

Supplementary Tables

Supplementary Table S1. Exploratory comparisons of NFNI item-group summaries by gestational age, birth weight, and length of stay

Clinical characteristic	Category	Assurance median (IQR)	Information median (IQR)	Proximity median (IQR)	Comfort median (IQR)	Support median (IQR)
Gestational age	<32 weeks	3.67 (3.50-3.92)	3.64 (3.27-3.82)	3.87 (3.50-4.00)	3.14 (2.57-3.86)	3.11 (2.78-3.56)
	32–36 weeks	3.62 (3.25-3.92)	3.59 (3.25-3.82)	3.75 (3.34-4.00)	2.93 (2.43-3.57)	3.11 (2.86-3.68)
	≥37 weeks	3.83 (3.42-3.92)	3.64 (3.09-3.91)	3.75 (3.37-4.00)	3.00 (2.57-3.71)	3.00 (2.61-3.50)
	p	0.424	0.844	0.560	0.724	0.669
Birth weight	<1500 g	3.62 (3.33-3.92)	3.64 (3.07-3.79)	3.81 (3.25-4.00)	2.86 (2.32-3.68)	3.06 (2.62-3.56)
	1500–2499 g	3.83 (3.35-4.00)	3.64 (3.09-3.98)	3.87 (3.53-4.00)	3.07 (2.61-3.86)	3.31 (2.78-3.76)
	≥2500 g	3.71 (3.42-3.83)	3.64 (3.30-3.82)	3.75 (3.37-3.97)	3.00 (2.57-3.54)	3.03 (2.78-3.49)
	p	0.401	0.635	0.346	0.450	0.371
Length of stay	<15 days	3.75 (3.44-3.92)	3.64 (3.18-3.82)	3.75 (3.50-4.00)	3.00 (2.57-3.57)	3.19 (2.78-3.44)
	15–29 days	3.67 (3.27-3.90)	3.64 (3.27-3.89)	3.75 (3.25-4.00)	2.86 (2.57-3.64)	3.00 (2.78-3.50)
	≥30 days	3.83 (3.44-3.92)	3.64 (3.20-3.82)	3.87 (3.28-4.00)	3.29 (2.46-3.82)	3.28 (2.71-3.72)
	p	0.660	0.988	0.686	0.799	0.350

NFNI, Neonatal Intensive Care Unit Family Needs Inventory; IQR, interquartile range. Item-group scores are mean item scores on the 1–4 scale; medians and interquartile ranges are shown because of non-normal distributions. p values are from Kruskal–Wallis tests. Epsilon-squared values for these exploratory comparisons ranged from 0 to 0.010 after truncating negative estimates to 0 for reporting.

Supplementary Table S2. Mother-nominated priorities and optional free-text comments
Panel A. NFNI items most frequently selected among mothers' self-identified top priorities in the overall sample

Rank	NFNI item	n selected	% of mothers
1	To be assured that the best care possible is being given to my infant (Assurance)	48	41.4
2	To talk to the doctor caring for my infant every day (Information)	44	37.9
3	To know the expected outcome for my infant (Assurance)	35	30.2
4	To be able to visit my infant at any time. (Proximity)	30	25.9
5	To have questions about my infant answered honestly (Assurance)	26	22.4
5	To know exactly what is being done for my infant (Information)	26	22.4
5	To hold my infant in my arms and against my skin as soon as I can (Proximity)	26	22.4
8	To know why things were done for my infant. (Information)	24	20.7
9	To know how my infant is being treated medically (Information)	23	19.8
10	To know specific facts concerning my infant's progress (Assurance)	22	19.0
10	To know that my infant is being handled gently by healthcare providers (Assurance)	22	19.0

Mothers were invited to list up to five most important NFNI items. Because some mothers listed fewer than five items, percentages are based on the number of mothers in the overall sample (N=116), not on the total number of item selections. Labels in parentheses indicate the original theory-based NFNI item group for each item.

Panel B. Optional free-text comments grouped descriptively

Broad content area	Illustrative content	n
Father and family involvement	Fathers seeing the infant; parents experiencing the process together; family members viewing the infant	7
Psychological support	Psychological support for mothers during hospitalisation	1
Physical environment and hygiene	Toilets, bathing facilities, laundry/drying area, clean gowns, clean toilets, food quality	2
Communication and respectful care	Answers to simple questions, respectful attitude, education, information about infant care	2
Financial support	Consideration of family financial difficulties	1
Proximity/contact with infant	Holding the infant and having the infant feel the mother's presence	1
Infant safety/continuous observation	Continuous observation and infant health	2

Comments could contribute to more than one content area; therefore, counts do not sum to 13. Comments were reviewed descriptively and were not analysed using formal qualitative methodology.