BORN Site Enrollment (2025)

Membership in BORN is open to all clinicians providing care to newborns during the birth hospitalization.

Some BORN hospitals have one clinician member, and others have many clinician members. If your site has more than one clinician member, this survey should be completed by BORN "Main Contact" so that each hospital provides only one response.

If you are not sure whether you are the BORN Main Contact, please reach out to our research administration team at BORN@academicpeds.org.

There are 37 questions in this survey.

Contact Information of BORN Main Contact

Name: *

Please write your answer here:

Degree(s): *

Please write your answer here:

Primary Email Address: *

Please write your answer here:

Secondary Email Address:

Please write your answer here:

Profession: *

Choose one of the following answers
Please choose **only one** of the following:

○ Physician

○ Nurse Practitioner

○ Other

Board certification: *

Only answer this question if the following conditions are met:
Answer was 'Physician' at question ' [G01Q06]' (Profession:)

Select all that apply
Please choose **all** that apply:

☐ General Pediatrics

☐ Neonatal-Perinatal medicine

☐ Pediatric Hospital Medicine

☐ Other:

Gender Identity: *

Choose one of the following answers
Please choose **only one** of the following:

○ Woman

○ Man

○ Transgender

○ Non-binary/non-conforming

○ Prefer not to respond

Race and Ethnicity: *

Select all that apply
Please choose **all** that apply:

☐ American Indian or Alaskan Native

☐ Asian

☐ Hispanic or Latinx

☐ Middle Eastern or Northern African

☐ Native Hawaiian or Other Pacific Islander

☐ Non-Hispanic Black or African American

☐ Non-Hispanic White

☐ Other: [   ]

Years in practice post-terminal training: *

Only numbers may be entered in this field.
Please write your answer here:

BORN Site Enrollment

This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization? *

Please choose **only one** of the following:

○ Yes
○ No

At how many hospitals do you provide clinical care to newborns during the birth hospitalization? *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Only numbers may be entered in this field.
Please write your answer here:

What is the official name of the hospital? *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?) *and* Answer was '1' at question ' [G02Q09]' (At how many hospitals do you provide clinical care to newborns during the birth hospitalization?)

Please write your answer here:

What is the official name of the hospital where you spend the most time providing care to newborns during the birth hospitalization? *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?) *and* Answer was greater than or equal to '2' at question ' [G02Q09]' (At how many hospitals do you provide clinical care to newborns during the birth hospitalization?)

Please write your answer here:

The remainder of this survey will be asking questions about {G02Q10.shown} {G01Q11.shown}.

What is the City, State, and Zip code of {G02Q10.shown}{G01Q11.shown}? *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Please write your answer(s) here:

City

State

Zip code

Is {G02Q10.shown}{G01Q11.shown} affiliated with... *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Select all that apply
Please choose **all** that apply:

[ ] an academic institution?

[ ] a military health system?

[ ] Veterans Health Administration/Veterans Affairs?

[ ] Indian Health Service?

[ ] Other:

Approximately how many births occur annually at {G02Q10.shown} {G01Q11.shown}? (Actual or best estimate) *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Only numbers may be entered in this field.
Please write your answer here:

[   ]

The American Academy of Pediatrics (AAP) delegates 4 levels of neonatal care. Which levels of neonatal care are available at {G02Q10.shown} {G01Q11.shown}? (If unsure of AAP level of care delegations, please see: https://publications.aap.org/pediatrics/article/130/3/587/30212/Levels-of-Neonatal-Care) *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Please choose the appropriate response for each item:

	Yes	No
Level I	○	○
Level II	○	○
Level III	○	○
Level IV	○	○

Approximately what proportion of all births in {G02Q10.shown} {G01Q11.shown} receive Level I care only? (best estimate) *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Only numbers may be entered in this field.
Please write your answer here:

The next questions are about the unit in {G02Q10.shown}{G01Q11.shown} where **healthy newborns** receive Level I routine care during the birth hospitalization.

