i> . April 2007 (Vol. 83, Issue 4, Pages 255-262)	Excluded: topic not suitable	-	-	-		
Early Human Development	Axelin A, Salanterä S, Lehtonen L. 'Facilitated tucking by parents' in pain management of preterm infants—a randomized crossover trial. <i>Early Human Development</i> . April 2006 (Vol. 82, Issue 4, Pages 241-247)		√				
Early Human Development	Bertelle V, Mabin D, Adrien J, Sizun J. Sleep of preterm neonates under developmental care or regular environmental conditions. <i>Early Human Development</i> . July 2005 (Vol. 81, Issue 7, Pages 595-600)	Excluded: already included	-	-	-		
Early Human Development	de Graaf-Peters VB, Hadders-Algra M. Ontogeny of the human central nervous system: What is happening when? <i>Early Human Development</i> . April 2006 (Vol. 82, Issue 4, Pages 257-266)	Excluded: topic not suitable	-	-	-		
Early Human Development	Felderhoff-Mueser U, Bühner C. Clinical measures to preserve cerebral integrity in preterm infants. <i>Early Human Development</i> . March 2005 (Vol. 81, Issue 3, Pages 237-244)	Excluded: already included	-	-	-		
Early Human Development	Ferber SG, Makhoul IR, Weller A. Does sympathetic activity contribute to growth of preterm infants? <i>Early Human Development</i> . March 2006 (Vol. 82, Issue 3, Pages 205-210)	Excluded: already included	-	-	-		
Early Human Development	Ferber SG. The nature of touch in mothers experiencing maternity blues: the contribution of parity. <i>Early Human Development</i> . August 2004 (Vol. 79, Issue 1, Pages 65-75)	Excluded: topic not suitable	-	-	-		

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 2: A-Z list of current printed and electronic journals</i>		Hits: 180			Incl		
JOURNAL	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
							Excl
Early Human Development	Gibbins S, Stevens B, Beyene J, Chan PC, Bagg M, Asztalos E. Pain behaviours in Extremely Low Gestational Age infants. <i>Early Human Development</i> . July 2008 (Vol. 84, Issue 7, Pages 451-458)	Excluded: topic not suitable	-	-	-		
Early Human Development	Hellström-Westas L, Rosén I. Electroencephalography and brain damage in preterm infants. <i>Early Human Development</i> . March 2005 (Vol. 81, Issue 3, Pages 255-261)	Excluded: topic not suitable	-	-	-		
Early Human Development	Holditch-Davis D, Scher M, Schwartz, T, Hudson–Barr D. Sleeping and waking state development in preterm infants. <i>Early Human Development</i> . October 2004 (Vol. 80, Issue 1, Pages 43-64)	Excluded: topic not suitable	-	-	-		
Early Human Development	Holsti L, Grunau RE, Oberlander TF, Whitfield MF. Prior pain induces heightened motor responses during clustered care in preterm infants in the NICU. <i>Early Human Development</i> . March 2005 (Vol. 81, Issue 3, Pages 293-302)	Excluded: already included	-	-	-		
Early Human Development	Kaarsen PI, Rønning JA, Tunby J, Nordhov SM, Ulvund SE, Dahl LB. A randomized controlled trial of an early intervention program in low birth weight children: Outcome at 2 years. <i>Early Human Development</i> . March 2008 (Vol. 84, Issue 3, Pages 201-209)	Excluded: topic not suitable	-	-	-		
Early Human Development	Kleberg A, Hellström-Westas L, Widström A. Mothers' perception of Newborn Individualized Developmental Care and Assessment Program (NIDCAP) as compared to conventional care. <i>Early Human Development</i> . June 2007 (Vol. 83, Issue 6, Pages 403-411)		√				
Early Human Development	Maguire CM, Bruil J, Wit JM, Walther FJ. Reading preterm infants' behavioral cues: An intervention study with parents of premature infants born <32 weeks. <i>Early Human Development</i> . July 2007 (Vol. 83, Issue 7, Pages 419-424)		√				
Early Human Development	Pierrat V, Goubet N, Peifer K, Sizun J. How can we evaluate developmental care practices prior to their implementation in a neonatal intensive care unit? <i>Early Human Development</i> July 2007 (Vol. 83, Issue 7, Pages 415-418)	Excluded: already included	-	-	-		
Early Human Development	Van den Berg KA, Individualized developmental care for high risk newborns in the NICU: A practice guideline. <i>Early Human Development</i> . July 2007 (Vol. 83, Issue 7, Pages 433-442)	Excluded: already included	-	-	-		
Early Human Development	van der Pal SM, Maguire CM, Le Cessie S, Veen S, Wit JM, Walther FJ, Bruil J. Staff opinions regarding the Newborn Individualized Developmental Care and Assessment Program (NIDCAP). <i>Early Human Development</i> . July 2007 (Vol. 83, Issue 7, Pages 425-432)		√				
Early Human Development	Walther FJ. Implementation of newborn individualised developmental care in the neonatal intensive care unit: Why and how? <i>Early Human Development</i> . July 2007 (Vol. 83, Issue 7, Pages 413-414)		√				

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 2: A-Z list of current printed and electronic journals			Hits: 180			Incl
JOURNAL	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	Excl
						This section
						Accumulative total
Early Human Development	Westrup B. Newborn Individualized Developmental Care and Assessment Program (NIDCAP) — Family-centered developmentally supportive care. <i>Early Human Development</i> . July 2007 (Vol. 83, Issue 7, Pages 443-449)		√			
Early Human Development	Zaramella P, Freato F, Milan A, Grisafi D, Vianello A, Chiandetti L. Comparison between the perinatal risk inventory and the nursery neurobiological risk score for predicting development in high-risk newborn Infants. <i>Early Human Development</i> . May 2008 (Vol. 84, Issue 5, Pages 311-317)	Excluded: topic not suitable	-	-	-	
						6
NAINR	Altimier L. Preface: Alternative therapies. <i>Newborn and Infant Nursing Reviews</i> . December 2001 (Vol. 1, Issue 4, Page 204)	Excluded: Preface	-	-	-	
NAINR	Altimier LB. Healing environments: for patients and providers, <i>Newborn and Infant Nursing Reviews</i> . June 2004 (Vol. 4, Issue 2, Pages 89-92)	Excluded: topic not suitable	-	-	-	
NAINR	Bozzette M. A Review of Research on Premature Infant-Mother Interaction. <i>Newborn and Infant Nursing Reviews</i> . March 2007 (Vol. 7, Issue 1, Pages 49-55)	√				
NAINR	Carrier CT. Individualized family-centered developmental care: Reflections on Implementation. <i>Newborn and Infant Nursing Reviews</i> . March 2002 (Vol. 2, Issue 1, Pages 27-34)	√				
NAINR	Clifton-Koeppel R. Endotracheal Tube Suctioning in the Newborn: A Review of the Literature. <i>Newborn and Infant Nursing Reviews</i> . June 2006 (Vol. 6, Issue 2, Pages 94-99)	Excluded: topic not suitable	-	-	-	
NAINR	Drake L. Guest Editorial. <i>Newborn and Infant Nursing Reviews</i> . June 2008 (Vol. 8, Issue 2, Pages 61-62)	Excluded: editorial	-	-	-	
NAINR	Eichel P. Kangaroo care: Expanding our practice to critically ill neonates. <i>Newborn and Infant Nursing Reviews</i> . December 2001 (Vol. 1, Issue 4, Pages 224-228)	√				
NAINR	Elverson CA, Wilson ME. Cortisol: Circadian Rhythm and Response to a Stressor. <i>Newborn and Infant Nursing Reviews</i> . December 2005 (Vol. 5, Issue 4, Pages 159-169)	√				
NAINR	Epstein E. Toward a New Conceptualization for Stress Response in Newborn Infants. <i>Newborn and Infant Nursing Reviews</i> . June 2005 (Vol. 5, Issue 2, Pages 97-103)	Excluded: topic not suitable	-	-	-	
NAINR	Evans R, Madsen B. Culture Clash: Transitioning from the Neonatal Intensive Care Unit to the Pediatric Intensive Care Unit. <i>Newborn and Infant Nursing Reviews</i> . December 2005 (Vol. 5, Issue 4, Pages 188-193)	Excluded: topic not suitable	-	-	-	
NAINR	Future Issues. <i>Newborn and Infant Nursing Reviews</i> . December 2001 (Vol. 1, Issue 4, Page A1)	Excluded: Post script	-	-	-	

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 2: A-Z list of current printed and electronic journals</i>			Hits: 180				Incl
JOURNAL	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Excl
							Accumulative total
NAINR	Future Issues. <i>Newborn and Infant Nursing Reviews</i> . June 2001 (Vol. 1, Issue 2, Page A1)	Excluded: Post script	-	-	-		
NAINR	Future Issues. <i>Newborn and Infant Nursing Reviews</i> . March 2001 (Vol. 1, Issue 1, Page A1)	Excluded: Post script	-	-	-		
NAINR	Future Issues. <i>Newborn and Infant Nursing Reviews</i> . September 2001 (Vol. 1, Issue 3, Page A1)	Excluded: Post script	-	-	-		
NAINR	Gibbins S, Fowler L, Gibbins S. A Combined Approach to Pain Management in the Surgical Neonate. <i>Newborn and Infant Nursing Reviews</i> . September 2007 (Vol. 7, Issue 3, Pages 171-174)	Excluded: topic not suitable	-	-	-		
NAINR	Gibbins S, Stevens B. State of the art: Pain assessment and management in high-risk infants. <i>Newborn and Infant Nursing Reviews</i> . June 2001 (Vol. 1, Issue 2, Pages 85-96)		√				
NAINR	Harrison LL. The use of comforting touch and massage to reduce stress for preterm infants in the neonatal intensive care unit. <i>Newborn and Infant Nursing Reviews</i> . December 2001 (Vol. 1, Issue 4, Pages 235-241)		√				
NAINR	Hendricks-Muñoz KD, Prendergast CC, Caprio MC, Wasserman RS. Developmental care: The impact of Wee Care developmental care training on short-term infant outcome and hospital costs. <i>Newborn and Infant Nursing Reviews</i> , March 2002 (Vol. 2, Issue 1, Pages 39-45)		√				
NAINR	Hill AS. The Effects of Nonnutritive Sucking and Oral Support on the Feeding Efficiency of Preterm Infants. <i>Newborn and Infant Nursing Reviews</i> . September 2005 (Vol. 5, Issue 3, Pages 133-141)		√				
NAINR	Howland LC. Preterm Birth: Implications for Family Stress and Coping. <i>Newborn and Infant Nursing Reviews</i> . March 2007 (Vol. 7, Issue 1, Pages 14-19)	Excluded: topic not suitable	-	-	-		
NAINR	Jones J, Kassity N, Duncan K. Complementary care: Alternatives for the neonatal intensive care unit. <i>Newborn and Infant Nursing Reviews</i> . December 2001 (Vol. 1, Issue 4, Pages 207-210)		√				
NAINR	Jorgensen KM. Moving forward with developmental care: Education and beyond. <i>Newborn and Infant Nursing Reviews</i> . March 2002 (Vol. 2, Issue 1, Pages 5-8)		√				
NAINR	Kenner C, Lott JW, Strodbeck F, Ferguson S. Postscript. <i>Newborn and Infant Nursing Reviews</i> . March 2003 (Vol. 3, Issue 1, Pages 36-40)	Excluded: postscript	-	-	-		
NAINR	Kenner C, Lott JW, Strodbeck F, Theorell C. Postscript. <i>Newborn and Infant Nursing Reviews</i> . June 2002 (Vol. 2, Issue 2, Pages 139-142)	Excluded: postscript	-	-	-		
NAINR	Kenner C. Newsflashes: Developmental care for newborns and infants. <i>Newborn and Infant Nursing Reviews</i> . March 2002 (Vol. 2, Issue 1, Page 1)	Excluded: editorial	-	-	-		

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 2: A-Z list of current printed and electronic journals</i>			Hits: 180				Incl
JOURNAL	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Excl
						Accumulative total	
NAINR	Kuller JM. Skin breakdown: Risk factors, prevention, and treatment, <i>Newborn and Infant Nursing Reviews</i> . March 2001 (Vol. 1, Issue 1, Pages 35-42)	Excluded: topic not suitable	-	-	-		
NAINR	Ludwig S, Steichen J, Khoury J, Krieg P. Quality Improvement Analysis of Developmental Care in Infants Less Than 1500 Grams at Birth. <i>Newborn and Infant Nursing Reviews</i> . June 2008 (Vol. 8, Issue 2, Pages 94-100)		√				
NAINR	McGrath JM, Lutes L, Preface: Developmental care for newborns and infants. <i>Newborn and Infant Nursing Reviews</i> . March 2002 (Vol. 2, Issue 1, Page 2)	Excluded: preface	-	-	-		
NAINR	McGrath JM. Integration of developmentally supportive care and family-centered issues into neonatal nurse practitioner education. <i>Newborn and Infant Nursing Reviews</i> . March 2002 (Vol. 2, Issue 1, Pages 35-38)		√				
NAINR	McGrath LM, Lutes L, Kenner C, Lott JW, Strodbeck F. Postscript: Commentary: Developmental care: Acceptable or not? <i>Newborn and Infant Nursing Reviews</i> . March 2002 (Vol. 2, Issue 1, Pages 46-48)	Excluded: postscript	-	-	-		
NAINR	Nyqvist KH. Breastfeeding Support in Neonatal Care: An Example of the Integration of International Evidence and Experience. <i>Newborn and Infant Nursing Reviews</i> . March 2005 (Vol. 5, Issue 1, Pages 34-48)	Excluded: included with previous sample	-	-	-		
NAINR	Ramsey TK. An infant's first massage in the neonatal intensive care unit: A case report. <i>Newborn and Infant Nursing Reviews</i> . December 2001 (Vol. 1, Issue 4, Pages 229-234)		√				
	* Inclusion after reading the title, or the abstract or the full text					13	

SAMPLE 3

Table 14: Results retrieved and selected for inclusion from the Library catalogue for “developmental care”

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total

Table 15: Study titles for SAMPLE 3 with keyword search “Developmental Care”

<i>Sample 3: Library catalogue</i>	Keyword: “Developmental Care”	Hits: 39				Excl
ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Developmental care of newborns & infants : a guide for health professionals / [edited by] Carole Kenner, Jacqueline M. McGrath.. St Louis, MO: Mosby, c2004.	Excluded: books not included for review					
1. Neonatal nursing handbook edited by Carole Kenner	Excluded: books not included for review					
2. Developmental care of newborns & infants: a guide for health professionals edited by Carole Kenner. St Louis	Excluded: Duplicate listing & book					
3. Nurturing the premature infant: developmental interventions in the neonatal intensive care nursery. New York: Oxford University Press	Excluded: books not included for review					
4. Handbook of infant mental health. Ed. Charles Zeanah	Excluded: books not included for review					
Parenting after divorce : resolving conflicts and meeting your children's needs / Philip M. Stahl. Stahl, Philip Michael. Atascadero, Calif. : Impact Publishers, c2007.	Excluded: books not included for review					
Kaplan & Sadock's synopsis of psychiatry : behavioral sciences/clinical psychiatry. Sadock, Benjamin J., 1933-Philadelphia : Wolter Kluwer/Lippincott Williams & Wilkins, c2007.	Excluded: books not included for review					
Psychiatric nursing care plans / Katherine M. Fortinash, Patricia A. Holoday Worret. Fortinash, Katherine M. St. Louis,Mo. : Mosby/Elsevier, c2007.	Excluded: books not included for review					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 3: Library catalogue</i>	Keyword: “Developmental Care”	Hits: 39				Excl
ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
The handbook of spiritual development in childhood and adolescence / editors, Eugene C. Roehlkeparta Thousand Oaks, Calif. : SAGE Publications, c2006.	Excluded: books not included for review					
Handbook of children, culture, and violence / edited by Nancy E. Dowd, Dorothy G. Singer, Robin Fret Thousand Oaks, Calif. : Sage, c2006	Excluded: books not included for review					
Human development 06/07 / edited by Karen L. Freiberg. Dubuque, Ia. : McGraw-Hill/Contemporary Learning Series, c2006.	Excluded: books not included for review					
Human development 06/07 / edited by Karen L. Freiberg. Dubuque, Ia. : McGraw-Hill/Contemporary Learning Series, c2006	Excluded: books not included for review					
Spiritual growth and care in the fourth age of life / Elizabeth MacKinlay. MacKinlay, Elizabeth, 1940- London ;Philadelphia : Jessica Kingsley Publishers, c2006	Excluded: books not included for review					
Preventive health care for children with genetic conditions : providing a medical home / Golder N. W Wilson, Golder. Cambridge, UK ; New York : Cambridge University Press, 2006.	Excluded: books not included for review					
Developmental contexts in middle childhood : bridges to adolescence and adulthood / edited by Aletha Cambridge, UK ; New York : Cambridge University Press, 2006	Excluded: books not included for review					
Child care and child development : results from the NICHD study of early child care and youth develo New York :Guilford Press, c2005.	Excluded: books not included for review					
Critical issues in early childhood education / edited by Nicola Yelland. Maidenhead ; New York : Open University Press, 2005	Excluded: books not included for review					
The Cambridge handbook of age and ageing / edited by Malcolm Johnson ; association with Vern L. Beng Cambridge; New York : Cambridge University Press, 2005	Excluded: books not included for review					
Fundamentals of nursing / Patricia A. Potter, Anne Griffin Perry. Potter, Patricia Ann. St Louis, MO. : Elsevier Mosby, c2005.	Excluded: books not included for review					
Work, family, health, and well-being / edited by Suzanne M. Bianchi, Lynne M. Casper, Rosalind Berko Workforce/Workplace Mismatch: Work, Health, and Well-being (2003 : Washington, D.C.) Mahwah, NJ : LawrenceErlbaum, 2005	Excluded: books not included for review					
Family-based youth ministry / Mark DeVries. DeVries, Mark. Downers Grove, Ill. : InterVarsity Press, c2004	Excluded: books not included for review					
Neonatal nursing handbook / [edited by] Carole Kenner, Judy Wright Lott. St. Louis, Mo. : Saunders, c2004.	Excluded: books not included for review					
Developmental care of newborns & infants : a guide for health professionals / [edited by] Carole Ken St. Louis, MO :Mosby, c2004.	Excluded: books not included for review					
Straight talk about psychiatric medications for kids / Timothy E. Wilens. Wilens, Timothy E. New York : Guilford Press, c2004	Excluded: books not included for review					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 3: Library catalogue</i>	Keyword: “Developmental Care”	Hits: 39				Excl
ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
The social work experience : an introduction to social work and social welfare / Mary Ann Suppes, Ca Suppes, Mary Ann. Boston, Mass. : McGraw-Hill, c2003	Excluded: books not included for review					
Forgiveness : theory, research, and practice / edited by Michael E. McCullough, Kenneth I. Pargament New York : Guilford Press, c2000.	Excluded: books not included for review					
Clinical applications of music therapy in developmental disability, paediatrics, and neurology / edi London ; Philadelphia : J. Kingsley Publishers, 1999	Excluded: books not included for review					
Risks and outcomes in developmental psychopathology / edited by Hans-Christoph Steinhausen and Frank Oxford : Oxford University Press, 1999.	Excluded: books not included for review					
Nurturing the premature infant : developmental interventions in the neonatal intensive care nursery New York : Oxford University Press, 1999	Excluded: books not included for review					
Tourette's syndrome--tics, obsessions, compulsions : developmental psychopathology and clinical care Leckman, James F. New York : John Wiley & Sons, c1998.	Excluded: books not included for review					
Feminisms and pedagogies of everyday life [electronic resource] / edited by Carmen Luke. Albany : State University of New York Press, c1996.	Excluded: books not included for review					
Opportunities in mental health careers [electronic resource] / Philip A. Perry, foreword by George B Perry, Philip A. Lincolnwood, Ill. : VGM Career Horizons, c1996	Excluded: books not included for review					
Challenging women : psychology's exclusions, feminist possibilities / Erica Burman ... [et al.]. Buckingham ; Philadelphia : Open University Press, 1996	Excluded: books not included for review					
Early childhood education 96, 97 / editor, Karen Menke Paciorek, Joyce Huth Munro. Guilford, Conn. : Dushkin Pub.Group, c1996.	Excluded: books not included for review					
Feeding the disabled child / edited by Peter B. Sullivan, Lewis Rosenbloom ; with a foreword by Jame London : Mac Keith, 1996.	Excluded: books not included for review					
Disabled children & developing countries / edited by Pam Zinkin, Helen McConachie ; with a foreword London : Mac Keith, 1995.	Excluded: books not included for review					
Practising development : social science perspectives / edited by Johan Pottier. London ; New York : Routledge, 1993.	Excluded: books not included for review					
Handbook of effective psychotherapy / edited by Thomas R. Giles. New York : Plenum Press, c1993	Excluded: books not included for review					
Handbook of infant mental health / edited by Charles H. Zeanah, Jr. New York : Guilford Press, 1993	Excluded: books not included for review					
Childhood and death / edited by Hannelore Wass and Charles A. Corr. Washington: Hemisphere Pub. Corp., c1984.	Excluded: books not included for review					
Family health care. Vol. 2, Developmental and situational crisis. Hymovich, Debra P. New York : McGraw-Hill, c1979.	Excluded: books not included for review					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 3: Library catalogue</i>	Keyword: “Developmental Care”	Hits: 39				Excl
ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Family health care / editors, Debra P. Hymovich, Martha Underwood Barnard. NEW YORK : MCGRAW-HILL, C1979	Excluded: books not included for review					
Teaching children with developmental problems : a family care approach / Kathryn E. Barnard, Marcene Barnard, Kathryn E. Saint Louis : Mosby, 1976.	Excluded: books not included for review					
* Inclusion after reading the title, or the abstract or the full text					0	

Table 16: Study titles for SAMPLE 3 with keyword search “Developmental Care” (continue)

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
Africa-Wide: (BiblioLine)	NiPAD	Discontinued at library	-	-		-	-
Emerald		“developmental care”	0	-		-	-
ScienceDirect			45	11	Topic not applicable (3) Duplicate listing (30) Foreign language (1)	11	136
	Early Human Development		(14)	(0)	Duplicate listing (14)	-	-
	Newborn and Infant Nursing Reviews		(8)	(0)	Duplicate listing (8)	-	-
	Archives de Pédiatrie		(5)	-	Duplicate (5)	-	-
	Journal of Neonatal Nursing		(5)	3	Topic not suitable (2)	3	139
	Seminars in Neonatology		(3)	2	Duplicate (3)	2	141

Table 17: Results retrieved and selected for inclusion from the Library catalogue for Science Direct, keyword “Developmental Care”

Sample 3: Library catalogue – Science Direct	Keyword: “Developmental Care”	Hits: 45			This section	Incl Excl
		Title*	Abstract*	Full text*		
ARTICLE TITLE (HITS)	Exclusion reason					
Aagaard H, Hall EOC, Mothers' Experiences of Having a Preterm Infant in the Neonatal Care Unit: A Meta-Synthesis, <i>Journal of Pediatric Nursing, Volume 23, Issue 3, June 2008, p 26-36</i>		√	-	-		
Alexandre C, Bomy H, Bourdon E, Truffert P, Pierrat V, Accompagnement des mères de nouveau-nés prématurés dans leur projet d'allaitement maternel. Évaluation d'un programme de formation dans une unité périnatale de niveau III, <i>Archives de Pédiatrie, Volume 14, Issue 12, December 2007, Pages 1413-1419</i>	Excluded: Included with previous sample					
Als H, Gilkerson L, The role of relationship-based developmentally supportive newborn intensive care in strengthening outcome of preterm infants, <i>Seminars in Perinatology, Volume 21, Issue 3, June 1997, Pages 178-189,</i>	Excluded: Included with previous sample					
Bertelle V, Mabin D, Adrien J, Sizun J, Sleep of preterm neonates under developmental care or regular environmental conditions, <i>Early Human Development, Volume 81, Issue 7, July 2005, Pages 595-600</i>	Excluded: Included with previous sample					
Bond C, Positive Touch and massage in the neonatal unit: a British approach, <i>Seminars in Neonatology, Volume 7, Issue 6, December 2002, Pages 477-486</i>		√				
Bonnier C, Évaluation des programmes d' intervention précoce, <i>Archives de Pédiatrie, Volume 14, Supplement 1, 2007, Pages S58-S64</i>	Excluded: Included with previous sample					
Brindle L, The case for play in a neonatal intensive care unit – The work of a hospital play specialist, <i>Journal of Neonatal Nursing, Volume 12, Issue 1, February 2006, Pages 14-19</i>		√				
Brown LD, Heermann JA, The effect of developmental care on preterm infant outcome, <i>Applied Nursing Research, Volume 10, Issue 4, November 1997, Pages 190-197</i>	Excluded: Included with previous sample					
Carrier CT, Individualized family-centered developmental care: Reflections on implementation, <i>Newborn and Infant Nursing Reviews, Volume 2, Issue 1, March 2002, Pages 27-34</i>	Excluded: Included with previous sample					
Catelin C, Tordjman S, Morin V, Oger E, Sizun J, Clinical, Physiologic, and Biologic Impact of Environmental and Behavioral Interventions in Neonates During a Routine Nursing Procedure, <i>The Journal of Pain, Volume 6, Issue 12, December 2005, Pages 791-797</i>		√				
Crawley A, Emery M, A comparative study to determine nursing staff attitudes towards daily allocation of quiet time before and after implementation, <i>Journal of Neonatal Nursing, Volume 12, Issue 4, August 2006, Pages 138-143</i>		√				

