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Parental capacity in newborn care during the hospital-to-home transition: a scoping review protocol

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ABSTRACT

Introduction: The transition from hospital to home is a critical moment for parents and carers of newborns, requiring them to acquire the knowledge, skills and confidence necessary to ensure continuity of care. Parental training is a key strategy for promoting adaptation to parenthood, reducing anxiety among carers and fostering positive outcomes. However, the interventions, educational strategies and support models employed in this context are scattered throughout the literature.
Objectives: To review the existing evidence on nursing interventions that promote parental capacity in the care of newborns during the transition from hospital to home.
Methodology: A scoping review will be conducted in accordance with the methodology of the Joanna Briggs Institute. The following will be included: primary studies addressing interventions, educational strategies, or parental capacity practices relating to the care of newborns in the context of hospital discharge and transitioning to home life. There will be no restrictions on time frame or language. Relevant electronic databases, such as Medline (PubMed), CINAHL Complete (EBSCOhost) and ProQuest Dissertations & Theses Citation Index platform (Web of Science) will be searched.
Results: Two independent reviewers will select the studies using the Rayyan® platform. Data will be extracted and synthesized systematically, and the results will be presented in tables and through a narrative description.
Conclusion: This review will help to systematize existing knowledge by identifying gaps in the evidence, thereby supporting the development of pediatric nursing practices that promote parental engagement.

Contributions: Conceptualization: EM and FL; Data curation: EM and FL; Formal Analysis: v; Investigation: EM and FL; Methodology: EM and FL; Project administration: EM and FL; Resources: EM and FL; Software: EM and FL; Supervision: FL; Validation: EM and FL; Visualization: EM and FL; Writing – original draft: EM; Writing – review & editing: EM and FL.

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INFORMAÇÃO DO ARTIGO

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RESUMO

Introdução: A transição do recém-nascido do ambiente hospitalar para o domicílio representa um momento crítico para os pais e cuidadores, exigindo aquisição de conhecimentos, competências e confiança para assegurar a continuidade dos cuidados. A capacitação parental constitui uma estratégia fundamental para promover a adaptação à parentalidade, reduzir a ansiedade dos cuidadores e favorecer resultados positivos. Contudo, as intervenções, estratégias educativas e modelos de acompanhamento utilizados neste contexto encontram-se dispersos na literatura.
Objetivos: Mapear a evidência existente sobre as intervenções de enfermagem promotoras da capacitação parental no cuidado ao recém-nascido em contexto de transição hospital-casa.
Metodologia: Será realizada uma revisão de escopo de acordo com a metodologia do *Joanna Briggs Institute*. Serão incluídos: estudos primários que abordem intervenções, estratégias educativas ou práticas de capacitação parental relacionadas com os cuidados ao recém-nascido no contexto da alta hospitalar e transição para o domicílio; estudos realizados em contexto de transição hospital casa; sem limite temporal e de idioma. A pesquisa será conduzida em bases de dados eletrónicas relevantes nomeadamente Medline (PubMed), CINAHL Complete (EBSCOhost) e ProQuest Dissertations & Theses Citation Index (Web of Science).
Resultados: A seleção dos estudos será realizada por 2 revisores independentes, por meio da plataforma Rayyan®. A extração e síntese de dados serão realizadas de forma sistemática, com apresentação dos resultados através de tabelas e descrição narrativa.
Conclusões: Espera-se que esta revisão contribua para a sistematização do conhecimento existente, identificando lacunas na evidência e suportando o desenvolvimento de práticas de enfermagem pediátrica promotoras da capacitação parental.

Introduction

The transition from hospital to home is a critical period for families with newborns (NB), particularly if it is their first child or if the baby has specific needs, such as being born prematurely. This period involves significant changes, as parents take on more responsibility for daily care, identifying warning signs and making independent decisions relating to the newborn's health and wellbeing. Parental capacity is a key factor in this process, fostering confidence, competence, and a sense of safety among carers.

