

Peer Review File

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For Reviewer A:

- line 104: I suggest to add the timeframe during which the study was conducted

Reply: The timeframe was added in *Study Steps* in page 8 (line 136-139).

- line 115: "reading to read" is redundant. Remove "to read".

Reply: Done, the 'to read' is removed.

- line 139 onwards: I would indicate the significance through the whole results section. This can be done adding the word "Significantly" before the concept you express (e.g. if you write "higher" as in line 140, you could say "significantly higher") or adding the p-value immediately after the results in number. It is up to you, but it could fasten the catch of the main concepts.

Reply: We revised it as 'as a significantly higher proportion of neonatologists responded positively comparing to nurses' in page 9 (line 170-171).

- in the limitations, I would add also that you also did not consider (or if you did, specify in the methods) the specific characteristics of the NICU (number of beds, average daily admissions, mortality rate, mean length of stay, etc). Moreover, there is a significant difference between the number of nurses and the number of doctors surveyed (94 vs 34), I would state this.

Reply: The baseline assessment of NICU characteristics has been done when the overall FICare project was designed. As per suggested, we added relevant descriptions in the paragraph of *Design, Setting, and Study Participants* in page 7 (line 119-124). And relevant discussion has been added in the paragraph of limitation in discussion in page 13 (line 250-252).

The authors highly appreciated your reminding of the un-equally distributed number of doctors and nurses as one of the limitations in this study. We added 'But there was a significant difference between the number of nurses and the number of doctors surveyed' as per suggested you in the limitation paragraph in page 13 (line 252-253).

- I would re-formulate the conclusions since the first paragraph is mainly a repetition of what stated in the backgrounds. I would not delete it completely, but I would find a way to insert it in the introduction. I would leave in the conclusions only the key concept which is derived from your survey (from line 230 onwards)

Reply: The final conclusion paragraph has been revised according to your suggestion.

- Whether possible, it would be nice to upload the original surveys as supplementary material

Reply: Yes, the original surveys have been translated into English and uploaded as an attachment.

For Reviewer B

- 1. Even though the attitudes and concerns of neonatologists and nurses to Family-Integrated-Care were very important in clinical treatment in neonatal intensive care units, the author only reported the attitudes and concerns were not enough. The authors should report how to improve the degree of attention and verify the clinical effect.**

Reply: This study aimed to assess the attitudes and concerns of neonatologists and nurses towards the implementation of FICare in China. Hence the methods and results did not include details for how to improve the degree of attention and verify the clinical effect. But of course, how to improve the degree of attention and how to verify the clinical effect are of critical importance, and this is exactly the goal for our team to carry on the surveys. Therefore, we revised the conclusion as per your suggestion ‘The successful implementation of FICare depends on the well accepting attitude of NICU staffs and nurses. The results of this study revealed different attitude to FICare among them. Both NICU staffs and nurses have similar concerns to FICare, which, to some extent, raised the importance of getting buy-in activities, including enhanced staff education and training courses, for promoting FICare in China’ in page 13-14 (line 263-267).

- 2. Even though this was a multicenter study with 5 tertiary NICUs, the authors did not analysis the differences between each center.**

Reply: Thank you reminding us this important issue. Please be informed that the following information have been added in the method section as ‘The 5 tertiary NICUs are from 3 cities (2 of them are capital cities of the provinces), which were economically above the average level in China and with comparable economic conditions. All 5 NICUs had similar size and patient mix, which have no significant difference on space size, number of beds, number of nurses and physicians, nurse-to-bed ratio, nurse-to-physician ratio, number of preterm infants admitted per year, and average total hospital stay of preterm infants. All 5 NIUCs were accredited as Grade A Level III NICUs authorized by the Health Administration of China’ in page 7 (line 119-125). Relevant discussion has also been added in page 13 (line 250-251) in the revised manuscript.

Considering the overall small sample size of this survey, we did not analyze the result difference between each center.

3. For a questionnaire study, it is very important to verify the reliability and validity of the questionnaire. This part of data is lacking in this study.

Reply: Thank you for reminding this. We added sentences as ‘All participants (34 neonatologists and 94 NICU nurses) completed the education programs and answered all questions on the questionnaire, indicating fairly good reliability and validity of the questionnaire’ as the 1st paragraph of the results section in page 9 (line 162-164).

4. The study was not well designed. Readers are more inclined to read articles on how to improve attitudes and concerns of neonatologists and nurses to Family-Integrated-Care, and verify the impact of increased attitudes on clinical treatment effect.

Reply: Please be informed that the reading was only for the participants to get some starting knowledge of FICare (such as what is FICare, when and where it was first started, for how long time the parents needs to stay in the NICU if they do FICare). Then, a 4-hour presentation as getting buy-in session describing the interventions and outcomes of FICare was delivered, which included a description of the pilot study of FICare in Canada and the pilot implementation of FICare in China. This was provided by an educational nurse and a previous NICU fellow from Mount Sinai Hospital, Toronto, ON, Canada, where the pilot study was conducted. Following this session, the participants were invited to have a one-hour group discussion of FICare, whereby participants were encouraged to ask questions regarding their specific concerns. Thirdly, the participants were invited to complete the same survey (Survey 2) as they did before. The above information was described in the method section of the main text in page 8-9 (line 141-154). We are looking forward to hearing from the reviewers for more suggestion to the study design.