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Our Responsibility to Follow Through for NICU Infants and Their Families

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Abbreviations: PBP: potentially better practice

Contributors Statement Page

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In America, health and well-being are, to a large extent, determined by a person's race, ethnicity, income, immigration status, and neighborhood of residence. Racism, segregation, and inequality of income, opportunity, and wealth cause disparities in health outcomes across the life course¹. The effects are particularly pronounced for infants requiring neonatal intensive care and their families because of the already significant risk for neurodevelopmental disabilities and need for specialized services.

As health professionals, pediatricians, and neonatal healthcare providers, we have the responsibility to address these social determinants of health. We must learn to practice social as well as technical medicine² and follow through, accepting that our responsibility to the infants and families we serve extends beyond the hospital or clinic walls. Although in this article we focus on follow through in the neonatal intensive care setting, the ideas for practicing social medicine we present have wider application in pediatrics, obstetrics, and beyond.

We have proposed the term “follow through” to distinguish our proposal from the more typical neonatal practice of “follow up” where the services and staffing of clinics are focused primarily on medical conditions and assessment of neurodevelopment after discharge from the NICU. Only 70% of follow-up clinics provide any social services, for example, and fewer than 10% providing legal services.³ We propose a more comprehensive approach that begins before birth and continues into childhood involving health professionals, families and communities as partners to meet the social as well as medical needs of infants and families.

Responsibility to Follow Through

In proposing follow through to the neonatal community, we have heard two main concerns. First, “this is not my responsibility. I am a physician, nurse, respiratory therapist,

pharmacist, nutritionist or other allied health professional. This is a social problem, something to be addressed and solved by government and society at large, not by me or other health professionals. Let someone else take this on.” Second, “even if I accept that this is my responsibility, there is nothing I can do about it. I already have my hands full providing the technical aspects of bedside care.”

We argue that it is our responsibility to follow through and address the social determinants of health with the same energy and expertise that we devote to the technical aspects of the care we provide. As citizens of a country that has systematically denied rights and opportunities to many of our fellow citizens, we believe that follow through is our ethical responsibility. As a result of longstanding federal, state, and local laws and policies, black and other minority Americans live in poorer neighborhoods, attend lower quality schools, and receive care at lower quality hospitals. Non-traditional and LGBT families and immigrant families face ongoing discrimination. We have the responsibility to do what we can to remedy the impact of past and ongoing injustices on the infants and families we serve.

Potentially Better Practices for Follow Through

Vermont Oxford Network has developed 69 specific Potentially Better Practices, PBPs, to assist NICU teams to follow through that individuals and teams can test and implement in their own units (Supplemental Table). We refer to improvement ideas as Potentially Better Practices rather than “better” or “best” practices to indicate that no practice is better or best until adapted, tested and shown to work in the local context.

The PBPs are divided into six main categories. Each category includes multiple ideas that teams can adapt and test in their own units. Users are free to mix, tweak, and build upon the

PBPs with appropriate attribution under a creative commons license. We provide a few examples.

Promote a culture of equity

Follow through requires establishing culturally sensitivity in staff (PBP 2), acknowledging and managing implicit and explicit personal biases (PBP 3), and promoting a culture of equity (PBP 4) where all individuals work to eliminate health disparities through respect, fairness, and cultural competency. A specific example of action recommended by nurse leaders is nurse-led rounds focused on improving the patient experience and supporting culturally sensitive care for diverse populations. Purposeful nurse rounding requires empathy and deep listening for understanding, skills that must be modelled by leaders and expected of all staff⁴.

Identify social risks of families and provide interventions to prevent and mitigate those risks

Follow through starts when infants are still in the hospital with screening for social determinants of health (PBP 8) and providing social support when necessary, including mental health, drug, alcohol, and smoking cessation counseling (PBPs 13 and 14) and assistance with housing, meals, and transportation (PBP 15). Social workers and legal specialists, disciplines not routinely represented in current follow-up clinics³, can help address families' problems and improve health equity outside of the hospital (PBPs 9 and 11). A successful example of legal participation on pediatric primary care center teams that can serve as a model for NICU teams is the Cincinnati Child Health-Law Partnership (Child HeLP), a medical legal partnership between Cincinnati Children's Hospital Medical Center's primary care centers and the Legal Aid Society of Greater Cincinnati. Child HeLP resolves legal issues common among families living in

poverty such as substandard housing, denial of public benefits, immigration issues, and intimate partner violence⁵. Attorneys with expertise in poverty and immigration law will be valuable members of multidisciplinary teams.

Take action to assist families after discharge (transition to home)

The transition to home is a critical point at which social factors must be addressed. Families leaving the controlled environment of the hospital will need to rely on their own skills, those of family and supportive individuals, and available neighborhood and community resources. Providing carefully tailored discharge teaching (PBP 23), assuring a medical home for families after discharge (PBP 26), utilizing home visiting and social media (PBPs 32, 36), and ensuring links to community services (PBP 29) are a few of the PBPs in this category. In some cases, meaningful clinical-community partnerships (PBP 41) may be necessary to change home environments. Administrators of Nationwide Children's Hospital in Columbus, Ohio, developed the Healthy Neighborhoods, Healthy Families effort in recognition that the hospital's responsibility did not end once people left the campus. In the beginning, the program focused on improving housing; now the program also addresses job training and leadership development⁶.

Maintain support for families through infancy

Our responsibility to follow through extends into infancy and childhood. Use of parent coaches and innovative medical visit structures (PBPs 42, 44) and providing contraception, family planning, and high-quality obstetrical care to improve outcomes for future pregnancies can help improve equity for children and their families (PBP 50). Evidence-based early

intervention programs (PBP 43) are effective and should be routinely available to at risk NICU graduates.

Develop robust quality improvement efforts to ensure equitable, high-quality NICU and follow through care to all newborns by eliminating modifiable disparities

Quality improvement provides the ideal structure within which NICU teams can identify, test, and implement PBPs to address the social determinants of health. By establishing measurable aims (PBP 52), engaging all NICU disciplines, parents, and primary care providers on the teams (PBPs 54, 55), and obtaining support from organizational leaders through a formal charter (PBP 56), teams will create the structure within which improvements can be made and tracked. An innovative quality improvement program that achieved reductions in hospital days for children from two high morbidity, high poverty neighborhoods in Cincinnati, Ohio and which could be adapted for NICU patients and families is an example of how quality improvement methods can be applied successfully to address social determinants of health⁷.

Advocate for social justice at the local, state, and national levels

Finally, and perhaps most importantly, we must advocate for social justice, ensure that social justice is part of every organization's mission, and make sure that our health care organizations accept and act on their responsibility for the populations and neighborhoods that they serve (PBPs 62, 63 and 68). A successful example of bringing together multiple stakeholders to address social justice at the community level is the Social Determinants of Health Taskforce of Baltimore, a multi-sector voluntary collaborative action group comprised of community organizations, government representatives, academia, urban planners, entrepreneurs,

and healthcare system leaders working to address social determinants of health (<https://msa.maryland.gov/msa/mdmanual/26excom/html/04bcitysocial.html>). This grassroots taskforce works collectively to address and eliminate the negative social factors that are cyclical in nature, by collaborating with local community based and public agencies to improve health, housing, education, workforce development and issues of social justice.

Time to Get Started

The list of Potentially Better Practices for Follow Through from Vermont Oxford Network is intended as a starting point for individuals and teams. The PBPs vary greatly in ease of implementation and potential cost. Medical-legal partnerships are feasible but may involve additional cost unless attorney resources can be obtained without cost, whereas implementing nurse rounds to address follow through may be inexpensive and feasible, only requiring a dedicated champion. Hospital administrators and champions outside of the hospital may be required for some PBPs, such as clinical-community partnerships.

Our advice is to find something on the list that makes sense for your unit. Adapt a change idea to work in your local context. Test it. Start small. If others on your team are not ready, find a change you can make as an individual. Over time, we will learn together as a community how to most effectively practice social as well as technical medicine in the NICU. We will learn which interventions are most cost effective and how to successfully implement them. The list of PBPs will be refined. The most important thing is to get started. By following through, we will play our part in addressing the inequities and injustices so deeply ingrained in our society while improving the health and well-being of the infants and families we serve.

Addendum

In the few months since this Pediatric Perspective was submitted, the COVID-19 pandemic has exposed us to extraordinary challenges and disruptions in our personal and professional lives. Millions have been infected; hundreds of thousands have died. Health systems around the world are overwhelmed with uncertain consequences for pregnant women, newborn infants and young families. The social safety net is fraying. Unemployment is soaring. Community resources are stretched beyond the breaking point. Minorities, the poor, and those in living in disadvantaged neighborhoods with already insufficient access to medical and social services are at the greatest danger. Social distancing and staying at home are luxuries for the well-to-do. The racial and economic inequities deeply ingrained in our society will only be magnified.

We realize that as the pandemic unfolds, health professionals will be under extreme stress, heroically caring for infants and families in the face of significant personal risk and severe shortages of beds, equipment, and supplies. Although the comprehensive approach to follow through described in this Pediatric Perspective may be difficult to provide in the near term, we must remain sensitive to the plight of the most disadvantaged among us and do everything we can to address their social as well as medical needs. As a result of the pandemic, following through for patient and families is more important than ever.