Parental capacity is recognized as a key strategy for promoting the health and development of NBs. It strengthens family involvement and helps parents to acquire the knowledge, skills and confidence required to care for their NB.[1]

A NB is defined as an individual from birth up to 28 full days of life.[2] This period is referred to as the neonatal period. During this period, NBs face significant adjustments to life outside the womb against a backdrop of immunological immaturity, which increases their risk of illness[3]. During this transitional phase, the nurse's role is to ensure the NB's safe adjustment and strengthen the parents' skills by promoting proactive care, including feeding, elimination, hygiene, comfort, sleep, safety, development, and adapting to the role of parent.[3]

Preterm birth, defined as birth before the completion of 37 weeks of gestation, is a major risk factor for neonatal morbidity and mortality.[4] While most preterm births are spontaneous, some are due to medical reasons, such as infections or other complications during pregnancy, which necessitate early induction of labor or caesarean section. Preterm birth is a significant global health concern, affecting over 13 million babies each year and being the leading cause of death among children under five. Substantial disparities in survival rates exist between low- and high-income countries.[4]

The hospital-to-home transition is a complex process in which the family moves from a hospital setting to their own home, taking on the independent responsibility of caring for their NB baby. This period is recognized as being particularly sensitive, with significant changes occurring in parental roles, caregiving responsibilities and decision-making within the home environment.[5] Literature shows that structured discharge preparation and ongoing support during this period can have a positive influence on parental confidence and readiness for care, as well as on the health outcomes of the NB.[6,7]

Recent literature emphasizes the importance of effective coordination between healthcare professionals and families when patients are discharged from hospital. Parental readiness is recognized as a key element in discharge planning, directly influencing the safety and continuity of care. Qualitative studies demonstrate that fragmented practices, discharge processes primarily led by doctors, and limited interdisciplinary involvement can undermine parents' preparedness.[8] Nevertheless, these same authors also state that standardized discharge protocols and systematic assessments of the NB's health and parental preparedness have been shown to reduce risks such as infections and readmissions. This reinforces the importance of structured, collaborative approaches.

Galeano and Maya[9] describe preparation for discharge as a multidimensional process involving the transfer of knowledge, the development of practical skills, the

promotion of safety, and the strengthening of parental confidence. This preparation occurs progressively throughout the hospital stay, in line with the clinical progress of the NB and the emotional and cognitive adaptation of the parents. The experience of this transition, as well as parents' ability to take on care responsibilities at home, is significantly influenced by individual, family, social, and cultural factors. This highlights the need for personalized, culturally sensitive interventions.[9] Strategies such as improving information transfer, encouraging contact with the multidisciplinary team and facilitating parental involvement according to each family's needs have been identified as crucial for bolstering parental confidence and competence during the transition home.[10]

Although the concepts of transition to parenthood, parental capacity and parental empowerment are closely related, they represent distinct constructs and should not be used interchangeably. 'Transition to parenthood' refers to the dynamic developmental process through which individuals adapt to the associated roles, responsibilities and identity changes of becoming a parent. This encompasses the psychological, emotional, social and practical adjustments that occur as parents learn to care for and take responsibility for their child.[11] In contrast, parental capacity refers to a parent's ability to meet their child's physical, emotional, developmental and social needs. It focuses on parenting competencies such as ensuring safety, providing emotional support, offering guidance and supervision, and promoting healthy development.[12] This concept is commonly assessed in child welfare, family intervention, and clinical contexts. Parental empowerment, on the other hand, relates to parents' sense of confidence, agency, self-efficacy, knowledge, and control in their parenting role. Rather than evaluating what parents are able to do, it concerns how capable and confident they feel when making decisions, advocating for their child, accessing resources, and managing parenting challenges.[13] While the transition to parenthood may influence both concepts, they are distinct. This article focuses specifically on the concept of parental capacity.

According to Afaf Meleis's Theory of Transitions, transitions are dynamic processes involving changes in identity, role, relationships, and behavioral patterns. These changes are influenced by facilitating or inhibiting conditions.[14] The hospital-to-home transition is a situational transition because it arises from a change in care context and the demands of the parental role.[14] Meleis states that healthy transitions depend on factors such as adequate preparation, access to information, professional support and the development of skills.