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 3: Library catalogue – Science Direct	Keyword: “Developmental Care”	Hits: 45			Incl
		Title*	Abstract*	Full text*	Excl
ARTICLE TITLE (HITS)	Exclusion reason				Accumulat ive total
Felderhoff-Mueser U, Bühner C, Clinical measures to preserve cerebral integrity in preterm infants, <i>Early Human Development, Volume 81, Issue 3, March 2005, Pages 237-244</i>	Excluded: Included with previous sample				
Ferber SG, Makhoul IR, Weller A, Does sympathetic activity contribute to growth of preterm infants?, <i>Early Human Development, Volume 82, Issue 3, March 2006, Pages 205-210</i>	Excluded: Included with previous sample				
Fortune J, The Virtual Learning Environment: An alternative, flexible and accessible method of neonatal nurse education, <i>Journal of Neonatal Nursing, Volume 13, Issue 6, December 2007, Pages 231-235</i>	Excluded: Title not applicable				
Gamblian V, Hess DJ, Kenner C, Early discharge from the NICU, <i>Journal of Pediatric Nursing, Volume 13, Issue 5, October 1998, Pages 296-301</i>	Excluded: Included with previous sample				
Harrison V, Developmental care of the premature baby : Jeanine Young <i>Baillier Tindall, 1996, 1st edn, ISBN 0-7020-2137-7, Price £9.95 Midwifery, Volume 13, Issue 1, March 1997, Page 51,</i>		√			
Hendricks-Muñoz KD, Prendergast CC, Caprio MC, Wasserman RS, Developmental care: The impact of Wee Care developmental care training on short-term infant outcome and hospital costs', <i>Newborn and Infant Nursing Reviews, Volume 2, Issue 1, March 2002, Pages 39-45</i>	Excluded: Included with previous sample				
Holsti L, Grunau RE, Oberlander TF, Whitfield MF, Prior pain induces heightened motor responses during clustered care in preterm infants in the NICU, <i>Early Human Development, Volume 81, Issue 3, March 2005, Pages 293-302</i>	Excluded: Included with previous sample				
Jacobs SE, Sokol J, Ohlsson A, The newborn individualized developmental care and assessment program is not supported by meta-analyses of the data, <i>The Journal of Pediatrics, Volume 140, Issue 6, June 2002, Pages 699-706</i>		√			
Jorgensen KM, Moving forward with developmental care: Education and beyond, <i>Newborn and Infant Nursing Reviews, Volume 2, Issue 1, March 2002, Pages 5-8</i>	Excluded: Included with previous sample				
Kenner C, Newsflashes: Developmental care for newborns and infants, <i>Newborn and Infant Nursing Reviews, Volume 2, Issue 1, March 2002, Page 1</i>	Excluded: Included with previous sample				
Kleberg A, Hellström-Westas L, Widström A, Mothers' perception of Newborn Individualized Developmental Care and Assessment Program (NIDCAP) as compared to conventional care, <i>Early Human Development, Volume 83, Issue 6, June 2007, Pages 403-411</i>	Excluded: Included with previous sample				

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 3: Library catalogue – Science Direct	Keyword: “Developmental Care”	Hits: 45			Incl
		Title*	Abstract*	Full text*	Excl
ARTICLE TITLE (HITS)	Exclusion reason				Accumulative total
Kleberg A, Westrup B, Stjernqvist K, Developmental outcome, child behaviour and mother-child interaction at 3 years of age following Newborn Individualized Developmental Care and Intervention Program (NIDCAP) intervention, <i>Early Human Development, Volume 60, Issue 2, December 2000, Pages 123-135</i>	Excluded: Included with previous sample				
Kleberg A, Westrup B, Stjernqvist K, Lagercrantz H, Indications of improved cognitive development at one year of age among infants born very prematurely who received care based on the Newborn Individualized Developmental Care and Assessment Program (NIDCAP), <i>Early Human Development, Volume 68, Issue 2, July 2002, Pages 83-91</i>	Excluded: Included with previous sample				
Ludwig S, Steichen J, Khoury J, Krieg P, Quality Improvement Analysis of Developmental Care in Infants Less Than 1500 Grams at Birth, <i>Newborn and Infant Nursing Reviews, Volume 8, Issue 2, June 2008, Pages 94-100</i>	Excluded: Included with previous sample				
Maguire CM, Bruil J, Wit JM, Walther FJ, Reading preterm infants' behavioral cues: An intervention study with parents of premature infants born < 32 weeks, <i>Early Human Development, Volume 83, Issue 7, July 2007, Pages 419-424</i>	Excluded: Included with previous sample				
Mallet I, Bomy H, Govaert N, Goudal I, Brasme C, Dubois A, Boudringhien S, Pierrat V, Le peau à peau en médecine néonatale : connaissances et attentes des professionnels de santé dans deux unités de néonatalogie de niveau III, <i>Archives de Pédiatrie, Volume 14, Issue 7, July 2007, Pages 881-886</i>	Excluded: Foreign language				
McGrath JM, Lutes L, Kenner C, Lott JW, Strodbeck F, Postscript: Commentary: Developmental care: Acceptable or not?, <i>Newborn and Infant Nursing Reviews, Volume 2, Issue 1, March 2002, Pages 46-48</i>	Excluded: Included with previous sample				
McGrath JM, Lutes L, Preface: Developmental care for newborns and infants, <i>Newborn and Infant Nursing Reviews, Volume 2, Issue 1, March 2002, Page 2</i>	Excluded: Included with previous sample				
Morison SJ, Holsti L, Grunau RE, Whitfield MF, Oberlander TF, Chan HWP, Williams L, Are there developmentally distinct motor indicators of pain in preterm infants?, <i>Early Human Development, Volume 72, Issue 2, June 2003, Pages 131-146</i>	Excluded: Included with previous sample				
Nyqvist KH, Breastfeeding Support in Neonatal Care: An Example of the Integration of International Evidence and Experience, <i>Newborn and Infant Nursing Reviews, Volume 5, Issue 1, March 2005, Pages 34-48</i>	Excluded: Included with previous sample				
Pierrat V, Goubet N, Peifer K, Sizun J, How can we evaluate developmental care practices prior to their implementation in a neonatal intensive care unit?, <i>Early Human Development, Volume 83, Issue 7, July 2007, Pages 415-418</i>	Excluded: Included with previous sample				

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 3: Library catalogue – Science Direct	Keyword: “Developmental Care”	Hits: 45			This section	Incl Excl
		Title*	Abstract*	Full text*		
ARTICLE TITLE (HITS)	Exclusion reason					
Rick SJ, Developmental care on newborn intensive care units: Nurses’ experiences and neurodevelopmental, behavioural, and parenting outcomes. A critical review of the literature, <i>Journal of Neonatal Nursing, Volume 12, Issue 2, April 2006, Pages 56-61</i>		√				
Sell EJ, Hill-Mangan S, Holberg CJ, Natural course of behavioral organization in premature infants, <i>Infant Behavior and Development, Volume 15, Issue 4, October-December 1992, Pages 461-478</i>	Excluded: Topic not relevant					
Sizun J, Ansquer H, Browne J, Tordjman S, Morin J, Developmental care decreases physiologic and behavioral pain expression in preterm neonates, <i>The Journal of Pain, Volume 3, Issue 6, December 2002, Pages 446-450</i>		√				
Sizun J, Pierrat V, Goubet N, Peifer K, Recherche clinique, soins de développement et NIDCAP: aspects méthodologiques spécifiques, <i>Archives de Pédiatrie, Volume 14, Supplement 1, 2007, Pages S54-S57</i>	Excluded: Included with previous sample					
Sizun J, Ratynski N, Mambrini C, Implanter un programme individualisé de soutien du développement en réanimation néonatale: pourquoi, comment?, <i>Archives de Pédiatrie, Volume 6, Issue 4, April 1999, Pages 434-439</i>	Excluded: Included with previous sample					
Spence K, Lau C, Measuring nursing unit culture as an empirical basis for implementing a model of practice in a neonatal intensive care unit, <i>Journal of Neonatal Nursing, Volume 12, Issue 1, February 2006, Pages 20-28</i>	Excluded: Topic not relevant					
Tessier R, Cristo MB, Velez S, Giron M, Nadeau L, de Calume ZF, Ruiz-Paláez JG, Charpak N, Kangaroo Mother Care: A method for protecting high-risk low-birth-weight and premature infants against developmental delay, <i>Infant Behavior and Development, Volume 26, Issue 3, August 2003, Pages 384-397</i>		√				
Van den Berg KA, Individualized developmental care for high risk newborns in the NICU: A practice guideline, <i>Early Human Development, Volume 83, Issue 7, July 2007, Pages 433-442</i>	Excluded: Included with previous sample					
van der Pal SM, Maguire CM, Le Cessie S, Veen S, Wit JM, Walther FJ, Bruil J, Staff opinions regarding the Newborn Individualized Developmental Care and Assessment Program (NIDCAP), <i>Early Human Development, Volume 83, Issue 7, July 2007, Pages 425-432</i>	Excluded: Included with previous sample					
Walther FJ, Implementation of newborn individualised developmental care in the neonatal intensive care unit: Why and how?, <i>Early Human Development, Volume 83, Issue 7, July 2007, Pages 413-414</i>	Excluded: Included with previous sample					
Westrup B, Newborn Individualized Developmental Care and Assessment Program (NIDCAP) — Family-centered developmentally supportive care, <i>Early Human</i>	Excluded: Included with previous sample					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 3: Library catalogue – Science Direct	Keyword: “Developmental Care”	Hits: 45			Incl	Excl
		Title*	Abstract*	Full text*	This section	Accumulative total
ARTICLE TITLE (HITS)	Exclusion reason					
<i>Development, Volume 83, Issue 7, July 2007, Pages 443-449</i>						
Westrup B, Stjernqvist K, Kleberg A, Hellström-Westas L, Lagercrantz H, Neonatal individualized care in practice: a Swedish experience, <i>Seminars in Neonatology, Volume 7, Issue 6, December 2002, Pages 447-457</i>		√				
Whitfield MF, Psychosocial effects of intensive care on infants and families after discharge, <i>Seminars in Neonatology, Volume 8, Issue 2, April 2003, Pages 185-193</i>	Excluded: Included with previous sample					

Table 18: Sample 3: Summary of keywords used to search Library Catalogue (continue)

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
Sample 3: Library catalogue	(cont)	“Developmental Care”				-	-
	Scopus	No access		-		-	-
	ISI Web of Knowledge	“developmental” AND “care”.	0	-		-	-
	Web of science		6	0	Titles not related (6)	-	-
	JSTOR	“developmental care”	19	1	Topic not suitable (18)	1	142

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Table 19: Study titles for SAMPLE 3 in JSTOR with keyword search “Developmental” AND “Care”

Sample 3: Library catalogue – JSTOR	Keyword: “Developmental” AND “Care”	Hits: 19			This section	Incl Excl
		Title*	Abstract*	Full text*		
ARTICLE TITLE (HITS)	Exclusion reason					
Angrist SS, Lave JR. Issues Surrounding Day Care. <i>The Family Coordinator</i> , Vol. 22, No. 4 (Oct., 1973), pp. 457-464	Excluded: topic not suitable	-	-	-		
Belsky J. The Determinants of Parenting: A Process Model. <i>Child Development</i> , Vol. 55, No. 1 (Feb., 1984), pp. 83-96	Excluded: topic not suitable	-	-	-		
Chase J. Inside HEW: Women Protest Sex Discrimination, <i>Science</i> , New Series, Vol. 174, No. 4006 (Oct. 15, 1971), pp. 270-274	Excluded: topic not suitable	-	-	-		
Fishhaut EH, Pastor D. Should the Public Schools Be Entrusted with Preschool Education: A Critique of the AFT Proposals. <i>The School Review</i> , Vol. 86, No. 1 (Nov., 1977), pp. 38-49	Excluded: topic not suitable	-	-	-		
Halfon N, Inkelas M, Hochstein M. The Health Development Organization: An Organizational Approach to Achieving Child Health Development. <i>The Milbank Quarterly</i> , Vol. 78, No. 3 (2000), pp. 447-497	Excluded: topic not suitable	-	-	-		
Hill-Scott K. Child Care in the Black Community. <i>Journal of Black Studies</i> , Vol. 10, No. 1 (Sep., 1979), pp. 78-97	Excluded: topic not suitable	-	-	-		
Honig AS. What We Need to Know to Help the Teenage Parent. <i>The Family Coordinator</i> , Vol. 27, No. 2 (Apr., 1978), pp. 113-119	Excluded: topic not suitable	-	-	-		
Ingersoll EW, Thoman EB. Sleep/Wake States of Preterm Infants: Stability, Developmental Change, Diurnal Variation, and Relation with Caregiving Activity. <i>Child Development</i> , Vol. 70, No. 1 (Jan. - Feb., 1999), pp. 1-10		√	-	-		
Johansen AS, Leibowitz A, Waite LJ. The Importance of Child-Care Characteristics to Choice of Care. <i>Journal of Marriage and the Family</i> , Vol. 58, No. 3 (Aug., 1996), pp. 759-772	Excluded: topic not suitable	-	-	-		
Kushman JE. A Three-Sector Model of Day Care Center Services, <i>The Journal of Human Resources</i> , Vol. 14, No. 4 (Autumn, 1979), pp. 543-562	Excluded: topic not suitable	-	-	-		
Lovejoy OR. Helping the Farmer Through His Children. \$100,000,000 Worth of Children on the Farm. <i>Annals of the American Academy of Political and Social Science</i> , Vol. 98, Child Welfare (Nov., 1921), pp. 147-153	Excluded: topic not suitable	-	-	-		
Mink G. Reviewed work(s): <i>Children's Interests/Mothers' Rights: The Shaping of America's Child Care Policy</i> by Sonya Michel. <i>The American Historical Review</i> , Vol. 105, No. 4 (Oct., 2000), pp. 1330-1331	Excluded: topic not suitable	-	-	-		
Nash M. AJN JobFocus: The Midwest: Discover Middle America. <i>The American Journal of Nursing</i> , Vol. 89, No. 10 (Oct., 1989), pp. 1335+1337- 1338+1340+1342+1344-1346+1348+1350-1351	Excluded: topic not suitable	-	-	-		
Nash M. AJN JobFocus: The Midwest: Grand Central, USA. <i>The American Journal of Nursing</i> , Vol. 90, No. 3 (Mar., 1990), pp. 67- 68+70+72+74+76+78+80+82-83	Excluded: topic not suitable	-	-	-		

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 3: Library catalogue – JSTOR	Keyword: “Developmental” AND “Care”	Hits: 19			This section	Incl Excl
		Title*	Abstract*	Full text*		
ARTICLE TITLE (HITS)	Exclusion reason					
O'Connor SM. Reviewed work(s): <i>Day Care: Scientific and Social Policy Issues</i> by Edward F. Zigler; Edmund W. Gordon. <i>The Erosion of Childhood</i> by Valerie Polakow Suransky. <i>Signs</i> , Vol. 10, No. 1 (Autumn, 1984), pp. 161-163	Excluded: topic not suitable	-	-	-		
Phillips DA, Voran M, Kisker E, Howes C, Whitebook M. Child Care for Children in Poverty: Opportunity or Inequity?. <i>Child Development</i> , Vol. 65, No. 2, Children and Poverty (Apr., 1994), pp. 472-492	Excluded: topic not suitable	-	-	-		
Robey, JS. Reviewed work(s): <i>The Children's Cause</i> by Gilbert Y. Steiner; Pauline H. Milius. <i>The American Political Science Review</i> , Vol. 72, No. 2 (Jun., 1978), pp. 708-709	Excluded: topic not suitable	-	-	-		
Seaver JW, Cartwright CA. A Pluralistic Foundation for Training Early Childhood Professionals. <i>Curriculum Inquiry</i> , Vol. 7, No. 4 (Winter, 1977), pp. 305-329	Excluded: topic not suitable	-	-	-		
Suelzle M. Reviewed work(s): <i>Child Care & ABC's Too</i> . by Sar A. Levitan; Karen Cleary Alderman. <i>Contemporary Sociology</i> , Vol. 5, No. 6 (Nov., 1976), pp. 767-768	Excluded: topic not suitable	-	-	-		
* Inclusion after reading the title, or the abstract or the full text					1	

Table 20: Sample 3: Summary of keywords used to search Library Catalogue – The Cochrane Library

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
Cochrane Library	Cochrane Reviews	“developmental” AND “care”	17	2	Topic not applicable (1) Duplicate listing (14)	2	143
	Other Reviews	“developmental” AND “care”	5	1	Topic not applicable (1) Duplicate listing (3)	1	144
	Clinical Trials	“developmental” AND “care”	83	21	Topic not applicable (40) Duplicate listing (19)	21	165
	Methods Studies	“developmental” AND “care”	1	0	Topic not applicable (1)	-	-
	Technology Assessments	“developmental” AND “care”	2	1	Topic not applicable (1)	1	166
	Economic Evaluations	“developmental” AND “care”	8	0	Topic not applicable (6) Duplicate listing (2)	-	-
	Cochrane Groups	“developmental” AND “care”	-	-	No hits	-	-
						37	167

Table 21: Study titles for SAMPLE 3 in The Cochrane Library with keyword search “Developmental” AND “Care”

<i>Sample 3: Library catalogue – The Cochrane Library</i>		Keyword: “Developmental” AND “Care”	Hits: 116			Incl	Excl
Sub-source	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumul ative total
Cochrane Reviews	AJ Taft, K Hegarty, J Ramsay, G Feder, YH Carter, LL Davidson, A Warburton, 2008. Screening women for intimate partner violence in health care settings	Excluded: topic not suitable					
Cochrane Reviews	B Zoritch, I Roberts, A Oakley, 2000. Day care for pre-school children	Excluded: topic not suitable					
Cochrane Reviews	C Donkoh, K Underhill, P Montgomery, 2006. Independent living programmes for improving outcomes for young people leaving the care system	Excluded: topic not suitable					
Cochrane Reviews	Conde-Agudelo A, Diaz-Rosello, JL, Belizan JM. 2003. Kangaroo mother care to reduce morbidity and mortality in low birthweight Infants.		√				
Cochrane Reviews	E Ng, A Taddio, A Ohlsson, 2003. Intravenous midazolam infusion for sedation of infants in the neonatal intensive care unit	Excluded: topic not suitable					
Cochrane Reviews	GM Macdonald, W Turner, 2008. Treatment Foster Care for improving outcomes in children and young people	Excluded: topic not suitable					
Cochrane Reviews	L Shields, J Pratt, LM Davis, J Hunter. 2007. Family-centred care for children in hospital	Excluded: topic not suitable					
Cochrane Reviews	M Winokur, A Holtan, D Valentine, 2007. Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment	Excluded: topic not suitable					
Cochrane Reviews	MJ Prictor, SJ Hill, A Mackenzie, J Stoelwinder, M Harmsen, 2004. Interventions (non-pharmacological) for preparing children and adolescents for hospital care	Excluded: topic not suitable					
Cochrane Reviews	Morag, I, Ohlsson A. 2008. Cycled light in the intensive care unit for preterm/low birth weight infants. Cochrane Issue 2.		√				
Cochrane Reviews	N Thomas, JKH Sinn, 2006. High versus low amino acid intake at the commencement of parenteral nutrition to improve growth in neonates	Excluded: topic not suitable					
Cochrane Reviews	P Beirne, JE Clarkson, HV Worthington, 2007. Recall intervals for oral health in primary care patients	Excluded: topic not suitable					
Cochrane Reviews	P Bower, N Rowland, 2006. Effectiveness and cost effectiveness of counselling in primary care	Excluded: topic not suitable					
Cochrane Reviews	R Currell, C Urquhart, 2003. Nursing record systems: effects on nursing practice and health care outcomes receiving intensive care	Excluded: topic not suitable					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 3: Library catalogue – The Cochrane Library</i>		Keyword: “Developmental” AND “Care”	Hits: 116			Incl	Excl
Sub-source	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Cochrane Reviews	S Shepperd, H Doll, M Fazel, R Fitzpatrick, S Gowers, T James, J Pollock, 2007. Alternatives to inpatient mental health care for children and young people	Excluded: topic not suitable					
Cochrane Reviews	SA Lewin, J Dick, P Pond, M Zwarenstein, G Aja, B van Wyk, X Bosch-Capblanch, M Patrick, 2005. Lay health workers in primary and community health care	Excluded: topic not suitable					
Cochrane Reviews	Symington A and Pinelli J, 2006 Developmental care for promoting development and preventing morbidity in preterm infants. Cochrane, Issue 2.	Excluded: already included with previous sample					
						2	
Other Reviews	Long T, Soderstrom E, . 1997, A critical appraisal of positioning infants in the neonatal intensive care unit (Structured abstract)		√				
Other Reviews	Jacobs SE, Sokol J, Ohlsson A. 2004. The newborn individualized developmental care and assessment program is not supported by meta-analyses of the data (Structured abstract)	Excluded: already included with previous sample					
Other Reviews	Bower P, Garralda E, Kramer T, Harrington R, Sibbald B, 2003. The treatment of child and adolescent mental health problems in primary care: a systematic review (Structured abstract)	Excluded: topic not suitable					
Other Reviews	Parker G, Bhakta P, Lovett CA, Paisley S, Olsen R, Turner D, Young B. 2004. A systematic review of the costs and effectiveness of different models of paediatric home care (Structured abstract)	Excluded: topic not suitable					
Other Reviews	Johnson R, Browne K, Hamilton-Giachritsis C. 2007. Young children in institutional care at risk of harm (Structured abstract)	Excluded: topic not suitable					
						1	
Clinical Trials	Als H, Gilkerson L, Duffy FH, McAnulty GB, Buehler DM, Vandenberg K, Sweet N, Sell E, Parad RB, Ringer SA, Butler SC, Blickman JG, Jones KJ, 2003. A three-center, randomized, controlled trial of individualized developmental care for very low birth weight preterm infants: medical, neurodevelopmental, parenting, and caregiving effects		√				
Clinical Trials	Als H, Lawhon G, Brown E, Gibes R, Duffy FH, McAnulty G, Blickman JG. 1986. Individualized behavioral and environmental care for the very low birth weight preterm infant at high risk for bronchopulmonary dysplasia: neonatal intensive care unit and developmental outcome		√				

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 3: Library catalogue – The Cochrane Library</i>		Keyword: “Developmental” AND “Care”	Hits: 116			Incl	Excl
Sub-source	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Clinical Trials	Als H, Lawhon G, Duffy FH, McAnulty GB, Gibes-Grossman R, Blickman JG, 1994. Individualized developmental care for the very low-birth-weight preterm infant. Medical and neurofunctional effects	Excluded: Included with previous sample					
Clinical Trials	Ariagno RL, Thoman EB, Boeddiker MA, Kugener B, Constantinou JC, Mirmiran M, Baldwin RB. 1997. Developmental care does not alter sleep and development of premature infants	Excluded: Included with previous sample					
Clinical Trials	B, 2003, A practice-based intervention to enhance quality of care in the first 3 years of life: the Healthy Steps for Young Children Program.	Excluded: Title not relevant					
Clinical Trials	Becker PT, Grunwald PC, Moorman J, Stuhr S, 1991. Outcomes of developmentally supportive nursing care for very low birth weight infants	Excluded: Included with previous sample					
Clinical Trials	Bertelle V, Mabin D, Adrien J, Sizun J. 2005. Sleep of preterm neonates under developmental care or regular environmental conditions	Excluded: Included with previous sample					
Clinical Trials	Blickman JG, Jones KJ, 2003, A three-center, randomized, controlled trial of individualized developmental care for very low birth weight preterm infants: medical, neurodevelopmental, parenting, and caregiving effects.		√				
Clinical Trials	Brown LD, Heermann JA. 1997. The effect of developmental care on preterm infant outcome	Excluded: Included with previous sample					
Clinical Trials	Browne JV, Talmi A, 2005. Family-based intervention to enhance infant-parent relationships in the neonatal intensive care unit		√				
Clinical Trials	Buehler DM, Als H, Duffy FH, McAnulty GB, Liederman J, 1995. Effectiveness of individualized developmental care for low-risk preterm infants: behavioral and electrophysiologic evidence	Excluded: Included with previous sample					
Clinical Trials	Byers JF, Lowman LB, Francis J, Kaigle L, Lutz NH, Waddell T, Diaz AL, 2006. A quasi-experimental trial on individualized, developmentally supportive family-centered care,		√				
Clinical Trials	Casey Patrick H, Whitt J Kenneth, 1979, Effect of Pediatric Well Child Care on the Mother-Infant Relationship and Infant Cognitive Development.	Excluded: topic not relevant					
Clinical Trials	Catelin C, Tordjman S, Morin V, Sizun J, 2004, Impact of developmental care on behavioral expression, biological stress response and cerebral oxygenation in neonates		√				
Clinical Trials	Charpak N, Ruiz-Pelaez JG, Figueroa de C Z, Charpak Y, 2001. A randomized, controlled trial of kangaroo mother care: results of follow-up at 1 year of corrected age		√				