What is the lowest birth weight that can be admitted to the **Level 1 nursery** at your hospital? *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Choose one of the following answers
Please choose **only one** of the following:

○ 1750 grams

○ 1800 grams

○ 1814 grams

○ 1900 grams

○ 2000 grams

○ 2200 grams

○ 2250 grams

○ 2300 grams

○ 2500 grams

○ Weight restriction varies by gestational age

○ No specific weight limit

○ Other [   ]

What is the lowest gestational age newborn that can be admitted to the **Level I nursery** at your hospital? *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Choose one of the following answers
Please choose **only one** of the following:

○ 32 weeks

○ 33 weeks

○ 34 weeks

○ 35 weeks

○ 36 weeks

○ 37 weeks

○ 38 weeks

○ No gestational age limit

On this unit where healthy neonates receive Level 1 routine care during the birth hospitalization, is Level II neonatal care also provided? *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Choose one of the following answers
Please choose **only one** of the following:

○ This unit provides Level 1 care only

○ This unit also provides Level 2 or higher care

What percentage of newborns in the **Level I nursery** are ever breastfed or fed expressed human milk during their nursery stay? (please indicate actual or best estimate or don't know) *

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Only numbers may be entered in this field.

Please write your answer here:

What percentage of newborns in the **Level I nursery** are exclusively breastfed or exclusively fed expressed milk at discharge? (please indicate actual or best estimate or don't know) *

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Only numbers may be entered in this field.

Please write your answer here:

Does the **Level I nursery** accept re-admissions after they were discharged from birth hospitalization? *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Choose one of the following answers
Please choose **only one** of the following:

◯ Yes

◯ No

◯ Other [   ]

What electronic medical record (EMR) system is used by the **Level I nursery**? *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Choose one of the following answers
Please choose **only one** of the following:

○ Epic

○ Cerner

○ Allscripts

○ Centricity

○ MEDITECH

○ None (paper records)

○ Other [   ]

In the **Level I nursery,** what percentage of newborns have the following insurance? (actual or best estimate) *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Only numbers may be entered in these fields.
The sum must equal 100.
The sum must equal 100
Please write your answer(s) here:

Private

Public (i.e., Medicaid)

Self-pay

Military (e.g., Tricare)

Other

Please specify the Other insurance: *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?) *and* Answer was greater than or equal to '1' at question ' [G02Q26]' (In the Level I nursery, what percentage of newborns have the following insurance? (actual or best estimate) (Other))

Please write your answer here:

Please indicate below the types of clinical providers who care for **Level I** infants in the nursery: *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Select all that apply
Please choose **all** that apply:

- [ ] Faculty General Pediatricians
- [ ] Faculty Neonatologists
- [ ] Faculty Family Physicians
- [ ] Fellows in General Pediatrics
- [ ] Fellows in Neonatology (Neonatal-Perinatal Medicine)
- [ ] Fellows in Pediatric Hospital Medicine
- [ ] Community Pediatricians
- [ ] Community Neonatologists
- [ ] Community Family Physicians
- [ ] Pediatric Residents
- [ ] Family Medicine Residents
- [ ] Pediatric/Neonatal Hospitalists
- [ ] Licensed independent providers including nurse practitioners and physician assistants

What are the proportions of race and ethnicity in the **Level I nursery**? (actual or best estimates) *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Only numbers may be entered in these fields.
The sum must equal 100.
Please write your answer(s) here:

American Indian or Alaskan Native

Asian

Hispanic or Latinx

Middle Eastern or Northern African

Native Hawaiian or Other Pacific Islander

Non-Hispanic Black or African American

Non-Hispanic White

Other

Please specify Other: *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?) *and* Answer was greater than or equal to '1' at question ' [G02Q28]' (What are the proportions of race and ethnicity in the Level I nursery? (actual or best estimates) (Other))

Please write your answer here:

What proportion of patients in the **Level I nursery** have a preferred language other than English? (actual or best estimate) *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Only numbers may be entered in this field.
Please write your answer here:

The next questions relate to the extent to which clinical research may occur for newborns on this unit.

Does this unit have access to an onsite research team? (please describe) *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Please write your answer here:

Does this unit have access to onsite research facilities? (please describe) *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Please write your answer here:

Has this unit participated in research studies that require consent of participants? (please describe) *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Please write your answer here:

Has this unit participated in research studies that require collection of human samples? (please describe) *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Please write your answer here:

Is access to REDCap available for clinicians or researchers collecting data on this unit? (please describe) *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Please write your answer here:

Is this unit able to extract data from the EMR for research purposes? *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q07]' (This survey is designed to be completed by someone who provides clinical care to newborns during the birth hospitalization. Do you provide clinical care to newborns during the birth hospitalization?)

Please write your answer here:

Thank you for providing this helpful information about your site!

Submit your survey.
Thank you for completing this survey.