This review conceptualizes hospital-to-home transition as a continuous process that extends from hospitalization to the period following discharge. During this time, parents progressively acquire the knowledge, skills, and responsibility required to care for their NB. Family-centered care and partnership-based approaches complement Meleis' Transition Theory because both emphasize parental participation, collaborative care relationships and developing parental caregiving capabilities, all of which are essential for achieving positive transition outcomes.

In this regard, parental training is a key intervention in promoting a successful transition. It enables parents to acquire the knowledge, skills and confidence needed to care for their newborn, identify warning signs, manage breastfeeding and make informed decisions. Studies show that structured educational interventions, whether face-to-face or technology-based, increase parental self-efficacy, reduce anxiety, and improve adaptation following discharge.[15] Programs such as Family Integrated Care further emphasize that actively involving parents during hospitalization improves their readiness for discharge and facilitates continuity of care at home.[16,17]

Despite the growing relevance of this topic, the literature presents a wide range of concepts, interventions and training models that are not always clearly defined or systematized. Therefore, mapping the existing evidence is important to identify knowledge gaps, understand how interventions have been conceptualized, implemented and evaluated, and clarify definitions.

A scoping review can help us explore the breadth of the scientific literature, clarify definitions, characterize interventions and summarize the current state of research on parental capacity building in NB care. This will underpin evidence-based clinical practice and guide the development of future nursing interventions.

A preliminary search was conducted in PubMed/MEDLINE, the Open Science Framework (OSF), the Joanna Briggs Institute (JBI) Register and PROSPERO to identify any similar reviews that had been published or were in progress. No reviews that specifically addressed the topic under study were identified as being either ongoing or completed.

The objective of this scoping review is to map the scientific evidence on nursing interventions that promote parental capacity in caring for NB during the transition from hospital to home. The review's specific objectives are: (1) to identify nursing interventions that promote parental capacity aimed at carers of newborns; (2) to identify the outcomes associated with these interventions; and (3) to identify gaps in the existing evidence.

Methodology

According to the JBI recommendations[18], the research question for a scoping review should adhere to the PCC mnemonic. P stands for 'population', C stands for 'concept', and C stands for 'context'. For this review, we defined the population as newborn babies (NB), the concept as nursing interventions that promote parental capacity, and the context as the transition from hospital to home. This leads us to the following review question: *What evidence exists regarding nursing interventions that promote parental capacity in caring for newborns during the transition from hospital to home?*

Protocol and registration

The scoping review protocol was developed according JBI guidelines and reported in accordance with the Preferred Reporting Items for Scoping Reviews (PRISMA-ScR)[19] guidelines and was registered with the OSF on 3rd of June 2026. It is publicly available at: https://osf.io/e9agw.

Eligibility criteria

With regard to the population, the review will include studies involving fathers, mothers or carers of NB and nurses; healthy NB or NB with special care needs; and families transitioning from the maternity ward or neonatal unit to their home. For the purposes of this review, eligibility will be determined by the NB's age at admission. Therefore, NB admitted to the hospital unit will remain eligible irrespective of their age at discharge. Studies that address the following will be considered: nursing interventions aimed at promoting parental capacity; health education provided by nurses; promotion of parenting skills; preparation for hospital discharge; support for the transition home; and educational interventions relating to the care of newborns, including feeding, breastfeeding, hygiene, safe sleep, accident prevention, warning signs, vaccination/screening, thermoregulation, comfort, bonding, crying, managing concerns, and seeking help. Only studies in which the nursing contribution is explicitly described or can be clearly distinguished from the contributions of other healthcare professionals will be included in the analysis of multidisciplinary interventions. Nursing-specific interventions will be identified and categorized using the Nursing Interventions Classification framework.[20] Studies in which parental education is described in general terms without reference to the nurse's role will be excluded. Given the substantial differences in the knowledge and skills required for complex home care, studies addressing specialized caregiving competencies associated with specific clinical conditions were excluded. The review focused on parental capacity for routine NB care competencies that are broadly applicable across neonatal populations during the transition from hospital to home.