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 3: Library catalogue – The Cochrane Library</i>		Keyword: “Developmental” AND “Care”	Hits: 116			Incl	Excl
Sub-source	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Clinical Trials	Cunningham S, Deere S, Symon A, Elton RA, McIntosh N, 1998. A randomized, controlled trial of computerized physiologic trend monitoring in an intensive care unit.	Excluded: topic not relevant					
Clinical Trials	Duffy JR, Hoskins LM, Dudley-Brown S, 2005. Development and testing of a caring-based intervention for older adults with heart failure.	Excluded: topic not relevant					
Clinical Trials	Feldman R, Eidelman AI, 2003. Skin-to-skin contact (Kangaroo Care) accelerates autonomic and neurobehavioural maturation in preterm infants		√				
Clinical Trials	Ferozali F, Johnson G, Cavagnaro A, 2007, Health benefits and reductions in bacteria from enhanced oral care.	Excluded: topic not relevant					
Clinical Trials	Fleisher BE, VandenBerg K, Constantinou J, Heller C, Benitz WE, Johnson A, Rosenthal A, Stevenson DK, 1995. Individualized developmental care for very-low-birth-weight premature infants	Excluded: Included with previous sample					
Clinical Trials	Glazebrook C, Marlow N, Israel C, Croudace T, Johnson S, White IR, Whitelaw A. 2007. Randomised trial of a parenting intervention during neonatal intensive care		√				
Clinical Trials	Goodman M, Rothberg AD, Houston-McMillan JE, Cooper PA, Cartwright JD, van der Velde MA, 1985, Effect of early neurodevelopmental therapy in normal and at-risk survivors of neonatal intensive care.		√				
Clinical Trials	Goodyer I, Dubicka B, Wilkinson P, Kelvin R, Roberts C, Byford S, Breen S, Ford C, Barrett B, Leech A, Rothwell J, White L, Harrington R, 2007, Selective serotonin reuptake inhibitors (SSRIs) and routine specialist care with and without cognitive behaviour therapy in adolescents with major depression: randomised controlled trial.	Excluded: topic not relevant					
Clinical Trials	Harrington R, 2007, Selective serotonin reuptake inhibitors (SSRIs) and routine specialist care with and without cognitive behaviour therapy in adolescents with major depression: randomised controlled trial.	Excluded: topic not relevant					
Clinical Trials	Hendson L, Peters KL, Tyebkhan JM, Cote JJ, McPherson C, 2004. The impact of NIDCAP-based developmental care on the use of sedative drugs in VLBW infants Links		√				
Clinical Trials	Holsti L, Grunau RE, Oberlander TF, Whitfield MF, 2005. Prior pain induces heightened motor responses during clustered care in preterm infants in the NICU	Excluded: Included with previous sample					
Clinical Trials	Horwitz SM, Owens P, Simms MD, 2000. Specialized assessments for children in foster care	Excluded: topic not relevant					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 3:</i> Library catalogue – The Cochrane Library		Keyword: “Developmental” AND “Care”	Hits: 116			Incl	Excl
Sub-source	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Clinical Trials	Huebner CE, Barlow WE, Tyll LT, Johnston BD, Thompson RS, Year: 2004, Expanding developmental and behavioral services for newborns in primary care: program design, delivery, and evaluation framework.	Excluded: topic not relevant					
Clinical Trials	Human Development National Research Network, 2007, Persistent beneficial effects of breast milk ingested in the neonatal intensive care unit on outcomes of extremely	Excluded: topic not relevant					
Clinical Trials	Iapichino G, Mistraretti G, Corbella D, Bassi G, Borotto E, Miranda DR, Morabito A, 2006, Scoring system for the selection of high-risk patients in the intensive care unit.	Excluded: topic not relevant					
Clinical Trials	Jansson LM, Svikis D, Lee J, Paluzzi P, Rutigliano P, Hackerman F, 1996, Pregnancy and addiction. A comprehensive care model.	Excluded: topic not relevant					
Clinical Trials	Jekovec-Vrhovsek M, Kocijancic A, Prezelj J, 2000. Effect of vitamin D and calcium on bone mineral density in children with CP and epilepsy in full-time care.	Excluded: topic not relevant					
Clinical Trials	Jensen PS, Hinshaw SP, Swanson JM, Greenhill LL, Conners CK, Arnold LE, Abikoff HB, Elliott G, Hechtman L, Hoza B, March JS, Newcorn JH, Severe JB, Vitiello B, Wells K, Wigal T, 2001. Findings from the NIMH Multimodal Treatment Study of ADHD (MTA): implications and applications for primary care providers.	Excluded: topic not relevant					
Clinical Trials	Jin X, Sun Y, Jiang F, Ma J, Morgan C, Shen X, 2007, "Care for Development" intervention in rural China: a prospective follow-up study		√				
Clinical Trials	Jocelyn LJ, Casiro OG, Beattie D, Bow J, Kneisz J. 1998. Treatment of children with autism: a randomized controlled trial to evaluate a caregiver-based intervention program in community day-care centers.	Excluded: topic not relevant					
Clinical Trials	Johnston BD, Huebner CE, Tyll LT, Barlow WE, Thompson RS, 2004, Expanding developmental and behavioral services for newborns in primary care; Effects on parental well-being, practice, and satisfaction.	Excluded: topic not relevant					
Clinical Trials	Kitchen WH, Richards A, Ryan MM, McDougall AB, Billson FA, Keir EH, Naylor FD, 1979. A longitudinal study of very low-birthweight infants. II: Results of controlled trial of intensive care and incidence of handicaps	Excluded: Title not relevant					
Clinical Trials	Kleberg A, Hellström-Westas L, Widström AM. 2007. Mothers' perception of Newborn Individualized Developmental Care and Assessment Program (NIDCAP) as compared to conventional care	Excluded: Included with previous sample					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 3:</i> Library catalogue – The Cochrane Library		Keyword: “Developmental” AND “Care”	Hits: 116			Incl	Excl
Sub-source	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Clinical Trials	Kleberg A, Westrup B, Stjernqvist K, Lagercrantz H, 2002, Indications of improved cognitive development at one year of age among infants born very prematurely who received care based on the Newborn Individualized Developmental Care and Assessment Program (NIDCAP)	Excluded: Included with previous sample					
Clinical Trials	Klee L, Kronstadt D, Zlotnick C, 1997, Foster care’s youngest: a preliminary report.	Excluded: topic not relevant					
Clinical Trials	Maguire CM, Veen S, Sprij AJ, Le Cessie S, Wit JM, Walther FJ, Leiden Developmental Care Project, 2008. Effects of basic developmental care on neonatal morbidity, neuromotor development, and growth at term age of infants who were born at <32 weeks	Excluded: Included with previous sample					
Clinical Trials	Maguire CM, Veen S, Wit JM, Sprij A, van Houwelingen H, Walther FJ, 2003, The Leiden development care study: the effect of developmental care on the ventilation of preterm infants <32 weeks gestational age		√				
Clinical Trials	Margolis PA, Lannon CM, Stevens R, Harlan C, Bordley WC, Carey T, Leininger L, Keyes LL, Earp JL, 1996, Linking clinical and public health approaches to improve access to health care for socially disadvantaged mothers and children. A feasibility study.	Excluded: topic not relevant					
Clinical Trials	Melnyk BM, Feinstein NF, Alpert-Gillis L, Fairbanks E, Crean HF, Sinkin RA, Stone PW, Small L, Tu X, Gross SJ. 2006, Reducing premature infants' length of stay and improving parents' mental health outcomes with the Creating Opportunities for Parent Empowerment (COPE) neonatal intensive care unit program: a randomized, controlled trial.		√				
Clinical Trials	Mendelsohn AL, Dreyer BP, Flynn V, Tomopoulos S, Rovira I, Tineo W, Pebenito C, Torres C, Torres H, Nixon AF, 2005, Use of videotaped interactions during pediatric well-child care to promote child development: a randomized, controlled trial.	Excluded: topic not relevant					
Clinical Trials	Mendelsohn AL, Valdez PT, Flynn V, Foley GM, Berkule SB, Tomopoulos S, Fierman AH, Tineo W, Dreyer BP, 2007. Use of videotaped interactions during pediatric well-child care: impact at 33 months on parenting and on child development.	Excluded: topic not relevant					
Clinical Trials	Minkovitz CS, Hughart N, Strobino D, Scharfstein D, Grason H, Hou W, Miller T, Bishai D, Augustyn M, McLearn KT, Guyer	Excluded: topic not relevant					
Clinical Trials	Nelson DL, Gergenti E, Hollander AC. 1980, Extra prompts versus no extra prompts in self-care training of autistic children and adolescents.	Excluded: topic not relevant					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 3: Library catalogue – The Cochrane Library</i>		Keyword: “Developmental” AND “Care”	Hits: 116			Incl	Excl
Sub-source	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Clinical Trials	Nelson MN, White-Traut RC, Vasan U, Silvestri J, Comiskey E, Meleedy-Rey P, Littau S, Gu G, Patel M, 2001. One-year outcome of auditory-tactile-visual-vestibular intervention in the neonatal intensive care unit: effects of severe prematurity and central nervous system injury	Excluded: Title not relevant					
Clinical Trials	Oehler JM, Vileisis RA, 1990. Effect of early sibling visitation in an intensive care nursery.		√				
Clinical Trials	Olds DL, Henderson CR, Tatelbaum R, Chamberlin R, 1986, Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation.	Excluded: topic not relevant					
Clinical Trials	Opportunities for Parent Empowerment (COPE) neonatal intensive care unit program: a randomized, controlled trial.	Excluded: topic not relevant					
Clinical Trials	O’Shea TM, Nageswaran S, Hiatt DC, Legault C, Moore ML, Naughton M, Goldstein DJ, Dillard R, 2007, Follow-up care for infants with chronic lung disease: a randomized comparison of community- and center-based models.	Excluded: topic not relevant					
Clinical Trials	Parker SJ, Zahr LK, Cole JG, Brecht M-L, 1992. Outcome after developmental intervention in the neonatal intensive care unit for mothers of preterm infants with low socioeconomic status	Excluded: topic not relevant					
Clinical Trials	Petryshen P, Stevens B, Hawkins J, Stewart M, 1997. Comparing nursing costs for preterm infants receiving conventional vs. developmental care	Excluded: Included with previous sample					
Clinical Trials	Plant KM, Sanders MR, 2007. Reducing problem behavior during care-giving in families of preschool-aged children with developmental disabilities.	Excluded: topic not relevant					
Clinical Trials	Powell C, Baker-Henningham H, Walker S, Gernay J, Grantham-McGregor S, 2004, Feasibility of integrating early stimulation into primary care for undernourished Jamaican children: cluster randomised controlled trial.	Excluded: topic not relevant					
Clinical Trials	Rojas MA, Kaplan M, Quevedo M, Sherwonit E, Foster LB, Ehrenkranz RA, Mayes L, 2003, Somatic growth of preterm infants during skin-to-skin care versus traditional holding: a randomized, controlled trial.		√				
Clinical Trials	Sices L, Feudtner C, McLaughlin J, Drotar D, Williams, 2004, How do primary care physicians manage children with possible developmental delays? A national survey with an experimental design.	Excluded: topic not relevant					
Clinical Trials	Siegel E, Gillings D, Campbell S, Guild P, 1986, Controlled evaluation of rural regional perinatal care: developmental and neurologic outcomes at 1 year	Excluded: topic not relevant					
Clinical Trials	Sinclair JC, 1982, Effectiveness of intensive care of very low birth-weight infants.	Excluded: Title not relevant					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 3: Library catalogue – The Cochrane Library</i>		Keyword: “Developmental” AND “Care”	Hits: 116			Incl	Excl
Sub-source	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Clinical Trials	Sizun J, Ansquer H, Browne J, Tordjman S, Morin JF, 2001, Developmental care affects pain and stress expression in preterm newborns		√				
Clinical Trials	Sonuga-Barke EJ, Thompson M, Daley D, Laver-Bradbury C, 2004, Parent training for Attention Deficit/Hyperactivity Disorder: is it as effective when delivered as routine rather than as specialist care?	Excluded: topic not relevant					
Clinical Trials	Standley JM, 1998, The effect of music and multimodal stimulation on responses of premature infants in neonatal intensive care.		√				
Clinical Trials	Taylor JA, Davis RL, Kemper KJ, Year: 1997. A randomized controlled trial of group versus individual well child care for high-risk children: maternal-child interaction and developmental outcomes.	Excluded: topic not relevant					
Clinical Trials	Tessier R, Cristo MB, Velez S, Giron M, Nadeau L, Figueroa de Calume Z, Ruiz-Palaez JG, Charpak N, 2003, Kangaroo Mother Care: a method for protecting high-risk low-birth-weight and premature infants against developmental delay	Excluded: Included with previous sample					
Clinical Trials	Tyebkhan JM, Peters KL, Cote JJ, McPherson CA, Henderson L, 2004. The impact of developmental care in the NICU: the Edmonton randomized controlled trial of NIDCAP		√				
Clinical Trials	van der Pal SM, Maguire CM, le Cessie S, Wit JM, Walther FJ, Bruil J, 2007, Parental experiences during the first period at the neonatal unit after two developmental care interventions.		√				
Clinical Trials	Vohr BR, Poindexter BB, Dusick AM, McKinley LT, Higgins RD, Langer JC, Poole WK, National Institute of Child Health and Human Development National Research Network, 2007, Persistent beneficial effects of breast milk ingested in the neonatal intensive care unit on outcomes of extremely low birth weight infants at 30 months of age.	Excluded: topic not relevant					
Clinical Trials	Weller A, Rozin A, Goldstein A, Charpak N, Ruiz-Palaez JG, Figueroa de Calume Z, Charpak Y, Sack, 2002, Longitudinal assessment of pituitary-thyroid axis and adrenal function in preterm infants raised by 'kangaroo mother care'.	Excluded: topic not relevant					
Clinical Trials	Westrup B, Bohm B, Lagercrantz H, Stjernqvist K, 2003, Preschool outcome in children born very prematurely and cared for according to NIDCAP	Excluded: Included with previous sample					
Clinical Trials	Westrup B, Böhm B, Lagercrantz H, Stjernqvist K, 2004, Preschool outcome in children born very prematurely and cared for according to the Newborn Individualized Developmental Care and Assessment Program (NIDCAP)	Excluded: Included with previous sample					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 3: Library catalogue – The Cochrane Library</i>		Keyword: “Developmental” AND “Care”	Hits: 116			Incl	Excl
Sub-source	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Clinical Trials	Westrup B, Hellström-Westas L, Stjernqvist K, Lagercrantz H, 2002, No indications of increased quiet sleep in infants receiving care based on the newborn individualized developmental care and assessment program (NIDCAP).	Excluded: Included with previous sample					
Clinical Trials	Westrup B, Kleberg A, von Eichwald K, Stjernqvist K, Lagercrantz H, 2000, A randomized, controlled trial to evaluate the effects of the newborn individualized developmental care and assessment program in a Swedish setting	Excluded: Included with previous sample					
Clinical Trials	White-Traut RC, Nelson MN, Silvestri JM, Patel MK, Kilgallon D, 1993, Patterns of physiologic and behavioral response of intermediate care preterm infants to intervention		√				
Clinical Trials	Wielenga JM, Smit BJ, Unk LK, 2006. How satisfied are parents supported by nurses with the NIDCAP model of care for their preterm infant?	Excluded: Included with previous sample					
Clinical Trials	Wielenga JM; Smit BJ; Unk LKA 2006 How satisfied are parents supported by nurses with the NIDCAP model of care for their preterm infant?... Newborn Individualized Developmental Care and Assessment Program. Journal of Nursing Care Quality, Jan-Mar; 21 (1): 41-8	Excluded: Included with previous sample					
Clinical Trials	Wolff G, Pathare S, Craig T, Leff J, 1996, Public education for community care. A new approach.	Excluded: topic not relevant					
Clinical Trials	Zahr LK, Parker S, Cole J, 1992, Comparing the effects of neonatal intensive care unit intervention on premature infants at different weights	Excluded: Topic not relevant					
Clinical Trials	Zenni EA, Robinson TN, 1996, Effects of structured encounter forms on pediatric house staff knowledge, parent satisfaction, and quality of care. A randomized, controlled trial.	Excluded: topic not relevant					
						21	
Method Studies	Nicoll A, Harrison C. 1984. The readability of health care literature.	Excluded: topic not suitable					
						0	
Technology Assessments	Swedish Council on Technology Assessment in Health Care, 2006. Newborn Individualized Developmental Care and Assessment Program - NIDCAP: early assessment briefs (Alert) (Brief record)		√				

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

<i>Sample 3:</i> Library catalogue – The Cochrane Library		Keyword: “Developmental” AND “Care”	Hits: 116				Incl
Sub-source	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Excl
							Accumul ative total
Technology Assessments	Parker B, Bhakta P, Lovett CA, Paisley S, Olsen R, Turner D, Young B. 2003. A systematic review of the costs and effectiveness of different models of paediatric home care (Structured abstract)	Excluded: topic not suitable					
						1	
Economic Evaluations	Curran A L, Sharples P M, White C, Knapp M, 2001. Time costs of caring for children with severe disabilities compared with caring for children without disabilities (Provisional record)	Excluded: topic not suitable					
Economic Evaluations	Doyle L W 2005, Neonatal intensive care at borderline viability - is it worth it? (Provisional record)	Excluded: topic not suitable					
Economic Evaluations	Flanders S C, Engelhart L, Pandina G J, McCracken J T, 2007. Direct health care costs for children with pervasive developmental disorders: 1996-2002 (Provisional record)	Excluded: topic not suitable					
Economic Evaluations	Hendricks-Munoz K D, Prendergast C C, Caprio M C, R S Wasserman, 2004. Developmental care: the impact of Wee Care developmental care training on short-term infant outcome and hospital costs (Provisional record)	Excluded: Included with previous sample					
Economic Evaluations	Petryshen P, Stevens B, Hawkins J, Stewart M, 2001. Comparing nursing costs for preterm infants receiving conventional vs developmental care (Structured abstract)	Excluded: Included with previous sample					
Economic Evaluations	Pharoah P O, Stevenson R C, Cooke R W, Sandu B, 1996. Costs and benefits of neonatal intensive care (Structured abstract)	Excluded: topic not suitable					
Economic Evaluations	Rieger I D, Henderson-Smart D J 1997. A neonatal early discharge and home support programme: shifting care into the community (Structured abstract)	Excluded: topic not suitable					
Economic Evaluations	Walsh K K, Kastner T, Criscione T, 1999. Characteristics of hospitalizations for people with developmental disabilities: utilization, costs, and impact of care coordination (Provisional record)	Excluded: topic not suitable					
						0	

SAMPLE 4

Table 22: Sample 4: Summary of the Sabinet sample

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
<i>Sample 4: Sabinet – SAePublications and SAMedia</i>						-	-
		“developmental care” AND “preterm”	102	3	Topic not relevant (1) Duplication (4) Book (4) Thesis (11)	3	170
	Book Data (expanded),		(8)			-	-
	Current & Completed Research,		(0)			-	-
	FS ArticleFirst,		(16)			-	-
	FS WorldCat,		(61)			-	-
	Government Gazettes,		(0)			-	-
	ISAP by the National Library of South Africa,		(1)			-	-
	Kovsidex,		(0)			-	-
	NDLTD (Theses and Dissertations),		(0)			-	-
	Navtech (SA Technikon research),		(0)			-	-
	North West University Catalogue,		(1)			-	-
	Parliamentary Bills,		(0)			-	-
	Provincial Gazettes,		(0)			-	-
	SA ePublications,		(2)			-	-
	SACat,		(12)			-	-
	SANB.		(0)			-	-
	UCTD		(1)			-	-
Electronic dissertation and thesis	SA - link on the NWU library website	“developmental care”	1	0		1	171

Table 23: Study titles for SAMPLE 4 in Sabinet with keyword search “Developmental Care” AND “Preterm”

Sample 4: Sabinet	Keyword: “developmental care” AND “preterm”	Hits: 102			Incl	Excl
		Title*	Abstract*	Full text*	This section	Accumulative total
ARTICLE TITLE (HITS)	Exclusion reason					
Brown, Linda Diane. 1995. The effect of developmental care on the incidence of intraventricular hemorrhage, the length of ventilatory support, and the length of hospitalization in the preterm infant. thesis	Excluded - Thesis					
Chwo, Miao-Ju. 1999. Early kangaroo care for 34--36 week preterm infants: Effects on temperature, weight, behavior, and acuity [microform]. Dissertation Abstracts International, Volume: 61-02, PhD	Excluded – Thesis					
Creger PJ. 1989. Developmental interventions for preterm and high-risk infants : self-study modules for professionals / by Staff of the Children's Hospital, Denver, Colorado		√				
Dayan-Cimadoro, Lilian. 2001. The effect of individualized developmental care on the sleep-wake cycle of very low birth weight preterm infants. Thesis	Excluded – Thesis					
Goldson, E (ed), 1999. Nurturing the premature infant : developmental interventions in the neonatal intensive care nursery. Oxford Univ Press	Excluded: books not for review					
Goodin, Noreen Michele. 1998. Evaluation of developmental care to high risk preterm infants. Thesis	Excluded – Thesis					
Hennessy, Maree, Becker, 2007. The effect of developmentally supportive positioning (DSP) on preterm infants' stress levels : research article. Health SA		√				
Hennessy. 2002. Developmentally supportive care : the effects of positioning on stress levels in the preterm infant. M Cur Thesis	Excluded – Thesis					
Holditch-Davis, Diane, Black, Beth Perry., 2003. Part I - Preterm Infants - 2 Care of Preterm Infants: Programs of Research and Their Relationship to Developmental Science. Annual review of nursing research. 21, (2003): 23		√				
Holsti, L, Grunau, RE, Oberlander, T F, Whitfield, M F, 2004. Specific Newborn Individualized Developmental Care and Assessment Program Movements Are Associated With Acute Pain in Preterm Infants in the Neonatal Intensive Care Unit. Pediatrics. 114, no. 1, (2004): 65	Excluded: Included with previous sample					
Cole Jean G. and Priscilla Frappier., 1982. Developmental intervention in a special care nursery : a new approach to providing care for the preterm infant	Excluded – Thesis					
Kleberg, 2006. Promoting preterm infants' development and mother child interaction: newborn individualized developmental care and assessment program. Thesis	Excluded – Thesis					
Lacey, J. L., Henderson-Smart, D. J. 1998. Assessment of Preterm Infants in the Intensive-Care Unit to Predict Cerebral Palsy and Motor Outcome at 6 Years. Developmental medicine and child neurology. 40, no. 5, (1998): 310	Excluded: topic not suitable					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 4: Sabinet	Keyword: “developmental care” AND “preterm”	Hits: 102			Incl	Excl
		Title*	Abstract*	Full text*	This section	Accumulative total
ARTICLE TITLE (HITS)	Exclusion reason					
Horton Laura E., 1998. Developmental outcome of preterm infants treated by occupational therapists in the neonatal intensive care unit. Thesis?	Excluded - Thesis					
Louw, Maree, 2005. The effect of formal exposure to developmental care principles on the implementation of developmental care positioning and handling of preterm infants by neonatal nurses : research. Health SA	Excluded: Included with previous sample					
Louw, RE, 2004. The effect of formal exposure to developmental supportive care principles on the implementation of developmental supportive positioning and handling of preterm infants by neonatal nurses. M Cur Thesis	Excluded – Thesis					
Maguire, C.M. 2008. Developmental care and very preterm infants: neonatal, neurological, growth and developmental outcomes - the Leiden Developmental Care Project. Thesis	Excluded – Thesis					
Sizun, J, Westrup, B, 2004. Review - Early developmental care for preterm neonates: A call for more research. Archives of disease in childhood. Fetal and neonatal. edition. 89, no. 5, (2004): 384	Excluded: Included with previous sample					
Sizun, Jacques. 2006. Research on Early Developmental Care for Preterm Neonates. Book	Excluded: books not for review					
Thoman, EB, 2003. Temporal Patterns of Caregiving for Preterm Infants Indicate Individualized Developmental Care. Journal of Perinatology. 23, no. 1 (2003): 29-36	Excluded: Included with previous sample					
U.S. Dept. of Education, 2005. Family-focussed developmental care and intervention for the very low birthweight preterm infant at high risk for severe medical complication United States Department of Education. [microform]	Excluded – Thesis					
Van der Pal, S, 2007. The Leiden Developmental Care Project: Effects of Developmental Care on Behavior and Quality of Life of Very Preterm Infants and Parent and Staff Experiences. Thesis - article available	Excluded - Thesis					
Vergara, Elsie. 2004. Developmental and therapeutic interventions in the NICU. Book	Excluded: books not for review					
Wyly, M.V. 1995. Developmental Interventions for Premature Infants. Book	Excluded: books not for review					
				3		

Table 24: Sample 4: Summary of the Sabinet sample searching Arrow

Sample	Keywords searched (incl criteria)	Limiters added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
<i>Sample 4: Sabinet – Arrow</i>		"developmental care"	8	0	Paper not available (3) Duplication (5)	-	-
	Article		(1)	0		-	-
	Conference papers		(7)		No access	-	-