References

1. Beck AF, Edwards EM, Horbar JD, Howell EA, McCormick MC, Pursley DM. The color of health: how racism, segregation, and inequality affect the health and well-being of preterm infants and their families. *Pediatric research*. 2019.
2. Stonington SD, Holmes SM, Hansen H, Greene JA, Wailoo KA, Malina D, et al. Case studies in social medicine - attending to structural forces in clinical practice. *N Engl J Med*. 2018;379(20):1958-1961.
3. Bockli K, Andrews B, Pellerite M, Meadow W. Trends and challenges in United States neonatal intensive care units follow-up clinics. *J Perinatol*. 2014;34(1):71-74.
4. Ogbolu Y, Scrandis DA, Fitzpatrick G. Barriers and facilitators of care for diverse patients: Nurse leader perspectives and nurse manager implications. *J Nurs Manag*. 2018;26(1):3-10.
5. Klein MD, Beck AF, Henize AW, Parrish DS, Fink EE, Kahn RS. Doctors and lawyers collaborating to HeLP children--outcomes from a successful partnership between professions. *J Health Care Poor Underserved*. 2013;24(3):1063-1073.
6. Skinner D, Franz B, Kelleher K. How should health care organizations and communities work together to improve neighborhood conditions? *AMA J Ethics*. 2019;21(3):E281-287.
7. Beck AF, Anderson KL, Rich K, Taylor SC, Iyer SB, Kotagal U, et al. Cooling the hot spots where child hospitalization is high: A neighborhood approach to population health. *Health Affairs*. 2019;38(9):1433-1441.

Vermont Oxford Network Potentially Better Practices for Follow Through

I. Promote a culture of equity

1. Provide training and education in the social determinants of health to staff^{1,2}
2. Provide cultural sensitivity training to staff³⁻⁷
3. Acknowledge and manage implicit and explicit personal bias⁸⁻¹⁴
4. Promote a culture of equity¹⁵⁻¹⁷
5. Create a disparities dashboard¹⁸⁻²⁰
6. Create a culture committed to follow through^{18,21}

II. Identify social risks of families and provide interventions to prevent and mitigate those risks

7. Screen all families for social risks and social support using a standardized tool²²⁻²⁹
8. Use electronic health records to identify patterns and inform clinical decisions^{27,30-32}
9. Include a social worker or other social health professional on the team^{33,34}
10. Create alliances with community organizations (clinical-community partnerships)³⁵⁻⁴⁴
11. Include a paralegal or attorney on the team⁴⁵⁻⁴⁷
12. Provide parenting and family support tailored to individual family strengths and needs⁴⁸⁻⁵¹
13. Provide mental health services for families during the hospital stay⁵²⁻⁵⁷
14. Provide referrals for drugs, alcohol, and smoking cessation counselling and treatment⁵⁸⁻⁶³
15. Provide housing, meals, and transportation vouchers for families⁶⁴⁻⁷⁰
16. Provide back to sleep education⁷¹⁻⁸⁰
17. Provide sibling care for families^{81,82}
18. Practice family integrated care tailored to the capabilities and needs of families^{51,83-85}
19. Provide trauma-informed care^{51,86,87}
20. Provide lactation support using peer counsellors and other approaches⁸⁸⁻⁹⁹
21. Assess eligibility for SSI, WIC, early intervention, and other public benefits¹⁰⁰⁻¹⁰³
22. Provide language support and culturally appropriate translation services for families¹⁰⁴⁻¹⁰⁷

II A. Take action to assist to families after discharge (transition to home)

23. Provide discharge education and planning tailored to each family's needs^{51,106,108-112}
24. Begin discharge planning and teaching at admission¹¹³
25. Estimate discharge date at admission and revise regularly during the stay¹¹⁴⁻¹¹⁶
26. Implement a medical home model for patients and families¹¹⁷⁻¹²¹
27. Establish effective communications with the primary care provider¹²¹
28. Create a health coach program¹²²
29. Connect families with appropriate community organizations and services^{18,103,123-127}
30. Screen for developmental risk¹²⁸
31. Provide high risk infant follow up¹²⁸⁻¹³⁵
32. Conduct home visits before discharge and at intervals after discharge^{51,136-142}

33. Facilitate parent support groups and peer counselling that extend beyond the stay^{88,98}
34. Implement strategies to identify and minimize risk for readmission^{143–149}
35. Provide telehealth support after discharge^{150–155}
36. Use technology and social media to support families^{156–165}
37. Facilitate access to all necessary clinical specialists after discharge^{121,134}
38. Provide reminders to facilitate health behaviors and keeping of appointments^{79,166–169}
39. Provide mental health and addiction services for families after the stay^{54,57,170}
40. Provide family planning education and contraception referral^{171–176}
41. Develop meaningful clinical-community partnerships²¹

II B. Maintain support for families through infancy

42. Use parent coaches to support families^{98,99}
43. Provide evidence based early intervention programs^{103,177–182}
44. Utilize innovative approaches to medical visits^{99,183–186}
45. Establish a reach out and read program for patients and siblings^{187–192}
46. Provide medical and developmental follow up^{128–135}
47. Provide resources regarding available public benefits at follow-up visits¹⁰⁰
48. Establish partnerships with pre-K programs for patients and siblings^{193,194}
49. Develop and support tools that utilize parent reported outcomes¹⁹⁵
50. Provide access to quality high risk obstetrical care^{196–204}
51. Launch a fruit and vegetable prescription program^{205–208}

III. Develop robust quality improvement efforts to ensure equitable, high-quality hospital and follow through care to all newborns by eliminating modifiable disparities

52. Establish measurable improvement aims related to social determinants of health^{209–211}
53. Adopt standardized measures for social determinants of health^{19,20,27,212}
54. Develop strategies to support QI participation by parents including economically challenged, non-traditional and racially and ethnically diverse families^{213,214}
55. Include pediatricians and other primary care providers for children on QI teams²¹⁵
56. Establish a charter with organizational leaders setting goals and resources for family advisors²¹⁶
57. Provide salary support for family advisors²¹⁶

IV. Advocate for social justice at the local, state, and national levels

58. Conduct and disseminate research that identifies disparities in access and outcomes^{21,210}
59. Serve on committees and in leadership roles within the local health system and raise awareness of need for social justice in healthcare^{44,217–219}
60. Actively recruit a diverse workforce with respect to race, ethnicity, gender, age, religion, and sexual orientation²²⁰
61. Educate organizational leaders about social determinants of health
62. Engage organizational leaders with a social determinants of health charter

63. Advocate, organize, inform and lobby to change policy at the local, state and national levels²²¹⁻²²⁴
64. Play a role in addressing global health inequities^{217,225,226}
65. Advocate for environmental health and justice²²⁷⁻²³⁰
66. Name racism and ask, "How is racism operating here?"^{223,231}
67. Engage local, state, and federal agencies with responsibilities for infants and families
68. Advocate to include population health and social justice in the organizational mission^{232,233}
- 69. Speak out!**

References

1. Sharma M, Pinto A, Kumagai A. Teaching the social determinants of health: A path to equity or a road to nowhere? *Acad Med*. 2018;93(1):25-30. doi:10.1097/ACM.0000000000001689
2. Lewis JH, Whelihan K, Roy D. Teaching students to identify and document social determinants of health. *Adv Med Educ Pract*. 2019;10:653-665. doi:10.2147/AMEP.S206819
3. McGowan EC, Abdulla LS, Hawes KK, Tucker R, Vohr BR. Maternal immigrant status and readiness to transition to home from the NICU. *Pediatrics*. 2019;143(5). doi:10.1542/peds.2018-2657
4. Horvat L, Horey D, Romios P, Kis-Rigo J. Cultural competence education for health professionals. *Cochrane Database Syst Rev*. 2014;(5):CD009405. doi:10.1002/14651858.CD009405.pub2
5. Butler M, McCreedy E, Schwer N, et al. *Improving Cultural Competence to Reduce Health Disparities*. Agency for Healthcare Research and Quality (US); 2016. Accessed November 8, 2019. <http://www.ncbi.nlm.nih.gov/books/NBK361126/>
6. Brottman MR, Char DM, Hattori RA, Heeb R, Taff SD. Toward cultural competency in health care: A scoping review of the diversity and inclusion education literature. *Acad Med*. Published online September 17, 2019. doi:10.1097/ACM.0000000000002995
7. Ogbolu Y, Scrandis DA, Fitzpatrick G, Newhouse R. Leading organizational cultural competency: Nurse leader rounds and care for diverse patients. *J Nurs Adm*. 2016;46(12):627-629. doi:10.1097/NNA.0000000000000417
8. Zeidan AJ, Khatri UG, Aysola J, et al. Implicit bias education and emergency medicine training: Step one? Awareness. *AEM Educ Train*. 2019;3(1):81-85. doi:10.1002/aet2.10124
9. Sherman MD, Ricco J, Nelson SC, Nezhad SJ, Prasad S. Implicit bias training in a residency program: Aiming for enduring effects. *Fam Med*. 2019;51(8):677-681. doi:10.22454/FamMed.2019.947255
10. Oliver MN, Wells KM, Joy-Gaba JA, Hawkins CB, Nosek BA. Do physicians' implicit views of African Americans affect clinical decision making? *J Am Board Fam Med*. 2014;27(2):177-188. doi:10.3122/jabfm.2014.02.120314
11. Maina IW, Belton TD, Ginzberg S, Singh A, Johnson TJ. A decade of studying implicit racial/ethnic bias in healthcare providers using the implicit association test. *Soc Sci Med* 1982. 2018;199:219-229. doi:10.1016/j.socscimed.2017.05.009