The following settings will be included in the study: maternity wards, neonatal units/neonatal intensive care units, neonatal and pediatric inpatient wards, pediatric emergency departments, and primary healthcare settings. Studies conducted in a home setting in relation to hospital discharge will also be included, provided they focus on nursing interventions that enable parents to care for their NB during the transition from hospital to home. Studies focusing exclusively on maternal recovery or obstetric care unrelated to NB care will be excluded.

Contextual information, including country, healthcare setting, and cultural characteristics, will be considered during data synthesis; however, parental involvement in meeting newborns' basic care needs is recognized as a common feature of neonatal care across diverse cultural settings.

This scoping review will include primary studies of various designs. Eligible studies will include experimental and quasi-experimental designs, such as randomized and non-randomized controlled trials, before-and-after studies, and interrupted time series, as well as analytical observational studies, including prospective and retrospective cohorts, case-control studies, and analytical cross-sectional studies. Descriptive observational studies identifying interventions, such as case series, case reports and descriptive cross-sectional studies, will also be included. Qualitative research employing methods such as phenomenology, grounded theory, ethnography, qualitative description, action research and feminist research will be considered. Opinion pieces, letters to the editor, conference summaries, advertisements and secondary research (e.g. literature reviews) will be excluded.

Information sources

The research was conducted using the Medline (PubMed) and CINAHL Complete (EBSCOhost) databases. Grey literature was retrieved by searching the ProQuest Dissertations & Theses Citation Index platform on Web of Science.

Search

In accordance with the JBI's recommendations, the search strategy will be conducted in three stages.

The first stage involved an initial search using Medline (PubMed) to identify relevant articles on the review topic. Keywords identified in the titles and abstracts of the most relevant articles, together with the controlled terms used to describe them, were used to develop a comprehensive search strategy for the Medline (PubMed), CINAHL Complete (EBSCOhost) and ProQuest Dissertations & Theses Citation Index (Web of Science) platforms. This strategy was adapted to the specific characteristics of each database. MEDLINE and CINAHL Complete were selected due to their extensive coverage of literature in the fields of nursing and health sciences, while ProQuest Dissertations & Theses Citation Index was included to identify relevant grey literature and minimize publication bias. In the second stage, on 3 June 2026, a search was conducted without any time or language restrictions, with the support of an experienced librarian who assisted in refining the search queries. Table 1 summarizes the search strategy employed for each database.

Table 1. Search strategy used in each database.

Database	Search equation	Results
Medline (Pubmed)	((((parent*[ti] OR mother*[ti] OR father*[ti] OR famil*[ti] OR caregiver*[ti] OR guardian*[ti] OR family[mh] OR caregivers[mh]) AND (nurs*[tiab] OR nurses[mh] OR nursing[mh] OR "nursing care"[mh] OR "nursing process"[mh])) AND (train*[tiab] OR prepar*[tiab] OR capacitat*[tiab] OR educat*[tiab] OR counsel*[tiab] OR coach*[tiab] OR "health education"[mh] OR "needs assessment"[mh])) AND (newborn*[tiab] OR premature[tiab] OR pre-term[tiab] OR preterm[tiab] OR baby[tiab] OR babies[tiab] OR neonat*[tiab] OR "infant, newborn"[mh])) AND ("hospital to	413

	home"[tiab] OR "hospital-to-home"[tiab] OR "home transition*"[tiab] OR discharge[tiab] OR "transition of care"[tiab] OR "care transition"[tiab] OR "hospital to home transition"[mh])	
CINAHL Complete (EBSCOhost)	((TI (parent* OR mother* OR father* OR famil* OR caregiver* OR guardian*) OR MH ("nuclear family+" OR caregivers))) AND ((XB (nurs*) OR MH (nurses+ OR "nursing as a profession+" OR "nursing care" OR "nursing process+"))) AND ((XB (train* OR prepar* OR capacitat* OR educat* OR counsel* OR coach*) OR MH ("health education+" OR "needs assessment"))) AND ((XB (newborn* OR premature OR pre-term OR preterm OR baby OR babies OR neonat*) OR MH ("infant, newborn+"))) AND ((XB ("hospital to home" OR "hospital-to-home" OR "home transition*" OR discharge OR "transition of care" OR "care transition") OR MH ("hospital to home transition")))	334
ProQuest Dissertations & Theses Citation Index (Web of Science)	TI=(nurs*) AND TI=(parent* OR mother* OR father* OR famil* OR caregiver* OR guardian*) AND TS=(train* OR prepar* OR capacitat* OR educat* OR Counsel* OR Coach*) AND TI=(newborn* OR premature OR pre-term OR preterm OR baby OR babies OR neonat*) AND TS=("hospital to home" OR "hospital-to-home" OR "home transition*" OR discharge OR "transition of care" OR "care transition")	6