Table 25: Study titles for SAMPLE 4 in Sabinet - Arrow with keyword search "Developmental Care"

<i>Sample 4: Sabinet</i>	Keyword: "developmental care"	Hits: 8			This section	Accumulative total	Incl
		Title*	Abstract*	Full text*			Excl
ARTICLE TITLE (HITS)	Exclusion reason						
New, K. A., Pritchard, M. 2000; The effects of an evidence based education package on neonatal nurses' perceptions of how they practice developmental care & getting research evidence into practice. The University of Queensland; conference paper	Excluded: Not available						
Pritchard, M. 1999; Individualized developmental care of the very low birth weight (VLBW) infant-does it improve medical, behavioural and developmnetal outcomes? The University of Queensland; conference paper	Excluded: Not available						
Pritchard, M. 1999; Individualized developmental care of the very low birth weight (VLBW) infants-in does it improve medical, behavioural and developmental outcomes? - A meta-analysis. The University of Queensland; conference paper	Excluded: duplicate listing						
Pritchard, M.; 1999; Individualized developmental care of very low birth weigh infants-does it improve medical, behavioural and developmental outcomes? The University of Queensland, conference paper	Excluded: duplicate listing						
Pritchard, M. 2000; Meta-analysis of neonatal individualized developmental care assessment program (NIDCAP) of outcomes of very low birth weight (BLBW) preterm infants. The University of Queensland; conference paper	Excluded: Not available						
Pritchard, M. 2000; Neonatal individualized developmental care assessment program (NIDCAP): meta-analysis, The University of Queensland, conference paper	Excluded: duplicate listing						
Pritchard, M.; 1999; Meta analysis of individualized developmental care assessment program (NIDCAP) of outcomes of very low birth weight (VLBW) preterm infant- The University of Queensland, conference paper	Excluded: duplicate listing						

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Rowe, JA., Gardner, G E., Gardner, A. 2005. Parenting a pre-term infant: Experiences in a regional neonatal health services program. Queensland University of Technology.	Excluded: Included with previous sample						
						0	

Table 26: Sample 4: Summary of the Sabinet sample searching ProQuest

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
Sample 4: Sabinet – ProQuest Digital dissertations		“developmental care”	19	0	Topic not relevant (8) Thesis (11)	-	-

Table 27: Study titles for SAMPLE 4 in Sabinet - ProQuest with keyword search “Developmental Care”

Sample 4: – ProQuest Digital dissertations	Keyword: “developmental care”	Hits: 19			This section	Accumulative total	Incl
		Exclusion reason	Title*	Abstract*			Full text*
ARTICLE TITLE (HITS)							
Brown, T J 2002. Understanding staff nurses' experiences when implementing neonatal developmental care. PhD Thesis. University of Kansas, 2002, 225 pages	Excluded: Thesis						
Burleson, R B. 20001. Essential knowledge and skills of the newborn developmental specialist. EdD Thesis. University of Kentucky, 2001, 176 pages	Excluded: Thesis						
Cheng, M C. 1995. Assessment of reliability and validity of the behavioural observation record for developmental care. M.Sc. Dissertation, University of Toronto (Canada), 1995, 118 pages	Excluded: Thesis						
Dayan-Cimadoro, L, The effect of individualized developmental care on the sleep-wake cycle of very low birth weight preterm infants. M.S. Dissertation , MGH Institute of Health Professions, 2001, 75 pages	Excluded: Thesis						
Fucile, S. 2001. The effect of a prefeeding oral stimulation program on the feeding performance of preterm infants. M.Sc. Dissertation. McGill University (Canada), 2001, 79 pages	Excluded: Thesis						
Goldberg-Hamblin, SE. 2001. Promoting resiliency: An early intervention study with premature infants. PhD Thesis. University of California, Santa Barbara, 2001, 139 pages	Excluded: Thesis						
Goodin, N M, 1998. Evaluation of developmental care to high-risk preterm infants. M.S. Dissertation, University of Nevada, Reno, 1998, 104 pages	Excluded: Thesis						

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Hennessy, A C. 2006. Facilitation of developmental care for high-risk neonates: An intervention study. PhD Thesis. University of Pretoria (South Africa)	Excluded: Thesis					
Hernandez, E A. 2005. Social welfare systems and their effects on adolescent violence, injecting drug use, and negative health behaviors. Dr P H Thesis. Loma Linda University, 174 pages	Excluded: topic not suitable					
Holsti, L. 2004. Validation of the synactive theory of development. Are body movements in preterm infants signs of stress? PhD Thesis. The University of British Columbia (Canada), 2004, 193 pages	Excluded: topic not suitable					
Ingram, RV. 2002. Maternal interpretation of infant behavior prior to discharge from a neonatal intensive care unit. PhD Thesis. Auburn University, 2002, 241 pages	Excluded: topic not suitable					
Laadt, VL, 1997. The impact of preterm birth and child condition on maternal reproductive behaviour. Ph.D. Thesis, The University of New Mexico, 1997, 238 pages	Excluded: topic not suitable					
Liaw, J. 2002. Facilitating NICU caregiving in Taiwan through understanding preterm infant behaviors. PhD Thesis. University of Washington, 2002, 235 pages	Excluded: Thesis					
Merza, H M. 2002. The efficacy of an early intervention, home-based, family-centered support program on six Saudi Arabian mothers with premature infants: The application of interactive stimulation strategies. PhD Thesis. University of Maryland, College Park, 2002, 279 pages	Excluded: topic not suitable					
Nyqvist, H K. 1999. Development of breastfeeding behavior in preterm infants. Behavioral and neurophysiological evidence of early competence (Med.dr), Uppsala Universitet (Sweden), 1999, 57 p	Excluded: topic not suitable					
Orlando, SM. 2007. The effect of co-bedding hospitalized preterm multiple birth infants on selected physiological variables and behavioral cues. DNS Thesis. Louisiana State University Health Sciences Center School of Nursing, 2007, 150 pages.	Excluded: Thesis					
Premji, S S J E. 1993. Putting the baby first: Nurses' experience of working in a NICU which incorporated the developmental care approach. M.Sc. Dissertation, University of Toronto (Canada), 1993, 148 pages	Excluded: Thesis					
Steeple, TL. 1999. A study of mothers' perceptions of their preparedness to care for their medically fragile infants following discharge from the NICU. Ph.D. Thesis, University of Kansas, 1999, 198 pages	Excluded: topic not suitable					
Walden, M 1997. Changes over six weeks in multivariate responses of premature neonates to a painful stimulus. Ph.D. Thesis. The University of Texas at Austin, 1997, 277 pages	Excluded: topic not suitable					

Table 28: Sample 4: Summary of the Sabinet sample searching continue

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
Canadian thesis		"developmental care"	11	0	Topic not relevant (9) Thesis (2)	-	-
Dla (Virginia Tech Electronic Thesis and dissertation)			2	0	Duplicate (1) Thesis (1)	-	-
BMC Nursing			0	-		-	-

Table 29: Study titles for SAMPLE 4 in Sabinet – Canadian Thesis with keyword search “Developmental Care”

Sample 4: – Canadian Thesis & dla		Keyword: “developmental care”	Hits: 13			Incl	Excl
	ARTICLE TITLE (HITS)	Exclusion reason	Title*	Abstract*	Full text*	This section	Accumulative total
Canadian Thesis	Butt, M L, 1968-. The effect of music on preterm infant behaviour [microform]. -- Ottawa: National Library of Canada = Bibliothèque nationale du Canada	Excluded: Thesis					
Canadian Thesis	Cook, K G. Operationalizing family-centered practice [microform] : utilization of data from an intervention study. -- Ottawa : National Library of Canada = Bibliothèque nationale du Canada, [2001]	Excluded: topic not suitable					
Canadian Thesis	Fearon, I, 1964-. Tactile sensitivity in the preterm infant [microform] : developmental and contextual considerations regarding the influence of touch prior to 40 weeks post-conceptual age. -- Ottawa : National Library of Canada = Bibliothèque nationale du Canada, [2001]	Excluded: Thesis					
Canadian Thesis	Gibbins, S McDonald, 1963-. Efficacy and safety of sucrose for procedural pain relief in preterm and term neonates [microform]. -- Ottawa : National Library of Canada = Bibliothèque nationale du Canada, [2002]	Excluded: topic not suitable					
Canadian Thesis	Greechan, M, 1966-. Illness meaning and perceived support of parents of children with severe myoclonic epilepsy of infancy [microform]. -- Ottawa : National Library of Canada = Bibliothèque nationale du Canada, [1999]	Excluded: topic not suitable					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Canadian Thesis	Korol, C T., 1968-. Contextual influences on the facial expression of pain in the neonatal intensive care unit [microform]. -- Ottawa : National Library of Canada = Bibliothèque nationale du Canada, [2001]	Excluded: topic not suitable				
Canadian Thesis	Limperopoulos, C, 1970-. Neurobehavioral status of newborns with congenital heart defects [microform]. -- Ottawa : National Library of Canada = Bibliothèque nationale du Canada, [1999]	Excluded: topic not suitable				
Canadian Thesis	Polomeno, V, 1955-. First-time parenting couples' stress associated with at-risk pregnancy and antenatal hospitalization [microform]. -- Ottawa : National Library of Canada = Bibliothèque nationale du Canada, [2002]	Excluded: topic not suitable				
Canadian Thesis	Salonen, K G. 1961-. Severity of illness in the neonate [microform]: a concept analysis. -- Ottawa : National Library of Canada = Bibliothèque nationale du Canada, [2002]	Excluded: topic not suitable				
Canadian Thesis	Taddio, A, 1967-. Clinical pharmacology of lidocaine-prilocaine cream in infants [microform]. -- Ottawa : National Library of Canada = Bibliothèque nationale du Canada,	Excluded: topic not suitable				
Canadian Thesis	Yetman, M, 1950-. Becoming a mother in the NICU [microform] : a grounded theory study. -- Ottawa : National Library of Canada = Bibliothèque nationale du Canada, [2001]	Excluded: topic not suitable				
Dla	dla (Virginia Tech Electronic Thesis and dissertations): Strunk, PC 2001. Effects of Auditory Stimulation in Low and High Light Conditions on Behavioral and State Organization in Preterm Infants. Virginia Polytechnic Institute and State University, Blacksburg, VA. PhD Thesis [web] http://scholar.lib.vt.edu/theses/available/etd-05082002-091550/unrestricted/DisserationComplete.pdf	Excluded: Thesis				
					0	

SAMPLE 5

Table 30: Sample 5: Summary of the Hand searching of reference list

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
<i>Sample 5: Hand searching of reference list</i>	Hand searched results retrieved from Jacobs, Sokol and Ohlsson, (2002)		57	6	Topic not relevant (21) Duplication (27) Foreign language (3)	6	177
						6	177

Table 31: Hand searching of references

<i>Sample 5: – Reference List (Hand searched results retrieved from Jacobs, Sokol and Ohlsson, (2002))</i>	Exclusion reason	Hits: 57			This section	Accumulative total	Incl
		Title*	Abstract*	Full text*			Excl
ARTICLE TITLE (HITS)							
Als H, Gilkerson L, The role of relationship-based developmentally supportive newborn intensive care in strengthening outcome of preterm infants, <i>Seminars in Perinatology, Volume 21, Issue 3, June 1997, Pages 178-189</i>	Excluded: Included with previous sample						
Ancel PY and pour le groupe EPIPAGE, La grande prématurité en 2008 : questions et perspectives de recherché, <i>Archives de Pédiatrie, Volume 15, Issue 5, June 2008, Pages 598-601</i>	Excluded: Foreign language						
Anderson PJ, Doyle LW, Neurodevelopmental Outcome of Bronchopulmonary Dysplasia, <i>Seminars in Perinatology, Volume 30, Issue 4, August 2006, Pages 227-232</i>	Excluded: Title not relevant						
Bertelle V, Mabin D, Adrien J, Sizun J, Sleep of preterm neonates under developmental care or regular environmental conditions, <i>Early Human Development, Volume 81, Issue 7, July 2005, Pages 595-600</i>	Excluded: Included with previous sample						
Bonnier C Évaluation des programmes d' intervention précoce , <i>Archives de Pédiatrie, Volume 14, Supplement 1, 2007, Pages S58-S64</i>	Excluded: Included with previous sample						
Boote J, TeBoote J, Telford R, Cooper C, Consumer involvement in health research: a review and research agenda, <i>Health Policy, Volume 61, Issue 2, August 2002, Pages 213-236</i>	Excluded: Title not relevant						

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 5: – Reference List (Hand searched results retrieved from Jacobs, Sokol and Ohlsson, (2002))	Exclusion reason	Hits: 57			Incl	Excl
		Title*	Abstract*	Full text*	This section	Accumulative total
ARTICLE TITLE (HITS)	Exclusion reason					
Bregman J, DEVELOPMENTAL OUTCOME IN VERY LOW BIRTHWEIGHT INFANTS: Current Status and Future Trends, <i>Pediatric Clinics of North America</i> , Volume 45, Issue 3, 1 June 1998, Pages 673-690	Excluded: Title not relevant					
Brown LD, Heermann JA, The effect of developmental care on preterm infant outcome, <i>Applied Nursing Research</i> , Volume 10, Issue 4, November 1997, Pages 190-197	Excluded: Included with previous sample					
Mambrini C., Dobrzynski M., Ratynski, N. Sizun, J. de Parscau, L. Implantation des soins de développement et comportement de l'équipe soignante, <i>Archives de Pédiatrie</i> , Volume 9, Supplement 2, May 2002, Pages 104-106	Excluded: Foreign language					
Carrier CT, Individualized family-centered developmental care: Reflections on implementation, <i>Newborn and Infant Nursing Reviews</i> , Volume 2, Issue 1, March 2002, Pages 27-34		√				
Catelin C, Tordjman S, Morin V, Oger E, Sizun J, Clinical, Physiologic, and Biologic Impact of Environmental and Behavioral Interventions in Neonates During a Routine Nursing Procedure, <i>The Journal of Pain</i> , Volume 6, Issue 12, December 2005, Pages 791-797	Excluded: Included with previous sample					
Clark E, Commentary on "A review of evaluative studies of computer-based learning in nursing education" by Michael J. Lewis, Rebecca Davies, David Jenkins, Michael I. Tait [Nurse Education Today 21 (1) (2001) 26–37], <i>Nurse Education Today</i> , Volume 25, Issue 8, November 2005, Pages 598-600	Excluded: Title not relevant					
Clyman RI, Saha S, Jobe A, Oh W, Indomethacin Prophylaxis for Preterm Infants: The Impact of 2 Multicentered Randomized Controlled Trials on Clinical Practice, <i>The Journal of Pediatrics</i> , Volume 150, Issue 1, January 2007, Pages 46-50.e2	Excluded: Title not relevant					
Contents, <i>Early Human Development</i> , Volume 83, Issue 6, June 2007, Page i	Excluded: Title not relevant					
Contents, <i>Early Human Development</i> , Volume 83, Issue 7, July 2007, Page i	Excluded: Title not relevant					
Corrections, <i>The Journal of Pediatrics</i> , Volume 141, Issue 3, September 2002, Pages 451-452	Excluded: Title not relevant					
DAMOCLES Study Group, A proposed charter for clinical trial data monitoring committees: helping them to do their job well, <i>The Lancet</i> , Volume 365, Issue 9460, 19 February 2005-25 February 2005, Pages 711-722	Excluded: Title not relevant					
Felderhoff-Mueser U, Bühner C, Clinical measures to preserve cerebral integrity in preterm infants, <i>Early Human Development</i> , Volume 81, Issue 3, March 2005, Pages 237-244	Excluded: Included with previous sample					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 5: – Reference List (Hand searched results retrieved from Jacobs, Sokol and Ohlsson, (2002))	ARTICLE TITLE (HITS)	Exclusion reason	Hits: 57			Incl	Excl
			Title*	Abstract*	Full text*	This section	Accumulative total
	Franck LS, Lawhon G, Environmental and behavioral strategies to prevent and manage neonatal pain. <i>Seminars in Perinatology, Volume 22, Issue 5, October 1998, Pages 434-443</i>		√				
	Hellström-Westas L, Rosén I, Electroencephalography and brain damage in preterm infants, <i>Early Human Development, Volume 81, Issue 3, March 2005, Pages 255-261</i>	Excluded: Title not relevant					
	Hendricks-Muñoz KD, Prendergast CC, Caprio MC, Wasserman RS, Developmental care: The impact of Wee Care developmental care training on short-term infant outcome and hospital costs' <i>Newborn and Infant Nursing Reviews, Volume 2, Issue 1, March 2002, Pages 39-45</i>	Excluded: Included with previous sample					
	Hoekstra OS, van Tinteren H, Smit EF, Evaluation of Cost-effectiveness of FDG-PET in Non-Small Cell Lung Cancer, <i>PET Clinics, Volume 1, Issue 4, October 2006, Pages 329-337</i>	Excluded: Title not relevant					
	Holsti L, Grunau RE, Oberlander TF, Whitfield MF, Prior pain induces heightened motor responses during clustered care in preterm infants in the NICU, <i>Early Human Development, Volume 81, Issue 3, March 2005, Pages 293-302</i>	Excluded: Included with previous sample					
	Howland LC, Preterm Birth: Implications for Family Stress and Coping, <i>Newborn and Infant Nursing Reviews, Volume 7, Issue 1, March 2007, Pages 14-19</i>	Excluded: Title not relevant					
	Hummel P, Parenting the high-risk infant, <i>Newborn and Infant Nursing Reviews, Volume 3, Issue 3, September 2003, Pages 88-92</i>	Excluded: Title not relevant					
	Hummel P, van Dijk M, Pain assessment: Current status and challenges, <i>Seminars in Fetal and Neonatal Medicine, Volume 11, Issue 4, August 2006, Pages 237-245</i>	Excluded: Title not relevant					
	Sizun, J. Ratynski, N. Gagneur, A. de Parscau L., Évaluation de l'impact médical des soins de développement, <i>Archives de Pédiatrie, Volume 9, Supplement 2, May 2002, Pages 109-111</i>	Excluded: Included with previous sample					
	Jorgensen KM, Moving forward with developmental care: Education and beyond, <i>Newborn and Infant Nursing Reviews, Volume 2, Issue 1, March 2002, Pages 5-8</i>	Excluded: Included with previous sample					
	Kenner C, Newsflashes: Developmental care for newborns and infants, <i>Newborn and Infant Nursing Reviews, Volume 2, Issue 1, March 2002, Page 1</i>	Excluded: Included with previous sample					
	Kleberg A, Hellström-Westas L, Widström A, Mothers' perception of Newborn Individualized Developmental Care and Assessment Program (NIDCAP) as compared to conventional care, <i>Early Human Development, Volume 83, Issue 6, June 2007, Pages 403-411</i>	Excluded: Included with previous sample					
	Kleberg A, Westrup B, Stjernqvist K Developmental outcome, child behaviour and mother-child interaction at 3 years of age following Newborn Individualized Developmental Care and Intervention Program (NIDCAP) intervention, <i>Early Human Development, Volume 60, Issue 2, December 2000, Pages 123-135</i>	Excluded: Included with previous sample					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 5: – Reference List (Hand searched results retrieved from Jacobs, Sokol and Ohlsson, (2002))	ARTICLE TITLE (HITS)	Exclusion reason	Hits: 57			Incl	Excl
			Title*	Abstract*	Full text*	This section	Accumulative total
	Kleberg A, Westrup B, Stjernqvist K, Lagercrantz H, Indications of improved cognitive development at one year of age among infants born very prematurely who received care based on the Newborn Individualized Developmental Care and Assessment Program (NIDCAP), <i>Early Human Development, Volume 68, Issue 2, July 2002, Pages 83-91</i>	Excluded: Included with previous sample					
	Melzer D, Health policy and the scientific literature: what kinds of evidence should we expect to find?, <i>Evidence-based Healthcare, Volume 2, Issue 1, March 1998, Pages 2-3</i>	Excluded: Title not relevant					
	Morison SJ, Holsti L, Grunau RE, Whitfield MF, Oberlander TF, Chan HWP, Williams L, Are there developmentally distinct motor indicators of pain in preterm infants?, <i>Early Human Development, Volume 72, Issue 2, June 2003, Pages 131-146</i>	Excluded: Title not relevant					
	Nyqvist KH, Breastfeeding Support in Neonatal Care: An Example of the Integration of International Evidence and Experience, <i>Newborn and Infant Nursing Reviews, Volume 5, Issue 1, March 2005, Pages 34-48</i>	Excluded: Included with previous sample					
	Orsini AJ, Stefano JL, Leef KH, Costarino A, Dettorre MD, Reply, <i>The Journal of Pediatrics, Volume 130, Issue 3, March 1997, Pages 498-499</i>	Excluded: Title not relevant					
	Parker SJ, Zahr LK, Cole JG, Brecht M, Outcome after developmental intervention in the neonatal intensive care unit for mothers of preterm infants with low socioeconomic status, <i>The Journal of Pediatrics, Volume 120, Issue 5, May 1992, Pages 780-785</i>	Excluded: Title not relevant					
	Pierrat V, Goubet N, Peifer K, Sizun J, How can we evaluate developmental care practices prior to their implementation in a neonatal intensive care unit?, <i>Early Human Development, Volume 83, Issue 7, July 2007, Pages 415-418</i>	Excluded: Included with previous sample					
	Pressler JL, Hepworth JT, Wells NL, Helm JM, Walsh WF, Environmental intensity of the NICU based upon NIDCAP ratings, <i>Infant Behavior and Development, Volume 21, April 1998, Page 628</i>		√				
	Rick SL, Developmental care on newborn intensive care units: Nurses' experiences and neurodevelopmental, behavioural, and parenting outcomes. A critical review of the literature, <i>Journal of Neonatal Nursing, Volume 12, Issue 2, April 2006, Pages 56-61</i>	Excluded: Included with previous sample					
	Rivkees SA, The Development of Circadian Rhythms: From Animals to Humans, <i>Sleep Medicine Clinics, Volume 2, Issue 3, September 2007, Pages 331-341</i>	Excluded: Title not relevant					
	Rivkees SA, Emergence and influences of circadian rhythmicity in infants, <i>Clinics in Perinatology, Volume 31, Issue 2, June 2004, Pages 217-228</i>	Excluded: Title not relevant					
	Sell EJ, Hill-Mangan S, Holberg DJ, Natural course of behavioral organization in premature infants, <i>Infant Behavior and Development, Volume 15, Issue 4, October-December 1992, Pages 461-478</i>	Excluded: Included with previous sample					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 5: – Reference List (Hand searched results retrieved from Jacobs, Sokol and Ohlsson, (2002))	Exclusion reason	Hits: 57			Incl	Excl
		Title*	Abstract*	Full text*	This section	Accumulative total
ARTICLE TITLE (HITS)						
Sizun J, Pierrat V, Goubet N, Peifer K Recherche clinique, soins de développement et NIDCAP: aspects méthodologiques spécifiques, <i>Archives de Pédiatrie, Volume 14, Supplement 1, 2007, Pages S54-S57</i>	Excluded: Included with previous sample					
Sizun J, Ratynski N, Mambrini C, Implanter un programme individualisé de soutien du développement en réanimation néonatale: pourquoi, comment?, <i>Archives de Pédiatrie, Volume 6, Issue 4, April 1999, Pages 434-439</i>	Excluded: Included with previous sample					
Sizun J, Ratynski N, Mambrini C, Soins de développement en unité de soins néonataux: une stratégie médicale validée, <i>Journal de Pédiatrie et de Puériculture, Volume 16, Issue 2, March 2003, Pages 65-67</i>	Excluded: Foreign language					
Smith J, Bajo K, Hager J, Planning a developmentally appropriate neonatal intensive care unit, <i>Clinics in Perinatology, Volume 31, Issue 2, June 2004, Pages 313-322</i>		√				
Starr NB, Hoyer L, An overview of developmentally supportive care of the premature infant, <i>Journal of Pediatric Health Care, Volume 12, Issue 1, January-February 1998, Pages 33-34</i>		√				
Strand M, Jobe AH, The multiple negative randomized controlled trials in perinatology—why?, <i>Seminars in Perinatology, Volume 27, Issue 4, August 2003, Pages 343-350</i>	Excluded: Title not relevant					
Tessier R, Cristo MB, Velez S, Giron M, Nadeau L, Figueroa de Calume Z, Ruiz-Paláez JG, Charpak N, Kangaroo Mother Care: A method for protecting high-risk low-birth-weight and premature infants against developmental delay, <i>Infant Behavior and Development, Volume 26, Issue 3, August 2003, Pages 384-397</i>	Excluded: Included with previous sample					
Van den Berg KA, Individualized developmental care for high risk newborns in the NICU: A practice guideline, <i>Early Human Development, Volume 83, Issue 7, July 2007, Pages 433-442</i>	Excluded: Included with previous sample					
van der Pal SM, Maguire CM, Le Cessie S, Veen S, Wit JM, Walther FJ, Bruil J, Staff opinions regarding the Newborn Individualized Developmental Care and Assessment Program (NIDCAP), <i>Early Human Development, Volume 83, Issue 7, July 2007, Pages 425-432</i>	Excluded: Included with previous sample					
Walther FJ, Implementation of newborn individualised developmental care in the neonatal intensive care unit: Why and how? <i>Early Human Development, Volume 83, Issue 7, July 2007, Pages 413-414</i>	Excluded: Included with previous sample					
Westrup B, Newborn Individualized Developmental Care and Assessment Program (NIDCAP) — Family-centered developmentally supportive care, <i>Early Human Development, Volume 83, Issue 7, July 2007, Pages 443-449</i>	Excluded: Included with previous sample					
Westrup B, Stjernqvist K, Kleberg A, Hellström-Westas L, Lagercrantz H, Neonatal individualized care in practice: a Swedish experience, <i>Seminars in Neonatology, Volume 7, Issue 6, December 2002, Pages 447-457</i>	Excluded: Included with previous sample					