12. Hall WJ, Chapman MV, Lee KM, et al. Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. *Am J Public Health*. 2015;105(12):e60-76. doi:10.2105/AJPH.2015.302903
13. FitzGerald C, Hurst S. Implicit bias in healthcare professionals: a systematic review. *BMC Med Ethics*. 2017;18(1):19. doi:10.1186/s12910-017-0179-8
14. Dehon E, Weiss N, Jones J, Faulconer W, Hinton E, Sterling S. A systematic review of the impact of physician implicit racial bias on clinical decision making. *Acad Emerg Med*. 2017;24(8):895-904. doi:10.1111/acem.13214
15. Purnell TS, Calhoun EA, Golden SH, et al. Achieving health equity: Closing the gaps in health care disparities, interventions, and research. *Health Aff (Millwood)*. 2016;35(8):1410-1415. doi:10.1377/hlthaff.2016.0158
16. National Quality Forum. A roadmap for promoting health equity and eliminating disparities: The four I's for health equity. Published online September 2017. Accessed February 5, 2020. https://www.qualityforum.org/Publications/2017/09/A_Roadmap_for_Promoting_Health_Equity_and_Eliminating_Disparities__The_Four_I_s_for_Health_Equity.aspx
17. American Hospital Association, Association of American Medical Colleges, American College of Healthcare Executives, Catholic Health Association of the United States, National Association of Public Hospitals and Health Systems. Eliminating Health Care Disparities: Implementing the National Call to Action Using Lessons Learned. Published online February 2012. http://www.hpoe.org/Reports-HPOE/eliminating_health_care_disparities.pdf
18. Stevenson DK, Wong RJ, Profit J, Shaw GM, Wang CJ, Lee HC. "Following through": addressing the racial inequality for preterm infants and their families. *Pediatr Res*. Published online October 3, 2019:1-2. doi:10.1038/s41390-019-0602-6
19. Profit J, Gould JB, Bennett M, et al. Racial/ethnic disparity in NICU quality of care delivery. *Pediatrics*. 2017;140(3). doi:10.1542/peds.2017-0918
20. Health Research and Educational Trust. Improving Health Equity Through Data Collection AND Use: A Guide for Hospital Leaders. Published online 2011. <http://www.hpoe.org/Reports-HPOE/improvinghealthequity3.2011.pdf>
21. Beck AF, Edwards EM, Horbar JD, Howell EA, McCormick MC, Pursley DM. The color of health: how racism, segregation, and inequality affect the health and well-being of preterm infants and their families. *Pediatr Res*. Published online July 29, 2019:1-8. doi:10.1038/s41390-019-0513-6
22. Sokol R, Austin A, Chandler C, et al. Screening children for social determinants of health: A systematic review. *Pediatrics*. 2019;144(4). doi:10.1542/peds.2019-1622
23. Fuller MG, Vaucher YE, Bann CM, Das A, Vohr BR, NICHD Neonatal Research Network. Lack of social support as measured by the Family Resource Scale screening tool is associated with early adverse cognitive outcome in extremely low birth weight children. *J Perinatol*. 2019;39(11):1546-1554. doi:10.1038/s41372-019-0462-2

24. Fierman AH, Beck AF, Chung EK, et al. Redesigning health care practices to address childhood poverty. *Acad Pediatr*. 2016;16(3 Suppl):S136-146. doi:10.1016/j.acap.2016.01.004
25. Dworkin PH, Garg A. Considering approaches to screening for social determinants of health. *Pediatrics*. 2019;144(4). doi:10.1542/peds.2019-2395
26. Chung EK, Siegel BS, Garg A, et al. Screening for social determinants of health among children and families living in poverty: A guide for clinicians. *Curr Probl Pediatr Adolesc Health Care*. 2016;46(5):135-153. doi:10.1016/j.cppeds.2016.02.004
27. Adler NE, Stead WW. Patients in context — EHR capture of social and behavioral determinants of health. *N Engl J Med*. 2015;372(8):698-701. doi:10.1056/NEJMp1413945
28. Beck AF, Klein MD, Schaffzin JK, Tallent V, Gillam M, Kahn RS. Identifying and treating a substandard housing cluster using a medical-legal partnership. *Pediatrics*. 2012;130(5):831-838. doi:10.1542/peds.2012-0769
29. Beck AF, Tschudy MM, Coker TR, et al. Determinants of health and pediatric primary care practices. *Pediatrics*. 2016;137(3):e20153673. doi:10.1542/peds.2015-3673
30. Beck AF, Sandel MT, Ryan PH, Kahn RS. Mapping neighborhood health geomarkers to clinical care decisions to promote equity in child health. *Health Aff (Millwood)*. 2017;36(6):999-1005. doi:10.1377/hlthaff.2016.1425
31. Miranda ML, Ferranti J, Strauss B, Neelon B, Califf RM. Geographic health information systems: A platform to support the 'Triple Aim.' *Health Aff (Millwood)*. 2013;32(9):1608-1615. doi:10.1377/hlthaff.2012.1199
32. Hardt NS, Muhamed S, Das R, Estrella R, Roth J. Neighborhood-level hot spot maps to inform delivery of primary care and allocation of social resources. *Perm J*. 2013;17(1):4-9. doi:10.7812/TPP/12-090
33. Standards for Social Work Services in the Newborn Intensive Care Unit. Accessed December 19, 2019. <https://www.nasw.org/assets/docs/NICU-standards.pdf>
34. Hynan MT, Steinberg Z, Baker L, et al. Recommendations for mental health professionals in the NICU. *J Perinatol*. 2015;35 Suppl 1:S14-18. doi:10.1038/jp.2015.144
35. Clinical-Community Linkages. Accessed December 30, 2019. <http://www.ahrq.gov/ncepcr/tools/community/index.html>
36. Berwick DM, Nolan TW, Whittington J. The triple aim: care, health, and cost. *Health Aff Proj Hope*. 2008;27(3):759-769. doi:10.1377/hlthaff.27.3.759
37. Baum FE, Bégin M, Houweling TAJ, Taylor S. Changes not for the fainthearted: reorienting health care systems toward health equity through action on the social determinants of health. *Am J Public Health*. 2009;99(11):1967-1974. doi:10.2105/AJPH.2008.154856
38. Wesson DE, Kitzman HE. How academic health systems can achieve population health in vulnerable populations through value-based care: The critical importance of establishing trusted agency. *Acad Med J Assoc Am Med Coll*. 2018;93(6):839-842. doi:10.1097/ACM.0000000000002140

39. Wilkins CH, Alberti PM. Shifting academic health centers from a culture of community service to community engagement and integration. *Acad Med J Assoc Am Med Coll.* 2019;94(6):763-767. doi:10.1097/ACM.0000000000002711
40. Smitherman HC, Baker RS, Wilson MR. Socially accountable academic health centers: Pursuing a quadripartite mission. *Acad Med J Assoc Am Med Coll.* 2019;94(2):176-181. doi:10.1097/ACM.0000000000002486
41. Kahn RS, Iyer SB, Kotagal UR. Development of a child health learning network to improve population health outcomes; Presented in Honor of Dr Robert Haggerty. *Acad Pediatr.* 2017;17(6):607-613. doi:10.1016/j.acap.2017.04.024
42. Henize AW, Beck AF, Klein MD, Adams M, Kahn RS. A road map to address the social determinants of health through community collaboration. *Pediatrics.* 2015;136(4):e993-1001. doi:10.1542/peds.2015-0549
43. Carroll-Scott A, Henson RM, Kolker J, Purtle J. The role of nonprofit hospitals in identifying and addressing health inequities in cities. *Health Aff (Millwood).* 2017;36(6):1102-1109. doi:10.1377/hlthaff.2017.0033
44. Alberti PM, Sutton KM, Cooper LA, Lane WG, Stephens S, Gourdine MA. Communities, social justice, and academic health centers. *Acad Med.* 2018;93(1):20-24. doi:10.1097/ACM.0000000000001678
45. Klein MD, Beck AF, Henize AW, Parrish DS, Fink EE, Kahn RS. Doctors and lawyers collaborating to HeLP children--outcomes from a successful partnership between professions. *J Health Care Poor Underserved.* 2013;24(3):1063-1073. doi:10.1353/hpu.2013.0147
46. Regenstein M, Trott J, Williamson A, Theiss J. Addressing social determinants of health through medical-legal partnerships. *Health Aff (Millwood).* 2018;37(3):378-385. doi:10.1377/hlthaff.2017.1264
47. Sandel M, Hansen M, Kahn R, et al. Medical-legal partnerships: transforming primary care by addressing the legal needs of vulnerable populations. *Health Aff (Millwood).* 2010;29(9):1697-1705. doi:10.1377/hlthaff.2010.0038
48. Treyvaud K, Spittle A, Anderson PJ, O'Brien K. A multilayered approach is needed in the NICU to support parents after the preterm birth of their infant. *Early Hum Dev.* Published online August 27, 2019:104838. doi:10.1016/j.earlhumdev.2019.104838
49. Davidson JE, Aslakson RA, Long AC, et al. Guidelines for family-centered care in the neonatal, pediatric, and adult ICU. *Crit Care Med.* 2017;45(1):103-128.
50. Brett J, Staniszewska S, Newburn M, Jones N, Taylor L. A systematic mapping review of effective interventions for communicating with, supporting and providing information to parents of preterm infants. *BMJ Open.* 2011;1(1). doi:10.1136/bmjopen-2010-000023
51. Haroz EE, Ingalls A, Wadlin J, et al. Utilizing broad-based partnerships to design a precision approach to implementing evidence-based home visiting. *J Community Psychol.* 48(4):1100-1113. doi:10.1002/jcop.22281