The third stage involves analyzing the reference lists of the included studies to identify additional relevant sources that were not captured in previous searches.

Selection of sources of evidence

The bibliographic references identified in the various studies were grouped and managed using version 1.7.5 of the Rayyan® software.[21] In the first stage, duplicate studies were removed. Two independent reviewers then screened the studies by title and abstract based on the inclusion and exclusion criteria. The full texts of the selected studies will then be read, and those that do not meet the inclusion criteria will be excluded. The reasons for excluding studies will be presented descriptively. Any disagreements between the reviewers will be resolved through discussion and consensus. As this is a scoping review, the methodological quality of the included studies will not be assessed; the objective is to map the evidence. The study selection process will be presented in a flowchart in accordance with the PRISMA extension for scoping reviews.[19]

Data-charting process

Two reviewers will carry out data extraction independently using a tool developed specifically for this review and based on JBI methodological guidelines[22], adapted to the review's objectives.

Data Items. The data extraction tool will include the following information on the characteristics of the studies: title; author(s); country of origin; year of publication; objective(s); methodology (including study design, data collection and analysis methods); population characteristics; care context; nursing interventions that promote parental capacity; outcomes; gaps; and main conclusions. Data on newborn characteristics and care context will be extracted and considered during the analysis. Findings will be reported according to the relevant neonatal group (e.g. healthy term, late preterm or very/extremely preterm newborns), bearing in mind that, while some caregiving competencies are universal, parents may require additional preparation and skills depending on their newborn's specific clinical needs and level of prematurity. The data extraction form will initially be tested on a small subset of the included studies to verify its clarity, consistency and suitability for the predefined variables. If necessary, the tool may be adjusted throughout the review process. Any discrepancies between reviewers will be resolved through discussion and consensus, and by consulting a third reviewer if necessary.

Critical appraisal of individual sources of evidence

In line with JBI guidelines, and given that our objective is to map nursing interventions, we will not be conducting critical appraisals of studies, as stated earlier.

Synthesis of results

In line with the exploratory nature of a scoping review, we will analyze the extracted data descriptively and interpretatively. A narrative synthesis of the results will be carried out to enable us to map and describe the nursing interventions that promote parental capacity-building, their outcomes, identified gaps, and main conclusions.

Conclusion

In summary, this scoping review protocol aims to systematically map and analyze the available evidence on nursing interventions designed to promote parental capacity and targeted at carers of newborns during the transition from hospital to home. The aim is to identify these interventions and the topics they cover, as well as their outcomes, knowledge gaps, and key findings. Systematizing this evidence will strengthen evidence-based nursing practice and support the development of more structured discharge preparation interventions centered on the needs of NB and their families.

References

1. Oh WO, Heo YJ. Early Parenting Interventions to Enhance Development in Infants and Children Born Prematurely: A Systematic Review and Meta-Analysis. *Journal of Pediatric Health Care*. 2024;38(6):e1-e20. doi:10.1016/j.pedhc.2024.06.005
2. Duffy E, Hockenberry M, Gibbs K. *Wong's Nursing Care of Infants and Children*. 12th ed. Elsevier; 2023. Accessed July 8, 2024. https://www.eu.elsevierhealth.com/wongs-nursing-care-of-infants-and-children-9780323776707.html?nosto=nosto-page-search1

