

## Information sheet for study participants/Parents

**Study title: Parental perceptions of Neonatal unit visit restrictions during the COVID-19 pandemic.**

You are invited to participate in the survey. This document explains information about this study. You should ask questions about anything that is unclear to you. We encourage individual responses from each parent if possible.

**PURPOSE OF THE STUDY:** With the current COVID-19 pandemic, there have been changes to the visitation policy to the Neonatal Unit in order to safeguard the health of the infants, their families, and the health care workers. This research study aims to understand the perceptions and concerns of parents regarding the changes made to the Neonatal unit visitation policy.

**PARTICIPANT INVOLVEMENT:** If you agree to take part in this study, you will be asked to complete a survey which is anticipated to take about 5 minutes. You do not have to answer any questions you don't want to.

**ALTERNATIVES TO PARTICIPATION:** Your alternative is to not participate. Your relationship with your health care provider or department will not be affected whether you participate or not in this study.

**CONFIDENTIALITY:** There will be no identifiable information obtained in connection with this study. Your name, address or other identifiable information will not be collected.

**INVESTIGATOR CONTACT INFORMATION:** Principal Investigator: Hemananda Muniraman via email at [hemu\\_muniraman@mednax.com](mailto:hemu_muniraman@mednax.com)

1. Please read the following information and click agree to confirm your agreement to participate in the survey.

1. I have read the above information sheet and wish to take part in the survey.
2. I have had the opportunity to have my questions answered and have no further questions.
3. I understand that my participation is voluntary and all the information collected is kept confidential.
4. I am aware that on completing the survey, I would not be able to withdraw my responses to be included in the survey.

- ☐ Agree: I wish to participate in the survey
- ☐ Disagree: I do not wish to participate in the survey

**2. Do you feel the visiting policy in NICU during COVID pandemic is?**

- ☐ Appropriate
- ☐ A little too restrictive, but understandable for the safety of the babies, families and care givers
- ☐ Too restrictive
- ☐ Not restrictive enough

**3. What restrictions does apply to your Neonatal unit visit?**

- ☐ Only one parent allowed at a time to visit for limited duration (less than 2 hours per day)
- ☐ Only one parent allowed at a time to visit for limited duration (between 2 and 4 hours per day)
- ☐ Only one parent allowed at a time to visit for limited duration (between 4 and 6 hours per day)
- ☐ Only one parent allowed at a time to visit for limited duration (between 6 and 12 hours per day)
- ☐ Only one parent allowed at a time with no restriction on duration of visit
- ☐ Two family members allowed at a time for limited duration
- ☐ No restrictions

Other ( please specify)

**4. Has the new visitation policy affected your ability to visit NICU?**

- ☐ No
- ☐ Yes: I visit more often
- ☐ Yes: I visit less often

**5. Has the new visitation policy affected your partner's or family member's ability to visit NICU? You may choose more than one option.**

- ☐ No
- ☐ Yes: Partner visits more often
- ☐ Yes: Partner visits less often
- ☐ Yes: Siblings not allowed to visit
- ☐ Yes: Grandparents not allowed to visit
- ☐ Other (please specify)

☐

☐ 6. What are your concerns regarding visiting your baby in the NICU? Please select all that apply.

- ☐ I have no concerns
- ☐ Because of the current visitation policy, I feel like I am not bonding enough with my baby.
- ☐ Because of the current visitation policy, I feel like I am not able to participate in the daily cares of my baby.
- ☐ Because of the current visitation policy, I feel like I am not receiving enough updates or information about my baby.
- ☐ Because of the current visitation policy, I feel like my ability to bring my milk and other supplies to the hospital has changed.

☐ Please state any other ways you consider that the current policy has affected your care and relationship with your own baby.

  

7. What impact, if any, has the change in visitation policy had on breastfeeding your baby?

- ☐ Not applicable/did not plan to breast feed my baby
- ☐ No impact
- ☐ Mild impact
- ☐ Severe impact

Any comments? (optional)

8. How has the video streaming/telephone updates helped you to address your concerns and worries about your baby during this time?

- ☐ Very helpful
- ☐ Helpful
- ☐ Somewhat helpful
- ☐ Not helpful

9. Are you expected to wear any protective equipment during your visit?

- ☐ Face mask
- ☐ Gown/Apron
- ☐ Face mask and gown/apron

Other (please specify)

10. Do you find wearing face mask during your NICU visit..

- ☐ The right thing to do
- ☐ The right thing to do, but gets in the way of me bonding
- ☐ Feels like it's too much, but I understand it's for safety of the infants
- ☐ Is too restrictive

11. Do you find the staff wearing face mask has affected your interaction or relationship with them?

- ☐ Yes, makes the interaction less personal
- ☐ No

12. What was your child's gestation at birth?

- ☐ Term ( more than 37 weeks )
- ☐ Late preterm ( between 34 and 37 weeks gestation)
- ☐ Moderate preterm ( between 28 and 34 weeks gestation)
- ☐ Extreme preterm ( less than 28 weeks gestation)

13. How long has your child been in the NICU?

- ☐ <1 week
- ☐ 1 weeks- 4 weeks
- ☐ >4 weeks

14. What is your relationship to your child?

- ☐ Mother
- ☐ Father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Guardian
- ☐ Sibling
- ☐ Other

15. What is your age?

16. In what country do you currently reside?

☐ United States

☐ United Kingdom

☐ Australia

☐ New Zealand

☐ Ireland

☐ Other (Please specify)

17. Please specify the city or state in which your NICU/Hospital is located?

18. If you wish, please offer any other comments or suggestions related to the current restrictive policy - all comments will be valuable and will be kept anonymous