ADDENDUM 3-1: Summary of results of stages of sampling followed during ILR

Sample 5: – Reference List (Hand searched results retrieved from Jacobs, Sokol and Ohlsson, (2002))	Exclusion reason	Hits: 57			Incl	Excl
		Title*	Abstract*	Full text*	This section	Accumulative total
ARTICLE TITLE (HITS)						
Whitfield MF, Psychosocial effects of intensive care on infants and families after discharge, <i>Seminars in Neonatology, Volume 8, Issue 2, April 2003, Pages 185-193</i>	Excluded: Included with previous sample					
Wiswell TE, Tin W, Ohler K, Evidence-Based Use of Adjunctive Therapies to Ventilation, <i>Clinics in Perinatology, Volume 34, Issue 1, March 2007, Pages 191-204</i>		√				
					6	

SAMPLE 6

Table 32: Sample 6: Summary of the Reference from experts sample

Sample	Keywords searched (incl criteria)	Limiter added (reason)	Hits	No Selected for review	Reasons for exclusion (number of studies)	N for this section	Accumulative Total
Sample 6: Reference from experts			2	2		-	-
						2	179

Table 33: Study titles for SAMPLE 6 – Reference from Experts

Sample 6: – References from experts	Exclusion reason	Hits: 2			Incl	Excl
		Title*	Abstract*	Full text*	This section	Accumulative total
ARTICLE TITLE (HITS)						
Als, H, McAnulty G. Developmental Care Guidelines for Use in the Newborn Intensive Care Unit (NICU). 2006. NIDCAP Federarion International.		√				
Als H, Buehler D, Kerr D, Feinberg E, Gilkerson L. 2006. Profile of the Nursery Environment and of Care Components. Template Manual, Part 1. NIDCAP Federarion International.		√				
					2	179

Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal

Evidence Level: _____

ARTICLE TITLE:				NUMBER:	
AUTHOR(S):				DATE:	
JOURNAL:					
SETTING:				SAMPLE (COMPOSITION/SIZE)	
<input type="checkbox"/> Experimental	<input type="checkbox"/> Meta-analysis	<input type="checkbox"/> Quasi-experimental	<input type="checkbox"/> Non-experimental	<input type="checkbox"/> Qualitative	<input type="checkbox"/> Meta-synthesis
<p>Does this study apply to the population targeted by my practice question? If the answer is No, STOP here (unless there are similar characteristics).</p>					
Strength of Study Design					
<ul style="list-style-type: none"> • Was sample size adequate and appropriate? • Were study participants randomized? • Was there an intervention? • Was there a control group? • If there was more than one group, were groups equally treated, except for the intervention? • Was there adequate description of the data collection methods? 				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Study Results					
<ul style="list-style-type: none"> • Were results clearly presented? • Was an interpretation/analysis provided? 				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Study Conclusions					
<ul style="list-style-type: none"> • Were conclusions based on clearly presented results? • Were study limitations identified and discussed? 				<input type="checkbox"/> Yes	<input type="checkbox"/> No
PERTINENT STUDY FINDINGS AND RECOMMENDATIONS					
Will the results help in caring for my patients?					
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence Rating (scales on back)					
Strength of Evidence					
Quality of Evidence (check one)		<input type="checkbox"/> High (A)	<input type="checkbox"/> Good (B)	<input type="checkbox"/> Low (C)	<input type="checkbox"/> Major flaw (C)

Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal

Strength of Evidence Level I (Strong)

EXPERIMENTAL STUDY (RANDOMIZED CONTROLLED TRIAL OR RCT)

- Study participants (subjects) are randomly assigned to either a treatment (TX) or control (non-treatment) group
- May be:
 - Blind: subject does not know which TX subject is receiving
 - Double-blind: neither subject nor investigator knows which TX subject is receiving
 - Non-blind: both subject and investigator know which TX subject is receiving; used when it is felt that the knowledge of treatment is unimportant

META-ANALYSIS OF RCTs

- Quantitatively synthesizes and analyzes results of multiple primary studies addressing a similar research question
- Statistically pools results from independent but combinable studies
- Summary statistic (effect size) is expressed in terms of direction (positive, negative, or zero) and magnitude (high, medium, small)

Level III

QUASI-EXPERIMENTAL STUDY

- Always includes manipulation of an independent variable
- Lacks either random assignment or control group
- Findings must be considered in light of threats to validity (particularly selection)

Level IIII

NON-EXPERIMENTAL STUDY

- No manipulation of the independent variable
- Can be descriptive, comparative, or relational
- Often uses secondary data
- Findings must be considered in light of threats to validity (particularly selection, lack of severity or co-morbidity adjustment)

QUALITATIVE STUDY

- Explorative in nature, such as interviews, observations, or focus groups
- Starting point for studies for which little research currently exists
- Sample sizes are usually small and study results are used to design stronger studies that are more objective and quantifiable

META-SYNTHESIS

- Research technique that critically analyzes and synthesizes findings from qualitative research
- Identifies key concepts and metaphors and determines their relationships to each other
- Aim is not to produce a summary statistic, but rather to interpret and translate findings

Quality of Evidence (Scientific Evidence)

- A High:** consistent results, sufficient sample size, adequate control, and definitive conclusions; consistent recommendations based on extensive literature review that includes thoughtful reference to scientific evidence
- B Good:** reasonably consistent results, sufficient sample size, some control, and fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence
- C Low/Major flaw:** little evidence with inconsistent results, insufficient sample size, conclusions cannot be drawn

Johns Hopkins Nursing Evidence-Based Practice Non-Research Evidence Appraisal

Evidence Level: _____

ARTICLE TITLE	NUMBER	
AUTHOR(S)	DATE	
JOURNAL		
<input type="checkbox"/> Systematic Review	<input type="checkbox"/> Clinical Practice Guidelines	<input type="checkbox"/> Organizational (QI, financial data)
Does evidence apply to the population targeted by my practice question?		<input type="checkbox"/> Expert opinion, case study, literature review
If the answer is No, STOP here (unless there are similar characteristics).		<input type="checkbox"/> Yes <input type="checkbox"/> No
Systematic Review		
<ul style="list-style-type: none"> • Is the question clear? <input type="checkbox"/> Yes <input type="checkbox"/> No • Was a rigorous peer-reviewed process used? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are search strategies specified, and reproducible? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are search strategies appropriate to include all pertinent studies? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are criteria for inclusion and exclusion of studies specified? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are details of included studies (design, methods, analysis) presented? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are methodological limitations discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are the variables in the studies reviewed similar, so that studies can be combined? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
Clinical Practice Guidelines		
<ul style="list-style-type: none"> • Were appropriate stakeholders involved in the development of this guideline? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are groups to which guidelines apply and do not apply clearly stated? <input type="checkbox"/> Yes <input type="checkbox"/> No • Have potential biases been eliminated? <input type="checkbox"/> Yes <input type="checkbox"/> No • Were guidelines valid (reproducible search, expert consensus, independent review, current, and level of supporting evidence identified for each recommendation)? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are recommendations clear? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
Organizational Experience		
<ul style="list-style-type: none"> • Was the aim of the project clearly stated? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is the setting similar to setting of interest? <input type="checkbox"/> Yes <input type="checkbox"/> No • Was the method adequately described? <input type="checkbox"/> Yes <input type="checkbox"/> No • Were measures identified? <input type="checkbox"/> Yes <input type="checkbox"/> No • Were results adequately described? <input type="checkbox"/> Yes <input type="checkbox"/> No • Was interpretation clear and appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
Individual expert opinion, case study, literature review		
<ul style="list-style-type: none"> • Was evidence based on the opinion of an individual? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is the individual an expert on the topic? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is author's opinion based on scientific evidence? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is the author's opinion clearly stated? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are potential biases acknowledged? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
PERTINENT CONCLUSIONS AND RECOMMENDATIONS		
Were conclusions based on the evidence presented? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will the results help me in caring for my patients? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Quality of Evidence (scale on back): Basic quality rating of the study under review (check one)		
<input type="checkbox"/> High (A)		<input type="checkbox"/> Good (B)
<input type="checkbox"/> Low/Major flaw (C)		

Johns Hopkins Nursing Evidence-Based Practice Non-Research Evidence Appraisal

Strength of Evidence
Level IV

SYSTEMATIC REVIEW

- Research review that compiles and summarizes evidence from research studies related to a specific clinical question
- Employs comprehensive search strategies and rigorous appraisal methods
- Contains an evaluation of strengths and limitations of studies under review
- If peer-reviewed process such as Cochrane is used, rate at the level of the research evidence included in the review if not a meta-analysis, which is rated at level I. If non-peer reviewed, rate at Level IV

Level IV

CLINICAL PRACTICE GUIDELINES

- Research and experiential evidence review that systematically develops statements that are meant to guide decision-making for specific clinical circumstances
- Evidence is appraised and synthesized from three basic sources: scientific findings, clinician expertise, and patient preferences

Level V (Weak)

ORGANIZATIONAL

- Review of quality improvement studies and financial analysis reports
- Evidence is appraised and synthesized from two basic sources: internal reports and external published reports

EXPERT OPINION, CASE STUDY, LITERATURE REVIEW

- Opinion of a nationally recognized expert based on non-research evidence (includes case studies, literature review, or personal experience)

Quality of Evidence (Summative Reviews)

- A High:** well-defined, reproducible search strategies; consistent results with sufficient numbers of well-designed studies; criteria-based evaluation of overall scientific strength and quality of included studies, and definitive conclusions
- B Good:** reasonably thorough and appropriate search; reasonably consistent results, sufficient numbers of well-designed studies, evaluation of strengths and limitations of included studies, with fairly definitive results
- C Low/Major flaw:** undefined, poorly defined, or limited search strategies; insufficient evidence with inconsistent results, conclusions cannot be drawn

Quality of Evidence (Expert Opinion)

- A High:** expertise is clearly evident
- B Good:** expertise appears to be credible
- C Low/Major flaw:** expertise is not discernable or is dubious

ADDENDUM 3-4: Appraisal results of each individual document (research)

Johns Hopkins <i>RESEARCH</i> Evidence Appraisal (2007:206)																									
Author	Aagaard, Hall 2008	Als et al 1994	Als et al 2003	Als et al 2004	Als et al 1986	Atiagno et al 1997	Ashbaugh et al 1999	Axelil et al 2006	Becker et al 1991	Bertelle et al 2005	Bordi, Adhikari 2007	Brown, Heermann19	Browns, Talmi 2005	Buehler et al 1995	Byers et al 2003	Byers et al 2006	Catejin et al 2005	Chan et al 1993	Chan et al 1995	Changpak et al 2001	Chou et al 2003	Crawley, Emery 2006	Engelbreton, Wardell 1997	Feber, Makhouli 2008	Fedman, Eideiman200
Sample (Composition/size)	14	38	10/92	30	16	35	50	20	45	33	1234	50	84	36	37	114	45	128	144	746	30	60	36	30	70
Experimental		Y	Y	Y		Y		Y						Y				Y	Y	Y			Y	Y	
Meta-analysis																									
Quasi-experimental					Y				Y	Y		Y	Y		Y	Y	Y				Y	Y			
Non-experimental							Y				Y														Y
Qualitative																									
Meta-synthesis	Y																								
Does this study apply to the population targeted by my practice question?	N	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
If the answer is No, STOP here (unless there are similar characteristics).	N	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y
Strenght of Study Design																									
Was sample size adequate and appropriate?			Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Were study participants randomized?			Y	Y	N	Y	Y	Y	N	Y	N	N	Y	Y	?	Y	Y	Y		Y	N	N	Y	Y	N
Was there an intervention?			Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Was there a control group?			Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
If there was more than one group, were groups equally treated, except for the intervention?			Y	Y	NA	Y	NA	NA	Y	NA	Y	Y	Y	Y	?	Y	Y	Y		Y	NA	NA	Y	NA	NA
Was there adequate description of the data collection methods?			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Study Results																									
Were results clearly presented?			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Was an interpretation/analysis provided?			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Study Conclusions																									
Were conclusions based on clearly presented results?			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Were study limitations identified and discussed?			N	Y	N	N	N	Y	Y	Y	N	N	Y	N	Y	Y	Y	N		Y	Y	N	N	N	Y
Will the results help in caring for my patients?			Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Evidence Rating		I	I	I	II	I	III	I	II	II	III	II	II	I	II	II	II	I	II	I	II	II	I	I	III
Strength of Evidence																									
Level I (Strong)																									
EXPERIMENTAL STUDY (RANDOMIZED CONTROLLED TRIAL OR RCT)																									
Study participants (subjects) are randomly assigned to either a treatment (TX) or control (nontreatment) group								Y						Y				Y					Y	Y	
May be:																									
o Blind: subject does not know which TX subject is receiving																									
o Double-blind: neither subject nor investigator knows which TX subject is receiving			Y	Y										Y											
o Non-blind: both subject and investigator know which TX subject is receiving; used when it is felt that the knowledge of treatment is unimportant						?		Y										Y					Y	Y	

ADDENDUM 3-4: Appraisal results of each individual document (research)

	Aagaard, Hall 2008	Als et al 1994	Als et al 2003	Als et al 2004	Als et al 1986	Ariagno et al 1997	Ashbaugh et al 1999	Axelin et al 2006	Becker et al 1991	Bertele et al 2005	Bonji, Adhikari 2007	Brown, Heermann 1997	Browne, Taimi 2005	Buehler et al 1995	Byers et al 2003	Byers et al 2006	Catelin et al 2005	Chan et al 1993	Chan et al 1995	Champak et al 2001	Chou et al 2003	Crawley, Emery 2006	Engelbreton, Wardell 1997	Feber, Makhoul 2008	Feldman, Eidelman 2003	
META-ANALYSIS OF RCTS																										
Quantitatively synthesizes and analyzes results of multiple primary studies addressing a similar research question																										
Statistically pools results from independent but combinable studies																										
Summary statistic (effect size) is expressed in terms of direction (positive, negative, or zero) and magnitude (high, medium, small)																										
Level II					II					II		II	II		II	II	II					II	II			
QUASI-EXPERIMENTAL STUDY																										
Always includes manipulation of an independent variable									Y	Y		Y	Y		Y	Y	Y				Y					
Lacks either random assignment or control group									Y	Y		Y			Y						Y	Y				
Findings must be considered in light of threats to validity (particularly selection)									Y	Y		Y	Y		Y	Y	Y									
Level III							III				III														III	
NON-EXPERIMENTAL STUDY																										
No manipulation of the independent variable							Y																		Y	
Can be descriptive, comparative, or relational							Y				Y														Y	
Often uses secondary data							Y				Y														N	
Findings must be considered in light of threats to validity (particularly selection, lack of severity or co-morbidity adjustment)							Y																		Y	
QUALITATIVE STUDY																										
Explorative in nature, such as interviews, observations, or focus groups																										
Starting point for studies of questions for which little research currently exists																										
Sample sizes are usually small and study results are used to design stronger studies that are more objective and quantifiable																										
META-SYNTHESIS																										
Research technique that critically analyzes and synthesizes findings from qualitative research																										
Identifies key concepts and metaphors and determines their relationships to each other																										
Aim is not to produce a summary statistic, but rather to interpret and translate findings																										
Quality of Evidence	A	A	A	A	A	B	A			A	A	A	A	A	B	A	B	B	A	A	A	A	B	A	A	
High (A): consistent results, sufficient sample size, adequate control, and definitive conclusions; consistent recommendations based on extensive literature review that includes thoughtful reference to scientific evidence			Y	Y	Y		Y			Y	Y	Y	Y	Y		Y				Y	Y	Y		Y	Y	
Good (B): reasonably consistent results, sufficient sample size, some control, and fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence						Y											Y									
Low/Major flaw (C): little evidence with inconsistent results, insufficient sample size, conclusions cannot be drawn															Y											

ADDENDUM 3-4: Appraisal results of each individual document (research)

Johns Hopkins RESEARCH Evidence Appraisal (2007:206)																								
Author	Ferber et al 2006	Ferrari et al 2007	Fleisher et al 1995	Franck et al 2002	Gale et al 1993	Glazebrook et al 2007	Gray et al 1998	Hayward et al 2007	Henricks et al 2002	Hemness et al 2007	Herbst, Maree 2006	Hill 2005	Holsti et al 2004	Holsti et al 2005	Ingersoll, Thoman 1	Kleberg et al 2000	Kleberg et al 2002	Kleberg et al 2007	Louw, Maree 2005	Ludwig et al 2008	Lutes Alimler 2001	Maguire et al 2007	Maguire et al 2008	McWhinnie 2003
Sample (Composition/size)	90	10	40	215	25	250	49	6	242	22	22	156	44	54	95	42	20	25	11	292	52	10	192	50
Experimental			Y		Y	Y		Y				Y					Y	Y			Y		Y	
Meta-analysis																								
Quasi-experimental		Y					Y		Y	Y				Y		Y			Y	Y		Y		Y
Non-experimental	Y			Y																				
Qualitative											Y		Y		Y									
Meta-synthesis																								
Does this study apply to the population targeted by my practice question? If the answer is No, STOP here (unless there are similar characteristics).	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	N	Y	Y	Y	Y	Y	N
Strenght of Study Design																								
Was sample size adequate and appropriate?		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y					Y	Y	Y	N	Y	
Were study participants randomized?		N	Y	NA	NA	N	N	N	NA	NA	NA	Y		Y					NA	NA	Y	N	Y	
Was there an intervention?		Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y		Y					Y	Y	Y	Y	Y	
Was there a control group?		N	Y	NA	N	Y	Y	N	Y	Y	N	Y		Y					Y	Y	Y	Y	Y	
If there was more than one group, were groups equally treated, except for the intervention?		N	NA	NA	Y	NA	Y	NA	NA	NA	NA	Y		NA					NA	NA	NA	NA	Y	
Was there adequate description of the data collection methods?		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y					Y	Y	Y	Y	Y	
Study Results																								
Were results clearly presented?		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y					Y	Y	Y	Y	Y	
Was an interpretation/analysis provided?		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y					Y	Y	Y	Y	Y	
Study Conclusions																								
Were conclusions based on clearly presented results?		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y					Y	Y	Y	Y	Y	
Were study limitations identified and discussed?		N	Y	Y	Y	Y	Y	N	Y	Y	Y	N		N					Y	Y	Y	Y	Y	
Will the results help in caring for my patients?		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y					Y	Y	Y	Y	Y	
Evidence Rating	III	II	I	III	I	I	II	I	II	II	III	I	II	II	II	II	I		II	II	I	II	I	II
Strength of Evidence																								
Level I (Strong)																								
EXPERIMENTAL STUDY (RANDOMIZED CONTROLLED TRIAL OR RCT)																								
Study participants (subjects) are randomly assigned to either a treatment (TX) or control (nontreatment) group			Y		N	Y		Y				Y									Y		Y	
May be:																								
o Blind: subject does not know which TX subject is receiving																								
o Double-blind: neither subject nor investigator knows which TX subject is receiving																								
o Non-blind: both subject and investigator know which TX subject is receiving; used when it is felt that the knowledge of treatment is unimportant			Y			Y						Y									Y		Y	

ADDENDUM 3-4: Appraisal results of each individual document (research)

	Ferber et al 2006	Ferrari et al 2007	Fleisher et al 1995	Franck et al 2002	Gale et al 1993	Glazebrook et al 2007	Gray et al 1996	Hayward et al 2007	Hendricks et al 2002	Hennessy et al 2007	Herbst, Maree 2006	Hill 2005	Höjsti et al 2004	Höjsti et al 2005	Ingersoll, Thoman 1999	Kleberg et al 2000	Kleberg et al 2002	Kleberg et al 2007	Louw, Maree 2005	Ludwig et al 2008	Lutes Altmier 2001	Maguire et al 2007	Maguire et al 2008	McWhinnie 2003	
META-ANALYSIS OF RCTS																									
Quantitatively synthesizes and analyzes results of multiple primary studies addressing a similar research question																									
Statistically pools results from independent but combinable studies																									
Summary statistic (effect size) is expressed in terms of direction (positive, negative, or zero) and magnitude (high, medium, small)																									
Level II		II																							
QUASI-EXPERIMENTAL STUDY																									
Always includes manipulation of an independent variable		Y					Y		Y	Y				Y					Y	Y			Y		
Lacks either random assignment or control group		Y					Y		Y	Y				N					Y	Y			Y		
Findings must be considered in light of threats to validity (particularly selection)		Y					Y		Y	Y				Y					Y	Y			Y		
Level III				III																					
NON-EXPERIMENTAL STUDY																									
No manipulation of the independent variable																									
Can be descriptive, comparative, or relational																									
Often uses secondary data																									
Findings must be considered in light of threats to validity (particularly selection, lack of severity or co-morbidity adjustment)																									
QUALITATIVE STUDY																									
Explorative in nature, such as interviews, observations, or focus groups																									
Starting point for studies of questions for which little research currently exists																									
Sample sizes are usually small and study results are used to design stronger studies that are more objective and quantifiable																									
META-SYNTHESIS																									
Research technique that critically analyzes and synthesizes findings from qualitative research																									
Identifies key concepts and metaphors and determines their relationships to each other																									
Aim is not to produce a summary statistic, but rather to interpret and translate findings																									
Quality of Evidence	B	C	A	A	B	A	A	A	B	A	A	A	A	A	A	B	B		A	A	B	A	A	A	
High (A): consistent results, sufficient sample size, adequate control, and definitive conclusions; consistent recommendations based on extensive literature review that includes thoughtful reference to scientific evidence			Y	Y		Y	Y	Y		Y	Y			Y											
Good (B): reasonably consistent results, sufficient sample size, some control, and fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence																									
Low/Major flaw (C): little evidence with inconsistent results, insufficient sample size, conclusions cannot be drawn																									

ADDENDUM 3-4: Appraisal results of each individual document (research)

John Hopkins RESEARCH Evidence Appraisal (2007:206)																															
Author	Melnyk et al 2006	Morison et al 2003	Mouradian et al 1994	Nelson et al 2001	Neu 1999	Nyqvist et al 1996a	Gehler, Vileisis 1990	Ogunlesi et al 2007	Ogunlesi et al 2008	Petryshen et al 1998	Pfeifer, Hesselting 2007	Pressler et al 2001	Pressler, Hepworth 200	Rojas et al 2003	Rowe et al 2005	Ruiz et al 2001	Sizun et al 2002	Slevin et al 1997	Standley 1998	Swanepoel et al 2005	Tessier et al 2003	Thomas 2003	Thomas 2008	Thomas et al 2008	Vavre-douret, Golsse 20	vd Pal et al 2007a	vd Pal et al 2007c	Velaphi et al 2005	Wang et al 1998		
Sample (Composition/size)	260	10	40	37	8	35	31	78	179	124	727	42	42	90	28	492	19	38	40	2	431	95	22	22	30	124	321	216	4	261	
Experimental	Y			Y			Y			Y				Y				Y	Y		Y					Y					
Meta-analysis																												Y			
Quasi-experimental																Y	Y														
Non-experimental			Y					Y	Y		Y																		Y	Y	
Qualitative		Y			Y	Y						Y	Y		Y					Y		Y	Y	Y		Y					
Meta-synthesis																															
Does this study apply to the population targeted by my practice question?	N	N	Y	Y	Y	N	Y	N	N	Y	N	N	N	Y	Y	N	Y	Y	Y	N	Y	N			N	Y	Y	Y	N	N	
If the answer is No, STOP here (unless there are similar characteristics).	N	N	Y	Y	Y	N	Y	N	N	Y	N	N	N	Y	Y	N	Y	Y	Y	N	Y	N			N	Y	Y	Y	N	N	
Strength of Study Design																															
Was sample size adequate and appropriate?			Y	Y	N		Y			Y				Y	Y		Y	Y	Y		Y					Y	Y	Y			
Were study participants randomized?			N	Y	N		Y			N				Y	N		N	?	N		Y					?	N	Y			
Was there an intervention?			Y	Y	Y		Y			Y				Y	N		Y	Y	Y		Y					Y	N	Y			
Was there a control group?			Y	Y	N		Y			Y				Y	N		Y	Y	Y		Y					N	N	Y			
If there was more than one group, were groups equally treated, except for the intervention?			NA	Y	N		Y			NA				Y	NA		NA	Y	Y		NA					Y	N	Y			
Was there adequate description of the data collection methods?			Y	Y	Y		Y			Y				Y	Y		Y	Y	Y		Y					Y	Y	Y			
Study Results																															
Were results clearly presented?			Y	Y	Y		Y			Y				Y	Y		Y	Y	Y		Y					Y	Y	Y			
Was an interpretation/analysis provided?			Y	Y	Y		Y			Y				Y	Y		Y	Y	Y		Y					Y	Y	Y			
Study Conclusions																															
Were conclusions based on clearly presented results?			Y	Y	Y		Y			Y				Y	Y		Y	Y	Y		Y					Y	Y	Y			
Were study limitations identified and discussed?			Y	Y	N		Y			Y				Y	Y		Y	Y	N		N					Y	Y	N			
Will the results help in caring for my patients?			Y	Y	Y		Y			Y				Y	Y		Y	Y	Y		Y					Y	Y	Y			
Evidence Rating	I	II	II	I	III	III	I			II				I	III	II	II	I	I		I	III	III	III		I	III	I		I	
Strength of Evidence																															
Level I (Strong)																															
EXPERIMENTAL STUDY (RANDOMIZED CONTROLLED TRIAL OR RCT)																															
Study participants (subjects) are randomly assigned to either a treatment (TX) or control (nontreatment) group				Y			Y			N				Y				Y	Y		Y										
May be:																															
o Blind: subject does not know which TX subject is receiving																															
o Double-blind: neither subject nor investigator knows which TX subject is receiving																															
o Non-blind: both subject and investigator know which TX subject is receiving; used when it is felt that the knowledge of treatment is unimportant				Y			Y			N				Y				Y	Y		Y										