3. Ramos AL, Barbieri-Figueiredo M do C, eds. *Enfermagem Em Saúde Da Criança e Do Jovem*. Lidel; 2020.
4. Kefale B, Jancey J, Gebremedhin AT, et al. Risk factors for neonatal mortality: an umbrella review of systematic reviews and meta-analyses. *EClinicalMedicine*. 2025;88:103525. doi:10.1016/J.ECLINM.2025.103525
5. Moen A. How do we discharge preterm infants safely without unnecessary delay? *Acta Paediatr*. 2024;113(1):13-14. doi:10.1111/APA.17008
6. Lebreton E, Crenn-Hébert C, Menguy C, et al. Composite neonatal morbidity indicators using hospital discharge data: A systematic review. *Paediatr Perinat Epidemiol*. 2020;34(3):350-365. doi:10.1111/PPE.12665
7. Shieh SJ, Chen HL, Liu FC, et al. The effectiveness of structured discharge education on maternal confidence, caring knowledge and growth of premature newborns. *J Clin Nurs*. 2010;19(23-24):3307-3313. doi:10.1111/J.1365-2702.2010.03382.X
8. Research O, Emanuele Da Conceição T, Duarte Rocha A, et al. Health Science Reports Multidisciplinary Team Perceptions on Preparing Newborns for Discharge From a Rooming-in Unit: A Qualitative Study. Published online 2026. doi:10.1002/hsr2.72422
9. Galeano SPO, Maya ÁMS. Preparing Parents for Discharge from the Neonatal Unit, the Transition, and Care of Their Preterm Children at Home. *Invest Educ Enferm*. 2023;41(1). doi:10.17533/UDEA.IEE.V41N1E04
10. Aydon L, Hauck Y, Murdoch J, Siu D, Sharp M. Transition from hospital to home: Parents' perception of their preparation and readiness for discharge with their preterm infant. *J Clin Nurs*. 2018;27(1-2):269-277. doi:10.1111/JOCN.13883
11. Middleton G, Matvienko-Sikar K, Briley A, et al. Supporting parents in the transition to parenthood through wellbeing interventions; An international scoping review. *Midwifery*. 2025;142. doi:10.1016/J.MIDW.2025.104296
12. Huynh T, Kerr ML, Kim CN, Fourianalistyawati E, Chang VYR, Duncan LG. Parental Reflective Capacities: A Scoping Review of Mindful Parenting and Parental Reflective Functioning. *Mindfulness (N Y)*. 2024;15(7):1531. doi:10.1007/S12671-024-02379-6
13. Park IY, Gago C, Grafft N, Lo BK, Davison KK. Parent empowerment as a buffer between perceived stress and parenting self-efficacy in immigrant parents. *J Immigr Minor Health*. 2025;27(2):268-276. doi:10.1007/S10903-024-01659-6
14. Meleis A. *Theoretical Nursing*. 6th ed. Wolters Kluwer; 2018.
15. Shorey S, Ng YPM, Ng ED, et al. Effectiveness of a Technology-Based Supportive Educational Parenting Program on Parental Outcomes (Part 1): Randomized Controlled Trial. *J Med Internet Res*. 2019;21(2). doi:10.2196/10816
16. 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
17. Benzies KM, Shah V, Aziz K, et al. Family Integrated Care (FICare) in Level II Neonatal Intensive Care Units: study protocol for a cluster randomized controlled trial. *Trials*. 2017;18(1). doi:10.1186/S13063-017-2181-3
18. Peters MDJ, Marnie C, Tricco AC, et al. Updated methodological guidance for the conduct of scoping reviews. *JBI Evid Synth*. 2020;18(10):2119-2126. doi:10.11124/JBIES-20-00167
19. Tricco AC, Lillie E, Zarin W, et al. PRISMA Extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med*. 2018;169(7):467. doi:10.7326/M18-0850
20. Butcher HK, Bulechek GM, Dochterman JM, Wagner CM. *Nursing Interventions Classification (NIC)*. 7th ed. Elsevier; 2018.
21. Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan-a web and mobile app for systematic reviews. *Syst Rev*. 2016;5(1). doi:10.1186/S13643-016-0384-4
22. Pollock D, Peters MDJ, Khalil H, et al. Recommendations for the extraction, analysis, and presentation of results in scoping reviews. *JBI Evid Synth*. 2023;21(3). doi:10.11124/JBIES-22-00123