

Nursing interventions to promote a healthy transition home among parents of premature newborns discharged from the neonatal unit: a rapid systematic review

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ADMINISTRATIVE INFORMATION

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Review Stage at time of this submission - Formal screening of search results against eligibility criteria.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 1 June 2026 and was last updated on 1 June 2026.

INTRODUCTION

Review question / Objective The objective of this systematic review is to identify and synthesize the available evidence on nursing interventions aimed at promoting a healthy transition home for parents of premature newborns discharged from the neonatal unit.

The search for articles will be conducted on the following scientific article platforms: PubMed, Scopus, Web of Science Science, LILACS, SciELO, and TESIUNAM, with the following keywords and strategy:

(parents) AND (Nursing Care) AND (Intensive Care Units, Neonatal) AND (Patient Discharge) AND (Infant, Premature) AND (Hospital to Home Transition).

Rationale In the last decade, 152 million births occurred before 37 weeks of gestation, meaning that one in ten newborns worldwide is born premature.¹ Due to their biological vulnerability and the risk of short- and long-term complications and sequelae, these newborns frequently require hospitalization in specialized neonatal units, where they receive care aimed at ensuring their survival and clinical stability.^{2,3}

Hospitalization in this area involves early separation between the newborn and their parents, a situation that can generate feelings of uncertainty, anxiety, insecurity, and disruptions in the development of the parental role. These experiences can persist even after hospital discharge and affect the parents' ability to confidently assume the care of their child at home.⁴ In this context, neonatal nurses play a fundamental role, as they can facilitate parental

involvement in care, strengthen their skills, and promote adequate preparation for discharge. However, factors such as access restrictions in some neonatal units, limited parental involvement during hospitalization, and insufficient understanding of the newborn's health status can hinder the transition home. 5 Furthermore, premature newborns have a higher probability of hospital readmission compared to full-term newborns, highlighting the need to strengthen discharge preparation and support processes. 6 The transition from the neonatal unit to home is a complex process involving changes in the responsibilities, behaviors, and expectations of parents, who must progressively assume care outside the hospital setting. Several countries have implemented family-centered care models that promote parental involvement during hospitalization with the aim of strengthening parents' caregiving capacities. 7 However, differences in the organization of health systems and the limited or nonexistent discharge strategies present challenges to a healthy transition. 8 Meleis's theory of transitions provides a relevant conceptual framework for understanding this phenomenon, considering the interaction between the nature of the transition, the conditions that facilitate or inhibit it, nursing interventions, and the response patterns observed during the process. 9 Accordingly, international organizations have recommended the development of structured discharge preparation programs aimed at strengthening parental confidence, caregiving skills, and social support. 10 However, evidence shows that many parents continue to feel insufficiently prepared to take on the care of their children after discharge, a situation that can compromise their adaptation to the parental role and hinder a healthy transition home. 11

Condition being studied The target condition is the transition from the neonatal unit to home experienced by parents of preterm infants after hospital discharge. This is a critical period in which parents assume primary responsibility for the care of vulnerable newborns with specific health needs. It involves discharge preparation, adaptation to the parental role, development of confidence and self-efficacy, acquisition of caregiving skills, and effective coping with new care demands. 11 Previous research has focused primarily on stress, anxiety, depression, information needs, and skills during hospitalization and discharge. 12 Although family-centered care models and discharge preparation programs have been implemented, evidence on nursing interventions specifically aimed at promoting a healthy transition from the neonatal unit to home remains scattered. 13,14

Therefore, it is necessary to synthesize the available evidence to identify nursing interventions that contribute to a healthy transition for parents of preterm infants after neonatal discharge. 9,12

METHODS

Search strategy A search was conducted based on PRISMA guidelines up to May 14, 2026, in the databases which concentrates the scientific literature on health. In PubMed, the strategy used was (parents) AND (Nursing Care) AND (Intensive Care Units , Neonatal) AND (Patient Discharge) AND (Infant, Premature) AND (Hospital to Home Transition), this search string was adapted to the different databases consulted.

The titles and abstracts obtained through the search strategy were evaluated from The articles were reviewed independently by two reviewers (MLGF-LAMM). Once the titles and abstracts that met the eligibility criteria were selected, the full texts of the potentially relevant articles for review were obtained.

Participant or population Parents of premature newborns discharged from the Neonatal Unit.

Intervention Nursing interventions aimed at preparing for discharge and supporting the transition from hospital to home.

Comparator None.

Study designs to be included Intervention and observational studies.

Eligibility criteria The inclusion criteria were as follows: (a) Interventional, observational studies and clinical trials focused on the transition process from the Neonatal Unit to home; (b) Studies with parents of premature newborns discharged from the Neonatal Unit; (c) Nursing interventions related to transition and (d) published in English, Spanish or Portuguese.

Information sources Electronic databases such as PubMed, Scopus , Web of Contents Science , SciELO , LILACS, and TESIUNAM.

Main outcome(s) Healthy transition from the neonatal unit to home for parents of premature newborns, assessed by indicators such as readiness for discharge, adaptation to the parental role, parental self-efficacy, competence for care, parental confidence, coping and continuity of care at home.

Additional outcome(s) Preparation for hospital discharge, adaptation to the parental role, parental self-efficacy, competence and skills for newborn care, parental confidence during the transition to home, coping during the transition, parental participation in neonatal care.

Data management Two researchers will independently review the selection of titles, abstracts, and texts according to pre-established eligibility criteria. Data extraction and risk assessment of included studies will be performed using a standardized format designed for this review. A third reviewer will resolve any discrepancies. If data are unavailable for manuscripts, we will contact the corresponding authors or co-authors to request additional data.

Quality assessment / Risk of bias analysis The selected full-text studies will be reviewed in detail to remove those that do not meet the eligibility criteria, and their methodological quality will be assessed. For this purpose, the risk-of-bias assessment tool specific to each study type will be used.

Strategy of data synthesis An analysis will be conducted to summarize the characteristics and findings of the included studies. These will be organized according to the type of intervention, methodological design, population characteristics, and reported outcomes related to a healthy transition home, including discharge preparation, adaptation to the parental role, and newborn care skills. If methodological criteria are met, a meta-analysis will be performed with the data obtained.

Subgroup analysis Considering the overall results and the influence of heterogeneity, a subgroup analysis will be performed, separating the included publications by type of interventions, father or mother, type of programs applied, and time of transition.

Sensitivity analysis A sensitivity analysis will be performed if relevant.

Language restriction English, Spanish and Portuguese.

Country(ies) involved Mexico: National Autonomous University of Mexico.

Keywords Parents, Intensive Care Units , Neonatal, Nursing Care, Transitional Care, Patient Discharge , Hospital to Home Transition.

Dissemination plans The results will be published in a specialized international journal.

Contributions of each author

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