ADDENDUM 3-4: Appraisal results of each individual document (research)

	Meinyk et al 2006	Morison et al 2003	Mouradian, Als 1994	Nelson et al 2001	Neu 1999	Nyqvist et al 1996a	Oehler, Vleesels 1990	Oguniesi et al 2007	Oguniesi et al 2008	Peirysheh et al 1998	Pfeifer Hesseling 2007	Pressler et al 2001	Pressler, Hepworth 200	Rojas et al 2003	Rowe et al 2005	Ruiz et al 2001	Sizun et al 2002	Slevin et al 1997	Standley 1998	Swanepoel et al 2005	Tessier et al 2003	Thoman 2003	Thomas 2008	Thomas et al 2008	Vaivre-douret, Golese 20	vd Pal et al 2007a	vd Pal et al 2007c	Velaphi et al 2005	Weng et al 1996	
META-ANALYSIS OF RCTS																														
Quantitatively synthesizes and analyzes results of multiple primary studies addressing a similar research question																												Y		
Statistically pools results from independent but combinable studies																												Y		
Summary statistic (effect size) is expressed in terms of direction (positive, negative, or zero) and magnitude (high,																												Y		
Level II																														
QUASI-EXPERIMENTAL STUDY																														
Always includes manipulation of an independent variable			Y														Y													
Lacks either random assignment or control group			Y														Y													
Findings must be considered in light of threats to validity (particularly selection)			Y														Y													
Level III																														
NON-EXPERIMENTAL STUDY																														
No manipulation of the independent variable																														
Can be descriptive, comparative, or relational																														
Often uses secondary data																														
Findings must be considered in light of threats to validity (particularly selection, lack of severity or co-morbidity adjustment)																														
QUALITATIVE STUDY																														
Explorative in nature, such as interviews, observations, or focus groups					Y										Y												Y			
Starting point for studies of questions for which little research currently exists					Y										Y												Y			
Sample sizes are usually small and study results are used to design stronger studies that are more objective and					Y										Y											Y				
META-SYNTHESIS																														
Research technique that critically analyzes and synthesizes findings from qualitative research																														
Identifies key concepts and metaphors and determines their relationships to each other																														
Aim is not to produce a summary statistic, but rather to interpret and translate findings																														
Quality of Evidence	A	A	A	A	B	B	B			A		B		B	A	A	A	A	A		A	A	A	A	A	A	A	A	B	A
High (A): consistent results, sufficient sample size, adequate control, and definitive conclusions; consistent recommendations based on extensive literature review that includes thoughtful reference to scientific evidence															Y		Y								Y	Y				
Good (B): reasonably consistent results, sufficient sample size, some control, and fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence																											Y			
Low/Major flaw (C): little evidence with inconsistent results, insufficient sample size, conclusions cannot be drawn																														

ADDENDUM 3-4: Appraisal results of each individual document (research)

Johns Hopkins <i>RESEARCH</i> Evidence Appraisal (2007:206)					
Author	Westrup et al 2000	Westrup et al 2002a	White et al 2007	Wielenga 2006	Wyly 1988
Sample (Composition/size)	2	2	2	5	1
Experimental	Y	Y		Y	Y
Meta-analysis					
Quasi-experimental					
Non-experimental			Y		
Qualitative					
Meta-synthesis					
Does this study apply to the population targeted by my practice question?	Y	Y	N	N	N
If the answer is No, STOP here (unless there are similar characteristics).	Y	Y	N	N	N
Strenght of Study Design					
Was sample size adequate and appropriate?	Y	Y			
Were study participants randomized?	Y	Y			
Was there an intervention?	Y	Y			
Was there a control group?	Y	Y			
If there was more than one group, were groups equally treated, except for the intervention?	Y	N			
Was there adequate description of the data collection methods?	Y	Y			
Study Results					
Were results clearly presented?	Y	Y			
Was an interpretation/analysis provided?	Y	Y			
Study Conclusions					
Were conclusions based on clearly presented results?	Y	Y			
Were study limitations identified and discussed?	Y	Y			
Will the results help in caring for my patients?	Y	Y			
Evidence Rating	I	I			
Strength of Evidence					
Level I (Strong)					
EXPERIMENTAL STUDY (RANDOMIZED CONTROLLED TRIAL OR RCT)					
Study participants (subjects) are randomly assigned to either a treatment (TX) or control (nontreatment) group	Y	Y			
May be:					
o Blind: subject does not know which TX subject is receiving					
o Double-blind: neither subject nor investigator knows which TX subject is receiving					
o Non-blind: both subject and investigator know which TX subject is receiving; used when it is felt that the knowledge of treatment is unimportant	Y	Y			
META-ANALYSIS OF RCTS					
Quantitatively synthesizes and analyzes results of multiple primary studies addressing a similar research question					
Statistically pools results from independent but combinable studies					
Summary statistic (effect size) is expressed in terms of direction (positive, negative, or zero) and magnitude (high, medium,					
Level II					
QUASI-EXPERIMENTAL STUDY					
Always includes manipulation of an independent variable					
Lacks either random assignment or control group					
Findings must be considered in light of threats to validity (particularly selection)					
Level III					
NON-EXPERIMENTAL STUDY					
No manipulation of the independent variable					
Can be descriptive, comparative, or relational					
Often uses secondary data					
Findings must be considered in light of threats to validity (particularly selection, lack of severity or co-morbidity adjustment)					
QUALITATIVE STUDY					
Explorative in nature, such as interviews, observations, or focus groups					
Starting point for studies of questions for which little research currently exists					
Sample sizes are usually small and study results are used to design stronger studies that are more objective and					
META-SYNTHESIS					
Research technique that critically analyzes and synthesizes findings from qualitative research					
Identifies key concepts and metaphors and determines their relationships to each other					
Aim is not to produce a summary statistic, but rather to interpret and translate findings					
Quality of Evidence	A	A			
High (A): consistent results, sufficient sample size, adequate control, and definitive conclusions; consistent recommendations based on extensive literature review that includes thoughtful reference to scientific evidence					
Good (B): reasonably consistent results, sufficient sample size, some control, and fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence					
Low/Major flaw (C): little evidence with inconsistent results, insufficient sample size, conclusions cannot be drawn					

ADDENDUM 3-5: Appraisal results of each individual document (non-research)

Johns Hopkins Non-Research Evidence Appraisal (2007:210)	Ahn, Jun 2007	Alta, Snider 2003	Als & Gilkerson 1997	Als et al 2006	Altimier 2004	Altimier, Sherrrod 2001	Aucoott et al 2002	Black 2005	Blauw, Hadders 2005	Bond 2002	Botha 2005	Bremmer et al 2003	Brindle 2006	Browne 2000	Byers 2003	Carrier 2002	Cole et al 1997	Conde et al 2008	Eichel 2001	Felderhoff-Mueser, Buhner 2005	Fern et al 2002	Franck, Lawhon 1998	Gale, vd Berg 1998	Gibbins Stevens 2001	Goldberg-Hamblin, Singer 2007	Harrison 2001
Systematic Review									Y									Y		Y						
Clinical Practice Guidelines																							Y			
Organizational (QI, Financial data)																Y										
Expert opinion, case study, literature		Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y		Y		Y		Y	Y		Y	Y	Y
Does this study apply to the population targeted by my practice question?	N	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y
If the answer is No, STOP here (unless there are similar characteristics).		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y
Systematic Review (Level I-IV)																										
Is the question clear?									Y									Y								
Was a rigorous peer-reviewed process used?									Y									Y								
Are search strategies specified, and reproducible?									Y									Y								
Are search strategies appropriate to include all pertinent studies?									Y									Y								
Are criteria for inclusion and exclusion of studies specified?									Y									Y								
Are details of included studies (design, methods, analysis) presented?									Y									Y								
Are methodological limitations									Y									Y								
Are the variables in the studies reviewed similar, so that studies can be									Y									Y								
Clinical Practice Guidelines (Level IV)																										
Were appropriate stakeholders involved in the development of this guideline?																							Y			
Are groups to which guidelines apply and do not apply clearly stated?																							Y			
Have potential biases been eliminated?																							Y			
Were guidelines valid (reproducible search, expert consensus, independent review, current, and level of supporting evidence identified for each recommendation)?																							Y			
Are recommendations clear?																							Y			
Organizational Experience (Level V) Weak																										

ADDENDUM 3-5: Appraisal results of each individual document (non-research)

Johns Hopkins Non-Research Evidence Appraisal (2007:210)	Haumont 2005	Hayward 2003	Howland 2007	Hummel 2003	Hummel, Dijk 2006	Jacobs et al 2002	Jones et al 2001	Jorgenson 2002	Kelly 2006	Kelly 2006b	Kenner 2002	Khan 2003	Lawhon, Hedlund 2008	Lawhon, Metzler 1988	Lotas, Walden 1996	Lott 1989	Lowman et al 2006	Lutes 1996	Mahoney, Cohen, 2005	McGrath Brock 2002	McGrath et al 2002	McGrath et al 2007	McGrath, Lutes 2002	McLeod, Sherrif 2007	Montgomery 1999	Monag, Ohtson 2006	Mpahiele 2007	Nyqvist 1996b	Nyqvist 2005	Nyqvist 2004	Owens 2001	Pierrat et al 2007	Pressler et al 1998	Ramsley 2001				
Systematic Review						Y													Y					Y		Y												
Clinical Practice Guidelines																																						
Organizational (QI, Financial data)								?																		Y												
Expert opinion, case study, literature	Y	Y	Y	Y	Y		Y		Y	Y	L	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
Does this study apply to the population targeted by my practice question?	Y	Y	Y	Y	N	Y	Y		N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	L	Y	L	N	Y	Y	N	Y	Y	Y	Y	Y	N	L	Y			
	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y			
Systematic Review (Level I-IV)																																						
Is the question clear?						Y														Y							Y											
Was a rigorous peer-reviewed process used?						Y														Y							Y											
Are search strategies specified, and reproducible?						Y														Y							Y											
Are search strategies appropriate to include all pertinent studies?						Y														Y							Y											
Are criteria for inclusion and exclusion of studies specified?						Y														Y							Y											
Are details of included studies (design, methods, analysis) presented?						Y														Y							Y											
Are methodological limitations disclosed?						Y														Y							Y											
Are the variables in the studies reviewed similar, so that studies can be combined?						Y														Y							Y											
Clinical Practice Guidelines (Level IV)																																						
Were appropriate stakeholders involved in the development of this guideline?																																						
Are groups to which guidelines apply and do not apply clearly stated?																																						
Have potential biases been eliminated?																																						
Were guidelines valid (reproducible search, expert consensus, independent review, current, and level of supporting evidence identified for each recommendation)?																																						
Are recommendations clear?																																						

ADDENDUM 3-5: Appraisal results of each individual document (non-research)

Johns Hopkins Non-Research Evidence Appraisal (2007:210)	Haumont 2005	Hayward 2003	Howland 2007	Hummel 2003	Hummel, Dijk 2006	Jacobs et al 2002	Jones et al 2001	Jorgenson 2002	Kelly 2006	Kelly 2006b	Kenner 2002	Khan 2003	Lawhon, Hedlund 2008	Lawhon, Meizar 1988	Loias, Walden 1996	Lott 1989	Lowman et al 2006	Lutes 1996	Mahoney, Cohen, 2005	McGrath Brook 2002	McGrath et al 2002	McGrath et al 2007	McGrath, Lutes 2002	McLeod, Sherrif 2007	Montgomery 1999	Morgan, Ohtsuka 2008	Mpahele 2007	Nyqvist 1996b	Nyqvist 2005	Nyqvist 2004	Owens 2001	Pierrat et al 2007	Pressler et al 1998	Ramsay 2001					
Systematic Review						Y													Y					Y		Y													
Clinical Practice Guidelines																																							
Organizational (QI, Financial data)								?																	Y														
Expert opinion, case study, literature review	Y	Y	Y	Y	Y		Y		Y	Y	L	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
Does this study apply to the population targeted by my practice question?	Y	Y	Y	Y	N	Y	Y		N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	L	Y	L	N	Y	Y	N	Y	Y	Y	Y	Y	Y	N	L	Y			
	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y			
Systematic Review (Level I-IV)																																							
Is the question clear?						Y													Y								Y												
Was a rigorous peer-reviewed process used?						Y													Y								Y												
Are search strategies specified, and reproducible?						Y													Y								Y												
Are search strategies appropriate to include all pertinent studies?						Y													Y								Y												
Are criteria for inclusion and exclusion of studies specified?						Y													Y								Y												
Are details of included studies (design, methods, analysis) presented?						Y													Y								Y												
Are methodological limitations disclosed?						Y													Y								Y												
Are the variables in the studies reviewed similar, so that studies can be combined?						Y													Y								Y												
Clinical Practice Guidelines (Level IV)																																							
Were appropriate stakeholders involved in the development of this guideline?																																							
Are groups to which guidelines apply and do not apply clearly stated?																																							
Have potential biases been eliminated?																																							
Were guidelines valid (reproducible search, expert consensus, independent review, current, and level of supporting evidence identified for each recommendation)?																																							
Are recommendations clear?																																							
Organizational Experience (Level V) Weak																																							

ADDENDUM 3-6: Summary of categories derived from critically appraised documents

Component	Specific interventions	Alta & Snider, 2003	Aucott et al, 2002	Byers, 2003	Goldberg et al, 2007	Gray et al, 1998	Khan, 2003	Lawhon & Meizar, 1988	Lotas & Walden, 1996	Lott, 1989	Lutes, 1996	Sehgal & Stack, 2006	Sizun & Westrup, 2004	Starr & Hoye, 1998	Symington & Pinelli, 2006	vd Berg, 1997	vd Berg, 2007
NICU DESIGN																	
Uterine environment				X											X		
Environment to Promote Growth and Development		X		X												X	
INDIVIDUALISED CARE																	
Care according to developmental maturity		X	X														
Individualised care giving method	Use autonomic, motoric and behavioral cues to understand infant needs	X	X	X	X		X	X	X				X	X	X	X	X
Reading of infant cues and behaviors		X					X		X				X		X	X	
Systematic observation / Continuous assessment and		X					X		X				X		X	X	
Primary nursing care					X			X									
FAMILY CENTERED CARE PHILOSOPHY										X							
Parents as active participants in care			X	X	X			X				X		X			
	See infant immediately after birth (before NICU transfer)	X	X														
	Touch infant immediately after birth (before NICU transfer)	X															
	Holding baby						X										
	parental support groups		X	X													X
	24-hour visitation policies for parents		X	X			X										
	Decorating the incubator with family pictures/personalised bedspace		X				X										
	Breastfeeding / milk pumping		X														
	sibling visitation		X				X										
	Arrange child care activities, eg feeding, bath, KC		X									X					
	Early discharge training				X			X									
Privacy and comfort	Warm, comfortable and soothing atmosphere (homelike appearance)				X		X										X
	Providing privacy												X				X
	Information sharing between parents and professionals re infant developmental needs	X			X							X	X			X	
	Communication (relationship/partnership) between infant, professional and parents	X	X	X			X					X	X		X	X	X
POSITIONING																	
Anatomical infant positioning	Contained or snug with firm boundaries, neck neutral, shoulders protracted, body		X	X	X	X	X	X	X			X	X	X	X	X	
Flexion with positioning (limbs and shoulders)	Firm boundaries (postural support)		X	X	X	X	X	X				X					
Flexion	Midline (Head in midline & in line with body)		X	X	X	X	X		X				X				
Flexion with positioning (hips)	Hips in neutral with some adduction		X	X	X		X										
Prone or side-lying rather than supine (lung disease)			X		X		X	X								X	

ADDENDUM 3-6: Summary of categories derived from critically appraised documents

Component	Specific interventions	Alta & Snider, 2003	Aucott et al, 2002	Byers, 2003	Goldberg et al, 2007	Gray et al, 1998	Khan, 2003	Lawhon & Meizar, 1988	Lotas & Walden, 1996	Lott, 1989	Lutes, 1996	Sehgal & Stack, 2006	Sizun & Westrup, 2004	Starr & Hoye, 1998	Symington & Pinelli, 2006	vd Berg, 1997	vd Berg, 2007
Individualised bedding / support	Soft, toys, egg mattress								X								
HANDLING TECHNIQUES (TRANSITION SUPPORT)																	
Developmentally appropriate care	Transitional care as maturation increases				X				X					X		X	
Support gradual state changes								X	X			X				X	X
Promoting periods of rest	At least 2-3 hours	X		X	X	X	X	X						X	X		X
Modifying of care-giving	Clustering - Schedule interventions around sleep	X		X	X			X	X		X	X		X	X		
	Flexion with handling (During procedures provide calm, gently, containment &		X		X		X	X	X			X				X	
	Time-out (Pacing & rest periods by infant cues)						X	X	X				X		X		
	Multi-modal stimulation		X														
Modifying direct hands-on care-giving		X							X							X	
Positive tactile stimulation	Stroking or massage		X		X							X					
	Containment of still hold					X	X	X	X								
Swaddling	tight wrap in blanket, limbs flexed, hips neutral without rotation, shoulders forward,		X	X	X			X	X		X	X		X			
Move slowly, as a whole, keeping body and head			X		X			X	X			X				X	X
Kangaroo Care			X	X								X	X	X			
Co-bedding multiples				X							X						
Promote self-regulation				X	X		X		X					X	X	X	X
	Grasping							X				X	X	X	X	X	X
Promote state regulation				X												X	X
MANAGEMENT OF EXTERNAL ENVIRONMENT																	
Reducing environmental stimuli - noise		X	X	X	X	X	X		X	X		X	X	X	X	X	X
Macro environment	Beds away from traffic													X			
	Keep voices down & away from bedside		X		X				X		X						
	Avoid radio and stereo equipment, telephones							X	X				X				
	Monitor alarms kept at a safe minimum volume (or vibrating/flashing)							X									X
	Respond to alarms quickly								X		X						
	Sound-rated frames and doors - Doors & drawers padded with felt strips or weather								X								
	Bottoms of trashcans padded								X								
	Minimal background noise																X
	Sound absorption in infant spaces (walls, floors, curtains)																X
Micro Environment	Close portholes quietly using the button latch								X		X						
	Measure sound levels in NICU and incubators							X									
	Use incubator covers		X					X			X		X				
	Soft ear plugs / covers			X				X									
	No water in ventilator tubes							X									

ADDENDUM 3-6: Summary of categories derived from critically appraised documents

Component	Specific interventions	Alta & Snider, 2003																	
	No tapping of charts on top of incubator																		
	Soft music when appropriate																		
Reducing environmental stimuli - light		X		X	X	X	X												
	Reduced ambient light (dimmer)			X				X	X										
	Cycled light		X	X															
	Individual bedside controlled / titrated light							X	X										
	Avoid direct bright light			X				X	X										
	Isolette covers		X			X	X												
	Eye protection with phototherapy																		
	One source of daylight with shading devices																		
	Measure light levels inside the incubator																		
Day and night cycle	12 hours of lower light and sound at night			X															
Quiet times						X													
	Reduced activity																		
	Procedures kept to the minimum - minimal handling																		
	Blinds closed during daylight hours					X													
	Overhead lights dimmed					X													
Reducing sensory monotony	Toys, pictures and music in incubator used carefully			X				X											
Olfactory stimulation	Pads with moms smell (milk) inside incubator																		
MANAGEMENT OF PAIN																			
NNS	NNS during pain and minor procedures			X	X	X		X	X	X									
	Oral glucose																		
FEEDING METHODS																			
Preparing for feeding	Position in a way that prevents repositioning after feeding																		
NNS during gavage feeding																			
KNOWLEDGE OF INFANT DEVELOPMENT																			
Teaching of professionals on developmental care:		X																	
	Reading of infant cues and behaviors during interactions	X																	
	Sharing of knowledge between professionals	X																	
	Multidisciplinary team method in the NICU - Interprofessional collaboration in NICU	X			X														
Teaching parents to interact with infant	Behavioral cues, stress signs																		
	How to interact with infant																		

ADDENDUM 3-7: Design of the checklist from components identified from literature (Addendum 3-6) and conclusion statements

A. Component identified from literature (Addendum 3-6)	B. Specific interventions from literature (Addendum 3-6)	C. CONCLUSION STATEMENTS FROM ILR (Refer to paragraph 3.1.5.1)	D. PRINCIPLES OF DC	Question derived from Chapter 2 (translated from column A, B, C)
			1. NICU DESIGN	
Womb environment Environment to Promote Growth and Development		(1) Members of the NICU team are encouraged to create an environment closer to the intra-uterine environment in order to promote normal neonatal growth and development in the preterm infant.		Is a uterine-like environment created for each infant to support an environment of growth and development?
		(2) Integrating age-appropriate, individualised developmental care into the preterm infant's nursing care enhances the competencies of the preterm and very-low-birth-weight preterm infant, as well as parenting skills and abilities.	2. INDIVIDUALISED CARE	
Reading of infant cues and behaviors			2.1 OBSERVATION	Are the infant's cues and behaviours read by the care giver?
Primary nursing care				Do staff respond to cues and behaviours?
Systematic observation / Continuous				Does the caregiver continuously and systematically assess and evaluate the infant's developmental needs?
				Is care adapted accordingly?
Care according to developmental			2.2 CARE	Is care provided according to individual developmental maturity?
Individualised caregiving approach	Use autonomic, motoric and behavioral cues to understand infant needs			Are autonomic, motoric, and behavioural cues identified and used to support individualised caregiving?

ADDENDUM 3-7: Design of the checklist from components identified from literature (Addendum 3-6) and conclusion statements

A. Component identified from literature (Addendum 3-6)	B. Specific interventions from literature (Addendum 3-6)	C. CONCLUSION STATEMENTS FROM ILR (Refer to paragraph 3.1.5.1)	D. PRINCIPLES OF DC	Question derived from Chapter 2 (translated from column A, B, C)
		<p>(3) A family-centred approach emphasises the individuality of the preterm infant and multidisciplinary interaction, and also provides optimal care that supports individual preterm infant development.</p> <p>(5) A family-centred approach reduces maternal stress and depression, improves parent-infant feeding and physical contact, increases self-esteem and lessens anxiety.</p>	3. FAMILY-CENTERED CARE PHILOSOPHY	
Parents as active participants in care	See infant immediately after birth (before NICU transfer)	(4) The goal of family-centred care is to support parents to develop care skills and techniques, thus including the family as active participants of the health care team and leaving the power with them.	3.1 PARENTS AS ACTIVE PARTICIPANTS	Do parents see their infant immediately after birth (before transfer to the NICU)?
	Touch infant immediately after birth (before NICU transfer)			Are parents allowed to touch their infant immediately after birth (before transfer to the NICU)?
	Holding baby			Do parents hold their infant?
	Arrange child care activities, eg feeding, bath, KC			Are parents involved with child care activities, e.g. feeding, bath, Kangaroo care?
	Decorating the incubator with family			Are parents allowed to personalise their infant's bedspace?
	Breastfeeding / milk pumping			Are mothers encouraged to breastfeed / pump milk for their infants?
	Early discharge training			When does discharge training start?

ADDENDUM 3-7: Design of the checklist from components identified from literature (Addendum 3-6) and conclusion statements

A. Component identified from literature (Addendum 3-6)	B. Specific interventions from literature (Addendum 3-6)	C. CONCLUSION STATEMENTS FROM ILR (Refer to paragraph 3.1.5.1)	D. PRINCIPLES OF DC	Question derived from Chapter 2 (translated from column A, B, C)
Privacy and comfort	Warm, comfortable and soothing atmosphere (homelike appearance)		3.3 PRIVACY AND COMFORT	Is the nursery atmosphere warm, comfortable and soothing, with a homelike appearance?
	Providing privacy			Is privacy provided for parents?
	Information sharing between parents and professionals re infant developmental needs Communication (relationship/partnership) between infant, professional and parents			Is information shared between parents and professionals re infant developmental needs?
	24-hour visitation policies for parents		3.3 VISITATION	Are parents allowed to visit 24-hours?
	sibling visitation			May sibling visit?
	parental support groups		3.4 PARENT SUPPORT GROUPS	Does the hospital have parent support groups?
			4. POSITIONING	
Anatomical infant positioning		(6) Positioning of the preterm infant in a contained, flexed posture with firm boundaries, neck neutral, shoulders protracted and the body symmetric, mimicking the intra-uterine conditions, supports the development of flexor tone prior to term and provides the preterm infant with a sense of containment and hand-to-midline position that allows better self-organisation and self-consoling behaviour.	4.1 ANATOMICAL INFANT POSITIONING (symmetry/midline, containment, flexion)	Is the infant positioned anatomically?