52. Shaw RJ, St John N, Lilo E, et al. Prevention of traumatic stress in mothers of preterms: 6-month outcomes. *Pediatrics*. 2014;134(2):e481-488. doi:10.1542/peds.2014-0529
53. Shaw RJ, Bernard RS, Deblois T, Ikuta LM, Ginzburg K, Koopman C. The relationship between acute stress disorder and posttraumatic stress disorder in the neonatal intensive care unit. *Psychosomatics*. 2009;50(2):131-137. doi:10.1176/appi.psy.50.2.131
54. Roque ATF, Lasiuk GC, Radünz V, Hegadoren K. Scoping review of the mental health of parents of infants in the NICU. *J Obstet Gynecol Neonatal Nurs*. 2017;46(4):576-587. doi:10.1016/j.jogn.2017.02.005
55. Hatters Friedman S, Kessler A, Nagle Yang S, Parsons S, Friedman H, Martin RJ. Delivering perinatal psychiatric services in the neonatal intensive care unit. *Acta Paediatr*. 2013;102(9):e392-397. doi:10.1111/apa.12323
56. Greene MM, Rossman B, Patra K, Kratovil AL, Janes JE, Meier PP. Depression, anxiety, and perinatal-specific posttraumatic distress in mothers of very low birth weight infants in the neonatal intensive care unit. *J Dev Behav Pediatr JDBP*. 2015;36(5):362-370. doi:10.1097/DBP.0000000000000174
57. Walsh TB, Davis RN, Garfield C. A call to action: Screening fathers for perinatal depression. *Pediatrics*. 2020;145(1). doi:10.1542/peds.2019-1193
58. Smoking: stopping in pregnancy and after childbirth. Accessed November 6, 2019. <https://www.nice.org.uk/guidance/ph26>
59. Phillips RM, Merritt TA, Goldstein MR, Deming DD, Slater LE, Angeles DM. Prevention of postpartum smoking relapse in mothers of infants in the neonatal intensive care unit. *J Perinatol*. 2012;32(5):374-380. doi:10.1038/jp.2011.106
60. Nichols A, Clarke P, Notley C. Parental smoking and support in the NICU. *Arch Dis Child - Fetal Neonatal Ed*. 2019;104(3):F342-F342. doi:10.1136/archdischild-2018-316413
61. Stotts AL, Green C, Northrup TF, et al. Feasibility and efficacy of an intervention to reduce secondhand smoke exposure among infants discharged from a neonatal intensive care unit. *J Perinatol*. 2013;33(10):811-816. doi:10.1038/jp.2013.43
62. Maguire DJ. Mothers on methadone: care in the NICU. *Neonatal Netw*. 2013;32(6):409-415. doi:10.1891/0730-0832.32.6.409
63. Stotts AL, Klawans MR, Northrup TF, Villarreal Y, Hovell MF. Understanding motivation to implement smoking bans among mothers with a hospitalized infant. *Addict Behav*. 2016;58:60-67. doi:10.1016/j.addbeh.2016.02.018
64. Pollack CE, Blackford AL, Du S, Deluca S, Thornton RLJ, Herring B. Association of receipt of a housing voucher with subsequent hospital utilization and spending. *JAMA*. 2019;322(21):2115-2124. doi:10.1001/jama.2019.17432
65. Zupancic JAF. Societal Costs of Preterm Birth. In: *Preterm Birth: Causes, Consequences, and Prevention*. National Academies Press; 2019. doi:10.17226/11622

66. Pineda R, Bender J, Hall B, Shabosky L, Annecca A, Smith J. Parent participation in the neonatal intensive care unit: Predictors and relationships to neurobehavior and developmental outcomes. *Early Hum Dev.* 2018;117:32-38. doi:10.1016/j.earlhumdev.2017.12.008
67. Klawetter S, Greenfield JC, Speer SR, Brown K, Hwang SS. An integrative review: maternal engagement in the neonatal intensive care unit and health outcomes for U.S.-born preterm infants and their parents. *AIMS Public Health.* 2019;6(2):160-183. doi:10.3934/publichealth.2019.2.160
68. Hodek J-M, von der Schulenburg J-M, Mittendorf T. Measuring economic consequences of preterm birth - Methodological recommendations for the evaluation of personal burden on children and their caregivers. *Health Econ Rev.* 2011;1:6. doi:10.1186/2191-1991-1-6
69. Franck LS, Ferguson D, Fryda S, Rubin N. The child and family hospital experience: Is it influenced by family accommodation? *Med Care Res Rev.* 2015;72(4):419-437. doi:10.1177/1077558715579667
70. Beck AF, Klein MD, Schaffzin JK, Tallent V, Gillam M, Kahn RS. Identifying and treating a substandard housing cluster using a medical-legal partnership. *Pediatrics.* 2012;130(5):831-838. doi:10.1542/peds.2012-0769
71. Babies Sleep Safest on Their Backs: A Resource Kit for Reducing the Risk of Sudden Infant Death Syndrome in African American Communities. Accessed December 19, 2019. https://www.nichd.nih.gov/sites/default/files/publications/pubs/documents/SIDS_resourcekit_rev.pdf
72. Salm Ward TC, Balfour GM. Infant safe sleep interventions, 1990–2015: A review. *J Community Health.* 2016;41(1):180-196. doi:10.1007/s10900-015-0060-y
73. Naugler MR, DiCarlo K. Barriers to and interventions that increase nurses' and parents' compliance with safe sleep recommendations for preterm infants. *Nurs Womens Health.* 2018;22(1):24-39. doi:10.1016/j.nwh.2017.12.009
74. Moon RY, Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: Evidence base for 2016 updated recommendations for a safe infant sleeping environment. *Pediatrics.* 2016;138(5). doi:10.1542/peds.2016-2940
75. Mathews AA, Joyner BL, Oden RP, Alamo I, Moon RY. Comparison of infant sleep practices in African-American and U.S Hispanic families: Implications for sleep-related infant death. *J Immigr Minor Health Cent Minor Public Health.* 2015;17(3):834-842. doi:10.1007/s10903-014-0016-9
76. Leong T, Billaud M, Agarwal M, et al. As easy as ABC: evaluation of safe sleep initiative on safe sleep compliance in a freestanding pediatric hospital. *Inj Epidemiol.* 2019;6(Suppl 1). doi:10.1186/s40621-019-0205-z
77. Hwang SS, Smith RA, Barfield WD, Smith VC, McCormick MC, Williams MA. Supine sleep positioning in preterm and term infants after hospital discharge from 2000 to 2011. *J Perinatol.* 2016;36(9):787-793. doi:10.1038/jp.2016.80
78. Hirai AH, Kortsmitt K, Kaplan L, et al. Prevalence and factors associated with safe infant sleep practices. *Pediatrics.* 2019;144(5). doi:10.1542/peds.2019-1286

