



## PAIRED Initiative Family-Centered Care

**Inclusion criteria for patient level data (qualifying infants)**—An infant of any gestational age who: (1) requires NICU hospitalization for more than 5 days; (2) is eligible under the current NICU protocol for skin-to-skin care (SSC); (3) survives at least 3 days beyond their eligibility for SSC as defined by the current NICU protocol; and (4) has a family caregiver who visits and is involved in the infant's overall care

### INFANT/FAMILY CHARACTERISTICS (Verified by the date of discharge)

Study ID # \_\_\_\_\_

Birth weight (g): _____	Gestational age (completed weeks): _____
Race of primary family caregiver (check all that apply):	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> NA/AN <input type="checkbox"/> HN/PI <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown
Ethnicity of primary family caregiver:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> non-Hispanic or non-Latino <input type="checkbox"/> Unknown
Preferred language of primary family caregiver:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown
Inborn:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth: ____/____/202__	
Date of NICU admission: ____/____/202__	
Date of NICU discharge: ____/____/202__	
Date on which the infant was first eligible to start receiving SSC: ____/____/202__	
Beginning with the day that the infant first became eligible for SSC, on how many different days did a family caregiver visit the infant in the NICU? _____	
Did at least 1 family caregiver receive a complete SSC education bundle?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Eligible
Was the infant receiving any of the mother's breastmilk at NICU discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Eligible
Is information about episodes of SSC available? (EHR or SSC log)	<input type="checkbox"/> Yes <input type="checkbox"/> Not recorded <input type="checkbox"/> No SSC was provided at any time by family caregiver