ADDENDUM 3-7: Design of the checklist from components identified from literature (Addendum 3-6) and conclusion statements

A. Component identified from literature (Addendum 3-6)	B. Specific interventions from literature (Addendum 3-6)	C. CONCLUSION STATEMENTS FROM ILR (Refer to paragraph 3.1.5.1)	D. PRINCIPLES OF DC	Question derived from Chapter 2 (translated from column A, B, C)
	Contained or snug with firm boundaries, neck neutral, shoulders protracted, body symmetric, flexed knees and hips and midline arms.		Containment	Is the infant contained?
	Firm boundaries (postural support)			Does the infant have firm boundaries that fit snugly?
			Midline	Is the body position symmetric?
	Midline (Head in midline & in line with body)			Is the neck in a neutral position? Head in midline and in line with the body?
				Are the shoulders protracted?
				Are the arms in midline?
Flexion			Flexion	Are the knees flexed?
Flexion with positioning (hips)				Are the hips flexed in a neutral position with some adduction?
Flexion with positioning (limbs and shoulders)				Is preterm infant kept in flexion (limbs and shoulders) during positioning with postural support?
Prone or side-lying rather than supine (lung disease)		(7) Prone or side-lying positions with adequate support are preferable to supine positioning.	4.2 ORIENTATION	In what position is the preterm infant positioned mostly?
				Prone? / %
				Side-lying? / %
				Supine? / %

ADDENDUM 3-7: Design of the checklist from components identified from literature (Addendum 3-6) and conclusion statements

A. Component identified from literature (Addendum 3-6)	B. Specific interventions from literature (Addendum 3-6)	C. CONCLUSION STATEMENTS FROM ILR (Refer to paragraph 3.1.5.1)	D. PRINCIPLES OF DC	Question derived from Chapter 2 (translated from column A, B, C)
Individualised	Soft, toys, egg matress		4.3 INDIVIDUALISED	Are individualised bedding used?
			5. HANDLING TECHNIQUES (TRANSITION SUPPORT)	
Developmentally appropriate care	Transitional care as maturation increases		5.1 CARE ACCORDING TO	Does care changes as the preterm infant matures?
Support gradual state changes		<p>(8) State regulation is supported by a quiet, soothing environment, individualised care, appropriate timing for caregiving events with regard to sleep/wakefulness cycles and supporting and pacing events to minimise stress and promote stable relaxed care.</p> <p>(19) Transitional support assists the preterm infant to reach a calm and regulated state before beginning an intervention, to improve tolerance and help with easy recovery after completion of interventions.</p>	5.2 STATE CHANGES	Does the care giver support gradual state changes (using transitional touch)?
Promoting periods of rest	At least 2-3 hours	(9) Sleep is important for growth and development. Care and handling should be planned carefully, taking into consideration the preterm infant's cues and responses to provide continuous rest periods of at least 2-3 hours.	5.3 PROMOTION OF REST PERIODS	Does the preterm infant receive at least 2-3 hours uninterrupted sleep?
				Does the unit have quiet times when all routine care is delayed?
Modifying of care-giving	Clustering - Schedule interventions around sleep	(10) Care-giving should be modified by scheduling interventions around sleep (clustering), maintaining of flexion, containment and facilitation during procedures.	5.4 MODIFIED HANDS-ON CARE-GIVING	Are care interventions clustered around sleep?
	Flexion with handling (During procedures provide calm, gently,			Are calm, gentle, containment and facilitation provided during handling procedures to support flexion?

ADDENDUM 3-7: Design of the checklist from components identified from literature (Addendum 3-6) and conclusion statements

A. Component identified from literature (Addendum 3-6)	B. Specific interventions from literature (Addendum 3-6)	C. CONCLUSION STATEMENTS FROM ILR (Refer to paragraph 3.1.5.1)	D. PRINCIPLES OF DC	Question derived from Chapter 2 (translated from column A, B, C)
	Time-out (Pacing & rest periods by infant cues)	(11) Providing handling that is responsive to the preterm infant's cues minimise stress, therefore care-giving should be modified by providing pacing and rest periods according to preterm infant cues (time-out), and multi-modal stimulation when applicable.		Is the preterm infant provided with "time-out" or rest periods according to his/her cues?
Modifying direct hands-on care-giving		(15) The preterm infant should be touched and direct hands-on care-giving should be modified according to the individual behaviours and physiological responses of the preterm infant.		Is direct hands-on-caregiving modified by providing positive tactile stimulation?
Positive tactile stimulation	Stroking or massage		5.5 POSITIVE TACTILE	Is positive tactile stimulation provided, e.g. stroking of massage if applicable?
	Containment of still hold			Is containment or still hold provided?
Kangaroo Care		(14) Skin-to-skin care supports thermoregulation, oxygenation, weight gain and behavioural states in preterm infants of at least 28 weeks gestation and should be started as soon as the preterm infant is regarded as physiologically stable (i.e. no deterioration of condition within 24 hours before KC).		Are parents allowed to do skin-to-skin care with their preterm infants?
Swaddling	tight wrap in blanket, limbs flexed, hips neutral without rotation, shoulders forward, head neutral and hands accessible for exploration	(12) Swaddled preterm infants show less physiological distress, better motor organisation and more effective self-regulatory abilities. Generalised motoric containment of the preterm infant's arms and legs close to the body while in a side-lying or supine position results in significantly lower mean heart rates, shorter mean crying and sleep disruption times, and fewer sleep-state changes after painful procedures.		Are preterm infants swaddled? Tightly wrapped in blanket, limbs flexed, hips neutral without rotation, shoulders forward, head neutral and hands accessible for exploration

ADDENDUM 3-7: Design of the checklist from components identified from literature (Addendum 3-6) and conclusion statements

A. Component identified from literature (Addendum 3-6)	B. Specific interventions from literature (Addendum 3-6)	C. CONCLUSION STATEMENTS FROM ILR (Refer to paragraph 3.1.5.1)	D. PRINCIPLES OF DC	Question derived from Chapter 2 (translated from column A, B, C)
Move slowly, as a whole, keeping body and head aligned and limbs tucked in		(13) Moving the preterm infant slowly as a whole, keeping the body and head aligned and the limbs tucked in supports physiological stability.	5.6 MOVEMENT (KINESTETIC STIMULATION)	Are preterm infants moved slowly, as a whole, keeping the body and head aligned and the limbs tucked in?
		(17) Vestibular stimulation facilitates quiet sleep and may help bring the stable preterm infant to a more alert state.		Are waterbeds and sheepskin used?
Co-bedding multiples		(18) Co-bedding supports co-regulation, balancing and support for siblings placed next to each other in the same bed.		Are multiples co-bedded?
Promote self-regulation		(16) Self-regulation opportunities contribute to physiological stability during interventions and are provided by means of positioning the preterm infant to support the hands in the midline, close to the face, provide opportunities for grasping and a pacifier for non-nutritive sucking if applicable.	5.7 SELF-REGULATION	Is self-regulation promoted?
	Grasping			Is the preterm infant provided with opportunities for grasping?
Promote state regulation				Is state regulation promoted?
	NNS			Is non-nutritive sucking provided to support self-regulation?

ADDENDUM 3-7: Design of the checklist from components identified from literature (Addendum 3-6) and conclusion statements

A. Component identified from literature (Addendum 3-6)	B. Specific interventions from literature (Addendum 3-6)	C. CONCLUSION STATEMENTS FROM ILR (Refer to paragraph 3.1.5.1)	D. PRINCIPLES OF DC	Question derived from Chapter 2 (translated from column A, B, C)
		(20) Providing age-appropriate sensory input for the preterm infant protects the preterm infant from inappropriate, excessive and stressful stimulation. This can be achieved by management of the macro and micro NICU environment and include a reduction of noise and light. Providing quiet times and day and night cycles for preterm infants from 32 weeks gestation supports the development of diurnal rhythms, improve weight gain and the time spent sleeping.	6. ENVIRONMENTAL MANIPULATION	
Reducing environmental stimuli - noise			6.1 REDUCTION OF NOISE	Which of the following are employed to ensure reduction in noise?
Macro environment	Avoid radio and stereo equipment, telephones		Ambient environment	Avoid radio and stereo equipment, telephones
Macro environment	Sound-rated frames and doors - Doors & drawers padded with felt strips or whether stripping			Sound-rated frames and doors - Doors & drawers padded with felt strips or whether stripping
Macro environment	Bottoms of trashcans padded			Bottoms of trashcans padded
Micro Environment	Measure sound levels in NICU and incubators			Measure sound levels in NICU
Micro Environment	Soft music when appropriate			Soft music when appropriate
Macro environment	Beds away from traffic			Beds away from traffic
Macro environment	Sound absorption in infant spaces (walls, floors,			Sound absorption in preterm infant spaces (walls, floors, curtains)

ADDENDUM 3-7: Design of the checklist from components identified from literature (Addendum 3-6) and conclusion statements

A. Component identified from literature (Addendum 3-6)	B. Specific interventions from literature (Addendum 3-6)	C. CONCLUSION STATEMENTS FROM ILR (Refer to paragraph 3.1.5.1)	D. PRINCIPLES OF DC	Question derived from Chapter 2 (translated from column A, B, C)
Macro environment	Monitor alarms kept at a safe minimum volume (or vibrating/flashing)			Monitor alarms kept at a safe minimum volume (or vibrating/flashing)
Macro environment	Respond to alarms quickly			Respond to alarms quickly
Micro Environment	Use incubator covers		Immediate infant environment	Use of incubator covers
Micro Environment	Soft ear plugs / covers			Soft ear plugs / covers
Micro Environment	Close portholes quietly using the button latch			Close portholes quietly using the button latch
Micro Environment	Measure sound levels in NICU and incubators			Measure sound levels inside the incubator
Micro Environment	No water in ventilator tubes			No water in ventilator tubes
Macro environment	Minimal background noise			Minimal background noise
Micro Environment	No tapping of charts on top of incubator		Staff generated	No tapping or charts on top of incubator
Macro environment	Keep voices down & away from bedside			Keep voices down & away from bedside
Reducing environmental			6.2 REDUCTION OF LIGHT	Which of the following are employed to ensure reduction in light?
Reducing environmental	Reduced ambient light (dimmer)		Ambient light	Reduced ambient light (dimmer)?
Quiet times	Blinds closed during daylight hours			Are blinds closed during daylight hours?
Quiet times	Reduced activity			Are activity levels kept as low as possible?

ADDENDUM 3-7: Design of the checklist from components identified from literature (Addendum 3-6) and conclusion statements

A. Component identified from literature (Addendum 3-6)	B. Specific interventions from literature (Addendum 3-6)	C. CONCLUSION STATEMENTS FROM ILR (Refer to paragraph 3.1.5.1)	D. PRINCIPLES OF DC	Question derived from Chapter 2 (translated from column A, B, C)
Reducing environmental	Isolette covers		Immediate infant bedspace	Are incubator covers used?
Reducing environmental	Avoid direct bright light			Is direct bright light avoided?
Reducing environmental	Individual bedside controlled / titrated light			Is individual bedside controlled / titrated light used?
Reducing environmental stimuli - light	Measure light levels inside the incubator			Are light levels measured inside the incubator?
Reducing environmental	Eye protection with phototherapy			Is eyes protection with phototherapy?
Reducing environmental	One source of daylight with shading devices			Is one source of daylight used together with shading devices?
Quiet times	Blinds closed during daylight hours			Are overhead lights dimmed?
Quiet times	Procedures kept to the minimum - minimal			Are procedures kept to the minimum to ensure minimal handling?
Reducing sensory monotony	Toys, pictures and music in incubator used carefully			Are toys, picture and music in the incubator used carefully to reduce sensory monotony?
Day and night cycle			Cycled light	Is cycled light provided?
	12 hours of lower light and sound at night			Does the unit support a day and night cycle with at least 12 hours of lower light and sound at night?
Olfactory stimulation	Pads with moms smell (milk) inside incubator		6.3 OLFACTORY STIMULATION	Is olfactory stimulation provided, such as moms smell inside the incubator?

ADDENDUM 3-7: Design of the checklist from components identified from literature (Addendum 3-6) and conclusion statements

A. Component identified from literature (Addendum 3-6)	B. Specific interventions from literature (Addendum 3-6)	C. CONCLUSION STATEMENTS FROM ILR (Refer to paragraph 3.1.5.1)	D. PRINCIPLES OF DC	Question derived from Chapter 2 (translated from column A, B, C)
		(21) Non-pharmacological pain management in the preterm infant includes the use of oral sucrose and the provision of opportunities for non-nutritive sucking to aid in the endurance of painful and minor procedures.	7. PAIN MANAGEMENT	
NNS	Oral glucose			Is oral glucose administered as pain management option?
NNS	NNS during pain and minor procedures			Is non-nutritive sucking provided during pain and minor procedures?
			8. KNOWLEDGE OF INFANT DEVELOPMENT	
Teaching of professionals on developmental care:	Reading of infant cues and behaviors during interactions	(25) Professionals who are in interaction with preterm infants in an NICU environment need to have accurate knowledge about their development, including reading of preterm infant cues and behaviours during interaction. In addition, developmental care training should be offered in advanced practice courses in neonatal care.	8.1 STAFF	Are staff able to read infant cues and behaviours during interaction with the preterm infant?
	Sharing of knowledge between professionals	(23) A multi-disciplinary approach to developmental care requires collaboration of all health care professional in the NICU who are interacting with the preterm infant and sharing of knowledge between the various professionals involved in the care of a preterm infant.		Is knowledge shared between professionals?
	Multidisciplinary team approach in the NICU - Interprofessional collaboration in NICU			Does the unit apply a multidisciplinary team approach in the NICU?

ADDENDUM 3-7: Design of the checklist from components identified from literature (Addendum 3-6) and conclusion statements

A. Component identified from literature (Addendum 3-6)	B. Specific interventions from literature (Addendum 3-6)	C. CONCLUSION STATEMENTS FROM ILR (Refer to paragraph 3.1.5.1)	D. PRINCIPLES OF DC	Question derived from Chapter 2 (translated from column A, B, C)
Teaching parents to interact with infant	Behavioral cues, stress signs	(24) Parental involvement and family education are important and parents should be taught to interact with their preterm infant, including reading of behavioural signs and stress cues.	8.2 PARENTS	Are parents taught preterm infant behavioural cues and stress signs?
	How to interact with infant			Are parents taught how to interact with their preterm infant?
			9. FEEDING	
Preparing for feeding				Are preterm infants prepared for feeding?
	Position in a way that prevents repositioning after feeding			Are preterm infants positioned in a way that prevents repositioning after feeding?
NNS during gavage feeding		(22) Provision of non-nutritive sucking opportunities during gavage feeding contributes to feeding maturation in the preterm infant and is associated with physiological stability.		Are NNS offered during gavage feeding?

ADDENDUM 4-1: Checklist for structured observation as part of situational analysis

Unit		Bed capacity		No of patients		Time		Date	
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PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how?	Observed	Verified from records	Verified other (specify)
1. NICU DESIGN										
	Is a uterine-like environment created for each infant to support an environment of growth and development?									
2. INDIVIDUALISED CARE										
2.1 OBSERVATION										
	Are the infant's cues and behaviours read by the care giver?									
	Do staff respond to cues and behaviours?									
	Does the caregiver continuously and systematically assess and evaluate the infant's developmental needs?									
	Is care adapted accordingly?									
2.2 CARE										
	Is care provided according to individual developmental maturity?									
	Are autonomic, motoric, and behavioural cues identified and used to support individualised caregiving?									

ADDENDUM 4-1: Checklist for structured observation as part of situational analysis

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how?	Observed	Verified from records	Verified other (specify)
3. FAMILY-CENTERED CARE PHILOSOPHY										
3.1 PARENTS AS ACTIVE PARTICIPANTS	Do parents see their infant immediately after birth (before transfer to the NICU)?									
	Are parents allowed to touch their infant immediately after birth (before transfer to the NICU)?									
	Do parents hold their infant?						Describe how long and how often:			
	Are parents involved with child care activities, e.g. feeding, bath, Kangaroo care?									
	Are parents allowed to personalise their infant's bedspace?									
	Are mothers encouraged to breastfeed / pump milk for their infants?									
	When does discharge training start?						Explain: With Admission (2), When stable (1), In KMC (0), Just before discharge (-1)			
3.3 PRIVACY AND COMFORT	Is the nursery atmosphere warm, comfortable and soothing, with a homelike appearance?						Describe:			
	Is privacy provided for parents?						How?			
	Is information shared between parents and professionals re infant developmental needs?						Describe the communication between the infant, professional and parents:			
3.3 VISITATION	Are parents allowed to visit 24-hours?									
	May sibling visit?						How often and when?			

ADDENDUM 4-1: Checklist for structured observation as part of situational analysis

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how?	Observed	Verified from records	Verified other (specify)
3.4 PARENT SUPPORT GROUPS	Does the hospital have parent support groups?						Detail:			
4. POSITIONING										
4.1 ANATOMICAL INFANT POSITIONING	Is the infant positioned anatomically?									
Containment	Is the infant contained?									
	Does the infant have firm boundaries that fit snugly?									
Midline	Is the body position symmetric?									
	Is the neck in a neutral position? Head in midline and in line with the body?									
	Are the shoulders protracted?									
	Are the arms in midline?									
Flexion	Are the knees flexed?									
	Are the hips flexed in a neutral position with some adduction?									
	Is preterm infant kept in flexion (limbs and shoulders) during positioning with postural support?									
4.2 ORIENTATION	In what position is the preterm infant positioned mostly?						(Nb/total: 100% - always, 50-99% - sometimes, < 25-49% - unsure, <25% - never)			
	Prone? /									
	Side-lying? /									
	Supine? /									
4.3 INDIVIDUALISED BEDDING	Are individualised bedding used?						Describe:			

ADDENDUM 4-1: Checklist for structured observation as part of situational analysis

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how?	Observed	Verified from records	Verified other (specify)
5. HANDLING TECHNIQUES (TRANSITION SUPPORT)										
5.1 CARE ACCORDING TO MATURATION	Does care changes as the preterm infant matures?						Proof			
5.2 STATE CHANGES	Does the care giver support gradual state changes (using transitional touch)?									
5.3 PROMOTION OF REST PERIODS	Does the preterm infant receive at least 2-3 hours uninterrupted sleep?						Describe:			
	Does the unit have quiet times when all routine care is delayed?									
5.4 MODIFIED HANDS-ON CARE-GIVING	Are care interventions clustered around sleep?									
	Are calm, gentle, containment and facilitation provided during handling procedures to support flexion?									
	Is the preterm infant provided with "time-out" or rest periods according to his/her cues?									
	Is direct hands-on-caregiving modified by providing positive tactile stimulation?									
5.5 POSITIVE TACTILE STIMULATION	Is positive tactile stimulation provided, e.g. stroking of massage if applicable?									
	Is containment or still hold provided?									
	Are parents allowed to do skin-to-skin care with their preterm infants?									
							How often?			
							For how long?			

ADDENDUM 4-1: Checklist for structured observation as part of situational analysis

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how?	Observed	Verified from records	Verified other (specify)
	Are preterm infants swaddled? Tightly wrapped in blanket, limbs flexed, hips neutral without rotation, shoulders forward, head neutral and hands accessible for exploration									
5.6 MOVEMENT (KINESTETIC STIMULATION)	Are preterm infants moved slowly, as a whole, keeping the body and head aligned and the limbs tucked in?									
	Are waterbeds and sheepskin used?									
	Are multiples co-bedded?									
5.7 SELF-REGULATION	Is self-regulation promoted?						How?			
	Is the preterm infant provided with opportunities for grasping?						Explain:			
	Is state regulation promoted?						How?			
	Is non-nutritive sucking provided to support self-regulation?									
6. ENVIRONMENTAL MANIPULATION										
6.1 REDUCTION OF NOISE	Which of the following are employed to ensure reduction in noise?									
Ambient environment	Avoid radio and stereo equipment, telephones									
	Sound-rated frames and doors - Doors & drawers padded with felt strips or whether stripping									
	Bottoms of trashcans padded									
	Measure sound levels in NICU									

ADDENDUM 4-1: Checklist for structured observation as part of situational analysis

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how?	Observed	Verified from records	Verified other (specify)
	Soft music when appropriate									
	Beds away from traffic									
	Sound absorption in preterm infant spaces (walls, floors, curtains)									
	Monitor alarms kept at a safe minimum volume (or vibrating/flashing)									
	Respond to alarms quickly									
Immediate infant environment	Use of incubator covers									
	Soft ear plugs / covers									
	Close portholes quietly using the button latch									
	Measure sound levels inside the incubator									
	No water in ventilator tubes									
	Minimal background noise									
Staff generated	No tapping or charts on top of incubator									
	Keep voices down & away from bedside									
6.2 REDUCTION OF LIGHT	Which of the following are employed to ensure reduction in light?									
Ambient light	Reduced ambient light (dimmer)?									
	Are blinds closed during daylight hours?									
	Are activity levels kept as low as possible?									

ADDENDUM 4-1: Checklist for structured observation as part of situational analysis

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how?	Observed	Verified from records	Verified other (specify)
Immediate infant bedside	Are incubator covers used?									
	Is direct bright light avoided?									
	Is individual bedside controlled / titrated light used?									
	Are light levels measured inside the incubator?									
	Is eyes protection with phototherapy?									
	Is one source of daylight used together with shading devices?									
	Are overhead lights dimmed?									
	Are procedures kept to the minimum to ensure minimal handling?									
	Are toys, picture and music in the incubator used carefully to reduce sensory monotony?									
	Cycled light	Is cycled light provided?								
Does the unit support a day and night cycle with at least 12 hours of lower light and sound at night?										
6.3 OLFACTORY STIMULATION	Is olfactory stimulation provided, such as moms smell inside the incubator?									
7. PAIN MANAGEMENT										
	Is oral glucose administered as pain management option?									
	Is non-nutritive sucking provided during pain and minor procedures?									

ADDENDUM 4-1: Checklist for structured observation as part of situational analysis

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how?	Observed	Verified from records	Verified other (specify)
8. KNOWLEDGE OF INFANT DEVELOPMENT										
8.1 STAFF	Are staff able to read infant cues and behaviours during interaction with the preterm infant?									
	Is knowledge shared between professionals?						How?			
	Does the unit apply a multidisciplinary team approach in the NICU?						Explain:			
8.2 PARENTS	Are parents taught preterm infant behavioural cues and stress signs?						How?			
	Are parents taught how to interact with their preterm infant?						How?			
9. FEEDING										
	Are preterm infants prepared for feeding?						Explain:			
	Are preterm infants positioned in a way that prevents repositioning after feeding?									
	Are NNS offered during gavage feeding?									

(Thank the staff for allowing observation in their unit. Assure them of the confidentiality of information gathered.)

Project: DEVELOPMENT OF BEST PRACTICE GUIDELINES FOR NEURODEVELOPMENTAL SUPPORTIVE CARE OF THE PREMATURELY BORN INFANT IN SOUTH AFRICAN PUBLIC HOSPITALS

Length of Activity: 60-90 Minutes	
Descriptive Notes	Reflective Notes
Arrive in the unit and introduce yourself to the staff. Ask for the person in charge and briefly explain the purpose of the visit what they can expect in the next 60-90 minutes.	
Provide staff with the permission letters, if not already send through before hand.	
See unit layout and comment on the physical setting of the unit	Picture
Do a walk-through of the unit and observe the general environment to determine number of beds, position of staff, position of equipment, physical facilities such as washbasins, nurses' station, general flow of the unit, position of storerooms.	
Find a central place in the unit with good visibility over most part of the unit. Start completing each section of the checklist.	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
If any information could not be obtained from observation only, the staff were either asked about practice procedures or protocols or the files were reviewed to find information to sustain an observation.	
Thank the staff for their time and willingness to allow the observation in their unit and their time used.	

(Thank the staff for allowing observation in their unit. Assure them of the confidentiality of information gathered.)



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18 September 2008

INFORMATION LETTER AND CONSENT FORM FOR KEY-INFORMANT PARTICIPANTS

Dear participant

I am a PhD student of the Potchefstroom-campus of the North-West University. You are invited to participate in a research study regarding the development of Best Practise Guidelines (BPG's) for Neurodevelopmental Supportive Care (NDSC) of the prematurely born infant in South African public sector hospitals.

The Nature and purpose of the study

The purpose of this study is to develop best practice guidelines for neurodevelopmental supportive care of the prematurely born infant. You are asked to participate in the phase of the study that entails interviews with key-informant participants to determine the barriers and support to operationalisation of NDSC in your NICU.