79. Gelfer P, Cameron R, Masters K, Kennedy KA. Integrating “Back to Sleep” recommendations into neonatal ICU practice. *Pediatrics*. 2013;131(4):e1264-1270. doi:10.1542/peds.2012-1857
80. Bombard JM. Vital Signs: Trends and disparities in infant safe sleep practices — United States, 2009–2015. *MMWR Morb Mortal Wkly Rep*. 2018;67. doi:10.15585/mmwr.mm6701e1
81. Peluso AM, Harnish BA, Miller NS, Cooper ER, Fujii AM. Effect of young sibling visitation on respiratory syncytial virus activity in a NICU. *J Perinatol*. 2015;35(8):627-630. doi:10.1038/jp.2015.27
82. Horikoshi Y, Okazaki K, Miyokawa S, et al. Sibling visits and viral infection in the neonatal intensive care unit. *Pediatr Int Off J Jpn Pediatr Soc*. 2018;60(2):153-156. doi:10.1111/ped.13470
83. O’Brien K, Robson K, Bracht M, et al. Effectiveness of Family Integrated Care in neonatal intensive care units on infant and parent outcomes: a multicentre, multinational, cluster-randomised controlled trial. *Lancet Child Adolesc Health*. 2018;2(4):245-254. doi:10.1016/S2352-4642(18)30039-7
84. Franck LS, O’Brien K. The evolution of family-centered care: From supporting parent-delivered interventions to a model of family integrated care. *Birth Defects Res*. 2019;111(15):1044-1059. doi:10.1002/bdr2.1521
85. Cheng C, Franck LS, Ye XY, Hutchinson SA, Lee SK, O’Brien K. Evaluating the effect of Family Integrated Care on maternal stress and anxiety in neonatal intensive care units. *J Reprod Infant Psychol*. Published online September 10, 2019:1-14. doi:10.1080/02646838.2019.1659940
86. Sanders MR, Hall SL. Trauma-informed care in the newborn intensive care unit: promoting safety, security and connectedness. *J Perinatol*. 2018;38(1):3-10. doi:10.1038/jp.2017.124
87. Marcellus L. Supporting women with substance use issues: trauma-informed care as a foundation for practice in the NICU. *Neonatal Netw*. 2014;33(6):307-314. doi:10.1891/0730-0832.33.6.307
88. Thomson G, Balaam M-C. International insights into peer support in a neonatal context: A mixed-methods study. *PLoS ONE*. 2019;14(7). doi:10.1371/journal.pone.0219743
89. Rossman B, Greene MM, Meier PP. The role of peer support in the development of maternal identity for “NICU Moms.” *J Obstet Gynecol Neonatal Nurs*. 2015;44(1):3-16. doi:10.1111/1552-6909.12527
90. Rossman B, Engstrom JL, Meier PP. Healthcare providers’ perceptions of breastfeeding peer counselors in the neonatal intensive care unit. *Res Nurs Health*. 2012;35(5):460-474. doi:10.1002/nur.21496
91. Rossman B, Engstrom JL, Meier PP, Vonderheid SC, Norr KF, Hill PD. “They’ve walked in my shoes”: mothers of very low birth weight infants and their experiences with breastfeeding peer counselors in the neonatal intensive care unit. *J Hum Lact Off J Int Lact Consult Assoc*. 2011;27(1):14-24. doi:10.1177/0890334410390046

92. Parker MG, Greenberg LT, Edwards EM, Ehret D, Belfort MB, Horbar JD. National trends in the provision of human milk at hospital discharge among very low-birth-weight infants. *JAMA Pediatr.* 2019;173(10):961-968. doi:10.1001/jamapediatrics.2019.2645
93. Oza-Frank R, Bhatia A, Smith C. Impact of peer counselors on breastfeeding outcomes in a nondelivery NICU setting. *Adv Neonatal Care Off J Natl Assoc Neonatal Nurses.* 2014;14(4):E1-8. doi:10.1097/ANC.000000000000101
94. Merewood A, Chamberlain LB, Cook JT, Philipp BL, Malone K, Bauchner H. The effect of peer counselors on breastfeeding rates in the neonatal intensive care unit: results of a randomized controlled trial. *Arch Pediatr Adolesc Med.* 2006;160(7):681-685. doi:10.1001/archpedi.160.7.681
95. Meier PP, Patel AL, Bigger HR, Rossman B, Engstrom JL. Supporting breastfeeding in the neonatal intensive care unit: Rush Mother's Milk Club as a case study of evidence-based care. *Pediatr Clin North Am.* 2013;60(1):209-226. doi:10.1016/j.pcl.2012.10.007
96. Meier PP, Engstrom JL, Rossman B. Breastfeeding peer counselors as direct lactation care providers in the neonatal intensive care unit. *J Hum Lact Off J Int Lact Consult Assoc.* 2013;29(3):313-322. doi:10.1177/0890334413482184
97. Hilditch C, Howes A, Dempster N, Keir A. What evidence-based strategies have been shown to improve breastfeeding rates in preterm infants? *J Paediatr Child Health.* 2019;55(8):907-914. doi:10.1111/jpc.14551
98. Hall SL, Ryan DJ, Beatty J, Grubbs L. Recommendations for peer-to-peer support for NICU parents. *J Perinatol.* 2015;35(Suppl 1):S9-S13. doi:10.1038/jp.2015.143
99. Coker TR, Chacon S, Elliott MN, et al. A parent coach model for well-child care among low-income children: A randomized controlled trial. *Pediatrics.* 2016;137(3):e20153013. doi:10.1542/peds.2015-3013
100. Benefits For Children With Disabilities. Accessed December 19, 2019. <https://www.ssa.gov/pubs/EN-05-10026.pdf>
101. Soneji S, Beltrán-Sánchez H. Association of Special Supplemental Nutrition Program for women, infants, and children with preterm birth and infant mortality. *JAMA Netw Open.* 2019;2(12):e1916722-e1916722. doi:10.1001/jamanetworkopen.2019.16722
102. Hamad R, Collin DF, Baer RJ, Jelliffe-Pawlowski LL. Association of revised WIC food package with perinatal and birth outcomes: A quasi-experimental study. *JAMA Pediatr.* 2019;173(9):845-852. doi:10.1001/jamapediatrics.2019.1706
103. Centers for Disease Control and Prevention. What is "Early Intervention"? Accessed January 28, 2020. <https://www.cdc.gov/ncbddd/actearly/parents/states.html>
104. Miquel-Verges F, Donohue PK, Boss RD. Discharge of infants from NICU to Latino families with limited English proficiency. *J Immigr Minor Health.* 2011;13(2):309-314. doi:10.1007/s10903-010-9355-3

105. Enlow E, Herbert SL, Jovel IJ, Lorch SA, Anderson C, Chamberlain LJ. Neonatal intensive care unit to home: the transition from parent and pediatrician perspectives, a prospective cohort study. *J Perinatol*. 2014;34(10):761-766. doi:10.1038/jp.2014.75
106. Dunn MS, Reilly MC, Johnston AM, Hoopes RD, Abraham MR. Development and dissemination of potentially better practices for the provision of family-centered care in neonatology: The family-centered care map. *Pediatrics*. 2006;118(Supplement 2):S95-S107. doi:10.1542/peds.2006-0913F
107. DeCamp LR, Choi H, Davis MM. Medical home disparities for Latino children by parental language of interview. *J Health Care Poor Underserved*. 2011;22(4):1151-1166. doi:10.1353/hpu.2011.0113
108. Welch CD, Check J, O'Shea TM. Improving care collaboration for NICU patients to decrease length of stay and readmission rate. *BMJ Open Qual*. 2017;6(2):e000130. doi:10.1136/bmjopen-2017-000130
109. Sims DC, Jacob J, Mills MM, Fett PA, Novak G. Evaluation and development of potentially better practices to improve the discharge process in the neonatal intensive care unit. *Pediatrics*. 2006;118(Supplement 2):S115-S123. doi:10.1542/peds.2006-0913H
110. Mills MM, Sims DC, Jacob J. Implementation and case-study results of potentially better practices to improve the discharge process in the neonatal intensive care unit. *Pediatrics*. 2006;118 Suppl 2:S124-133. doi:10.1542/peds.2006-0913I
111. Enlow E, Gray MM, Wallace-Keeshen S, D'Agostino JA, Abbasi S, Lorch SA. Health literacy of parents of very preterm infants at NICU admission and discharge: a prospective cohort study. *J Perinatol*. 2019;39(6):866-875. doi:10.1038/s41372-019-0340-y
112. Lakshmanan A, Kubicek K, Williams R, et al. Viewpoints from families for improving transition from NICU-to-home for infants with medical complexity at a safety net hospital: a qualitative study. *BMC Pediatr*. 2019;19(1):223. doi:10.1186/s12887-019-1604-6
113. VON Quality Improvement Kit: Improving Discharge Management. Published online January 2009.
114. Seaton SE, Barker L, Jenkins D, Draper ES, Abrams KR, Manktelow BN. What factors predict length of stay in a neonatal unit: a systematic review. *BMJ Open*. 2016;6(10). doi:10.1136/bmjopen-2015-010466
115. Seaton SE, Barker L, Draper ES, Abrams KR, Modi N, Manktelow BN. Estimating neonatal length of stay for babies born very preterm. *Arch Dis Child Fetal Neonatal Ed*. 2019;104(2):F182-F186. doi:10.1136/archdischild-2017-314405
116. Fleming PJ, Ingram J, Johnson D, Blair PS. Estimating discharge dates using routinely collected data: improving the preparedness of parents of preterm infants for discharge home. *Arch Dis Child Fetal Neonatal Ed*. 2017;102(2):F170-F172. doi:10.1136/archdischild-2016-310944
117. Van Cleave J, Boudreau AA, McAllister J, Cooley WC, Maxwell A, Kuhlthau K. Care coordination over time in medical homes for children with special health care needs. *Pediatrics*. 2015;135(6):1018-1026. doi:10.1542/peds.2014-1067
118. Litt JS, McCormick MC. Preterm infants are less likely to have a family-centered medical home than term-born peers. *J Perinatol*. 2018;38(10):1391-1397. doi:10.1038/s41372-018-0180-1

