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Response to “Scoping review of interventions to support families with preterm infants post-NICU discharge” by Griffith et al. published in Journal of Pediatric Nursing (Griffith et al., 2022)

Dear editor,

We read with great interest the review article entitled: “Scoping review of interventions to support families with preterm infants post-NICU discharge” by Griffith et al. published in Journal of Pediatric Nursing (Griffith et al., 2022). We appreciate the authors work describing 26 articles that report on different post-NICU discharge interventions and agree that families with preterm infants need support through in-person home visits or remote support.

Our group developed and implemented the TOP program, a post-discharge responsive parenting intervention for very preterm born children (Jeukens-Visser et al., 2021), currently carried out in >80% of Dutch very preterm infants in the first year after discharge home. The theoretical framework of the TOP program was based on outcomes and insights obtained in a randomized controlled trial (RCT) on the Infant Behavioral Assessment and Intervention Program (IBAIP). We were surprised that follow-up studies of our RCT on infant and parent outcomes were not included in the review, even though they fulfilled the inclusion criteria and were published between 2011 and 2021 (Meijssen, Wolf, Koldewijn, van Baar, & Kok, 2011; Meijssen, Wolf, Koldewijn, van Wassenaer, et al., 2011; Meijssen, Wolf, van Bakel, Koldewijn, et al., 2011; Van Hus et al., 2013; Van Hus et al., 2016; Verkerk et al., 2011; Verkerk et al., 2012). Even more so because the TOP+ intervention, a booster intervention of the TOP program (Flierman et al., 2016), was included in the review, as well as the Stockholm Preterm Interaction-Based Intervention (SPIBI) that was developed in collaboration with our group and shares similar targets and strategies (Baraldi et al., 2020).

Based on the aims of the scoping review, Griffith et al. included post-NICU interventions that (1) may reduce parental stress and (2) provide support to families with preterm infants. Both “Parental stress” and “support to families” are broad concepts that can have various interpretations. These unspecific inclusion criteria may have resulted in omission of these articles.

In the above mentioned follow-up articles on the IBAIP on parent outcomes, mothers in the intervention group appeared more satisfied about their infant's mood and distractibility, but also reported more feelings of isolation, whereas there were no differences regarding attachment representation or maternal psychological distress (Meijssen, Wolf, Koldewijn, van Baar, & Kok, 2011; Meijssen, Wolf, Koldewijn, van Wassenaer, et al., 2011; Meijssen, Wolf, van Bakel, Koldewijn, et al., 2011). This is in contrast with more positive intervention effects

on parental stress and anxiety described in the review, and may suggest that specific intervention strategies targeting parental stress are necessary.

In addition, we found sustained intervention effects both on motor function at 44 months CA and cognitive and motor function at 5,5 years CA (Van Hus et al., 2013; Verkerk et al., 2011). Adding this information to the review would thus change the conclusion of Griffith et al. that: “there was no evidence of long-term effect at age 4, 7 and 9 for cognitive and motor functioning outcomes”.

We would like to emphasize this, acknowledging these positive developmental effects also found on cognition at 5 years CA in a Norwegian study published before 2011 (Nordhov et al., 2010). Furthermore, after the review of Griffiths et al. was published, we published positive effects after implementation of the TOP program on cognitive functioning at 24 months (Halbmeijer et al., 2023). This may further encourage development and implementation of post-discharge interventions.

CRediT authorship contribution statement

Martine Jeukens-Visser: Writing – original draft. **Aleid Leemhuis:** Writing – review & editing. **Monique Flierman:** Writing – review & editing.

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