During the interview you will be asked to respond to two questions:

- (1) What do you understand under Neurodevelopmental Supportive Care?
- (2) Tell me what helped your unit to implement NDSC.
- (3) Tell me about those factors you experienced as barriers to implement NDSC in your unit.

The interviews will be conducted in a private place with minimal disturbances, and at a time most suited for you. It will last about 30 minutes to two hour. Your permission is also asked to record the interview to be transcribed and analysed afterwards. The recording will be locked away in a safe place and the final reports will not be traceable back to individual participants.

Approval to do research

The protocol of this study was submitted to the Ethics committee of the Faculty of Health Science of the Potchefstroom Campus of the North-West University and approval has been granted. The provincial authorities and the person in charge of the hospital are also aware of this research being done in this NICU.

Risk or discomfort involved

An experienced interviewer will conduct the interview and it is not foreseen that you will experience any discomfort although the sensitivity of the topic is acknowledged.

Possible benefits of this research

The interview may be of therapeutic value to you because you can share possible barriers with the operationalisation without the risk of victimisation by colleagues or management. Your contribution will add to the knowledge of and insight into the factors influencing the operationalisation of NDSC in your institution. This will contribute to the formulation of best practice guidelines to improve the NDSC prematurely born infants receive. These guidelines may be to the benefit of patients and the nursing professionals.

Right to withdraw

Your participation in this research is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. There will not be discriminated against you if you prefer not to participate.

Confidentiality

Any information that you supply will be kept strictly confidential. The results will be published or presented in such a fashion that all participants will remain unidentifiable.

Information

If you have any question about the research you are welcome to contact the researcher, Mrs. W Lubbe at telephone 082 732 4730. You are also welcome to indicate on the attached document if you would like to receive a report of the study after it has been completed.

CONSENT TO PARTICIPATE IN THE STUDY

1 Title of research project: **DEVELOPMENT OF BEST PRACTICE GUIDELINES FOR NEURODEVELOPMENTAL SUPPORTIVE CARE OF THE PREMATURELY BORN INFANT IN SOUTH AFRICAN PUBLIC HOSPITALS**

2 I _____ have read the above information before signing this consent form. The content and meaning of the information is clear to me. I have been given opportunity to ask questions. I understand that if I do not participate it will not be to my disadvantage. I hereby voluntarily grant my permission for participation in the project as explained to me by Welma Lubbe.

3 The nature, objective, possible safety and health implications have been explained to me and I understand them.

4 I understand my right to choose whether to participate in the project and that the information furnished will be handled confidentially. I am aware that the results of the investigation may be used for the purposes of publication.

6 Upon signature of this form, you will be provided with a copy.

Signed: _____ Date: _____

Witness: _____ Date: _____

Researcher: _____ Date: _____

Participant’s particulars for feedback regarding the research

I would like to receive a report of the research: “Best practice guidelines neurodevelopmental supportive care of the prematurely born infant in South African public hospitals”, after it has been completed.

Name: _____ Cell: _____

Address: _____



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18 September 2008

INLIGTINGS BRIEF EN TOESTEMMING VIR SLEUTEL DEELNEMERS

Beste deelnemer

Ek is 'n PhD student aan die Potchefstroom-kampus van die Noordwes Universiteit. U word uitgenooi om deel te neem aan 'n navorsingstudie in verband met die ontwikkeling van Beste Praktyk Riglyne vir Neuro-toepaslike Ontwikkelingsorg van die premature baba in Suid Afrika se publieke hospitaal sektor.

Doel van die studie

Die doel van hierdie studie is om riglyne te ontwikkel vir die beste praktyk vir ontwikkelings toepaslike sorg (OTS) van die premature baba. U word versoek om deel te neem in die fase van die studie wat onderhoude met sleutel deelnemers insluit om die beperkings en ondersteuning rakende operasionalisering van OTS in u NISE.

Gedurende die onderhoud sal u gevra word om op die volgende vrae te antwoord:

- (1) Wat verstaan u onder neuro-ontwikkelings toepaslike sorg?
- (2) Verduidelik wat het gehelp om OTS in u eenheid te implimenteer.
- (3) Verduidelik die faktore wat u ervaar as beperkings tot die implimentering van OTS in u eenheid.

Die onderhoud sal gevoer word in 'n privaat omgewing met minimale steurnis en op 'n tyd wat vir u die mees gerieflik is. Dit sa tussen 30 minute en twee ure neem. U toestemming word ook gevra om die onderhoud op te meen, sodat dit getraskribeer en agterna geanaliseer te word. Die opname sal veilig geberg word en die finale records sal nie terug trekbaar wees na individuele deelnemers nie.

Goedkeuring om navorsing uit te voer

Die protocol van hierdie studie is voorgelê aan die Etiek komitee van die Fakulteit Gesondheidswetenskappe van die Potchefstroom Kampus van die Noordwes Universiteit en

goedkeuring is verleen. Die provinsiale administrasie en die persoon in beheer van die hospitaal is ook bewus van hierdie navorsing wat in hierdie NISE gedoen word.

Risiko of ongemak

'n Ervare onderhoudvoerder sal die onderhoud doen en daar word geen ongemak voorsien nie, alhoewel die sensitiwiteit van die tema erken word.

Moontlike voordele van die navorsing

'n Onderhoud mag van terapeutiese waarde vir u wees, aangesien u moontlike beperkinge kan deel rakende die operasionalisering, sonder die risiko van viktimisering deur kollegas of bestuur. U deelname sal bydra tot die kennis en insig tot faktore wat die operasionalisering van OTS in u instansie beïnvloed. Dit sal verder bydra tot die formulering van Beste Praktyk Riglyne om OTS aan die premature baba te verbeter. Hierdie riglyne mag tot voordeel van die pasiente en verpleegpersoneel wees.

Reg tot onttrekking

U deelname in hierdie navorsing is totaal vrywillig en u kan weier om deel te neem of staak op enige stadium sonder om enige rede te verskaf. Daar sal nie teen u gediskrimineer word indien u verkies om nie deel te neem nie.

Vertroulikheid

Enige inligting wat u verskaf sal streng vertroulik hanteer word. Die resultate sal gepubliseer en voorgedra word in so 'n wyse dat die deelnemers onidentifiseerbaar bly.

Inligting

Indien u enige vrae rakende die navorsing het, is u welkom om die navorser, Mev. W Lubbe te kontak by 082 732 4730. U is welkom om ook op die aangehegte dokument aan te dui indien u graag 'n verslag van die studie sou verlang na afhandeling daarvan.

TOESTEMMING TOT DEELNAME IN DIE STUDIE

1. Title van die navorsing: **Ontwikkeling van Beste Praktyk Riglyne vir Neuro-
Ontwikkelings Toepaslike Sorg van die premature baba, gebore in die Suid
Afrikaanse publieke sektor hospitale.**
2. Ek, _____ het die bogenoemde inligting
geleen voordag en die toestemming geteken het. Die inhoud en betekenis van die
inligting is aan my verduidelik en ek is die geleentheid gegee om vrae te vra. Ek
verstaan dat indien ek nie deelneem nie, dit nie tot my nadeel sal strek nie. Ek gee
dus vrywillig my toestemming om deel te neem in hierdie projek soos deur Welma
Lubbe aan my verduidelik.
3. Die aard, doel, moontlike risikos en gesondheids implikasies is aan my verduidelik en
ek verstaan dit.
4. Ek verstaan my reg om te kies om deel te neem in die projek en dat die inligting
vertroulik hanteer sal word. Ek is bewus daarvan dat die resultate van die ondersoek
gebruik mag word vir publikasie doeleindes.
5. Nadat u hierdie vorm geteken het, sal 'n kopie aan u verkaf word.

Geteken: _____ Datum: _____

Getuie: _____ Datum: _____

Navorsers: _____ Datum: _____

Besonderhede van deelnemer rakende terugvoer na afloop van die navorsing

Ek sal graag 'n verslag rakende die navorsing: "Best practice guidelines neurodevelopmental
supportive care of the prematurely born infant in South African public hospitals", wil ontvang
na afloop van die studie.

Naam: _____ Sel: _____

Adres: _____

Interview Protocol			
Project: DEVELOPMENT OF BEST PRACTICE GUIDELINES FOR NEURODEVELOPMENTAL SUPPORTIVE CARE OF THE PREMATURELY BORN INFANT IN SOUTH AFRICAN PUBLIC HOSPITALS			
Time of interview		Date	
Place		Interviewer	
Interviewee		Position of interviewee	
Description of project:	The purpose of this study is to develop best practice guidelines for neurodevelopmental supportive care of the prematurely born infant.		
Questions:		Field Notes	
(1) WHAT DO YOU UNDERSTAND UNDER NEURODEVELOPMENTAL SUPPORTIVE CARE?			
(2) TELL ME WHAT HELPED YOUR UNIT TO IMPLEMENT NDSC.			
(3) TELL ME ABOUT THOSE FACTORS YOU EXPERIENCED AS BARRIERS TO IMPLEMENT NDSC IN YOUR UNIT.			
(Thank individual for participating in this interview. Assure him or her of confidentiality of responses and potential future interview)			

RE: Independent-coding of transcribed interviews and field notes

Dear colleague

Please be so kind to co-code the supplied transcribed interviews done as part of the research study: **DEVELOPMENT OF BEST PRACTICE GUIDELINES FOR NEURODEVELOPMENTAL SUPPORTIVE CARE OF THE PREMATURELY BORN INFANT IN SOUTH AFRICAN PUBLIC HOSPITALS** by using the coding process as described by Tesch (Creswell, 2003: 192).

You are requested to follow the following steps in the process and provide written feedback to the researcher. If any discrepancies on the themes are identified a consensus discussion will be arranged with the researcher to reach the final themes. Interviews were performed with key-informant participants (mostly professional nurses). The interviews were transcribed *verbatim* and coded by the researcher using Tesch's approach and copies supplied to you for co-coding. Following are the protocol for coding to be followed. All identifying participant details were removed and interviews were marked as one to four.

Steps to follow:

- Carefully read through all the transcriptions to get a sense of the whole.
- Do the same done for the field notes. You may write down some ideas as it comes to mind.
- Select one interview randomly and write the thoughts about the meaning of the information that comes up.
- Complete this process for all four interviews and make a list of the major topics / categories as you read through the transcripts and field notes.
- Underline units of meaning that are related to the identified major categories. Find the most descriptive wording for the topics and write these topics next to the appropriate sections in the transcribed interviews. This provides the context for or description of categories.
- Group topics together and draw relationships to reduce the total list of categories and identify subcategories within each major category.
- Make comparisons of all the transcriptions and indicate how many respondents used the same themes in each category.
- Identify interrelationship between major categories and subcategories.

- Make your final decision on the categories and alphabetize the codes (themes).
- Send the copies of the interviews with your conclusions back to the researcher and wait for feedback on a possible consensus discussion to clarify any discrepancies.

Thank you for your contribution to this study and your availability to act as co-coder of the data. Please be so kind to provide written feedback on your findings. A meeting will be set-up to discuss themes that do not correlate and reach consensus regarding the final themes identified.

Yours truly,

Mrs Welma Lubbe

PhD (candidate) – obstetric and neonatal nursing

ADDENDUM 5-1: Sample of completed checklist for unit A

Unit	UNIT A - NICU	Bed capacity	5	No of patients	3	Time	12:30	Date	31-10-2008
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PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how? (Fieldnotes)	Observed	Verified from records	Verified other (specify)
1. NICU DESIGN										
	Is a uterine-like environment created for each infant to support an environment of growth and development?		√				Lights are turned down by times. Sound is low. No nesting.	√		
2. INDIVIDUALISED CARE										
2.1 OBSERVATION										
	Are the preterm infant's cues and behaviours read by the caregiver?		√				Doctors try. Staff reply that they are not skilled	√		
	Do staff respond to cues and behaviours?		√				No immediate reaction to stress cues	√		S ¹
	Does the caregiver continuously and systematically assess and evaluate the preterm infant's developmental needs?					√		√		
	Is care adapted accordingly?					√		√		
2.2 CARE										
	Is care provided according to individual developmental maturity?					√		√		
	Are autonomic, motoric, and behavioural cues identified and used to support individualised caregiving?					√		√		

¹ Information provided by staff

ADDENDUM 5-1: Sample of completed checklist for unit A

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how? (Fieldnotes)	Observed	Verified from records	Verified other (specify)
3. FAMILY-CENTERED CARE PHILOSOPHY										
3.1 PARENTS AS ACTIVE PARTICIPANTS	Do parents see their preterm infant immediately after birth (before transfer to the NICU)?	√								S
	Are parents allowed to touch their preterm infant immediately after birth (before transfer to the NICU)?					√	Infants are “whisked” of to NICU			S
	Do parents hold their preterm infant?		√				Describe how long and how often: when stable for 30 minutes			S
	Are parents involved with childcare activities, e.g. feeding, bath, Kangaroo care?		√				If mom is available – each day, however none observed			S
	Are parents allowed to personalise their preterm infant’s bed space?					√	No space for individualisation	√		
	Are mothers encouraged to breastfeed / pump milk for their preterm infants?				√			√	√	
	When does discharge training start?		√				Explain: With Admission (2), When stable (1), In KMC (0), Just before discharge (-1) When stable			S
3.3 PRIVACY AND COMFORT	Is the nursery atmosphere warm, comfortable and soothing, with a homelike appearance?				√		Describe: Hospital atmosphere	√		
	Is privacy provided for parents?				√		How? No screens available. Open space for all beds.	√		
	Is information shared between parents and professionals re preterm infant developmental needs?				√		Describe the communication between the infant, professional and parents: info only provided when parents ask.		√	S

ADDENDUM 5-1: Sample of completed checklist for unit A

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how? (Fieldnotes)	Observed	Verified from records	Verified other (specify)
3.3 VISITATION	Are parents allowed to visit 24-hours?	√						√		
	May siblings visit?				√		How often and when?			S
3.4 PARENT SUPPORT GROUPS	Does the hospital have parent support groups?		√				Detail: Little Steps™ Parenting Workshops	√		
4. POSITIONING										
4.1 ANATOMICAL INFANT POSITIONING (symmetry/midline, containment, flexion)	Is the preterm infant positioned anatomically?		√					√		
Containment	Is the preterm infant contained?		√					√		
	Does the preterm infant have firm boundaries that fit snugly?				√			√		
Midline	Is the body position symmetric?		√					√		
	Is the neck in a neutral position? Head in midline and in line with the body?		√					√		
	Are the shoulders protracted?		√					√		
	Are the arms in midline?		√					√		
Flexion	Are the knees flexed?		√					√		
	Are the hips flexed in a neutral position with some adduction?		√					√		

ADDENDUM 5-1: Sample of completed checklist for unit A

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how? (Fieldnotes)	Observed	Verified from records	Verified other (specify)
	Is preterm infant kept in flexion (limbs and shoulders) during positioning with postural support?				√			√		
4.2 ORIENTATION	In what position is the preterm infant positioned mostly?						(Nb/total: 100% - always, 50-99% - sometimes, < 25-49% - unsure, <25% - never)	√		
	Prone? / %			√				√		
	Side-lying? / %		√					√		
	Supine? / %				√			√		
4.3 INDIVIDUALISED BEDDING	Are individualised bedding used?		√				Describe: Blankets to make nests. Not fitting snugly	√		
5. HANDLING TECHNIQUES (TRANSITION SUPPORT)										
5.1 CARE ACCORDING TO MATURATION	Does care changes as the preterm infant matures?				√		Open spaces with the same sensory input for all infants	√		
5.2 STATE CHANGES	Does the caregiver support gradual state changes (using transitional touch)?				√		Immediate touch with care – no slow approach	√		
5.3 PROMOTION OF REST PERIODS	Does the preterm infant receive at least 2-3 hours uninterrupted sleep?		√				Describe: By accident only – no protocol	√	√	
	Does the unit have quiet times when all routine care is delayed?				√			√		S
5.4 MODIFIED HANDS-ON CARE-GIVING	Are care interventions clustered around sleep?				√		No team approach to support cluster care	√		
	Are calm, gentle, containment and facilitation				√			√		

ADDENDUM 5-1: Sample of completed checklist for unit A

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how? (Fieldnotes)	Observed	Verified from records	Verified other (specify)
	provided during handling procedures to support flexion?									
	Is the preterm infant provided with "time-out" or rest periods according to his/her cues?				√		Only seen occasionally when rehabilitation team are in unit.	√		
	Is direct hands-on-caregiving modified by providing positive tactile stimulation?				√			√		
5.5 POSITIVE TACTILE STIMULATION	Is positive tactile stimulation provided, e.g. stroking or massage if applicable?				√			√		
	Is containment or still hold provided?			√			If a trained staff member is available	√		
	Are parents allowed to do skin-to-skin care with their preterm infants?			√			Not observed.	√		
	Are preterm infants swaddled? Tightly wrapped in blanket, limbs flexed, hips neutral without rotation, shoulders forward, head neutral and hands accessible for exploration						How often? When stable			S
	Are preterm infants moved slowly, as a whole, keeping the body and head aligned and the limbs tucked in?						For how long? 1 hour			S
	Are waterbeds and sheepskin used?		√				Swaddled inside nest	√		
5.6 MOVEMENT (KINESTETIC STIMULATION)	Are multiples co-bedded?					√		√		
	Is self-regulation promoted?				√		Cottonwool beds made	√		
	Is the preterm infant provided with opportunities for grasping?		√				When stable	√		S

ADDENDUM 5-1: Sample of completed checklist for unit A

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how? (Fieldnotes)	Observed	Verified from records	Verified other (specify)
5.7 SELF-REGULATION	Is state regulation promoted?		√				How? Side lying	√		
	Is non-nutritive sucking provided to support self-regulation?		√				Explain: Accidentally	√		
	Does care changes as the preterm infant matures?				√		How?	√		
	Does the caregiver support gradual state changes (using transitional touch)?				√		No pacifiers allowed due to baby-friendly initiative	√		
6. ENVIRONMENTAL MANIPULATION										
6.1 REDUCTION OF NOISE	Which of the following are employed to ensure reduction in noise?									
Ambient environment	Avoid radio and stereo equipment, telephones				√		No separate area for administrative functions. All happens in close proximity of infant beds.	√		
	Sound-rated frames and doors - Doors & drawers padded with felt strips or whether stripping				√		Doors not kept closed	√		
	Bottoms of trashcans padded				√			√		
	Measure sound levels in NICU				√		No monitors observed.	√		
	Soft music when appropriate				√			√		
	Beds away from traffic				√			√		
	Sound absorption in preterm infant spaces (walls, floors, curtains)				√			√		

ADDENDUM 5-1: Sample of completed checklist for unit A

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how? (Fieldnotes)	Observed	Verified from records	Verified other (specify)
	Monitor alarms kept at a safe minimum volume (or vibrating/flashing)		√					√		S
	Respond to alarms quickly		√					√		
Immediate infant environment	Use of incubator covers		√					√		
	Soft ear plugs / covers				√			√		
	Close portholes quietly using the button latch				√			√		
	Measure sound levels inside the incubator				√			√		
	No water in ventilator tubes				√			√		
	Minimal background noise				√			√		
Staff generated	No tapping or charts on top of incubator					√	Open incubators	√		
	Keep voices down & away from bedside				√			√		
6.2 REDUCTION OF LIGHT	Which of the following are employed to ensure reduction in light?									
Ambient light	Reduced ambient light (dimmer)?		√				Lights available but not used, due to bulbs not working.	√		
	Are blinds closed during daylight hours?				√			√		
	Are activity levels kept as low as possible?				√			√		
Immediate infant bedspace	Are incubator covers used?		√				Some staff do not want to use covers, because then they "cannot see the baby from the door"	√		

ADDENDUM 5-1: Sample of completed checklist for unit A

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how? (Fieldnotes)	Observed	Verified from records	Verified other (specify)
	Is direct bright light avoided?				√		No shades observed	√		
	Is individual bedside controlled / titrated light used?				√			√		
	Are light levels measured inside the incubator?				√			√		
	Is eyes protected with phototherapy?		√				Wrong aids used	√		
	Is one source of daylight used together with shading devices?				√		Daylight available from windows, but no shading devices	√		
	Are overhead lights dimmed?				√			√		
	Are procedures kept to the minimum to ensure minimal handling?				√		No planning or care protocols available	√		
	Are toys, picture and music in the incubator used carefully to reduce sensory monotony?				√			√		
Cycled light	Is cycled light provided?				√			√		
	Does the unit support a day and night cycle with at least 12 hours of lower light and sound at night?		√				Depends on staff on duty – no policy	√		
6.3 OLFACTORY STIMULATION	Is olfactory stimulation provided, such as mom's smell inside the incubator?		√				Holding	√		
7. PAIN MANAGEMENT										
	Is oral glucose administered as pain management option?				√			√		S

ADDENDUM 5-1: Sample of completed checklist for unit A

PRINCIPLES OF DC	Question derived from Chapter 2	Always (2)	Sometimes (1)	Unsure (0)	Never (-1)	N/A	If always or sometimes describe how? (Fieldnotes)	Observed	Verified from records	Verified other (specify)
	Is non-nutritive sucking provided during pain and minor procedures?				√		No pacifiers due to baby-friendly initiative	√		
8. KNOWLEDGE OF INFANT DEVELOPMENT										
8.1 STAFF	Are staff members able to read preterm infant cues and behaviours during interaction with the preterm infant?		√					√		
	Is knowledge shared between professionals?		√				How? When asked			S
	Does the unit apply a multidisciplinary team approach in the NICU?		√				Explain: Referrals when needed			S
8.2 PARENTS	Are parents taught preterm infant behavioural cues and stress signs?		√				How? Little Steps™ Parenting Workshops			S
	Are parents taught how to interact with their preterm infant?		√				How? Little Steps™ Parenting Workshops			S
9. FEEDING										
	Are preterm infants prepared for feeding?				√		Explain: tube feeds given on feeding times, no sucking or position changing	√		
	Are preterm infants positioned in a way that prevents repositioning after feeding?				√			√		
	Are NNS offered during gavage feeding?				√		Baby-friendly initiative	√		

I: I'm just going to introduce myself again. I'm Welma Lubbe from the North-west University. I'm a PhD student and I'm doing my study on Neuro-development care, best practice guidelines. Thank you that you're willing to do the interview, I do appreciate it. I'm going to ask you three questions and you can only answer the information that you have. It is not an exam, there are no right or wrong answers.

The first I want to know from you is:" What do you understand from the concept, Neuro-developmental care?" What does that term mean to you?

R: Neuro-developmental support care...I think it has something to do with thelike the neurological part of the baby or neonate.

I: Alright. Anything else? Is it caring regarding that...or a philosophy... or just a part of the baby, what do you say?

R: Neuro-developmental care. You say neuro-developmental care?

I: Yes

R: I feel it is holistically, mental, everything. Although the main... is the neuro-developmental of the baby.

I: Ok. The physical

So you feel the physical...

I: If you look at developmental care, what do you find will actually help you to implement developmental care in the unit? Do you think you can implement? If so, what helps you to implement it?

R: The lower noise and the bright lights and then the minimal handling.

I: Are you supported to do the minimal handling?

R: Ja, we are supported to do minimal handling, although we find that we do not succeed very much, unless....

I: So, you do it more if the baby tells you to do it?

R: Ja, but as I said we will not fiddle with the child unnecessary

I: And the doctors? When they come to do sonar's and x-rays, do they help you with minimal handling? Do they come at certain times?

R: No they don't have specific times.

I: So they come any time?

R: Maybe you will find that it is more than one group of doctors.

I: And other things that help you to implement developmental care? Do you think the staff know about developmental care, and do the doctors support it?

R: No, I do not think they know about it. The problem is because of short of staff; now and then we chop and change.

I: And where does the staff come from?

R: We rotate

I: Oh, so from in the hospital?

R: Sometimes they come from the agency.

I: So, also from outside?

R: Yes, you find

I: So you think the one barrier problem, is the staff that change and that people are not trained?

R: Mmm

I: And other things? Do you have the right equipment? Do you have things that work right that you can actually turn off the lights that it's not so bright?

R: We do turn off the lights and then we use the bedlight and we do have ventilators that's working. It's one of the things that

I: So you're not struggling with equipment?

R: The equipment we're not struggling with. I think short of staff, because we do have the equipment but the problem is the staff.

I: To finish off. Anything you think makes developmental care easier and anything that makes it more difficult? Apart now from the staff and the people not trained.

R: No I think, that's everything.

I: If I'm still here and you want to add something you can add. Thank you for your time, it was quick and easy.

Observational notes

Professional nurse in charge of the unit at time of interview. Participant cautious to be interviewed, however willing. Used administration area in NICU, sat at desk diagonally to each other. Relative private, but not quiet due to environmental noise in NICU. Staff rotation and lack of resources and managerial support seems to be the main barriers to lack of operationalisation.

Personal notes

The participant seemed clueless regarding subject. Responded to questions with difficulty due to lack of subject knowledge. Needed a lot of guiding questions to gather any information.

Methodological notes

Used reflection, exploring, reflecting and regular summaries. It was difficult to keep to the aim as participant was uninformed on the topic. Support and barriers to NDSC implementation were main themes in this interview.