119. Litt JS, McCormick MC. Care coordination, the family-centered medical home, and functional disability among children with special health care needs. *Acad Pediatr*. 2015;15(2):185-190. doi:10.1016/j.acap.2014.08.006
120. Homer CJ, Klatka K, Romm D, et al. A review of the evidence for the medical home for children with special health care needs. *Pediatrics*. 2008;122(4):e922-e937. doi:10.1542/peds.2007-3762
121. Medical Home Initiatives for Children With Special Needs Project Advisory. Policy Statement: Organizational principles to guide and define the child health care system and/or improve the health of all children. *Pediatrics*. 2004;113(Supplement 4):1545-1547.
122. Transitioning Newborns from NICU to Home. Published November 11, 2019. Accessed November 11, 2019. <http://www.ahrq.gov/patient-safety/settings/hospital/resource/nicu/index.html>
123. Smith VC, Hwang SS, Dukhovny D, Young S, Pursley DM. Neonatal intensive care unit discharge preparation, family readiness and infant outcomes: connecting the dots. *J Perinatol*. 2013;33(6):415-421. doi:10.1038/jp.2013.23
124. Purdy IB, Craig JW, Zeanah P. NICU discharge planning and beyond: recommendations for parent psychosocial support. *J Perinatol*. 2015;35(Suppl 1):S24-S28. doi:10.1038/jp.2015.146
125. Committee on Fetus and Newborn. Hospital discharge of the high-risk neonate. *Pediatrics*. 2008;122(5):1119-1126. doi:10.1542/peds.2008-2174
126. Murch TN, Smith VC. Supporting families as they transition home. *Newborn Infant Nurs Rev*. 2016;16(4):298-302. doi:10.1053/j.nainr.2016.09.024
127. Gottlieb LM, Hessler D, Long D, et al. Effects of social needs screening and in-person service navigation on child health: A randomized clinical trial. *JAMA Pediatr*. 2016;170(11):e162521-e162521. doi:10.1001/jamapediatrics.2016.2521
128. Lester BM, Andreozzi-Fontaine L, Tronick E, Bigsby R. Assessment and evaluation of the high risk neonate: The NICU Network Neurobehavioral Scale. *J Vis Exp*. 2014;(90). doi:10.3791/3368
129. Sigurdson K, Mitchell B, Liu J, et al. Racial/ethnic disparities in neonatal intensive care: A systematic review. *Pediatrics*. 2019;144(2). doi:10.1542/peds.2018-3114
130. Pursley DM, McCormick MC. Bending the arc for the extremely low gestational age newborn. *Pediatr Res*. 2018;83(4):751-753. doi:10.1038/pr.2018.18
131. Pai VV, Kan P, Bennett M, Carmichael SL, Lee HC, Hintz SR. Improved referral of very low birthweight infants to high-risk infant follow-up in California. *J Pediatr*. 2019;0(0). doi:10.1016/j.jpeds.2019.08.050
132. McCormick MC, Litt JS. The outcomes of very preterm infants: Is it time to ask different questions? *Pediatrics*. 2017;139(1). doi:10.1542/peds.2016-1694
133. Hintz SR, Gould JB, Bennett MV, et al. Referral of very low birth weight infants to high-risk follow-up at neonatal intensive care unit discharge varies widely across California. *J Pediatr*. 2015;166(2):289-295. doi:10.1016/j.jpeds.2014.10.038

134. Chorna O, Baldwin HS, Neumaier J, et al. Feasibility of a team approach to complex congenital heart defect neurodevelopmental follow-up: Early experience of a combined cardiology/neonatal intensive care unit follow-up program. *Circ Cardiovasc Qual Outcomes*. 2016;9(4):432-440. doi:10.1161/CIRCOUTCOMES.116.002614
135. American Academy of Pediatrics. Follow-up care of high-risk infants. *Pediatrics*. 2004;114(Supplement 5):1377-1397. doi:10.1542/peds.2004-0866
136. Patel R, Nudelman M, Olarewaju A, et al. Homecare and healthcare utilization errors post–neonatal intensive care unit discharge. *Adv Neonatal Care*. 2017;17(4):258-264. doi:10.1097/ANC.0000000000000390
137. Olds DL, Kitzman H, Anson E, et al. Prenatal and infancy nurse home visiting effects on mothers: 18-year follow-up of a randomized trial. *Pediatrics*. Published online November 1, 2019. doi:10.1542/peds.2018-3889
138. Liu Y, McGowan E, Tucker R, Glasgow L, Kluckman M, Vohr B. Transition home plus program reduces Medicaid spending and health care use for high-risk infants admitted to the Neonatal intensive care unit for 5 or more days. *J Pediatr*. 2018;200:91-97.e3. doi:10.1016/j.jpeds.2018.04.038
139. Kitzman H, Olds DL, Knudtson MD, et al. Prenatal and/or infancy nurse home visiting and 18-year outcomes of a randomized trial. *Pediatrics*. Published online November 1, 2019. doi:10.1542/peds.2018-3876
140. Hobbs JE, Tschudy MM, Hussey-Gardner B, Jennings JM, Boss RD. “I don’t know what I was expecting”: Home visits by neonatology fellows for infants discharged from the NICU. *Birth Berkeley Calif*. 2017;44(4):331-336. doi:10.1111/birt.12301
141. Hamline MY, Speier RL, Vu PD, et al. Hospital-to-home interventions, use, and satisfaction: A meta-analysis. *Pediatrics*. 2018;142(5). doi:10.1542/peds.2018-0442
142. Awindaogo F, Smith VC, Litt JS. Predictors of caregiver satisfaction with visiting nurse home visits after NICU discharge. *J Perinatol*. 2016;36(4):325-328. doi:10.1038/jp.2015.195
143. Schell S, Kase JS, Parvez B, et al. Maturation, comorbid, maternal and discharge domain impact on preterm rehospitalizations: a comparison of planned and unplanned rehospitalizations. *J Perinatol*. 2016;36(4):317-324. doi:10.1038/jp.2015.194
144. MacMillan KDL, Rendon CP, Verma K, Riblet N, Washer DB, Volpe Holmes A. Association of rooming-in with outcomes for neonatal abstinence syndrome: A systematic review and meta-analysis. *JAMA Pediatr*. 2018;172(4):345-351. doi:10.1001/jamapediatrics.2017.5195
145. Lundberg B, Lindgren C, Palme-Kilander C, Örténstrand A, Bonamy A-KE, Sarman I. Hospital-assisted home care after early discharge from a Swedish neonatal intensive care unit was safe and readmissions were rare. *Acta Paediatr Oslo Nor 1992*. 2016;105(8):895-901. doi:10.1111/apa.13393
146. Laugier O, Garcia P, Boucékine M, et al. Influence of socioeconomic context on the rehospitalization rates of infants born preterm. *J Pediatr*. 2017;190:174-179.e1. doi:10.1016/j.jpeds.2017.08.001

147. Kuo DZ, Berry JG, Hall M, Lyle RE, Stille CJ. Health-care spending and utilization for children discharged from a neonatal intensive care unit. *J Perinatol*. 2018;38(6):734-741. doi:10.1038/s41372-018-0055-5
148. Erdeve O, Arsan S, Yigit S, Armangil D, Atasay B, Korkmaz A. The impact of individual room on rehospitalization and health service utilization in preterms after discharge. *Acta Paediatr Oslo Nor 1992*. 2008;97(10):1351-1357. doi:10.1111/j.1651-2227.2008.00889.x
149. Aykanat Girgin B, Cimete G. Rehospitalization of preterm infants according to the discharge risk level. *J Spec Pediatr Nurs JSPN*. 2017;22(1). doi:10.1111/jspn.12165
150. Willard A, Brown E, Masten M, et al. Complex surgical infants benefit from postdischarge telemedicine visits. *Adv Neonatal Care Off J Natl Assoc Neonatal Nurses*. 2018;18(1):22-30. doi:10.1097/ANC.0000000000000460
151. Robinson C, Gund A, Sjöqvist B-A, Bry K. Using telemedicine in the care of newborn infants after discharge from a neonatal intensive care unit reduced the need of hospital visits. *Acta Paediatr Oslo Nor 1992*. 2016;105(8):902-909. doi:10.1111/apa.13407
152. Rasmussen MK, Clemensen J, Zachariassen G, et al. Cost analysis of neonatal tele-homecare for preterm infants compared to hospital-based care. *J Telemed Telecare*. Published online May 2, 2019:1357633X19843753. doi:10.1177/1357633X19843753
153. Holm KG, Clemensen J, Brødsgaard A, Smith AC, Maastrup R, Zachariassen G. Growth and breastfeeding of preterm infants receiving neonatal tele-homecare compared to hospital-based care. *J Neonatal-Perinat Med*. 2019;12(3):277-284. doi:10.3233/NPM-18143
154. Hägi-Pedersen M-B, Norlyk A, Dessau R, Stanchev H, Kronborg H. Multicentre randomised study of the effect and experience of an early inhome programme (PreHomeCare) for preterm infants using video consultation and smartphone applications compared with inhospital consultations: protocol of the PreHomeCare study. *BMJ Open*. 2017;7(3):e013024. doi:10.1136/bmjopen-2016-013024
155. Garne Holm K, Brødsgaard A, Zachariassen G, Smith AC, Clemensen J. Parent perspectives of neonatal tele-homecare: A qualitative study. *J Telemed Telecare*. 2019;25(4):221-229. doi:10.1177/1357633X18765059
156. Robinson A, Lauckner C, Davis M, Hall J, Anderson AK. Facebook support for breastfeeding mothers: A comparison to offline support and associations with breastfeeding outcomes. *Digit Health*. 2019;5:2055207619853397. doi:10.1177/2055207619853397
157. Robinson A, Davis M, Hall J, Lauckner C, Anderson AK. It takes an e-village: Supporting African American mothers in sustaining breastfeeding through Facebook communities. *J Hum Lact Off J Int Lact Consult Assoc*. 2019;35(3):569-582. doi:10.1177/0890334419831652
158. Niela-Vilén H, Axelin A, Melender H-L, Löyttyniemi E, Salanterä S. Breastfeeding preterm infants - a randomized controlled trial of the effectiveness of an Internet-based peer-support group. *J Adv Nurs*. 2016;72(10):2495-2507. doi:10.1111/jan.12993

159. Niela-Vilén H, Axelin A, Melender H-L, Salanterä S. Aiming to be a breastfeeding mother in a neonatal intensive care unit and at home: a thematic analysis of peer-support group discussion in social media. *Matern Child Nutr.* 2015;11(4):712-726. doi:10.1111/mcn.12108
160. Litt JS, Agni M, Jacobi-Polishook T, et al. The acceptability and feasibility of emailed parent questionnaires for medical and developmental surveillance after NICU discharge. *J Perinatol.* 2018;38(4):392-401. doi:10.1038/s41372-017-0022-6
161. Lakshmanan A, Santo E, McCormick MC, Belfort M. Parental preference and ability to participate in web-based developmental screening and surveillance: preliminary evidence for preterm infants after NICU discharge. *Clin Pediatr (Phila).* 2014;53(13):1278-1284. doi:10.1177/0009922814541801
162. Kim HN, Wyatt TH, Li X, Gaylord M. Use of social media by fathers of premature infants. *J Perinat Neonatal Nurs.* 2016;30(4):359-366. doi:10.1097/JPN.0000000000000214
163. Johnston DC, Mathews WD, Maus A, Gustafson DH. Using smartphones to improve treatment retention among impoverished substance-using Appalachian women: A naturalistic study. *Subst Abuse Res Treat.* 2019;13:1178221819861377. doi:10.1177/1178221819861377
164. Gabbert TI, Metze B, Bühler C, Garten L. Use of social networking sites by parents of very low birth weight infants: experiences and the potential of a dedicated site. *Eur J Pediatr.* 2013;172(12):1671-1677. doi:10.1007/s00431-013-2067-7
165. Dol J, Delahunty-Pike A, Anwar Siani S, Campbell-Yeo M. eHealth interventions for parents in neonatal intensive care units: a systematic review. *JBIS Database Syst Rev Implement Rep.* 2017;15(12):2981-3005. doi:10.11124/JBISRIR-2017-003439
166. Zallman L, Bearnse A, West C, Bor D, McCormick D. Patient preferences and access to text messaging for health care reminders in a safety-net setting. *Inform Health Soc Care.* 2017;42(1):32-42. doi:10.3109/17538157.2015.1113177
167. Perron NJ, Dao MD, Kossovsky MP, et al. Reduction of missed appointments at an urban primary care clinic: a randomised controlled study. *BMC Fam Pract.* 2010;11:79. doi:10.1186/1471-2296-11-79
168. Patel S, Hemmige V, Street RL, Viswanath K, Arya M. Activating racial and ethnic minorities to engage in preventive health: Patient preferences for health reminders. *J Particip Med.* 2017;9.
169. Jacobson Vann JC, Jacobson RM, Coyne-Beasley T, Asafu-Adjei JK, Szilagyi PG. Patient reminder and recall interventions to improve immunization rates. *Cochrane Database Syst Rev.* 2018;1:CD003941. doi:10.1002/14651858.CD003941.pub3
170. Earls MF, Yogman MW, Mattson G, Rafferty J, Committee on Psychosocial Aspects of Child and Family Health. Incorporating recognition and management of perinatal depression into pediatric practice. *Pediatrics.* 2019;143(1). doi:10.1542/peds.2018-3259
171. Verbiest S, McClain E, Stuebe A, Menard MK. Postpartum health services requested by mothers with newborns receiving intensive care. *Matern Child Health J.* 2016;20(Suppl 1):125-131. doi:10.1007/s10995-016-2045-6

172. Rossman B, Asiodu I, Hoban R, et al. Priorities for contraception and lactation among breast pump-dependent mothers of premature infants in the neonatal intensive care unit. *Breastfeed Med Off J Acad Breastfeed Med*. 2019;14(7):448-455. doi:10.1089/bfm.2019.0007
173. Leaverton A, Lopes V, Vohr B, Dailey T, Phipps MG, Allen RH. Postpartum contraception needs of women with preterm infants in the neonatal intensive care unit. *J Perinatol*. 2016;36(3):186-189. doi:10.1038/jp.2015.174
174. Kroelinger CD, Morgan IA, DeSisto CL, et al. State-identified implementation strategies to increase uptake of immediate postpartum long-acting reversible contraception policies. *J Womens Health* 2002. 2019;28(3):346-356. doi:10.1089/jwh.2018.7083
175. Hogue CJ, Menon R, Dunlop AL, Kramer MR. Racial disparities in preterm birth rates and short inter-pregnancy interval: an overview. *Acta Obstet Gynecol Scand*. 2011;90(12):1317-1324. doi:10.1111/j.1600-0412.2011.01081.x
176. Okoroh EM, Kane DJ, Gee RE, et al. Policy change is not enough: engaging provider champions on immediate postpartum contraception. *Am J Obstet Gynecol*. 2018;218(6):590.e1-590.e7. doi:10.1016/j.ajog.2018.03.007
177. Enhancing the outcomes of low-birth-weight, premature infants: A multisite, randomized trial. *JAMA*. 1990;263(22):3035-3042. doi:10.1001/jama.1990.03440220059030
178. Spittle A, Orton J, Anderson PJ, Boyd R, Doyle LW. Early developmental intervention programmes provided post hospital discharge to prevent motor and cognitive impairment in preterm infants. *Cochrane Database Syst Rev*. 2015;(11):CD005495. doi:10.1002/14651858.CD005495.pub4
179. McManus B, McCormick MC, Acevedo-Garcia D, Ganz M, Hauser-Cram P. The effect of state early intervention eligibility policy on participation among a cohort of young CSHCN. *Pediatrics*. 2009;124 Suppl 4:S368-374. doi:10.1542/peds.2009-1255G
180. McCormick MC, McCarton C, Tonascia J, Brooks-Gunn J. Early educational intervention for very low birth weight infants: results from the Infant Health and Development Program. *J Pediatr*. 1993;123(4):527-533. doi:10.1016/s0022-3476(05)80945-x
181. Litt JS, Glymour MM, Hauser-Cram P, Hehir T, McCormick MC. Early intervention services improve school-age functional outcome among neonatal intensive care unit graduates. *Acad Pediatr*. 2018;18(4):468-474. doi:10.1016/j.acap.2017.07.011
182. Peacock-Chambers E, Feinberg E, Senn-McNally M, et al. Engagement in early intervention services among mothers in recovery from opioid use disorders. *Pediatrics*. 2020;145(1):e20191957.
183. Coker TR, Windon A, Moreno C, Schuster MA, Chung PJ. Well-child care clinical practice redesign for young children: a systematic review of strategies and tools. *Pediatrics*. 2013;131 Suppl 1:S5-25. doi:10.1542/peds.2012-1427c
184. Coker TR, Moreno C, Shekelle PG, Schuster MA, Chung PJ. Well-child care clinical practice redesign for serving low-income children. *Pediatrics*. 2014;134(1):e229-239. doi:10.1542/peds.2013-3775

185. Upadhyia KK, Psoter KJ, Connor KA, Mistry KB, Levy DJ, Cheng TL. Cluster randomized trial of a pre/interconception health intervention for mothers in pediatric visits. *Acad Pediatr*. Published online October 17, 2019. doi:10.1016/j.acap.2019.10.003
186. Williams DR, Costa MV, Odunlami AO, Mohammed SA. Moving upstream: how interventions that address the social determinants of health can improve health and reduce disparities. *J Public Health Manag Pract JPHMP*. 2008;14 Suppl(Suppl):S8-S17. doi:10.1097/01.PHH.0000338382.36695.42
187. Zuckerman B, Khandekar A. Reach Out and Read: evidence based approach to promoting early child development. *Curr Opin Pediatr*. 2010;22(4):539-544. doi:10.1097/MOP.0b013e32833a4673
188. Webb AR, Heller HT, Benson CB, Lahav A. Mother's voice and heartbeat sounds elicit auditory plasticity in the human brain before full gestation. *Proc Natl Acad Sci U S A*. 2015;112(10):3152-3157. doi:10.1073/pnas.1414924112
189. Levesque BM, Tran A, Levesque E, et al. Implementation of a pilot program of Reach Out and Read® in the neonatal intensive care unit: a quality improvement initiative. *J Perinatol*. 2018;38(6):759-766. doi:10.1038/s41372-018-0060-8
190. Lariviere J, Rennick JE. Parent picture-book reading to infants in the neonatal intensive care unit as an intervention supporting parent-infant interaction and later book reading. *J Dev Behav Pediatr JDBP*. 2011;32(2):146-152. doi:10.1097/DBP.0b013e318203e3a1
191. Caskey M, Stephens B, Tucker R, Vohr B. Adult talk in the NICU with preterm infants and developmental outcomes. *Pediatrics*. 2014;133(3):e578-584. doi:10.1542/peds.2013-0104
192. Braid S, Bernstein J. Improved cognitive development in preterm infants with shared book reading. *Neonatal Netw*. 2015;34(1):10-17. doi:10.1891/0730-0832.34.1.10
193. Phillips DA, Lipsey MW, Dodge KA, et al. Puzzling it out: The current state of scientific knowledge on pre-kindergarten effects. Brookings. Published April 17, 2017. Accessed November 12, 2019. <https://www.brookings.edu/research/puzzling-it-out-the-current-state-of-scientific-knowledge-on-pre-kindergarten-effects/>
194. Meloy B, Gardner M, Darling-Hammond L. *Untangling the Evidence on Preschool Effectiveness: Insights for Policymakers*. Learning Policy Institute; 2019.
195. Grunberg VA, Geller PA, Bonacquisti A, Patterson CA. NICU infant health severity and family outcomes: a systematic review of assessments and findings in psychosocial research. *J Perinatol*. 2019;39(2):156-172. doi:10.1038/s41372-018-0282-9
196. Zeitlin J, Egorova NN, Janevic T, et al. The impact of severe maternal morbidity on very preterm infant outcomes. *J Pediatr*. Published online September 10, 2019. doi:10.1016/j.jpeds.2019.07.061
197. Roman LA, Raffo JE, Dertz K, et al. Understanding perspectives of African American Medicaid-insured women on the process of perinatal care: An opportunity for systems improvement. *Matern Child Health J*. 2017;21(Suppl 1):81-92. doi:10.1007/s10995-017-2372-2

198. Petersen EE, Davis NL, Goodman D, et al. Racial/ethnic disparities in pregnancy-related deaths — United States, 2007–2016. *Morb Mortal Wkly Rep*. 2019;68(35):762-765. doi:10.15585/mmwr.mm6835a3
199. Johnson PD, Duzyj CM, Howell EA, Janevic T. Patient and hospital characteristics associated with severe maternal morbidity among postpartum readmissions. *J Perinatol*. 2019;39(9):1204-1212. doi:10.1038/s41372-019-0426-6
200. Janevic T, Zeitlin J, Auger N, et al. Association of race/ethnicity with very preterm neonatal morbidities. *JAMA Pediatr*. 2018;172(11):1061-1069. doi:10.1001/jamapediatrics.2018.2029
201. Howell EA, Brown H, Brumley J, et al. Reduction of peripartum racial and ethnic disparities: A conceptual framework and maternal safety consensus bundle. *Obstet Gynecol*. 2018;131(5):770-782. doi:10.1097/AOG.0000000000002475
202. Howell EA, Ahmed ZN. Eight steps for narrowing the maternal health disparity gap. *Contemp Obgyn*. 2019;64(1):30-36.
203. Bingham D, Jones DK, Howell EA. Quality improvement approach to eliminate disparities in perinatal morbidity and mortality. *Obstet Gynecol Clin North Am*. 2019;46(2):227-238. doi:10.1016/j.ogc.2019.01.006
204. Aziz A, Gyamfi-Bannerman C, Siddiq Z, et al. Maternal outcomes by race during postpartum readmissions. *Am J Obstet Gynecol*. 2019;220(5):484.e1-484.e10. doi:10.1016/j.ajog.2019.02.016
205. Wholesome Wave. The Fruit and Vegetable Prescription Program (FVRx). <https://snaped.fns.usda.gov/library/materials/fruit-and-vegetable-prescription-programr-fvrxr>
206. Sundberg MA, Warren AC, VanWassenhove-Paetzold J, et al. Implementaton of the Navajo Fruit and Vegetable Prescription Program to improve access to healthy foods in a rural food desert. *Public Health Nutr*. Published online May 13, 2020. doi:10.1017/S1368980019005068
207. Esquivel MK, Higa A, Hitchens M, Shelton C, Okihiro M. Keiki Produce Prescription (KPRx) Program feasibility study to reduce food insecurity and obesity risk. *Hawaii J Health Soc Welf*. 2020;79(5 Suppl 1):44-49.
208. Forbes JM, Forbes CR, Lehman E, George DR. “Prevention Produce”: Integrating medical school mentorship into a fruit and vegetable prescription program for at-risk patients. *Perm J*. 2019;23:18-238. doi:10.7812/TPP/18-238
209. McPheeters ML, Kripalani S, Peterson NB, et al. Closing the quality gap: revisiting the state of the science (vol. 3: quality improvement interventions to address health disparities). *Evid ReportTechnology Assess*. 2012;(208.3):1-475.
210. Lion KC, Raphael JL. Partnering health disparities research with quality improvement science in pediatrics. *Pediatrics*. 2015;135(2):354-361. doi:10.1542/peds.2014-2982
211. Chin MH, Alexander-Young M, Burnet DL. Health care quality-improvement approaches to reducing child health disparities. *Pediatrics*. 2009;124 Suppl 3:S224-236. doi:10.1542/peds.2009-1100K

212. Hafez E, Rouhizadeh M, Tia I, et al. Assessing the availability of data on social and behavioral determinants in structured and unstructured electronic health records: A retrospective analysis of a multilevel health care system. *JMIR Med Inform*. 2019;7(3). doi:10.2196/13802
213. Celenza JF, Zayack D, Buus-Frank ME, Horbar JD. Family involvement in quality improvement: From bedside advocate to system advisor. *Clin Perinatol*. 2017;44(3):553-566. doi:10.1016/j.clp.2017.05.008
214. Improving FCC for Diverse NICU Families Tip Sheet. <https://www.cpqcc.org/tip-sheet-health-equity>
215. Gerson WT. In search of better practice. *Curr Probl Pediatr Adolesc Health Care*. 2018;48(7):191-192. doi:10.1016/j.cppeds.2018.08.005
216. Advancing the Practice of Patient- and Family-Centered Care in Hospitals: How to Get Started. Accessed December 19, 2019. https://ipfcc.org/resources/getting_started.pdf
217. Spencer N, Raman S, O'Hare B, Tamburlini G. Addressing inequities in child health and development: towards social justice. *BMJ Paediatr Open*. 2019;3(1). doi:10.1136/bmjpo-2019-000503
218. Matwick AL, Woodgate RL. Social justice: A concept analysis. *Public Health Nurs Boston Mass*. 2017;34(2):176-184. doi:10.1111/phn.12288
219. Thurman W, Pfitzinger-Lippe M. Returning to the profession's roots: Social justice in nursing education for the 21st Century. *ANS Adv Nurs Sci*. 2017;40(2):184-193. doi:10.1097/ANS.0000000000000140
220. Jackson CS, Gracia JN. Addressing health and health-care disparities: the role of a diverse workforce and the social determinants of health. *Public Health Rep Wash DC 1974*. 2014;129 Suppl 2(Suppl 2):57-61. doi:10.1177/003335491412915211
221. Farrer L, Marinetti C, Cavaco YK, Costongs C. Advocacy for health equity: A synthesis review. *Milbank Q*. 2015;93(2):392-437. doi:10.1111/1468-0009.12112
222. Task Force on the Social Determinants of Health in Baltimore City. Accessed January 3, 2020. <https://msa.maryland.gov/msa/mdmanual/26excom/html/04bcitysocial.html>
223. Kendi, Ibram X. *How to Be an Antiracist*. One World; 2019.
224. Berwick DM. The moral determinants of health. *JAMA*. Published online June 12, 2020. doi:10.1001/jama.2020.11129
225. Marmot M, Friel S, Bell R, Houweling TA, Taylor S. Closing the gap in a generation: health equity through action on the social determinants of health. *Lancet*. 2008;372(9650):1661-1669. doi:10.1016/S0140-6736(08)61690-6
226. Blas E, Gilson L, Kelly MP, et al. Addressing social determinants of health inequities: what can the state and civil society do? *Lancet*. 2008;372(9650):1684-1689. doi:10.1016/S0140-6736(08)61693-1
227. Health Care Without Harm. Accessed December 30, 2019. <https://noharm.org/>

228. Bennett H, Macmillan A, Jones R, Blaiklock A, McMillan J. Should health professionals participate in civil disobedience in response to the climate change health emergency? *The Lancet*. 2019;0(0). doi:10.1016/S0140-6736(19)32985-X
229. Solomon CG, LaRocque RC. Climate change - a health emergency. *N Engl J Med*. 2019;380(3):209-211. doi:10.1056/NEJMp1817067
230. Haines A, Ebi K. The imperative for climate action to protect health. *N Engl J Med*. 2019;380(3):263-273. doi:10.1056/NEJMra1807873
231. Jones CP. Toward the science and practice of anti-racism: Launching a national campaign against racism. *Ethn Dis*. 2018;28(Suppl 1):231-234. doi:10.18865/ed.28.S1.231
232. Kelleher K, Reece J, Sandel M. The Healthy Neighborhood, Healthy Families Initiative. *Pediatrics*. 2018;142(3):e20180261. doi:10.1542/peds.2018-0261
233. U.S. Department of Housing and Urban Development. Stamford Hospital anchors the Vita Health and Wellness District. Accessed February 4, 2020. <https://www.huduser.gov/portal/casestudies/study-041618.html>

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